

THE UNIVERSITY OF HULL

Ethnicity and Drug Abuse: The Case of the Singapore Malays

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by

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ETHNICITY AND DRUG ABUSE IN SINGAPORE: THE CASE OF THE MALAYS

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PART I
BACKGROUND AND METHODOLOGY

CHAPTER ONE

INTRODUCTION

The use and abuse of drugs has been a feature of virtually every society since time immemorial. Terms like "drugs", "drug use", "drug misuse", "drug abuse" and "drug addiction" are, however, relatively recent additions to the vocabulary even though they are associated with a phenomenon which probably predates the use of language itself. Historical records show that people consumed the juice of opium poppies, chewed coca leaves, dried peyote cactus, smoked hemp and ate certain vegetable matters for medicinal, religious and recreational purposes for centuries (see Hess, 1980). These various practices were often related to socio-cultural systems and religious beliefs which accorded them special meanings and significance to their perpetrators.

The earliest forms of drug use were, however, highly likely to be for magico-medicinal purposes rather than for recreation. In fact, the earliest use of the opium poppy for its sedative effects is believed to be by the Sumerian people of Asia Minor, who referred to a "joy plant" in their primitive writings from as early as 5000 BC. (Hess, 1980; O'Brien, Cohen and Fine, 1992:ix). Archaeological evidence also shows that opium was widely used in ancient Greek civilization. In ancient Rome, the Greek physician Galen was said to have prescribed opium as an antidote against such conditions as headache, depression and poisoning (Hess, 1980:5). Ancient Chinese documents also mentioned the use of both "ma-huang" (from the species *Ephedra sinica*) and the hemp plant "*cannabis sativa*" for medicinal functions around 3000 BC. Even the Old Testament contains several mentions of medicinal herbs such as spikenard, saffron, calamus and cinnamon.

However, the first purely recreational use of drugs arguably started with the invention, quite possibly by accidental fermentation, of alcohol and the discovery of its intoxicating qualities. Since then, man has learned to enjoy the state of altered consciousness which alcohol and other psychoactive substances produce for its own sake. Man's drunkenness from alcohol has been described in many early writings, from the Old Testament to ancient Greek classical literature.¹ Historical records also show that alcohol-induced

pleasures often led to overindulgence, loss of inhibitions and other "problematic" behaviour leading to the introduction of social control measures. Thus, the early Roman Empire introduced anti-drunkenness laws from as early as 100 A.D. (O'Brien, et al, 1992:x). Substance use either conforms to or violates a society's social norms depending upon the collective beliefs and values of its members or the intervention of certain "moral entrepreneurs" who employ anti-substance use crusades for political ends. It must be noted that such cultural values and attitudes towards substance use are not static but in fact vary across time and between places. Thus, in American society, alcoholic beverages and other psychoactive substance use which were deemed so problematic as to require Prohibition at one time is now an accepted and important form of recreation. On the other hand, opium use which gained widespread approval among the literati and in "high life and fashionable circles" (Glatt,1980; Hess,1980) in 18th and 19th-century Europe is now a highly proscribed substance. One commentator sums it all:

As far as our historical survey goes, it indicates that drug use and mankind coexisted for thousands of years without drug use being considered a social problem, or perhaps even considered "bad". Only during the last few hundreds of years did it come to be regarded as such. (Hess, 1980:19)

The recreational use of drugs and psychoactive substances has persisted to this day although its patterns and purposes have expanded considerably over time. One drug researcher has commented on the changes:

Recreational patterns of use differed from "traditional" patterns; from alcohol to cannabis, the meaning of substances changed in three ways: their operational definition, their symbolic role, and their use in time and place. (Husch,1992:296)

Hence, drugs are now used primarily for their mood-changing and other sensory effects which the users come to define as positive and pleasurable. Hence, many users of drugs do so simply to "get high" or feel good. Drug use has also become a symbol of personal freedom, self-expression and escape, especially for those whose social advancement has been blocked by structural factors and lack of institutional means. Finally, the pattern and meaning of drug use have also been altered considerably in a modern industrial society where the work place is clearly separated from home and work time is distinct from leisure time. Whereas substances such as alcohol, cannabis and

opium used to be consumed together as part of a religious or other communal activity or even to increase farming output, modern production procedures tend to exclude the use of drugs. The definition of drug use as a social problem or a social reality thus vary considerably across time and cultures. As Husch (1992) puts it:

The problem of drugs is not a question of chemistry but a question of culture, a menu of symbolic and concrete choices for action. Cultural processes give meaning to drugs. (Husch, 1992:294-5)

He aptly warns:

To ignore the social reality of any particular form of drug taking is to invite failure when implementing policies for social change. (Husch, 1992:295).

In short, drug-taking behaviour and its meaning for people can only be understood when attention is given to the social, historical and cultural context. Far too often preventive education and treatment programmes pertaining to drug use fail because of an inability or unwillingness to understand the social and cultural contexts of certain communities, especially ethnic minority groups. It is in this context of understanding ethnic minority drug use that the present study is concerned.

The Research Problem

The island-state of Singapore provides an ideal social laboratory for a social-cultural study of non-medical drug use. Its heterogeneous population, constant contact with peoples and influences throughout the world and strong political stance against drug abuse and trafficking make an interesting case for studying the varying patterns of drug use, meanings of drug-taking behaviour as well as the impact on and responses of the various ethnic communities toward the problem of drug abuse. Specifically, this study is about the problem of drug abuse, especially heroin abuse, among the Malays of Singapore. Apart from the early period of Singapore's history when opium-smoking was common among the immigrant Chinese labourers, the Malays have always had a disproportionately high incidence of drug use in relation to their proportion in the population. In fact, they account for more than half of all the first-time drug abusers arrested in Singapore since 1987 although they form only about 14 per cent of the total population (See table 1.1).

My interest in the Malay community in general and the Malay drug abuse problem in particular, started when I was a member of the panel of advisers to the Juvenile Court (1989-1992). The preponderance of Malay juvenile offenders appearing in court used to catch my attention and sympathy. I was particularly touched by one case who pleaded in mitigation that he was so confused by the many orders he received at home from so many sets of grand-

Table 1.1 First-time Drug Abusers Arrested By Ethnicity And Year (Per Cent) 1983 - 1993

| | | Chinese | Malays | Indians | Others | Total |
|------|----------|---------|--------|---------|--------|-------|
| 1983 | (n=703) | 53.2 | 39.1 | 6.1 | 1.6 | 100 |
| 1984 | (n=710) | 43.8 | 46.3 | 8.5 | 1.4 | 100 |
| 1985 | (n=512) | 42.2 | 47.7 | 8.0 | 2.1 | 100 |
| 1986 | (n=510) | 37.7 | 49.0 | 13.1 | 0.2 | 100 |
| 1987 | (n=860) | 24.0 | 66.2 | 8.9 | 0.9 | 100 |
| 1988 | (n=1270) | 21.5 | 68.1 | 9.4 | 1.0 | 100 |
| 1989 | (n=1132) | 25.8 | 59.3 | 13.6 | 1.3 | 100 |
| 1990 | (n=986) | 26.8 | 59.8 | 13.4 | 0.9 | 100 |
| 1991 | (n=860) | 22.8 | 63.1 | 12.7 | 1.4 | 100 |
| 1992 | (n=1116) | 19.4 | 66.7 | 12.9 | 1.0 | 100 |
| 1993 | (n=1293) | 22.2 | 61.4 | 14.4 | 2.0 | 100 |

Source: Compiled from figures provided by Central Narcotics Bureau, Singapore.

parents, his parents each having remarried more than once. This case has prompted me to search for social-cultural explanations for the preponderance of Malay involvement in many social problems, including drug abuse. As a sociologist, my "sociological imagination" was further fired when I was appointed a member of the Drug Rehabilitation Centres (DRC) Review Committee. The vast majority of cases reviewed by the Committee were, not surprisingly, Malays.

Tables 1.1 - 1.3 show the extent and seriousness of the problem of drug abuse in the Malay community in Singapore. Whereas Malay Singaporeans formed only 14.1 per cent of the total population (Lau, 1992), they accounted for 63.1%, 66.7% and 61.4% of all first-time drug abusers² arrested in Singapore in 1991, 1992 and 1993 respectively. In contrast, the Chinese who made up over 77% of the national population were responsible for only between 19% and 22% of all first-timers arrested between 1991 and 1993. This is further illustrated in Figure 1 below. Table 1.1 also shows that the Malay drug abuse problem peaked in 1988 when 68.1% or 865 of the first-time drug abusers arrested were Malays. This also meant a 52% increase in the number of Malay abusers arrested when compared with the previous year.

Table 1.2 Number (Per Cent) Of Persons Admitted Into Drug Rehabilitation Centres (DRC) By Ethnicity And Year (1988 - 1993)

| | | Chinese | Malays | Indians | Others | Total |
|------|-----|---------|--------|---------|--------|---------|
| 1988 | No. | 1665 | 2373 | 398 | 38 | 4474 |
| | % | (37.2) | (53.0) | (8.9) | (0.9) | (100) |
| 1989 | No. | 1563 | 2110 | 509 | 60 | 4242 |
| | % | (36.9) | (49.7) | (12.0) | (1.4) | (100) |
| 1990 | No. | 1462 | 2507 | 412 | 124 | 4505 |
| | % | (32.5) | (55.7) | (9.2) | (2.8) | (100) |
| 1991 | No. | 1278 | 1941 | 561 | 43 | 3823 |
| | % | (33.4) | (50.8) | (14.7) | (1.1) | (100) |
| 1992 | No. | 1395 | 2390 | 648 | 67 | 4500 |
| | % | (31.0) | (53.1) | (14.4) | (1.5) | (100) |
| 1993 | No. | 1377 | 2573 | 715 | 75 | 4740 |
| | % | (29.1) | (54.3) | (15.1) | (1.6) | (100.1) |

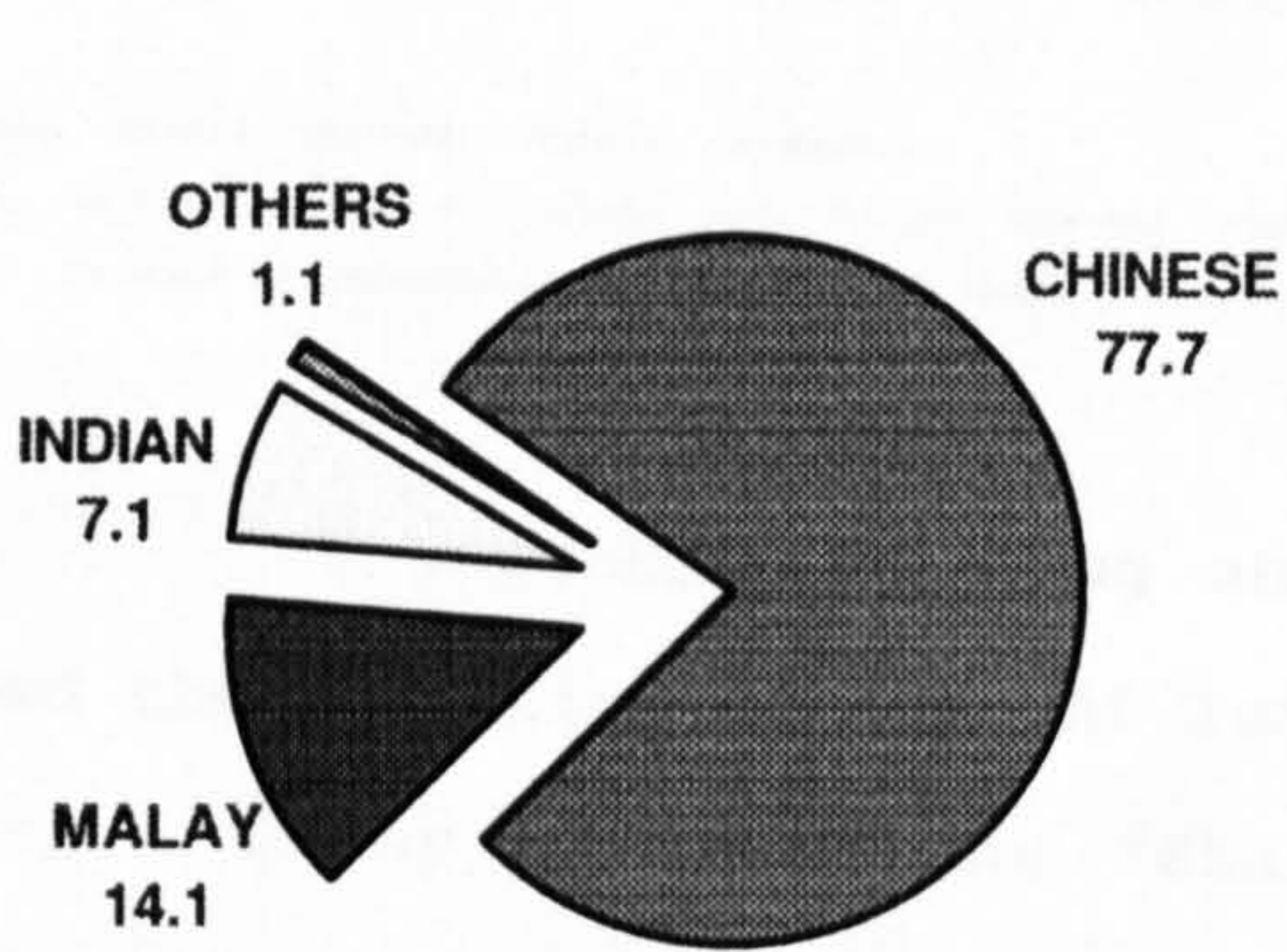
Source: Compiled from figures provided by Central Narcotics Bureau, Singapore.

