

EXPLORING CONSTRUCTIONS OF THE 'DRUG PROBLEM' IN HISTORICAL AND CONTEMPORARY SINGAPORE

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This paper considers the manner in which the phenomenon of drug use, with important references to amphetamine-type stimulants (ATS hereafter) use, is socially defined, constructed, and subsequently morally regulated and managed as a 'social problem' in Singapore. It also examines the ways in which ATS users are labelled as part of a 'problem population' (Spitzer, 1975) that requires serious and immediate attention. This paper locates ATS use within a wider historical perspective, and locates this intentionally with other similar anti-drug reforms but in different historical frameworks. It starts by situating the drug problem as part of a larger spectrum of moral regulation and claims-making projects in Singapore, and in so doing, introduces briefly the processes embedded in these projects. The core of the paper outlines the broad processes that have constructed general drug use as a social problem in Singapore historically from the pre-world war II period to the early 1990s when ATS use first surfaced and was subsequently labelled as a social problem in Singapore.

It is important to begin in this manner for two reasons. Firstly, it sets the scene for the rest of the work, in as much as it reiterates and alerts the reader to the fact that the study sees the 'drug problem' as essentially a social and political construct that both continues and transforms over various times and milieux. As Lenson (1995:6) puts it: "'Sobriety" is a cultural construction created for the furtherance of a political and economic agenda'.

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Secondly, it provides an historical framework that is central to developing an understanding of contemporary Singapore drug policy. As Berridge (1989:34) contends, 'history can indicate ... the need for an awareness of the determinants, attitudes and policies, and an indication of the nature and consequences of options'. In so doing, history encourages the reader to regard drug use through a diversity of lenses and meanings so that Singapore's experience may come to be seen as a consequence of a number of interrelated historical and contemporary events.

Drug Use, Moral Regulation, and Claims-Making

In sociology, considerable interest has gathered around how certain issues are selected and presented as a social problem, focusing particular attention not only on the expansion and diversification of various social agents such as the mass media, but on the agents who participate in the construction of these social problems. While extensive and relevant sociological work recognise the relevance and importance of the processes involved in the creation of social problems which include the construction of crime waves (Fishman, 1978), various problems of juvenile and youth delinquency (Bortner, 1984; Cavender, 1981; Cohen, 1972; Spector and Kitsuse, 1973), child issues (Best, 1987; Pfohl, 1977), and more pertinently, drugs (Becker, 1963; Reinerman, 1994; Reinerman and Duskin, 1992; Reinerman and Levine, 1995), studies that deal directly with ATS use are very limited. More crucially, works that show how ATS use has generated and transformed into a moralised social problem in Singapore have been neglected, mainly due to the fact that ATS is both a recent phenomenon and that access into such drug networks is particularly difficult. Further, most studies conducted in Singapore take the drug problem as objectively given and hence do not problematise the processes involved in the moral regulation of drugs and their users.

While numerous moral regulation and claims-making projects have intensified and become increasingly visible over the past two decades in particular, the phenomenon of drug use as a resilient social problem in Singapore continues to disproportionately occupy legislative and political attention, oftentimes framed and conceptualised in strongly moralised and homogenised terms. This, in turn, often involves the deployment of a multiplicity of moral discourses that construct such representations of drug users, who are consequently acted and enforced upon by a system of moralising practices. More crucially and recently, the moral regulation project of ATS use is a significant form of politics in which governing social agents are mobilised and drawn into action by the conviction that there is an imperative to problematise the act, conduct, and values of ATS users, and thus seek to impose regulative and corrective measures upon them. In other words, moral regulation can be conceptualised as a practice of control and governing in order to focus attention on social action that attempts to influence or transform the conduct of a particular problem population.

Associated with this is an elevated sense of risk consciousness and how socially constructed problems such as drug use are discursively transformed and constructed into a set of risks, harms, and dangers, which serve political – and morally regulative – ends (Cohen, 1972; Corrigan and Sayer, 1985; Furedi, 1997). The discursive construction of risk and danger, in other words, serves as a regulatory technique through which governing agents act in place of users' inadequate 'care of the self'. These risks thus equate the act of drug use, the sites of drug use, and drug users as problematic and dangerous.

The powerful claim that girds the sociology of governance is that a wide range of social agents are involved in practices of governing directed at diverse targets. Of particular interest is the pertinent role that specific individuals and governing social agents – especially those who hold political power or who serve as enforcers of the law, and the mass media – play in the affixation and construction of drug use as a 'social problem'. In a similar way to Cohen (1972) and Erikson (1966), this paper argues that these social agents serve to reassert the dominance of an established value and knowledge system at a period of perceived anxiety and crisis. It will also become clear in this paper that drug users are not intrinsically 'immoral' or 'wrong' but rather that such meanings are derived from and emerged out of a continuous process of interaction among these social agents, and that the construction of ATS use as a social and moral problem is embedded in a complex of numerous claims-making processes that span and change in different historical milieux, and are subject to change. In so doing, it inquires: What sorts of claims are made? When do claims get made, and what segments of people make them? What type of responses do claims receive, and under what conditions? Additionally, this paper analyses the system of discourses and practices within which such claims are warranted and given authoritative content. Of importance is the close association between youth, crime, and drug use, as well as assorted moral narratives that have been persistent in the discourses of addiction in both historical and contemporaneous times². They are ideologically constructed so as to construe drug use as the core of a wide array of pre-existing public problems that include crime-related activities, health problems, and other social problems, which will be attended to later in this paper. It is also important to note that these claims are not historically static: the meanings and role imputed to different types of drugs in Singapore have transformed over time, largely contingent on Singapore's political and socio-cultural contexts. In so doing, the selection of particular types of knowledge to support a particular claim made by numerous social agents,

² This exists not only in Singapore, but other nation-states such as America in its war against drugs. Richard Thornburgh, U.S. Attorney General, for instance, argued that 'there is a straight-relationship between the violent crime in our communities and the abuse of drugs'. These views are present not only in print media (as the paper will later show), but also perpetuated in other forms of scholarship (see for example, Denbo, 1993; Inciardi and Pottieger, 1991; Johnson, et al. 1991; Shulman, 1991).

largely from the ruling class, again shows the politics embedded in the construction of drug use as a social problem in Singapore.

Historical Constructions of Drug Use in Singapore

The Colonial and Pre-War Periods (1819-1942)

Prior to 1946, drug use was confined primarily to opium, cannabis (locally called *ganja*), and morphine. However, the first known drug to be imported to Singapore, then part of British Malaya, was opium. Its historical presence in the region began from the early nineteenth century when it was traded and exported as a commodity item by the British East India Company from India and Persia (now Iran) to countries in Asia, especially China (Booth, 1996; McCoy, 1991; Soo, 1977)³. Written documents show that its first appearance in Singapore was in 1819, when Stamford Raffles signed the treaty creating Singapore. Opium was among the gifts presented to the ruler, Temenggong Abdul Rahman. After Singapore was opened for settlement, the drug was imported into the country and became popular among immigrant Chinese populations, both rich and poor (Poh, 1990; Soo, 1977). Most of the users were coolie labourers who worked and lived in conditions that largely involved extended working hours and crowded barracks known as 'coolie lines'. Devoid of family life and adequate medical and social services, they often used opium not only as a prophylactic 'panacea for many tropical diseases' (Dumbleton, 1892:69) that included cholera and dysentery (Straits Echo, 1908:2), but also as a source of solace. While this was the case, opium was also commonly smoked by affluent merchants as a customary practice and status symbol⁴ while conducting business. As such, opium was not regarded or constructed as a social problem in the first half of the nineteenth century, but was in fact very much an integral part of everyday life for immigrant labour. This contradicted contemporary state discourses in Singapore that contend that 'the drug problem in Singapore dates as far back as the First Opium War in 1839' (MS, 29 September 1980). Opium was thus not always regarded as an evil or vice, but could even be seen as a good, depending upon the reason for and manner of its use. Several factors served to convince the populace, including Britons who then occupied Singapore, of its harmless, if not beneficial qualities. These included the widespread use of opium for medicinal reasons at that time and direct experience with opium

³ Opium's importance and historical connection with politics was evidenced by three wars fought between the British and the Chinese over, among other things, opium (See also Beeching, 1975; Janin, 1999).

