

## EFFECTIVE TREATMENT MEASURES FOR PRISONERS AND DRUG ADDICTS TO FACILITATE THEIR REINTEGRATION INTO SOCIETY

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It is a fact that the majority of prisoners will return to society at some point in time. The only difference being whether it is at an earlier or later date. Thus, it is very important or at least hoped for, that the time a prisoner spends in an institution would contribute positively to his or her rehabilitation. However in reality, for practitioners, ideology does not often transpose to social phenomenology. There are numerous factors that have to be taken into account in attempting to reduce criminal behaviour through treatment. These range from external social factors, to internal psychological factors. In most instances, modifying a person's overt behaviour alone is considered a notable and successful goal, if actually achieved. The psyche of a person, in terms of covert 'behaviours' like thoughts, attitudes and expectations, is however much more profound and difficult to change. In the attempt to modify behaviour, at least overt behaviour, we see the proliferation of expert opinions and treatment strategies in the modern penal setting and aftercare.

*But now a quite different question of truth is inscribed in the course of the penal judgement. The question is no longer simply: 'Has the act been established and is it punishable?' But also: 'What is this act? What is this act of violence or this murder? To what level or to what field of reality does it belong? Is it a phantasy, a psychotic reaction, a delusional episode, a perverse action?' It is no longer simply: 'Who*

*committed it?' ... It is no longer simply: 'What law punishes this offence?' But: 'What would be the most appropriate measures to take? How do we see the future development of the offender? What would be the best way of rehabilitating him [or her]?' A whole set of assessing, diagnostic, prognostic, normative judgements concerning the criminal have become lodged in the framework of penal judgement.*

Foucault (1977, parenthesis added)

In actuality, reducing offending behaviour is a time-consuming and difficult enterprise, with sometimes few rewards or success stories despite the rise of treatment programmes. Singapore does not purport to have the 'magic pill' nor does it intend to. However, through the sharing of penal and drug treatment practices, it is hoped that the Singapore Prison Service would be able to contribute to the knowledge of this greater community concerning corrections. Hopefully, we may all learn from both the strengths and weaknesses of each penal system to improve our individual programmes. It is within this framework that the issue of "effective treatment measures for prisoners and drug abusers to facilitate their reintegration into society" will be discussed. The paper will begin with a brief introduction to Singapore, and short historical accounts of our penal and drug systems, to set the context for the discussion of our current treatment programmes.

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## I. INTRODUCTION

### A. Singapore-Island State

Singapore has total land area of approximately 647.5 sq km and is situated in Southeast Asia, approximately 137 km north of the Equator. Singapore was founded in 1819 by Sir Stamford Raffles, Lieutenant-Governor of Bencoolen. Self-government was attained in 1959 whereby Singapore's first general election was held with The People's Action Party (PAP) winning 53.4% of votes. On 16 September 1963, Singapore joined the Federation of Malaysia. However on 9 August 1965, Singapore was separated from the rest of Malaysia to become a sovereign, democratic and independent nation. Singapore is a republic with a parliamentary system of government based on the Westminster model. Organs of State include: The Executive-Head of Government and Cabinet, The Legislature-President and Parliament, and The Judiciary-Chief Justice, The Supreme Court and Subordinate Courts. The Judiciary administers the law independently of the Executive and this independence is safeguarded by the Constitution. Singapore's official languages are English (language of administration), Mandarin, Malay and Tamil.

### B. Penal and Drug History

During the early 19th Century, prisoners were housed in semi-permanent attap and wooden dormitory-type buildings. These convicts of the past were active in public contributions like the building of roads and buildings - some of which have now become historical landmarks like, for instance, the present St Andrew's Cathedral that was completed in 1862. Colonel Butterworth - then the Governor of the Straits Settlement - in 1845 created a set of rules and regulations that emphasised reformatory training and useful employment rather than punishment. As

a result, Singapore's system at that time became a hallmark, which attracted visitors from the Dutch East India Company, Siam and Japan.

In 1872, a Commission of Inquiry into the Prisons concluded that the system had lost sight of the punitive aspect of prison life. As a result, the old system was abandoned and convicts were no longer employed on public projects. More severe 'punishments' were imposed.

However, in 1948, the Singapore Prison Enquiry Commissions recommended the removal of the punitive approach and in its place; safe confinement, creative activities, education, religion and recreation. This became the forerunner of the current prison system.

