

A PREVENTIVE DRUG EDUCATION TOOLKIT FOR NS COMMANDERS



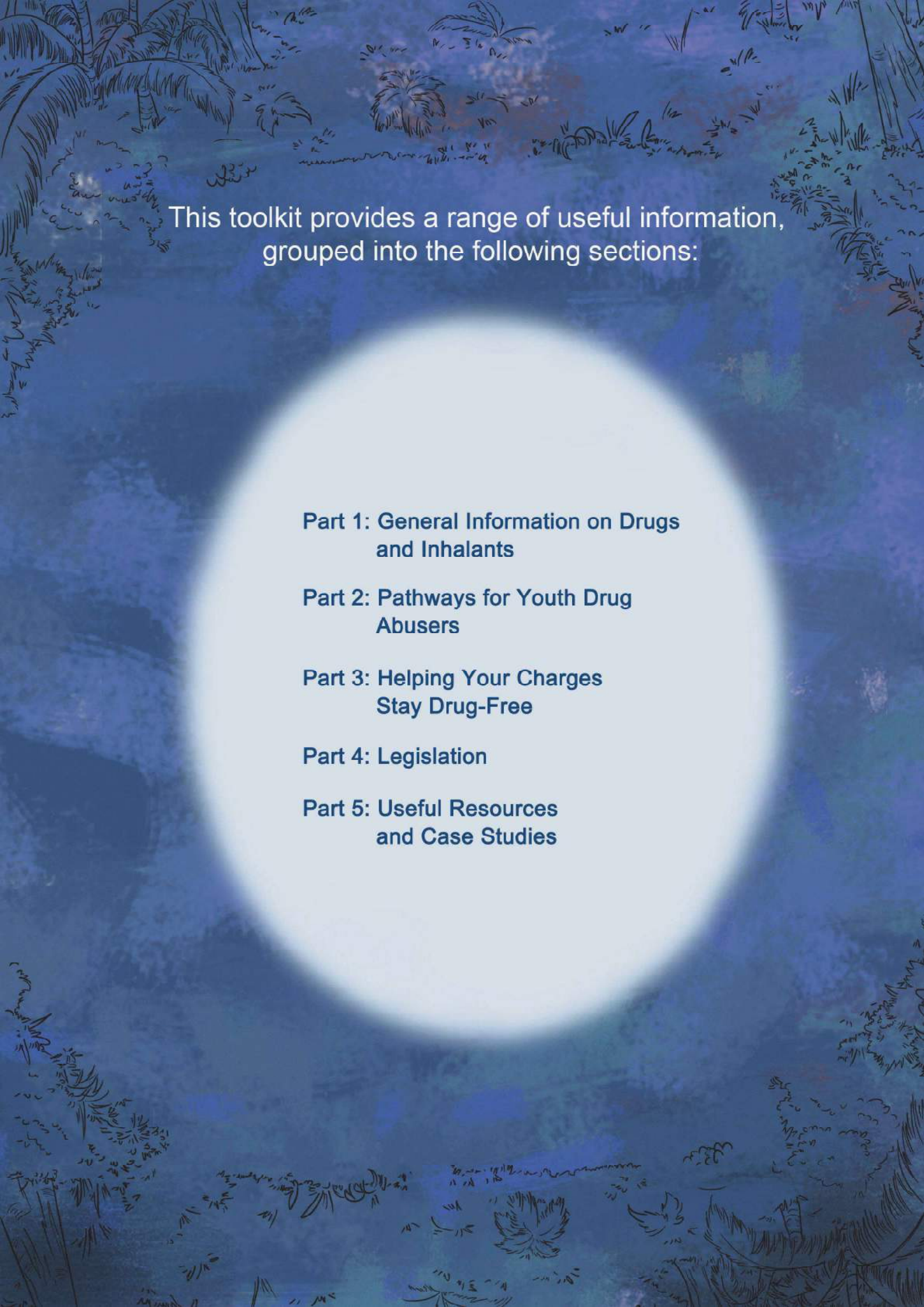
LEADING THE WAY,
AWAY FROM DRUGS



CNB

CENTRAL
NARCOTICS
BUREAU





This toolkit provides a range of useful information,
grouped into the following sections:

**Part 1: General Information on Drugs
and Inhalants**

**Part 2: Pathways for Youth Drug
Abusers**

**Part 3: Helping Your Charges
Stay Drug-Free**

Part 4: Legislation

**Part 5: Useful Resources
and Case Studies**

Foreword

The overall drug situation in Singapore remains under control. However, this situation did not come by chance. Singapore's holistic anti-drug strategy comprises upstream preventive drug education (PDE), tough laws and rigorous enforcement, as well as treatment and rehabilitation, and aftercare support. PDE, in particular, is our first line of defence and we seek to imbue in youths, the right attitudes against drugs.

As commanders, you play an important role in engaging and guiding your charges towards making the right decisions in life, including leading drug-free and healthy lifestyles. It is also important that your force's operational readiness is not compromised by drug abuse. It is with this in mind that CNB has developed this PDE resource toolkit for National Service (NS) commanders. The toolkit will equip commanders from across the three NS agencies in Singapore – Singapore Armed Forces (SAF), Singapore Police Force (SPF) and Singapore Civil Defence Force (SCDF) – with relevant PDE knowledge.

Why focus on PDE for NSFs? A survey conducted by the National Council Against Drug Abuse (NCADA) show that older youths are likely to have more liberal attitudes towards drugs and drug abuse; and this is borne out by CNB statistics, which show an increasing trend of younger (below age 30) first-time drug abusers being arrested. We are also seeing more cases who come from good families, generally having good family support and who do well in school. "Contamination" among younger drug abusers is also a cause for concern. Contamination happens when a drug abuser shares or introduces their friends or peers to drug abuse. While CNB is already working with the schools, institutes of higher learning and community organisations to roll out PDE initiatives for youths, as majority of males will undergo NS, it is a good opportunity for us to partner the NS agencies, to give NSFs a "booster shot" of PDE, and remind these youths on the importance of staying drug-free.

PDE is the first line of defence in the war against drugs. Once this defence is breached and a person abuses drugs, the road to recovery from drug addiction is a long and difficult journey. We want to enlist your support in this war against drugs; to keep your charges and our nation safe.

Let us work together towards a drug-free society.

Mr Ng Ser Song
Director
Central Narcotics Bureau
March 2016

Part 1: General Information on Drugs and Inhalants



Part 1: General Information on Drugs and Inhalants

Buprenorphine



**BZP and TFMPP
(Piperazines)**



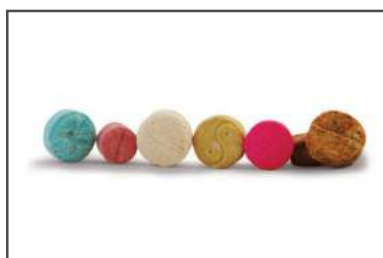
Cannabis



Cocaine



Ecstasy



Heroin



Ketamine



Lysergide (LSD)



Methamphetamine



Mephedrone



**New Psychoactive
Substances (NPS)**



Nimetazepam



Inhalants





Buprenorphine

(also known as Subutex, Tec, SuSu)

Buprenorphine, or more commonly known as Subutex, comes in 2 mg and 8 mg pills. Its active ingredient is Buprenorphine Hydrochloride, which is a semi-synthetic opioid derivative closely related to Morphine. Subutex is taken sublingually i.e. placed under the tongue until it dissolves. However, abusers mix it with other prescription drugs and inject it for a greater 'high'.

Effects and Dangers

- Sedation
- Light-headedness
- Dizziness
- Nausea
- Constipation
- Vomiting

Withdrawal Symptoms

- Delirium tremens, clouding of consciousness and severe tremors or seizures
- Anxiety, nausea, vomiting and diarrhoea
- Abdominal cramps, muscle and joint pains
- Insomnia (difficulty in sleeping)



BZP and TFMPP (Piperazines)

(also known as 'Party Pills')

BZP and **TFMPP** belong to a group of drugs known as piperazines. Both are stimulants of the central nervous system and are known to produce stimulant and hallucinatory effects similar to MDMA, commonly known as 'Ecstasy'. Both BZP and TFMPP are known to be distributed as tablets resembling 'Ecstasy'. They may also be known as "party pills".

Effects and Dangers

- Seizures
- Vomiting
- Heavy sweating
- Increased body temperature
- Increased heart rate
- Agitation



**Commonly
abused drug
in Singapore**

Cannabis

(also known as Marijuana, Pot and Weed)

Cannabis comes from any part of a plant of the genus Cannabis. The whole plant is dried and compressed into blocks until it looks like dried herbs or tea leaves. Cannabis can lead to addiction. It contains a chemical, Tetrahydrocannabinol (THC), that affects one's mood and the way one sees and hears things. Cannabis affects one's concentration and memory, hence it weakens the abuser's ability to learn. Some cannabis abusers have also been known to subsequently abuse other drugs such as heroin and methamphetamine.

Effects and Dangers

- Respiratory problems
- Cognitive impairment
- Increased risk of developing a psychosis
- Extreme anxiety, depression, confusion and paranoia (irrational fear or suspicion)
- Decline in motivation and drive in long-term abusers

Withdrawal Symptoms

- Moodiness
- Irritability
- Anxiety
- Tension



Cocaine

(also known as Crack, Coke, Snow)

Cocaine is derived from the leaves of the *Erythroxylum Coca* plant. In its pure form, Cocaine is a white crystalline powder and it is either sniffed in powder form or injected into the body in liquid form. Cocaine is both a central nervous system stimulant and an anaesthetic. The chronic Cocaine abuser is socially dangerous because of the mental abnormalities caused by the drug.

Effects and Dangers

- Increased heart rate
- Aggressive behaviour
- Irritability
- Nausea, shaking, blurred vision and hallucination

Withdrawal Symptoms

- Anxiety, depression, anger and jittery feelings
- Fatigue (extreme tiredness)
- Nausea and vomiting
- Loss of desire to do things



Ecstasy

(also known as E, Adam, XTC, Pink Lady, Snow White)

‘**Ecstasy**’ refers to tablets containing Methylenedioxymethamphetamine (MDMA), Methylenedioxyethylamphetamine (MDEA) and Methylenedioxyamphetamine (MDA). These tablets come in different colours with different logos stamped on them. They are often sold in party clubs as well as night joints. People take them to enable them to dance all night and sometimes they die from exhaustion and dehydration.

Effects and Dangers

- Increased heart rate and blood pressure
- Jaw clenching, teeth grinding and uncontrollable shaking
- Kidney, liver and brain damage
- Long term memory loss
- Chills, sweating and vomiting
- Inability to think, see and co-ordinate properly
- Hallucination

Withdrawal Symptoms

- Anxiety, depression and uncontrollable fear
- Insomnia (difficulty in sleeping)
- Loss of control of senses and reality



**Commonly
abused drug
in Singapore**

Heroin

(also known as White, Smack, Junk, Powder, Putih, Medicine, Ubat)

Heroin is a powerful and very addictive drug that comes in granular, powder or solution form. Heroin can be whitish or brownish in colour. Heroin abusers feel dull and tired easily. They cannot work properly as they are unable to concentrate. “Chasing the Dragon”, a common method of abuse used by Heroin abusers here, involves heating the Heroin powder and sniffing the fumes through a rolled note.