⁴ Oral transcripts (OT hereafter), Dr Low Cheng Gin (Singapore Archives, Access No. 287, Reel 18), and Teong Ah Chin (Singapore Archives, Access No. 47, Reel 3).

smokers in the colony. Further, McCallum (1892:53), a colonial engineer in Singapore during the nineteenth century, justified the use of opium among coolie labourers by pointing out that they often lived and worked in environments that were 'too often reeking with fever and malaria'. Ridley similarly argued that 'something must be given to the coolie to console him in the evening after a hard day's work' (in TSPS, 1893:106).

In fact, during this period, opium was a very important resource because much of Singapore's revenue came from its sale. In 1914, an opium packing plant was constructed for business purposes (Brooke, 1921), and gradually, Singapore became one of the major opium distribution centres in Asia, which rapidly became a central part of the economy. The widespread dependency of the local population on opium provided the British Administration with an easy source of revenue. For example, in the period 1896 – 1906, the average annual revenue from opium was 49 per cent of the total income of the Straits Settlements, of which Singapore was a part (Song, 1967). Legislation was accordingly enacted to ensure that these farms remained profitable enterprises. In fact, Anderson reported that 'to protect the [opium] farmer was to protect revenue' (in Lim, 1961). Opium was also a method of control for Chinese coolies to ensure that they were tied down to their jobs. Chinese merchants encouraged the habit and sold opium on credit to their workers who, once dependent, would use an estimated two-thirds of their wages to pay for their consumption (Li, 1982; Trocki, 1990). This ensured that production costs remained low (since merchants were able to recapture a large portion of the labourers' wages) and hence yielded enormous returns. As one European observer puts it, 'I don't think this country [Singapore] would have been opened up without the opium pipe' (Jackson, 1961:55).

The economic motivations behind this measure have been studied most notably by Trocki (1990, 1997), and such pecuniary interpretations have largely dominated discussions on the issue of opium use in Singapore. Additionally, analyses of the huge contributions made by opium revenue to the Straits Settlements' budget abound. What these views neglect, however, is that the values that opium was imbued with were very often dependent upon the cultures and circumstances of the societies it was used in. As such, such works (see, for example, Ong and Isralowitz, 1996) often judge reactions of opium smoking in the early twentieth century using the values, hindsight and context of the late twentieth and early twenty-first centuries. In other words, the British defence of opium smoking in the Straits Settlements was not always born out of profit motivation, but out of perceptions of opium smoking that were contextual to their time and circumstances.

In response to the level of increased opium consumption, however, the Governor of the Straits Settlements, John Anderson, received instructions from London to appoint a Commission to determine 'the best steps to be taken...for minimising and eventually eradicating the evil (of opium smoking)' within the colony. He continued by stating that 'anyone who knows this colony knows that there is undoubtedly a great amount of evil

attached to excessive consumption of opium' (SLCP, 1907:92) Further, a group of Western-educated Straits Chinese emerged and acted as moral entrepreneurs to highlight and press for the elimination of four vices – namely gambling, prostitution, drinking, and opium smoking – as serious hindrances to the establishment of a healthy⁵ and moral society⁶. Opium was more crucially a symbol of decadence⁷, and anti-nationalism⁸. Forming the Anti-Opium Society, and supported by many religious institutions, they organised anti-opium conferences, and Chinese operas with such titles as the 'Opium-Smoking Devil', and the 'Wife of an Opium Smoker', that portrayed the negative effects of opium use and the concomitant lack of moral responsibility of opium users⁹. As such, an anti-opium movement was generated to take action against its sale and use. In 1907, the Opium Commission was appointed to look into the extent of opium smoking and measures needed to eliminate the 'problems' arising from its use.

The Commission, however, reported that it found 'no reasonable grounds' and concluded that its ills were 'usually the subject of exaggeration'¹⁰ to impose total prohibition on opium smoking, though it recommended prohibiting the sale of *chandu* (prepared or cooked opium) to

⁵ Lim Boon Keng, one of the members of the Chinese leaders, argued: 'Most of these people [opium addicts] suffer from ill health sooner or later chiefly in connection with gastric trouble ... They often suffer from colic due to chronic consumption and in time malnutrition sets in from indigestion which is due to the digestion being impaired, the appetite lost, weight is lost and they become prematurely old' (see PSFOC, 1909:43).

⁶ Heng Pang Kiat, one of the members of the Anti-Opium Society, commented that the purpose of the Society was 'to encourage people to cut off the opium habit so that they might remit money to China to support their families' and thus fulfil their moral responsibilities to their parents (see OCR, 1908:276).

⁷ Chinese leaders believed that 'China can never be strong and stand shoulder to shoulder with the powers of the world unless she can get rid of the habit of opium-smoking by her people, about one-quarter have been reduced to skeletons and look half dead' (see Lo, 1933:25).

⁸ Reformists and revolutionaries both in China and Singapore condemned opium use on the grounds that it had placed China in debt, and in turn, had lowered her prestige among other nations. Sun Yat Sen, leader of Chinese revolutionaries, had also made a strongly-worded remark that 'those who supported the opium trade were the enemies of the Chinese people and traitors of the country' (see Chen, 1967:114, 134).

⁹ These were useful medium to reach a population that was largely illiterate. The meta-narratives provided by the opera were clearly pitched on a moralistic tone that constructed the use of opium as decadent and immoral. For example, the play 'Wife of an Opium Smoker' depicted how excessive use of opium by the main protagonist ruined his family. It dramatically showed how his wife was consequently captured and sold by a brigand to a slave dealer, but later rescued by a learned philosopher who sent her to Japan to be trained as a doctor. After graduation, she returned to the city and met her husband serendipitously begging on the streets. Using her medical knowledge, she cured him of his habit (Song, 1984:443).

¹⁰ See OCR, 1908. In fact, the Commission reiterated the fact that 'the [opium] habit in its inception [was] comparable to indulgence in alcohol in the West', and that it would provide relief to labourers requiring respite from 'the lack of home comforts, the strenuousness of ... labour, [and] the severance from family association' (p.11).

all children under 18 years of age, women, and the suppression of opium use in brothels (Soo, 1977). Similarly, newspapers provided counter-discourses against the construction of opium use as a social problem in Singapore. The *Straits Times* (ST hereafter) (17 August 1907) reported that ‘...we allow evils a thousand times more deadly [than opium] in our own cities with the smug complacency of the hypocrites we are. This canting desire to deprive the native of his opium has become a mania, while unctuous prelates and self-satisfied presbyters quaff their port or drink their beer, or take their night-cap of whisky and soda’. Similarly, the Chinese paper *Chung Shing Yit Pao* (9 April 1907) published an article that countered the claims made by the Society: ‘...[T]he good point about opium is that when a man after over-exertion feels tired and has pain in his joints, he can recover his normal condition by smoking opium... [O]pium does not harm people’. Other Britons put forward their views openly against the ban on opium. Dennys (1894:257), for example, argued that ‘experience does not bear out the assertions of the Anti-Opium Society that all smokers, even moderate ones, become ruined in health or intellect’. In a similar vein, the missionary, Reverend Reith noted that ‘total suppression [of opium] would give rise to unpleasant relations between the Chinese and the Europeans’ (in TSPS, 1893:94).