Table 1.2 also shows a preponderance of Malay drug abusers admitted into Drug Rehabilitation Centres (DRC) each year between 1988 and 1993. It is noted that over half of all DRC admissions each year involved Malays although the proportion of Malays in the population averaged around 14% during those years (see also Figure 1). On the other hand, the Chinese whose numbers varied between 78.3% and 77.7% from 1980 to 1990, contributed to only between 29% and 37% of all DRC admissions. In fact, DRC admission rates among the Chinese appear to be declining. Among the other two ethnic minority groups, DRC admission rates among the Indians also appear to be overrepresented in relation to their proportion in the population. The rates for the group "Others"³ are more or less proportional to their numbers in the population.

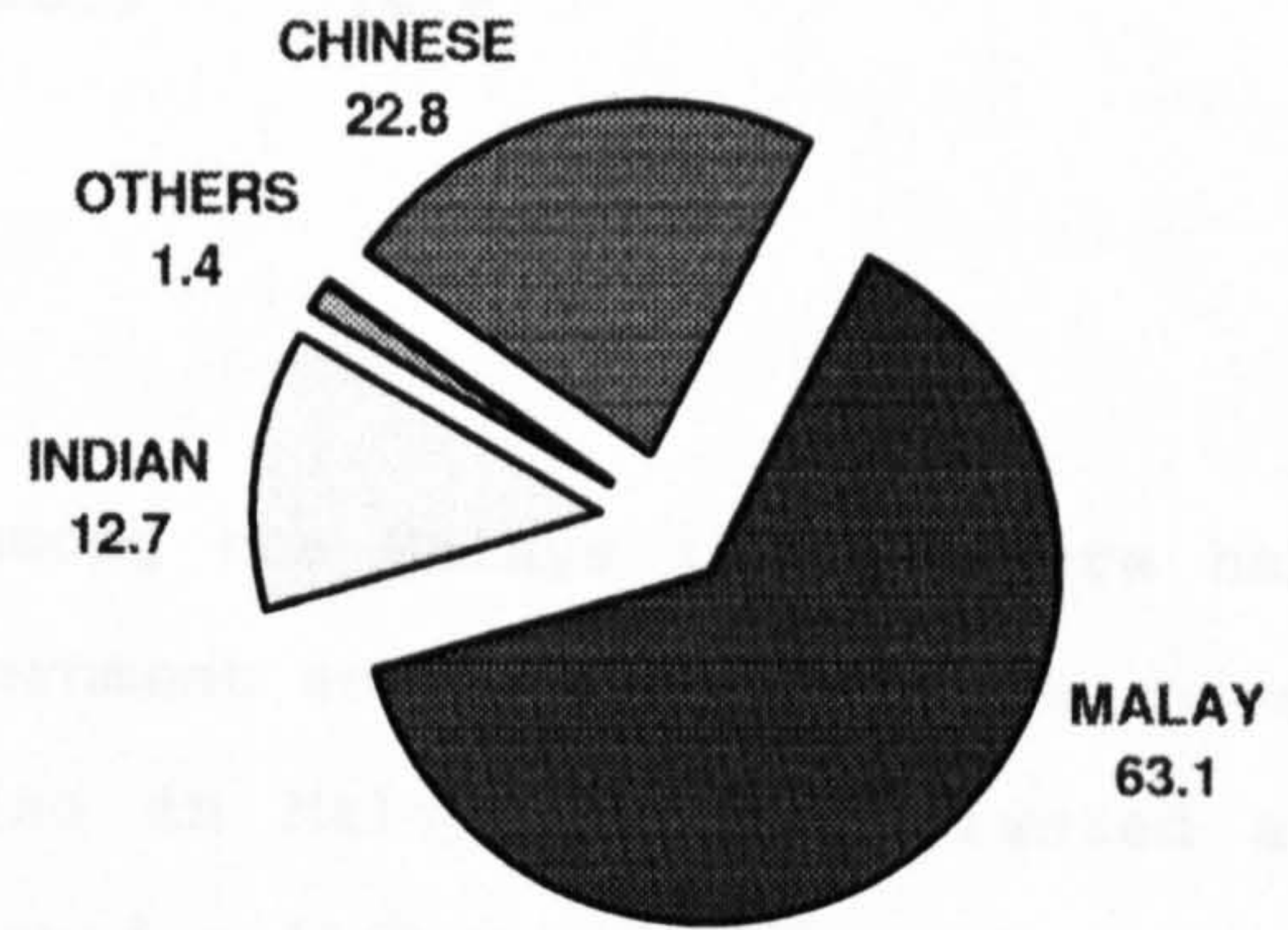
The Malay drug abuse problem is compounded by a problem of high recidivism rates. Whilst relapse rates are generally high, proportionately more Malay drug abusers relapsed to drug use after their release from the DRCs when compared with Chinese abusers (see Table 1.3). For example, in 1993, the relapse rates for Malay and Chinese abusers were 76.9% and 69.4% respectively.

Furthermore, the Malays are also overrepresented in the statistics of drug traffickers arrested in the country. 35% of all drug traffickers arrested from 1977 to March 1990 (N=2507) were Malays (Salahudin, 1990/91:80). The corresponding figures for the other ethnic groups were Chinese (48.7%), Indians (13.2%) and Others (3.1%).

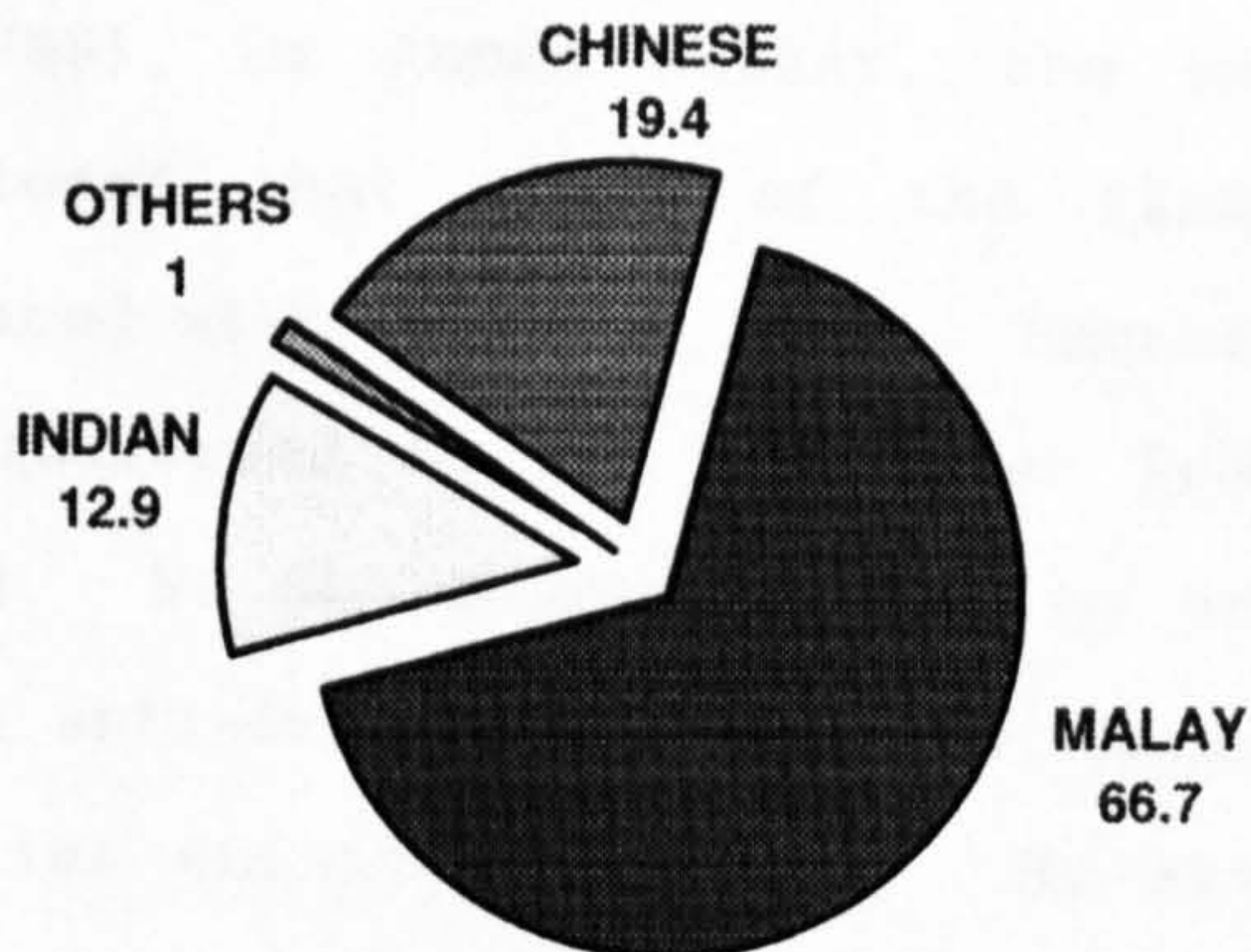
Figure 1 : Pie Charts Showing Ethnic Distribution of National Population and First-time Drug Abusers in Singapore (1991- 1993)



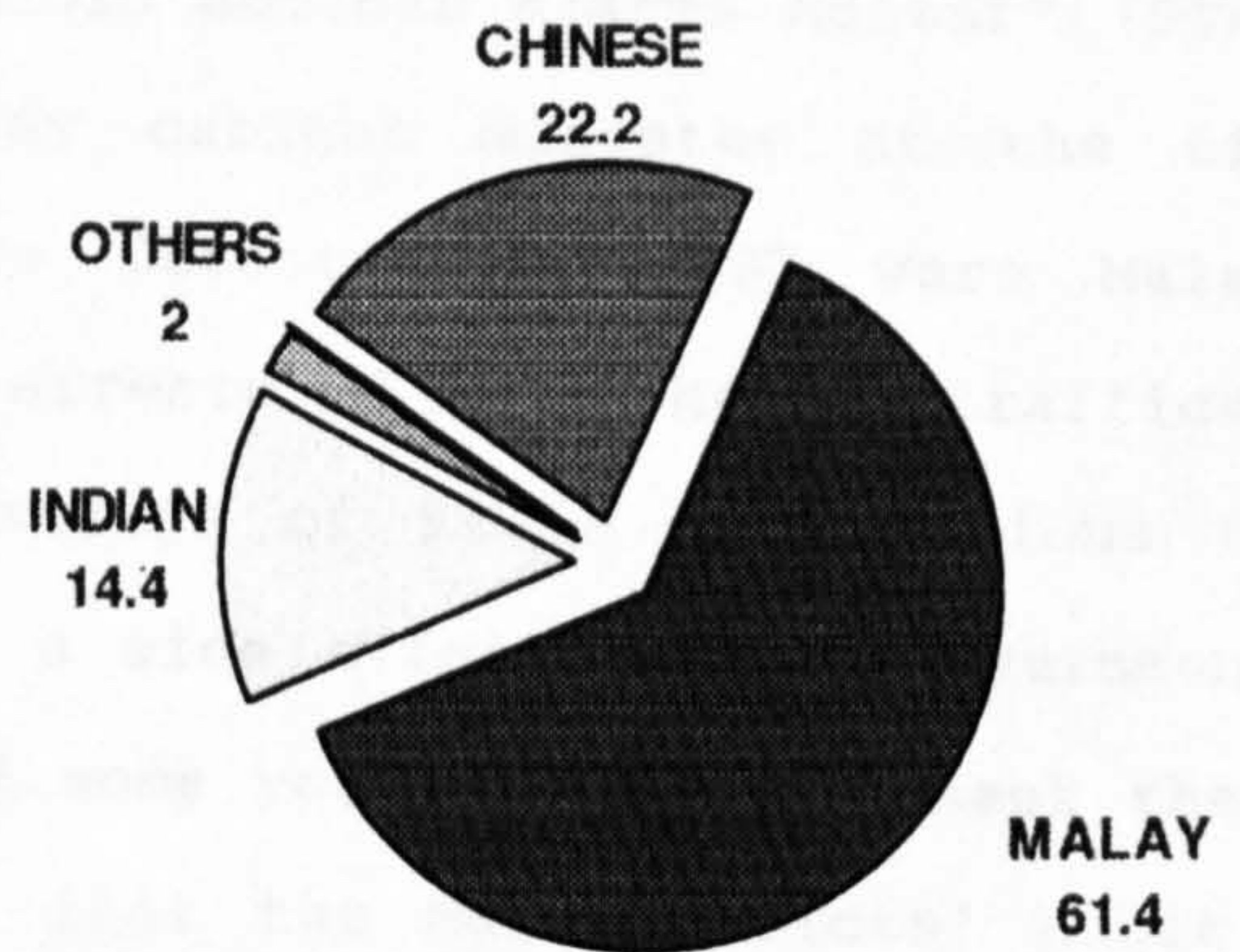
Population of Singapore (1990)*



Distribution of First-time Drug Abusers (1991)



Distribution of First-time Drug Abusers (1992)



Distribution of First-time Drug Abusers (1993)

Source : Central Narcotics Bureau, Singapore
 * : Lau (1991)

Table 1.3 Relapse Rates By Ethnicity (%)

| Ethnic Group | 1988 | 1989 | 1990 | 1993 |
|--------------|------|------|------|------|
| Chinese | 76.3 | 71.0 | 62.9 | 69.4 |
| Malays | 80.2 | 74.7 | 73.5 | 76.9 |
| Overall | 78.1 | 73.7 | 70.3 | 74.8 |

Source: Central Narcotics Bureau, Singapore.

Note: Relapse rates for 'Indians' and 'Others' are not calculated because of possible distortions due to small population sizes.