Effects and Dangers

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

Withdrawal Symptoms

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



Ketamine

(also known as K, Special K, Vitamin K, Kit Kat)

Ketamine is an anaesthetic for veterinary and human use. The drug takes the form of a white crystalline powder, liquid or tablet. Ketamine has become common at dance parties or 'raves' in Hong Kong, the United States and Australia. Ketamine produces a progression of effects on abusers, from a state of dreamy intoxication to delirium accompanied by the inability to move, feel pain or remember what has occurred. The effects of Ketamine last an hour or less but the drug can affect the senses, judgement and co-ordination for 18 to 24 hours.

Effects and Dangers

- Inability to move
- Distorted judgement, perception, hearing, sight, touch, smell and taste
- Confusion and hallucination
- Problems associated with the nose (nose bleeding, inability to smell properly)
- Gastric pains
- Urinary and bladder problems (difficulty in urinating, urinary tract infection)

Withdrawal Symptoms

- Depression, anger and irritability
- Fatigue (extreme tiredness)
- Insomnia (difficulty in sleeping)



Lysergide (LSD)

(also known as Acid, Trips, Blotters, Tabs, Stamp, Black Sesame, Seed, Micro, Micro Dot)

Lysergide (LSD) is a hallucinogen. It is often sold on blotting paper, which is usually imprinted with a colourful cartoon or design. Although abusers generally take it orally, the tabs of blotting paper are also placed on skin areas that readily absorb the drug into the bloodstream, for example, under the eyelid. When ingested, LSD takes effect within 30 minutes. Its effects are strongest after 3 to 5 hours and can last up to 12 hours. Bad 'trips' can trigger severe panics, paranoia and confusion. After a 'trip', the abuser may feel depressed.

Effects and Dangers

- Increased heart rate, breathing and body temperature
- Numbness
- Distorted sight, hearing, smell, touch and taste
- Loss of control of thoughts
- Severe panic, confusion, hallucination and paranoia (irrational fear or suspicion)



**Commonly
abused drug
in Singapore**

Methamphetamine

(also known as 'Ice', Glass, Crystal, Speed, 'Ya Ba', 'Quartz', 'Ice Cream', 'Hirropon', Shabu, Syabu)

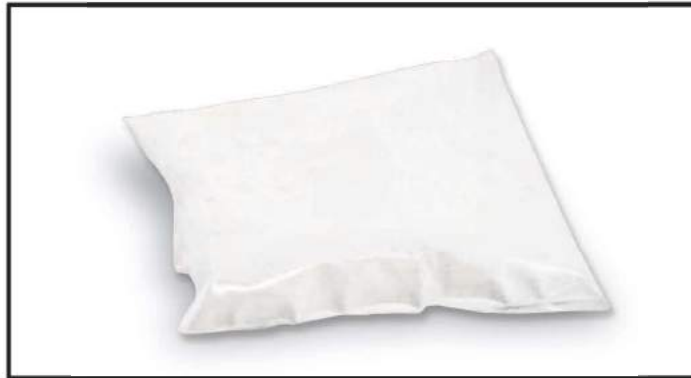
Methamphetamine in its crystallised form is known as methamphetamine hydrochloride. It usually comes in the form of a colourless and odourless crystal that resembles glass fragments or shiny blue-white “rocks” of various sizes. This explains why it is more commonly known as ‘Ice’ in Singapore. Methamphetamine also comes in tablet form and is known as ‘Crazy Horse Pill’ or ‘Ya ba’. Most of the ‘Ya ba’ tablets found in Singapore are embossed with the ‘WY’ logo and are green or orange in colour. Methamphetamine is highly addictive and is a strong stimulant. It has a very strong effect on the central nervous system.

Effects and Dangers

- Increased heart rate and body temperature
- Fits, stroke and death
- Damage to heart and nerves
- Liver and kidney diseases
- Abnormal behaviour with mood swings, confusion, delusion and hallucination
- Anxiety and irritability

Withdrawal Symptoms

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



Mephedrone

(also known as Bubbles, Mcat, Snow, Meow)

Mephedrone is a stimulant drug derived from cathinone, which is a Class A controlled drug. It is marketed as a substitute to 'Ecstasy' and amphetamines. Mephedrone abuse is known to cause cravings and dependence.

Effects and Dangers

- Dizziness
- Nausea
- Chills
- Teeth grinding
- Insomnia (difficulty in sleeping)
- Hallucination



New Psychoactive Substances (NPS)

(also known as Spice, K2, Bath Salts, Kronic, Bromo-Dragonfly)

New Psychoactive Substances (NPS) contain ingredients which mimic the same effects as controlled drugs such as 'Ice' or Cannabis.

Effects and Dangers

NPS have unknown, dangerous toxicology effects and are as addictive and harmful as controlled drugs.

Abuse can lead to:

- Severe intoxications
- Severe toxic reaction leading to death
- Paranoia (irrational fear or suspicion)
- Hallucination
- Adverse cardiovascular problems
- Renal failure
- Seizures



New Psychoactive Substances (NPS) – Drugs in Disguise!

NPS are created by modifying the chemical structures of controlled drugs. They are designed to mimic the effects of controlled drugs, and are just as addictive and dangerous.

As of 1 May 2015, over 100 NPS have been listed as Class A controlled drugs in the Misuse of Drugs Act.

Why is NPS dangerous?

- NPS are usually marketed as “legal highs” under harmless fanciful names like “Spice”, “bath salts” or herbal smoking blends. The names often give the wrong perception that they are safe to consume.
- In Singapore, the types of NPS found are “smoking blends” which are made of botanical materials like leaves coated with NPS. They may be referred to as synthetic weed. Some NPS sold as tablets are passed off as ‘Ecstasy’.
- NPS are substances which are created to mimic the effects of established controlled drugs. These substances may not always be controlled under a country’s drug laws.



Nimetazepam

(also known as 'Erimin-5')

Nimetazepam, or more commonly known as 'Erimin-5' is a type of depressant taken orally in tablet form. Depressants are drugs which help a person to calm down and sleep. However, excessive use will lead to harmful effects.

Effects and Dangers

- Loss of consciousness
- Distorted judgement, sight and thinking
- Difficulty in speaking, moving and co-ordinating bodily functions
- Poor memory and concentration

Withdrawal Symptoms

- Anxiety and jittery feelings
- Insomnia
- Nausea, vomiting, quickened heartbeat, excessive sweating, violent shaking and stomach cramps
- Mental confusion
- Fits



Inhalants

(also known as Glue-Sniffing, Solvent Abuse, Solvent Inhalation, Solvent Sniffing, Stim Gum)

Some substances, such as glue and paint thinner, give off vapours and fumes. The sniffing of such vapours or fumes is known as inhalant abuse. Inhalant abuse affects the growth and development of muscles, nerves and organs. If you are an inhalant abuser, normal activities like running and shouting can cause death by heart failure. An inhalant abuser may die from suffocation anytime. This is known as Sudden Sniffing Death. It can happen on the first or consequent times the abuser sniffs glue.

Effects and Dangers

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

Withdrawal Symptoms

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



More Information on Cannabis

Myths of Cannabis Abuse

The number of youths arrested for abusing cannabis has increased since 2011. The Central Narcotics Bureau (CNB) detected a number of drug clusters involving youngsters who mostly confessed to abusing cannabis. The clusters comprised friends who introduced cannabis to each other. New clusters are formed when these youths interacted with other friends outside the original circles. The common view that youths who abuse drugs are usually from troubled family backgrounds and do poorly in studies is no longer the case. CNB and partner agencies are seeing better educated youths from healthy family backgrounds dabble in drug abuse.

Young cannabis abusers were found to perceive cannabis as a “soft” drug and that its associated harm and addictiveness is less serious than tobacco. Such views are influenced by what they read on social media and an increasing number of US states legalising cannabis for “medical” and recreational use. They are however mistaken as there is no such thing as “soft” drugs.

The Ministry of Home Affairs and CNB have worked with medical professionals who endorsed the following key points about cannabis:



Cannabis is Highly Addictive

It has been known to lead to abuse of other drugs such as heroin and methamphetamine, and leading to poly-drug addiction.



Cannabis is Harmful

Its abuse is associated with mental health problems as well as respiratory problems. It is especially harmful to youths as cannabis abuse has been linked to impairments in teenage brain development, lower psychomotor skills, development of psychiatric conditions such as schizophrenia, and cognitive decline with a drop in IQ.



The Medical Benefits of Cannabis are Inconclusive

There is no evidence from rigorous, well-controlled medical trials that cannabis is effective in managing pain and neurological disorders such as Alzheimer's, epilepsy and multiple sclerosis. There are other well-established alternatives to managing pain and neurological disorders. The effectiveness of these alternatives is well-researched, and they have been approved for use by the relevant authorities such as the US Food and Drug

Administration (FDA).

Why is Cannabis Abuse of Concern?

Global Situation	Local Issues	Risks and Harms
Worrying Global Trends	Changing Profile of Drug Abusers	Cannabis is Addictive and a Gateway to Other Drugs
Unethical Marketing Tactics and Claims of 'Medical' Purposes	Under-Age Smoking is Linked to Cannabis Abuse	Cannabis is More Harmful than Tobacco
More Liberal Views		The Earlier You Start, The More Harm Cannabis Does
Commercialisation of Drugs Targeted at Youths - It's All About The Money!		Drug Overdose and Deaths from Drug Abuse

Worrying Global Trends

- The world drug situation remains unfavourable, with global seizures of heroin and methamphetamine reaching high levels. Globally, cannabis is the most trafficked illicit drug.
- Internationally, some countries are decriminalising drug use and adopting harm reduction approaches. There are also an increasing number of foreign jurisdictions legalising cannabis for recreational use, especially in the Americas.



Changing Profile of Drug Abusers

- Cannabis is the top three most commonly abused drugs in Singapore.
- The profiles of youth abusers have also changed, with more coming from middle-class families and who are doing well in school.

Part 1: General Information on Drugs and Inhalants

More Liberal Views

- Older youths seem to have more liberal views towards cannabis, that it is a “soft” drug, is less harmful and less addictive than tobacco, and are hence more willing to experiment with it. These views are wrong and dangerous.
- Such views are influenced by what they read on social media and the internet that normalise drug-taking behaviour, by celebrities glamourising a drug-taking lifestyle, and by the growing calls of support from pro-drug lobbyists seeking to decriminalise drug use and even legalise certain drugs.



Unethical Marketing Tactics and Claims of ‘Medical’ Purposes

- Companies use marketing tactics that perpetuate the false notion that cannabis is harmless, by portraying an active, natural lifestyle to reshape public perception of cannabis and abusers. Cannabis has also been made into cookies and candies, to fool young people and adults alike into thinking that cannabis is safe for consumption.
- Despite the claims made about the efficacy of cannabis as a medicine, the medical benefits of cannabis are not conclusive at this point. Much more medical research and tests are still needed. Herbal cannabis and its derivatives that have been legalised for “medical use” in some states in US and in Canada are not recognised as pharmaceutical drugs by the medical/drug regulation authorities. Using cannabis for therapeutic purposes does not make it a medicine as well.

Drug Overdose and Deaths from Drug Abuse

- Famous celebrities such as Amy Winehouse, Heath Ledger, Whitney Houston and Cory Monteith were all victims of drug over-dose and paid the ultimate price for their addictions.
- Music festivals are popular events among youths and there had been some cases of drug-related deaths at these music festivals.