While a variation of meanings of opium use existed, these meanings shifted and gradually, over time, the insistence to prohibit opium smoking became more powerful. Ironically, economic considerations, which were important arguments to support opium use in Singapore for increased revenue collection, were equally as important to the rise of anti-opium sentiments at this point in time. Both European and Chinese merchants were unwilling to employ opium users, who they considered generally less productive, and ‘unsteady’, ‘unreliable’ and ‘a great deal of trouble’¹¹ than non-smokers¹². Braddell suggested that opium turns one into a ‘useless incumbrance’ and has ‘fatal moral ramifications, which were not confined in action to the victims themselves’ (1970:82)¹³. As such, the creation of the Monopolies Department was established in 1910 to restrict the manufacture and sale of opium to *chandu* shops from which users obtained the supply of the drug. Additionally, the colonial government gradually concurred with such anti-

¹¹ According to Kennedy (Work Superintendent of Howarth Erskine Limited), ‘[they] have no heavy opium-smokers ... Men who go to the excess are very unsteady. In fact I have seen them go to sleep over their work’ (OCR, 1908). Similarly Hooper (Registrar of Hackney Carriages and Jin rickshaws) commented that ‘[they] often have a great deal of trouble with opium-smokers. They often insisted on leaving their passengers and going and getting their *chandu*’ (OCR, 1908). See also Sanderson (Acting Managing Director of Riley Hargeaves & Co.) in OCR, 1908.

¹² In fact, the anti-opium campaigners put a lot of pressure on opium-smokers to give up the habit. More than 1600 local Chinese shopkeepers signed an agreement to not employ opium addicts (see PSFOC, 1909:20).

¹³ See OT, Soh Wah Seng (Singapore Archives, Access No. 311, Reel 3), who described how his grandfather lacked any sense of moral responsibility and ‘squandered money on opium and mistresses’.

drug organisations, and played an active role to progressively restrict drug use, particularly due to the fact that it was one of the signatory powers to the agreements signed during The Hague Conventions (1912-14), and the Geneva Conference (1925).

In 1925, the colonial government decided to issue licenses to opium smokers to permit them to use opium only on their own premises (Goh, 1976). Four years later, the registration of opium smokers was made compulsory and the rationing of supplies was introduced. This was the first time that unregistered opium smokers were labelled by the state as illicit drug abusers, and part of the 'problem population'. Those who did not want to be known as users turned to underground suppliers, and the smuggling of opium began to thrive thereafter. In 1929, the number of registered opium smokers in the Straits Settlement was 40,956 (Leong, 1973). In 1933, the *Chandu Revenue Ordinance* (which was enacted in 1909 to control opium use in Singapore) was amended to prohibit the possession of opium by unregistered persons, and persons under 21 years of age (CNB, 1983). The following year then saw the inclusion of an additional clause allowing such persons to register only if they could show a medical practitioner's certificate stating that they required opium for reasons of health. As a result, the number of registered opium smokers in 1934 in the Straits Settlements was reduced to 31,577, while unregistered smokers were estimated to stand at about 90,000 (Chen, 1935; Song, 1967).

Further, the increased efforts, enthusiasm, and reorganisation of the Anti-Opium Society continued to press for more stringent legislation against the use of drugs in Singapore. Its then current leader, S.L. Chen, set out his views more openly by constructing the 'opium problem' as an essentially moral problem amongst the Chinese that, however, 'presented nothing incapable of solution and that its abolition could only be accomplished by the state, and not by a private individual or a charitable organisation' (1935:22)¹⁴. In fact, the mass media such as the *Singapore Malaya Tribune* now provided the main platform for the dissemination of dominant discourses that supported the claims made by both the state and the Society against the 'evils' of opium smoking:

[Chen was] an enthusiast who refused to believe that there was anything to prevent total suppression of the opium evil without further delay... He had rendered fine service by forcing the readers to realise that there was an opium problem in the country... He spoke with the burning enthusiasm of a crusader (28 November 1934).

More crucially, there was a reiteration of the association between drug use, moral responsibility, and filial piety in the speeches and public talks organised by the Society. The importance of family and their support to

¹⁴ OT, Ng Lee Kar (Singapore Archives, Access No. 165).

combat the ‘problem’ was also addressed by other associations, such as the Women Association, which portrayed opium as ‘the enemy and destroyer of the family’s happiness and reputation... and [as such] urged its members to take steps against opium-smoking by discouraging their husbands and children from acquiring the habit and encouraging them to participate in outdoor activities like sports’ (*Sin Chew Jit Poh*, 8 September 1930)¹⁵. Such typifications (Best, 1995) that label illicit drug users as morally irresponsible and unfilial, continue to reverberate in contemporary discourses (which will be dealt with shortly) with regard to current ATS use. As such, economic considerations, coupled with moral discourses of familial and social responsibilities for labourers at that time, played a large part in pressing for the construction of opium use as a social problem. In fact, the rise of opium use and the label of abuser/addict that began to be used by the state helped contribute to the construction of opium as a social problem during the colonial period.

Other drugs such as cannabis, or *ganja*, on the other hand, were available and preferred amongst Indian immigrant labourers in the nineteenth century (Hanam, 1973). Introduced by Indians from their countries of origin, where its use had been traditionally accepted as a ‘harmless social habit’ (Leong, 1973; Ong and Isralowitz, 1996), *ganja* was smoked in hookahs and goza pipes. Its use in Singapore, however, was limited and did not constitute a ‘social problem’, nor was a system of moral meanings imputed onto the act.

The Japanese Occupation and Post-War Periods (1942-1970)

The Japanese Occupation in Singapore witnessed an increase in the number of opium smokers, and as such, negated the efforts of the Society in suppressing opium smoking. In fact, the Japanese supported opium smoking amongst the Chinese as a means of enhancing servility and control. In other words, opium smoking was not constructed as a social problem, but was instead politicised as a tool to ensure the Chinese population did not have opportunities to collectively resist its occupation in Singapore and demand self-rule. Under Japanese rule from 1942 to 1945, control of the substance was not exercised (Poh, 1990), and the number of opium addicts rose up to 30,000. In contrast, there had been 16,552 opium addicts on the register in Singapore itself in 1941 (Leong, 1973; Soo, 1977). Further, the severe lack of funds in the Society during the war years and beyond contributed to its diminished role in Singapore as the primary organisation championing against opium smoking, though this capacity was taken over by the British when they returned to Malaya in 1945.

While opium was still frequently used, particularly among older residents, the British Military Administration introduced the Opium and *Chandu* Proclamation in February 1946, following the instructions from the

¹⁵ See OT, How Yeok Cheng (Singapore Archives, Access No. 1125, Reel No.5), who commented how unreliable opium addict husbands drove many women to be independent.