The problem of drug abuse among the Malays in Singapore has not escaped the attention of the PAP-led government as well as their own community leaders. Under the headline "Sharp rise in Malay addicts arrested alarms Sidek", the Straits Times (6/12/81) reported a 116% increase in the number of Malay addicts arrested in 1981 when compared with the previous year. Mr Sidek Saniff, a then Parliamentary Secretary and a Malay himself, was quoted as saying that this was alarming "especially as Malays form 14.6 per cent of the population". He called for a survey to be conducted among parents of Malay drug addicts so that the findings "could be used to plan preventive education and awareness programmes within the Malay community". In another article entitled "Sharp rise in number of Malay heroin addicts alarms Mattar" (STWOE, 27/2/88), Dr Ahmad Mattar, the only Malay cabinet minister at the time, disclosed that 68.3% of the first-timers detected in 1987 were Malays, compared with 40.4% in 1983. Furthermore, arrests of Malay heroin traffickers had increased to 155 that year from an average of 89 in the previous four years. He attributed the rising trend to a side effect of the government's tough anti-drug abuse measures which caused some young addicts to seek their supplies outside Singapore. He also felt that the Malay addicts' habit of sharing things in groups, including drugs as well as costs, led to the upsurge. On the other hand, Dr Matter also commented on the apparent weakening of the cohesiveness of Malay families. He continued:

Supervision by parents of their teenage children, especially the sons, is lax...Many Malay boys tended to group together and while away their time.....This erosion of moral and ethical values has

made the younger generation Malays vulnerable to negative peer pressure. (STWOE, 27/2/88:5)

The problem remained unabated and in 1989, a team of Malay community leaders warned that the growing drug abuse problem could become "a threat to survival of (the) Malay community" (STWOE, 20/5/89:4). In a paper presented at a Congress, the team led by Malay MP and Political Secretary, Mr Zulkifli Mohamed, attributed the problem to "negative peer pressure, poor parental supervision and an unstable home environment, especially among low-income Malay families suffering marital problems". The prevailing sentiment among the Malay community leaders about the drug problem is summed up by another Political Secretary, Mr Mohamad Maidin:

The drug problem has haunted the Malay community for more than 20 years. The time to solve it once and for all has come. We have lost a lot because of drugs. (Straits Times, 30/4/91)

It is surprising, however, that a problem of this nature, severity and proportion has received so little research attention. The few exceptions are a departmental paper of the Prisons Department (Soh, et al, 1991), a student's academic exercise (Salahudin, 1990/91) and a recently concluded study (MENDAKI, 1993), all of which suffer from major methodological and theoretical limitations (as will be shown later) and remain unpublished. Also conspicuously absent is the response of the academia to such a rich research potential. Only two social anthropologists (Li, 1989; Lai, 1992) make a token mention of the prevalence of the drug problem among the Malay Singaporeans.

It is this gap in our knowledge that the current research undertakes to fill. The purpose of this study is to provide empirically and theoretically significant information on the phenomenon of drug abuse, particularly of heroin abuse, among the ethnic-minority Malays of Singapore. Specifically, it seeks to examine the nature and extent of the heroin abuse problem among the Malays vis-a-vis the other ethnic groups in Singapore. Do Malay abusers differ from Chinese abusers in their pattern of heroin abuse? How much do Malay First-timers and Repeaters differ in their patterns of heroin abuse? Why do Malay youths begin to take heroin? Are their reasons significantly different from the non-Malays? How far do these reasons remain

important for their continued heroin abuse? A major concern of this investigation is also to examine to what extent does Malay culture affect the aetiology and patterns of drug abuse in the Malay community in Singapore. Finally, it is also concerned about how the Malay and Non-Malay drug abusers respond to the government's blanket treatment and rehabilitation programme. Do they differ significantly in personal motivations and experiences in the DRCs as well as preferences for treatment activities and staff?

Singapore In Perspective

Singapore is a small island-state situated just below the tip of the Malay Peninsula and at the crossroads in Southeast Asia between the East and the West. With a total land area of only 622 sq km, it has become a highly developed and prosperous city-state, surrounded by other larger but less developed countries. With no natural resources of its own, the PAP government, which has ruled the country since it gained full sovereignty in 1965, has embarked on a highly successful economic strategy of encouraging more highly technological and capital-intensive industries and foreign investment.

It has also gained regional and global importance as a financial and commercial centre and serves as a regional transportation hub for shipping and air traffic. Singapore's 1990 per capita GNP of US\$11,160 was ranked by the World Bank as the 20th highest-income country in the world (STWOE, 25/12/93), surpassing all Asian countries except Japan and Hong Kong. Its negligible unemployment (1.3%) and inflation (2.9%) rates as well as its remarkably high level of home ownership (over 80%) has enabled its citizens to enjoy one of the highest standards of living in the region (Cheung, 1990; STWOE, 28/5/94).

Much of Singapore's economic success can be attributed to the political resolve and far-sighted policies of the government led by stalwart politicians like Lee Kuan Yew and Goh Keng Swee. Much emphasis has been placed on the training and upgrading of its only resource, the human resource, for the country to remain economically and politically viable. Workers have been constantly reminded to exercise discipline, hard work, productivity and excellence in order to survive in a highly competitive environment. It is in

the context of this somewhat rigid ethos of meritocracy and excellence that the authorities find such unproductive and hedonistic behaviour as drug-taking objectionable and undesirable. It is not surprising, therefore, that the government viewed the insidious drug abuse problem in the 1970s, especially among the young male population, as a serious economic threat and responded with an all-out intervention strategy. One visiting scholar wrote:

The threat of a sizable percentage of its young males becoming unproductive liabilities as a result of heroin addiction was considered a compelling argument for drastic action.

(McGlothlin, 1980:12)

Several historical, social, economic and geopolitical features make Singapore both an interesting and important case for the study of drug use and abuse. Drug use, particularly of opium and ganja, has been associated with the early migrant population since the founding of Singapore. The multi-ethnic population provides a suitable setting for a comparative study of the varying patterns, severity and causes of drug use by each ethnic group as well as their cultural meanings and influences. The drastic and tough counter-measures adopted by the government against the potentially dangerous drug abuse situation are best understood within the context of the country's political culture and economic status. Finally, Singapore's close proximity to the "Golden Triangle" of poppy-producing countries - Myanmar (Burma), Laos and Thailand, makes drugs like opium and heroin more easily accessible. On the other hand, its small size makes it relatively easy to mobilise enforcement resources. In sum, according to Macdonald (1992), many of the same factors that have attracted Singapore to foreign investors have also made the city-state attractive to money launderers and drug smugglers. For example, its highly protected bank secrecy, good international communication network and efficient financial services have proven attractive despite the vigilance of the drug enforcement agencies.

Local Studies Of Drug Abuse in Singapore

There are few scholarly and empirical studies on the problem of drug abuse in Singapore. A thorough search of the literature yielded no more than fifteen studies which were conducted over a span of 20 years. Many of these were academic exercises carried out by undergraduate students involving, quite understandably, very small sample sizes and basic research methodologies. The students' research interests include youth and student drug abuse (Law, 1973; Wan and AuYong, 1973), female drug abusers (Woon, 1976; Teo, 1991; Siow, 1992) and drug recidivism (Lee, 1977; Chua, 1980). Only one study (Ong, 1989), based on a doctoral dissertation, involves fairly large sample sizes and reasonably scientific methods, thus warranting a special mention here.

In his recent study, Psychology lecturer Dr Ong compares a randomly selected sample of 100 agency registered drug abusers with a carefully matched sample of 100 non-abusers. Using a battery of psychological tests, his main thesis is that drug abusers differ significantly from non-abusers in their attitudinal and psychological characteristics. In his own words, "prior to drug abuse, the drug abusers tended to have a more favourable attitude towards drug-taking, but a poorer self-concept; to possess a greater tendency for risk taking and pleasure-seeking, but poorer interpersonal relationships and more negative personal values; and to be more anxious and rebellious, but less motivated and emotionally stable" (Ong, 1989:157). He concludes:

.....individuals who have some or a preponderance of these characteristics are more likely to become drug abusers.
(Ong, 1989: 157)

Ong's study, too, has a number of limitations. The first is that whilst he is careful to include members of the four main ethnic groups in Singapore, he has not tried to determine the aetiological significance of any ethnic and/or cultural difference in drug use. Secondly, his main research sample consists entirely of officially known and registered drug abusers who, granted that they were persuaded to tell the truth, might not be able to represent all drug abusers in Singapore. Thirdly, each of his non-abuser

controls was introduced by one of the drug abuser subjects, but the possible influence of this intimate contact (eg. a sibling, relative, friend or classmate) has not been controlled in the study. A fourth weakness is the retrospective nature of this study. Finally, the rating scales developed to measure attitudinal and psychological characteristics, though slightly modified to suit local conditions, are still largely a western import. Moreover, they are based on norms derived from a grossly incompatible population (ie. 'normal' people). Nevertheless, Ong (1989) provides an important empirical contribution to the small but growing body of literature about drug abuse in Singapore.

An army psychologist provides another interesting report. Leong (1978)'s study, part of a general report on youth serving in the Singapore Armed Forces (SAF),⁴ focuses on the most important population for drug studies - the young and male components of society. For example, 65 per cent of all arrested drug takers in Singapore during the period of his study fell within the 14-29 age cohort. Using *official* statistics, Leong shows a dramatic increase from only 5 cases of soldiers being convicted of a drug offence in the SAF in 1974 to 154 cases in 1976, a carbon copy of the national trend.

He further cautions that the actual number may be many times larger if one includes unconvicted and undetected cases. Interestingly, Leong (1978) is one of the earliest researchers to have noted the over-representation of Malays in drug abuse statistics: "Malays form about 17.2 per cent of Singapore's population but account for 25.5 per cent of all drug takers arrested" (Leong, 1978:20).

His findings are based on two waves of research carried out around 1977, the first one involving 120 hard drug abusers in the SAF. The other consists of 655 unconvicted "self-confessed" drug abusers and a matched sample of 500 non drug-takers as a control group. The first study reveals that most of the hard drug abusers studied were premature school leavers, attended English-stream primary schools and had a history of unsteady work pattern. Furthermore, significantly more drug takers had a history of delinquency than their non drug-taking counterparts. The second study also reveals that

significantly more of his drug taking subjects than non drug-taking controls were of low educational attainment and had criminal antecedents, both before and during national service. Hence, while 21.4% of the drug takers had committed civilian offences before entering the army, only 4.6% of the "control" group had similar records. The former were also more likely to commit such military offences as AWOL (absence without official leave), insubordination, malingering, fighting and gambling etc. and generally made "troublesome, ineffective soldiers" (Leong, 1978:23).

Both studies also report that about a quarter (23%) of all the drug takers studied had lost at least one of their parents and/or had parents who were either divorced or separated. This evidence lends credence to the several theories (see Coombs (Ed), 1988) that have proposed aspects of family disintegration as factors precipitating drug abuse. However, Leong also finds that a similar proportion (21%) of his matched non-user sample had a similarly adverse family situation. He concludes that, in the final analysis, it is the quality of home life that makes the difference. He claims that this is borne out by his detailed case studies of drug abusers.

Leong's statistical evidence seems to suggest a correlation between drug-taking behaviour and factors like low education, delinquency, unsteady work pattern and adverse family background. However, as shown above, his statistics are not always convincing and, in any case, do not show any clear cause and effect pattern. In fact, he has not shown how his statistics were arrived at. Moreover, he proposes three "motivational factors" for a drug taker's decision to continue with the drug habit - drugs' pleasurable effects; drugs' ability to suppress anxiety and ease tensions; and, fear of the onset of withdrawal discomfort, without providing any statistical evidence. Leong's findings are also limited by his over reliance on secondary data as they are largely based on official statistics. Finally, it is a pity that Leong does not follow up on his early observation that Malays were over-represented in the drug statistics.

Few studies (Hill, 1968; Salahudin, 1990/91; Soh et al, 1991) deal specifically with the problem of drug abuse in the Malay community. Of these, only one (Salahudin, 1990/91) attempts to use a socio-anthropological approach. Undergraduate Salahudin uses official statistics to show the "phenomenal increase in the number of Malay heroin addicts in Singapore". He finds that "in 1988 Malays constitute 68.9% of first-time heroin offenders, as compared with 40.4% in 1983" (Salahudin, 1990/91:1)⁵ He attributes the increase in Malay drug abuse to a number of factors: peer influence, availability of drug supply, visibility of Malay addicts, poor parental control and supervision, "conceptually inadequate" treatment programme and the "enveloping cultural theme". The author concludes:

The Malay drug problem should not be seen in isolation from the wider cultural context. The high degree of ethnic consciousness and solidarity.....might have a bearing on the drug problem among the Malays.....This cultural tradition more often than not led the Malays to be a closely knit community (and activities are carried out on a group basis most of the time, including consuming drugs). But this positive cultural feature among the Malays has been adapted by the Malay drug addicts; sadly in a negative way. (Salahudin, 1990/91:48)

Salahudin acknowledges that his study sample has not been randomly selected and that his findings "should not be generalized to the population without caution". He also fails to define the "drug addict" but nevertheless takes the liberty to label all his subjects "addicts". A more serious criticism lies in his handling of the theoretical aspect of the study. For example, he merely mentions a number of theories (ie. differential association theory, social background and subcultural theories) in passing but makes no attempts whatsoever to confirm, reject or modify any of those theories with his own findings.

Another study on the Malay community in Singapore (Li, 1989), though not specifically on drug use, nevertheless offers two reasons for the disproportionate Malay representation among Singapore's drug abusers. According to Li, Malay parents adopt a laissez-faire "boys will be boys" attitude and expect boys to have peer-group activities and to incur high expenditure on clothes, cigarettes and entertainment. On the other hand, they (boys) are not expected to make a financial contribution to the household. She argues that

"the financial irresponsibility and peer group involvement Malay parents expect from their sons" (Li, 1989:54) are partly responsible for the current Malay drug problem.

Li (1989) also believes that the failure to recruit Malay youth for national service during the 1970s let them into an extended limbo period during which they could only find casual and irregular work. This led to an "idle" lifestyle which, according to some Malay organisations, partially contributed to the high incidence of heroin abuse during the late 1970s. As this is not primarily a study about drug use, the author does not substantiate her arguments with empirical or statistical data.

