Twitter Thread by Jolene Tan



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If you're at all interested in justice, addiction and/or prisons in Singapore, this is happening now—must watch!

> We\u2019ve just gone live on our Facebook page for today\u2019s dialogue on understanding drug use, addiction, and policy in #Singapore. Join us: https://t.co/neOQDJjZ3a pic.twitter.com/WPgzjZy6VI
>
> — Transformative Justice Collective (@tjc_singapore) December 13, 2020

Right now Ben is speaking. He says he used to work 14/15-hour days, & was the main caregiver of his ill single mother while living in a one-room rental flat. Many of his colleagues were using & he began too.

Ben: Problems came when I went to seek help (wanted to quit & settle down with gf) it was quite hard. Couldn't go to hospitals as they would report me to CNB. Within 7 days, it's protocol, they must report. Deterred me from going there. I had no crime records, but scared of it.

Ben: I googled and a clinic came out & I couldn't afford rates, so carried on using without any help. In 2018 I almost overdosed, went to hospital, hospital called CNB & I was incarcerated in DRC.

Ben: DRC is run by prison services. Total prison setting. Slept on floor, food served under the door, eight to a cell, packed. Kind of a punishment I felt, we had two visits per month, tough time in my life.

Ben: First time minor offence drug consumption—6 months prison & 6 tagging. Relapsed because of work given to me by prison (had to work as rider), too much work, too tired. I informed prison officer, he said to report back to him to send me back to prison. I was scared & ran away

Ben: After I was caught I was caned. I've cleared now, I'm a free man, I don't owe the govt anything, I'm in recovery now.

Ben: Most of my friends who went first time DRC are now in their third times, I don't think the programmes work. We have counselling, graduation, those are the only things I was happy. We had classes daily, but I feel the counsellors can do a better job. People keep coming back.

Ben: Insurance doesn't cover mental health, they know I was warded & they said for drug addiction & alcohol addiction ward stay is not covered. At this moment SG has a few places to seek help for addiction, but they still have to report you to CNB.

Ben: Even after I went to NAMS I still relapsed. But once I went there I got to know there are a few other places to go post-detox. Drop in centres.

Ben: For NA meetings, this support group helps me a lot. One thing I learned since COVID, I attend international meetings & it's so beautiful to see people in other countries attending Zoom meetings in recovery/treatment centres. Mothers with children can go for treatment.

Ben: They are so lucky. In SG if you get caught there's no such treatment centres.

Kirsten (@kixes): How could counsellors have been more helpful?

Ben: They tell us about prefront cortex & limbic systems but there's no one to guide me in real life when I come out & practice the skills.

Next up, Dr Winslow talking about his own addiction journey.

Dr W: Training in Oz an eye-opener. Easier as a doctor or therapist treating someone there voluntarily rather than forced into system. There they had support services, make your own decision to get well.

Dr Winslow: Took a time to get service cos kept getting told addictions here are treated by CNB & prisons. Eventually people listened & said let's do an all-addiction service. CAMP in 2001. Learned from scratch what people needed in recovery.

Dr Winslow: We discovered you could detox in hospital but in community few services available. In 2004 we started community services as another opportunity for help in the community. Sign that things slowly opening up, but takes long time.

Dr Winslow: Sought permission from authorities for NA groups to meet in the community to share recovery & what works for them. Not that easy. Mindset—first thing "If there are five addicts meeting it's an illegal assembly" Had to work through. Some eventually saw value

Dr Winslow: Left for private practice in 2008. Saw much more opportunity to treat & help but because of costs it's those with jobs or expats, whose insurance does not exclude admissions from mental health (compared to SG insurance)

Dr Winslow: Four days ago I tried to admit someone for alcohol (COVID very bad for addiction—there's delivery!)

[He's now trying to start slide sharing]

[I gotta go cook dinner in a bit so I may not be able to live Tweet the whole thing y'all... sorry. Will keep doing till the kitchen sucks me in]

[The slides are up!]

Dr Winslow going through American Society of Addiction Medicine definitions of "addiction" (not confined to substances). In

SG predominant addictions used to be opoids, now stimulants/meth/novel substances (?)

Dr Winslow: Most start cos peers/colleagues say "Hey why don't you try". I've heard many times from meth users, they need it to stay awake and do 2-3 jobs. With compulsive use, social circle becomes mostly users; then dysfunctional use with grave problems in all aspects of life.

Dr Winslow discussing risk factors for addiction: genetics, gender, adverse childhood experiences & certain personality characteristics.

Stats—both total & repeat users in SG slowly going up, but hugely better than 90s with per-year 10-15K people.

Dr Winslow: Nobody starts using saying their aim is to become an addict. But after starting, they find it serves a purpose, use more & more, find it difficult to let go of it. Hijacked brain.

Dr Winslow: Modern globalised, fragmented society, people lack community meeting needs —> mass dislocation of individuals ("need help with adulting") —> flood of addictions (not just substances, gambling/sex too) —> social consequences

Dr Winslow: Rats seen to self-administer to the point of death when isolated in cages. But if you put rats in a more open society with better housing, chance to live together, meet other rats & do other things, they prefer water, sense of community, not pressing drug lever

Dr Winslow: Drugs transport us away from loneliness & isolation brought about by social & economic forces.

Difficulty with "drugs are bad & people who take them are bad": seen as "morally weak", "bad behaviour" must be "punished out of them". Caning, jail time, institutions

Dr Winslow: HK & SG share a lot of language but practice means different things. "Zero tolerance" in SG means if you are caught/using, no substitution or other forms allowed. In HK, 10K on methadone programmes, teams of social workers & doctors, but also say "zero tolerance"

Dr Winslow: M'sia also providing more help to come out of drug use.

In SG, recidivism, 50% of total drug abusers made up of repeat offenders. Methamphetamine has taken lead as drug of choice. Treatment for this not as refined right now.

Dr Winslow: Our MDA modelled after US 3 strikes laws. Those places discovered they had to put people into system of managed care. Drug court judge can put them in treatment with urine testing 1/week, counsellor, meetings, therapy etc, 6-monthly checks. Penalty if doesn't work.

Dr Winslow: Those sceptical about group meetings at first might find it goes well. Give them tokens (e.g. for clean test, meeting attendance) & they keep going.

[OK I gotta cook now. Sorry, live-tweet ends here. You can watch the video on FB!]