Home Government in Britain to stem the 'evil' of opium smoking. This law made the possession of prepared and raw opium, as well as opium smoking utensils, a criminal offence (Soo, 1977). The sudden and unexpected enactment of this new law reinforces the point that opium use had been constructed as an urgent social problem by the British ruling class, both locally and in Britain. However, many smokers were unable to eradicate their smoking habit. Furthermore, there was no treatment available. Users had little alternative but to opt to purchase opium from illegal underground sources to satiate their dependency for the substance. As a result, smuggling syndicates of opium enjoyed a boom period as prices of the drug soared¹⁶.

However, morphine, which was less expensive, began to be used as a substitute by some (McCoy, 1991; Ong, 1989; Spencer and Navaratnam, 1981) and its increased use saw the rise of morphine dens in Chinatown (Hanam, 1973). Morphine has greater potency and a quicker effect than other drugs available, and it was easier to use than smoking opium and cheaper than opium or cannabis, and there was less risk of detection. At that time, one dose of morphine cost only S\$0.40, while a *kartoo* (a stick of rolled *ganja*) sold for S\$1.00. According to Poh (1990), morphine addicts were a lower income group who worked as trishaw drivers, labourers and seamen, and usually obtained their doses twice a day from den operators. Sometimes, for fear of being arrested by the police, these illegal operators moved about, providing their services in back alleys.

Almost at the same time as the rise of morphine use in the late 1950s, cannabis was gaining popularity among young people. Cannabis was usually mixed with tobacco and smoked through improvised pipes, or the mixture was rolled into cigarettes to form 'reefers' known as *rokok daun*. Cannabis smoking was well accepted by the younger population because it was believed that it could stimulate euphoria, reduce fatigue, and increase sexual ability.

These conditions, combined with the state's endeavour to reinforce its stand against the widespread 'social problem' of drug use in Singapore and the close association with illegal syndicates and secret societies, saw the enactment of the Dangerous Drugs Ordinance, which replaced all previous drug legislation. Under this Ordinance, opium, cannabis, morphine, cocaine, and heroin were labelled as dangerous drugs. Unauthorised possession of any of these substances was an offence resulting in severe penalties, including mandatory treatment and rehabilitation for drug addicts¹⁷. The inclusion of rehabilitative strategies as part of its overall scheme to curb drug use was an indication that such users were regarded as incapable of proper care of the self, and thus necessitated the imperative for the implementation of such legislation. More crucially, the enactment of such legislation

¹⁶ See OT, Chua Chong Ho (Singapore Archives, Access No. 430, Reel 7), who gave examples of syndicates such as the Tokang secret society gang controlling these drugs. Opium dens were also located in Cheang Hong Lim Street and other areas.

¹⁷ It took another four years, however, to establish the Opium Treatment Centre at St. John's Island (Poh, 1990).

reflected the state's fear of 'negative influences of the late sixties "Western" hippie-culture, a subculture associated with rock music that had become fashionable among the youths' (Dare to Strike, 1996:23).

The 1970s and 1980s

Thus, during the seventies in particular, the state argued for a need for harsher measures to tackle what it considered to be a situation that 'had reached epidemic, alarming proportions' (MS, 22 October 1977; 26 February 1979)¹⁸, particularly since heroin had become the drug most often used, which it regarded as 'the No.1 menace' and a 'social scourge ... [that was] worse ... because the problem mainly concern[ed] the young' (ST, 21 April 1975)¹⁹. Multiple narratives and stories of repentance, and progress after rehabilitation in the mass media further supported, accentuated, and reproduced the claims made by the government that drug use was a social and moral problem (see, for instance, ST, 26 May 1974, and 28 May 1978). Additionally, the reiteration by the state of the moral and social responsibilities of youths towards their families and the nation-state was amplified: 'the future of [the] Republic depends on [the] young who are [the] future leaders and citizens' (ibid). The moral dimension in such discourses similarly included the contention that 'the evil of drug addiction [was] not only destroying the health of addicts, but breaking up their families as well' (ST, 19 February 1978), which particularly 'took a high toll on Muslim couples' (ST, 16 October 1979). As such, the government, as 'concerned members of the public and as parents, must ensure that they are given a healthy and disciplined upbringing' (op. cit) by using 'moral and ethical values' (ST, 20 October 1979). Concomitantly, the importance and responsibility of parental and teacher care to eliminate drug use among youths in the shape of moral lessons was continuously emphasised by the government (ST, 15 October 1979).²⁰

Drug users were typified and profiled by dominant discourses emanating from the state and other forms of scholarship (SANA, 1973; 1977) as those who were 'mostly young people who have lost their roads in the social, cultural, and spiritual voids' (MS, 21 December 1983), as those who

¹⁸ Further, government statistics show that from the beginning of this period, the number of drug offences rose above the 3,000 level in 1976, and has never dropped below that level.

¹⁹ Additionally, the government reported that more young people, including school children, have been involved, though the majority of drug offenders were much older in the first few years of this period. The number of those below 20 years old increased from 14.6 per cent in 1972 to 37 per cent in 1976, whereas those above 50 years old decreased from 43.5 per cent in 1972 to 3.3 per cent in 1976. While opium was still the drug prominently used (Hanam, 1973), cannabis and MX pills (Mandrax) gained in popularity.

²⁰ In the article, Parliamentary Secretary Chan Chee Seng remarked that he '[has] no hesitation in mentioning that if any child in school takes drugs, the principal, the teachers and the parents have failed gravely in their duties'.

'come from broken homes and driven away by the absence or lack of parental care and control' (op. cit.), as primarily Malay, since they were 'more artistically inclined and talented' (op. cit.), and as 'the long-haired unwashed youth in dirty clothes' (ST, 25 June 1973).²¹ The discourse associating and claiming a particular class (i.e. lower) and racial category (i.e. Malay) with specific attributes that contributed to the increase in drug use was especially strong and continued to guide future research in the eighties and nineties (Buang, 1995; Osman, 1999; Sukor, 1990; Yahya, 1990). Thus, there existed a shift from depicting drug use as an essentially 'Chinese' problem with regard to opium use during the colonial and pre-war period, to a 'Malay' issue during the 1970s and 1980s, particularly in terms of heroin use in Singapore.

Further, it was during this period that drug use was constructed as a 'disease' that, if left unchecked, 'becomes infectious' (ibid). Users were regarded as 'a constant source of infection [who] needed to be 'segregated ... to prevent bad influence and contamination' (MS, 15 January 1983). This 'high infection rate' (ibid), in turn, would produce detrimental effects on 'the physical and spiritual health of youths' (op. cit). This moral decay was further augmented by young people 'aping the West' (ST, 19 January 1973) and the 'constant exposure to Western-oriented programmes primarily designed to cater to pleasure, excitement and entertainment ... [that] instil[ed] in the younger generation a distorted and unrealistic sense of value in terms of local conditions' (MS, 8 June 1979), which served as 'a temporary escape from the realities of life – the Western way' (ibid).²² Academics similarly attributed this trend to 'the import of foreign music groups ... [and called for society to] contribute by collectively and deliberately rejecting false values, and establishing a more purital [sic] outlook with regard to work and pleasure' (ST, 22 March 1973).²³

Hence, the combination of claims produced and reproduced by the state connected moral and physical degeneracy to the idea that the problem was widespread among youths, which, in turn, drew support from various sections of the population to curb and morally regulate the 'dual problem of supply and rehabilitation' (op. cit). A jump in the estimated number of heroin users from 13,000 to 20,000 in the 1970s (Boon, 1998; Chia-Chow, 1979; McCoy, 1991) prompted more stringent laws in its 'war' (ibid.) against drugs, including the death penalty, to control both drug use and drug trafficking. Further, the medicalisation of drug use as a disease legitimated the segregation and institutionalised treatment and supervision that were then

²¹ He further mentioned that 'practitioners of the fine arts are more willing to experiment in stimulants as a means to reach new artistic heights and achievements'. See also MS, Tay Eng Soon, 30 September 1989.