Part 1: General Information on Drugs and Inhalants

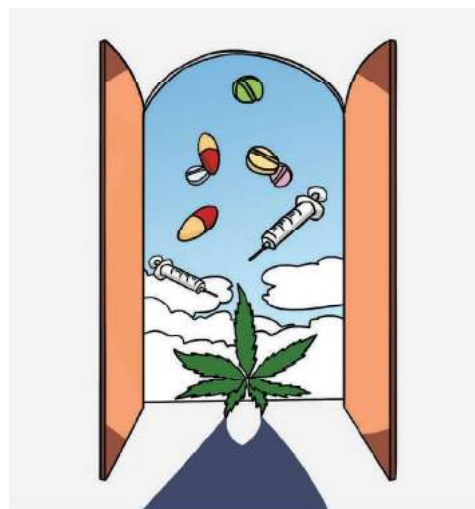


Under-Age Smoking Linked to Cannabis Abuse

- Findings from the Task Force on Youths and Drugs showed that :
 - Cannabis abusers and 'Ice' abusers have peers who abuse drugs and exhibit poorer discipline in teenage years.
 - Both groups of abusers had a high incidence of under-age smoking
- Please refer to the study, Behavioural Analysis of Young Drug Offenders in Part 3 of this toolkit for more information. (Page 34)

Cannabis is Addictive and a Gateway to Other Drugs

- Both 'physical dependence' and 'psychological dependence' to cannabis have been observed.
- Cannabis abuse has also been known to lead to abuse of other drugs such as heroin and methamphetamine, leading to poly-drug addiction.



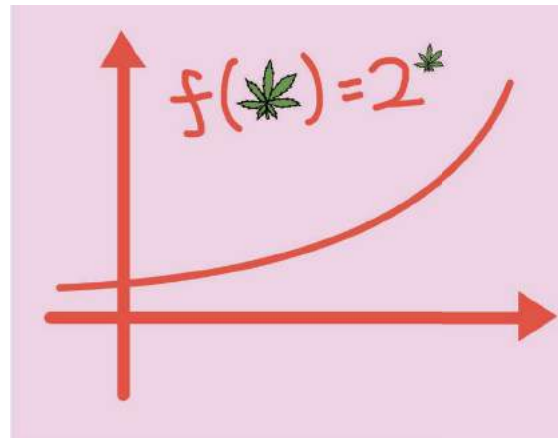
Cannabis is More Harmful than Tobacco

- It is a myth that cannabis is less harmful than tobacco. Cannabis is more damaging as it contains more tar and cancer causing agents.¹

¹ Marijuana, Infacts, National Institute of Drug Abuse, U.S. Department of Health & Human Services

The Earlier You Start, The More Harm Cannabis Does

- Cannabis abuse is associated with mental health problems as well as respiratory problems.
- Cannabis is especially harmful to youths, and its use has been linked to impairments in teenage brain development, lower psychomotor skills, development of psychiatric conditions such as schizophrenia, and cognitive decline with a drop in IQ.²



Commercialisation of Drugs Targeted at Youths – It's All About Money!

- Many companies advocating the benefits of cannabis have hidden agendas. Very often, it is linked to the potential profits generated from feeding a population of addicts. However, what is often not reported are the adverse health-related consequences brought on by drug legalisation. In the US, there was a 59% increase in cannabis-related emergency department visits and a 14% increase in cannabis-related treatment admissions.³



²Self reported cannabis use as a risk factor for schizophrenia in Swedish conscripts of 1969, Stanley Zammit, British Medical Journal, November 23, 2002.

³UN World Drug Report 2014

Adverse Health Effects of Smoking Cannabis

Brain

1

Stroke

- High risk of stroke
- Induced symptoms like headaches, impaired vision and lack of muscle coordination

Brain Impairment

- Study difficulties with reduced ability to learn, stay alert and retain information
- Significant IQ decline, especially for abusers who start smoking cannabis when they are adolescents

Oral

2

- Induced symptoms like dry mouth and tooth decay
- High risk of gum infection (gingivitis) and bone loss in oral cavity

Heart

3

- Accelerated heart rate
- Abnormal heart rhythms, causing palpitation and arrhythmias
- Risk of heart attack increased by 4.8 times in the first hour after smoking

Immunity

4

- Reduced resistance to common illness (e.g. cold, infection, bronchitis)

Inflammation and Clotting of Arteries (Cannabis Arteritis)

5

- Disrupted blood flow to hands and feet, leading to death of cells in hands and feet
- Severe cases of Cannabis Arteritis could lead to amputation of limbs

Mental Illness

6

Mental Disorder

- Cannabis abusers have double risk of developing mental disorder
- Induced mental symptoms like anxiety, depression, suicidal thoughts

Schizophrenia

- Risk of schizophrenia increased by 6 times with heavy cannabis abuse at young age

Dependence Syndrome

7

- Addiction and withdrawal symptoms

Lungs

8

More Harmful than Cigarettes

- Smoking 1 cannabis joint had the same effect on lungs as smoking 2.5 – 5 tobacco cigarettes

Breathing Problem

- Injury to lungs, resulting in loss of lung function

Reproduction

9

Male Infertility

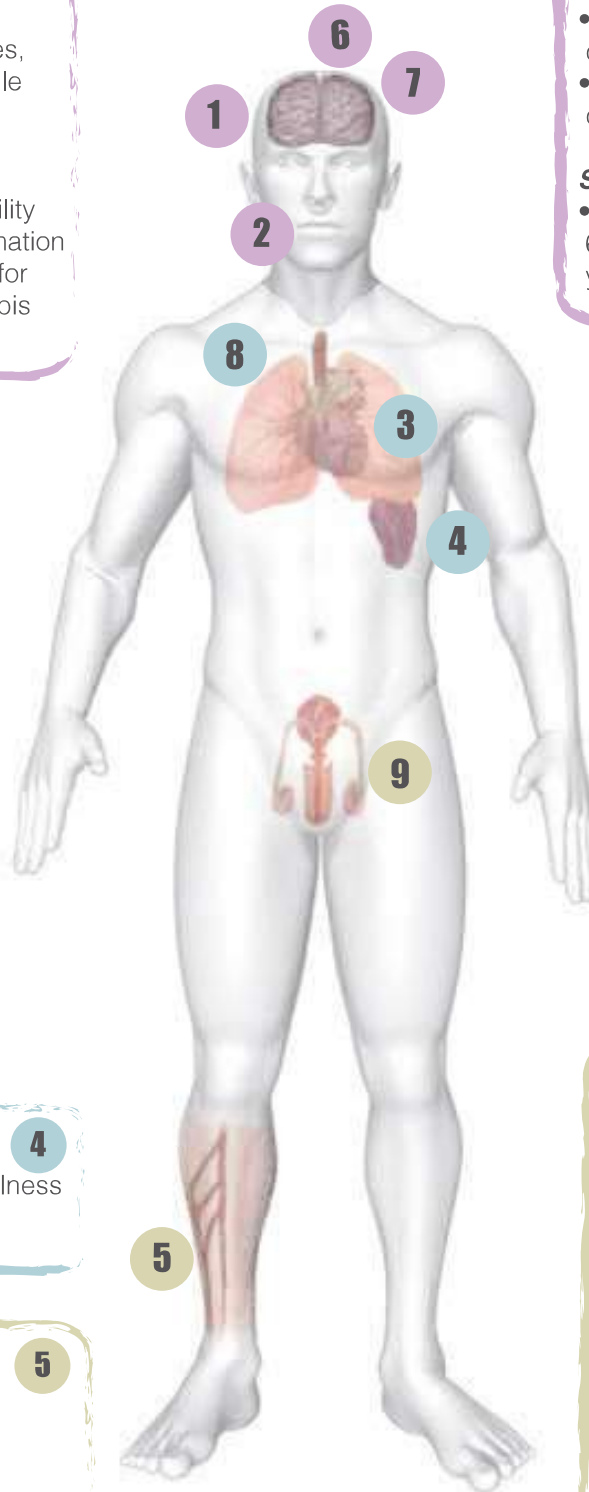
- Reduced quality and quantity of sperm, which will decrease the chances of fertilisation

Problems in Fetal Development During Pregnancy

- Cannabis abuse during pregnancy will lead to the likelihood of giving birth to premature babies, babies with lower birth weight and shorter birth length

Problems in Child Development with Maternal Cannabis Abuse

- Developmental defects in pre-natal cannabis-exposed children
- Close association between maternal cannabis and poor academic performance



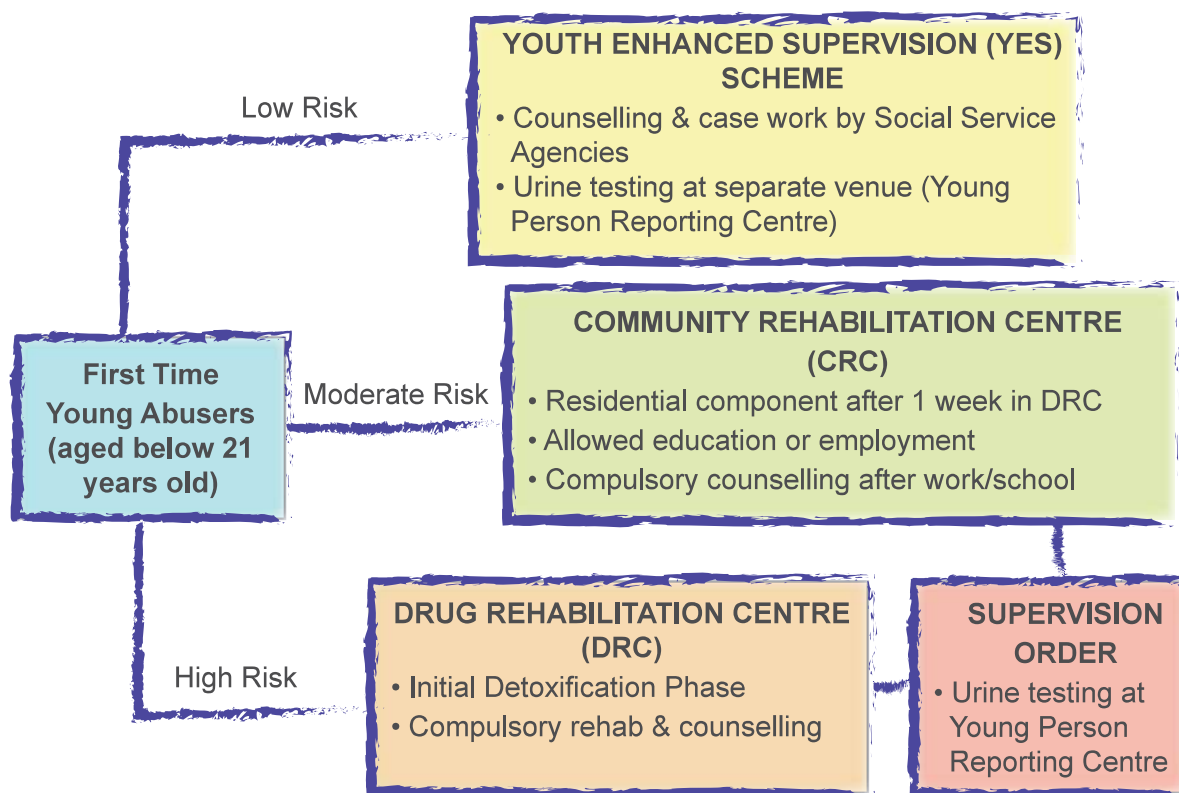
Part 2: Pathways for Youth Drug Abusers



Part 2: Pathways for Youth Drug Abusers

Pathways for Youth Drug Abusers (below 21 years old)*

For youth drug abusers referred to CNB, they will be placed on suitable rehabilitation programmes depending on their risk profiles. Risk assessments are conducted by trained psychologists in CNB to assess the abuser's likelihood of drug re-offending, taking into account factors such as criminal and drug abuse history, family support and anti-social peer associations. The abuser's risk profile will determine the type and intensity of rehabilitation programme that will be administered.