More recently, the Malay community's concern over the high incidence of drug abuse among its youth has prompted its leaders to initiate a comprehensive survey of former Malay drug addicts. The survey uses the family framework to investigate any "precipitating effects of a structural or background nature" leading to Malay drug abuse, as well as the presence or absence of family support in drug rehabilitation (MENDAKI, 1993). A secondary objective of the survey is to review the "support network" available within the community, especially the Malay/Muslim community, in drug prevention and aftercare services. The fieldwork was carried out between May and October 1991. The sample of Malay former drug abusers consists of 451 DRC inmates, 345 former inmates still under compulsory supervision and 51 "success" cases⁶. In addition, officials of 14 voluntary organisations were also interviewed.

MENDAKI (1993) shows that drug abuse among the Singapore Malays is a "young-adult phenomenon", with 78% of the respondents falling into the 20-34 age range and an overall mean age of 27.6 years. The average age when drug-taking first started is 18.1 years with a range of 16 to 62 years. Although heroin is the most frequently used drug (68%), there seems to be evidence to support the "stepping-stone hypothesis" as 60% of the respondents reported ganja to be the first drug taken by them. Three-quarters (75%) were introduced to drugs by friends and so the first drug experience for most was taken together with friends (73%). Only 9% of the respondents were intravenous drug

takers while 73% preferred "chasing the dragon" when using heroin. The main reasons for their maiden drug experience are as follows: curiosity (89%); desire to explore (75%); pleasure seeking (72%); enjoy with friends (59%); relaxation (58%); peer pressure (47%); escapism (45%).

Almost 36% of the respondents have been married between one and three times; 12% are currently divorced or separated, a rate considered "higher than that of the general population" (MENDAKI, 1993). Among the respondents who have ever been married, 78% have children, including 18% with three or more children. The report also provides the following statistics regarding the respondents: almost 70% reported having attended religious classes prior to drug use while only 26% claimed to have done so after starting drug-taking; 26% never prayed before their involvement in drugs but the figure rose to 57% after drug involvement; the majority were "school dropouts", with 46% attaining only a primary education; more than half of the male respondents were exempted and/or not called up for national service; 47% were either unemployed or engaged as unskilled or casual workers; 44% has had prior court convictions and about 30% were ever sent to a prison or other custodial institutions prior to their drug use.

The report also confirms a number of structural or background factors among the families of the former Malay drug abusers which might have contributed to their drug problem. A third (33%) of the respondents reported that their parents were either divorced or separated. Moreover, only 44% were living with both their natural parents at the onset of their drug use. The respondents also came from large families with a range of 1-18 siblings; 51% reported having more than 5 siblings each. On the other hand, most of them were living in smaller HDB flats: 1-2 room (14%); 3-room (55%); 4-room (25%); 5-room (6%). In terms of discipline exercised at home, nearly half (47.5%) of the respondents perceived it to be "inconsistent" and another 17.3% as "lax or very lax". Another finding of significance is that as high as 40% of the respondents had at least another member of the family, usually a brother, who was involved in drug abuse.

MENDAKI (1993) also shows that family support for the rehabilitation of former Malay drug abusers is weak. Only 58% of the respondents' families visited them "regularly" whilst they were in the DRCs. More significantly, 10% of the parents "seldom" visited them and another 13% paid no visit at all.

The problem is also compounded by the fact that parents generally knew little of the friends they were keeping as well as their activities outside the home.

Only a third (33%) of the parents had any knowledge of the friends of their children prior to their drug use and even fewer (31%) knew "quite a lot" or "some" of the extent of their peer group activities. Similarly, only a small proportion of parents were aware of the number of DRC admissions involving their own children, ranging from 13% for 4th timers to 31% for 2nd timers. Not surprisingly, therefore, most parents (89%) reacted with shock when drug use was first discovered. On a more positive note, however, 92% of the parents tried to help once they got over the initial shock. It is also noteworthy that significantly more of the former Malay addicts considered their mother (50%) rather than father (8%) as the person closest to them as well as the person whom they would approach for help when in trouble (34% and 5% respectively).

As regards community support services for the Malay drug abusers, MENDAKI (1993) also reports a bleak prospect. Voluntary organisations form the backbone of the aftercare service for drug abusers discharged from the DRCs in Singapore. It is noted that about one-third (32%) of the respondents claimed that they did not receive any aftercare service at all during their post-DRC supervision period. Of the 14 community and mosque-based organisations surveyed, 6 indicated that their VAOs (volunteers) were unable to give help regularly (ST.3/5/1994:18). All were short of professional and/or administrative staff as well as funding to finance a "variegated approach". There are altogether only 36 counsellors and social workers serving the various voluntary organisations, which is clearly inadequate. There is also an acute shortage of VAOs, especially Malay VAOs, and the attendant problems of quality and retention controls; most VAOs tended to serve only between one and three years. In summing up, the authors conclude:

While almost all Malay-Muslim based voluntary organizations included in this survey are doing their bit to deal with drug abuse, still it is clear that they are able to provide only a modicum of the services needed. (MENDAKI, 1993:149)

As the authors have not specifically demonstrated the statistical association between each or all the above factors and drug abuse or the extent of the Malay drug abuse problem, one is left to assume that there is such an association. On the whole this otherwise comprehensive report on drug abuse among an ethnic group is severely limited by its failure to control for the ethnic factor. For instance, do Malay drug abusers differ significantly from non-Malay drug abusers in their family characteristics and social support network? Is the Malay drug problem a function of ethnicity? On the other hand, the authors' decision to compare the results among the three sub-groups of former Malay drug abusers alone is less useful. An important omission here is an examination of the cultural aspects of Malay drug abuse. Has drug taking any cultural meanings or functions to the Malays? What is the impact of Malay cultural values and lifestyles, such as the importance of "in-group solidarity" (Djamour, 1965) and family discipline methods, on drug use? An understanding of these issues are critically important to the formulation of more culturally-sensitive treatment and preventive education programmes.

Finally, another limitation is that MENDAKI (1993) fails to deal adequately with important concepts. For example, the term "addict" is not defined but equally applied to the drug-taking novice as well as the hard-core heroin addict. Secondly, "success" cases are operationally defined as former addicts who are "free from drugs at least two years after discharge from DRCs" (MENDAKI, 1993:7). The literature is replete with examples of former addicts, particularly hard drug addicts, who returned to drug use after several years of abstinence. Moreover, inmates leaving the DRCs are subject to compulsory supervision for two years during which time they are closely monitored for progress. A third example, "inconsistent" discipline, is defined as "sometimes lax and sometimes strict" (MENDAKI, 1993:20). The ability to apply discipline to varying circumstances is not necessarily inconsistent at all.

Overall, (MENDAKI, 1993) is a highly descriptive and functional report which provides a bird's eye view of the phenomenon of Malay drug abuse.

It is nevertheless an important contribution to the small literature on Malay drug use and has identified a number of key issues to be explored by other researchers.

There are no other major scholarly works on the problem of drug abuse in Singapore. The exceptions are a number of social-historical accounts about the early problem of opium addiction among the ethnic Chinese (eg. Song, 1967; Turnbull, 1977; Yen, 1986; Trocki, 1991). There are also a few articles contributed by medical practitioners who were personally involved in treating drug abusers (eg. Little, 1848; Chen, 1935; Leong, 1973; 1974; 1980; Ngui, 1979). Finally, the remaining works (Chia and Singh, 1984; Tampines GRC Anti-Drug Task Force, 1992; Soh et al, 1991; etc) represent the official response of the government and include two (Leong, 1978; Tai (Ed), 1980) which document the experience of the SAF in its apparently successful control of the drug problem among its servicemen.

This cursory review of the local literature has revealed a surprising lack of scholarly studies about a social problem that has existed since the founding of modern Singapore. It is even more surprising that not a single study has adequately examined the role of ethnicity in the aetiology and patterns of drug use and abuse among the various ethnic groups in Singapore. In particular, a scientific study of the disproportionately high incidence of drug abuse in the Malay community seems long overdue.

ORGANISATION OF CHAPTERS

This thesis is divided into three parts - five "background and methodology" chapters and five chapters on empirical findings, and a concluding chapter which summarizes the findings and the main contributions of the present work to the growing drug literature. Chapter One introduces the subject and the research problem and presents the rationale for studying the problem on drug abuse in the Malay community in Singapore: official statistics show a disproportionately high involvement of the Malays in drug arrests, admissions into drug rehabilitation centres (DRCs) and drug recidivism. The small but

disparate body of material on the local drug scene is reviewed, showing a complete lack of attention to the role of ethnicity in the aetiology and patterns of drug use and abuse. Chapter Two provides a socio-historical overview of the problem of drug abuse in Singapore - from the problem of opium addiction predominantly among the early Chinese immigrants, to the latest trend of heroin abuse and polydrug use. It includes a section on drug abuse in the Malay community. The chapter also looks at the official response to the problem and traces the evolution of drug control policy, from legalisation to criminalisation. Chapter Three critically reviews the main aetiological theories of drug abuse and concludes that no single theory can adequately explain the complex phenomenon. The review exposes a number of theoretical, methodological and empirical weaknesses which seriously undermines our understanding of the drug abuse problem in general and the impact of ethnicity in particular. While the previous chapter deals with the general theories of drug abuse, Chapter Four reviews the growing body of literature which specifically investigates the relationship between aspects of ethnicity and drug use or abuse. The several methodological and theoretical limitations revealed in the critique, such as the inadequate treatment of the concept of "ethnicity", inform the planning, analysis and interpretation of the present work. The next section of this chapter discusses the use of "ethnicity" as a conceptual framework for the present study and presents the the main hypotheses which have been formulated for testing. Chapter Five discusses the methodology adopted in the research, including the justifications for each stage of the research protocol, the selection of the samples, the fieldwork carried out in Singapore and the research experience. An important feature of the methodology used has been a a conscious effort on the part of the researcher to remain "culturally sensitive". Key concepts used are also operationally defined and measures described in detail. The chapter ends with a discussion of some methodological issues, such as reliability and validity and ethics in social research.

Part Two presents the empirical results. Chapter Six shows the differential patterns of drug abuse between Malay abusers and Chinese abusers as well as between Malay First-timers and Malay Repeaters. Statistical presentations,

supplemented by interview vignettes and quotations, illustrate on the similarities and differences between the two sets of comparison groups on their heroin-taking activities: initial experience, mode of administration, venue for heroin-taking, expenditure on heroin, reasons for taking for the first and subsequent times, and consequences of heroin-taking. Previous research has omitted to investigate inter-ethnic differences in the pattern of drug abuse, with obvious limitations for treatment and rehabilitation planning. In Chapter Seven, the background factors (eg. socioeconomic status, living standard, etc.) of Malay drug abusers are examined in relation to Malay Non-abuser as well as Chinese drug abusers. Significant differences in family structure and characteristics, including family cohesion and discipline and family attitude towards drug-taking, are also presented. In order to fully understand any cultural impact on these differences, there is also a discussion on some important features of Malay society viz. economic "backwardness", instability of the institution of marriage, kinship ties and socialization of Malay children. Chapter Eight focuses on the values, beliefs and attitudes of Malay drug abusers vis-a-vis Non-abusers and Chinese abusers.

Importantly, the chapter examines whether Malay abusers are characterised by loss of traditional values and ethnic pride, lesser commitments to Islam and/or other cultural practices but more violations of cultural/religious norms. The reader is also introduced to the traditional Malay/Muslim values and belief systems, including a cursory discussion on the influence of Islam on Malay society and Islamic perspective on drug use and abuse. Chapter Nine reports on the findings of the survey on lifestyle factors: educational history, employment history, quality of leisure activities, stressful childhood events and history of "problem behaviour". The composition and characteristics of peer group and peer group activities are also examined with a view to determining whether Malay abusers can be distinguished from Non-abusers as well as from Chinese abusers and whether Malay First-timers differ significantly from Repeaters in the same lifestyle factors. Finally, Chapter Ten begins with a discussion of the main features of the treatment and rehabilitation programme for drug abusers in Singapore and highlights the recent change in "treatment" philosophy. It then reports on the survey findings in respect of the differential experiences of the Malay and Chinese

abusers in the DRCs: their personal motivations to receive help, problems encountered, perceptions of the usefulness of programme components, preferences for a counsellor/supervision officer of same ethnicity and self-prognoses. The chapter concludes with a call for a more culturally sensitive and relevant treatment and rehabilitation programme for the Malay drug abusers.

Part Three summarizes the key findings and arguments outlined in the main body of the thesis. The theoretical, methodological and practical implications of the results of the study are discussed and suggestions for future research included in the concluding Chapter Eleven.

Finally, selected case studies and detailed tables showing the results of the comparative analysis between Malay First-timers and Repeaters as well as additional information, to which references may be made in the main text, are included in the Appendices. Also included here are additional information on types of drugs commonly abused by Malay abusers, the various Drug Rehabilitation Centres (DRCs) involved in the survey and agencies providing services to Malay/Muslim drug abusers in Singapore, and copies of the questionnaires used.

ENDNOTES

1. For example, the Book of Genesis makes references to Noah's apparent drunkenness from alcohol. Wine and its intoxicating effects are also described in Homer's classic epics, the Iliad and the Odyssey (circa 800 BC.).
2. 'First-time drug abusers' denotes those arrested for drug abuse for the first time irrespective of the length or severity of abuse. The limitation of this category as a social statistic is obvious.
3. "Others" refers to a Census category of Ethnic Group in Singapore comprising all persons other than Chinese, Malays and Indians. They include Eurasians, Europeans, Arabs, Japanese, etc. (Lau, 1993:23). Although administratively convenient, its usage is clearly unsuitable for our understanding of the concept of ethnicity.
4. All male Singaporeans serve between two and two and a half years of full-time national service, usually on reaching the age of 18, almost without exception. Thus, a small number of delinquents and drug addicts are recruited into national service annually.
5. Malays make up 14.7% of the population of Singapore in 1983 and 15.1% in 1988 respectively (Department of Statistics, 1990).
6. "Success" is defined as "free from drugs at least two years after discharge from DRCs" (MENDAKI, 1993:7). This definition has severe limitations as many addicts, especially heroin addicts, are known to have relapsed to drug use after several years.