²² The article argued that 'local youths [were] not rebelling against anything. They [were] just imitating and many of them do not know the dangers of drugs'.

²³ This statement was made during a convention by Prof. Khoo Oon Teik from the University of Singapore.

made compulsory for arrested drug users.²⁴ More pertinently during this period, the Misuse of Drugs Act of 1973 was enacted to replace the Dangerous Drugs Ordinance of 1951 as the primary legislative instrument to tackle the 'drug problem' in Singapore that encompassed drug use, possession, and trafficking.²⁵ Despite these stiff measures, the numbers of drug users continued to increase.²⁶ As a result, the Misuse of Drugs (Amendment) Act of 1975 was enacted.²⁷ A six-month national anti-drug abuse campaign (known as NADAC) was concurrently launched by the Singapore Anti-Narcotics Association (SANA) to promote understanding of the dangers of drug taking amongst the public, particularly among youths. A

²⁴ It is important to note here that even until today, these rehabilitative strategies were designed *only* for opiate (heroin, morphine and opium) users.

²⁵ In addition to the introduction and subsequent amendments of the Misuse of Drugs Act, other laws such as the Criminal Law (Temporary Provisions) Act, Criminal Procedure Code, and Passports Regulations, have been utilised to enhance the effectiveness of law enforcement. These rules and regulations have been enforced through three major government agencies, namely the Central Narcotics Bureau (CNB), the police force, and the Customs and Excise Department. The CNB is the central co-ordinating body for all drug use problems and control. This includes the formulation of policies for enforcement, treatment, and rehabilitation, and preventive education, in addition to coordinating all enforcement activities and the collection of data. Its personnel detect and incarcerate drug traffickers, both national and international (Yew, 1990). Via this approach, strong evidence against drug traffickers has been obtained for prosecution and/or preventive detention (Poh, 1990). The police force, together with its auxiliary organisations, deals mainly with drug use and minor cases of drug pushing, while the Customs and Excise Department interdicts drug activities at entry points into Singapore. The Immigration Department, which has a computerised checking system at all entry points into the country, allows immigration officers to monitor a substantial number of local and international travellers suspected of drug use or trafficking. Once identified, such people are searched upon entry to the country and their urine tested by instant urine test machines known as EPS Toxicology Analysers (Ong, 1989). Drug traffickers released from the prison and ex-drug users under supervision are denied passports to travel abroad for a period of from 2 to 15 years, depending on the severity of their drug offences. This action is taken to impede their travel movements so that they are not able to smuggle in drugs from country to country (Ong, 1989; Poh, 1990). Additionally, all medical practitioners who prescribe any controlled drugs have to submit reports within seven days to the Ministry of Health of their prescriptions, together with the patients' particulars. See the Misuse of Drugs Act for more information.

²⁶ Though heroin use was first identified in 1972 with only 4 cases (or 0.1 per cent) of arrests, it quickly surged from ten cases (or 0.3 per cent) in 1973, to 110 cases (or 3.4 per cent) in 1974, and 2,263 (or 53.9 per cent) in 1975, the year that marked the beginning of the heroin 'epidemic'. Since then, heroin use has dominated the drug scene, with percentages of the total numbers arrested for drug use fluctuating between 68 per cent and 95 per cent. According to Hanam (1973), the number of young drug takers between 14 and 25 years of age was 2,550 (or 61 per cent) in 1975, 68 per cent of whom used heroin and five per cent morphine.

²⁷ This amendment included the clause that the death penalty became mandatory for traffickers of 15 grams of heroin or 30 grams of morphine. Further, any person who had a previous conviction for possessing and/or consuming a controlled substance, and who again committed such an offence while under supervision, will be sentenced to a mandatory minimum term of two years imprisonment.

National Drug Co-ordination Committee was also set up to plan and coordinate action against 'the drug menace', where a two-pronged strategy of supply and demand reduction was adopted. Narratives of fear that included the repercussions of drug use, both morally and legislatively, were also frequently published in the mass media to demonstrate the rigidity and strict rule of the criminal justice system in Singapore (ST, 15 May 1973; 14 May 1974; 1 November 1975; 22 February 1979).

Similar dominant discourses to protect youths from the 'most destructive disease ever known [for] destroying its victims physically, mentally, and morally' (op. cit) existed and were continuously reiterated by the state in the eighties. The typification of drug use as a disease was further evident in numerous speeches and newspaper articles that referred to drug use as a 'contagion' (op. cit), 'plague' (op. cit), and 'infection' (MS, 17 March 1984). While the act was more crucially moralised as 'deplorable' (op. cit), and 'an individual and social evil' (op. cit), the situation of drug use in Singapore was variously described, and characterised as 'worrying' (MS, 15 September 1989), and 'growing grimmer with each passing year' (op. cit).²⁸ It was even 'more alarming...and severe' among the Malays (ST, 21 February 1988; 13 March 1988), largely due to the contention that 'Malay addicts have the practice of taking drugs in groups on a sharing basis' (ibid). The profile and image of the addict and trafficker as Malay and from the lower income group and unskilled class of workers as portrayed in the seventies was also reiterated in the mass media to show the extent and persistence of the 'problem' (ST, 1 March 1988). Western influence as 'a perverse inversion of values' (op. cit) was also continuously employed as a discourse to strengthen their claim that the origins of drug use were derived from the West 'with the worship of Western idols ... [and] the imitation of their lifestyles and their philosophy which were associated with the encouragement of drug abuse' (MS, 22 November 1983). This, in turn, resulted in the 'erosion of moral and ethical values' (op. cit.).

Moral narratives of penitence and regret, which were previously present in the seventies, coupled with stories of pain and suffering, continued to be employed as important strategies to augment and perpetuate the claim that drugs were a serious social problem in Singapore that carried many repercussions not only to the user, but also family, and society.²⁹ These stories typically sketched accounts of former drug addicts who were initially 'bored and frustrated' (ST, 1 March 1988; 5 June 1988), 'incurable' (ST, 25 October 1983), and 'anti-familial' (ibid), but who had changed after renouncing drugs, or after rehabilitation and/or punishment, and were then emotively described as 'happily married', 'financially secure', and 'family-oriented'. These not only reflect the efficacy of introducing such

²⁸ For instance, in 1988, the number of drug offenders went up to 6,000 again, causing great concern again.

²⁹ See, for example, 'Lured From Home by Bright City Lights', *Straits Times*, 18 February 1983, where a mother whose daughter was a drug addict recounted how she 'felt a stone inside [her]'.

programmes and harsh punishments to tackle the ‘problem’, but also served to maintain the government’s claim that there was a continued need to remain vigilant and careful to prevent any possible rise of drug use.

More crucially, the association and correlation between drug use, and crime was made more explicitly by the state. The claim made was the strong predisposition for a drug user to commit other crimes such as burglary, theft, rape, and other acts of violence under the influence of drugs.³⁰ These variegated claims that accumulatively constructed drug use as a social and moral problem in Singapore thus justified the state’s new regulating measures needed to protect and morally regulate not only the young but the general public. The Misuse of Drugs (Amendment) Act of 1989 re-defined the meaning of drug trafficker that was extended to include any person possessing ten grams of cannabis resin or three grams of cocaine. More severe punishments were also included,³¹ and numerous narratives, editorials and reports commented on the efficacy of such punishments (ST, 2 March 1980; 6 March 1980; 18 February 1983).³² More pertinently, there was also a change in policy related to discipline, namely the imposition of corporal punishment for severe indiscipline in the drug rehabilitation centres. A two-month nationwide anti-drug abuse campaign was also mounted that targeted school children, youths and their parents, while teachers, youth leaders, and community leaders were also mobilised for greater involvement in the ‘war against drug-taking’.