Opium smoking was prohibited in Singapore in 1946. The first opium treatment centre was set up on St John's Island (one of the some 60 small islets of Singapore) in 1955. The centre was gazetted as a prison for the custody and treatment of opium addicts. However, in 1960, the Prisons Inquiry Commission pointed out that drug addiction should be seen as essentially a social problem in a medical context, not as criminal. Thus in 1963, the Opium Treatment Centre was de-gazetted as a prison and its administration was handed over to the Ministry of Health.

In 1973, the government passed the *Misuse of Drugs Act* in July, providing for the compulsory treatment and rehabilitation of addicts with the emphasis now being on drug addiction as a social and behavioural problem. The Opium Treatment Centre was renamed as a Drug Rehabilitation Centre (DRC). More DRCs were later introduced.

However, incidents of drug abuse grew at an alarming rate. On 1st April 1977, a

108TH INTERNATIONAL SEMINAR  
PARTICIPANTS' PAPERS

nation-wide crackdown on abusers code-named 'Operation Ferret' was launched. Thirteen thousand (13,000) people were arrested and around 6,700 were detained in DRCs from April to December that year. It is from this historic incident that the drug scene evolved into today's current system.

## II. THE SINGAPORE PRISON SERVICE

The Singapore Prison Service is part of the Home Team of agencies related to crime control, security and civil defence. These agencies fall under the purview of the Ministry of Home Affairs. Both penal and drug inmates fall under the jurisdiction of the Prisons Department. The mission statement of the Prisons Department is:

*To protect society by ensuring the secure custody of offenders in a humane environment, and to facilitate their return to society as law abiding citizens by providing rehabilitative opportunities.*

Our mission statement is operationalised by four (4) guiding principles that form the components of our Operations Philosophy. These are:

- i) Prisons and Drug Rehabilitation Centres are not holiday resorts... conditions shall be spartan but not an affront to human dignity.
- ii) Prisoners are here with us as punishment but not for punishment.
- iii) Drug inmates are here with us, not as punishment, but for treatment and rehabilitation.
- iv) Every inmate will be given opportunities to change, but more effort will be accorded to those genuinely desirous of changing.

The Director of Prisons is appointed by the Minister of Home Affairs. He is assisted

by a Deputy Director and three (3) Assistant Directors. The Department operates on the staffline function system with the Superintendents of Penal Institutions and Drug Rehabilitation Centres (DRCs) reporting directly to the Director. The Assistant Directors and their various Branches under their charge provide Staff Support functions (please see Organisation Chart Appendix A) .

There is a total of 2214 Staff comprising of:

- i) 1612 staff in the Uniformed Prisons Service
  - 401 in the Senior Officer grades.
  - 1211 in the Junior Officer grades.
- ii) 215 Civilian Staff.
- iii) 387 staff in the Police Gurkha Contingent (who provide manpower to guard towers in the maximum and medium security Prisons/DRCs).

## III. CURRENT PENAL SCENE

### A. Description of Penal Institutions

The penal institutions are classified into maximum, medium and minimum security prisons depending on the physical structure of the institutions and the categories of prisoners that are accommodated therein. There are four (4) maximum-security prisons, four (4) medium-security prisons and one (1) - minimum security prison.

### B. Approach to Rehabilitation of Prisoners

Criminal behaviour is regarded as a behavioural problem. The criminal is neither a victim of society nor circumstances, and is responsible for the consequences of his or her actions. Whether a criminal can be successfully rehabilitated depends solely on himself or herself. Those who are positive and show genuine desire to change for the better will be given all the help and opportunities to do so.

Having stated the above this is not to imply that sociological or circumstantial factors do not influence a person's actions. Indeed, social demographics, like low socio-economic status (SES), are often strong predictors of criminal offending. However, the emphasis is rather on a neo-classical notion of the volitional agent. Despite the circumstances and situational variables, the choice to offend still rests on the individual. It is precisely in recognising the existence of such sociological and circumstantial variables that help will be given to those who actually want to change.

### **C. Description of Reception, Processing and Allocation**

The reception centre for all male convicted inmates is the Queenstown Remand Prison (QRP). As its name suggests, QRP also houses people on remand, i. e. , awaiting trial. Once admitted into QRP, a nominal roll will be opened for the new prisoner. All personal property and cash will be accounted for, verified and kept by the Officer-in-charge of Records and Reception. Each inmate will undergo a medical check-up. The Superintendent of the Prison will also interview each inmate, informing him of issues related to length of sentence, filing of appeals and property and cash. With the necessary documentation in order, convicted inmates are allocated to the appropriate institutions. This allocation is based on selection criteria that takes into account factors such as sentence length, seriousness of convicted offence and criminal antecedents.