The illustration above shows the range of differentiated and targeted rehabilitation programmes for youth drug abusers below 21 years old. A youth drug abuser who is tested positive in the urine test may be emplaced on one of three rehabilitation programmes: the Youth Enhanced Supervision (YES) Scheme for low risk abusers, the Community Rehabilitation Centre (CRC) for moderate-risk abusers or the Drug Rehabilitation Centre (DRC) for high-risk abusers.

Do note that a person who is committed to a Drug Rehabilitation Centre does not have a criminal record registered against him.

*** The pathways (YES, CRC, DRC) are applicable for offenders who are referred to CNB.**

Part 2: Pathways for Youth Drug Abusers

The key elements of each programme are:

Youth Enhanced Supervision (YES) Scheme	<p>The YES scheme comprises weekly or bi-weekly urine reporting for up to 2 years. The supervisees will also go through counselling and casework administered by social workers over a period of 6 months. Additionally, families of the supervisees are also engaged, as strong family support is an important part of the scheme.</p>
Community Rehabilitation Centre (CRC)	<p>Youth abusers assessed to be suitable for the 12-month CRC regime will first complete a short detention at the DRC. They are then placed on a structured 6-month residential phase at the CRC. The structured CRC environment facilitates rehabilitation while minimising disruption to abusers' daily lives. During their stay, abusers continue to study or work in the day and then return to the CRC in the evenings. The abusers will undergo drug intervention and life-skills programmes which inculcate pro-social values. These programmes, together with casework and counselling, help abusers resist the temptation of abusing drugs again and reject negative peer influence. Families of abusers are encouraged to visit regularly at the CRC, get involved in programmes and familiarise themselves with post-release routine.</p> <p>Upon their successful completion of the residential phase at the CRC, abusers will be electronically tagged and placed on supervised home leave for 6 months. In addition to family support during this phase, the youths continue to receive counselling and guidance from SPS' counsellors to ensure they keep away from drugs.</p>
Drug Rehabilitation Centre (DRC)+	<p>The DRC regime lasts up to 36 months, depending on whether the youth abusers are first or second-time abusers, their risk levels, progress in rehabilitation as well as their conduct and behaviour. The DRC regime comprises the residential in-care and structured aftercare phases.</p> <p>Abusers receive differentiated in-care rehabilitation and counselling programmes to address their criminogenic needs and addiction issues in the DRC. The programmes are administered in accordance with the abuser's risk of general re-offending and severity of abuse. During the aftercare phase, they are closely supervised and undergo a regime to facilitate their reintegration into society.</p>

+Applies for new drug abusers aged 21 and above. Repeated offenders will be subjected to long-term imprisonment instead of DRC treatment. Refer to "Long Term Imprisonment" in Part 4.

Anti-Drug Counselling and Engagement Programme for Youths (ACE)

CNB has introduced a structured rehabilitation programme with the National Addictions Management Service (NAMS) in 2015. The programme, Anti-Drug Counselling and Engagement Programme (ACE), will equip youths with skills to cope with addictions and will involve their parents to provide support and supervision for their children.

ACE will be conducted by counsellors over a 3-month period. It will comprise four half-day group counselling sessions and three individual counselling sessions. It will equip youths with skills to lead a drug-free lifestyle through experiential learning, support and guidance. There will also be a half-day workshop for parents to equip them with knowledge and skills to support their children. Parental and school support will be critical for the success of this programme.



What can I do if I suspect that my charge is taking drugs?

Abusing drugs (consumption or possession) is an arrestable offence under the Misuse of Drugs Act. If you suspect that your charge is abusing drugs, immediate help must be rendered. You should refer him to do a urine test.

Urine testing allows the authorities to pick up those who have misused controlled substances so that they could be referred for further follow-up rehabilitation and treatment.

For non-SAF agencies (SPF, SCDF)

If the serviceman is tested positive for drugs, he will be referred to CNB for follow-up investigation where investigations will be conducted to determine other suspected abusers and the drug suppliers involved. Upon conclusion of the investigation and based on the findings, follow-up action will then be taken against the suspects arrested.

For SAF

If you suspect that your subordinate is taking drugs, you should refer him to your unit manpower officer for follow-up investigation and a urine test. Upon conclusion of the investigation and based on the findings, follow-up action may be taken against the suspects.

Part 3: Helping Your Charges Stay Drug-Free



Part 3: Helping Your Charges Stay Drug-Free

Some Common Factors Contributing to Drug and Inhalant Abuse

Youths have cited varied reasons for abusing drugs and/or inhalants. The following infographics show some of the common ones:

Peer Group Influence

There is a strong need for friendship (aka. brotherhood) and group identification among youths. Youths want to feel a sense of togetherness, especially in the tough training climate of NS. In order to feel welcomed by peers, youths might feel compelled to attempt drug and inhalant abuse.



Boredom

Many youths do not have meaningful activities to occupy themselves. Furthermore, some might feel that they are wasting their time serving NS. Boredom and idleness may lead to drug and inhalant abuse.



Curiosity

The curiosity of young people, especially when in groups, often increases their desire to experience new sensations. Misleading reports stating that illicit substances may enhance their physiques or training performances, may spur youths to experiment with drugs.



Lack of Parental Guidance

There may be little or no parental supervision at home. Hence, they become susceptible to negative influences.



Poor Coping Skills

Some youths may have unhappy experiences during their NS trainings or at home. Troubled boy-girl relationships, conflicts with parents, poor training performance and poor relationships with instructors or bunk-mates are a few examples. These may cause feelings of frustration, anxiety, depression, hopelessness or worthlessness. The inability to cope with such emotions could lead to drug and inhalant abuse as a way of escape.

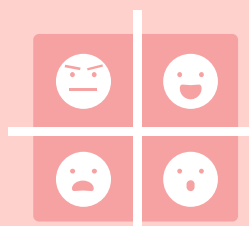


Availability of Substances (For Inhalant Abuse)

Various substances which are abused are found in products that are easily available at home or in shops at low costs. Most are conveniently packaged to be easily concealed and carried around.

Warning Signs of a Potential Drug Problem

Here are some warning signs of a potential drug problem which may include changes in behaviour, malingering or unexplained absenteeism and a noticeable lack of self-discipline and interest.



Behavioural Signs

- A sudden change in circle of friends
- Evasive behaviour and/or lying
- Overreacting to mild criticism or simple requests
- An ability to manipulate instead of taking responsibility for their actions and behaviours
- A noticeable lack of self-discipline
- Anxiety: Anxiety can be characterised by chronic jerky or jittery movements, extreme fear and obsessive-compulsive behaviour
- Monetary extremes: Possession of excessive cash or constant complaints of insufficient funds
- Hostile or argumentative attitudes
- Irregular sleeping hours or wanting to pursue activities at unusual times
- Disappearances for long periods of time
- Tendency to report sick without compelling reasons



Physical Signs

- Poor physical appearance
- Abnormally pale complexion
- Getting sick frequently
- Sudden or dramatic weight loss or gain
- Chronic fatigue, lack of energy and vitality
- Loss of appetite and excessive thirst
- Short-term memory loss and runny nose when allergies are not a problem
- Problems with eyes: bloodshot eyes, dilated pupils, droopy eyelids, imprecise eye movements, wearing dark glasses at inappropriate times
- Problems with coordination: dizzy spells, stumbling, shaky
- Dramatic appetite changes ranging from a sudden lack of appetite to a sudden craving
- Changes in speech and vocabulary patterns: rapid speech, slowed speech, slurred words



Environmental Indicators

- Unusual smells on clothing or breath
- Unusual containers, wrappers or paraphernalia
- Missing prescription medicine
- Secretive phone calls/phone messages

How You Can Help to Prevent Your Charges from Abusing Drugs and Inhalants

Commanders need to know about drugs and the related issues so that they can help their charges stay drug-free, through routine interviews, talks and observation. The following are what you can do to help:



1. Understand the situation

Upon enlistment, there might be difficulty for some in adapting to the NS regimentation and lifestyle.

This is a common occurrence, so be patient and refrain from picking on them for their mistakes or ignore them as though they do not exist. Some bring their problems into NS and find themselves trapped so they may look to AWOL or abuse drugs as an easy way out. Refer your servicemen for counselling if they require help.



2. Help them adapt better in the new environment

Youths sometimes take drugs to feel good about themselves. However this is temporary and may lead to long-term abuse or death. A new group of friends and a new environment where they feel they belong will help them to lead healthy lives. Satisfaction from work done and acknowledgements for good effort by superiors and colleagues enable them to build up confidence and self-esteem.

Tips:

- Offer praise and encouragement when they do well.
- Engage them in conversation regularly to understand them better.
- Accord them responsibility to make them feel valued and respected.



3. Observe the signs and symptoms of drug abuse

Since commanders are on the ground and interact very closely with their servicemen, you will be able to observe any sudden changes in their individual behaviour and their interpersonal relationships with their peers and superiors. If any serviceman displays any signs of drug/inhalant abuse, your serviceman may be abusing drug/inhalants. You may wish to refer to the topic “**Warning Signs of a Potential Drug Problem**” for the signs and symptoms of drug abuse. (Page 30)



4. Impart the correct knowledge about drugs and inhalants

Know the facts. Support your views with current information. Talk calmly and openly without exaggeration as the facts are frightening enough on their own. Discuss about the dangers that drug or inhalant abuse can cause to their health and well-being (mental and physical).



5. Know when to say “No”

Teach your charges how to say “No, thanks” when offered drugs. You can refer to the tips provided under the topic “**Top Refusal Skills for Youths**”. (Pages 32-33)

Top Refusal Skills for Youths

As a commander, you may want to share these refusal skills with your charges. Many youths fall victim to drugs simply because they are unsure of how to respond or react when being offered drugs. By learning a range of possible responses, youths are more likely to be able to provide an appropriate response when the time arises

1. State the facts

Drug abuse tends to take a toll on the abuser's body and affect one's appearance. Drugs can cause lung damage, fatigue, heart rate and blood pressure changes, and other physical damage, including bad body odour!



2. Make a joke

Sometimes humour can lighten a serious mood and divert attention elsewhere.

For example, you can "joke" that you do not have the money to spend on drugs. Say that you would rather spend your hard-earned NS allowances on sumptuous meals. Drug abuse is an expensive habit. Do not be ignorant and gullible, just because someone offers you drugs for free. Before long, these people will want something in return, be it cash, trade or sex. Drug dealers are not running charities. Claiming that you do not have money to waste is one way to deter drug dealers.