It is also crucial to note that during this period, there existed negligible counter-discourses that provided alternatives to the prevalent dominant discourses, or to report any form of grievance that discredited the efforts of the current policies, with the exception of a few newspaper articles.³³ Even so, the overwhelming majority of editorials asserted and supported the need for harsher social penalties to ensure the ‘problem’ should not deteriorate. These cumulatively provide the resilient basis that continues to construct contemporary drug use as both a social and moral problem in Singapore.

³⁰ While the association between drugs and other forms of crime was highlighted in the mid 1970s in newspaper articles (see for example ST, ‘Common Crimes of Drug Abuse’, 25 November 1973; and ‘Four Youths High on Drugs Attack Couple Making Love’, 26 June 1973), this was made more pronounced in the eighties both by the state and mass media.

³¹ For instance, those subject to the death penalty now included any person in unauthorised possession of more than 1.2 kilograms of opium, more than thirty grams of cocaine, more than 500 grams of cannabis, or more than 200 grams of cannabis resin. Further, the mandatory two-year term of imprisonment was increased to ‘not less than 3 years’ for ‘repeaters’ – those who were convicted of an offence which they had committed before.

³² One of these editorials commented: ‘What is the use of humane methods if they do not achieve what must be the ultimate goal of any plan to beat drug addiction?’

³³ See, for example, ‘Baey Denies Charges of Brutality at Drug Centres’, *Straits Times*, 22 June 1983, Baey, the then President of SANA, refuted the claims made by a doctor who reported the grievances of inmates that included homosexuality and brutality by the wardens. See also the subsequent replies in the *Straits Times*: ‘Ministry Team to Probe Charges on DRCs’, 24 June 1983, and a reply by the doctor (John Lee) ‘Not My Intention to Charge There Was DRC Homosexuality’, 25 June 1983.

Contemporary Constructions of Drug Use in Singapore

The nineties and the new millennium witnessed a continuation of strategies that were previously employed in the past two decades to reinforce the claims made by the state that drug use required strict moral and social regulation. Since 1992, the number of known drug users arrested in Singapore amounted to approximately 11,400, which was about 4 per 1,000 in a total population then of 2.9 million (SANA, 1992). While there were fewer reports of arrested users, ministers reiterated that 'the problem [was] far from over' (ST, 22 March 1990) and hence 'Singapore must stay tough' (ST, 27 May 1990). Continuous calls to curb such a 'social plague' (MS, 12 February 1990), 'insidious menace' (MS, 10 April 1990), 'pernicious habit' (MS, 1 November 1991), and 'heinous crime' (MS, 9 June 1995), particularly with reference to the Malay community (ST, 16 January 1990; 14 July 1990; 1 June 1992; 6 June 1994; 14 September 1994; 18 April 1999)³⁴ who 'lack the right values' (op. cit), were made in print and other forms of media. The moral and emotive dimension embedded in this 'war against drugs' was further augmented by similar strategies such as the emotive reference to 'the parents, spouses, and children of addicts [who] have suffered tremendously from their irresponsible habits' (MS, 2 October 1994), and claims that users 'have brought nothing but pain and suffering to their families and loved ones' (ibid). Associated with these references were the persistence of similar moral testimonies of rehabilitated drug users, and their families, and that punishments such as caning should be meted out accordingly to curb the 'problem' (ST, 22 January 1992; 16 October 1994; 18 October 1994; 18 April 1999). An editorial made constant references to the distress experienced by family members, and the moral imperative of familial responsibility:

Drug taking, because of the size of the problem and the untold miseries it has inflicted on the community, should no longer be seen as a medical condition. It is a crime, no less. It has to be when children grow up with absent fathers or mothers and very probably land in the same venomous pit as their parents. It is also a crime when an ageing mother has to visit her grown-up sons in the DRCs [drug rehabilitation centres] and care for them when they should be the ones taking care of her. It is also wrong when a woman is left to fend for herself after her husband made her pregnant the first day he left the DRC, only to end up behind bars again within a month (op cit).

More crucially, attention was diverted from societal and parental responsibility to the individual user, 'who should not blame his family or society if he [sic] [gave] in to the temptation of drugs' (op. cit). It was

³⁴ These articles further reiterate the profile of drug addicts as racially 'Malay', and stereotypical attributes linked with the racial category.

reiterated that 'the responsibility of preventing drug addictions and protecting youths from drugs [does not] rest on the Government and community groups' (MS, 26 June 1996). Additionally, counter-discourses such as the 'argument for the legislation of narcotic drugs' were silenced and regarded as 'unthinkable' and 'ill-conceived and unhelpful' (op. cit).

During this period, the government drew upon diverse sources of information that came mainly from local studies commissioned from organisations such as SANA and CNB, newspaper articles, and other forms of media, to construct a more detailed profile of the drug user. Typically, there were significantly more male than female drug abusers; they tended to have poor educational attainment, and to live in 2 and 3 room flats in public housing estates. This again reflects the fact that the majority belong to lower middle and lower income groups. Psychologically, drug users were constructed as those who held a fatalistic view of the world and a poor self-image (Ong and Isralowitz, 1996), and as such, were less willing to accomplish and to achieve. They have the tendency to be more rebellious against rules, regulations, social institutions and authorities. For instance, a psychological study of drug users in the army showed similar findings (SANA, 1990) where 'drug users were found to be neurotic, tense, and excitable, aloof, and stiff in social relations, and undependable in moral standards' and 'were also found not to be very intelligent and not bothered about gaining social approval' (Ong and Isralowitz, 1996).

The Case of Recreational ATS Use

However, the introduction and appearance of recreational synthetic and amphetamine-type substances (ATS), popularly termed as 'designer drugs' in the early to mid nineties was regarded as a social 'scourge' (CNB, 2003) of graver repercussions by the state not only because it 'was deadly and associated with much violence' (op. cit), but more crucially because it affected the young, again both in terms of physical and emotional health. Such drugs were described as 'particularly sinister to the impressionable young' (ST, 5 August 2003), 'synthetic nightmares' (Today, 23 March 2004), and 'shockers' (WT, 15-16 November 2003). Youths were commonly depicted as those 'who copy meaninglessly and mindlessly American and British youth, who take Ecstasy and other drugs at "raves"' (ST, 29 March 1996), and as ill informed, possessing 'superficial knowledge of the subject' (ST, 2 June 1999) and 'the mistaken belief that synthetic drugs are harmless, not addictive and not so harmful as other drugs' (3 March 2004). The emphasis that it 'can cause permanent damage to a person's brain and body' (ST, 27 June 1996) and 'induce violent behaviour' (CNB, 2003; ST, 15 September 1996) thus necessitated and justified even more stringent

regulation³⁵ since it was also regarded as 'an international problem in the twenty-first century, surpassing the threat posed so far by plant-based narcotic drugs' (MS, 5 April 1997; ST, 30 November 2002). In so doing, the government again claimed a link between drug addiction and crime committed to support such 'self-destructive habit[s]' (ST, 31 March 1996)³⁶.