Women offenders, both convicted and remandees, are received at the Changi Women's Prison cum Drug Release Centre (CWP/D). Because of the low population size of convicted female offenders, there is at present only one institution that encompasses both female prisoners and drug inmates.

### **D. Incare of Penal Inmates**

The penal institution plays a two-fold function, namely, social control and rehabilitation. It must be recognised that other than a rehabilitative role of attempting to reintegrate a person back to society, the function of the penal institution is to perform the socially and legally sanctioned control functions of punishment (retribution) and deterrence (individual and general). As mentioned earlier, the prisoner is in the prison as punishment and not for punishment. The detention is the punishment he or she receives for the crime committed. The individual deterrence aspect comes from the regime that he or she has to undergo while under detention. Prisoners spend the initial stage of their incarceration under lock-up. This is considered as a highly deterrent aspect of imprisonment. The duration of this lock-up depends on the prisoner's conduct and length of imprisonment.

A convicted prisoner qualifies for a one-third-remission of sentence. However, the remission period is deducted up to a maximum of seven (7) days whenever the prisoner is adjudicated for breaches of institutional rules. The maximum period of punishment imposed is seven (7) days if given solitary confinement. In addition, the Superintendent can impose a maximum of twelve (12) strokes of the cane. All adjudicated cases are submitted to the Director of Prisons for confirmation of sentence. If the case is deemed very serious, the case can be referred to the Visiting Justice who can impose a sentence of canning up to twenty-four (24) strokes.

### **E. Rehabilitation Programmes in the Penal Setting**

The purpose of rehabilitation programmes in the prison regime is three-fold:

- i) Manage inmates effectively.

108TH INTERNATIONAL SEMINAR  
PARTICIPANTS' PAPERS

- ii) Reduce reoffending behaviour.
- iii) Facilitate reintegration to society.

While the onus of criminal offending is ultimately placed on the individual, there must be a balancing between justice and mercy. It is to this end that the Singapore Prison Service administers justice tempered with mercy, i. e. , assistance in the rehabilitation process not only for the purpose of reducing or modifying offending behaviour, but also for helping the inmate to effectively reintegrate into society.

Before discussing treatment strategies, it is to be noted that in assisting inmates to reduce offending behaviour, as well as to facilitate their reintegration into society, physical organisation plays an important role, albeit more indirectly, in the rehabilitation of the inmate. What is meant by physical organisation is that inmates are allocated not only to different institutions-as discussed earlier in reception, processing and allocation-but within institutions they are also segregated from each other; hard-core offenders are physically separated by walls, gates and doors from first-timers. Older inmates are also segregated from younger ones. This is to reduce 'contamination', i. e. , negative social modelling and sub-culture, from the more 'experienced' convicts.

Recent trends in rehabilitation programmes in western countries have shown a move towards community-based rehabilitation programmes. The reason for this shift being that institutionalisation tends to 'nullify' the effects of proactive efforts (Andrews & colleagues, 1990; McGuire & Priestley, 1995) . However, it is to be noted that this 'principle of using custody as the last resort' is still weakly established. For instance, Losel (1994) in his study of institutionalised juveniles found that an institutional climate that is characterised by openness, autonomy,

cohesion, organisation and a low level of conflict, has also obtained success in reducing reoffending. The debate of whether the prison institution is effective in rehabilitation and deterring offenders from recidivating, while important, is nevertheless out of the scope of the current paper. The point for practitioners in correctional settings is that we have a pool of convicted offenders under our custody. It is thus our responsibility to at least attempt to provide effective treatment measures for prisoners to facilitate their eventual reintegration into society.

With this in mind, the general rehabilitation programme available for prisoners comprise of the following key elements in a five-fold package described hereafter.

#### 1. Work

The inculcation of discipline (e. g. , the routine of working fixed hours in a day) and strong work ethic presented to the offender are major priorities in the rehabilitation programme. The ability to hold on to a job should serve as a stable foundation for reintegration in to society, as many inmates are either jobless or practice 'job-hopping' prior to conviction. In this area, the Singapore Corporation of Rehabilitative Enterprises (SCORE), a statutory Board which manages the prison industries and provides rehabilitative opportunities, sets up or invites companies to establish workshops in the prisons and DRCs, where the inmate may work and learn on-the-job skills. SCORE's bakery and laundry services are examples of enterprising industrial pursuits that have taken root in the prison setting successfully.