DRUG ABUSE IN SINGAPORE: AN OVERVIEW

Social-Historical Perspective

Historically, drug abuse in the form of opium use might have already existed on the island at the time when British official Stamford Raffles founded Singapore in 1819.¹ It was reported that among the gifts exchanged during the signing of the treaty establishing Singapore on 6th February 1819 was opium from British India (Leong, 1974;1980; Tai, 1981). It is unclear in the literature whether Temenggong Abdul Rahman of Johor who received the gift or any of his 120 or so Malay followers used opium.² Neither do we know the extent of opium use, if any, among the few Chinese plantation workers who settled on the island at that time. What we do know is that opium was then already a "prestige substance" and a "very expensive commodity" (Leong, 1974:1) in the region.

The founding of Singapore was soon followed by the mass arrival of immigrants, mainly ethnic Chinese, but also included Malays, Bugis, Indians and Arabs. The history of drug abuse in Singapore is closely linked to this massive immigration of mainly foreign workers and hence the early prevalence and patterns of drug abuse were much along ethnic lines. From the early nineteenth century, opium-smoking came to be regarded as "a particular indulgence of the Chinese" (Leong, 1974)³ although it was by no means confined to the Chinese alone.⁴ Opium use soon became widespread and was culturally accepted as a "panacea for all ills" among male Chinese immigrants, many of whom fled China especially following the Taiping Rebellion (1850-64) to escape social and economic hardship or to find their fortune abroad (Yen, 1986). In fact, smoking of opium had already been going on in China for more than a century (Leong, 1980).⁵ For many coolies (labourers), however, opium-smoking provided a much needed relief from their long hours of hard labour on pepper and gambier farms or from sheer exhaustion and pain. There was no "healthy entertainment" to vent their frustration and misery (Yen, 1986). Others fell

victim to unscrupulous estate proprietors (known as "kangchu") and agents of opium farmers who would supply them with opium virtually free of charge and eventually turned them into virtual slaves as they became addicted (Leong, 1974; Yen, 1986). As many of the "sinkehs" (new immigrants) also arrived without their families, their intention being to make a fortune and then return home, brothels were made available for their sexual needs. It was in these brothels that some Chinese smoked their first opium pipes (Leong, 1974).

While the Chinese were associated with early opium use, the Indians who arrived soon afterwards introduced cannabis smoking into the new colony (Leong, 1974; Ong, 1989; Macdonald, 1992:389). Cannabis use has long Indian cultural roots, having been described as the "source of happiness" and "laughter provoker" in ancient Hindu scripts and as "poor man's Heaven" and "soother of grief" among more humble folks (Tai, 1981:4). It was usually smoked in the form of reefers or in a pipe called "gosah" or "chillum". It is believed that the early Indian labourers brought the habit with them into Singapore "to seek solace from their wretched, back-breaking existence" (Tai, 1981:7). However, it remained on a small scale and was generally tolerated by the colonial government.

As far as the Singapore Malays were concerned, their involvement with drugs was a corollary to the spread of drug use among the immigrant communities. While there is no clear evidence, the influence of a numerically greater opium-using community on the local Malay men is not inconceivable. A physician from Edinburgh, Dr R. Little, reported seeing a few Javanese and Malay men during his visits to Chinese opium shops in Kampong Java and other parts of Singapore in 1847 (Little, 1848:19-23). He believed the Malays smoked opium to alleviate pain and other bodily sickness, clearly a reason learned from their Chinese acquaintances rather than an original Malay cultural input.

The early Malays, many of whom themselves emigrated from nearby Indonesia and Malaya, also learned to smoke cannabis from the Indian and Pakistani immigrants. But this was to remain on a negligible scale until the early 1960s when a younger generation of Malays began to frequent the local



"sarabat" stalls.⁶ Hill (1968) noted that Malay ganja smokers tended to congregate at certain popular spots.

The early patterns of drug use in Singapore were thus largely influenced by ethnic factors and did not pose a problem to the authorities. The attitude of the British colonial government towards drug use among the local population ranged from indifference to one of economic exploitation. In fact, it is believed that the very founding of Singapore was partly persuaded by its potential use as a trading hub in a region where the international drug trade dominated colonial policies. By virtue of its strategic location, Singapore was a convenient port of call from which opium from India, another British colony, could be shipped to China. The opium trade was so lucrative that the British waged a series of Opium Wars between 1839 and 1842 to force the Chinese imperial government to accept the drug trade it did not want.⁷ These series of events prompted one historian to write:

We can best understand the British Empire east of Suez as of 1800 as essentially a drug cartel. (Trocki, 1991:50)

The part played by the British colonial government in the spread of opium consumption in Singapore cannot be overstated. Barely one year after Singapore was founded, the first governor, Major Farquhar, saw the potential market in selling opium to the Chinese opium consumers and opened the first "opium farm" shortly (Little, 1848).⁸ The profits realised from these farms were said to have paid "for the police and the Assistant Resident" (Tan, 1991) and for free trade (Trocki, 1991:223).⁹ Unfortunately, no figures are found to show the extent of opium use in these early years. By 1847, however, one unverified source estimated the prevalence of opium consumption in Singapore at 21.49% of the total inhabitants and 85% of the members of certain trades like carpenters, blacksmiths, boxmakers, barbers and boatmen (Little, 1848). These figures seem to tally with the evidence provided by a historian who estimates that in 1848, about 20% of the entire population and 50% of the Chinese adults were opium addicts (Turnbull, 1977). The gravity of the social problem is also reflected by its spread to Chinese women who traditionally

held inferior social status to men and did not share their recreation (Yen, 1986).

The thought that the colonial government adopted such an indifferent attitude despite the apparently high prevalence of opium addiction among the early inhabitants on the island still provokes emotion. One rather simplistic justification is that they had expected the situation to ease as general living conditions improved. Nevertheless, in 1910, the government took over all the opium farms and set up a Monopolies Department to oversee some 28 government retail opium shops. The move has been described as "non-altruistic" (Tan, 1991); opium revenue accounted for about half of the total revenue of the colony for the period 1819-1906 (Leong, 1980:69). It was not until 1929 that legislation was passed to register opium smokers in Singapore.

But opium smoking was still not illegal so long as the opium was purchased in registered premises. By then, Leong (1980) estimates that there were between 120,000 and 150,000 licit and illicit smokers among the just over a million population. It was not until after Singapore was liberated from the Japanese invading forces that opium use was prohibited by the British Military Administration in 1946.

The pattern of drug abuse in Singapore remained more or less unchanged until the late 1960s despite a short disruption during the Japanese Occupation (1942-45).¹⁰ The vast majority of drug abusers were opium smokers, typically adult male Chinese. At the end of the Occupation, there were still about 30,000 opium addicts on the register. The other early drug abusers were mainly cannabis smokers, at first confined to Indian and Pakistani labourers, but later became popular among the Malay youths. However, the use of cannabis attracted little official attention until it became popular among some youngsters of all ethnic groups and social classes from the late 1960s (Spencer and Navaratnam, 1981:39).

The first change in the pattern of drug use, albeit a minor one, occurred with the outlawing of opium possession in 1946. Some opium addicts, particularly the poorer ones, took to morphine.¹¹ While opium was still

available in the black market to wealthy Chinese, others had to content with the cheaper morphine which was not only more effective but also involved lesser risks of detection. Leong (1980) noted that the morphine dependents were more likely to be from the labouring class, slum areas and certain Chinese dialect groups, namely the Henghua, Hockchia and Hockchew. However, morphine use remained relatively unnoticed until around 1957 when morphine dens began to sprout in Chinatown slum areas as opium became increasingly hard to obtain. The main clientele were still typically male Chinese, in their late thirties and early forties, usually with a history of opium addiction.

Post-Independence Era

Ong (1989) cited figures to show diminishing drug abuse in Singapore between 1952 and 1969. The drug scene was set to change, however, from the late 1960s and early 1970s as more and more young people from a cross-section of society began to get involved in a wider variety of drugs. These involved mainly post-war children who, unlike their immigrant parents, were more likely to attend schools and to be exposed to Western cultures and influences. This period coincided with the rise of a youth "counter-culture" -the hippie movement in the West, characterised by unconventional clothing, rock music and drug-taking (Tai, 1981; Stephen, 1990).¹² It no doubt helped to stimulate a new curiosity to try drugs among the local youths (Macdonald, 1992: 389). There was evidence that some school children were trying to imitate the lifestyles of their Western idols, especially pop stars. Beginning from 1970 when two young school girls were reported to have fallen ill after taking pills (believed to be Mandrax), youths from age 12 to 23 were reportedly taking cannabis (ganja), amphetamine and methaqualone (Leong, 1973; 1974; 1980; McGlothlin, 1980; Spencer and Navaratnam, 1981). Leong called this the period of "pot and pills" and Spencer and Navaratnam (1981) described the drugs used as "drugs of experimentation". More significantly, this marked the beginning of a new era of drug abuse in Singapore when the elderly opium smokers were being replaced by young first-generation Singaporeans of all ethnic and social backgrounds. The majority were English educated and from middle-class homes. A few consequently took to opium smoking and morphine

injection (Leong, 1974; 1980). LSD also came into the scene but was relatively rare.

According to Leong (1974), local drug takers were, for the first time, "crossing a cultural barrier" in two ways. Firstly, young English-speaking addicts of all ethnic groups were visiting morphine and opium dens run by elderly Chinese men "generally of lower social strata" (Leong, 1974:6).

Secondly, the habit of smoking cannabis among lower caste Indians, Bengalis and Pakistanis had also passed on, first to young Malay boys of working-class origin, and then to predominantly English-educated and generally more well-off youths of the four main ethnic groups (Leong, 1974). Another significant development was that pleasure-seeking was replacing pain and other physical ills relief as the major reason for drug-taking. Furthermore, drug-taking was no longer confined to the male gender alone as an increasing number of female drug-takers have been detected up to this day.

Another new pattern which emerged was that heroin was swiftly replacing opium, cannabis and morphine as the main drug of abuse from 1975. Although the first heroin case was recorded in 1971, it was in 1975 that heroin abuse reached alarming proportions. Its spread was so rapid that it assumed epidemic proportions within a matter of few years. This trend is reflected in Table 2.1 which shows that the number of heroin arrests rose from less than 10 cases annually up to 1973, to 110 cases in 1974 and then sharply to 5282 cases in 1976 and more than 7372 arrests in 1977. One government source even suggested that 29,081 persons were arrested on suspicion of heroin abuse in 1978 alone (Ng, 1981).¹³ On the other hand, a corresponding decrease in popularity was noted in the use of more conventional drugs of abuse such as opium, morphine and cannabis. Interestingly, however, while morphine use has virtually disappeared from the local scene from the 1980s, opium and cannabis use, though considerably reduced, has not been completely eliminated after more than 170 years of history.

Table 2.1 also shows that the abuse of other drugs such as methaqualone and flunitrazepam peaked at two periods although it never really

posed a serious problem to the authorities. The first peak, in the mid seventies, was largely an adolescent response to a sense of curiosity about the development of a counter-culture in western societies. It can be described as a period of experimentation. The second peak, beginning in 1980, was probably the result of a scarcity of heroin due to Operation Ferret and increased enforcement activities. This period saw the sudden appearance of Rohypnol abuse, followed by barbiturates (Spencer and Navaratnam, 1981; Salahudin,

Table 2.1 Number Of Arrests By Year And Type Of Drugs

| Year | Opium | Morphine | Cannabis | Heroin | Others# | Total |
|----------|-------|----------|----------|--------|---------|-------|
| 1971* | 3261 | 412 | 672 | 5 | 21 | 4371 |
| 1972 | 1761 | 290 | 850 | 4 | 133 | 3038 |
| 1973 | 1863 | 326 | 677 | 10 | 463 | 3339 |
| 1974 | 1474 | 296 | 388 | 110 | 957 | 3225 |
| 1975 | 691 | 350 | 550 | 2263 | 347 | 4201 |
| 1976 | 327 | 245 | 269 | 5682 | 33 | 6556 |
| 1977** | 233 | 74 | 38 | 7372 | 8 | 7725 |
| 1978 | 1524 | 315 | 144 | 1878 | 35 | 3163 |
| 1980 | 581 | 19 | 347 | 2532 | 252 | 3731 |
| 1981 | 391 | 13 | 257 | 3485 | 206 | 4352 |
| 1982 | 333 | 8 | 187 | 3354 | 62 | 3944 |
| 1983 | 284 | 9 | 192 | 3512 | 48 | 4045 |
| 1984 | 495 | 64 | 360 | 2756 | 6 | 3731 |
| 1985 | 435 | 9 | 341 | 3266 | 27 | 4078 |
| 1986 | 305 | 1 | 389 | 3577 | 33 | 4305 |
| 1987 | 260 | 0 | 358 | 4096 | 16 | 4730 |
| 1988*** | 169 | 0 | 337 | 5533 | 23 | 6062 |
| 1989**** | 142 | 4 | 211 | 4449 | 5 | 4811 |
| 1990**** | 94 | 0 | 202 | 4589 | 0 | 4885 |
| 1991**** | 116 | 0 | 138 | 4171 | 0 | 4425 |

Source: Ong (1989:22)

Others include Methaqualone (MX), Flunitrazepam, etc.