3. Be bold to say "NO". In a firm and assertive manner.

Have ready-made reasons to say "NO". Saying no firmly discourages future offers. In some situations, simply saying no without arguing and explaining is the best response. Just make sure the "no" is a strong and determined one. While saying no, maintain good eye contact and an upright body posture. Make sure the person offering understands that you seriously mean what you say. Body language communicates better than words in such situations.



That's illegal. I don't want to get into trouble.

No thanks. I think for my future.

Part 3: Helping Your Charges Stay Drug-Free



4. Ignore the suggestion, change the subject or suggest an alternative activity

Pretend that you did not hear the suggestion. Change the topic. Act like the matter isn't even worth discussing.

Many youths wind up doing what they shouldn't because they lack other options. By suggesting another activity, you're offering everyone an exit.

5. Avoid the situation in the first place. Otherwise, leave when you sense something amiss.

Avoid situations where you know people will be abusing drugs or sniffing glue. Choose your friends wisely and hang out with non-abusers.

If you suddenly realised that the party you are in involves drugs, you should leave immediately. You may think that you are being a party-pooper, but by taking your leave, other friends may just follow your lead.



6. The power of numbers

Make a pact with friends to stay clear of drugs. Often, knowing that you have the backing of your friends is comforting. Sometimes, "WE" is stronger than "I".

Behavioural Analysis of Young Drug Offenders

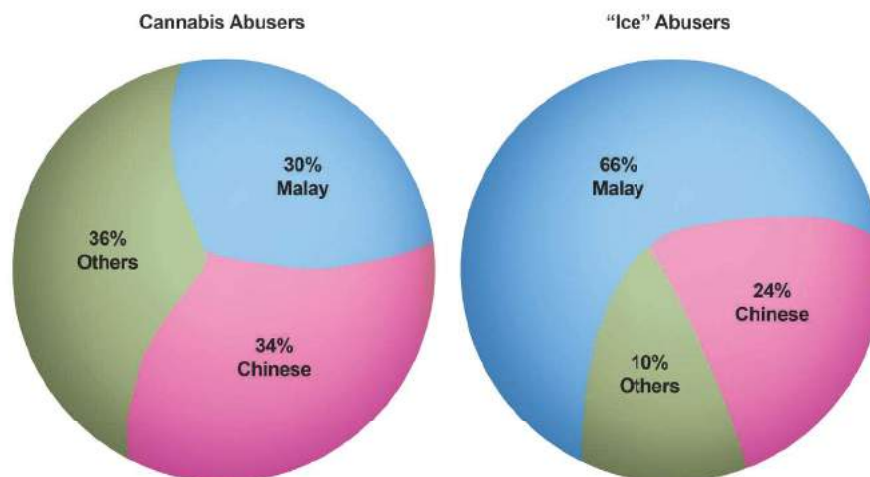
It is important to understand why youths abuse or do not abuse drugs, what the risk factors are, and their views on drug abuse.

The Task Force on Youths and Drugs commissioned a research team of psychologists from the Home Team to conduct an in-depth study on drug abusers. The study was conducted from December 2014 to April 2015.

Methodology

700 participants aged 12 to 29 years, and comprising 237 abusers and 463 non-abusers were surveyed in the study. Participants completed a set of questionnaire that measured the risk and protective factors of drug abuse and their perceptions towards preventive education. The team also conducted individual case history interviews with 28 drug abusers to acquire better understanding of the factors affecting drug abuse and prevention. The team arranged 18 focus group discussions, involving 109 non-abusers, to understand their thoughts on drug abuse and views on current preventive education efforts.

Key Findings



Cannabis and 'Ice' abusers have different profiles

There were more Chinese Cannabis abusers - 34% were Chinese and 30% were Malays; whereas there were more Malay 'Ice' abusers - 66% were Malays and 24% were Chinese. Additionally, cannabis abusers came from middle or high Socioeconomic Status households, whereas about half of the 'Ice' abusers came from households with low Socioeconomic Status.



Similarities between Cannabis abusers and non-abusers

Both cannabis abusers and non-abusers cited having strong family support during their teenage years, as they had closer parental supervision, as compared to 'Ice' abusers. Similar to non-abusers, only a low proportion of cannabis abusers had parents with drug abuse history. A high proportion of cannabis abusers and non-abusers also performed well at school.



What differentiates abusers from non-abusers?

There are 3 factors that differentiates an abuser from a non-abuser.

- Having drug peers
- High incidence of teenage smoking
- More likely to have disciplinary issues (e.g. truancy, prior arrest records) in schools



Misperceptions of cannabis abusers

Cannabis abusers attributed their abuse to the **media's influence**, with a larger proportion citing **celebrities** as a reason for drug initiation as compared to 'Ice' abusers and non-abusers. The rise in the use of social media has also facilitated the dissemination of inaccurate information regarding cannabis use. Similarly, compared to 'Ice' abusers and non-abusers, a larger proportion of cannabis abusers cited **influence from what they read on the Internet** as a reason for cannabis initiation.

The study found that cannabis abusers tended to **perceive that cannabis was less harmful and addictive than tobacco**. Cannabis abusers also showed a **lack of regard for the legal consequences of cannabis abuse**. They were convinced by the media and Internet that cannabis was not harmful and that Singapore's laws are too strict. Cannabis abuse was also generally not frowned upon and this social acceptance of cannabis abuse was observed not only among cannabis abusers but also among 'Ice' abusers and non-abusers.

Part 3: Helping Your Charges Stay Drug-Free

The two case summaries illustrate the changing profile of young drug abusers identified in this study.

Case 1 – X, 17 year old Chinese male

He was arrested based on information received by CNB and was part of a drug cluster involving young persons.



Family Profile

X grew up in a typical nuclear family, and cited that he had good family support, with parental supervision. His family members did not have any criminal or drug offending history. They also did not consume alcohol or smoke cigarettes.



School

Prior to drug use, X was an average student in school. He did not have any disciplinary issues in school, and has full attendance for classes.



Risk Factors

X started smoking when he was in Secondary 1. He was introduced to cannabis by his peers. He also learnt about cannabis from the media and read more about it on the Internet.



Attitudes Towards Drugs

X had a liberal attitude toward cannabis use. He held the perception that cannabis was not as harmful as other types of drugs and this made him more open to trying it.

"I knew about cannabis from a friend who introduced me to it. Before he introduced it to me, I already knew that cannabis is not as bad as taking 'Ice' or other synthetic drugs because of the exposure to media and all that. After he introduced me, I tried to find out more about cannabis from the Internet, like what the methods to consume are and how to stop using too."

– X, on peer and media influence on his drug initiation.

Case 2 – Y, 24 year old Malay male

He was arrested for cannabis consumption.



Family Profile

Y grew up in a typical nuclear family, and cited that he had good family support, with close relationships between each family member. Y's family members did not have any criminal or drug offending history. They also did not consume alcohol or smoke cigarettes.



School

Y did well in his studies in secondary school and went on to study in a post-secondary institution. He took part in school activities, and represented his school in sports competitions. Y attended classes diligently and did not display any disciplinary issues in school.



Risk Factors

Y started smoking at age 14. He abused cannabis together with his friends from primary school. Y learnt about cannabis from the Internet, and took the initiative to read up more about it.



Attitudes Towards Drugs

Y had a liberal attitude toward cannabis use. He held the perception that cannabis was not addictive and easily available in his community. He also said that he would seek cannabis for use when he was overseas.

In a nutshell, what does the study tells us?

The study has provided insights on the issue of youth drug abuse and highlighted risk factors that can be addressed through home, school and community initiatives.



Part 4: Legislation

The Misuse of Drugs Act, or MDA for short, is the primary piece of legislation that provides the legal framework for the control of dangerous or otherwise harmful substances. The MDA targets drug importers, traffickers and abusers, and criminalises the trafficking, manufacturing, importation, exportation, possession and consumption of controlled drugs.

The Misuse of Drugs Act

The MDA makes drug possession or consumption an offence punishable with a fine not exceeding \$20,000 or imprisonment not exceeding 10 years or both. However, first and second time abusers are given the chance to undergo treatment and rehabilitation at Drug Rehabilitation Centres (DRC). Recalcitrant abusers who are arrested for the third and subsequent times face long term imprisonment and caning.

The penalty for drug trafficking includes long jail terms of up to 30 years including caning, as well as the death sentence for trafficking certain types of drugs beyond certain quantities. Any person convicted of trafficking more than a specified amount of opium, morphine, heroin, cannabis, cocaine and methamphetamine will receive the death penalty.

Repeat traffickers and those who traffic drugs to young or vulnerable persons will face stiffer punishment. A young person refers to a person who is below 21 years old. Similarly, harsher punishments apply to those who recruit young or vulnerable persons into drug trafficking, importation or exportation.

It is also illegal to arrange or plan gatherings where controlled drugs are to be consumed or trafficked. The organiser will be liable for aggravated punishment if such gatherings involve young or vulnerable persons.

All New Psychoactive Substances (NPS) are listed as Class A controlled drugs under the First Schedule. The consumption and possession, importation and exportation, trafficking and manufacturing of these substances will hence constitute an offence under the MDA. At the same time, a new list of substances was listed in the Fifth Schedule.

Consumption of Controlled Drugs Outside Singapore

Drug consumption is an offence regardless of where the drug is consumed. Singaporeans and Permanent Residents (Servicemen and Servicewomen) who are found to have consumed illegal substances outside Singapore will be dealt with the same penalty as if that offence had been committed in Singapore.

Long-Term Imprisonment

Although the drug situation is under control, there is still a serious problem of some drug abusers not being able to kick the habit after going through repeated Drug Rehabilitation Centre (DRC) treatments.

To deal with these unrepentant drug addicts, the Government is subjecting them to long term imprisonment instead of DRC treatment.

Objective of Long-Term Imprisonment

- To provide greater security and safety to the rest of the society
- To deter individuals from continuing to abuse drugs
- To reduce the crimes committed by drug addicts

Who are affected?

Hardcore addicts of Buprenorphine, Cannabis, Cocaine, 'Ecstasy', Heroin, Ketamine, Methamphetamine, Morphine, Nimetazepam and Opium.

Hard-core drug addicts shall be subjected to these penalties:

Long-Term Imprisonment 1 (LT1)
(Between 5 and 7 years of imprisonment, and 3 to 6 strokes of the cane)

Long-Term Imprisonment 2 (LT2)
(Between 7 and 13 years of imprisonment, and 6 to 12 strokes of the cane)

Those who have been through LT1 once will serve LT2 for subsequent offence of the consumption of the above.

You may refer to the following links for more information:

- Singapore Statutes Online on MDA (statutes.agc.gov.sg)
- CNB Website (cnb.gov.sg)

The Intoxicating Substances Act

The Intoxicating Substances Act is the main legislation governing inhalant offences. Intoxicating substances refer to substances that give off vapours and fumes, such as glue and paint thinner. The sniffing of such vapours or fumes is known as inhalant abuse, which is commonly referred to as glue-sniffing, solvent abuse, solvent inhalation and solvent sniffing. This law deals with both the inhalant abusers and suppliers, and spells out the offences in relation to inhaling or using, as well as supplying or offering to supply intoxicating substances.

The Act makes inhalant abuse an offence punishable with a fine not exceeding \$2,000 or imprisonment not exceeding 6 months or both.