A series of moral stories that were often unrepresentative of the threat claimed by dominant state discourses included particularly the case of Britain's Leah Betts³⁷, who was continuously used as an example of the fatal repercussions of ATS. Such stories once again depicted similar narratives of progress, repentance, and fear with regards to ATS use in a way similar to the narratives of the seventies and eighties (HT, October 2002; ST, 13 June 1995; 25 May 1996; 3 June 1996; 7 July 1996; 23 July 1998; 8 November 1998; 2 December 1998; 20 September 1999; Streets, 6 November 2002; TNP, 23 June 2002, 29 June 2003). More pertinently, experts and research studies were used to further reinforce and legitimise the claim that ATS use was a serious 'problem' (ST, 21 April 1996; 7 June 1996; 5 August 2003)³⁸, particularly since ATS users now accounted for 54 per cent of all drug users (ST, 5 March 2003; Today, 3 March 2004). This increase, coupled with similar increases in other ATS-related offences (ST, 15 February 2003; 21 November 2003), readily made ATS 'a new Public Enemy No.1' (op. cit) in the new millennium.

³⁵ In terms of legislation in Singapore, the Misuse of Drugs Act has included ATS substances such as methamphetamines, and ecstasy (MDMA) under Class A drugs, in which capital punishment is mandatory for trafficking certain amounts of such substances such as 'Ice' and 'Yaba'. However, it is important to note that there are differences in terms of punishment and rehabilitative strategies between synthetic drug users, and opiate drug users (i.e. heroin, morphine and opium users). A CNB spokesperson commented in *I-S Magazine* (24 September 2004) that 'DRC (Drug Rehabilitation Centre) is *only* for offenders for opiate drugs...Those caught for opiates will not be charged in court and will not get a criminal record for their first and second offences. They will be sent to DRC ... but those caught for synthetic drugs like Ice, Yaba, Ecstasy and ketamine will be charged in court and get a criminal record'. Further, she noted that 'Singapore's drug legislation dates from when opium and heroin were rampant and there were no synthetic drugs around, hence there aren't rehabilitation programmes for them' (emphasis mine). In other words, arrested synthetic drug users, even first or second timers, are not able to undergo rehabilitation, but are imprisoned and given a criminal record instead, unlike most opiate drug users.

³⁶ In the article, a minister used various selected examples such as 'a repeat drug offender suspected of murdering a Japanese tourist' and a drug trafficker who 'had been in DRCs six times' to underscore the claim that the drug issue not only had an association with crime and was thus a serious social problem, but that there 'was a need for tougher measures'.

³⁷ Leah Betts was one of a small number of fatalities who collapsed from and subsequently died of water intoxication as a result of drinking water excessively after she had taken Ecstasy on her eighteenth birthday.

³⁸ In one of the articles (ST, 21 April 1996), a recent study by Sheffield University that 'confirmed that long-term abuse destroys the liver and damages the heart and brain' was employed to reinforce its claim.

Numerous campaigns depicting these issues were disseminated on television, cinemas, posters, postcards, magazines, Internet and the radio. Graphic images in the form of advertisements and posters portraying a young vomit-spattered male on a toilet floor, another well-dressed youth who wet his trousers and a woman sprawled on the ground with her lower undergarments exposed were further strategies as part of the state's battle against ATS use. Other advertisements included animal caricatures with short quips that reiterated the repercussions of drug use that 'there's never a happy ending in drug abuse' and thus reasserted the numerous claims made by the state with regards to the moral and social problems attached to ATS use.³⁹

The profile of ATS users, particularly Ecstasy, Ketamine and Ice (or Yaba), was similarly categorised both racially and in terms of class. Chinese youths became the 'typical user...who has not completed secondary school' (ST, 20 September 1999; 6 November 2002; 15 November 2003) and normally comes from 'low income groups' (ST, 17 October 1996), although there is a recognition that some users are from middle-income backgrounds.

Discussion

It needs to be reiterated that this paper is *not* so much concerned with whether there exists an objective truth to the multiple claims made with regards to general drug use, including ATS use in Singapore. What it addresses more pertinently is the *processes* involved in the construction of drug use as a social and moral problem in Singapore, and the meanings these dominant discourses accord to such a social phenomenon. In doing so, it has looked at the various strategies and claims made by the state and other claims-makers across time to support and legitimise these claims-making processes. It thus shows how the drug problem here is constructed and politicised.

It is equally important to note that the meanings attached to drug use in Singapore have shifted through time, and such transformations further augment the argument that such issues are very much contingent on a particular socio-political milieu. While drug use is presently constructed as a social problem, this was not necessarily so at different time periods, such as during the times of early British rule. As the case of the colonial period demonstrated, many people, especially the ruling class, were in fact less than convinced about the malignancy of opium. Instead of regarding all forms of opium use as a vice (and in this case, further extended to the generic category of illicit drugs in contemporary times), there existed a complex value system

³⁹ Some examples of these quips include 'Fiona Chameleon could change her colours anywhere she went. But once she started on Ecstasy her colourful life was spent', 'Mummy told Kenny Kangaroo: "Ketamine is very bad". But Kenny didn't listen to her. And now he's gone quite mad', and ' "I wish you peace," said Mak the rabbit. His friends gave him drugs. Now he can't kick the habit'.

regarding the matter. Opium was seen variously as a crucial medicine, a necessary stimulant, a relatively harmless luxury, or a harmful iniquity. The fact is these meanings co-existed, though dominant state discourses now mainly depict drug use, particularly ATS use as harmful and immoral. In other words, these changes over time showed that the meanings attributed to drug use could easily shift from being initially acceptable and normalised in the early 1800s to being the object of increasing and persistent censure and demonisation in contemporary times.

As such, claims-makers in Singapore inevitably choose to centre on particular aspects of drug use at a particular point in time, and do not merely claim that drug use is a 'problem'. In other words, there exists a conscious selection and silencing of information and knowledge to support such dominant discourses. The use of a particular type of discourse can be employed to the advantage of a select group of claims-makers, and this can change over time and context. In the process, drug use is characterised, through the process of typification (Best, 1995), as a problem of a particular sort. In such a process, claims-makers have asserted that drug use is both a moral and social problem. They thus locate the sources and causes of the problem, and concomitantly recommend solutions and regulatory mechanisms to alleviate, if not eliminate, such a problem. In other words, such discourses frequently link drug users with particular moralised practices in such a way as to impute a wider social harm that will be occasioned unless users and drug use itself are appropriately regulated. While there existed counter-discourses in colonial times, and allowances were made for them, there was negligible space for such resistance to exist, except in the realm of practice, even if these dominant meanings did not coincide with the experiences of active drug users in contemporaneous times.

Such depictions that are disseminated in the mass media and speeches reveal seven thematic patterns:

1. Firstly, drug use (including ATS use) is often typified as a moral issue both in colonial and contemporaneous periods. While this takes various forms at different historical periods, these accounts have played upon numerous aspects of familial experience, whether actual or desired, so as to arouse or produce emotional responses. To further elicit such negative reactions, there is an emphasis on and detailing of the degeneracy of moral values and moral responsibilities within the family, and this is, more often than not, drawn from examples of moral narratives of regret, and improvement of rehabilitated drug users, especially after the Second World War. Drug use was typified as a morally irresponsible act towards the family, and the depiction of a home fractured by drugs was a favourite trope employed by state agents. More significantly, the fear of 'Western' incursion into the values of family and society in Singapore was similarly employed as a rationale to further reinforce the government's claim that drug use was indeed a social problem. The use of moral and emotive descriptors that characterise drug use as 'evil', a 'scourge', and a 'menace'

throughout the history of drug use in Singapore similarly reasserted the moral dimensions embedded in such claims-making processes.