* Based on arrests made under the Dangerous Drug Act between Jan 1970 and Aug 1971 (Leong, 1980:74)

** Only figures from Apr-Dec 1977 were included (Ong, 1989:22)

*** Source: Salahudin (1990/91:77)

**** Source: Central Narcotics Bureau, Singapore.

1990/91) which, though poor substitutes for heroin, nevertheless tied heroin addicts through until new sources of heroin appeared. The falling number of these "pill" abusers from 1982 and the corresponding increase in the number of heroin arrests during the same period seem to suggest such a phenomenon.¹⁴

The prevalence of heroin abuse continues to this day. Table 2.2 below shows that over 90% of all drug arrests made since 1988 involved heroin abusers. In contrast, only 3.4% of all drug arrests made in 1974 involved heroin abusers. The table also shows that the prevalence rates of heroin arrests fluctuated between 4.9 arrests per 100,000 persons in 1974 to more than 317 arrests per 100,000 persons during the first nine months of Operation Ferret in 1977. The heroin abuse situation in Singapore appears to be generally maintained at or below 170 heroin arrests per 100,000 persons during the past 13 years, except for 1988. The upward trend, from 1985 to 1988, has been attributed to bumper harvests of heroin crops in the drug Golden Triangle area during the same period and the consequent drop in heroin prices, as well as to a dramatic increase in the number of Malay heroin abusers. Though significantly contained, the heroin abuse problem in Singapore is far from being eradicated. In 1991, for example, 4171 persons were arrested for heroin abuse, of which 2367 (53.5%) were Malays. A total of 3823 abusers were admitted into DRCs for compulsory treatment and rehabilitation and a further 4758 persons were placed under compulsory drug supervision. In the same year, the Central Narcotics Bureau seized 26kg 891gm of heroin and another 29kg 970gm of Heroin No 4 during its anti-drug raids.

Drug Abuse Among The Malays

It is worth mentioning at this juncture that the earliest recorded use of a psychoactive substance in the Malay society was in fact concerned with betel chewing. According to a historical account, betel chewing was until late in the nineteenth century an essential part of Malay life and to which ritual or traditional significance often attached (Gullick, 1987):

.....the little pot of chunam or lime, would be produced, a sireh leaf selected and coated with it, a bit of betel-nut chipped off and rolled in a leaf, and the package chewed with every sign of gratification and refreshment. The Pinang is to the Malay what

the cigarette and brandy-and-soda are to the Englishman at home!
 (Quoted in Gullick, 1987:195)

Interestingly, the habit simply lost popularity and eventually died out despite its cultural significance. As early as 1900, Swettenham wrote about this declining habit:

Table 2.2 Prevalence Rates Of Heroin Arrests

| <u>Year</u> | <u>Number Of Heroin Arrests (N)</u> | <u>Percent Of All Drug Arrests (%)</u> | <u>Per 100,000 Population</u> |
|-------------|---|--|-----------------------------------|
| 1974 | 110 | 3.4 | 4.9 |
| 1975 | 2263 | 53.9 | 100.0 |
| 1976 | 5682 | 86.7 | 247.8 |
| 1977* | 7372 | 95.4 | 317.0 |
| 1978 | 5262 | 73.3 | 223.6 |
| 1979 | 1878 | 59.4 | 78.8 |
| 1980 | 2532 | 67.9 | 104.9 |
| 1981 | 3485 | 80.1 | 142.6 |
| 1982 | 3354 | 85.0 | 135.7 |
| 1983 | 3512 | 86.9 | 146.0 |
| 1984 | 2756 | 73.9 | 112.8 |
| 1985 | 3266 | 80.1 | 131.6 |
| 1986 | 3577 | 83.1 | 146.0 |
| 1987 | 4096 | 86.6 | 160.3 |
| 1988 | 5533 | 91.3 | 213.0 |
| 1989 | 4449 | 92.5 | 168.0 |
| 1990 | 4589 | 94.1 | 170.0 |
| 1991 | 4171 | 94.3 | 151.0 |

Source: Compiled from figures provided by Central Narcotics Bureau

*: Only figures from Apr-Dec 1977 were included (Ong, 1989:22)

.....the practice is now in many places confined to old people. The teeth of the betel chewer become black, and the "new woman" of Malaya has determined that black teeth do not improve her appearance; while the Malay youth, who smokes either the home-made or the foreign cigarette, has no craving for the astringent flavour of the areca nut, and looks with less than admiration at the crimson lips and blackened teeth of his old folks!

(Quoted in Gullick, 1987:G95)

Betel chewing was never considered a "drug abuse" problem in Singapore and hence attracted little attention from the authorities. The introduction of cigarettes and other foreign drugs of abuse, such as opium and cannabis, could also have contributed to its eradication. Let us now return our discussion to the more conventional drugs of abuse.

As mentioned earlier, one of the most important contemporary patterns of drug abuse in Singapore is the preponderance of Malay heroin abusers since the Eighties. Thus, by the 1980s, the Malay heroin abusers have replaced the Chinese opium smokers as the main drug abusers in Singapore. Historically, however, the Malays never had a serious problem with opium use. This is not to suggest that they were never involved. Indeed, some of the early Malay settlers on the island could have been using opium even before the arrival of the Chinese immigrants. It is recalled that one of the gifts presented to the Malay Temenggong during the handing over of Singapore to the British in 1819 was opium.¹⁵ It was obviously already a valued commodity in the region. Little (1848) provided eye-witness accounts of early Malay opium smokers during the early years. However, these were confined in the main to wealthy Malay traders and the Malay aristocracy (Little, 1848; Salahudin, 1990/91: 68).¹⁶ One contributing factor for the low incidence of Malay opium addicts could be the British opium sales policy which officially permitted only *male Chinese* to consume opium in an opium shop. Their Islamic faith could have also been another inhibiting factor (Salahudin, 1990/91).

Unlike opium which was considered an ostentatious commodity meant for the wealthy or influential, cannabis (ganja in local parlance) has enjoyed greater acceptance by the Malay masses to this day. We have already noted the popular use of cannabis among Malay youths in the Sixties (Hill, 1968; Leong, 1974; 1980; Tai, 1981). Although the ganja-smoking habit might have been

introduced by the Indian and Pakistani immigrants, the Malays appeared to already have some cultural ideas about the drug. According to Hill (1968), the Malay users believe that cannabis improves appetite, promotes a sense of well-being and boldness, overcomes inferiority feelings, fatigues and worry, and enhances the sexual experience. Major influences could have also come from both Malaya and Indonesia where the cannabis plant was grown quite extensively. In the former country, cannabis was traditionally used for medicinal purposes such as the relief of asthma (Tan and Haq, 1974). The people in Aceh and northern Sumatra in Indonesia used the cannabis plant to flavour their food (Soegomo, 1975). It must be noted, however, that the Singapore Malays in the sixties and seventies were using cannabis more for social and recreational purposes. A similar pattern was reported among the young in West Malaysia and big Indonesian cities like Djakarta, Surabaya, Semarang and Medan.

Between 1969 and 1974, a new pattern of Malay drug abuse emerged. It was observed that more and more Malay adolescents and young adults, aged between 12 and 23, were experimenting with cannabis together with mandrax and methaqualone. A few went on to experimenting with opium smoking and morphine injection. These new abusers were mainly educated in the English medium schools and were generally younger and more well off than the earlier cannabis users. They were using the various drugs for "kicks". These were, in fact, part of a general youth response to the "turbulent sixties", the hippie fad, the American GIs in Vietnam and the growing popularity of western pop music. Repeated press reports (ST, 30/8/1969; 8/1/1970; 15/9/70) on school children using drugs, with headlines like "Children who go to pot", caused a "moral panic" among the public. In response, the police conducted anti-pot raids and schools conducted drug education programmes. Consequently, these measures brought down the number of cannabis arrests from 672 cases in 1971 to 388 cases in 1974. But, almost immediately, "white pills" or mandrax or MX came into the scene. Hence, the number of arrests for "other" drugs like MX, methaqualone and other pills rose sharply from only 21 cases in 1971 to 957 cases in 1974.

By the mid 1970s, it was becoming increasingly apparent that the Malay community was experiencing a serious problem with heroin abuse. Curiously, one of the earliest warnings was sounded by an Army psychologist (Leong, 1977:20) who observed that "Malays form about 17.2 per cent of Singapore's population but account for 25.5 per cent of all drug takers arrested" during the period 1974-78, with corresponding under representation of the Chinese and Indians. The same phenomenon was described retrospectively by two social anthropologists:

Malay boys were particularly affected by a heroin epidemic which was at its peak from 1976 to 1978. During that period, Malays represented 30-40 per cent of those arrested and placed on supervision or sent for rehabilitation. (Li, 1989:54)

Malays make up about half of drug addicts in Singapore, 68% of new heroin addicts arrested in 1987 and 1988, and more than half of repeat offenders in 1988. (Lai, 1992:267)

The problem of heroin abuse among the Malays was so grave that by 1988, 7 in every 10 new addicts detected were Malays (Baey, 1989). In contrast, the proportion of Chinese heroin abusers declined noticeably since 1983.¹⁷ The number of Malay heroin addicts rose by 231.1% between 1983 and 1988 whereas the number of non-Malay heroin addicts rose by only 13.7% during the same period (Salahudin, 1990/91:72). This pattern of a disproportionately high rate of Malay heroin abusers continues into the 1990s. Today, the problem of drug abuse in the Malay community is chiefly one of heroin abuse and polydrug use. Over 90% of all Malay drug abusers arrested are heroin abusers. Furthermore, according to a recently concluded study (MENDAKI, 1993), 56% of Malay drug abusers had tried three or four types of drugs and another 22% had tried two types: Heroin (68%) and ganja (23%) are the most frequently used drugs. The great majority (78%) of the Malay drug abusers belong to the 20 to 34 age range. The full extent of the Malay drug abuse problem in the 1990s has already been discussed in the previous chapter (see also tables 1.1 -1.3).

The Official Response: From Legalisation To Criminalisation

As has been shown above, the history of drug abuse in Singapore is as old as the nation itself. However, as will be described in the following pages, the official response to the phenomenon of drug abuse has evolved from a period of colonial indifference and economic exploitation to one of full prohibition under the post-independence government that has ruled Singapore till this day. Figure 2 shows a chronological summary of major events in the official response to the problem of drug misuse in Singapore. Historically, it can be divided into the following two distinct phases:

a. Period of Legalisation (1819-1945)

The laissez-faire policies of the colonial era were well reflected in the way that the British Administration dealt with the problem of opium use among the early settlers in Singapore. It was incredible that no prohibition of opium use was established in Singapore for more than 120 years since its founding in 1819.¹⁸ Opium smoking, which was then rife among the Chinese community, was practised legally for over a hundred years. That was despite the fact that as early as 1868 in Britain, the Pharmacy and Poisons Act was passed which gave a small measure of control over opium and opium derivatives.

Britain was also a signatory to the 1912 Opium Convention held at the Hague and, consequently, passed the Dangerous Drugs Act in Britain in 1920 (Heng, 1981:37).¹⁹ Furthermore, the home government, though denying a serious narcotics problem in Britain, nevertheless convened the Rolleston Committee in 1924 to review the practice of (over)prescribing narcotics for established addicts. The Committee reported in 1926 and established the foundations of the so-called "British system" or "medical approach" (Glatt, 1980:157) of treatment for drug addicts. Yet no official treatment policy was established for the thousands of opium addicts in Singapore for at least another 30 years.

Figure 2.1 Chronological Summary of Major Events In The Official Response To The Problem Of Drug Abuse In Singapore

| <u>Major Drug of Abuse</u> | <u>Event</u> |
|----------------------------|--|
| | <u>Period of Legalisation</u> |
| Opium | 1820 Opium Farm established |
| | 1896 Morphine Ordinance |
| | 1906 Singapore Anti-Opium Society founded |
| Some Morphine and Cannabis | 1907 Opium Commission |
| | 1909 Chandu Revenue Ordinance |
| | 1910 Monopolies Department created |
| | 1929 Compulsory Registration of Opium Smokers |
| | <u>Period of Criminalisation</u> |
| | 1946 Opium and Chandu Proclamation |
| | 1951 Dangerous Drugs Ordinance |
| | 1952 Police Special Squad (CID) set up Central Narcotics Intelligence Bureau set up |
| | 1955 St John's Island Opium Treatment Centre Opened |
| Morphine | 1957 |
| | 1969 Drugs (Prevention of Misuse) Act |
| Ganja, MX and Amphetamine | 1971 Central Narcotics Bureau formed Drug Dependence Clinic opened |
| | 1972 Singapore Anti-Narcotics Association (SANA) formed |
| | 1973 Misuse of Drugs Act |
| | 1974 First "Halfway House" opened |
| Heroin | 1975 Misuse of Drugs (Amendment) Act Mandatory death sentence for trafficking in heroin and morphine introduced |
| | 1976 Misuse of Drugs (Approved Institutions and Treatment and Rehabilitation) Regulations DRCs under Prisons Department "Cold-turkey" method introduced First National Anti-Drug Abuse Campaign |
| | 1977 Advisory committee on Treatment and Rehabilitation of Addicts appointed Operation Ferret launched SANA's Volunteer Aftercare Programme and Anti-Drug Abuse Badge Scheme for Schools initiated Drug Abuse Rehabilitation Unit (DARU) set up in MINDEF |

(Inhalant)

1978 Passport control for supervisees
DRC Review Committees appointed
DRC Board of Visitors appointed
CNB took over statutory supervision of drug addicts

1979 Day Release Scheme initiated
SANA's Neighbourhood Scheme started

1980

1983 National Anti-Drug Abuse Campaign

1987 MHA Working Group appointed
Intoxicating Substances Act

1988 Exit Counselling Programme (ECP) initiated
Intensive Counselling programme (ICP) initiated
Treatment philosophy changed to "social and behavioral problem"

1989 Appointment of Malay Political Secretary
(Home Affairs) to head and coordinate efforts
to deal with the Malay drug abuse problem
Opening of Perintis (first Half-way House
specifically set up for Malay drug abusers)
National anti-Drug Abuse Campaign

Heroin
and
Polydrug
use

1990 Death penalty extended to trafficking in
cocaine, cannabis and opium
SANA's 24-hour Hotline initiated
Opening of first Half-way House for female drug
abusers (The Turning Point)

1991 Three-Phase Rehabilitation Programme for DRC
Inmates started operation
Electronic Monitoring System for Supervisees
Started

1992 National Anti-Drug Abuse Campaign

1993 Naltrexone pilot project in DRCs
SANA initiated Direct Social Intervention
Programme (DSI)
Drug Trafficking (Confiscation of Benefits)
Act came into effect
Committee To Improve The Drug Situation in Singapore was
formed

1994 Muslim Joint Anti-Drug Abuse Coordinating
Committee-MENDAKI held seminar
National seminar on Community Action Against Drug Abuse

1995 National Council Against Drug Abuse was formed.
National Anti-Drug Abuse Campaign
Prisons Department launched a Halfway House Scheme
Football '95 Extravaganza (in aid of Halfway Houses)

The "double standards" practised by the colonial government may be better understood in economic terms. It must be remembered that when the British colonised Singapore, the opium trade was fresh in the minds of the officials of the British East India Company.²⁰ Almost as soon as it was founded, Singapore began to flourish as a distributing centre of cooked opium called Chandu from British India for all the Far East colonies right till the Second World War (Ong, 1985a:98).²¹ Moreover, the first opium farm was established in Singapore in 1820 (Little, 1848), barely a year after its founding. Then, in 1910, the government took over all the opium farms and established a Monopolies Department to increase its control over the trade. Opium revenue became a major source of income for the government, earning about half the total revenue of the colony between 1819 and 1906 (Leong, 1980:69). Thus, as Bean (1974:22-3) has quoted Bailey (1935): "the situation was held to be then unripe for the total and immediate prohibition of the trade". Bean (1974) bluntly adds that the European powers, including Britain, had allowed opium smoking to continue in the Far East and justified this on the ground of "economic necessity".