The Act also deals with shopkeepers suspected to be supplying intoxicating substances to abusers. It makes the selling or offering to sell an intoxicating substance, for the purpose of intoxication, an offence under the law. This offence is punishable by a fine not exceeding \$5,000 or imprisonment for a term not exceeding 2 years or both.

Servicemen in SAF

Servicemen caught committing a serious offence will be dealt with by court martial. Generally, the following actions are taken:

- a. At the end of the court martial, servicemen will be placed on the Urine Test Regime (UTR) upon their release from detention till their ORD. Regulars will be put under UTR for two years after their release if they are not discharged from SAF.
- b. SCC will follow up with the rehabilitation programme for the serviceman after his conviction and monitor him till his ORD.

Under Reg 16(2) of the Misuse of Drugs (Approved Institutions and Treatment and Rehabilitation) Regulations, a supervision order is to be served to the convicted serviceman prior to his release from Full-Time National Service or discharge from service.

- a. Full Time Serviceman. Unit will escort the serviceman to collect his supervision order from CNB on the last day of service.
- b. NSman. Unit will make arrangement with CNB and SAF MP Command for the NSman to collect his supervision order on the day of his release from detention barracks.

Penalties of Drug Offences

Consumption and Possession

Buprenorphine, Cannabis, Cocaine, 'Ecstasy', Heroin, Ketamine, Lysergide (LSD), Mephedrone, Methamphetamine, Nimetazepam, New Psychoactive Substances (NPS), Piperazines

- For possession: Up to 10 years of imprisonment, or \$20,000 fine, or both.
- For consumption: First and second time abusers undergo rehabilitation treatment at a DRC. However, for those who abuse specified drugs and are caught the third and subsequent times, they are liable for long-term imprisonment and caning.

Note: Specified drugs refer to Heroin, Methamphetamine, 'Ecstasy', Ketamine, Cocaine, Cannabis, Nimetazepam and Buprenorphine.

Illegal Traffic

Nimetazepam

Up to 10 years of imprisonment and 5 strokes of the cane

Buprenorphine, 'Ecstasy', Ketamine, Lysergide (LSD), Mephedrone, New Psychoactive Substances (NPS), Piperazines

Up to 20 years of imprisonment and 15 strokes of the cane

Cannabis, Cocaine, Heroin, Methamphetamine

Maximum is death penalty (if amount trafficked exceeds the limit stipulated in the law)

Import & Export

Nimetazepam

Up to 20 years of imprisonment and 15 strokes of the cane

Buprenorphine, 'Ecstasy', Ketamine, Lysergide (LSD), Mephedrone, New Psychoactive Substances (NPS), Piperazines

Up to 30 years of imprisonment or life imprisonment and 15 strokes of the cane

Cannabis, Cocaine, Heroin, Methamphetamine

Maximum is death penalty (If amount trafficked exceeds the limit stipulated in the law)

Inhalant Offences

Abuse of intoxicating substances

Admission to an approved centre for treatment and rehabilitation for up to 6 months
OR

Up to 6 months imprisonment or S\$2,000 fine or BOTH

Selling or offering to sell an intoxicating substance when it is suspected that the substance is for the purpose of intoxication

Up to 2 years of imprisonment or S\$5,000 fine or BOTH

Part 5: Useful Resources and Case Studies



CASE STUDIES

(COURTESY OF SAF COUNSELLING CENTRE)

An Account from an Ex-drug Abuser: One Time Too Many

Adam (not his real name), a 21-year-old graduate from a local polytechnic, discovers that just once is enough for vigilant police officers.

“A friend I’d known since polytechnic asked if I wanted to smoke weed together. At that time, I thought, why not? In my head, it wasn’t addictive, so it’s less harmful than alcohol and better than hardcore drugs like Ice.

I knew that if I got caught, I was going to die, but I didn’t believe I would be so unlucky.

We went to a sheltered area near his house and he took out the marijuana. He smoked a few puffs before passing it to me. I think I smoked about three puffs. I felt very high; everything felt very slow-mo and weird. After that, I stopped. I told him I didn’t want any more, so he finished it.

As we were walking away, two policemen approached us. They told us to empty our pockets, and found a joint in his cigarette box. I had nothing, so they told me I was cleared. But as I was high at that time, I don’t think I reacted properly to that. That’s when they suspected I had taken the drug with him.

We were taken to the Police Cantonment Complex, where my urine test came out positive for substance use. Then I got locked up for a day. I was very scared because I thought I would be jailed for a long time.

In the lock-up room, an hour felt like 24, and 24 hours felt like a week. I cried a few times worrying about how I would lose my university placing, my family would look down on me and my friends would despise me. Eventually, my father bailed me out.

After that, I couldn’t sleep because I was afraid I would be jailed. Subsequently, I enlisted and was told that I would not be charged; instead, I

would be placed under supervision order and attend counselling at the SCC. I was relieved. During counselling, I learnt the dangers of marijuana and how I could avoid it.

When I enlisted, I confessed to my Platoon Sergeant that I had been caught for smoking marijuana. Surprisingly, he didn’t give up on me. My company also knew, but did not treat me differently. I was motivated and went on to do well during training.

I know that I won’t go back to drugs. My family and friends also trust that I will stay clean. Their faith is my support. If I could turn back time, I wouldn’t have done it.

Looking back, I am thankful that I was caught. If I hadn’t gotten caught, I might have continued to smoke marijuana. Then I wouldn’t be here; I might be in a drug rehabilitation centre.”

Show Care and Concern without Compromising Discipline

PTE Choy had a very unlikeable past, with tattoos and a long history of drug/inhalant abuse. He was placed under CNB’s Drug Supervision Order before his enlistment. He had once attempted suicide at a halfway house and suffered from paranoia, hallucination and violent spells when he could not cope with stressful situations. But now he wanted to change and not go back to his old ways. He needed help to deal with the multiple problems he was faced with.

Like most people, if it was one problem, he would have little or no difficulty facing up to it. However he was not coping well because he was facing multiple problems –dad’s poor health (stroke and lung infection) resulting in dad’s unemployment, and brother’s imprisonment. Mum was the sole breadwinner. He also found life in

camp having too many rules and regulation to follow. He was emotional and cried often. PTE Choy gave the main portion of his SAF allowance to his parents and he really tried to be a more mature person. He was however not an expressive person. When misunderstood, he reacted by being aggressive. His reserved nature made it more difficult for campmates to understand him. He was over-emotional was unable to view things from other peoples’ perspective.

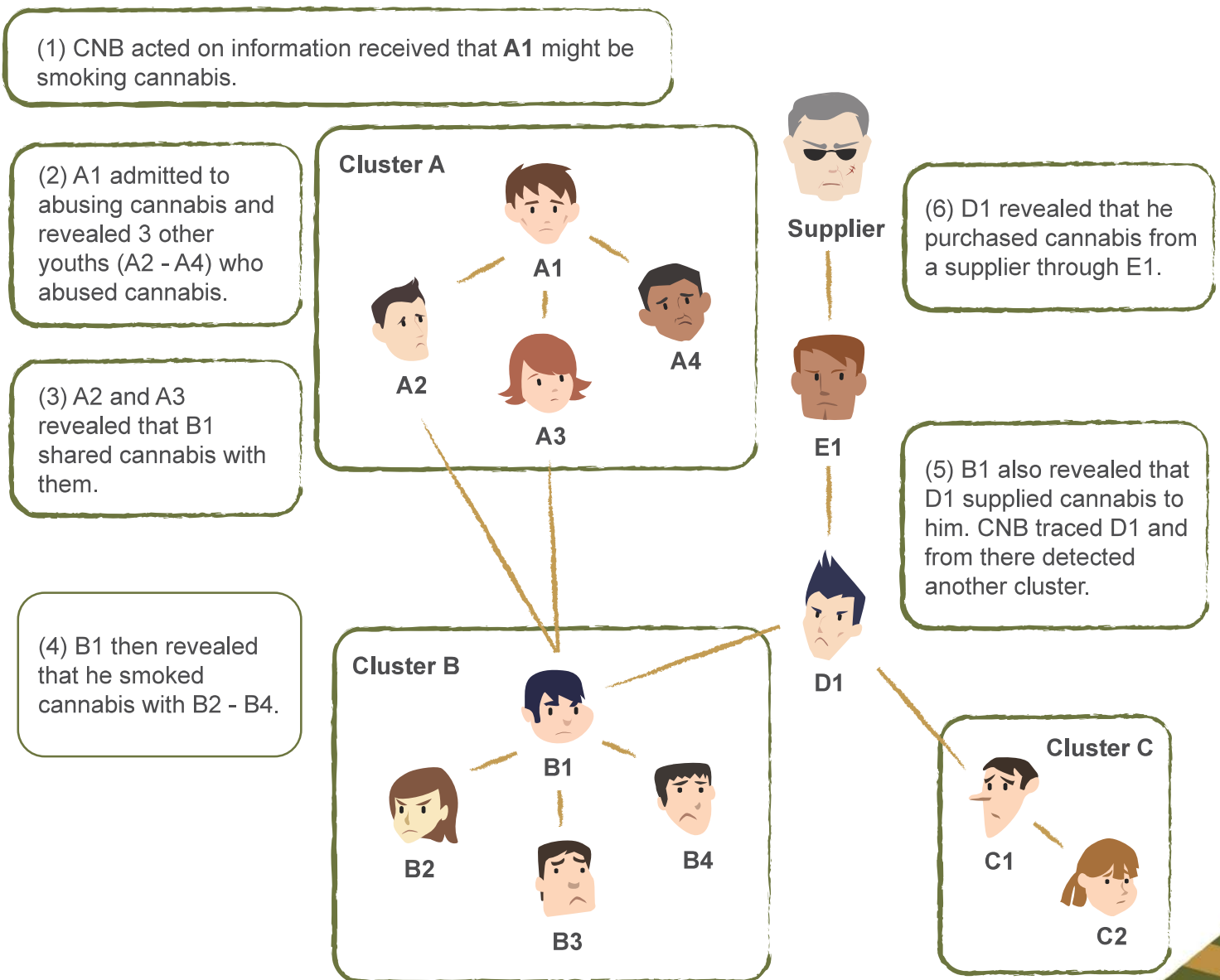
PTE Choy’s OC, CPT Lim was keen to help him and guide him in the correct path. He understood how they could be more sensitive and reactive than the average soldier. The past effects of the drugs still impact on their personality. CPT Lim explained to him the principle of SAF discipline and encouraged PTE Choy to adapt to

training and the regimentation in camp. He also assisted PTE Choy to apply for the SAF Financial grant to support his family. He gave recognition for effort made.

The show of concern and understanding by his OC helped PTE Choy not only to adapt to the military regimentation but also made him feel accepted by those around him. While trying to be supportive, it was also important to balance that with the need for him to obey rules, such as not to book in late again or be disrespectful. He had been late and given confinement recently but he accepted the punishment readily as he knew he was in the wrong. PTE Choy is also recovering satisfactorily from drug addiction by attending his urine test regime and counselling sessions with his counsellor regularly. He was promoted to LCP recently due to his good training performance. With a firm but softer approach, CPT Lim was able to get the best out of his man. 45

What is “Drug Cluster Contamination Effect”?