#### 2. Education

As mentioned earlier, demographics like low education are often predictors of offending. Thus, an important priority is to reduce the statistical chance or

probability of reoffending. The provision of education, either academic or vocational, for the purposes of upgrading prisoners' educational status and skills is thus essential. In a competitive society like Singapore, education is highly valued. Helping to increase the education level of inmates would also increase their chances of finding a job and reintegrating back to society. Academic classes, conducted by qualified teachers seconded from the Ministry of Education, range from certification courses to GCE 'O' levels, and up to GCE 'A' levels. In 1997, inmates under the assistance of our teachers achieved an average of 86% pass rate for GCE 'O' Level examination, which is above the national figure of 76. 9% pass for private candidates. Vocational classes are conducted by qualified vocational trainers from SCORE who teach preparatory English courses, work induction, problem solving, food preparation, book binding cleaning skills, etc. In 1997, SCORE conducted vocational courses for 1,424 inmates from the prisons and DRCs.

### 3. Physical Training

Inmates are required to undergo physical training that includes drill, exercise and games. Physical activities help to keep the inmates healthy and fit, while recreational games help them to relieve the pressures of incarceration. This at the same time promotes healthy interaction between the inmates.

### 4. Religion

It is a well-known fact that religion has and continues to perform a major role in changing a person's life. It is thus a powerful force in the rehabilitation process, as it gives the individual a sense of direction and meaning to life.

Inmates are therefore encouraged to develop their spiritual side by turning to their respective religions. The Department

has two Muslim religious teachers to provide religious activities to Muslim prisoners. Religious counselling is provided by counsellors from various religious organisations to look after prisoners' spiritual needs.

### 5. Counselling

Existing personal, social or family problems, as well as new ones that arise for some inmates as a result of incarceration, if not resolved, would distract them from the rehabilitation efforts.

Trained officers from the Prisons' Rehabilitation and Counselling Branch (RCB) handle referrals, requests and special cases. RCB is considered a specialised unit. RCB provides various forms of social services and intensive counselling to inmates and visits to their families. Its operational philosophy is to assist inmates and their families to learn to be independent through imparting coping skills.

Notwithstanding the importance of coping skills, certain problems and issues cannot be resolved to an acceptable level whereby inmates and their families are socially functional by counselling alone. Therefore, RCB handles referrals for investigation and assistance. These referrals can come from inmates and appeals submitted to Prisons Headquarters, from family members through the Members of Parliament (MPs). Upon receiving a referral, investigations will be carried out by the counsellors to determine the extent of the problem and help that can be rendered. Home visits will be conducted, if necessary. Cases will be referred to other social agencies for assistance if necessary. The more common problems referred are:

- i) Financial problems.
- ii) Housing problems.

108TH INTERNATIONAL SEMINAR  
PARTICIPANTS' PAPERS

- iii) No visits from family.
- iv) Marital problems.
- v) Welfare of children.

Thus, in essence, RCB provides counselling for inmates to reduce offending behaviour as well as to prepare him or her for eventual reintegration into society. Service delivery is also rendered to the inmates' families when necessary.

The bulk of counselling and inmate interviews are however conducted by the respective Hall Officers who are Senior Prisons Officers in the grade of Rehabilitation Officer within the institutions.

The Prisons Department has a Psychological Unit to assist inmates that have depression and more serious forms of psychological maladjustment. Volunteer counsellors from external organisations also assist us in social counselling in preparing the offenders for reintegration to society.

#### **F. Preparation for Release**

The Prisons Department notes that incarceration, especially long-term imprisonment, can affect the chances of a person reintegrating into society. After spending a long time in prison, a person may be institutionalised whereby ironically, life on the 'inside' is somewhat preferred to the 'outside'. To some extent, this is not too surprising. Life inside the prison setting, although highly disciplined and regulated, is rather predictable with its fixed routines and expectations. One could get used to the life there. Thus, without preparation for the return to society, an inmate who has undergone long-term detention would be faced with the cultural-shock of the fast-paced and demanding society that Singapore is.