But, it must be remembered, not all the British enlightened public, both at home and in the Far East, approved of this source of revenue. There was already some moral unease in Britain following the "Opium Wars" with China. In 1906, the House of Commons passed a resolution condemning the India-China trade as "morally indefensible". In Singapore, some members of the British community had also voiced their concern. The sentiment, albeit a minority one, was well expressed by a certain Montgomery Martin:

To which Regulations (Opium Regulations)....I would dissent,
because no Government ought to make private vice a source of
public revenue. (Little, 1848:11)

Dr Little himself, a government surgeon from Edinburgh and a devout Christian, had written eye-witness accounts about the physical and social effects of opium smoking and had asked for its control. Opposition also came from the Christian churches. A methodist bishop, William Fitzjames Oldham, called for disincentives and gradual elimination of opium consumption; an early methodist publication, *The Malaysia Message*, regularly warned about the

dangers of opium use (Stephen, 1990:142). At about this time, an anti-opium movement was fermenting among the small number of local intelligentsia living in the colony. They formed the Singapore Anti-Opium Society (Chen Wu Shan She) in 1906 and the leaders were mainly western-trained doctors like Drs Lim Boon Keng, Yin Suat Chuan and Chen Su Lan and a lawyer, Song Ong Siang. This period also coincided with the rise of overseas Chinese nationalism in the region (Yen, 1986). The Society promptly set up a refuge in Tank Road offering free treatment for opium addicts. The movement, however, scored very limited success in persuading the colonial government to ban opium consumption and trading (Song, 1967). It was clear that the British officials were unwilling to lose the massive revenues coming from opium dealing.²² Ong (1985a, 1989) quotes sources suggesting that any serious attempts at prohibiting opium use would lead to "suicide effects on the prosperity of the colony". Therefore, most officials in Britain felt a sense of "ambivalence" (Lewis, 1968) or "dissociation" (Glatt, 1980) about this matter. It was perhaps for this same reason that both Dr Little and Bishop Oldham found it prudent not to call for an immediate and total ban on opium smoking (Stephen, 1990).

Nevertheless, the anti-opium lobby, both in Britain and Singapore, did persuade the then Governor to appoint an Opium Commission in 1907. Its terms of reference included an inquiry into the prevalence of the opium-smoking habit and "the steps that should be taken to minimize and eventually to eradicate the evils arising from the smoking of opium" (emphasis mine) (Song, 1967:437). Sadly, these made no mention of the eradication of opium *per se*. Consequently, the Commission merely recommended the prohibition of chandu sale to women and persons younger than 18 years of age as well as the suppression of opium smoking in brothels. In the final analysis, it was more concerned with safe-guarding the opium revenue (Trocki, 1990). In fact, most of the commissioners were connected with the government (Yen, 1986:239) and only two of the six members were in favour of prohibition. The Commission also largely ignored the evidence given by the leaders of the anti-opium movement (Yen, 1986).

Notwithstanding, the Opium Commission was the first of a series of gradual attempts to have some control over opium use. The Chandu Revenue Ordinance, passed two years later, restricted opium transactions to only licensed retail and smoking shops. It was further amended in 1933 to ban all persons under 21 years old and others who were unregistered from possessing chandu. Just earlier, all opium smokers were required to register themselves with the authorities from 1929 and opium supplies were rationed. The control was further tightened in 1934 when a new rule required registrants to produce a medical practitioner's certificate stating that opium was required for reasons of health. The combined results of all these measures were that, for the very first time, opium or chandu smokers who failed to meet any of the above requirements were now deemed as "illicit users"; opium smuggling also began (Ong, 1985a; 1989). The stage was now set for the complete prohibition of opium use.

b. Period of Criminalisation (1946-)

Prohibition did not come until after the Second World War when the British Military Administration issued the Opium and Chandu Proclamation (1946), thereby making the possession of opium and opium-smoking utensils illegal.²³ Thus, as Lim et al (1974:12) puts it, "Respectable contributors to revenue thus overnight became law offenders". Many addicts, taken by surprise by the sudden ban, had to go underground to continue with their habit. This caused the prices of opium to soar and many smuggling syndicates to prosper (Ong, 1989).

After the civil administration was restored, the government passed the Dangerous Drugs Ordinance in 1951 which made the unauthorised possession of all "dangerous drugs" like opium, cannabis, morphine, cocaine and heroin, penal offences. The Ordinance was followed up with the formation in 1952 of a Police Special Squad and a Central Narcotics Intelligence Bureau, charged jointly with the responsibility of suppressing the opium distribution network as well as opium consumption. However, although the Ordinance of 1951 also provided for the treatment and rehabilitation of drug addicts, there was no adequate provision for helping and treating those addicts who desired to kick

:

the habit (Leong, 1980). Moreover, many offenders who were unable to pay the fines ended up serving prison sentences and received no help for their problem of drug addiction.²⁴ It then took another four years, in 1955, before the first ever government-run treatment facility (St John's Island Opium Treatment Centre) was opened.²⁵

In the 1950s and 1960s, the number of opium addicts began to taper off, due to both enforcement efforts and natural attrition caused by deaths (Ong, 1989). In the late 1960s, a new counter-culture movement began to sweep the West, accompanied by a new wave of methaqualone and other psychoactive drug abuse (eg. see Beedle, 1972; Ramos, 1980). Similar developments were recorded in Australia (Bell, 1980). Although there were only "enhanced marginal interest in 'pot' shown by the younger generation" (quoted in Leong, 1980:83), the newly independent government decided to pre-empt the spread of the new "fad" into Singapore by introducing the Drugs (Prevention of Misuse) Act, 1969. It made the unlawful possession of methaqualone, amphetamines and LSD punishable with up to \$2000 fine or 6 months in prison. The Act failed, however, to stop the beginning of a new "pot and Pills" fad from 1970. In 1971, 693 persons were arrested for the use of cannabis, amphetamine and methaqualone (see Table 2.1). The figure increased to 983 arrests in 1972, 1,140 arrests in 1973 and 1,345 arrests in 1974. A more alarming observation was that school children, including girls, were involved.

The 1969 Act can nevertheless be said to be typical of the new approach and style of government of the post-colonial era. Lai (1992) has described this style as the "survivalist approach" in which "forward planning" and nipping problems in the bud" are the guiding principles. Accordingly, a succession of both legislative and executive measures were instituted in response to the perceived threat to society posed by the drug abuse problem in the early 1970s. The Central Narcotics Bureau (CNB) was established in 1971 to spearhead and coordinate all enforcement efforts previously undertaken by the Police Special Squad and the Central Narcotics Intelligence Bureau. Then, to cope with the rising number of younger "patients" expected, a Drug Dependence Clinic was set up in April 1971. The preventive aspect of the drug control policy was also not neglected; on 19th August 1972, the Singapore

Anti-Narcotics Association (SANA), a voluntary organisation, was set up with the full support of the government. Notwithstanding, on 20th October 1973, the then Minister of Health and Home Affairs publicly acknowledged:

The drug abuse problem continues to grow in spite of the measures government has taken so far. (Leong, 1980:84)

The official response to the worsening drug abuse problem of the early 1970s was the passing of the Misuse of Drugs Act (1973). This event marks a watershed in the history of drug abuse and its control in Singapore. It also brings to bear the full weight of the criminal justice system on those who infringe upon the Act. In addition to heavy fines and imprisonment, mandatory caning was introduced to deter trafficking in controlled drugs. Another key feature of the Act permits the Director of the CNB to commit, by executive order, a person whose urine test proves positive for a controlled drug for compulsory treatment and rehabilitation in an approved institution. The official reason given for avoiding the usual court proceedings is that the Singapore authorities do not regard drug addicts as "criminals" and want to spare them the stigma of a criminal conviction. However, this reasoning does not seem to go down well with some western analysts. Trebach (1987) argues:

They were offering quick-fix police-state solutions to a delicate and distressing problem requiring patience, toleration, humane treatment options, and adherence to the principle that even suspected drug users, like suspected robbers, had rights in a democracy. (Trebach, 1987:130)

But no western society can boast of a successful "solution"; drug abuse treatment and rehabilitation programmes all over Europe and America have recorded very high recidivism rates. Moreover, the Singapore authorities consider Western programmes as "soft" options and opt instead for a system of compulsory treatment and rehabilitation in a DRC. The principal components of the programme is a five-stage process, involving detoxification, recuperation and reorientation, indoctrination, physical fitness and work programme (Macdonald, 1992:390).

In spite of these enhanced measures, the drug abuse situation deteriorated. A major development was the drastic increase in heroin abuse, especially among youngsters; heroin arrests sky-rocketed from only 10 cases in 1973 to 2263 cases in 1975 (see Table 2.1). The government responded promptly and firmly; the Misuse of Drugs Act was amended in 1975 to make the death penalty mandatory for any person convicted of trafficking in more than 15 grams of heroin or 30 grams of morphine. Furthermore, sentences of between 20-30 years of imprisonment plus 15 strokes of the rotan are prescribed for persons convicted of trafficking in smaller quantities of heroin and morphine.

Clearly, the government wants to impress upon potential offenders that it takes a serious view about the problem of drug abuse and that it is determined to suppress it at all costs.

Yet the heroin problem did not abate in the mid 1970s despite the drastic measures taken. This prompted the government to mount an all-out enforcement campaign, code-named "Operation Ferret", on 1st April 1977. Its aims were to reduce the supply of heroin to abusers by arresting as many traffickers as possible and to reduce demand by committing all identified drug abusers for compulsory treatment in the DRCs. The latter was also aimed at stopping the spread to non-users through peer group influence. The short term goals of the Operation appeared to be generally achieved: 7,725 persons were sent to the DRCs within the first nine months of the campaign (McGlothlin, 1980); the ratio of new heroin abusers to old abusers fell from 2.2:1 in 1977 to 0.22:1 at the end of 1978 (Spencer and Navaratnam, 1981); and, 280 drug traffickers were prosecuted in court and another 81 were detained under preventive detention (Singapore Country Report, 1991).²⁶

In line with the "forward-planning" strategy, a number of measures were taken before and in conjunction with the launch of Operation Ferret: Five more DRCs were set up in anticipation of the mass arrest of drug addicts and abusers;²⁷ the Misuse of Drugs (Approved Institutions and Treatment and Rehabilitation) Regulations were passed in 1976, which require drug abusers discharged from the DRCs or military detention barracks and persons convicted in court for drug consumption to be placed on compulsory supervision for a

specified period; a high-level Advisory Committee on Treatment and Rehabilitation of Addicts, comprising senior civil servants and private sector representatives, was appointed to plan the overall strategy and, more importantly, give legitimacy to any drastic measures adopted. The need for social legitimacy is also reflected in the appointments of both the DRC Review Committees²⁸ Board of Visitors in 1978, to determine the release dates of DRC inmates and to monitor DRC functions and handle any grievances arising, respectively.

In addition, SANA's help was enlisted to "educate" the public on the dangers of drug abuse as well as to win public support for the government's anti-drug abuse cause. Thus, in 1976, SANA helped the government to launch the first of a series of nation-wide Anti-Drug Abuse Campaigns. In the following year, SANA launched its Volunteer aftercare programme and introduced an Anti-Drug Abuse Badge Award scheme for uniformed groups in schools. The former programme involves the recruitment, training, deployment and sustaining of volunteers in the community to provide aftercare support for those released from the DRCs.