- Drug cluster - a group of abusers belonging to the same network and makes up at least 2 abusers
- Starts from one person with drug contact
- Ask if his friends are interested to “try” together
- Potential for exponential increase in the contamination effect
- Most common source of drugs cited is **Friends**
- Commanders should always keep a lookout for possible drug clusters or suspicious activities as the spread of drugs can advance very quickly if the clusters go undetected. It is vital to ensure that your unit’s operational readiness is not compromised by drug abuse.



Preventive Drug Educational Materials

Advisory on Overseas Drug Consumption

If I can't do it here,
can I do it overseas?

Consumption of
Controlled Drugs
Outside Singapore

FACT

All Singaporeans / Permanent Residents
found to have consumed illegal substances,
EVEN OUTSIDE SINGAPORE, will face
the penalty of IMPRISONMENT of up to
10 years, FINE not exceeding S\$20,000,
or BOTH

Ketamine

'Ecstasy'

Methamphetamine
or 'Ice'

Cannabis

NPS
(New Psychoactive
Substances)

If you wish to report on drug-related matters,
please call the CNB hotline at 1800-325-6666
For more information, please visit CNB website at www.cnb.gov.sg

LIFE DOES NOT REWIND.
SAY NO TO DRUGS.

Weed Can't Be All That Bad, Can It?



Weed Can't Be All That Bad, Can It?

'Cannabis can't be all that bad, can it?' You'll regret saying that. I know it might seem like a pretty cool thing to roll up a couple of joints, sit back and chill out with friends over some good music. But you know what they like to say: Cannabis is all good because it's all natural. So on and so forth. But is it really?

How much do you really know about cannabis? As you might already know, 'Weed' is just one of the many names for cannabis, which comes from the cannabis plant. It also goes by other names, like Marijuana, Grass, Pot or Herb. Now, the reason why you feel so relaxed on cannabis is due to an active chemical called tetrahydrocannabinol (THC). But THC also messes with your mind, causing you to hallucinate and see, hear or feel things around you differently. This can lead to a whole series of long-term problems for your mind and body.

It doesn't matter what people say - cannabis is addictive. The real danger lies in most people thinking that it is not. Once you start smoking cannabis, it quickly becomes a habit, just like cigarettes, except that when it comes to cannabis, the health risks are much higher.

Well, I'm no professor, but studies have shown* that people who smoked cannabis develop multiple brain abnormalities leading to significantly more attention and memory problems. That's just scary. And to make matters worse, you will not be able to get back this lost IQ even if you decide to stop smoking cannabis later on. Now, how is that worth it?

Long-term abuse of cannabis will affect your ability to think properly and concentrate on a single task at hand. For somebody who needs to study and take examinations, this can be a real problem. Cannabis also causes you to be lazy and unmotivated when it comes to accomplishing things - now why would you want that, when you have got a bright future ahead of you?

Think about your future, buddy. Think twice before you puff on that joint.

*<http://www.medicaldaily.com/marijuana-use-tied-multiple-brain-abnormalities-students-even-those-who-smoked-little-once-week>

If you notice a friend behaving strangely and the signs match those of drug addiction, immediate help must be rendered. You may contact the following helplines:

- 1 **National Addictions Management Services (NAMS) All Addictions Helpline**
Tel: 6732 6837 (24 hours daily)
- 2 **Samaritans of Singapore (SOS)**
Tel: 1800 221 4444 (24 hours daily)
- 3 **Teen Challenge (Singapore)**
Tel: 6793 7933 (Mon – Fri, 9.00AM – 6.00PM)

If you have been approached to try drugs or wish to report any information, please call the CNB hotline at 1800-325-6666.

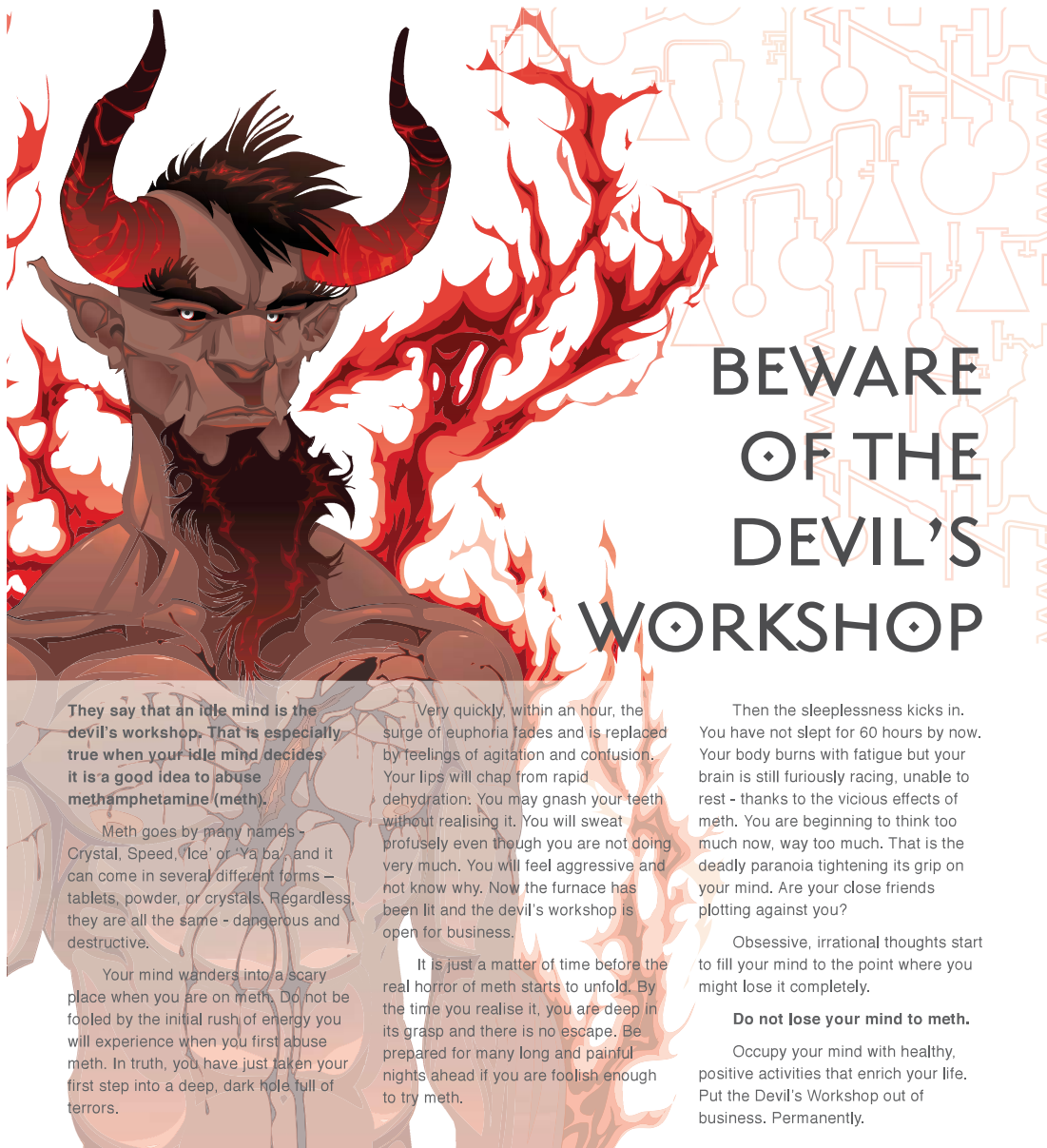
Visit these links for more information on drug abuse:

- **Life Does Not Rewind Facebook page:**
<https://www.facebook.com/lifedoesnotrewind>
- **CNB website:**
<http://www.cnb.gov.sg>
- **National Addictions Management Service website:**
<http://www.nams.sg>

The green and white colours of the Anti-Drug Abuse Ribbon signify **Health, Vitality and Strength**



Beware Of The Devil's Workshop



BEWARE OF THE DEVIL'S WORKSHOP

They say that an idle mind is the devil's workshop. That is especially true when your idle mind decides it is a good idea to abuse methamphetamine (meth).

Meth goes by many names - Crystal, Speed, 'Ice' or 'Ya ba', and it can come in several different forms - tablets, powder, or crystals. Regardless, they are all the same - dangerous and destructive.

Your mind wanders into a scary place when you are on meth. Do not be fooled by the initial rush of energy you will experience when you first abuse meth. In truth, you have just taken your first step into a deep, dark hole full of terrors.

Very quickly, within an hour, the surge of euphoria fades and is replaced by feelings of agitation and confusion. Your lips will chap from rapid dehydration. You may gnash your teeth without realising it. You will sweat profusely even though you are not doing very much. You will feel aggressive and not know why. Now the furnace has been lit and the devil's workshop is open for business.

It is just a matter of time before the real horror of meth starts to unfold. By the time you realise it, you are deep in its grasp and there is no escape. Be prepared for many long and painful nights ahead if you are foolish enough to try meth.

Then the sleeplessness kicks in. You have not slept for 60 hours by now. Your body burns with fatigue but your brain is still furiously racing, unable to rest - thanks to the vicious effects of meth. You are beginning to think too much now, way too much. That is the deadly paranoia tightening its grip on your mind. Are your close friends plotting against you?

Obsessive, irrational thoughts start to fill your mind to the point where you might lose it completely.

Do not lose your mind to meth.

Occupy your mind with healthy, positive activities that enrich your life. Put the Devil's Workshop out of business. Permanently.

If you notice a friend behaving strangely and the signs match those of drug addiction, immediate help must be rendered. You may contact the following helplines:

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If you have been approached to try drugs or wish to report any information, please call the CNB hotline at 1800-325-6866.

Visit these links for more information on drug abuse:

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<https://www.facebook.com/lifedoesnotrewind>
- **CNB website:**
<http://www.cnb.gov.sg>
- **National Addictions Management Service website:**
<http://www.nams.sg>

The green and white colours of the Anti-Drug Abuse Ribbon signify
Health, Vitality and Strength



Knowing The Truth



We see it everywhere. The landscape of popular culture is littered with imagery of drug abuse - from books to music to movies.

All too often we read stories or watch variety news programmes about celebrities like Lindsay Lohan, Robert Downey, Jr., Steven Tyler and Eminem embroiled in a struggle with drugs. At times, one must wonder if the media is romanticising drug abuse or condemning it. Popular movies like *Trainspotting*, *Requiem For A Dream* and *The Wolf of Wall Street* pummel viewers with a constant stream of heroin, cocaine and the glamorisation of drugs. The top-grossing television series *Breaking Bad*, which stretched for no less than five years, revolved around a protagonist who ran a methamphetamine lab. Scenes in movies or TV of people lighting up a joint of weed during a party give cannabis a very strong association with pleasure and fun.

As we can clearly see, the mainstream media perpetuates an unhealthy fascination with drugs that might be helping to create more problems rather than solving them. In light of this realisation, what can we do as viewers to remind ourselves to stay off drugs and help others to do the same?

DRUGS ARE DEADLY!!

Celebrities died from drug abuse. That is a very important fact to remember the next time you see an actor or actress doing drugs on screen and looking fashionable while at it. A simple Internet search will give you a list of famous actors and musicians who have died from drug overdoses and many of them died at rather young ages. Think about their wasted lives and talent. Do you really want to end up like them? There is nothing glamorous about dying from drugs.

