

Community-Based Approaches to the
Prevention, Rehabilitation and Reintegration of
Drug Offenders
The Singapore Anti-Narcotics Association

Authors

Justin Lee and Fern Yu
Institute of Policy Studies
Lee Kuan Yew School of Public Policy
National University of Singapore

Hawyee Auyong and Stephanie Chok
Case Studies Unit
Lee Kuan Yew School of Public Policy
National University of Singapore

Abstract

In contrast to Singapore's zero tolerance stance on drugs, some developed countries have begun legalising drug use, raising concerns for local authorities that this will create a more permissive climate here. Drug users in Singapore have gotten younger, more affluent and also more highly educated.

Given these trends, the Singapore Anti-Narcotics Association (SANA) has revamped its preventive education strategy to target youth. Adopting a community-based approach meant modifying the content of the anti-drug message away from an "enforcement" logic towards an "engagement" one. Youth groups have also been equipped to conceptualise and implement drug awareness campaigns that reach out to their fellow schoolmates. In addition, SANA has started to experiment with peer-led support groups so that ex-offenders themselves can contribute to the rehabilitation of others earlier in their recovery journey, allowing a community-centric approach to complement their professional casework.

These approaches make use of the strengths and untapped resources of clients themselves and broader community assets, inviting them to co-produce solutions. However, community empowerment approaches require investments in capability building, creating bridges across community assets, and establishing trust with community and clients—in other words, they depend more on social capital than financial capital. Organisations doing such work have to build bridges, establish trust and invest in capability building of the community.

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Executive Summary

Legislative and Policy Context

- 1) About 70 per cent of inmates are those convicted of drug-related offences or admitted to the Singapore Prisons Service's Drug Rehabilitation Centres.
- 2) The Misuse of Drugs Act (MDA) was passed in 1973 and has gone through several amendments that mark a progressively punitive stance in Singapore's war on drugs.
- 3) The mandatory death penalty has been a key component of the MDA for deterring drug trafficking.
- 4) In 1998, the MDA was amended to impose longer prison sentences for repeat drug users, which led to a rapid expansion of the prison population.
- 5) To cope with the rising rate of admission, the Singapore Prison Service (SPS) began to focus more attention to the rehabilitation of offenders beyond its traditional custodial function. They relied on partnerships with corporations, community organisations and religious groups to develop a wide range of community-based rehabilitation to ease the transition of offenders back to regular life.
- 6) However, the effects of long-term incarceration undermined the financial capability, damaged the relationships of families involved, and also raised the spectre of inter-generational offending. This led to a shift from focusing only at the offender to increased support services for their families.
- 7) In more recent years, the authorities have become concerned with an increase in younger, more affluent and more educated profile of drug users—a trend attributed to new online platforms peddling drugs and a more liberal attitude, possibly resulting from the legalisation of drugs in some developed countries.

Singapore Anti-Narcotics Association in Focus

- 8) The Singapore Anti-Narcotics Association (SANA) has played a key role in national efforts at prevention, rehabilitation and reintegration of drug offenders.
- 9) They were formed in 1972, one year after the Central Narcotics Bureau (CNB) was set up, to complement the enforcement role of the CNB by focusing on public education and aftercare services for recovering drug addicts.
- 10) Currently, SANA's programmes are clustered into three divisions: Preventive Drug Education (focusing on outreach), Aftercare (focusing on case management and rehabilitation), and the Step-Up Centre (focusing on reintegration efforts). Through these programmes, SANA broadly targets ex-offenders, family members of ex-offenders, and youths.
- 11) SANA receives a grant from the Ministry of Home Affairs (MHA) and payment from Singapore Prison Service for managing inmates emplaced on the community-based programme and the Yellow Ribbon Community Project. It works closely with government agencies in a sector that is highly coordinated. SANA is a part of the MHA Taskforce on Drugs Committee and a member of the Community Action for the Rehabilitation of Ex-

Offenders (CARE) Network, set up by SPS to better coordinate efforts of various organisations in this sector.

- 12) Besides broad alignment with the national messaging about the zero tolerance approach to drugs, there is also close working relationships with the authorities. For example, the SPS might—upon request from SANA—make recommendations for candidates for their Board of Management. SANA also works closely with the CNB, including using their collaterals for drug education.

Community Approaches to Prevention and Public Education: Targeting the Youth

- 13) Given the efforts of CNB and the National Council Against Drug Abuse (NCADA), SANA has previously carved a niche in preventive drug education through their Badge Scheme, which was started in 1977 and targets secondary school students from the Uniform Groups (e.g. Scouts, Boys Brigade etc.) Students undergo a motivational workshop, learn about the consequences of drug usage and acquire badges for completion.
- 14) However, given the new trend of younger and more educated drug users, SANA has decided to shift gears and ramp up their youth engagement efforts.
- 15) Their youth engagement strategy involves innovations in content and medium.
 - a) Content: SANA adopts an engagement strategy as opposed to the more “enforcement” approach of the CNB. This means that they will address instead of ignore or dismiss issues that challenge the national narrative that youths may raise. This may include a more liberal attitude towards drugs, or being well-informed of the arguments for the legalisation of drugs elsewhere.
 - b) Medium: SANA has developed an online platform that allows live chats with counsellors, an e-learning portal designed to be attractive to digital natives, and a stronger social media presence. They also went through a rebranding exercise that refashioned their corporate logo to the acronym ‘SANA’, removing an explicit reference to drugs in its name and therefore reducing any associated stigma that might come with it.
- 16) For a more targeted approach to at-risk students, SANA has piloted a decision-making programme in early 2018. Pitching it as a “decision-making” programme made it more attractive to schools there is a wide range of enrichment programmes offered by diverse providers, instead of a specific anti-drug programme.
- 17) In order to empower students to be part of the solution, SANA has started to leverage on their SANA Badge programme and provide support to youths so that they can act as anti-drug ambassadors to their peers. These students are empowered to organise drug education programmes so that the anti-drug awareness can reach a wider population in the schools and even the community.

Community Approaches to Rehabilitation & Reintegration

- 18) A mainstay of SANA’s core work is case management. In 2015, SANA stopped offering voluntary case management because of challenges in retaining clients with no obligation to attend. They restructured the programme into mandatory case management that takes

clients based on Prison referrals. Given that casework uses individual or interpersonal level tools to address a deeply structural issue, it is no surprise that caseworkers face burnout from their work. An adaptive strategy SANA uses is to provide their caseworkers with a portfolio of work beyond just seeing clients as a means to manage burnout.

- 19) The Step-Up Centre was launched in 2016 as a walk-in hub for ex-offenders, current drug abusers and their families. This centre created a community space that allowed clients to drop in for support groups or activities even after casework has ended.
- 20) SANA has also developed a peer leadership development programme where role model ex-offenders are empowered to lead support group of their peers to provide mentorship and guidance. Ex-offenders who have made significant progress are groomed as role models and ambassadors, inspiring recovering addicts in the early stages of post-incarceration. Such sessions are co-facilitated with a SANA counsellor.
- 21) Re-integration requires a three pronged approach:
 - a) Employment is perhaps one of the most developed aspects of reintegration due to the efforts of the Singapore Corporation of Rehabilitative Enterprises (SCORE), a statutory board under the Ministry of Home Affairs in charge of prison industry, employment and skills training for inmates. Without jobs that provide financial security, the minor problems of the ex-offender can quickly become unmanageable. SANA has established apprenticeship schemes in industries and areas of work that are not covered by SCORE, providing additional choice to their clients.
 - b) The family has also increasingly attracted the focus of aftercare programmes because they are an important source of support for the ex-offender, and they themselves are often silent victims of incarceration. Children have developmental and emotional needs that are not met because of missing parental guidance; and are thus at risk of inter-generational offending. SANA helps to run a family enrichment programme as part of the Yellow Ribbon Community Project, reaching out to offenders' families while being incarcerated. They also run a tele-visit facility to help families maintain contact with inmates.
 - c) One area that is critical to address in the reintegration of ex-offenders is peer group influence, though this is admittedly more difficult to develop interventions for. There is a criminogenic effect of negative peer group influence: old friends may tempt ex-offenders into drug relapse and crime.

Case Lessons

- 22) There is a power imbalance in the relationship between aftercare staff and client where services are developed by the former for the latter. In order to create a more participatory community-based approach, it is necessary to empower clients (e.g. peer leadership development programme) and other parts of the community (e.g. Uniform groups of schools) to design and make decisions about plausible solutions.
- 23) Despite the promise of co-producing solutions, community-based approaches are challenging in various ways:
 - a) They cannot be a once-off intervention but requires continuous effort. Often rapport and trust has to be built before the client or community partner is motivated to participate in the solution.

- b) They require an investment in capability building before any work can be done. Student groups may not know the best ways to bring a message across to other youths, and role model ex-offenders may not have the facilitative or mentoring skills required to lead a support group.
 - c) Community approaches may be less reliable than professionally delivered ones as there is no employment contract to regulate their behaviour. There is no assurance that once-equipped, these volunteers will continue to deliver services to the community. E.g. volunteer para-counsellors and peer leaders may drop out of their relatively informal roles more easily than employed staff.
- 24) In other words, community-based approaches require social capital for their success, and depends on the organisations ability to establish bridges, build capability and create trust with clients and communities.

Objectives

This project provides 1) a historical overview of Singapore's war on drugs; 2) examines in detail our legislative context and penal system; and 3) a needs assessment of drug offenders and their families. Together, these provide the necessary backdrop for 4) a specific case study of an aftercare Voluntary Welfare Organisation (VWO) that focuses on the reintegration of drug ex-offenders. The first two objectives are relevant for students of public policy, the third for policymakers and service providers, while the fourth is for those with an interest in non-profit leadership and management.

The detailed examination of the historical developments, penal system and policy climate provides a much needed contextualisation of how broader structural forces and institutions affects a specific organisation and informs the adaptive strategies it takes.

This study documents how the Singapore Anti-Narcotics Association (SANA) has adapted their strategic directions, organisational capabilities and service delivery to achieve their objective of preventing, rehabilitating and re-integrating drug ex-offenders, given the policy context and changing profile of their client group.

Approach

The Case Studies Unit of the LKYSP provided case writing on the historical developments, legislative changes and characterised the penal system, while the Institute of Policy Studies (IPS) embarked on a needs assessment then conducted face-to-face interviews and focus groups with the senior leadership and staff of SANA.

Unlike case studies research—used by social scientists for theoretical refinement, explication of context-dependent processes, etc¹—the cases written here are more akin to cases written for the purpose of teaching. Yin makes this distinction, noting that materials in teaching cases may be adjusted to emphasise certain points with more effect, whereas all evidence in case studies research should be presented fairly.² An overview of Singapore's war on drugs the nature of our penal system is relevant for public policy students, while the case writing on SANA is relevant for students of non-profit management and leadership. (See Libby & Deitrick 2017 for examples of non-profit cases).

For the SANA case, IPS conducted focus groups and interviews at SANA from December 2017 to January 2018. We spoke to four staff members of the preventive drug education team, two volunteers (one para-counsellor and peer support group facilitator, one from the Religious Group of Volunteers), two staff members from the case management services team (one case worker, one psychologist), and three members of SANA's senior management. The duration of which each person had been with SANA varied from less than a year to over 14 years.

Besides the focus groups and interviews, we also adopted a theory of change (TOC) framework to help articulate and capture SANA's organisational strategy succinctly. Just as a picture paints a thousand words, this visual representation helps provide a strategic overview of what programmes they run, how they add up to key strategic thrusts, and how those are supposed to achieve their desired social impact. The theory of change also

¹ De Vaus, D. A. *Research Design*. London: SAGE, 2006.

² Yin, Robert K. *Case Study Research: Design and Methods*. 5th ed. Thousand Oaks: Sage Publications, 2014.

allowed an evaluation of the organisational strategy in terms of its logical flow; achievability of organisational ambitions; tightness of connection between activities and outcomes; and alignment of activities with available resources.

Through this, we were able to determine whether there were any structural gaps in the overall strategy. For example, it makes clear that while much effort is being made upstream to undertake preventive education, SANA has no control over actual decisions that students will make if presented with a situation whether they have access to drugs. Being aware of such factors that are beyond their locus of control also places useful limits to their aspired ambitions.

The leadership team participated in a TOC workshop that the Principal Investigator facilitated in order to articulate SANA's organisational strategy. Using the TOC as a reference point, the participants were interviewed about organisation-wide challenges and their adaptive strategies in various areas such as service delivery, evaluation and reporting, research and advocacy, fund-raising, human resource management, volunteer management, corporate partnerships, community partnerships and government relations.

Background

1. Singapore's War on Drugs

[See Annex A - Singapore's War on Drugs: A Historical Overview]

Since the Misuse of Drugs Act (MDA) was passed in 1973, it has gone through several amendments that mark a progressively punitive stance in Singapore's war on drugs. These have had an impact on the prison population in Singapore—the 1998 enactment of longer and harsher prison terms for repeat drug users (i.e. those who were caught more than twice) caused the prison population to climb rapidly, growing from 16,000 in 1998 to 18,000 in 2002. Scholars note that the approach of long-term incarceration has the unintended effect of creating a “criminalised class”, reproducing systemic disadvantages that get inherited by families and children of offenders.

Besides the legal amendments, the moral discourse surrounding drug use in Singapore has also shifted from being a “Chinese problem”, centred on Chinese labourers smoking opium in the early 18th century, to a “Malay problem” in the 1970s and 80s, involving the influence of “hedonistic western culture”. Researchers have noted that embedded within such discourse is a strong individualising narrative that ignores the structural conditions and marginalisation of ethnic minorities.

The profile of drug users has since changed—becoming younger, more affluent and more educated. This increase in the number of younger drug abusers and their attitudes towards drugs is of concern to the local authorities, as reported by the National Council Against Drug Abuse in 2017, whose survey showed that 16 per cent of those aged 13 to 21 had a liberal attitude towards drugs. News reports citing experts warned that the trend, if left unchecked, “could spawn the next generation of drug abusers.”³

Despite the change in abuser profile and international pressures to adopt a “harm reduction approach” to drug use (whereby the focus is on reducing the health, social and economic consequences of drug use, accepting that a drug free society is unattainable), Singapore maintains its stance on the criminalisation of drug use, including the use of the death penalty, citing its success as justification. “The results speak for themselves”, said Minister for Law and Home Affairs K Shanmugam in May 2016 at a United Nations General Assembly. “There are no drug havens, no no-go zones, no drug production centres, no needle exchange programmes. Our stance on drugs has allowed us to build a safe and secure Singapore for our people.”

While Singapore's resistance towards abolition of the death penalty stands out internationally, this stance is less controversial within ASEAN as a majority of member states still retain the death penalty. Nonetheless, a further amendment to the MDA in 2012 provided a discretionary provision to sentencing, allowing for life sentences to be meted out instead of the death penalty to distinguish between mere drug mules and those higher up the rungs of a drug syndicate. However, this amendment has stoked debate on procedural rights in Singapore—whether courts, instead of public prosecutors, should hold such discretionary power.

³ Tan, Tam Mei. "Experts worry as some young people soften stance on drugs." The Straits Times. April 27, 2017. <http://www.straitstimes.com/singapore/experts-worry-as-some-young-people-soften-stance-on-drugs>.

2. Penal System for Drug Offenders

[See Annex B - Rehabilitation, Recidivism, and Reintegration: An Examination of Singapore's Penal System for Drug Offenders]

From a primarily custodial purpose, the Singapore Prison Service (Prisons) has shifted its attention towards the rehabilitation of ex-offenders, particularly for drug users. This reform is frequently credited to Chua Kin Kiat, Director of Prisons (1999–2007), who necessitated the changes due to Prisons' lacking capacity to cope with the overpopulation of prisons (in part thanks to the MDA amendments of longer and harsher prison terms for repeat drug users). Within Prisons, the inmate population is predominantly made up of male drug offenders; recidivism rates of drug offenders have also been consistently higher than that of the general release cohort (30.1 per cent for the 2014 Drug Rehabilitation Centre release cohort, compared to the 26.5 per cent overall recidivism rate).

The function of reintegration is largely treated as a shared responsibility, in line with Singapore's "Many Helping Hands" approach in collaborating with Voluntary Welfare Organisations (VWOs) in addressing social needs. Hence, VWOs such as SANA and the Singapore Aftercare Association (SACA) are necessary in supporting the efforts to reintegrate ex-offenders. Faith-based organisations also play a large role in the aftercare sector, with all halfway houses in Singapore placing emphasis on religion in their rehabilitative programs. However, responsibility for reintegration has been criticised for being largely individualised, thus obscuring the structural barriers ex-offenders may face. There is also reason to believe that ex-offenders' relegation to the low-wage labour market inadvertently exacerbates their segregation from the rest of society.

3. Needs Assessment & Gaps Analysis*, **

The total convicted penal inmate population in Singapore was 9,502 in 2016, and the total convicted penal admissions in the same year was 10,211. Of these groups, men are overrepresented, forming around 90 per cent of the convicted penal inmate population. A significant proportion of the penal inmate population and admissions are also convicted for drug offences (6,666 out of 9,502 of the penal inmate population and 2,126 out of 10,211 of the convicted penal admissions)⁴. Notably, Malays, while a racial minority in Singapore, are disproportionately represented in the population of drug abusers (1,713 of 3,265 recorded drug abusers are Malay)⁵. According to Narayanan and Lian (2016), rehabilitation programmes and reintegration are likely to be less effective for racial minorities compared to the Chinese ex-offenders, who can access networks for employment in the SME sector which is monopolised by Chinese family firms.⁶

The recidivism rate for drug offenders was 30.1 per cent for the 2014 release cohort. This is significantly higher than the overall recidivism rate of 26.5 per cent.

While there were 10,807 penal releases in 2015, only 2,157 inmates were referred to SCORE. For those who are not referred to SCORE, it is unclear what options are available for them. The organisation itself may also be making progress in its mission to reintegrate

⁴ Data.gov.sg "Prisoner". <https://data.gov.sg/dataset?q=Prisoner>

⁵ Data.gov.sg. "Drugs". <https://data.gov.sg/search?q=drug>

⁶ Narayanan, Ganapathy and Lian Kwen Fee. "Race, Reintegration, and Social Capital in Singapore." *International Journal of Comparative and Applied Criminal Justice* 40, no. 1 (2016): 1-23.

ex-offenders via employment (having 4,745 employers registered with them in 2015, up from 2,872 in 2011), but this is not necessarily indicative of successful reintegration of ex-offenders.

Chan and Boer (2016) have listed ten predictors of reintegration for ex-offenders: 1) making a personal choice to reintegrate, 2) their age, which then influences their decision to change, 3) having a vision and purpose in life, 4) staying committed to change and remaining positive, 5) having spirituality and faith, 6) having basic needs met, 7) consistent support from friends, family, and spouse, 8) the environment, 9) access to employment, and 10) step-down care with the application of the principles of Core Correctional Practice.⁷ Of these predictors, the first five are largely centred on the individual, while the rest focus more on the structures ex-offenders are embedded within. The need identified below^{*,**} are derived from Chan and Boer's predictors.

Need for timely and accessible information about the criminal justice and prisons systems

Apart from information on family visit procedures, there appears to be little or no detailed information on what to expect pre, during, and post incarceration, causing considerable anxiety for family and inmate.