Thus, during the last stages of imprisonment, inmates all have to go

through a pre-release counselling programme that lasts for around two (2) weeks. Pre-release programmes provide an avenue for imprisoned offenders to reintegrate into society, hopefully with minimal disorientation. If prepared and conducted effectively, they can impact upon relapse rates and enhance the effectiveness of the overall rehabilitation strategy. It may at the same time generate goodwill between the prison authorities and the departing offender, thereby reducing any lingering bitterness about the offender's prison experience and serve as a source of encouragement.

Contents of the package include not just coping strategies but practical help as well. In short the general structure of the package includes topics like prisons debrief, post-release plans, stress management, sources of support, work attitudes and job performance and rejoining the community. Inmates are also notified of sources of help available to them when they rejoin the community concerning life issues like housing, employment, social support and vocational training.

#### **G. Early Release**

As for early release, Singapore at present has not legally adopted any probation system for adult offenders. Currently, the only early release system that Singapore is using is the one-third remission of sentence. Inmates would normally have to serve only two-thirds of their original sentence. However, early release on license is one of the options being considered to ease overcrowding.

#### **H. General Crime Statistics**

Singapore's crime rate fell again in 1977, for the 9th consecutive year. The number of seizable offences reported fell by 5%, from about 47,100 cases reported in 1996 to about 44,800 in 1997. This is very

encouraging, as such trends are very rare in other countries.

#### **IV. CURRENT DRUG SCENE**

##### **A. Description of Drug Institutions**

In addition to penal institutions, the Prisons Department also takes charge of the Drug Rehabilitation Centres (DRCs) which house the different categories of drug addicts. There are altogether four (4) male DRCs and one (1) female DRC. First and second time offenders are housed in one institution. Third and fourth time offenders are housed in their respective institutions. Fifth time offenders and above are contained in another institution. As mentioned, Changi Women's Prison is also a DRC where all female addicts are housed. Lastly, there is also a work release camp-Lloyd Leas Work Release Camp-for drug addicts selected on the work release scheme.

##### **B. Approach to Rehabilitation and Treatment of Drug Addicts**

Singapore does not subscribe to the belief that drug addiction is a medical problem. As in the case of the criminal, drug addiction is viewed as a social and behavioural problem. An addict is responsible for the consequences of his or her own actions, and it is up to the addict to make a determined effort to kick the habit. If the addict does not want to change his or her ways, no amount of treatment and rehabilitation can make that person do so.

The present drug regime differentiates between non-hardcore and hardcore addicts. Non-hardcore addicts are addicts who have been admitted into the DRC for the first and second time, i. e. , first or second timers. Hardcore addicts are those that have been admitted into the DRC for three or more times, i. e. , third timers and above. This differentiation is essential for

the determination of not only the period of detention but also the type of treatment and rehabilitation regime, which the addict will undergo. In general, a hardcore addict is not only detained in the DRC for a much longer period as compared to a non-hardcore addict, but that person undergoes a tough, penal-like regime with minimal privileges and greater measures of deterrence.

On the other hand, a non-hardcore addict is accorded more rehabilitative opportunities, is given more intensive counselling by trained counsellors in the DRCs (both individual and group counselling) and is given greater opportunities to enrol in educational or vocational courses for personal development through academic pursuits or the acquiring of new vocational skills.

##### **C. Length of Detention**

Drug addicts are detained under the executive order of the Director of Central Narcotics Bureau, under section 37 of the *Misuse of Drugs Act* (MDA). The addicts are detained in the DRCs for a minimum period of six (6) and up to a maximum period of thirty-six (36) months, depending on the number of previous admissions. Generally, inmates with greater number of previous DRC admissions will be kept longer in the DRCs. Each inmate's care is reviewed every six (6) months by a DRC Review Committee chaired by a medical practitioner with members comprising reputable persons from the public and private sectors. These appointments are made by the Minister. At present there are four (4) DRC Review Committees.

##### **D. Description of Reception, Processing and Allocation**

Sembawang DRC-the centre that houses 4th timer addicts-is also the reception centre for all male drug addicts. Female addicts are referred to the Changi Women



108TH INTERNATIONAL SEMINAR  
PARTICIPANTS' PAPERS

Prison/DRC. These drug addicts are brought in by law enforcement agencies, viz the Central Narcotics Bureau (CNB) and the Police. As with the reception of prisoners at QRP, there is the documentation stage of recording the individual's particulars and possessions. After which, they undergo a medical check-up. They are also medically examined over a period of three (3) days to ascertain their degree of opiate or heroin addiction.