2. Secondly, and associated with the first point, is the deployment of scare strategies and narratives of suffering and pain that detail the often gory facts of injury, and circumstances that surround such a phenomenon. These often include details of near death experience, and the harsh legislative penalties meted out to arrested offenders. Both local and global stories are used to show the extent and magnitude of the 'problem'.
3. Thirdly, the call against drug use is not only typified as a moral issue, but also one that conjoins other discourses as well, particularly its effects on one's ability to care for oneself. It brings into the equation discourses of health and economics to further reinforce and justify the need to curb drug use in Singapore. Particular emphasis on ATS use in contemporary periods generally shows that there are high costs and risks involved in terms of health and rehabilitation.
4. Fourthly, a profile of the drug user or offender that often includes a particular racial and class background is formulated. Associated with this are particular attributes that are stereotypically linked to a particular race or class. This, of course, changes over time. For example, what was originally a 'Malay' problem and a lower class problem shifted to one that typified the user, particularly ATS use, as 'Chinese'. More crucially, particularly after World War II, the profile included young people, which further reinforced the claims that stringent action was needed. Youths were seen as impressionistic and vulnerable, and thus needed protection. Young users were depicted as ill informed and their reasons for using ATS were often declared to be meaningless escapes from reality, and an aping of Western culture without careful deliberation on the repercussions.
5. Fifthly, claims are made reasserting that there is a close association between drugs and crime rates in Singapore. The point here is not to argue that drug use is a crime (which legislatively it is), but that drug use is a reason to commit other criminal activities in Singapore, and thus has increasingly attracted the attention of policy makers and the general public. These reports are similarly augmented by research that links drug use and crime together (Denbo, 1993; Inciardi and Pottieger, 1991; Johnson, et al. 1991; Shulman, 1991).
6. Sixthly, there is a tendency to rely heavily on experts and other official sources to show the scale and extent of the 'drug problem', particularly during contemporary times, with little regard to users themselves. The use of experts to support the government's claims adds legitimacy to what has already been an entrenched construction of drug use. These groups claim for themselves, by virtue of their specialised fields of knowledge, the authority to label what is dangerous, and subsequently

to prescribe solutions to curb the use of such illicit drugs. The claim that such increases are 'alarming' and 'pervasive' thus requires close and harsher legislation against drugs.

7. Lastly, while the 'problem' is existent and calls for the need to be vigilant, it is paradoxically also 'under control'. In other words, to justify the existence of the drug problem, claims-makers must demonstrate that the problem still exists. The need for regulation is therefore necessary to curb infractions. However, claims-makers also must demonstrate that their attempts at enforcement and control are effective, and that the drug problem they deal with is in fact being dealt with adequately. Thus, claims-makers typically oscillate between two kinds of claims. They argue that by reason of their efforts the drug problem they have dealt with is approaching solution. However, in the same breath, they also contend that the problem is worse than ever (though through no fault of their own) and thus requires renewed and increased effort to keep it under control. As such, these claims often tend to divert blame and attention away from societal forces, and put the onus of responsibility mainly on the individual her/himself. In other words, such accounts often reiterate the idea that drug use is a completely individualistic phenomenon for which the user is solely and absolutely responsible. In so doing, drug use is ripped out of its social context.

The official position of legislating against drug use, whether during historical or contemporary periods, exists as a concern of the state in administering the social to produce a certain social order. Since its founding, Singapore, like many other political systems, has had an interest in maintaining conditions conducive to its long-term survival. To a large extent, economic interests have taken precedence, regardless of whether claims-makers and the state sought to legalise drug use or not. Historically, drug use, especially the use of opium, was largely supported in the early colonial history of Singapore because this was not only a useful source of revenue for the British colonial government, but was also highly profitable for a segment of the capitalist class in Singapore, namely the Chinese opium farmers. In fact, as discussed earlier, it was postulated in the late nineteenth century during British rule that the loss of revenue would 'render the Government of India insolvent' and that abolition 'could not be considered within the scope of practical politics' (British Parliamentary Papers, 1971:431). Thus, while the government expected the proceeds from the opium farms to support an ever-expanding administration, the opium farmer was principally more concerned with maximising the return on his investment. Those who were against drug use, on the other hand, saw it as producing the antithesis of the productive and efficient worker. It removed their workers away from productive labour and thus posed a threat to the reproduction of capitalist interests in Singapore. To a large extent, anti-drug discourses and campaigns were closely associated with the needs of state-building. This was evident throughout Singapore's

history, but became particularly pertinent when she gained her independence in 1965. The ruling class in Singapore, which was also the political elite, maintained that an ideology of pragmatism was especially pertinent for the survival and sustenance of a nascent, independent nation-state (Chan and Evers, 1978; Chua, 1995; Rodan, 1993; Vasil, 1984). The state was thus engaged in a project shaped by the rationality of 'progress.' Furthermore, these elites orchestrated hegemony and managed to convince large segments of Singapore society – namely the press, the general public, the courts, and law enforcement – that one of the enemies of the state was the drug user and that there was a need to deal with her/him more stringently in order to ensure Singapore's 'progress', or what Smith (2004:226) terms 'the utopian goal of the future'.

Such ideologies continue to be largely embedded in the political discourses of the ruling class in Singapore. Associated with this is the state's support and validation of values that corresponded with productivity and capitalist interests, namely sobriety, self-control, rationality, industriousness, and asceticism. These idealised values were seen to be absent from drug users, who, many claims-makers argued, were purportedly incapable at the time of intoxication of 'rational' choice and only became capable of wise, personal choices when they were no longer intoxicated or 'high'. In fact, Vallance suggests that 'the addict is likely to become more and more physically debilitated and there is a strong chance that he (sic) will relatively quickly actually kill himself by his activity. Addicts are also seen as "lacking in initiative" or "having little drive or ambition", that is, qualities which are often not highly thought of in our success-oriented society' (1975:19). These consequently had implications for productive work, which was especially important not only for the early stages of state-building in Singapore, but also to ensure the sustenance and reproduction of the capitalist social order. Alternative realities and social orders, in other words, are not acceptable and valued, especially when it detracts the labourer away from capitalist interests. As such, the state maintained its right to legislate, intervene, and minimise such consequences by invoking compulsory powers in treating and punishing drug users as criminal. As Hall et al. (1978:216) suggest, the state can assume 'total social authority...over the subordinate classes' in such a way that 'it shapes the whole direction of social life in its image'. Thus, 'social problems', including drug use, are oftentimes social phenomena that threaten, or are seen to threaten the values, sensibilities, and dominant interests of capitalist society.

Concluding Remarks

Drug 'wars', anti-drug scares, and other periods of marked public concern about illicit drugs are never merely responses to the difficulties people can have with such drugs. The premise of this paper is that it is equally pertinent to understand the patterns and processes of acute societal concern that

cumulatively construct illicit drug use as a social and moral 'problem'. This paper has demonstrated the importance of historical analysis in the study and overview of drug use in Singapore, and situates the recent use of recreational ATS use in this historical spectrum. It has also shown that the meanings of drug use have changed over time and context depending on particular socio-political conditions. More crucially, it described and analysed the multiple claims made by claims-makers that accumulatively augmented the need for stringent solutions in the form of rehabilitation and punishment to ensure that the 'drug problem', particularly ATS use, is reduced and alleviated.

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