Possible causes

Due to the need to keep some information confidential; this is also likely to be bound by G50 security clearance (category 1 security clearance under the Singapore government).

Need for family strengthening & reintegration

Aftercare services are fragmented and face difficulty getting participants because they are voluntary in nature. Some existing services are offender-centric, but this may not be as effective as a more holistic family-centric approach. Furthermore, it is unclear whether there is good integration between in-care and aftercare services, as the custodial paradigm of prisons may work at cross purposes with the rehabilitative paradigm of community agencies.

Practitioners may need to manage their expectations and provide a longer runway for family integration since challenging cases with severely damaged social ties may not heal so quickly.

Possible causes

Many ex-offenders tend to have difficult family backgrounds to begin with—this perpetuates a cycle as having ex-offenders in the family can be damaging to existing ties.

Children's developmental and emotional needs

Support is needed to facilitate functioning co-parenting alliances while the parent is incarcerated.

Little attention paid to shame, guilt and stigma that the children of incarcerated parents face other than minor media coverage.

⁷ Chan, Joyce P. S. and Douglas P. Boer. "Managing Offenders and what Works in Singapore: Ten Reintegration Assessment Predictors (T.R.A.P.)." *Safer Communities* 15, no. 3 (2016): 142-159.

Possible causes

Adults in the family may be preoccupied especially after losing one of their family members, hence have less time to take care of their children's needs.

Need for social acceptance of ex-offenders who want a chance at rehabilitation & their families who may face stigmatisation

Currently there is high awareness of initiatives to support ex-offenders. For instance, in 2016, there were 5,093 employers working with SCORE to hire ex-offenders, up from 4,745 in 2015.⁸ but the public may be less aware of the 'hidden victims of crime' and the stigma that families of offenders face. There is currently no indication of how much social acceptance there is of ex-offenders who want a second chance.

Support during, and not just after incarceration is therefore important for the families. Tan et al (2016) found that the amount of contact the public had for ex-offenders did not affect the level of acceptance people had towards ex-offenders; rather, the public's perception of their capacity to change, and the amount of "moral outrage" they felt towards the ex-offender (with the type of crime affecting this) determined the amount of social distance they desired from ex-offenders.⁹

Possible causes

In a society where low crime is the norm, there is little discussion on the issue of ex-offenders. Shame is also a prevalent concept in societies dominated by East-Asian cultures.

Prioritisation of family and work in reintegration efforts, in line with the normative expectations of Singaporeans to be close to their family and contribute to the economy. These may create unrealistic pressure of the ex-offenders, and the role of the community (besides religious/ spiritual groups) may be diminished.

Stigma could be self-perpetuated; family members/ ex-offenders may feel shame and fear stigma and hence feel reluctant to speak up, even though that is necessary to reduce stigma.

Need for supportive and positive social network

While formal support groups are helpful, more ties with local communities and groups can provide naturalised support to inculcate positive values, attitudes and norms with an approach that is less contrived and more seamlessly integrated into the everyday experience of the ex-offender.

It is important to take conscious measures to sever ties with peers who have negative influence (See: Narayanan and Lian (2015) Race, social capital and reintegration). An analysis of 54 case files of inmates below 21 from the Kaki Bukit Center in 2007 found that prior to committing the offense, most youths faced significant peer influence and peer pressure.¹⁰

⁸ Ng, Huiwen "More employers working with SCORE to hire ex-offenders." The Straits Times. February 15, 2017. <http://www.straitstimes.com/singapore/more-employers-working-with-score-to-hire-ex-offenders>

⁹ Tan, Xiao Xian, Chi Meng Chu, and Gabriel Tan. "Factors Contributing Towards Stigmatisation of Offenders in Singapore." *Psychiatry, Psychology and Law* 23, no. 6 (2016): 956-969.

¹⁰ Tam, Kai Yung (Brian), Mary Anne Heng, and Lyndal M. Bullock. "What Provokes Young People to Get into Trouble: Singapore Stories." *Preventing School Failure: Alternative Education for Children and Youth* 51, no. 2 (2007): 13-17.

Possible causes

If the ex-offender does not have a supportive family, they may have no one else to turn to besides their former peers. This can also be compounded by intersectionalities.

Need to abstain from drugs & other addictions

Whilst the new throughcare and family-centric approach by Singapore Prison Service through its community partners is commendable (e.g. Mandatory Aftercare Scheme, SportCares and pre-release centre pilots), it is difficult to measure the effectiveness of such initiatives for ex-offenders at this initial stage.

Possible causes

As long as ex-drug offenders' former friends are still "out there" and contactable, the ex-offender can easily reach out to them if things at home/ work become troubled. E.g. Case of [Bei](#) who went back to taking drugs after arguments with his wife.

Need for vocational skills, better job readiness and higher value employment opportunities for ex-offenders

Employers are increasingly more willing to hire ex-offenders, who have more opportunities to acquire vocational skills through CARE network, SCORE & ISCOS. But these ex-offenders are a small cut of the yearly release cohort — it is unclear what happens to those who are unable to secure jobs.

It would be useful to know if there are criteria for inmates to be referred to SCORE and ISCOS; this would help differentiate ex-offenders better in terms of "sociability" rather than just their sentences, category of crime, and past record.

* Given that information about gaps change constantly due to new services or policy changes, we have uploaded information on a wiki page to allow the aftercare community, researchers and policymakers to continue contributing and updating this knowledge base if they choose to: <http://wiki.socialcollab.sg/index.php/Ex-offenders>

** For more information about this Open Collaboration initiative to understand social needs in Singapore, please see:
http://wiki.socialcollab.sg/index.php/Main_Page#About_This
<http://lkyspp2.nus.edu.sg/ips/newsletter/ips-nyc-roundtable-on-open-collaboration>

Singapore Anti-Narcotics Association in Focus

1. What is SANA?

The Singapore Anti-Narcotics Association (SANA) is an aftercare Voluntary Welfare Organisation that focuses on the rehabilitation and reintegration of drug ex-offenders. The Encyclopedia of substance abuse prevention, treatment, & recovery (Fisher and Roget 2009:980) defines aftercare as the interventions and strategies implemented after formal treatment of the patient/ inmate. SANA's aims are broader: i) to educate the public in preventive drug education, ii) reach out to youths on the dangers of drug abuse alongside the community and government agencies, and iii) to provide counselling and aftercare services.

SANA receives a grant from the Ministry of Home Affairs to fund its activities. The organisation is closely linked to government agencies, particularly the Central Narcotics Bureau (CNB) and the Singapore Prison Service (SPS). It maintains a close connection to SPS for referral of clients and in terms of national direction on drugs, aligning with the zero-tolerance stance towards drugs in Singapore. SANA is also a member of the Community Action for the Rehabilitation of Ex-Offenders (CARE) Network and part of MHA's Taskforce on Drugs Committee.

Its close relationship with government can be challenging at times, affecting SANA's visibility as a "non-government agency" and therefore discouraging youths from coming forward to seek help from SANA. Being a partner in the CARE Network also allows SANA to participate in the SPS case management programme, receiving case referrals via a limited tender. However, this could change if the limited tender system is changed to an open one, allowing other agencies to participate in the programme as well. SANA needs to be cautious with its reliance on SPS programmes and develop its capabilities, casting its net wider to consider other programmes they can facilitate.

2. SANA's Programmes

[See Annex C - SANA Programmes]

SANA's programmes are clustered into three divisions: Preventive Drug Education (focusing on outreach), Aftercare (focusing on case management and rehabilitation), and the Step-Up Center (focusing on reintegration efforts). Through their programmes, SANA broadly targets ex-offenders, family members of ex-offenders, and youths.

3. History of SANA

[See Annex D - SANA timeline]

Voluntary organisations set up as part of national roadmap

The Central Narcotics Bureau (CNB) was set up in 1971 to combat the growing drug problem in Singapore. To complement CNB's focus on enforcement, SANA was formed in 1972 with the dual focuses of public education and aftercare services for recovering drug addicts.

Evolution from voluntary to mandatory case management

In 2001, SANA introduced the Case Management Framework (CMF), which comprises a two-month pre-release in-care phase and a six-month assistance phase following the drug-offender's release. There is an option for a six month extension.

Following direction from SPS, SANA embarked on the Case Management Services (CMS) in 2015, restructuring the previous CMF. Case management became mandatory under CMS whereas it was previously voluntary under CMF. The new CMS also requires family members to be involved in the ex-offender's rehabilitation.

Launch of STEP-UP Centre in 2016 and Rebranding

In 2016, SANA officially launched the Step-Up Centre, a walk-in hub for ex-offenders, current drug users, family of ex-offenders and the general public to seek information or advice on drug abuse. Services include financial, legal, housing, skills and employment, family support and mediation assistance, and support groups for clients and families. Though the setting up of the Step-Up Centre was initiated by findings from MHA's taskforce, SANA notes that walk-in services had always been available at SANA. The Step-Up Centre was thus a formalisation of an existing platform.

With increasingly liberal attitudes towards drugs and the proliferation of information online, the at-risks segments are becoming younger, more affluent, and diverse. In 2016, SANA embarked on a rebranding exercise as part of their efforts to engage more effectively with youths-at-risks and ex-offenders. The exercise concluded in March 2017, with a new brand identity and logo "designed to inspire youths to stay away from drugs," according to SANA President Mrs Quek Bin Hwee.

4. Organisational Strategy and Impact

[See Annex E - SANA Theory of Change]

Strategic thrusts & insights

As evident from the TOC, SANA currently has 4 key strategic thrusts: 1) Prevention, 2) Information & Referral, 3) Recovery & Rehabilitation, and 4) Reintegration. These add up to achieve the overall goal of a drug free Singapore.

Their "Prevention" thrust focuses on getting youth to be aware of the effects of drugs and then refrain from drug use if the opportunity presents itself, and then continue to be drug free. All of SANA's activities—learning portal, talk2SANA and SANA Badge—have a tight connection to first outcome of helping them become aware, but may have much less significant influence on their behaviours subsequently when opportunities present itself, or longer term outcomes of staying away from drugs.

SANA also provides information to concerned parents, potential clients and youths who may inquire about possible services or ways of seeking help for themselves or their loved ones. This is core to their "Information & Referral" thrust. While they can point these clients in the right direction, it is also less known whether they actually access and utilise the services referred to them. It is even less known whether those services prove to be useful and effective.

One key thrust is “Recovery & Rehabilitation”, whose main engine is their case management programme for both youths and adults. This thrust focuses on work at the individual level, providing intrapersonal or interpersonal skills so that clients have the right coping skills for recovery.

Only when clients have their individual behavioural issues addressed will they be able to best benefit from “Reintegration”, which are interventions that work on a larger social unit or community—whether it is employers willing to hire or families willing to accept the ex-offender. According to this theory of change, the individual client needs to recover from drug use and be rehabilitated before they can even be accepted by their families and communities. Of course, operationally speaking, these interventions on the self and on the family often operate in parallel. Family programmes tend to be once-off programmes that facilitate bonding, and do not track family relationships or can really claim to support child development seriously.

Strategic priorities

According to SANA, their current priorities are 1) case management (which is still “bread and butter” to them) and 2) preventive work with the youth.

In the future, they hope to focus on better engagement with volunteers, peer leaders, corporates. Given that current funding comes largely from government, they feel there is a need to diversify funding sources and get corporate funding as a kind of “safety net or Plan B”. They also intend to focus on the evaluation and more careful monitoring of programmes so that they know what works. They also intend to build up their practice research capabilities so that their professionals can create a knowledge base on local practices that work since most of the practice is informed by Western literature.

Community Approaches to Youth Engagement

Empowering youth – creating ambassadors through students groups

Given the efforts of CNB and the National Council Against Drug Abuse (NCADA), SANA has previously carved a niche in preventive drug education through their Badge Scheme, which was started in 1977 and targets secondary school students from the Uniform Groups (e.g. Scouts, Boys Brigade etc.) Students undergo a motivational workshop, learn about the consequences of drug usage and acquire badges for completion. However, given the new trend of younger and more educated drug users, SANA has decided to shift gears and ramp up their youth engagement efforts.

In order to empower students to be part of the solution, SANA has started to leverage on their SANA Badge programme and provide support to youths so that they can act as anti-drug ambassadors to their peers. These students are empowered to organise drug education programmes so that the anti-drug awareness can reach a wider population in the schools and even the community.

Targeted approach towards at-risk youths

For a more targeted approach to at-risk students, SANA has piloted a decision-making programme in early 2018. Pitching it as a “decision-making” programme made it more attractive to schools there is a wide range of enrichment programmes offered by diverse providers, instead of a specific anti-drug programme.

SANA learned how to pitch to schools in competition with others providing enrichment courses for students. STEADY Programme—target specific students identified by the schools. This is a pilot programme (pilot tests in 1Q2018). SANA pitches it as a decision-making programme rather than “anti-drug”, so that schools will be more receptive. Though SANA is ramping up its focus on youth, they have to be clear that they are not entirely a youth organisation. Schools don’t always want to work in this area; by association with SANA can create the perception that these schools have a drug problem. The focus on decision making instead of anti-drug is also easier to pitch as there is more general relevance to schools.

“Engagement” instead of “enforcement” approach

In terms of content, SANA has adopted an “engagement” strategy as opposed to the more “enforcement” approach of the CNB. This means that they will address instead of ignore or dismiss issues that challenge the national narrative that youths may raise. This may include youths taking a more liberal attitude towards drugs, or being well-informed of the arguments for the legalisation of drugs elsewhere.

Previously, SANA was one of the key organisations involved in prevention work. Some of this function was later moved to CNB beginning in the 90s, when NCADA was formed by MHA, which was becoming more interested in preventive work. Having an agency directly under them (NCADA) would thus be easier to direct. As CNB is viewed as an enforcement agency, with many of its public communications sensationalising drug raids and the many people arrested, CNB is less suited to preventive drug education.

In 2012, SANA joined the Ministry of Home Affairs' Taskforce on Drugs Committee to chart new strategies to deal with the growing threat of drugs in Singapore. Government entities are finding it difficult to engage in some of these debates because of the nature of their roles in enforcement; SANA makes a case to engage these vulnerable and at-risk segments from the perspective of a help facility rather than an enforcer.

Online platforms to engage digital natives

Their youth engagement strategy involves innovations in content but also medium. In terms of medium, SANA has developed an online platform that allows live chats with counsellors, an e-learning portal designed to be attractive to digital natives, and a stronger social media presence, increasing their number of posts by 155.5 per cent from 2015 to 2016¹¹. The platform, Talk2SANA, was also launched as part of this effort. It consists of a Livechat for youths to speak to someone about drug use, an e-resource portal that provides information on drugs, and an e-learning portal that provides training materials on drug abuse. The Live-chat also allows SANA to engage youths/ the community before they are caught for drug use. At the launch of SANA's new identity, SANA President Mrs Quek Bin Hwee said on the emphasis on digital engagement, "We need to deepen our engagement with youth, beyond the uniform groups, to create effective communication platforms to reach out to at-risk youths. We need to inspire rather than alienate them on drug abuse issues. The old ways of reaching out to them is no longer enough."¹²

Rebranding

SANA also went through a rebranding exercise in 2016 that refashioned their corporate logo to the acronym 'SANA', removing an explicit reference to drugs in its name and therefore reducing any associated stigma that might come with it. Brand agency Activiste was commissioned to design SANA's new brand and logo—the elevated "A" in the SANA logo represents an individual rising above the influence of drugs, above peer pressure, instant thrills and self-doubt¹³ and to shift messaging away from state-directive as less effective. The notion of individual agency and empowerment is also counter to the state narrative, which tends to be top-down and punitive; this also helps SANA distinguish themselves from other state organs while maintaining the zero-tolerance stance. The shift towards a more engaging messaging also came after SANA received feedback from youth that they did not like the state-directive.

¹¹ SANA. "Keep on growing: SANA Annual Report 2016." SANA. 2017. <http://www.sana.org.sg/wp-content/uploads/2016/12/SANA-AR2016-LR-Full.pdf>

¹² SANA. "Welcome address by Mrs Quek Bin Hwee, President, Singapore Anti-Narcotics Association, Launch of SANA New Brand." SANA. March 24 2016. <http://www.sana.org.sg/wp-content/uploads/2017/11/March-24-2017-Speech-by-SANA-President-Mrs-Quek-Bin-Hwee-on-Launch-of-SANA-New-Identity.pdf>

¹³ SANA. "Keep on growing: SANA Annual Report 2016." SANA. 2017. <http://www.sana.org.sg/wp-content/uploads/2016/12/SANA-AR2016-LR-Full.pdf>

Rehabilitation and Reintegration

Professional case management

A mainstay of SANA's core work is case management. In 2015, SANA stopped offering voluntary case management because of challenges in retaining clients with no obligation to attend and a re-alignment of services to community partners, following SPS's directive. The programme was restructured into mandatory case management that takes clients based on Prison referrals. Casework uses individual or interpersonal level tools to address a deeply structural issue. It is no surprise that caseworkers in general face burnout from their work, and it is no different for those in SANA.

The first three months after exiting prison is the most critical period for ex-offenders, as they are the least stable then—their peers may contact them, or they may feel depressed if they face rejection from their family. Success in this period is thus a good indicator of whether or not the client will relapse. While the completion rate of SANA's case programme is good, there is no indicator of whether SANA's clients do better than the national level when it comes to recidivism.

Staff, mostly case workers, also take on additional programmes outside of their core work; this allows SANA, as a small organisation, to be more nimble and give exposure to staff, especially during lull periods.

Complemented by community approaches: peer leadership programme empowers ex-offenders

SANA has also developed a peer leadership development programme where role model ex-offenders are empowered to lead support group of their peers to provide mentorship and guidance. Ex-offenders who have made significant progress are groomed as role models and ambassadors, inspiring recovering addicts in the early stages of post-incarceration. Such sessions are typically co-facilitated with a SANA para counsellor. SANA has had about 18 people in their Peer Leaders Development Programme, including those referred from the Step-Up Centre and the Case Management programme.

A drop-in centre creates a community space for social support. The Step-Up Centre was launched in 2016 as a walk-in hub for ex-offenders, current drug abusers and their families. This centre created a community space that allowed clients to drop in and find a support group even after casework has ended. While SANA always has had facilities for drop-ins, it was not public knowledge; the Step-Up Centre thus formalised its existing services.

Re-integration requires a three pronged approach: missing piece is positive peer network

Employment is perhaps one of the most developed aspects of reintegration due to the efforts of the Singapore Corporation of Rehabilitative Enterprises (SCORE), a statutory board under the Ministry of Home Affairs in charge of prison industry, employment and skills training for inmates. Without jobs that provide financial security, the minor problems of the ex-offender can quickly become unmanageable. SANA has established apprenticeship schemes in industries and areas of work that are not covered by SCORE, providing additional choice to their clients.

The family has also increasingly attracted the focus of aftercare programmes because they are an important source of support for the ex-offender, and they themselves are often silent victims of incarceration. Children have developmental and emotional needs that are not met because of missing parental guidance; and are thus at risk of inter-generational offending. SANA helps to run a family enrichment programme as part of the Yellow Ribbon Community Project, funded by the Yellow Ribbon Fund that was started by SPS. They also run a tele-visit facility to help families maintain contact with inmates.

One area that is critical to address in the reintegration of ex-offenders is peer group influence, though this is admittedly more difficult to develop interventions for. There is a criminogenic effect of negative peer group influence: old friends may tempt ex-offenders into drug relapse and crime.