#### **E. Incare of Drug Addicts**

The purpose of the stay in the DRCs is two-fold: addicts are detained in the DRCs not only for treatment and rehabilitation, but also to prevent the spread of the problem of drug abuse. By taking these addicts out of circulation from the general public, it reduces the chances of them 'contaminating' others.

#### **F. Rehabilitation and Treatment Programmes in the Drug Setting**

The purpose of institutional rehabilitation programmes in the DRCs is to reduce drug abuse and to facilitate reintegration into society. As mentioned, upon arrest, all drug addicts are sent to the reception centre. This is where they undergo a compulsory detoxification period of one (1) week. During this period, the drug addicts are under close medical supervision as they experience pangs of withdrawal symptoms whilst their bodies rid themselves of drugs. After detoxification, the inmates go through a recuperation period of rest for one (1) week. Inmates are then transferred to other institutions depending on their number of previous admissions. Fourth timers remain in Sembawang DRC. Orientation in the respective institutions late one (1) week, whereby inmates are told about house-rules, as well as other relevant information concerning drug abuse and its effects. Following which, inmates undergo a tough regime of drill and physical exercises to

build up fitness levels, as well as discipline, before being introduced to other aspects of rehabilitation programmes which include work, education and counselling. These institutional programmes in the DRCs are very similar to the general rehabilitation programmes for prisoners.

It was mentioned earlier that physical organisation plays an important support function to the rehabilitation programmes. Negative peer group influence is an important determiner of drug-taking behaviour and this is the reason why non-hardcore addicts are placed in separate institutions from hardcore addicts. Even within the pool of hardcore addicts, there is delineation between the number of timers.

#### **G. Specific Drug Treatment Programmes**

Following a review of the drug programme, Community-Based Rehabilitation (CBR) was given greater emphasis in 1995 to assist the treated addicts to reintegrate into society. Upon completion of their minimum period of DRC detention, inmates will be placed in one of the following programmes:

- i) Community-Based Rehabilitation (CBR).
- ii) Extended Institutional Rehabilitation (EIR).

Under Community-Based Rehabilitation, inmates may be selected for any of the three schemes:

- (1) The Halfway House Scheme (HWH)
- (2) Residential Scheme, or
- (3) Halfway House Scheme with Naltrexone/Residential Scheme with Naltrexone.

CBR was introduced with the intention of helping the drug addict 'kick' the habit through social support within the community. To some extent, the CBR programme is a form of 'early release' for

drug addicts from DRCs. However, these inmates are still under the jurisdiction of the Prisons Department. It is important to note that for the CBR scheme, once the inmate is selected, he or she may voluntarily opt out of the programme *only* before it starts.

Inmates who are selected for CBR are transferred to the Lloyd Leas Work-Release Camp in the last month of their DRC stay to undergo the Pre-Release Programme. The features of the one (1) month programme are:

- i) Counselling involving coping skills and group dynamics to prepare them for work-release and reintegration into society.
- ii) Physical training.
- iii) Drills.

The Halfway House Scheme (HWH) involves the inmate staying in a halfway house for a period of six (6) months whilst undergoing the rehabilitation programme of the halfway house. Inmates placed on the HWH Scheme are required to work during the day and return to the HWHs in the evenings to observe curfew hours. Being able to keep a job would ideally increase the 'stakes' in conforming to society. Inmates in HWHs are given regular urine testing for drug consumption. This scheme particularly benefits those inmates who are genuinely desirous of changing but who have no family support, no home to return to, or whose family environments are not conducive for their recovery from drug addiction. It is intended that through positive interactions with other treated addicts, as well as HWH staff, in both social and counselling sessions, pro-social behaviour will develop to enable the inmate to forgo drug abuse.

The *Residential Scheme* also lasts for a period of six (6) months. It, however, involves the inmate being tagged with an

electronic monitoring device and returning to his or her place of residence to stay. Like the HWH Scheme, the inmate is also required to work during the day but has to return home in the evenings to observe curfew hours. Inmates also have to report regularly back to Lloyd Leas Work Release Camp for counselling and urine testing. This scheme would only be offered to inmates whose families are supportive. Family support is an important aspect of facilitating two reintegration of the inmate into society.

As can be seen from the above programmes, the Prisons Department recognises the importance of psychosocial support in the efforts to help the addict 'kick' the habit. Unique to drug addicts though, is the fact that drug consumption affects not only the psychology but the physiology of the individual. Theories that explain drug-taking behaviour are various. They range from pleasure-seeking behaviour to reducing the pangs of withdrawal.