CREATE YOUR OWN MEDIA

Stop being a passive consumer. With the power of online social platforms at your disposal, you can counter mainstream influences by creating your own media. Do your own research, come up with your own arguments against drugs and share your information online or to friends. Take an active stance and help others to stave off drugs too.

READ AND RESEARCH

Ultimately, it is a choice that you will have to make for yourself. You already have the available tools and resources that you need to make an informed decision. Be proactive - take the first step to avoid becoming the next victim of drug addiction.

If you notice a friend behaving strangely and the signs match those of drug addiction, immediate help must be rendered. You may contact the following helplines:

- 1 **National Addictions Management Services (NAMS) All Addictions Helpline**
Tel: 6732 6837 (24 hours daily)
- 2 **Samaritans of Singapore (SOS)**
Tel: 1800 221 4444 (24 hours daily)
- 3 **Teen Challenge (Singapore)**
Tel: 6793 7933 (Mon - Fri, 9.00AM - 6.00PM)

If you have been approached to try drugs or wish to report any information, please call the CNB hotline at **1800-325-6666**.

Visit these links for more information on drug abuse:

- **Life Does Not Rewind Facebook page:**
<https://www.facebook.com/lifedoesnotrewind>
- **CNB website:**
<http://www.cnb.gov.sg>
- **National Addictions Management Service website:**
<http://www.nams.sg>

The green and white colours of the Anti-Drug Abuse Ribbon signify
Health, Vitality and Strength



I Did Not Even Know That I Was Hooked



A photograph of a person's hand holding a syringe, injecting a substance. Above the hand, a cloud-like shape contains various negative emotions and states: Exhaustion, Problem, Terror, Ignorance, Sin, Abuse, Lust, Suicide, Regret, Loneliness, Anger, Greed, Collapse, Revenge, Fear, Stress, Pain, Envy, Overload, Business, and Illness.

"I DID NOT EVEN KNOW THAT I WAS HOOKED."
(BASED ON A TRUE STORY)

 This is a conversation with Slim (not his real name), a former drug abuser, who started abusing cannabis when he was 11 and then went on to heroin when he was 14. Slim, who is in his 50s, now works in the Social Services sector where he helps ex-offenders reintegrate back to society.

How were you first introduced to drugs?
I was first introduced to drugs when I saw my brother and his friends smoking cannabis. I was curious and eventually tried it with some of my neighbourhood friends. I was in Primary 5 then. By the time I was in Secondary 2, I had already started abusing heroin.

How did you end up getting hooked?
It started out as a weekly activity that turned into a daily affair. The irony of my addiction was that I did not even know that I was hooked. One day, I started getting chills, a runny nose, body aches and diarrhoea when I did not take heroin (after taking it continuously for a period of time). I thought I was sick. I was told by my friend that I was going through withdrawal symptoms from heroin but I did not believe him. He told me that this sickness would go away if I took heroin. When I did, all my withdrawal symptoms disappeared and I felt normal again.

How did your addiction change your life?
Addiction robbed me of my education as I lost interest in my studies. My personal life would revolve around my drugs and my drug buddies. Naturally, it affected my relationship with my family - especially my mother - but I simply could not give my drugs up. I did attempt to stop taking drugs but it would only be for a while and then I would go back to drugs again.

How do you feel when you think about your past addiction?
I wasted almost 20 years of my life on drug addiction. I lost my youth and have hurt a lot of people, especially my family. I do regret having taken drugs but there is nothing I can do to change the past and I need to move on with my life.

Do you have a message for people out there?
I would seriously warn others not to get involved in drugs, not even for curiosity's sake. It will bring you down on a gloomy path of pain and misery. If any of you have already tried drugs, please seek help to stop it.

Slim regrets his wayward past. But nothing can bring back the time he has lost.

Life does not rewind, say no to drugs.

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What Will You Be Famous For?



AMY WINEHOUSE

The acclaimed Grammy award-winning singer was notorious for her drug abuse. She even had a tour cancelled because she had been hospitalised for what was reported as 'an overdose of heroin, ecstasy, cocaine, ketamine and alcohol'. Her attempts to fight off drug addiction unfortunately led to heavy drinking problems, resulting in her death from alcohol poisoning in 2011. She was 27 years old.



WHITNEY HOUSTON

The world-famous singer was found unconscious in her hotel bathtub in 2012. Attempts to revive the starlet failed and although the coroner ruled her death as 'accidental', evidence of cocaine and other drugs were found in her body. She was 48 years old.



HEATH LEDGER

In 2008, the world-famous Hollywood icon, best known for his role as the Joker in *The Dark Knight*, was found unconscious at home. Paramedics could not revive the star and he was later ruled to have died from 'acute intoxication' from the combined effects of six different prescription drugs. He was 28 years old.



CORY MONTEITH

Best known for his role as Finn Hudson in four seasons of the popular television series *Glee*, the actor was found dead in his hotel room in 2013 after taking a deadly combination of heroin and alcohol. He was 31 years old.

WHAT WILL YOU BE FAMOUS FOR?



PHILIP SEYMOUR HOFFMAN

The brilliant, Oscar-winning film and theatre actor - best known for his roles in movies like *Almost Famous*, *Capote* and *The Hunger Games*, was found dead in his bathroom in 2014. According to the coroner, his death was caused by 'acute mixed drug intoxication, including heroin, cocaine, benzodiazepines and amphetamines'. He was 48 years old.

Would you like to be famous - due to your achievements - or infamous, thanks to drugs and their associated problems?

You decide.

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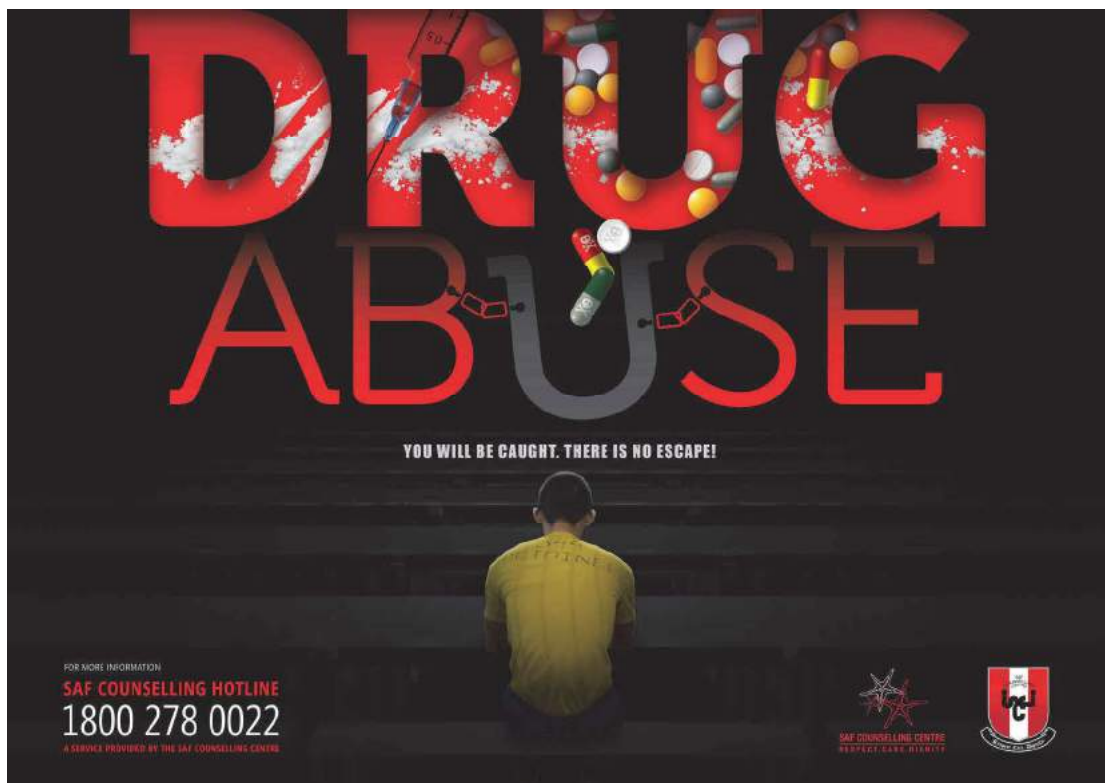
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SCC Poster



Contacts and Helplines



For Singapore Armed Forces (SAF) personnel:

SAF Counselling Centre Hotline

☎ 1800 278 0022
Operates 24-hour

SAF commanders and personnel should consult the Duty Counsellors on how best to manage servicemen in distress. Commanders should also refer distressed servicemen to the SCC for face-to-face counselling. Family members of servicemen may also call the Counselling Hotline at 1800 278 0022 to discuss their concerns. All calls are kept confidential and callers can choose to remain anonymous.

SAF Military Police Command

☎ 6424 6444

SAF Military Policemen are tasked with conducting disciplinary spot checks in various camps and conducting investigations into serious offences.



SCDF
The Life Saving Force

For Singapore Civil Defence Force (SCDF) personnel:

SCDF Counselling Helpline

☎ 1800 286 6666
Operates 24-hour

SCDF personnel can call the SCDF Counselling Helpline for direct counselling service or approach their unit Paracounsellor for assistance. All calls are kept confidential and callers can choose to remain anonymous unless exceptions to confidentiality are breached (e.g. suicide ideation, harm to others, etc).



For Singapore Police Force (SPF) personnel:

CARE (PPSD Counselling) Helpline

☎ 1800 255 1151
Operates from 8.30am to 6pm
Mon – Fri

SPF commanders and personnel can contact the PPSD Counselling Helpline for direct counselling services (not drug-related matters). Information shared during counselling sessions will be kept confidential, unless exceptions to confidentiality are breached (e.g. suicidal ideation).

Part 5: Useful Resources and Case Studies

Alternatively, all commanders may also choose to contact the Central Narcotics Bureau (CNB)'s hotline at **1800 325 6666** for advice and assistance if you suspect or are worried that one of your charges may be involved with drugs. When a personnel is referred from the NS agencies, CNB will work with the agencies, including interviewing the personnel and will determine the appropriate follow-up action after a complete assessment and investigation.



General

Central Narcotics Bureau (CNB)
📞 1800 325 6666

For those who wish to report cases of suspected drug abuse

To help young adults and uniformed personnel know more about the harms and dangers of drugs and how to stay drug-free, CNB works closely with all NS agencies to offer preventive drug education.

For updates on anti-drug information and events or collaborations, commanders may contact the CNB Preventive Education Unit (PEU), as follows:

Preventive Education Unit

 www.cnb.gov.sg/cnbpde

 <http://www.facebook.com/lifedoesnotrewind>

 @drugfreesg

 CNBkNOwDrugs

 6557 3216
6557 3217
6325 6637

 CNB_Preventive_Education_Unit@cnb.gov.sg

Part 5: Useful Resources and Case Studies

Recognizing early signs and symptoms of drug abuse is important as early intervention can provide a better course of treatment. You may also contact NAMS to seek help for other forms of addictions (gambling, alcohol etc.)



National Addictions Management Service (NAMS)



Website: www.nams.sg



For appointments, call the IMH Appointment Line: 6389 2200

For information, call the IMH General Enquiry Line: 6389 2000

NAMS All Addictions 24-hour Helpline: 6-RECOVER (6-732 6837)



Address:
Buangkok Green Medical Park
Block 9, 10 Buangkok View
Singapore 539747