Case Lessons

There is a power imbalance in the relationship between aftercare staff and client where services are developed by the former for the latter. In order to create a more participatory community-based approach, it is necessary to empower clients (e.g. peer leadership development programme) and other parts of the community (e.g. Uniform groups of schools) to design and make decisions about plausible solutions.

Despite the promise of co-producing solutions, community-based approaches are challenging in various ways:

- 1) They cannot be a once-off intervention but requires continuous effort. Often rapport and trust has to be built before the client or community partner is motivated to participate in the solution.
- 2) They require an investment in capability building before any work can be done. Student groups may not know the best ways to bring a message across to other youths, and role model ex-offenders may not have the facilitative or mentoring skills required to lead a support group.
- 3) Community approaches may be less reliable than professionally delivered ones as there is no employment contract to regulate their behaviour. There is no assurance that once-equipped, these volunteers will continue to deliver services to the community. E.g. volunteer para-counsellors and peer leaders may drop out of their relatively informal roles more easily than employed staff.

In other words, community-based approaches require social capital for their success, and depends on the organisations ability to establish bridges, build capability and create trust with clients and communities.

Case Questions / Teaching Notes

- 1) Is the scope of activities and partnerships undertaken by SANA adequate for achieving their desired goals and outcomes? Given that some of the desired impact of the organisation may be beyond reach, would you seek to create new activities that bring some factors within the locus of control, or continue with current activities but with more modest aspirations?
- 2) How would you empower clients or community to do more while taking note of the key challenges—require investments in capability building and social capital, reliability of voluntary efforts, possibly longer runway—of such work?
- 3) Given the penal system, institutionalised relationships with government agencies and new profile of clients, what should your organisational priorities be? Will focusing on programme evaluation and practice research bring the most gains at this stage of the organisations evolution?
- 4) Close cooperation and alignment with government agencies like MHA, SPS, CNB can bring about substantial benefits, but may also create a dependency relationship or even risk the voluntary organisation become an extension of the state. Does a coordinated national strategy to address the drug problem curtail any meaningful autonomy and experimentation of voluntary organisations?

- 5) Given that most of the funding comes from government, would you seek to diversify source of income? If so, how?
- 6) Under what conditions will reducing the case load and cross training them with other work reduce the typical burnout associated with case management? Is this be useful cross training or will it dilute their attention and erode opportunity to develop deep expertise and specialisation?

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Annex A — Singapore’s War on Drugs: A Historical Overview

Singapore’s War on Drugs: A Historical Overview

One of the main reasons that our society is one of the safest in the world is that we take a very tough approach on drugs and related crimes. If a drug trafficker trafficks in a quantity which can supply 300 drug abusers for a week, he could face the death penalty. This is not revenge; this is not vengeance. This is based on the principle of deterrence and clear rule of law.

- Law and Home Affairs Minister K Shanmugam at the 69th Session of the United Nations General Assembly event, “Moving Away from the Death Penalty: National Leadership”¹⁴

Singapore’s ‘zero tolerance approach’ to drugs has been well-established,¹⁵ but there were periods in our history when drug use was viewed as an acceptable social habit, one no more harmful than consuming port or beer; and when opium trading was also extremely profitable.¹⁶ This case study contextualizes Singapore’s stance on drugs by providing a historical overview of key shifts in legislative approaches to drug use and trafficking in Singapore, with these milestones both reflecting as well as shaping transitions in moral discourses around what has become unequivocally framed as a ‘resilient social problem’ capable of destroying the lives of responsible citizens, their families, and national development imperatives.¹⁷ This overview includes a section on the death penalty, often touted as an important deterrent and tool in keeping Singapore ‘drug-free and safe’.¹⁸

¹⁴ Ministry of Foreign Affairs, ‘Transcript of Statement by Minister for Foreign Affairs and Minister for Law K Shanmugam at the High-Level Side Event at the 69th Session of the United Nations General Assembly “Moving Away from the Death Penalty: National Leadership”’, 25 September 2014, https://www.mfa.gov.sg/content/mfa/media_centre/press_room/pr/2014/201409/press_201409261.html (accessed 13 June 2017).

¹⁵ Danson Cheong, “‘Drug Situation is Under Control. Why Should We Legalise Drugs?’: K. Shanmugam”, *Straits Times*, 1 May 2016.

¹⁶ Noorman Abdullah, ‘Exploring Constructions of the “Drug Problem” in Historical and Contemporary Singapore’, *New Zealand Journal of Asian Studies* 7, no.2 (December 2005): 46, 44.

¹⁷ *Ibid.*, 40

¹⁸ At a United Nation General Assembly side-event, ‘Moving Away from the Death Penalty: Victims and the Death Penalty’, Foreign Minister Vivian Balakrishnan defended Singapore’s use of the death penalty: ‘In our view, capital punishment for drug-related offences and for murder has been a key element in keeping Singapore drug free and keeping Singapore safe.... The death penalty has deterred major drug syndicates from establishing themselves in Singapore, and we have successfully kept the drug situation under control.’ See Ministry of Foreign Affairs, ‘Transcript of Minister Vivian Balakrishnan’s Intervention at the High-Level Side Event at UNGA—“Moving Away from the Death Penalty: Victims and the Death Penalty”’, 21 September 2016, https://www.mfa.gov.sg/content/mfa/media_centre/press_room/pr/2016/201609/press_20160922.html (accessed 13 June 2017).

Understanding Singapore's law enforcement policies towards drugs will be vital in making sense of the broader criminal justice system as drug offences make up a significant proportion of all criminal offenses in Singapore.

This case study will examine the evolution of Singapore's war on drugs as a primer to broader policies on the rehabilitation, recidivism, and reintegration of ex-offenders, which will be explored in a subsequent case study.

Opium: From profitable gift to addictive 'curse'

Singapore has been known for its 'uncompromising' stance against drug trafficking, most clearly manifested in the form of harsh punishments for drug users and traffickers.¹⁹ There was a time, however, in the early 1800s when drug use in Singapore was both accepted and normalised.²⁰ According to research by Abdullah, opium first appeared in written documents in 1819, documented as one of the gifts from Stamford Raffles to the ruler Temenggong Abdul Rahman.²¹ Over time, the drug became popular among Chinese immigrants of various social classes. For the wealthy, it was not just 'customary practice' but also a status symbol, with opium smoking taking place during business dealings. Among the coolie labourers, who toiled under abject working and living conditions, opium smoking offered 'solace' and was used as a panacea for common health problems.²² Singapore was, at a time, a thriving opium distribution centre in Asia, with opium a major source of revenue for the British administration.²³ Chinese merchants not only used opium as a tool for labour control, but also profited heavily from the sale of the drug to addicted Chinese coolies.²⁴ However, this did not mean there was no opposition to the increase in and prevalence of opium smoking. In 1906, the Singapore Anti-Opium Society was formed due to the campaigning efforts of Chinese associations and social reformers;²⁵ the Society included Western-educated Straits Chinese who took on the role of moral entrepreneurs in advocating for the elimination of vices such as gambling, prostitution, drinking, and opium smoking.²⁶ An Opium Commission was set up in 1907 to look into opium smoking, but concluded its ills were exaggerated and did not support a total prohibition on opium smoking. The *Straits Times* even carried articles that implied hypocrisy in campaigning against opium while "evils a thousand times more deadly" than opium—such as beer and whiskey—were allowed. Other commentaries openly

¹⁹ Chen Siyuan, 'Case Note: Singapore's New Discretionary Death Penalty for Drug Couriers: *Public Prosecutor v Chum Tat Suan*, *The International Journal of Evidence and Proof* 18, no. 3 (2014): 206.

²⁰ Abdullah, 'Exploring Constructions of the "Drug Problem"', 59.

²¹ *Ibid.*, 43

²² *Ibid.*

²³ As Abdullah notes, 'Between 1896–1906, the average annual revenue from opium was 49 percent of the total income of the Straits Settlements, of which Singapore was a part.' See Abdullah, 'Exploring Constructions of the "Drug Problem"', 44.

²⁴ Chinese merchants would sell opium to Chinese coolies on credit; an estimated two-thirds of coolies' wages would be spent on their drug habit once they became dependent. See Abdullah, 'Exploring Constructions of the "Drug Problem"', 44.

²⁵ National Library Board, 'Opium Treatment Centre', http://eresources.nlb.gov.sg/infopedia/articles/SIP_2016-01-25_084428.html (accessed 13 June 2017).

²⁶ Abdullah, 'Exploring Constructions of the "Drug Problem"', 45.

opposed any ban on opium, arguing that there was no evidence that opium smoking ruined 'health or intellect'. It was also suggested by a missionary, Reverend Reith, that banning opium could lead to "unpleasant relations between the Chinese and the Europeans".²⁷

During the Japanese Occupation (1942–1945), opium smoking was encouraged and functioned as a 'politicised ... tool' to ensure the Chinese population remained servile and did not collectively resist the occupation.²⁸

The construction of drug use as a serious 'moral and social problem' thus requires a temporal lens, as such processes have been deeply embedded in the state's particular socio-political milieu (see Appendix 1).²⁹ Just as financial imperatives helped maintain the drug trade—and drug consumption—it was economic considerations that generated greater political will to control drug use. Merchants, both European and Chinese, grew unwilling to employ opium users, who were eventually considered 'less productive', 'unreliable', and generally more troublesome than non-opium smokers.³⁰ In 1951, the Dangerous Drugs Ordinance was introduced and labelled the following drugs as dangerous: opium, cannabis, morphine, cocaine, and heroin. Unauthorized possession of these drugs became an offence, and penalties included mandatory treatment and rehabilitation.³¹ In 1954, the Ordinance was amended to provide for an opium treatment centre (OTC), which was opened in 1955 on St John's Island; prior that, opium smokers who were charged in court were only sent to prison.³²

The 1970s: The 'social scourge' of heroin

Fervent anti-drug discourse and campaigns became especially pronounced after Singapore's independence, as the political elites' 'ideology of pragmatism' included the valourisation of certain 'idealised values' that converged with "productivity and capitalist interests, namely sobriety, self-control, rationality, industriousness, and asceticism"—the antithesis, it was strongly perceived, of drug users.³³ In the 1970s, a surge in estimated heroin users from 13,000 to 20,000 precipitated stricter laws in the country's 'war on drugs'.³⁴ The Central Narcotics Bureau (CNB) was set up in 1971 and, a year later, the Singapore Anti-Narcotics Association (SANA) was established to complement the work of the CNB. SANA's objectives were public education on the harms of drug use and the provision of counselling and aftercare services to drug addicts.³⁵ In 1973, the Misuse of Drugs Acts (MDA) was enacted to

²⁷ Ibid., 45–46.

²⁸ Ibid., 48.

²⁹ Ibid., 58.

³⁰ Ibid., 46.

³¹ Ibid., 49.

³² National Library Board, 'Opium Treatment Centre'.

³³ Abdullah, 'Exploring Constructions of the "Drug Problem"', 62.

³⁴ Ibid., 51.

³⁵ Singapore Anti-Narcotics Association, 'History', <http://www.sana.org.sg/index.php/history/> (accessed 13 June 2017).

tackle the use, possession and trafficking of drugs; it replaced the previous Dangerous Drugs and the Drugs (Prevention of Misuse) Ordinances.³⁶ As the population of opium addicts continued to decline, the opium treatment centre started to take in those using other types of drugs, so its name was changed to drug rehabilitation centre (DRC) in 1973.³⁷

In 1975, the MDA was also amended to impose the *mandatory* death penalty for those who manufactured, imported, and trafficked heroin and morphine above certain quantities.³⁸ As Chan explained, the burden of refuting presumptions lay on the accused, based on a ‘balance of probabilities’: a person could therefore be sentenced to death for drug trafficking “even if the judge had a reasonable doubt as to whether the drugs found in his or her possession were in fact for the purpose of drug trafficking”.³⁹ Rather than being presumed innocent till proven guilty, in drug cases there was a reversal in the burden of proof—those accused of trafficking needed to prove their innocence.⁴⁰ The mandatory aspect raised some concern among legal experts, who felt that the imposition of mandatory minimum sentencing guidelines on judges promoted ‘parliamentary supremacy over judicial autonomy’.⁴¹ (See Tey and also Hor for discussions on the use of presumptions in capital cases and its relationship to due process, the latter defined as ‘the accurate determination of guilt’.⁴²)

In 1976, it was reported that heroin suspects were being arrested at the rate of 475 per month.⁴³ A massive operation to tackle this burgeoning problem was launched in 1977. Codenamed Operation Ferret, it involved the Central Narcotics Bureau, Police and Customs, the Singapore Anti-Narcotics Association, as well as the Scientific Services Department (responsible for testing the urine samples of suspected drug addicts). The broad aim of this operation was to arrest “as many drug addicts as possible” and isolate them from the drug for a sufficiently long period of time. The operation was also viewed as a means to keep

³⁶ KV Veloo, ‘The Singapore Drug Scene, 1973–1980’, in *The Uphill Task of Rehabilitating Drug Addicts—1973–1980*, part of series *Rehabilitation of Offenders in Singapore: Vol 4* (Singapore: Dept. of Social Work and Psychology, National University of Singapore, June 2004), 12.

³⁷ *Ibid.*

³⁸ Wing-Cheong Chan, ‘The Death Penalty in Singapore: In Decline but Still Too Soon for Optimism’, *Asian Criminology* 11, no.3 (2016): 184.

³⁹ *Ibid.*

⁴⁰ Koh Yi Wen, ‘Discourses on Death: How National Identity Discourses Influence Singapore’s Capital Punishment Policy for Drug Trafficking’ (Honours thesis, National University of Singapore, 2013/14), 5.

⁴¹ *Ibid.*, 6.

⁴² Tsun Hang Tey, ‘Death Penalty Singapore-Style: Clinical and Carefree’, *Common Law World Review* 39, no. 4 (2010): 315–357; Michael Hor, ‘The Death Penalty in Singapore and International Law’, *Singapore Yearbook of International Law and Contributors* 8 (2004): 113.

⁴³ Veloo, ‘The Singapore Drug Scene’, 13. In Yahya’s thesis on drug abuse among Malay drug addicts in Singapore, he noted that CNB field officers were incentivized with a certain percentage of the market price of the drugs they seized (allegedly around two percent). This could have directed their attention to arresting more heroin addicts, and a focus on arresting addicts who consumed particular drugs (say, heroin, which was more expensive than cannabis). See Salahudin Bin Chee Yahya, ‘Drug Abuse: A Sociological Study of Malay Drug Addicts in Singapore’ (Honours thesis, National University of Singapore, 1990/91), 50.

current addicts from ‘contaminating’ others.⁴⁴ This was expected to reduce overall demand for heroin. The operation also had one other aim: to gather data on the extent of heroin addiction in Singapore, and to ‘put addicts on record’.⁴⁵ To deal with the heroin users arrested, a Tough Treatment and Rehabilitation Strategy law was introduced in August 1976, with the key objective to reduce relapse rates through tougher sanctions. The belief was that:

*[t]he drug addict is generally an unhappy, muddled and pathetic person who would barter his worth and dignity for a taste of drugs. He comes from every strata of society. His root problem is often found in the damaging relationships and social difficulties in the family. Unfortunately, some families do not make a deliberate attempt, even with assistance, to resolve or modify the addict’s difficulties that are crucial to success in treatment and rehabilitation.*⁴⁶

The 1980s–1990s: Strengthening the ‘war on drugs’

The Misuse of Drugs Act continued to undergo amendments (see Appendix 1).⁴⁷ Under the Misuse of Drugs (Amendment) Act 1989, the mandatory death sentence was extended to include those convicted of possession of than 30g of cocaine, 200g of cannabis resin, 500g of cannabis and 1.2kg of opium (previously, it was 15g of heroin and more than 30g of morphine).⁴⁸ The amendments also included a mandatory jail term of ‘not less than three years’ (up from two years) for repeat offenders, i.e. those who had previously been convicted for drug consumption.⁴⁹ Abdullah noted a lack of counter-discourses during this period, or any means to report grievances regarding the clampdown on drug users. Overall, the social and political context at the time, buttressed by mainstream media coverage, supported harsher penalties to ensure the drug problem did not deteriorate. Cumulatively, Abdullah asserted, these provided a ‘resilient basis’ for the construction of contemporary drug use as “both a social and moral problem in Singapore”.⁵⁰

The increase in opiate users and high relapse rates—over 70 percent in the 1990s—despite the government supporting welfare-oriented programmes for drug users, led to a sense of frustration from the state towards ‘unresponsive and manipulative’ drug users.⁵¹ More punitive approaches were therefore introduced, particularly for those identified as

⁴⁴ Veloo, ‘The Singapore Drug Scene’, 14.

⁴⁵ Ibid.

⁴⁶ Ibid., 16.

⁴⁷ See Legislative History, *Misuse of Drugs Act (Chapter 185)*, <https://tinyurl.com/MDAlegislativehistory> (accessed 13 June 2017).

⁴⁸ Chan, ‘The Death Penalty in Singapore’, 185.

⁴⁹ Abdullah, ‘Exploring Constructions of the “Drug Problem”’, 54; Misuse Of Drugs (Amendment) Act 1989, <https://tinyurl.com/MDA1989> (accessed 13 June 2017).

⁵⁰ Abdullah, ‘Exploring Constructions of the “Drug Problem”’, 54.

⁵¹ Chua Minyi, ‘The Rise of New Penology: Long Term Detention of the Opiate User in Singapore’ (Honours thesis, National University of Singapore, 2005/06), 7–8.

'hardcore' addicts.⁵² At the time, opiate users were detained at drug rehabilitation centres for a maximum of three years, but would not have a criminal record when released.⁵³ However, in 1998 the Misuse of Drugs (Amendment) Act (Section 33A, Cap 185) meant persons could now only be admitted to DRCs twice. Opiate users caught for the third time would be charged in court and sentenced to long-term (LT) imprisonment, which could last five to seven years and included three to six strokes of the cane (known as LT1). If upon release from LT1 the person was caught again, he/she could expect to be imprisoned for seven to 13 years and receive six to 12 strokes of the cane (known as LT2).⁵⁴ This became the system that prevailed till today, with the decision to send inmates to the DRC based on assessments conducted by the Central Narcotics Bureau.⁵⁵ Those caught for the consumption *and* trafficking of drugs would not be sent to the DRC.⁵⁶ The net, meanwhile, widened over the years to include long-term imprisonment not just for opiate users, but also for those who consumed buprenorphine and synthetic drugs, as well as cannabis and cocaine.⁵⁷

This switch from treatment in drug rehabilitation centres to mandatory long-term imprisonment was driven by the state's emphasis on the perceived 'incurability' of a particular category of drug offenders.⁵⁸ Then Minister of Home Affairs, Wong Kan Seng, in his Second Reading in Parliament on the Misuse of Drugs (Amendment) Bill in 1998, defined a 'hardcore addict' as someone admitted to DRC or prison for a drug offence more than twice. Among the DRC population, 'hardcore addicts' had increased from 65 percent in 1994 to 71 percent in 1997. Wong reiterated that such addicts "are not to be treated as victims". They are 'bad people', potential contaminants in society, and 'criminals', with Wong citing statistics to support his belief in a strong causal relationship between drugs and crime. For Wong, it was untenable to continue "throwing good money after bad money to people who do not want to change".⁵⁹ Instead of "wasting our time... and CNB's professional resources on such people", Wong stated, "we have decided that the only way to treat these addicts is to imprison them for a long time".⁶⁰

⁵² Ibid., 2.