It is to these reasons that in August 1993, the Department launched a pilot programme involving the use of the drug Naltrexone on some inmates. This drug, which is an opiate antagonist, is consumed orally in pill-form. It blocks the gates of the relevant receptors of the brain that are responsible for the euphoric effects brought about by consuming opiates. In other words, a person who is on Naltrexone will not be able to 'get high' if he or she were to consume a narcotic drug. Importantly, Naltrexone is not addictive. Hence, it is not a substitute drug for the addict. Results of our pilot study project have been very encouraging and the Prisons Department has incorporated the use of Naltrexone for a selection of inmates in the Residential and Halfway House Schemes under Community Based Rehabilitation, with effect from June 95.

108TH INTERNATIONAL SEMINAR  
PARTICIPANTS' PAPERS

Selection of inmates for the three schemes is based on a set of stringent criteria. Only those inmates who are assessed as being responsive to their institutional rehabilitation, and have shown a desire to change, will be selected for the CBR programmes. In other words, only the most amenable inmates are chosen for these 3 Schemes. As mentioned earlier, the individual is ultimately responsible for his or her actions. More help will be given to those that are desirous of change. Notwithstanding this, it is important to emphasise that hardcore addicts are also allowed to participate in the CBR programmes.

Those inmates who do not qualify for Community Based Rehabilitation or who voluntarily opt out of CBR programmes are placed under Extended Institutional Rehabilitation (EIR). In effect, this means that detention period in the DRCs would be extended up to between 12 to 24 months, depending on their categories. During the extended period, they will continue their rehabilitation programme of work, vocational training and counselling. They will also undergo the 1-month Pre-Release Programme in the DRC. The activities in the Pre-Release Programme are similar to that carried out in the Lloyd Leas Work-Release Camp.

#### **H. Central Narcotics Bureau (CNB) Supervision**

Upon completing their CBR programmes or Extended Institutional Rehabilitation, as the case may be, the inmates are then placed under compulsory Central Narcotics Bureau (CNB) supervision for period of two years. During this period, the inmates are required to report for regular urine tests at designated reporting centres and police stations, to ensure that they remain drug-free.

#### **I. General Crime Statistics**

Prison's treatment and rehabilitation of drug addicts encompasses part of the multi-pronged enforcement, rehabilitation, aftercare and prevention education strategy to proactively arrest the drug situation in Singapore. In 1994, our Minister for Home Affairs, Mr Wong Kan Seng, also mentioned that it was critical for the family and the community to get involved in preventive education and rehabilitation.

Since then, drug agencies and community organisations have collaborated in a holistic effort to make the multi-pronged strategy work. We are pleased to announce that the upward trend in drug statistics has been reversed. A striking point to be highlighted is that despite Central Narcotics Bureau's (CNB) intensified raids, i. e. increased surveillance and enforcement, the number of drug abusers arrested fell almost a quarter, from 6160 in 1994 to 4750 last year. The number of new drug addicts arrested also fell from 1340 to 1130 over the same period. The average daily population in our DRCs also fell significantly. Of greater concern and encouragement to Prisons, the relapse rate has declined from 81% in 1994 to 66% last year.

#### **V. AFTERCARE**

The Singapore Corporation of Rehabilitative Enterprises (SCORE), a Statutory Board, provides work for drug and penal inmates within the institutions. The organisation is also the lead agency in aftercare. The Prisons Department also works closely with other aftercare agencies: The Singapore Aftercare Association (SACA) catered for ex-prisoners; The Singapore Anti-Narcotics Association (SANA) ; and various Halfway Houses that also provide aftercare services for treated

drug addicts. Both SACA, SANA and Halfway Houses are referred to as Voluntary Welfare Organisations (VWOs) in Singapore. These VWOs provide various functions and services, ranging from social counselling for ex-Inmates and families, to practical help like finding lodging and jobs for ex-inmates.

SCORE has an Aftercare-Counselling Programme (ACP) which is a one-year programme providing counselling and support to recovering addicts. It was launched in November 1995 to complement SANA's Voluntary Aftercare Officer (VAOs). These VAOs have for many years helped recovering addicts cope with the demands of life after they have completed their rehabilitation and treatment in the DRCs. However, due to demands, this limited pool of VAOs were not able to cope with the services needed by recovering addicts-thus explaining the need for the ACP programme. Professionally trained full-time counsellors were recruited to compliment the role and functions of VAOs.