⁵³ Ibid.

⁵⁴ Ibid.

⁵⁵ Shaffiq Alkhatib, 'Life at Drug Rehab Centre', *Straits Times*, 16 April 2017.

⁵⁶ Ibid.

⁵⁷ Singapore Prison Service, 'Treatment and Rehabilitation Regime and Long-Term Imprisonment for Abusers of Cannabis and Cocaine', last updated 9 November 2016, <http://www.sps.gov.sg/news-about-us/in-the-news/treatment-and-rehabilitation-regime-and-long-term-imprisonment-for-abusers-of-cannabis-and-cocaine> (accessed 1 June 2017).

⁵⁸ Chua Chin Kiat, *The Making of Captains of Lives—Prison Reform in Singapore: 1999 to 2007* (Singapore: World Scientific, 2012), 4.

⁵⁹ Singapore Parliament Report (1 June 1998), Vol 69, *Misuse of Drugs (Amendment) Bill*, <https://tinyurl.com/MDA1989reading> (accessed 13 June 2017).

⁶⁰ Chua, 'The Rise of New Penology', 2.

This shift to imprisonment for repeat drug users caused the prison population to climb rapidly: in 1998, the prison population was 16,000; by 2002, it hit an 'all time high' of 18,000.⁶¹ Under this new method of dealing with habitual drug users, incapacitation was operationalized as the primary tool to force a person off his/her drug dependency.⁶² It was also a significant move in which the state hardened its position that "consumers and pushers are the same class of people",⁶³ thus justifying harsh punishments even on drug consumption alone, including caning. Opposition Member of Parliament Chiam See Tong argued that this law meant Singapore was "equating repeat drug use with 'the most heinous and violent crimes'".⁶⁴ The Workers' Party's JB Jeyaretnam wanted clarification on "who is a 'hardcore addict'" and objected to the greater imposition of mandatory sentences, which were "bad in principle" as they "deprive the courts of their function" and exercise of judicial power in ascribing sentences according to the circumstances at hand.

The Bill also sought to make it difficult for drug users to escape liability by claiming that the drugs were consumed overseas. As long as urine tests showed traces of controlled drugs, a person would be treated as if the offence was committed in Singapore. The Bill also raised penalties for refusing to undergo urine tests to 10 years jail, a fine of S\$20,000, or both.⁶⁵ Additionally, the 1998 Bill extended the presumption clause for those trafficking certain amounts of Ice (methamphetamine) and Ecstasy.⁶⁶ This meant that a person caught in possession of more than 25g of Ice or 10g of Ecstasy would be "presumed to be trafficking in these drugs and would be charged with the offence of trafficking", and "the burden of proof against trafficking would rightly be placed on the offender".⁶⁷ These amounts were based on what was believed to be equivalent to 100 doses of the estimated daily consumption of the drugs. Those caught with more than 250g of Ice would be sentenced to the mandatory death penalty; the amount was viewed as equivalent to 1,000 doses of the daily estimated consumption of the drug.⁶⁸

Singapore's contemporary drug problem: Race, class, age, and the rise of online threats

During the Second Reading of the MDA amendments in 1989, former NMP Claire Chiang called for more preventive rehabilitative programmes. The problem of 'revolving' addicts who moved in and out of DRCs and halfway houses was attributed to their "lack [of] skills in taking responsibilities for their actions". Multiple anecdotes of family dysfunction were

⁶¹ Chua, *Making of Captains of Lives*, 4.

⁶² Chua, 'The Rise of New Penology', 3.

⁶³ This is based on an exchange in Parliament between former Nominated Member of Parliament Shrinivas Rai and Chiam See Tong during the Second Reading of the amendment. Rai used the term 'drug pushers' but was corrected by Chiam, who said: 'Consumers, not pushers'. Rai insisted, however, that '[c]onsumers and pushers are the same class of people'. See Singapore Parliament Report (1 June 1998).

⁶⁴ Chua, 'The Rise of New Penology', 10.

⁶⁵ 'Ice: Exceed 250g and It's Death', *Straits Times*, 21 April 1998.

⁶⁶ Singapore Parliament Report (1 June 1998).

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*

detailed, and Chiang emphasized that such “crippling family factors do not just vanish while they are in jail”. She added:

*By contextualising the drug addicts in the larger picture of a delinquent culture characterised by low education, low self-esteem, poor problem solving skills, inadequate parenting and limited resources, we have to accept that the solutions to drug offence which this Bill sets out to address are more than what one legal tool can achieve.*⁶⁹

The shifts in moral discourses surrounding drug use and abuse have not just been class-based, they have also been conducted along racial lines: drug abuse shifted from being a ‘Chinese problem’ involving opium-smoking immigrant Chinese labourers engaged in manual work in the early 18th century, to a ‘Malay problem’ during the 1970s and ‘80s involving lower-income ‘heroin addicts’ influenced by hedonistic ‘Western’ culture.⁷⁰ In the early to mid-nineties, there was increased use of amphetamine-type stimulants (ATS), or what was also termed ‘designer drugs’. Typical ATS users were profiled as Chinese youth from lower-income groups.⁷¹ Additionally, concerns over variants in recidivism rates—that is, those who reoffend within two years from their release⁷²—have been expressed along ethnic lines, with ethnic minorities highlighted as forming a disproportionately higher percentage of recidivists.⁷³

Drug use continued to be viewed as a problem disproportionately affecting the Malay community. In 2017, it was reported that Malays accounted for “more than half” of drug abusers arrested in 2016, up from 32 per cent in 2006. It was also reported that in the preceding year, 1,700 Malays were arrested for drug-related offences, compared to 1,380 in 2010.⁷⁴ At the launch of a new anti-drug campaign at Sultan Mosque in 2017, Parliamentary Secretary for Home Affairs, Amrin Amin, said: “Drugs are *haram* (forbidden in Islam). But the problem has haunted our community for a long time. Let’s stop the problem in this generation. Don’t allow it to grow.”

A member of the management committee at the Muhammadiyah Welfare Home described the drug problem as reaching ‘acute levels’, and noted how the home was receiving more boys who came from families where one or both parents were incarcerated because of

⁶⁹ Ibid.

⁷⁰ Abdullah, ‘Exploring Constructions of the “Drug Problem”’, 50–53. This was also noted by Minyi, who pointed out how heroin use ‘clearly developed distinct ethnic and class lines’. See Minyi, ‘The Rise of New Penology’, 5.

⁷¹ Abdullah, ‘Exploring Constructions of the “Drug Problem”’, 58.

⁷² The SPS defines the recidivism rate as ‘the percentage of local inmates detained, convicted and imprisoned again for a new offence within two years from their release’. See Singapore Prison Service, ‘How Recidivism Rate is Tracked Here’, <http://www.sps.gov.sg/news-about-us/in-the-news/how-recidivism-rate-is-tracked-here> (accessed 13 June 2017).

⁷³ Yeo Zhi Qi, ‘The Coloured Ribbon: Race, Recidivism and Reintegration’ (Honours thesis, National University of Singapore, 2009/10), 1.

⁷⁴ The article also stated: ‘The number of new drug offenders also rose from about 590 in 2010, to nearly 730 last year. And 20 per cent of new Malay drug offenders were below the age of 20’. See Zaihan Mohamed Yusof, ‘Muslim Community Groups Join Forces in Battle Against Drugs’, *Straits Times*, 1 May 2017.

drugs.⁷⁵ Researchers have noted that embedded within such discourse was a strong individualizing narrative, with a tendency to turn to ‘ethnic solutions’,⁷⁶ rather than consider structural conditions and the marginalization of ethnic minorities.⁷⁷ Narayanan and Fee pointed to the importance of considering ‘ethnic capital’, a subset of ‘social capital’, in recognizing broader stratification processes and how this formed a critical context for understanding variations in recidivism rates among ethnic minorities.⁷⁸

Age and occupation were other markers that framed concerns over drug use. The Central Narcotics Bureau, in its ‘stepped-up efforts’ to deal with drug abuse in 2017, expressed concern that more young drug users were being arrested, with close to two-thirds of new abusers caught aged below 30.⁷⁹ This changing profile was highlighted by Law Minister Shanmugam, who noted that they were “students, professionals, people who are well-educated, with good jobs”.⁸⁰ It was also reported in April 2017 that affluent young Singaporeans were checking into exclusive rehabilitation centres in the region. This was a discreet—albeit expensive—way to deal with their drug addiction without being detected by the authorities. One such centre in Thailand, which promised anonymity for its clients, charged about S\$19,700 for a 28-day stay (\$700 a night) with clients staying for at least two months on average.⁸¹

The types of drugs that were criminalized continued to be reviewed regularly, and the list has expanded considerably in recent years. On 1 May 2017, five New Psychoactive Substances were classified as Class A controlled drugs. This meant that “trafficking, manufacturing, importing, exporting, possessing or consuming” these drugs will also be an offence under the Misuse of Drugs Act.⁸² Drug liberalization in other countries, including the much publicized legalization of cannabis in certain parts of the United States,⁸³ has been

⁷⁵ Ibid.

⁷⁶ See Narayanan and Fee for a discussion on ‘ethnicized welfare’ in Singapore, and ‘structuralist’ versus ‘culturalist’ perspectives. Ganapathy Narayanan and Lian Kwen Fee, ‘Race, Reintegration, and Social Capital in Singapore’, *International Journal of Comparative and Applied Criminal Justice* 40, no.1 (2016): 3.

⁷⁷ Marlia Mohamed, ‘The Invisible Visible: Plight of Homeless Ex-Prisoners in Singapore’ (Honours thesis, National University of Singapore, 2010); Yeo, ‘The Coloured Ribbon’; Narayan and Fee, ‘Race, Reintegration, and Social Capital’.

⁷⁸ Narayan and Fee, ‘Race, Reintegration, and Social Capital’.

⁷⁹ Seow Bei Yi and Tan Tam Mei, ‘Screening for Servicemen, New Coalition Among Anti-Drug Efforts’, *Straits Times*, 16 April 2015.

⁸⁰ Desmond Ng and Ellen Lokajaya, ‘Yuppie Drug Abusers are on the Rise, and Checking Into S\$19,000-a-month Rehab Centres Abroad’, *TODAY*, 21 April 2017.

⁸¹ In one centre in Sabah, 20 per cent of its 700 clients are Singaporeans. Another, in Thailand, ‘sees an average of 500 clients from all over every year, seeking rehabilitation for drug and alcohol addiction. Singaporeans make up about 11 per cent of its clients’. See Ng and Lokajaya, ‘Yuppie Drug Abusers’.

⁸² Seow Bei Yi, ‘5 Substances Listed as Controlled Drugs: CNB’, *Straits Times*, 29 April 2017.

⁸³ Uri Berliner, ‘As More States Legalize Marijuana, Investors and Marketers Line Up’, *NPR*, 20 November 2016, <http://www.npr.org/2016/11/20/502577270/investors-marketers-line-up-to-tap-legal-marijuana-around-u-s> (accessed 13 June 2017).

perceived to have led the youth in Singapore to develop a 'more laid-back attitude' towards drugs. The National Council Against Drug Abuse, which released the survey findings related to youth and their attitudes to drugs in April 2017, expressed alarm at this perceived 'softening', with the news report citing experts who expressed the fear that, "if left unchecked, this could spawn the next generation of drug abusers".⁸⁴

The growth of online platforms for purchasing drugs is another area of mounting concern for the authorities. In May 2017, a news article reported that the CNB had flagged this as a worrying trend in 2016, when 201 people were arrested for buying drugs and drug-related paraphernalia online, a "nearly seven-fold jump" from the 30 nabbed in 2015.⁸⁵ Most of these buyers were between 20 and 39 years old. Social networking and messaging platforms were seen as offering 'less onerous' means for drug users to get their fix; private hire drivers were also providing a new 'conduit' for dealers to deliver to addicts. Additionally, dating apps were highlighted for the ease with which drug parties could be organized, through users embedding code words in their profiles and descriptions. The article quoted a former drug user who attended such parties, and who revealed the hosts would typically be "older working adults holding successful jobs". These hosts would sponsor the drugs.⁸⁶

Another 'threat' that has been identified is international pressure to adopt harm reduction approaches to drug use.⁸⁷ In May 2016, at a UN General Assembly on dealing with the world drug problem, some countries argued for a shift from criminalizing drug use to a focus on the health of drug users.⁸⁸ Law and Home Affairs Minister, K Shanmugam, rejected this as an unsuitable model for Singapore:

*For us, the choice is clear. We want a drug-free Singapore, not a drug-tolerant Singapore.... We believe that drugs will destroy our society.... With 200 million people travelling through our borders every year, and given Singaporeans' purchasing power, a soft approach will mean our country will be washed over with drugs. This is why we have adopted a comprehensive, balanced, sustained and tough approach to tackling both drug supply and demand.... The results speak for themselves. We are relatively drug-free, and the drug situation is under control. There are no drug havens, no no-go zones, no drug production centres, no needle exchange programmes. Our stance on drugs has allowed us to build a safe and secure Singapore for our people.*⁸⁹

Shanmugam also cited another reason for rejecting harm reduction approaches, which in other countries may include providing clean needles for drug users and supervised injection sites). This was the perceived "social and financial costs on the state and its taxpayers", which

⁸⁴ Tan Tam Mei, 'Experts Worry as Some Young People Soften Stance on Drugs', *Straits Times*, 28 April 2017.

⁸⁵ Wong Pei Ting, 'Drug Users Turning to Apps to Get Their Fix', *TODAY*, 7 May 2017.

⁸⁶ *Ibid.*

⁸⁷ Wong Pei Ting, 'The Big Read: Softer Attitudes Towards Drugs a Headache for Authorities', *TODAY*, 12 May 2017.

⁸⁸ Cheong, "'Drug Situation is Under Control'".

⁸⁹ *Ibid.*

would be “unacceptable to the majority of Singaporeans”, especially since about “80 per cent of our local inmate population are either drug addicts or have drug antecedents”.⁹⁰

The death penalty for drug trafficking: The 2012 amendment

There were 25 criminal offences in Singapore that may result in a person being sentenced to death, including the use of arms, hostage-taking, abduction, murder, acts of mutiny, and trafficking in controlled drugs.⁹¹ The method of execution was death by hanging, which has been described as a “particularly brutal form of execution”.⁹² While there has been a trend of shifting towards abolition of death penalties internationally,⁹³ within Asia, Singapore’s practice of the death penalty has been less controversial. Eight ASEAN member states continued to retain the death penalty: Brunei, Burma, Malaysia,⁹⁴ Indonesia,⁹⁵ Laos, Thailand, and Vietnam;⁹⁶ though a few seemed close to attaining *de facto* abolitionist status.⁹⁷ Meanwhile, the Philippines, which abolished the death penalty in 2006, was considering reinstating capital punishment as part of President Rodrigo Duterte’s ‘war on drugs’.⁹⁸ Other countries in the region where the death penalty was legal include China—

⁹⁰ Ibid.

⁹¹ Chan, ‘The Death Penalty in Singapore’, 181.

⁹² The process is called long drop hanging. Koh describes the process as one in which a person is dropped from an elevated platform to break his/her neck, and adds: “Even the most skilled hangman is unable to prevent the occasional decapitation (when the rope length is too short) or strangulation (when the rope length is too long).” See Koh, ‘Discourses on Death’, 10. Anti-death penalty activist Kirsten Han also gives a brief description of the long drop hanging process in a TEDxNUS talk. See TEDxNUS, ‘Stories Behind the Death Penalty in Singapore: Kirsten Han’, 30 May 2017, <https://www.youtube.com/watch?v=FAoLFv7c1V4> (accessed 13 June 2017).

⁹³ It is estimated that just 20 percent of the world’s countries are ‘actively retentionist’ with regards to the death penalty. Chan, ‘The Death Penalty in Singapore’, 11.

⁹⁴ Koh notes that Malaysia’s drug laws are even harsher than Singapore’s, in which there is an even lower threshold for the possession of drugs when it comes to the presumption for trafficking and imposition of the death penalty. See Koh, ‘Discourses on Death’, 6.

⁹⁵ According to Amnesty International, Indonesia carried out 14 executions in 2015 for drug-related offences. See Amnesty International, ‘Death Penalty 2015: Facts and Figures’, 6 April 2016, <https://www.amnesty.org/en/latest/news/2016/04/death-penalty-2015-facts-and-figures/> (accessed 13 June 2017).

⁹⁶ Trotta notes that Vietnam classifies statistics on the death penalty as ‘state secrets’. See Tiziana Trotta, ‘ASEAN Countries Step Back on the Path Towards Abolition’, *World Coalition Against the Death Penalty*, 27 October 2016, <http://www.worldcoalition.org/ASEAN-countries-step-back-on-the-path-towards-abolition.html> (accessed 13 June 2017).

⁹⁷ According to Trotta, Brunei, Burma, and Laos have either attained, or are close to attaining, the status of *de facto* abolitionists. In Brunei, there have been no state executions since 1957, though the mandatory death penalty is still retained, and an estimated five persons are still believed to be on death row. Thailand has apparently not executed anyone for seven years, though there are still prisoners on death row. Burma has apparently not executed anyone since 1988. See Trotta, ‘ASEAN Countries’; International Federation for Human Rights, *Going Backwards: The Death Penalty in Southeast Asia* (Paris: FIDH, October 2016), <https://www.fidh.org/IMG/pdf/asie682apdmweb.pdf> (accessed 13 June 2017).

⁹⁸ FIDH, *Going Backwards*.

where there are estimated to have been thousands of executions⁹⁹—India, North Korea, South Korea,¹⁰⁰ and Taiwan.¹⁰¹ Within South Asia and the Middle East; Pakistan, Iran, and Saudi Arabia have been identified by Amnesty International as among the world's top five executors (the first was China, the fifth was the US).¹⁰² Chan noted, however:

*Singapore remains today one of the few countries in the world which has the death penalty for drug offences and amongst even fewer countries where the death sentence is mandatory for such offences, meaning that the judge is not able to consider any mitigating circumstances when deciding on the sentence to be imposed.*¹⁰³

Executions in Singapore are overwhelmingly for drug trafficking offences; it was estimated that from 1991 to 2014, 328 persons were executed for charges of drug trafficking (compared to 121 persons for murder and nine for firearms offences);¹⁰⁴ at its peak, 76 persons were executed in 1994 (54 for drug trafficking).¹⁰⁵ While statistics for state executions have been noted to be incomplete,¹⁰⁶ a controversial 2004 Amnesty International report suggested that Singapore had, at one time, the “highest per capita rate of executions in the world”. From 1994 to 1997, Singapore’s rate of 13.57 executions per one million population was higher than that of Saudi Arabia’s (4.65) and even China’s (2.01).¹⁰⁷ However, there has been a notable decline in executions since 2003.¹⁰⁸

⁹⁹ China is believed to be ‘the world’s top executor’, though the true extent of the country’s use of the death penalty is unknown because the ‘data is treated as a state secret’. See Amnesty International, ‘Death Penalty 2015’.

¹⁰⁰ South Korea last executed prisoners in 1997, but a 2010 report on BBC stated there were then 59 prisoners on death row. While there has been an unofficial moratorium on the death penalty, the death penalty remains legal. ‘South Korea Rules Death Penalty Legal’, *BBC*, 25 February 2010, <http://news.bbc.co.uk/2/hi/asia-pacific/8536355.stm> (accessed 13 June 2017).