The ACP is geared towards placing the ownership of the drug problem, and action for recovery from drugs, on the supervisees themselves. These expectations are clearly articulated to the supervisees right from the beginning of the programme, and are systematically inculcated throughout the duration of the programme. The programme emphasises relapse prevention training, gainful employment, and family and peer support. The counselling schedule begins with twice a week for the first three months, once a week for the next six months and finally once in two weeks for the last three months. As can be seen, more counselling is given at the initial stage of the programme to the recovering addict, as adjustments and reintegration problems are usually the greatest upon discharge from DRCs.

Practical needs of ex-prisoners and recovering addicts are also tended to help them successfully reintegrate into society. SCORE has a Job Placement Unit (JPU) and its function is to assist released prisoners and addicts, who experience difficulty in securing a job, to find suitable work based on their qualifications and prior experience. As many as 14,000 inmates and ex-inmates have benefited from JPU's services since its inception. JPU is also responsible for arranging jobs for all our drug inmates who are emplaced on the CBR-Residential Scheme. Some of these inmates are placed on the Corporate Adoption Scheme (CAS). Initiated in 1992, this scheme aims to help inmates turn over a new leaf at work, gain confidence and boost their self-esteem by encouraging employers to play a bigger role in the inmates' recovery and reintegration into society.

Under the CAS, respective companies assign mentors to provide individualised attention and guidance to help the inmates adjust better to the work environment. The mentor, together with SCORE's job placement officers, regularly meet with the inmate to discuss progress and problems encountered at work.

## **VI. FUTURE DEVELOPMENTS**

It is the wish of any correctional agency to discover the elixir to the successful rehabilitation and treatment of offenders. However, reality tells us that such an aim is difficult to achieve, if it is indeed ever achievable. Looking at Singapore, our statistics show that we may be on the right track. Perhaps part of our success lies not just in our rehabilitation efforts but our unique situation. Singapore is a small country, which makes it easier to manage. Success can also be attributed to the stern rehabilitative programmes and a strong and supportive community to pitch in the

108TH INTERNATIONAL SEMINAR  
PARTICIPANTS' PAPERS

Community-Based Rehabilitation Programme.

Nevertheless, there are still some areas that need to be improved in the effort to provide effective treatment measures for prisoners and drug abusers, to facilitate their reintegration into society. Some of these are as follows:

- (i) Our current allocation of inmates to respective institutions is based more on security and procedure, rather than rehabilitation and treatment. The Prisons Department is currently looking into the arena of objective classification for inmates for treatment purposes, pertaining to the empirically established principles of risks, criminogenic needs and responsivity.
- (ii) There is a need for greater co-ordination with aftercare agencies to consolidate a holistic treatment package for our drug and penal inmates. This is to maximise the use of resources as well as to prevent 'double work'.
- (iii) There is a need to constantly improve and upgrade the knowledge and skills of our counsellors, so that they may possess the skills needed for effective counselling. Recently, a number of our counsellors were sent for a certification course in substance abuse counselling, conducted by two trainers from the Alcohol and Drug Abuse Division (ADAD) from Hawaii. The examinations were set and conducted by the International Certification and Reciprocity Consortium (IC & RC). Plans are underway to set up a Local Certification Board to certify all counsellors from the Prisons Department. Training is also required in more specialised topics like the treatment of sex offenders and violent offenders.

- (iv) The Prisons Department is working on improving its research capabilities to objectively evaluate existing programmes and policies, as well as to propose new programmes that have been found to be effective in other correctional settings. Of course, such programmes would have to be contextualised and be evaluated for effectiveness in the Singapore setting.

## VII. CONCLUSION

In sharing innovations concerning the rehabilitation and treatment of penal inmates and drug addicts, we can only begin to expand our knowledge base of 'what works' at a practical level, in correctional settings. The sharing of the 'Singapore experience' is based on a context that is unique-given our history, culture, geographical size and economy. Thus, what appears to work for the Prisons Department may not necessarily transpose effectively to other settings. Nevertheless, it is hoped that through this paper, the Singapore Prison Service would have contributed valuable knowledge to the wider community. May our combined efforts encourage and spur each other to provide effective treatment measures for prisoners and drug addicts to facilitate their reintegration to society.

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## APPENDIX A

### PRISONS DEPARTMENT OGANISATIONAL STRUCTURE