¹⁰¹ Owen Bowcott, ‘A Fight to the Death: Stopping the Death Penalty in Taiwan’, *The Guardian*, 3 October 2016.

¹⁰² *Ibid.*

¹⁰³ Chan, ‘The Death Penalty in Singapore’, 180.

¹⁰⁴ *Ibid.*, 183.

¹⁰⁵ Koh, ‘Discourses on Death’, 8; Amnesty International, *Singapore: The Death Penalty—A Hidden Toll of Executions* (Hong Kong: Amnesty International, January 2004), 6, <https://www.amnesty.org/en/documents/ASA36/001/2004/en/> (accessed 13 June 2017).

¹⁰⁶ In Amnesty’s report, it notes: ‘Official information about the use of the death penalty in Singapore is shrouded in secrecy. Some executions, but by no means all, are reported in the press. The government does not normally publish statistics about death sentences or executions, however on rare occasions it has made information about executions available to journalists or in response to a parliamentary question. From this information Amnesty International has been able to compile statistics of executions. The organization has written to the Singapore authorities requesting official statistics but has received no response.’ See Amnesty International, *Singapore: The Death Penalty*, 1.

¹⁰⁷ *Ibid.*, 5.

¹⁰⁸ Chan, ‘The Death Penalty in Singapore’, 187.

Despite strong international criticism,¹⁰⁹ the state continued to view the death penalty as a necessity in the Singaporean context. Deputy Prime Minister and then Home Affairs Minister, Teo Chee Hean, reiterated in Parliament in 2012:

*The death penalty has been an important part of our criminal justice system for a very long time, similar to the position in a number of other countries. Singaporeans understand that the death penalty has been an effective deterrent and an appropriate punishment for very serious offences, and largely support it. As part of our penal framework, it has contributed to keeping crime and the drug situation under control.*¹¹⁰

Nonetheless, in 2012 the government made amendments to its mandatory death penalty policy for murder and drug offences.¹¹¹ The Misuse of Drugs Act was amended such that life sentences could be imposed instead of the death penalty *if* certain conditions were met.¹¹² Under this new Section 33B of the MDA, which came into force in January 2013, a drug offender who would otherwise have been subject to the mandatory death penalty may instead be sentenced to life imprisonment in two situations:

- The accused had to show, on ‘a balance of probabilities’, that he/she was only a drug courier *and* the Public Prosecutor (PP) had to certify that he/she had “substantively assisted the Central Narcotics Bureau in disrupting drug trafficking activities within or outside Singapore”.¹¹³ This determination of substantive assistance was to be at the ‘sole discretion’ of the PP;¹¹⁴
- The accused had to show, on ‘a balance of probabilities’, that he/she was only a drug courier *and* that he/she was “suffering from such abnormality of mind”, such that his/her ‘mental responsibility’ for the act/s was ‘substantially impaired’.¹¹⁵

Chan has surmised that Section 33B of the MDA was an attempt to distinguish between ‘mere drug mules’ and those higher up the rungs of a drug syndicate, who ‘do not deserve

¹⁰⁹ Amnesty International, ‘Singapore: Shameful Executions Violate International Law’, 18 November 2016, <https://www.amnesty.org/en/press-releases/2016/11/singapore-shameful-executions-violate-international-law/> (accessed 13 June 2017); Patrick Gallahue and Rick Lines, ‘Singapore is Still Out of Step on Death Penalty Policy’, *The Guardian*, 18 May 2010.

¹¹⁰ Imelda Saad and S Ramesh, ‘Singapore Completes Review of Mandatory Death Penalty’, *Channel NewsAsia*, 9 July 2012.

¹¹¹ Chan, ‘The Death Penalty in Singapore’, 189.

¹¹² A new section, 33B, was added to the Misuse of Drugs Act, and it came into effect on 1 January 2013. See Chan, ‘The Death Penalty in Singapore’, 192.

¹¹³ See *Misuse of Drugs Act (Chapter 185)*, Section 33B (2), <https://tinyurl.com/MDASection33> (accessed 13 June 2017).

¹¹⁴ *Misuse of Drugs Act*, Section 33B (4).

¹¹⁵ *Misuse of Drugs Act*, Section 33B (3).

sympathy'.¹¹⁶ This desire for a 'calibrated distinction' between mules and those deemed more culpable was also noted by Chen.¹¹⁷ This discretionary aspect of the death penalty, however, introduced a new 'evidential guillotine' for the accused,¹¹⁸ in which an accused drug courier might be incentivized to 'self-incriminate' in order to maximize his/her chances of escaping the gallows, even as "the prosecution holds all the cards".¹¹⁹ Additionally, Members of Parliament have raised the question of whether the courts—rather than public prosecutors—should decide on issues of cooperation. However, Minister of Law Shanmugam replied in Parliament that the PP was "better placed to decide" as it is "independent... (and) works closely with law enforcement agencies and has a good understanding of operational concerns".¹²⁰

The sole discretion of the Public Prosecutor in deciding whether someone was to be imprisoned for life or executed was problematized recently through the case of Muhammad Ridzuan Md Ali, 31, who was hanged for heroin trafficking, while his accomplice, Abdul Haleem Abdul Karim, was not. While both men were found guilty of trafficking heroin, Abdul Haleem was given a certificate of cooperation (COC) by the Public Prosecutor. Although the Court did find that Ridzuan was 'a mere courier', the PP did not issue him a certificate of cooperation.¹²¹ In an exchange between Abdul Haleem and the judge, an emotional Abdul Haleem said to Justice Tay Yong Kwong: "If you are sparing my life and not sparing his life, I'd rather go down with him." To which the judge replied: "The court does not have complete discretion to do whatever you want me do." When Abdul Haleem pointed out that he faced the same charges as Ridzuan, the judge said: "You have certification from the Attorney-General's Chambers, he does not."¹²² Ridzuan was hanged on 19 May 2017,¹²³ just days after his family was notified, on 15 May 2017, that the President had rejected his clemency appeal.¹²⁴

¹¹⁶ Chan, 'The Death Penalty in Singapore', 193.

¹¹⁷ Chen, 'Singapore's New Discretionary Death Penalty', 261.

¹¹⁸ *Ibid.*, 264.

¹¹⁹ *Ibid.*, 264.

¹²⁰ Ministry of Law, 'Response by Minister for Law, Mr K Shanmugam, During the Second Reading of the Misuse of Drugs (Amendment) Bill', 14 November 2012, <https://www.mlaw.gov.sg/news/parliamentary-speeches-and-responses/response-by-minister-for-law--mr-k-shanmugam--during-the-second-.html> (accessed 13 June 2017).

¹²¹ '2 Charged for Same Crime But Only One Will Hang—Prosecutor's Role Raises Questions', *The Independent*, 18 May 2017, <http://www.theindependent.sg/2-charged-for-same-crime-but-only-one-will-hang-prosecutors-role-raises-questions/> (accessed 13 June 2017); Yasmeeen, 'Human Rights Lawyer Petitions the Stay of Execution of Muhammad Ridzuan', *The Online Citizen*, 18 May 2017, <https://www.theonlinecitizen.com/2017/05/18/human-rights-lawyer-petitions-the-stay-of-execution-of-muhammad-ridzuan/> (accessed 13 June 2017).

¹²² Selina Lum, 'Drug Courier Spared the Death Penalty', *Straits Times*, 11 April 2013.

¹²³ KC Vijayan, 'Drug Trafficker Hanged After Exhausting Avenues of Appeal', *Straits Times*, 20 May 2017.

¹²⁴ International Federation for Human Rights, 'Halt the Execution of Muhammad Ridzuan', 18 May 2017, <https://www.fidh.org/en/region/asia/singapore/halt-the-execution-of-muhammad-ridzuan> (accessed 13 June 2017).

Ultimately, these amendments remain consistent with the Singapore government's criminal justice approach, which emphasized crime control and "prioritise successful convictions over procedural rights".¹²⁵ Chan, in particular, warned against misplaced optimism among those who supported greater restrictions on the use of the death penalty: Section 33B offered but a very narrow set of conditions, applicable only in 'exceptional' cases,¹²⁶ and gave judges a 'limited' choice in sentencing those accused of drug trafficking.¹²⁷ Attempts to challenge the constitutionality of the death penalty, meanwhile, have so far not been successful.¹²⁸

Conclusion

Once a thriving opium distribution centre, contemporary Singapore has become known for its zero tolerance approach to drug use and trafficking. For Tey, Singapore's drug policy has been anchored by several dominant concerns. The first was to cripple the drug trade, as it damaged both the "health and career of the drug abuser", and prevented such persons from "contributing to society as a 'productive digit'".¹²⁹ Drug addicts undermined state building imperatives.¹³⁰ They caused shame and sorrow to their families, and posed threats to "national security and viability" if allowed to penetrate vital institutions in charge of defence and law enforcement.¹³¹ The narrative of vulnerability, pervasive in official discourse about Singapore, has also underpinned drug policy. As a major travel hub with large numbers of transients, it has been argued that Singapore needed to remain on high alert because it was surrounded by major regional drug production and trafficking centres.¹³²

A strong 'responsibilization' discourse prevailed in constructions of drug use and abuse.¹³³ This approach to crime prevention cohered with the state's ideological prioritization of 'Asian values', which emphasized citizens' multiple "obligations to moral values, family ties and discipline".¹³⁴ As Abdullah pointed out, oscillating messages have been constructed about our drug problem in Singapore: it is at once a grave and serious threat, yet, paradoxically also 'under control'.¹³⁵ It is a paradox that stabilized and legitimized the current system, for it

¹²⁵ Chen, 'Singapore's New Discretionary Death Penalty', 264.

¹²⁶ Chan, 'The Death Penalty in Singapore', 198.

¹²⁷ Chan, 'The Death Penalty in Singapore', 190.

¹²⁸ Yvonne McDermott, 'Yong Vui Kong v. Public Prosecutor and the Mandatory Death Penalty for Drug Offences in Singapore: A Dead End for Constitutional Challenge?', *International Journal on Human Rights and Drug Policy* 1 (2010): 35–52; Tey, 'Death Penalty Singapore-Style', 315–357.

¹²⁹ Tey, 'Death Penalty Singapore-Style', 341.

¹³⁰ Abdullah, 'Exploring Constructions of the "Drug Problem"', 61.

¹³¹ Tey, 'Death Penalty Singapore-Style', 341.

¹³² Ministry of Law, 'Response by Minister for Law'; MFA, 'Transcript of Minister Vivian Balakrishnan's Intervention'; MFA, 'Transcript of Minister for Law K Shanmugam'.

¹³³ Chua, 'The Rise of New Penology', 41.

¹³⁴ Ibid.

¹³⁵ Abdullah, 'Exploring Constructions of the "Drug Problem"', 61.

demanded vigilance yet attested to the success, however tenuous, of Singapore in its battle to win the war on (or over) drugs.

The detrimental effects of long-term incarceration on drug users, however, have been raised as a cause for concern; imprisonment (re)produces systemic disadvantages¹³⁶ and creates a 'criminalized class'.¹³⁷ Peck and Theodore have argued that large-scale incarceration precipitated a vicious cycle of 'extended incarceration' among ex-offenders due to a diabolical combination of "social stigma, institutional marginalization and economic disenfranchisement".¹³⁸ Sociological studies have also highlighted an inadequate consideration of structural disadvantages and causes, and a need to examine intersectionality, ie. the interplay of factors such as ethnicity, class, and gender in relation to crime and drug use, and how this influenced rehabilitation efforts and punishment regimes.¹³⁹ Singapore's legal framework and enforcement regime for drug control thus requires wider examination, in which the cumulative consequences of criminalizing drug use and imposing harsh punishments, including the death penalty, are assessed against other social and economic considerations, including the differential impacts on marginalized communities.

¹³⁶ Chua, 'The Rise of New Penology'.

¹³⁷ Jamie Peck and Nik Theodore, 'Carceral Chicago: Making the Ex-Offender Employability Crisis', *International Journal of Urban and Regional Research* 32, no.2 (June 2008): 276.

¹³⁸ *Ibid.*, 251.

¹³⁹ Chua, 'The Rise of New Penology'; Goh Chin Mien, 'Treatment of Female Offenders in Singapore', *Annual Report for 2012 and Resource Material Series No.90* (Tokyo, Japan: UNAFEI, August 2013): 163–171, http://www.unafei.or.jp/english/pdf/RS_No90/No90_23PA_Mien.pdf (accessed 13 June 2017); Lim Yun Xin, "'People Like Us...: A Sociological Account of Women Drug Users in Singapore' (Honours thesis, National University, 2000); Mohamed, 'The Invisible Visible'; Ganapathy Narayanan, "'Us" and "Them": Ethnic Minority Gangs in Singapore Prisons', *Journal of Contemporary Criminal Justice* 32, no.3 (2016): 264–284; Narayan and Fee, 'Race, Reintegration, and Social Capital'; Yeo, 'The Coloured Ribbon';

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APPENDIX 1: Key Legislation and Milestones Related to Drug Control and Offences

| YEAR | LEGISLATION & MILESTONES: DRUG CONTROL & OFFENCES |
|-----------|---|
| 1819 | Stamford Raffles signs treaty to create Singapore. Opium is presented as a gift to the ruler, Temenggong Abdul Rahman. Opium is imported into the country and becomes popular among Chinese immigrants, mostly Chinese coolies. |
| 1907 | The Opium Commission is formed to look into the impacts of opium smoking; finds there is no good reason to impose a ban on opium smoking. |
| 1910 | Monopolies Department established to restrict the manufacture and sale of opium to <i>chandu</i> (prepared or cooked opium) shops. |
| 1914 | Singapore opens an opium packing plant and becomes a key opium distribution centre in Asia. It proves a highly profitable business for both the British Administration and Chinese merchants. |
| 1925 | Colonial government starts to issue licenses to opium smokers. |
| 1929 | Registration of opium smokers made compulsory. Unregistered opium smokers now considered 'illicit drug users'. |
| 1933 | Chandu Revenue Ordinance (enacted in 1909) amended. Possession of opium by unregistered persons and those under 21 years of age prohibited. |
| 1934 | Additional clause added to Chandu Revenue Ordinance : only persons with a medical practitioner's certificate stating opium was required for health reasons could register as an opium smoker. |
| 1942–1945 | Control of opium not exercised during the Japanese Occupation; there was a sharp increase in opium smokers. Opium smoking supported by the Japanese as a means of 'enhancing servility and control' among the Chinese. |
| 1946 | Opium and Chandu Proclamation introduced. The possession of prepared and raw opium, as well as opium smoking, was now a criminal offence. There was no treatment available for those dependent on the drug; this 'sudden and unexpected' law resulted in a flourishing black market. |
| 1951 | Dangerous Drugs Ordinance legislated and replaced all previous drug laws. Drugs now labelled as dangerous: opium, cannabis, morphine, cocaine, and heroin. Unauthorized possession of these drugs was an offence, and penalties included mandatory treatment and rehabilitation. |
| 1955 | Opium Treatment Centre established to treat opium addicts. |

| | |
|------|--|
| 1973 | Misuse of Drugs Act (MDA) passed; replaced Dangerous Drugs and Drugs Ordinances. The Opium Treatment Centre was renamed Drug Rehabilitation Centre in November 1973, as it was now treating other categories of drug abusers, not just opium addicts. |
| 1975 | Misuse of Drugs (Amendment) Act enacted. Included a clause for the <i>mandatory death penalty</i> for those who trafficked more than 15 grams of heroin or 30 grams of morphine. |
| 1976 | Misuse of Drugs (Approved Institutions and Treatment and Rehabilitation) Regulations came into operation on 20 August 1976. Addicts had to undergo detoxification ('cold turkey' treatment), with no medication given; exceptions were granted for those 55 and above, and those with medical exemptions. |
| 1989 | Misuse of Drugs (Amendment) Act. The meaning of drug trafficker now included anyone possessing 10 grams of cannabis resin or three grams of cocaine. More severe punishments added: those subject to the death penalty included those with unauthorized possession of more than 1.2kg of opium, more than 30g of cocaine, more than 500g of cannabis, or more than 200g of cannabis resin. Corporal punishment was also imposed for 'severe indiscipline' in drug rehabilitation centres. |
| 1998 | Misuse of Drugs (Amendment) Act. Amendments included imposition of long prison terms for repeat drug users (those caught more than twice). Prison terms ranged from five to 13 years, and included three to 12 strokes of the cane. |
| 2012 | Misuse of Drugs (Amendment) Act. Changes made to mandatory death penalty. New Section 33B allows for a judge to sentence someone accused of drug trafficking to life imprisonment and caning instead of the death penalty if certain conditions are met. |

Sources: Abdullah, 'Exploring Constructions of the "Drug Problem"'; Chan 'The Death Penalty in Singapore'; Singapore Parliament Report, *Misuse of Drugs (Amendment Bill)*; Veloo, 'The Singapore Drug Scene'.

Annex B — Rehabilitation, Recidivism, and Reintegration: An Examination of Singapore’s Penal System for Drug Offenders

Rehabilitation, Recidivism, and Reintegration: An Examination of Singapore’s Penal System for Drug Offenders

A *Channel NewsAsia* programme in October 2016 highlighted that Singapore has the third highest prisoners-per-population rate among advanced economies. The United States was number one, with a prisoners-per-population rate of 693 per 100,000; Israel followed with 256 per 100,000; Singapore was third with 219 per 100,000.¹⁴⁰ About 70 per cent of Singapore’s prison population (12,394) in 2015 were doing time for drug-related offences, a relatively high rate. In Denmark, the rate of imprisonment for drug-related offences was 22.1 percent; in Portugal it was 20.6 per cent.¹⁴¹

An earlier case study detailed the evolution of Singapore’s ‘war on drugs’.¹⁴² That case study examined Singapore’s contemporary penal system through a focus on drug offenders. This emphasis is reflected in the high number of prison inmates currently incarcerated for drug-related offences, and in the capital punishments carried out by the state, in which the majority were for drug-related offences.¹⁴³

The case study begins with a brief statistical overview of Singapore’s prison population, with an emphasis on drug offenders. This is followed by an introduction to the Singapore Prison Service (SPS) and its key partners. The ‘through-care’ framework adopted by the SPS includes three key phases: in-care, halfway care and aftercare. For the in-care phase, this case study examines the rehabilitation framework adopted by the SPS, with an emphasis on the core principles that underpinned programmes and initiatives. The following section includes a discussion on a distinctive feature of halfway care in Singapore: the heavy involvement of religious groups and community organizations. The final section discusses prisoner reentry, where state concern is focused on preventing reoffending and successful ‘reintegration’, of which a core aspect relates to the employment of ex-offenders.

Drug offenders in prison

¹⁴⁰ *Channel NewsAsia*, ‘IT Figures: Prison High’, CNA Insider, <https://www.youtube.com/watch?v=rT9BtmQuOQ8> (accessed 2 February 2018).

¹⁴¹ *The Singapore Daily*, ‘Singapore Has Third Highest Prisoner-to-Population Ratio in the World’, 20 October 2016, <http://singaporedaily.net/2016/10/20/singapore-third-highest-prisoner-population-ratio-world/> (accessed 2 February 2018).

¹⁴² Stephanie Chok, ‘Singapore’s War on Drugs: A Historical Overview’, Lee Kuan Yew School of Public Policy, 2018.

¹⁴³ Amnesty International, *Singapore: The Death Penalty—A Hidden Toll of Executions* (Hong Kong: Amnesty International, January 2004), 6, <https://www.amnesty.org/en/documents/ASA36/001/2004/en/> (accessed 13 June 2017); Koh Yi Wen, ‘Discourses on Death: How National Identity Discourses Influence Singapore’s Capital Punishment Policy for Drug Trafficking’ (Honours thesis, National University of Singapore, 2013/14); Wing-Cheong Chan, ‘The Death Penalty in Singapore: In Decline but Still Too Soon for Optimism’, *Asian Criminology* 11, no.3 (2016): 179–206.

Singapore’s prison statistics show a strong pattern of predominantly male offenders convicted for drug-related offences (see Table 1). As of December 2016, the total convicted penal population¹⁴⁴ was 9,502: 8,623 were male and 879 were female. Of the total penal population, 6,666 were convicted for drug offences. There was a Drug Rehabilitation Centre (DRC) housed within Changi Prison Complex, and there were 1,464 DRC inmates in 2016. DRCs are segregated by sex, and female DRC inmates had their own facility within Changi Women’s Prison.

Table 1. Singapore’s Prison Population: 2009–2016¹⁴⁵

| YEAR | Total convicted penal population | Convicted for drug-related offences | DRC inmates | Penal releases |
|------|--|-------------------------------------|--------------------------------------|--|
| 2016 | 9,502 (8,623 male; 879 female) | 6,666 | 1,464 (1,199 male; 265 female) | 10,371 (9,089 male; 1,282 female) |
| 2015 | 9,602 (8,783 male; 819 female) | 6,675 | 1,419 (1,121 male; 298 female) | 10,807 (9,206 male; 1,601 female) |
| 2014 | 9,754 (8,886 male; 868 female) | 6,527 | 1,400 (1,146 male; 254 female) | 11,955 (9,981 male; 1,974 female) |
| 2013 | 10,042 (9,170 male; 872 female) | 6,510 | 1,617 (1,328 male; 289 female) | 12,687 (10,541 male; 2,146 female) |
| 2012 | 9,901 (9,077 male; 824 female) | 6,287 | 1,503 (1,225 male; 278 female) | 12,818 (10,620 male; 2,198 female) |
| 2011 | 10,028 (9,191 male; 837 female) | 6,061 | 1,280 (1,280 male; 224 female) | 13,726 (11,295 male; 2,431 female) |
| 2010 | 11,154 (10,156 male; 998 female) | 6,230 | 765 (622 male; 143 female) | 15,867 (12,828 male; 3,039 female) |
| 2009 | 11,288 (10,302 male; 986 female) | 6,016 | 613 (501 male; 112 female) | 16,601 (13,272 male; 3,329 female) |

Young drug users—those under 21 years of age—caught by the authorities had several treatment options: where they were sent depended on a process of ‘risk assessment’, which

¹⁴⁴ The Singapore Prison Service defines its convicted penal population as follows: “Convicted penal inmate population refers to the number of inmates who have already been charged and are within the inmate population as at the end of the respective year.” See SPS, ‘News Release: Enhancing Inmates’ Employability to Prevent Re-Offending’, 2016, 4, [http://www.sps.gov.sg/docs/default-source/in-the-news-\(news-release\)/sps-annual-stats-release-for-2016-\(14-feb-2017\)_for-upload.pdf?sfvrsn=2](http://www.sps.gov.sg/docs/default-source/in-the-news-(news-release)/sps-annual-stats-release-for-2016-(14-feb-2017)_for-upload.pdf?sfvrsn=2) (accessed 2 February 2018).

¹⁴⁵ Statistics derived from Singapore Prison Service’s annual statistics. See SPS website: <http://www.sps.gov.sg/>.

took into account a range of factors including “social circles, family background and criminal history”.¹⁴⁶ Those viewed as ‘low risk’ could be placed on the Youth Enhanced Supervision (YES) scheme, where they undergo urine tests and counselling. ‘Moderate risk’ offenders were sent to the Community Rehabilitation Centre (CRC), a residential programme where they were allowed to leave for work or school daily but had to return in the evenings. Drug rehabilitation centres were for ‘high risk’ youth offenders, where they could be placed for up to three years. These youths, under the YES scheme, or sent to CRCs or DRCs, would not have criminal records when released.¹⁴⁷

Adults who were caught for drug consumption, meanwhile, could be sent to DRCs or prison, depending on how many times they have offended, as well as the amount and type of drugs they are caught with. Since 1998, drug users could only be admitted to DRCs twice; those caught for a third time would be charged in court and sentenced to long-term imprisonment as well as caning.¹⁴⁸ The Central Narcotics Bureau was the agency tasked with assessing inmates.¹⁴⁹ Those caught for the consumption *and* trafficking of drugs would not be sent to the DRC.¹⁵⁰ The list of controlled drugs under the Misuse of Drugs Act and Intoxicating Substances Act has grown over the years, and included cannabis, cocaine, heroin, ketamine, methamphetamine, as well as New Psychoactive Substances (NPS), among others.¹⁵¹ Punishments have expanded over the years to include long-term imprisonment for not just opiate users, but also those who consume buprenorphine and synthetic drugs.¹⁵²

Recidivism rates

Recidivism rates in Singapore have fluctuated significantly, from 44.4 per cent in 1998¹⁵³ to 60–70 percent in the 1990s, dropping to between 20–30 percent in recent years.¹⁵⁴ The Singapore Prison Service defines the recidivism rate as “the percentage of local inmates

¹⁴⁶ Theresa Tan and Tan Tam Mei, ‘Treatment Critical but Challenging, Say Experts’, *Straits Times*, 26 June 2017.

¹⁴⁷ *Ibid.*

¹⁴⁸ Chua Minyi, ‘The Rise of New Penology: Long Term Detention of the Opiate User in Singapore’ (Honours thesis, National University of Singapore, 2005/06), 7–8.

¹⁴⁹ Shaffiq Alkhatib, ‘Life at Drug Rehab Centre’, *Straits Times*, 16 April 2017.

¹⁵⁰ *Ibid.*

¹⁵¹ Central Narcotics Bureau, ‘Drugs and Inhalants: Controlled Substances in Singapore’, last updated 16 September 2016, <https://www.cnb.gov.sg/drugs/bannedsubstance.aspx> (accessed 26 June 2017).

¹⁵² Singapore Prison Service, ‘Treatment and Rehabilitation Regime and Long-Term Imprisonment for Abusers of Cannabis and Cocaine’, last updated 9 November 2016, <http://www.sps.gov.sg/news-about-us/in-the-news/treatment-and-rehabilitation-regime-and-long-term-imprisonment-for-abusers-of-cannabis-and-cocaine> (accessed 1 June 2017).

¹⁵³ Singapore Prison Service, ‘Positive Recidivism Rate a Result of Close Collaboration Between Prisons and Its Key Partners’, 25 January 2011, [http://www.sps.gov.sg/docs/default-source/in-the-news-\(news-release\)/4-press-release---prisons-2010-statistics-25-jan2011.pdf?sfvrsn=2](http://www.sps.gov.sg/docs/default-source/in-the-news-(news-release)/4-press-release---prisons-2010-statistics-25-jan2011.pdf?sfvrsn=2) (accessed 2 February 2018).

¹⁵⁴ Ministry of Home Affairs, ‘Written Reply to Parliamentary Question on Recidivism Rate for Long Term Imprisonment 1 and Drug Rehabilitation Centre Inmates from 2010 to 2013 by Mr K Shanmugam, Minister for Home Affairs and Minister for Law’, 7 November 2016, <https://www.mha.gov.sg/Newsroom/in-parliament/written-replies-to-pqs/Pages/Written-Reply-to-Parliamentary-Question-on-Recidivism-Rate.aspx> (accessed 2 February 2018).

detained, convicted and imprisoned again for a new offence within two years of their release”.¹⁵⁵ In 2016, SPS data on inmates released in 2014 showed that the overall recidivism rate was 26.5 per cent; comparatively, the recidivism rate for those released in 2013 was 25.9 per cent.¹⁵⁶ Another researcher noted that repeat offenders constitute about 80 per cent of the penal population in Singapore.¹⁵⁷

The recidivism rates for DRC offenders, meanwhile, have been consistently higher than overall recidivism rates (see Table 2). While it has been suggested by state officials that Singapore’s recidivism rates are low by international standards,¹⁵⁸ between-country comparisons on recidivism rates are highly problematic due to a lack of standardization regarding definitions, criterion measured (for example types of offences included/excluded) as well as follow-up times (which could range from six months to five years).¹⁵⁹ Differences in such criteria can significantly impact the reported rate of recidivism.¹⁶⁰

Table 2: Recidivism Rates (2007–2014)

| Year of release | Overall recidivism rates | Recidivism rate for DRC offenders |
|---------------------|--------------------------|-----------------------------------|
| 2014 release cohort | 26.5% | 30.1% |
| 2013 release cohort | 25.9% | 31.9% |
| 2012 release cohort | 27.6% | 28.3% |
| 2011 release cohort | 27.4% | 31.1% |
| 2010 release cohort | 23.6% | 27.5% |
| 2009 release cohort | 26.7% | 27.1% |
| 2008 release cohort | 27.3% | 30.5% |
| 2007 release cohort | 26.5% | 20.4% |

The Singapore Prison Service: the shift towards rehabilitation

¹⁵⁵ Singapore Prison Service, ‘News Release: Enhancing Inmates’ Employability to Prevent Reoffending’, 2016, [http://www.sps.gov.sg/docs/default-source/in-the-news-\(news-release\)/sps-annual-stats-release-for-2016-\(14-feb-2017\)_for-upload.pdf?sfvrsn=2](http://www.sps.gov.sg/docs/default-source/in-the-news-(news-release)/sps-annual-stats-release-for-2016-(14-feb-2017)_for-upload.pdf?sfvrsn=2) (accessed 16 December 2017).

¹⁵⁶ Ibid.

¹⁵⁷ Charmian Goh, ‘Neoliberal Penalty: Prisoner Reintegration Organisations in Singapore’ (Honours thesis, National University of Singapore, 2014/2015), 3.

¹⁵⁸ *AsiaOne*, ‘Less Prisoners Re-offending’, 23 November 2010, <http://www.asiaone.com/News/AsiaOne%2BNews/Singapore/Story/A1Story20101123-248798.html> (accessed 2 February 2018).

¹⁵⁹ Seena Fazel and Achim Wolf, ‘A Systematic Review of Criminal Recidivism Rates Worldwide: Current Difficulties and Recommendations for Best Practice’, *PLoS One* 10, no.6 (June 2015): 1-8; Peter B Hoffman and Barbara Stone-Meierhoefer, ‘Reporting Recidivism Rates: The Criterion and Follow-Up Issues’, *Journal of Criminal Justice* 8, no.1 (1980): 57.

¹⁶⁰ Ibid.

The Singapore Prison Service (SPS) was a department within the Ministry of Home Affairs. It was part of the HOME Team of agencies related to “crime control, security and civil defence”.¹⁶¹ Other agencies in the HOME Team included:

- Singapore Police Force (SPF)
- Singapore Civil Defence Force (SCDF)
- Central Narcotics Bureau (CNB)
- Immigration and Checkpoints Authority (ICA)
- Casino Regulatory Authority (CRA)
- Home Team Academy
- Singapore Corporation of Rehabilitative Enterprises (SCORE)

Collectively, these government agencies were tasked with “safeguarding the safety and internal security of Singapore”.¹⁶² The Singapore Prison Service was in charge of both penal and drug inmates,¹⁶³ and oversaw 14 institutions, of which 13 were male prisons and one was a female prison.¹⁶⁴ According to Peter Ng, a former Director of Prisons, the SPS ascribed four basic purposes to imprisonment, the first of which was ‘punishment’. Prisons in Singapore are therefore ‘spartan’, with the incarceration regime ‘strict’.¹⁶⁵ As Lohman Yew, another former Deputy Director of Prisons emphasized, Singapore’s prisons and DRCs are “not holiday resorts”.¹⁶⁶ The second purpose is ‘incapacitation’, in which the “hard-core and long-termed imprisoned”, in particular, are denied opportunities to re-offend. Achieving the third purpose, ‘deterrence’, means “[l]ife in prison must never be better than life outside”.¹⁶⁷ Prison life had to be sufficiently harsh so persons both in and outside of prison would be deterred from entering or reentering the system. The final purpose, ‘reformation’, is for those assessed as “willing and able to turn their backs on a criminal career”. For these individuals, there are rehabilitative programmes and aftercare support to assist them with reintegration and lead “crime-free lives”.¹⁶⁸

¹⁶¹ Lohman Yew, ‘Effective Treatment Measures for Prisoners and Drug Addicts to Facilitate Their Reintegration into Society’, *Resource Material Series No.54* (Tokyo, Japan: UNAFEI, September 1999): 303, http://www.unafei.or.jp/english/pdf/RS_No54/No54_23VE_Yew.pdf (accessed 26 June 2017).

¹⁶² Peter Joo Hee Ng, ‘Offender Rehabilitation, Community Engagement, and Preventing Re-Offending in Singapore’, *Resource Material Series No.80* (Tokyo, Japan: UNAFEI, March 2010): 18, http://www.unafei.or.jp/english/pdf/RS_No80/No80_06VE_Ng.pdf (accessed 2 February 2018).

¹⁶³ Yew, ‘Effective Treatment Measures for Prisoners and Drug Addicts’, 303.

¹⁶⁴ Stanley Tang, ‘Effective Rehabilitation and Reintegration of Offenders’, *Resource Material Series No.82* (Tokyo, Japan: UNAFEI, December 2010): 41, http://www.unafei.or.jp/english/pdf/RS_No82/No82_07VE_Tang.pdf (accessed 2 February 2018).

¹⁶⁵ Ng, ‘Offender Rehabilitation’, 19.

¹⁶⁶ Yew, ‘Effective Treatment Measures for Prisoners and Drug Addicts’, 303.

¹⁶⁷ Ng, ‘Offender Rehabilitation’, 19.

¹⁶⁸ Ng, ‘Offender Rehabilitation’, 19.

The primary emphasis on punishment reflected a tough stance on crime. Nevertheless, the prison service has, over the years, established frameworks to improve prisoner welfare and rehabilitation, from the colonial period to the present day. Quek, for example, detailed shifts in Singapore's penal philosophy, from the treatment of our convict population during the colonial period, through to the 1980s.¹⁶⁹ While a greater range of structural facilities as well as activities for prisoners have been introduced, including rehabilitation programmes, disciplining remained a core function of the prison system. Classification systems were also an important element, in which 'hardened' inmates were viewed as requiring different forms of treatment and segregation from others.¹⁷⁰ This distinction, that rehabilitation was for those "genuinely desirous of changing",¹⁷¹ has been a consistent emphasis, and continued to underpin the allocation of resources and programmes (see later section on risk and rehabilitation).

In the contemporary period, prison reform has been frequently credited to the leadership of Chua Kin Kiat, a former Director of Prisons who helmed the Singapore Prison Service from 1999 to 2007.¹⁷² In his book, *The Making of Captains for Lives*, Chua detailed how the SPS, when he became Director, was overpopulated (there were 16,000 inmates and rising), and suffered from high staff turnover.¹⁷³ The situation was sufficiently dire for the SPS to request that law enforcement agencies "slow down" as the prisons could not cope with the prevailing rate of admission.¹⁷⁴ The burgeoning prison population was due to the high number of arrests for drug offences (amendments to the Misuse of Drug Act had worsened the crunch), and relapse rates that were double those of today. There was also a lack of structured rehabilitation programmes for drug users.¹⁷⁵

Chua instituted a comprehensive and painstaking process of revision, research, and engagement with SPS staff and the Ministry of Home Affairs to transform the organization and adopt a more inmate-centric system, with greater emphasis on rehabilitation. The MHA had previously rejected an SPS proposal of setting up a Rehabilitation Division, with the Ministry unconvinced that "the huge amount of resources requested for would produce any

¹⁶⁹ Quek Shi Lei, 'Prisons in Singapore—Changing Philosophies and Methods of Treatment', in *Return to Society: Key Issues in the Rehabilitation of the Ex-Prisoner*, ed. Francis HM Heng (Singapore: SACA, 1984), 6–14.

¹⁷⁰ *Ibid.*, 9–11.

¹⁷¹ Yew, 'Effective Treatment Measures for Prisoners and Drug Addicts', 303.

¹⁷² Lena Leong, 'The Story of Singapore Prison Service: From Custodians of Prisoners to Captains of Life', Centre for Governance and Leadership, Civil Service College, 2012, 1–14, <http://www.pgionline.com/wp-content/uploads/2015/08/The-Story-of-the-Singapore-Prison-Service.pdf> (accessed 2 February 2018).

¹⁷³ The prison population hit an all-time high of 18,000 in 2002, before this trend was reversed through reform. See Chua Chin Kiat, *The Making of Captains for Lives, Prison Reform in Singapore 1999 to 2007* (World Scientific: Singapore, 2012), 2.

¹⁷⁴ The response was that "law enforcement must be dictated by law and order considerations, not by prison capacity". See Chua, *The Making of Captains for Lives*, 3.

¹⁷⁵ *Ibid.*, 3–4.

results”.¹⁷⁶ There were thus some tensions between the recommendations that emerged from Chua’s consultations and the MHA, in which the MHA was adamant that secure custody had to be seen as the primary focus of the SPS and that efforts at rehabilitation should not give the impression the prison system had ‘gone soft’.¹⁷⁷ Nonetheless, Chua persisted, and compromises were brokered; the prison service was gradually steered towards an emphasis not just on security and safety, but also on the rehabilitation and reintegration of offenders into society. During Chua’s term, the prison population steadily declined. Other noteworthy initiatives that took place under Chua’s directorship included the opening of the Kaki Bukit Prison School in 2000, the establishment of the CARE Network (a co-ordinating body of aftercare agencies in Singapore), and the launch of the Yellow Ribbon Project, described as “the only national ‘second chance’ campaign” to increase awareness, acceptance, and public action to support ex-offenders in their reintegration into society.¹⁷⁸

‘Serving time should never be a waste of time’: risk and rehabilitation

In the 1990s, a shift in prison management occurred in which discourses of ‘risk and probability’ were adopted. This new rationality relied on the adoption of managerial processes and statistical techniques to “[assess] risk and [predict] dangerousness”.¹⁷⁹ Risk assessment strategies were deployed as a means of generating efficiencies in the prison system and this relied on a system of differentiation based on predicted risk of recidivism, in which the allocation of security as well as welfare-oriented resources were dependent on how an inmate was assessed. ‘Hardcore’ drug users, who were viewed as difficult to change, were ‘risky’, and a strong scarcity mentality justified decisions to exclude such inmates from certain programmes. As stated in the SPS Annual in 1998: “To be realistic, not every offender will change. In the face of limited resources, rehabilitation cannot be [the goal] for every offender.”¹⁸⁰

The Rehabilitation Framework was first adopted by the SPS in 2000 and assessed inmates based their security risk as well as rehabilitative potential. Four security levels could be assigned, with one being the highest and four being the lowest. Rehabilitation potential, meanwhile, was determined with a predictive actuarial assessment tool termed Level of Service Inventory—Revised (LSI-R).¹⁸¹ Under the LSI-R framework, inmates could be categorized Class A, B, C or D:

¹⁷⁶ Ibid.

¹⁷⁷ Ibid., 28.

¹⁷⁸ Tang, ‘Effective Rehabilitation and Reintegration of Offenders’, 49.

¹⁷⁹ Malcolm M. Feeley and Jonathan Simon, ‘The New Penology: Notes on the Emerging Strategy of Corrections and Its Implications’, *Criminology* 30, no.4 (1992): 457.

¹⁸⁰ Minyi, ‘The Rise of New Penology’, 35.

¹⁸¹ Ibid. 35.

- Class A was for “offenders who will change regardless whether rehabilitation treatment is given”;¹⁸² they were considered inmates of “low risk and needs” that were “unlikely to reoffend”;¹⁸³
- Class B was for inmates who “will likely change if appropriate treatment or rehabilitation is given”;¹⁸⁴ they were inmates with “moderate risk and needs”, who were “less likely to reoffend if rehabilitation is given”;¹⁸⁵
- Class C was for “high risk and needs” inmates;¹⁸⁶ in 1999, they were viewed as those “not likely to change regardless whether rehabilitation or treatment is given”;¹⁸⁷ in 2010, such prisoners were determined “likely to reoffend unless intensive rehabilitation is given”;¹⁸⁸
- Class D was for “foreigners and the mentally ill whose ‘rehabilitation was not a concern’”.¹⁸⁹

Under this framework, prison resources were targeted at Class B and ‘motivated’ Class C inmates; it was believed such inmates would give the SPS “the best returns with the resources invested”.¹⁹⁰ This classification system shaped each inmate’s Personal Route Map (PRM), which planned and guided each inmate’s passage through prison;¹⁹¹ an assigned prison officer would review the PRM of the inmate under his/her charge throughout the inmate’s incarceration. This mode of assessment adopted by the SPS was a “composite of actuarial tools and officer mediation”, and thus served as an “ideological hybrid between the world of welfare needs and the world of risk and correction”.¹⁹² The Personal Route Map, meanwhile, influenced the rehabilitation and treatment programmes an inmate would be assigned, as well as programmes or even job placement interviews they could be selected for or excluded from.¹⁹³

¹⁸² Ibid.

¹⁸³ Tang, ‘Effective Rehabilitation and Reintegration of Offenders’, 44.

¹⁸⁴ Chua, ‘The Rise of New Penology’, 35.

¹⁸⁵ Tang, ‘Effective Rehabilitation and Reintegration of Offenders’, 44.

¹⁸⁶ Ibid.

¹⁸⁷ Chua, ‘The Rise of New Penology’, 35.

¹⁸⁸ Tang, ‘Effective Rehabilitation and Reintegration of Offenders’, 44.

¹⁸⁹ Chua, ‘The Rise of New Penology’, 35.

¹⁹⁰ Tang, ‘Effective Rehabilitation and Reintegration of Offenders’, 44.

¹⁹¹ Ibid.

¹⁹² Hazel Kemshall, *Understanding Risk in Criminal Justice* (Buckingham: Open University Press, 2003): 100.

¹⁹³ Chua, ‘The Rise of New Penology’, 36.

Economic rationalism as a governing principle in Singapore's prison system thus relegated rehabilitation into a "secondary concept", a means to "the 'end' of risk reduction for *some* offenders" (emphasis in original).¹⁹⁴ The mix of actuarial science and officer discretion also resulted in rehabilitation being framed as a privilege for those viewed by officers as 'unproblematic' and 'motivated'; those who were not offered such opportunities were expected to understand this decision as one resulting from optimizing efficiencies in resource allocation.¹⁹⁵ Joo Hee, another former SPS Director, noted in a 2010 statement that time spent in prison offers a "golden opportunity for rehabilitation":

*For the deserving and suitably well-motivated, the time spent in detention can be profitably deployed into unlearning previously destructive behaviours, learning a trade or skill, or resuming formal education. Indeed, serving time should never be a waste of time.*¹⁹⁶

'Many helping hands': faith-based, community-driven approaches

The Singapore Prison Service's efforts to reduce reoffending included the development of its 'throughcare system',¹⁹⁷ which had three distinct phases: In-Care, Halfway Care and Aftercare.¹⁹⁸ The In-Care phase included, as discussed earlier, a personal assessment and the development of a PRM.¹⁹⁹ This determined an inmate's involvement in various prison programmes, including Specialized Treatment Programmes to manage 'criminogenic risks' (for example, substance abuse or violent behaviour).²⁰⁰ Vocational training and employment services were facilitated by the Singapore Corporation of Rehabilitative Enterprises, a statutory board established under the Ministry of Home Affairs. SCORE managed industrial workshops in prison and DRCs. These courses included training in landscaping, culinary skills, food preparation, logistics and multi-media skills.²⁰¹ Meanwhile, the Prison School, currently housed in Tanah Merah Prison, offered formal education opportunities for inmates who qualified and wished to take their N, O or A-Levels. 239 inmates sat for these examinations in 2015.²⁰²

¹⁹⁴ Ibid.

¹⁹⁵ Ibid., 38.

¹⁹⁶ Ng, 'Offender Rehabilitation', 19.

¹⁹⁷ Timothy Hee Sun Leo, 'Using Evidence-Based Knowledge to Create an Offender Throughcare System', *Resource Material Series No.88* (Tokyo, Japan: UNAFEI, December 2012): 96–104. http://www.unafei.or.jp/english/pdf/RS_No88/No88_15VE_Leo_Using.pdf (accessed 2 February 2018).

¹⁹⁸ Tang, 'Effective Rehabilitation and Reintegration of Offenders', 43; Ng, 'Offender Rehabilitation', 21–24.

¹⁹⁹ Ng, 'Offender Rehabilitation', 22.

²⁰⁰ Ibid.

²⁰¹ SCORE, 'Training and Employment Assistance', last updated 23 January 2018, http://www.score.gov.sg/vocational_training.html (accessed 2 February 2018).

²⁰² Faris Mokhtar, 'Awakening Hope: How Singapore's Only Prison School Helps Rebuild Inmates' Lives', *Channel NewsAsia*, 31 March 2016, <http://www.channelnewsasia.com/news/singapore/awakening-hope-how-singapore-s-only-prison-school-helps-rebuild--8150128> (accessed 2 February 2018).

Before inmates were released, they would be assessed for suitability for community-based rehabilitation: this assessment was based on “needs and risks”, with criteria including “the nature of their offences, their conduct in prison and the presence of family support”.²⁰³ Those viewed as low risk (in terms of re-offending) and deemed to have strong family support could be allowed to serve part of their remaining sentence at home. Under this Home Detention Scheme, inmates could be monitored by electronic ankle tags and had to abide by curfew hours. Those assessed as requiring more structured programmes or who did not have adequate family support could be sent to halfway houses.

When it came to halfway care and aftercare, the SPS relied on community-based rehabilitation to ease the transition of offenders from the institutional setting of a prison to ‘regular life’. Such programmes “place the responsibility for integration squarely on the offender”, while at the same time leveraged community resources to achieve rehabilitation for the ‘reforming prisoner’.²⁰⁴ This cohered with Singapore’s ‘Many Helping Hands’ approach in dealing with social problems, where the emphasis was on developing “self-reliance in a society that is robust, yet compassionate and caring”, through partnerships with a wide range of non-state actors that included “concerned citizens, corporations, community organisations, religious groups and family members”.²⁰⁵ This ethos of ‘shared responsibility’ was especially pronounced with programmes and initiatives dealing with the rehabilitation and reintegration of drug offenders.

In 2000, the CARE Network was established to support the effective rehabilitation of ex-offenders in Singapore.²⁰⁶ There were nine core member agencies—including the government’s HOME team—and a network of over 100 community partners that included voluntary welfare organisations (VWOs), religious groups, corporations, and grassroots organisations. In 2010, the Singapore Prison Service, the Singapore After-Care Association (SACA) and the Singapore Anti-Narcotics Association (SANA) established the Community Outreach Project, in which over 200 volunteers registered with grassroots organisations assisted more than 200 families of inmates.²⁰⁷ This emphasis on supporting inmates’ families was a core focus, with Family Resource Centres (FRCs) set up in 2006. Structurally, the work of the FRCs was outsourced to community welfare organisations (CWOs), who were tasked with supporting families during the inmates’ incarceration; assistance was also provided to released inmates who did not have family support. These CWOs in turn provided information and referred inmates and their families to targeted voluntary welfare organizations to receive

²⁰³ Ng Huiwen, ‘More Ex-Offenders Staying Out of Jail’, *Straits Times*, 18 February 2016.

²⁰⁴ Ng, ‘Offender Rehabilitation’, 23.

²⁰⁵ Janice Tai, ‘All Hands on Deck Needed for Social Good’, *Straits Times*, 11 April 2016.

²⁰⁶ CARE Network website, ‘What We Do’, <http://www.carenetwork.org.sg/whatWeDo.aspx#mls> (accessed 2 February 2018).

²⁰⁷ Singapore Prison Service, ‘Stronger Community and Family Support Help Keep Recidivism Rates Low as SPS Maintains Focus on Its “Through-Care” Philosophy’, 1 February 2012, [http://www.sps.gov.sg/docs/default-source/in-the-news-\(news-release\)/3-2012-prisons-annual-statistics-release-1-feb-2012_0.pdf?sfvrsn=2](http://www.sps.gov.sg/docs/default-source/in-the-news-(news-release)/3-2012-prisons-annual-statistics-release-1-feb-2012_0.pdf?sfvrsn=2) (accessed 2 February 2018).

further help.²⁰⁸ A key objective of the FRC and its affiliated programmes was to prevent “the inter-generational offending cycle”.²⁰⁹

In Singapore, the heavy involvement of religious groups in rehabilitation efforts in prison and post-release from prison was deliberate, due to official views that religion could be a powerful and effective means of changing inmates’ thinking and, therefore, behaviour. The association of prisoner rehabilitation with religious activities was made as early as 1948 and 1951, when the Singapore Prison Enquiry Commissions were released.²¹⁰ In 1977, the President of SANA,²¹¹ Baey Lian Peck, met with religious leaders with the aim of getting religious groups more involved in providing spiritual counselling and religious instruction, both within DRCs as well as for those released under supervision.²¹² It was believed that religion, with its “purifying values, sustaining powers and energy” could “motivate and inspire drug users to recover their balance, social purpose, worth and dignity”.²¹³ Religious groups responded enthusiastically, and a SANA Religious Aftercare (Counselling) Service was developed.²¹⁴ Chua, in his book, also expressed the belief that involving religious groups could reap “handsome rewards” in terms of improving rehabilitation efforts.²¹⁵

At present, all halfway houses in Singapore have adopted a “faith-based approach”, with religion was a key part of rehabilitative programmes.²¹⁶ The Prisons Halfway House Scheme, founded in 1995, was a live-in programme that allowed ‘amenable offenders’ (those deemed low to medium risk) from DRCs and prisons who did not have adequate family support to spend the last stages of their detention at halfway houses. There were eight halfway houses that worked with the Singapore Prisons Service that collectively could house 450 offenders.²¹⁷ These halfway houses were carved along ethnic/religious lines, with one

²⁰⁸ Fei Yue Family Resource Centre, <http://www.fyrc.org/index.cfm?GPID=121> (accessed 2 February 2018).

²⁰⁹ Tang, ‘Effective Rehabilitation and Reintegration of Offenders’, 45.

²¹⁰ Olivia Siong, ‘Faith-Based Offender Rehabilitation in Singapore: Deconstructing State Discourse’ (Honours thesis, National University of Singapore, 2010/2011), 2.

²¹¹ The Singapore Anti-Narcotics Association (SANA) is a voluntary welfare organisation registered under The Societies Act on 19 August 1972. It was approved as a charity under The Charities Act on 19 August 1972. SANA is affiliated to the National Council of Social Service. It was first established to assist in the rehabilitation of drug addicts and provide assistance and support wherever necessary. See Singapore Anti-Narcotics Association (SANA), <http://eresources.nlb.gov.sg/webarchives/details/www.sana.org.sg.html> (accessed 2 February 2018).

²¹² KV Veloo, ‘The Singapore Drug Scene, 1973–1980’, in *The Uphill Task of Rehabilitating Drug Addicts—1973–1980*, part of series *Rehabilitation of Offenders in Singapore: Vol 4* (Singapore: Dept. of Social Work and Psychology, National University of Singapore, June 2004), 42.

²¹³ Ibid.

²¹⁴ Ibid.

²¹⁵ Chua, *The Making of Captains for Lives*, 99.

²¹⁶ Siong, ‘Faith-Based Offender Rehabilitation’, 2.

²¹⁷ TODAY, ‘New Govt-Run Halfway House for Ex-Offenders to be Ready by 2018’, 18 January 2014, <http://www.todayonline.com/singapore/new-govt-run-halfway-house-ex-offenders-be-ready-2018> (accessed 2 February 2018).

catering specifically to women: as listed on SCORE's website, there were two "Malay Halfway Houses", one "Indian Halfway House", one "Buddhist Halfway House", three "Christian Halfway Houses" (including one for teenagers called Teen Challenge), and one "Female Halfway House".²¹⁸ These categories were reflective of the government's tendency to refer to race and religion interchangeably,²¹⁹ in which particular ethnic groups were assumed to follow specific religions (i.e. Malays were presumed to be Muslim, Indians Hindu, and Chinese Buddhist or Christian).²²⁰ In practical terms, this conflation could mean that Chinese ex-offenders had greater access to resources, despite the reality that the penal population included a disproportionate numbers ethnic minorities.²²¹ Additionally, halfway houses that were not linked to the SPS were all Chinese/Christian-based.²²²

The transformative goal of prisons made religious groups attractive partners in the rehabilitation process. At the same time, as Siong has pointed out, faith-based rehabilitation tended to have a depoliticising effect through the focus on internalising criminal behaviour. Religion was promoted as a means to overcome personal weakness (a 'lack of willpower', for example) and achieve inner transformation. This positivist and individualising tendency has been said to obscure the "structural issues and material conditions in which crime and recidivism may take place".²²³

Societal inequalities were often reproduced within the prison system. The different resources—including not just financial but also social capital—available to different religious groups operating within the prison created competition whereby particular religious groups were perceived as more attractive (or more successful) than others. These inequalities in resources, networks and thereby opportunities, were inextricably tied to broader socio-economic phenomena in which race and class intersected in Singapore, and had direct, material consequences for prisoners.²²⁴

Critical examinations of faith/ethnic-based rehabilitative and reintegration programmes have raised questions about the structural disadvantages faced by ethnic minority offenders (who relied on less well-endowed and less well-connected service providers) vis-à-vis the financial privileges and ethnic/social capital of the Christian/Chinese community and the inmates they

²¹⁸ SCORE, 'Community Partnerships & Aftercare: Halfway Houses', last updated 23 January 2018, http://www.score.gov.sg/halfway_houses.html (accessed 2 February 2018).

²¹⁹ Siong, 'Faith-Based Offender Rehabilitation', 5.

²²⁰ Ibid.

²²¹ Marlia Mohamed, 'The Invisible Visible: Plight of Homeless Ex-Prisoners in Singapore' (Honours thesis, National University of Singapore, 2010), 44; Ganapathy Narayanan and Lian Kwen Fee, 'Race, Reintegration, and Social Capital in Singapore', *International Journal of Comparative and Applied Criminal Justice* 40, no.1 (2016): 1–23.

²²² Narayanan and Fee, 'Race, Reintegration, and Social Capital in Singapore', 8–9.

²²³ Siong, 'Faith-Based Offender Rehabilitation', 4.

²²⁴ Siong, 'Faith-Based Offender Rehabilitation'; Narayanan and Fee, 'Race, Reintegration, and Social Capital in Singapore'; Yeo Zhi Qi, 'The Coloured Ribbon: Race, Recidivism and Reintegration' (Honours thesis, National University of Singapore, 2009/10).

supported.²²⁵ Narayanan and Fee argued that such entrenched “racial structuration”, in which there was an “unequal exercise of interpersonal influence in a hierarchy of networks” not only influenced wellbeing and opportunities during the in-care and halfway care phases, but resulted in unequal outcomes for different categories of prisoners when they were released to mainstream society.²²⁶

Examining aftercare: ‘reentry’ and ‘reintegration’

Every year, about 11,000 inmates were released and faced the daunting prospect of adjusting to life outside prison.²²⁷ The problems faced by ex-offenders post-release included enduring stigmatization (that is, they continue to suffer the criminogenic impacts of incarceration), difficulties with finding and keeping jobs, and various forms of family strife, with these problems often deeply intertwined.

Adopting the perspective of a “carceral continuum”²²⁸ allows an acknowledgement that the punitive effects of prison continued even after someone has served his/her sentence. This was especially evident in one key area of policy concern: the employment/unemployment of ex-offenders. Peck and Theodore, who conducted research among communities of colour in Chicago, spoke of an “ex-offender employability crisis”,²²⁹ in which former inmates experienced ‘churning’ within the low-wage labour market, thus further exacerbating their segregation and eroding long-term employment prospects. The authors determined that for inmates of colour, “social stigma, institutional marginalisation and economic disenfranchisement assume the status of an extended form of incarceration”.²³⁰

Sustained employment was perceived as a critical aspect in the effective reintegration of ex-offenders. Harrison and Schehr, for example, argue that “sustainable employment is critical to the success of a supervision program, and an ex-offender’s avoidance of recidivism”; they believed that vocational guidance and programmes that included financial assistance as well as follow-up support were “more effective than incarceration for some offenders in deterring perpetual recidivism”.²³¹ The employment and employability of ex-offenders was therefore a major concern for state as well as non-state actors involved in the aftercare phase.

The Singapore Corporation of Rehabilitative Enterprises continued to try and engage employers from industries such as food and beverage, hospitality, logistics, and

²²⁵ Ibid.

²²⁶ Narayanan and Fee, ‘Race, Reintegration, and Social Capital in Singapore’, 18.

²²⁷ Narayanan and Fee, ‘Race, Reintegration, and Social Capital in Singapore’, 1.

²²⁸ Goh, ‘Neoliberal Penalty’, 9.

²²⁹ Jamie Peck and Nik Theodore, ‘Carceral Chicago: Making the Ex-Offender Employability Crisis’, *International Journal of Urban and Regional Research* 32, 2 (June 2008): 251.

²³⁰ Peck and Theodore, ‘Carceral Chicago’, 251.

²³¹ Byron Harrison and Robert Carl Schehr, ‘Offenders and Post-Release Jobs’, *Journal of Offender Rehabilitation* 39, no.3 (2004): 35–68.

manufacturing, and encourage them to hire ex-offenders. It was reported in February 2017 that 2,061 inmates were referred to SCORE, and 96 per cent of them secured jobs while still serving their sentences. In 2016, 2,932 ‘eligible inmates’ qualified for daily work programmes while in prison.²³² These numbers indicated that around one-fifth of inmates were able to avail themselves of SCORE’s assistance.

It is unclear how ‘employability’ was assessed and which inmates were selected; demographic breakdowns (in terms of gender, age, race, type of offences) were also unavailable. This precluded sustained examination of which subgroups within the prison population might be excluded from training opportunities and employment assistance. While job retention rates for those placed by SCORE were tracked, this was only done up to the six month mark; in the 2012 to 2016 statistics, there were noticeable drops in retention rates after three months.²³³ It was therefore difficult to assess the stability of job tenure in the longer-term as well as other dimensions of employment, such as wage rates and terms of employment.

The vocational training opportunities offered to inmates and the industries in which job opportunities were clustered for them indicated that most would be engaged in lower-wage work, and in sectors that were known for less favourable working conditions (for example, long hours and shift work). Data on wages in industries such as cleaning, food and beverage, landscaping and maintenance work indicated chronic wage depression and stagnation,²³⁴ with basic monthly salaries in 2015 ranging from S\$1,000 to S\$1,200; such wages would have been less than half the median gross monthly income in 2015, which was S\$3,949.²³⁵

In Singapore, there were additional regulatory barriers to overcome for ex-offenders searching for a job. Those with criminal records were not able to work in the insurance or real estate industries, among others.²³⁶ Those charged with certain crimes were barred from becoming commercial taxi drivers or could be banned for a number of years.²³⁷ The proliferation of private car hire companies initially offered an additional employment opportunity for ex-offenders, but regulations have since been tightened. In June 2017, an article revealed that one ex-offender, who was jailed for drug consumption three times, was

²³² Singapore Corporation of Rehabilitative Enterprises, *Annual Report 2016* (Singapore: SCORE, 2016): 30, http://www.score.gov.sg/doc/annual_reports/SCORE-Annual-Report-2016.pdf (accessed 2 February 2018).

²³³ *Ibid.*, 31.

²³⁴ Chew Hui Min, ‘Singapore Budget 2015: Median Wages Increased Six Times Since 1965’, *Straits Times*, 23 February 2015.

²³⁵ Ministry of Manpower, ‘Summary Table: Income’, <http://stats.mom.gov.sg/Pages/Income-Summary-Table.aspx> (accessed 2 February 2018).

²³⁶ Council for Estate Agencies, ‘Apply for Estate Agent Licence’, last updated 25 August 2017, <https://www.cea.gov.sg/professionals/estate-agents-licensing-matters/apply-for-estate-agent-licence> (accessed 2 February 2018); General Insurance Association of Singapore, ‘Fit and Proper Criteria’, http://www.gia.org.sg/pdfs/GIARR/AMF_FitAndProperCriteria.pdf (accessed 2 February 2018).

²³⁷ Singapore Parliament Report (1 September 2017), Vol 94, ‘Taxi Driver’s Vocational License (TDVL) Re-Application Criteria’, <https://tinyurl.com/TaxiLicenceCriteria> (accessed 2 February 2018).

no longer eligible to continue as a Grab and Uber driver (from which he was earning an income of around S\$4,000) a month.²³⁸ A criminal record also prevented one from becoming an auxiliary police officer, a teacher, or a Member of Parliament. Ex-offenders could also have difficulties getting jobs—such as in the security industry—in which one had to be assessed to be “fit and proper” and of “good character”.²³⁹ There were also disruptions such as mandatory, regular urine tests for former drug-users that could jeopardize their employment.²⁴⁰

The discourse surrounding ‘reentry’ and ‘reintegration’ have been critiqued for several reasons: 1) the transitory journey tended to be individualised, thus obscuring structural barriers; 2) it assumed inmates were ‘integrated’ before incarceration; 3) it falsely delineated the various dimensions of an ex-offender’s lived realities (for e.g. in prison versus outside prison).²⁴¹ These tendencies were strongly evident in the Singapore context as well, and were exacerbated for those who suffered from ‘double’ marginalization.

In fact, in Mohamed’s work on homeless ex-offenders in Singapore, she pointed out how homeless, ethnic minority ex-offenders suffered from additional strains and structural impediments and faced ‘triple marginalization’.²⁴² Yet the pervasiveness of individualisation discourses—which inmates often internalise—effectively depoliticised and made invisible the structural barriers and racialized experiences they faced.²⁴³ Reintegration, as emphasized by Narayanan and Fee, needs to be recognized as a “structural issue that is located at the intersection of race and social class”.²⁴⁴

There are other groups within the inmate community that remained understudied and under-represented within mainstream discourse. These included female inmates, for whom there were gendered difficulties (often related to care responsibilities) to contend with²⁴⁵ Meanwhile, it was recently revealed that the number of elderly prisoners has almost doubled in the past five years (from 359 in 2012 to 651 inmates above 60 years old in 2017),²⁴⁶

²³⁸ Isabel Liew, ‘LTA: Murderers, Rapists Barred from PDVL for Life’, *The New Paper*, 30 June 2017, <http://www.tnp.sg/news/singapore/lta-murderers-rapists-barred-pdvl-life> (accessed 2 February 2018).

²³⁹ Singapore Statutes Online, Private Security Industry Act, Part III, Section 17.

²⁴⁰ Lim Yan Liang, ‘Hair Testing for Ex-Drug Offenders Begins’, *Straits Times*, 7 November 2013; Central Narcotics Bureau, *A Handbook for Current Drug Supervisees* (Singapore: CNB, January 2011).

²⁴¹ Goh, ‘Neoliberal Penalty’, 42.

²⁴² Mohamed, ‘The Invisible Visible’, 45

²⁴³ *Ibid.*, 48.

²⁴⁴ Narayanan and Fee, ‘Race, Reintegration, and Social Capital in Singapore’, 19.

²⁴⁵ Lim Yun Xin, ‘“People Like Us”: A Sociological Account of Women Drug Users in Singapore’ (Honours thesis, National University, 2000); Minyi, ‘The Rise of New Penology’, 22; Goh Chin Mien, ‘Treatment of Female Offenders in Singapore’, *Annual Report for 2012 and Resource Material Series No.90* (Tokyo, Japan: UNAFEI, August 2013): 163–171, http://www.unafei.or.jp/english/pdf/RS_No90/No90_23PA_Mien.pdf (accessed 13 June 2017).

²⁴⁶ Theresa Tan, ‘Grab Bars, Handrails in Some Cells as Number of Elderly Prisoners Rises’, *Straits Times*, 13 March 2017.

prompting discussion on rehabilitation options for those above 60.²⁴⁷ For some, repeated and long-term incarceration meant they had diminished financial resources and extremely strained family relations; this while they were also facing added challenges due to shifts in their physical, cognitive and social functioning.²⁴⁸ There was also little detailed information publicly available on the population of foreigners in Singapore's prisons, as well as the treatment of inmates who were mentally and physically challenged. Just Detention International, which is based in the United States, has deemed that Lesbian, Gay, Bisexual and Transgender (LGBT) prisoners face additional challenges in prison and were at extreme risk of abuse and harassment.²⁴⁹ In Thailand, sexual minorities are separated within the prison system and it was reported the country was considering a separate facility for LGBT prisoners to prevent violence.²⁵⁰ There did not seem to be any specific literature on this community in relation to Singapore's prison system.

Conclusion

The penal system in Singapore has undergone key shifts through the decades, and was positioned as one that was both focused on secure custody yet also concerned with the effective rehabilitation of inmates. Resources continued to be directed towards the development of programmes and the strengthening of networks to 'rehabilitate' individuals and support their families to prevent re-offending. Reintegration efforts were strongly couched as a 'shared responsibility' that required the participation of a wide range of non-state actors. Community groups and faith-based organisations play a significant role in these efforts.

Economic rationalism, however, strongly underpinned many of these efforts. In fact, Singapore has been deemed to approximate a "neoliberal criminal justice system", characterised by a "residual welfare state, extreme income inequality, and limited social rights".²⁵¹ A strong ethos of individual responsibility dominated official and mainstream discourse on the rehabilitation and reintegration of ex-offenders, while access to programmes and initiatives invariably relied on a combination of 'risk assessment' tools and the discretionary power of various gatekeepers. While the employment of ex-offenders remained a major policy concern, the qualitative dimensions of available employment opportunities tended to be overlooked. While there was a notable lack of disaggregated data, the general perception was that ex-offenders tend to be clustered in the low-wage labour market and

²⁴⁷ Seow Bei Yi, 'Different Rehab Approach for Elderly Inmates Mooted', *Straits Times*, 28 July 2017.

²⁴⁸ Dorothy Tan Zhi Ling, 'The Forgotten Generation: Incarceration and Reintegration Experiences of Older (Ex)Offenders in Singapore', (Honours thesis, National University, 2014/2015).

²⁴⁹ Just Detention International, 'In Danger: Lesbian, Gay and Bisexual Survivors Behind Bars', 29 October 2014, https://justdetention.org/webinar_category/lgbt/ (accessed 2 February 2018).

²⁵⁰ Dake Kang, 'Thailand Separates LGBT Inmates, Considers Segregated Prison', *Associated Press*, 29 January 2017, <https://sg.news.yahoo.com/thailand-separates-lgbt-inmates-considers-segregated-prison-030227179.html> (accessed 2 February 2018).

²⁵¹ Charmian Goh, 'Neoliberal Penalty', 11.

suffered from multiple forms of precarity, which could result in some invariably being drawn back into the illegitimate economy.²⁵²

Official and mainstream discourse in Singapore tended towards extremes: from the adoption of ‘race- and class blind’ perspectives that obscured how racialized experiences differentially impacted the lives of various ethnic and socio-economic groups in Singapore, to initiatives that continually emphasized the ‘unique’ cultural attributes of particular ethnic groups and the entrenchment of “ethnicized welfare”²⁵³ as the most effective means to deal with problems within different ethnic groups. This tendency was especially evident in state discourse on the rehabilitation and reintegration of ex-offenders, and belied the ‘intertwining nature of ‘race’, ‘religion’ and ‘social capital’ in everyday life in the Singapore context”.²⁵⁴

²⁵² Narayanan and Fee, ‘Race, Reintegration, and Social Capital in Singapore’; Ganapathy Narayanan, “‘Us’ and ‘Them’: Ethnic Minority Gangs in Singapore Prisons’, *Journal of Contemporary Criminal Justice* 32, no.3 (2016): 264–284.

²⁵³ Narayanan and Fee, ‘Race, Reintegration, and Social Capital in Singapore’, 6.

²⁵⁴ *Ibid.*, 19.

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Annex C — SANA's Programmes

Preventive Drug Education

SANA Badge Scheme

The programme started in 1977 and targets secondary school students from the Uniform Groups. Students undergo a motivational workshop and learn about the consequences of drug usage. To successfully complete the workshop, students are required to take a test on SANA's e-learning portal and score a minimum of 85 out of 100. 4,829 students across 156 secondary schools took part in the Badge Scheme in 2016.

In June 2017, the programme was updated with a new tiered system (bronze, silver and gold badges). Completion of the motivational workshop and online assessment will qualify students for the bronze badge. If students are keen, they can organise more preventive drug education projects in their schools and attain the higher level badges. This allows for SANA's message to reach a wider population in schools and the community, creating ["a new team of young ambassadors who will influence their peers on the dangers on drug abuse and work within their communities to spread awareness."](#)

Talk2SANA (talk2sana.com)

The online portal has three components:

Live chat: Run by SANA's counsellors and trained para-counsellors, the live chat is available from 6pm to 9.30 pm, Monday to Friday. The chat is targeted at youths (from the age of 14 onwards) and existing youth drug users who wish to speak to someone about drug use and clarify their doubts. The counsellors will assess the user's situation and provide information and support, which include referral options. However, the Live Chat and talk2SANA is generally utilised across a range of demographics, including corporates, parents and teachers.

E-resource portal: Providing information on drugs, drug abuse and the consequences for parents, teachers and youths to use.

E-learning portal: The training materials on drug abuse used in the Badge Scheme can be downloaded here, along with the SANA Learning Management System for Students

Yellow Ribbon Community Project

Started in 2010 by the Singapore Prison Service, SANA became the managing agent for the Yellow Ribbon Community Project (YRCP) in 2015. It is an upstream intervention programme driven by grassroots volunteers who reach out to families of newly-admitted inmates to help them cope with the incarceration of their loved ones, including linking them up with relevant agencies for social assistance and support. The programme has been growing steadily since SANA took over the helm, with 898 volunteers and 5127 families in 2016, up from 763 and 3680 respectively in 2015.

Besides the Badge Scheme, Talk2SANA and YRCP, the Preventive Drug Education team also regularly runs talks and roadshows in schools.

Aftercare

Case Management Services (CMS)

SANA provides case management to inmates prior to and post-release. Case management is mandatory and SANA reported an 85 per cent completion rate in 2016. As of 2017, SANA's contract from Prisons stipulates an annual caseload of 350.

The client's journey is as follows:

- a) Case referral from prisons
- b) Incare phase
 - a. Two months
 - b. Includes a programme introduction, home visit, starter pack, intake assessment, preparation for community based living, and possible access to the Yellow Ribbon Emergency Fund
- c) Aftercare phase ("community based programme emplacement/ release to aftercare programme")
 - a. Six months
 - b. Has two components: stabilising (counselling client for change, accommodation, employment, relapse prevention, coping skills, problem solving skills) and preparation (restoring pro-social support networks, support groups, reinforce relapse prevention)
 - c. There is an optional three to 12 months of follow-up counselling
- d) Post Aftercare
 - a. Includes support groups, option to transit to the step-up centre for other services, enrollment in the Family Enrichment Programme, and option to undergo Tattoo Removal

Family Enrichment Programme

Clients who have completed the CMS programme and ex-offenders who have utilised the programmes and services furnished by the Step-Up Center are encouraged to join the Family Enrichment Programme, which aims to strengthen family bonding and support, and provide motivational/ enrichment programmes for the children of ex-offenders. Participants undergo workshops and activities, including SANA Family Day and community projects.

Peer Leadership Programme

Ex-offenders who have completed the CMS programme and demonstrate leadership potential are groomed as role models and ambassadors. They are trained to run peer support groups, inspiring and motivating recovering addicts in the early stages of post-incarceration. As of December 2016, SANA had 16 peer leaders.

STEADY programme (new)

In 1Q 2018, SANA will be piloting a decision-making programme targeted at at-risk students identified by the schools. The programme is part of their increased efforts to engage youths.

Step-Up Centre

The Step-Up Centre was officially launched on 26 July 2016, with a pilot starting in January 2015. It is a drop-in hub for ex-offenders, current drug users, family of ex-offenders and the general public to seek information or advice on drug abuse.

Information and Referral

Ex-offenders, recovering addicts, and the general public can drop-in to the Step-Up Centre to seek out information or referrals to the relevant channels.

Counselling

Both individual counselling and family mediation.

Support Groups

Clients and families can share their experiences and gain emotional support from each other during recovery. There are both family support groups and peer support groups (for men and women). Under the latter programme, ex-offenders who have made significant progress are groomed to be role models and ambassadors for SANA, inspiring recovering addicts in the early stages of post-incarceration.

Social Support and Assistance

This includes providing legal assistance, housing assistance, family support and mediation, tattoo removal, and skills training and employment assistance.

Under skills training and employment assistance, there have been several initiatives, including "Empowerment of Women Initiative" a fully-sponsored certification course in make-up skills for women, who are offered jobs in the beauty industry upon graduation. There is also "Project Relief", which provides assistance to needy and vulnerable women (defined by SANA as single mothers or divorcees) with S\$200 worth of groceries.

Others

SANA Religious Group of Volunteers

SANA's Religious Group of Volunteers (RGVs) provide faith-based counselling and mentoring to inmates in various prisons. There are two groups – Christian and Hindu. Selection and matching of volunteers is conducted by the Singapore Prison Service.

Tele-Visit Center

SANA provides video conferencing services at their centre to allow inmates and their family members to communicate. The service is targeted at families living in Sengkang and Hougang, and the booking schedule is coordinated by the Singapore Prison Service. The facility was set-up in October 2016. In the same year, it facilitated 104 sessions and hosted 178 visitors. Some of the participants in the family support groups are originally from the tele-visit center.

Annex D — SANA's Timeline

1971: Central Narcotics Bureau (CNB) was set up to combat the drug problem in Singapore.

1972: SANA was formed to complement the work of CNB, focusing on counselling, aftercare, and educating the public on the dangers of drug abuse. The VWO was registered under The Societies Act in that same year and approved as a Charity under The Charities Act in 1984.

1977: In response to the growing number of addicts arrested needing rehabilitation, SANA establishes its aftercare counselling programme.

1992: SANA launched the Direct Social Intervention programme to target at-risk school children and youths in certain neighbourhoods.

1997: SANA begins working closely with grassroots and religious organisations to galvanise community support for the reintegration of ex-offenders into society.

2001: SANA introduces the Case Management Framework (CMF) as a holistic approach in counselling. There is a two-month pre-release in-care phase and a six-month aftercare phase following the drug offender's release.

2012: SANA joins the Ministry of Home Affairs' Taskforce on Drugs Committee to tackle the growing threat of drugs in Singapore. This is targeted at the changing profiles of the at-risk segments, including younger and more affluent abusers.

2015: The CMF programme is restructured into the Case Management Services (CMS) programme. Case management is now mandatory, rather than voluntary, and also requires the involvement of family members in the ex-offenders' rehabilitation.

2016: SANA launches the Step-Up Centre, a walk-in hub for ex-offenders, current drug abusers, family of ex-offenders and the general public to seek information or advice on drug use.

2016: SANA undergoes a rebranding exercise to achieve effective engagement with youths-at-risk and ex-offenders. Its digital engagement efforts are also ramped up with the talk2SANA e-portal launched and focus on growing SANA's social media presence. The new rebranding is officially launched in 2017.

Annex E — SANA Theory of Change

| Enterprise Design | INPUTS (manpower, cost, facilities) | ACTIVITIES / PROGRAMME COMPONENTS | OUTPUT | SHORT-TERM OUTCOMES | MID-TERM OUTCOMES | LONG-TERM | SOCIAL IMPACT |
|-----------------------------------|---|---|--|---|---|--|--|
| Youth Engagement Team? | | e-learning portal talk2SANA SANA Badge (uniform grp) | -No. of students who go through e-learning -No. of training sessions for uniform groups | Youth are aware of the effects of drugs [Measure knowledge of effects of drugs: 85% pass e-learning; no. of badges conferred] | | | |
| | | [mechanism: address risk factors for drug use, eg skills to say no] | | | Youth refrain from drug use when opportunity arises | | |
| | | | | | | Youth remain drug free [Rate of youth drug related arrests] | |
| | | Live Chat/e-portal? | | Clients are aware of appropriate channels of help | | | |
| | | | | | Clients seek appropriate help | | |
| Case Management Team? | | Referrals from Prisons | | | Appropriate clients are adequately screened & referred | | |
| | | Case management system Youth enhanced supervision | | | | Clients are committed & have skills for recovery [individual commitment & have skills to cope] | |
| Community & Family Outreach Team? | | Family Enrichment Programme | | | FAMILY accepts offender [measure of familial relations?] | | Drug Free Singapore [crime & recidivism rates] |
| | Facilitator | Peer support group Peer Leadership Development Programme | | | Stable existence of positive PEER influence [measure of trust, acceptance] | Clients have access to community resources and is re-integrated [measure of well-being or QOL] | |
| Corporate Partnership? | Corporate partners -LuxeAsia, Marican, Tembusu, Yun On Individual volunteer | Employment Support – vocational training Financial Assistance Other forms of assistance | No. of clients trained & placed | | Sustained EMPLOYMENT & FINANCIAL security [Measure financial & employment status] | | |

Information & Referral

Recovery & Rehabilitation (Individual)