Operation Ferret was preceded by a hardening of the government's drug control policy. One of the earliest indicators is the change, in 1976, of the method of treatment in DRCs from a replacement therapy (methadone) to a "cold-turkey" approach, in which the addict is detoxified without any supportive medication. The underlying assumption that the addict will find the withdrawal discomfort outweighing the pleasure derived from drug-taking so that he or she will avoid any further involvement is not supported by any hard data to this date. Another indicator is the transfer of the management of the DRCs to the Prisons Department in 1976. Supervision was also made manifestly stricter when it was transferred from the then Social Affairs Ministry to the purview of the Central Narcotics Bureau in 1978; regular and surprise urine testing for supervisees was instituted. Drug supervisees were also denied passports to prevent them from travelling overseas and obtaining their supplies from abroad. Other control measures used in Singapore include the use of narcotic detector dogs, a computerised screening system and instant urine testing machines at various entry/exit points in the country. All these

measures no doubt contribute to the criminalisation of the phenomenon of drug abuse in Singapore.

The "get tough" policy was however tempered with a concurrent move to review and streamline the "mass treatment and rehabilitation" (Prisons Department, 1989) given to thousands of drug abusers detained in DRCs during Operation Ferret. The problems of logistics and manpower shortage also had to be addressed as thousands more were expected to be arrested. Hence, in 1979, a Day Release Scheme (DRS) was added to the programme. Under the DRS, certain categories of inmates are allowed to work outside the DRC during the day and spend weekends at home. Random body search and surprise urine analysis are conducted to ensure that they do not abuse the system. There were no further major reviews until the mid 1980s when there appeared to be a resurgence of the heroin problem. In 1987, the government appointed a multi-disciplinary Working Group comprising doctors, psychologists, counsellors, university lecturers and senior police and narcotics officers to review the efficacy of the existing treatment and rehabilitation strategy.²⁹ As a result, two new components, the Exit Counselling Programme (ECP) for selected first-time drug detainees, and the Intensive Counselling Programme (ICP) for selected repeaters, were introduced in 1988. An important development, however, was that the "medical" model of drug treatment and rehabilitation was abandoned in favour of a new philosophy which viewed drug addiction as a "social and behavioural problem" (Ong, 1989; Tee, 1990). We shall return to the issue of drug abuse treatment and rehabilitation in Singapore in chapter Ten.

The Community Response

We have already seen that the early response to the problem of opium smoking in the colony of Singapore was confined to a small group of European missionaries and doctors and a few western educated local-born professionals. This is hardly surprising as the local inhabitants were largely illiterate and culturally biased in favour of opium consumption. Nevertheless, their collective concern led to the founding of the Singapore Anti-Opium Society in 1906. The Society was, however, relatively ineffective in fighting the anti-

opium cause without the support of the colonial government and initially even the Chinese Chamber of Commerce; there were then no public education campaign and no "moral panic" in the community.

The situation was reversed in the early 1970s when a small number of incidents involving school children received considerable press attention. The first of these incidents happened in 1970 when two school girls fell ill in class after what was suspected to be the ingestion of 'mx pills' (mandrax) (Leong, 1973; 1974; 1980). Consequently, there were "increasing numbers of young people who were being brought by police into hospitals for medical examination after being found collapsed or wandering about" (Leong, 1980:76). Following government intervention, the Singapore Anti-Narcotics Association (SANA) was set up as a voluntary organisation in 1972. This move provided a new impetus to the creation of public awareness and the gathering of community support towards the anti-drug abuse cause. SANA acts as an "umbrella council" for all local non-government organisations concerned with the drug problem and its principal task is to "educate the public in general and in particular the juvenile population on the attendant perils of the abuse of drugs, solvents and other substances" (SANA, 1992). From 1977, it also recruits volunteer paracounsellors from the community to help provide an aftercare service for drug abusers released from the DRCs.

SANA's record has been impressive; between 1977 and the end of 1992, 10,664 applications to be Volunteer Aftercare Officers (VAOs) for drug supervisees were received and processed; 5,736 were provided with classroom training and another 350 were on the wait-list; 2,808 fully trained volunteers were registered as VAOs (SANA, 1993). As on 31 December 1992, SANA volunteers were providing aftercare to 1,676 drug supervisees; the relapse rate for drug supervisees under SANA's care since 1990 (ie. after two years), at 58.8%, compares favourably with the 75.2% relapse rate for those supervisees not under SANA (1993). In addition, SANA deployed 118 "religious counsellors" and 76 "social counsellors" in the various DRCs during the same period. As the nomenclature suggests, the former provide religion-orientated counselling and

religious classes for the inmates while the latter run non-religious group counselling sessions.

In 1979, SANA launched a "Neighbourhood Scheme" to tap the resources of grassroot organisations and to initiate drug abuse prevention activities and VAO recruitment exercises at the constituency level. SANA has also been organising nation-level anti-drug abuse campaigns since 1976 (see Figure 2) and has a pool of more than 40 highly trained speakers who are scheduled to deliver drug preventive education talks and lectures to students, youth group members, factory workers, parents and other civic groups. Other innovative services include a SANA Hotline set up in 1990 and a Direct Social Intervention (DSI) Programme. The Hotline offers immediate support and help with drug-related issues over the telephone. The DSI Programme is a community-based outreach programme aimed at identifying and responding to "youths at risk" before they turn to drugs. The first pilot programme was launched as a "social and recreational youth club" in February 1993 by a Malay MP, Mr Sidek Saniff (Sunday Times, 14 February 1993).

SANA has no doubt played a crucial role in mobilising community response and support towards the national anti-drug abuse cause. But, like the early anti-opium movement, the various religious organisations continue to provide the strongest support. For example, of the 1,261 VAOs serving SANA as on 31 December 1992, 634 (50.3%) were directly recruited from religious organisations, such as the Buddhist (99 VAOs), Roman Catholic (44 VAOs), Christian (149 VAOs), Hindu (49 VAOs), Muslim (265 VAOs) and Sikh (28 VAOs) groups (see Table 1.6). In addition, it is highly likely that most of the other 627 VAOs (49.7%) recruited under the Neighbourhood Scheme and the other civic organisations are also religiously motivated. The Christians (comprising all denominations apart from the Roman Catholics) also set up the first "halfway house" (House of Grace) for discharged drug abusers in Singapore in 1974 (see Figure 2) and are responsible for eight out of the ten "halfway houses" currently in operation. These include "Turning Point" (established 1990), the first "half-way house" for female drug abusers in the country.³⁰

Table 2.3 Distribution of Volunteer Aftercare Officers (VAOs) By Group

| | <u>Number of Applications Received</u> 1.9.77-31.12.92 b | <u>Number of VAOs As at Dec '82</u> a | <u>Number of VAOs As at Dec '92</u> b |
|------------------|---|---------------------------------------|---------------------------------------|
| Buddhist | 867 (16.5) | 113 (14.5) | 99 (15.6) |
| Catholic | 631 (12.0) | 118 (15.2) | 44 (6.9) |
| Christian | 1334 (25.4) | 194 (24.9) | 149 (23.5) |
| Hindu | 439 (8.4) | 101 (13.0) | 49 (7.7) |
| Muslim | 1855 (35.3) | 219 (28.2) | 265 (41.8) |
| Sikh | 125 (2.4) | 33 (4.2) | 28 (4.4) |
| Sub Tot* | 5251 (100) | 778 (100) | 634 (99.9) |
| Others** | 5413 | 752 | 627 |
| Grand Tot | 10664 | 1530 | 1261 |

* Sub-total for VAOs recruited under Religious Groups affiliated to SANA.

** Others include all VAOs recruited under the following non-religious groups: Peoples' Association Youth; Tertiary Institutions; Taman Bacaan; Neighbourhood Scheme.

Note: All percentages are in parentheses

Source: a. Ong (1985: 288)

b. SANA (1993:21-22)

SANA can also be credited with helping the government to bring the Malay drug abuse problem to the attention of the Malay community itself. In this regard, the 1989 National Anti-Drug Abuse Campaign was organised with "biased emphasis placed on the Malay population" (SANA, 1989:5). The results of SANA's efforts are evident: the proportions of Malay/Muslim VAOs (99.7% of all Singapore Malays are Muslims: Department of Statistics, 1991) jumped from 28.2% as at December 1982 to 41.8% as at December 1992 (see Table 2.3). Furthermore, a survey commissioned by SANA in 1992 shows that 77.5 per cent of the Malay respondents surveyed had heard of SANA and a "vast majority" understood correctly its role and functions even before the start of the 1992 National Anti-Drug Abuse Campaign (SANA Anti-Drug Campaign Survey, 1992). Notwithstanding the above, more has to be done among the Malay community as the number of Malay VAOs is still proportionally considerably lower than there are Malay drug abusers.

The Current Scene

The prevalence and pattern of drug abuse in Singapore in the 1990s have not changed drastically since 1987. The current problem is twofold: (1) the recurring high incidence of drug abuse in the Malay community vis-a-vis the other communities (SANA, 1989:4-5; Salahudin, 1990/91); Mohammed Sharif, 1992; CNB, 1992) and (2) the presence of a small group of 'hardcore' heroin addicts who keep returning to the DRCs in a "revolving door" fashion (Zakaria, 1988; Poh, 1989). Heroin is still the preferred drug of abuse although there is increasing evidence of a move towards polydrug use, especially among the Malays (MENDAKI, 1993). Another trend which is being monitored by the authorities is a rise in the number of addicts using the intravenous method of drug administration. According to Melic (1993:13), the number of known (emphasis added) intravenous drug users has "escalated from a low 5 in 1983 to a figure of 157 in 1991". Finally, whilst young persons below the age of 30 still make up 62.7% of all identified drug abusers, fewer of them are now below 20 years of age. For example, only 11.5% of the drug offenders arrested during the first three months of 1991 belong to this age group, compared with 31.4% for the whole of 1977.

Singapore's drug control policy, introduced with urgency in the 1970s and consolidated in the 1980s, has once again been employed to tackle the drug problem of the 1990s. It involves both supply and demand reduction components. In 1990, the Misuse of Drugs Act was further amended to extend the mandatory death penalty to include those convicted of trafficking, manufacturing, importing or exporting more than 30 grams of cocaine, 500 grams of cannabis, 200 grams of cannabis resin (hashish) or 1.2 kg of opium, all hitherto non-capital offences. Since the death penalty for drug trafficking in 1975, 345 drug traffickers have been prosecuted; 59 persons have been sentenced to death on conviction and 37 already executed (Melic, 1993:10). The "get tough" approach was followed up with the enactment of the Drug Trafficking (Confiscation of Benefits) Act in November 1993 to "deny drug syndicates their ill-gotten gains" (STWOE, 13/8/94:3). Barely nine months later, the new Home Affairs Minister Wong Kan Seng announced that the courts

were poised to seize more than \$1 million in cash and properties belonging to convicted drug traffickers under the new law.

As regards demand reduction, the Prisons Department has been unflinching in trying out several innovative programmes with a view to reducing recidivism rates. The ECP and the ICP are recent innovations. Programmes are also constantly reviewed and revised. For example, the ICP which was only implemented in October 1988 was reviewed and replaced in April 1991 by the "Three Phase Rehabilitation Programme" (Soh, 1991). The latter retains the main features of the ICP but is more streamlined and selective. The three phases involve (a) an initial period in a DRC where more intensive counselling and physical training are provided; (b) a supervised Day Release Scheme which allows the inmate to work outside during the day but return to the DRS Centre after work; and, (c) a residential (perhaps more appropriately called "non-residential") day release scheme which permits the person being rehabilitated to go home after work rather than to the DRS Centre, but with a condition to remain at home during specified hours. The condition is strictly enforced with an electronic monitoring system (EMS), introduced in 1991 by the Prisons Department which oversees the scheme (ST, 26/9/1991). Under the EMS, an electronic device is permanently tagged to the ankle of every drug abuser during the "residential day release phase". Any infringement, such as straying away from home during "curfew" hours or tampering with the device, will be detected by a home monitoring unit which automatically alerts the central monitoring station. Violations are treated seriously and punishment for serious breaches of DRC conditions such as possession or consumption of controlled drugs whilst under DRS will include caning.

In 1993, the Prisons Department was embarking on a pilot project to prescribe an oral narcotic antagonist, naltrexone, to some heroin addicts. The drug is supposed to produce acute withdrawal systems when the former addict succumbs to temptation and takes heroin again. Although the project is still being evaluated for its efficacy, the government has recently announced that the programme will be extended to include inmates undergoing rehabilitation for the first or second time (STWOE, 13/8/1994:3).

As far as the Malay drug abuse problem is concerned, the government has recognised its severity and social and political implications for years and is still looking for ways to ameliorate the problem. One of the most direct and positive responses of the government is the appointment of a Malay Political Secretary (Home Affairs), Mr Harun Abdul Ghani, in June 1989 to head and intensify all efforts to tackle the growing Malay drug problem as well as to garner support from Malay grass root organisations. Since his appointment, Mr Ghani has been a familiar sight in the various DRCs where he also gives his personal attention to the inmates.

The year 1989 also saw the opening of the first halfway house specifically for Malay drug abusers, named PERINTIS (translated "bridge the gap"). It was set up by the Islamic Theological Association of Singapore (PERTAPIS). Today, there are only two Malay/ Muslim halfway houses providing temporary residence to a total of 96 Malay drug abusers (SANA, 1993). Clearly, this is grossly inadequate as there are currently more than 5,000 known Malay drug abusers still in the DRCs or under compulsory supervision (MENDAKI, 1993). A list of DRCs and halfway houses in Singapore is provided in Figure 2.2. Another significant development is the appointment of a Muslim Joint Anti-Drug Abuse Coordinating Committee, spearheaded by MENDAKI, a Malay self-help organisation originally set up to improve the level of education in the community (see Figure 2.3). In September 1990, the Committee appointed a Working Group, chaired by a Professor of Malay Studies at the National University of Singapore, to "study the various facets of the (Malay) drug abuse problem with a view to the production of a comprehensive report" (MENDAKI, 1993). The Working Group delivered its goods in November 1993 and the findings were also presented at a seminar held on 2nd May 1994. This event marks a new openness in Singapore society whereby issues concerning the Malays, an ethnic minority group, are being openly discussed.

Figure 2.2: List of Drug Rehabilitation Centres and Halfway Houses in Singapore

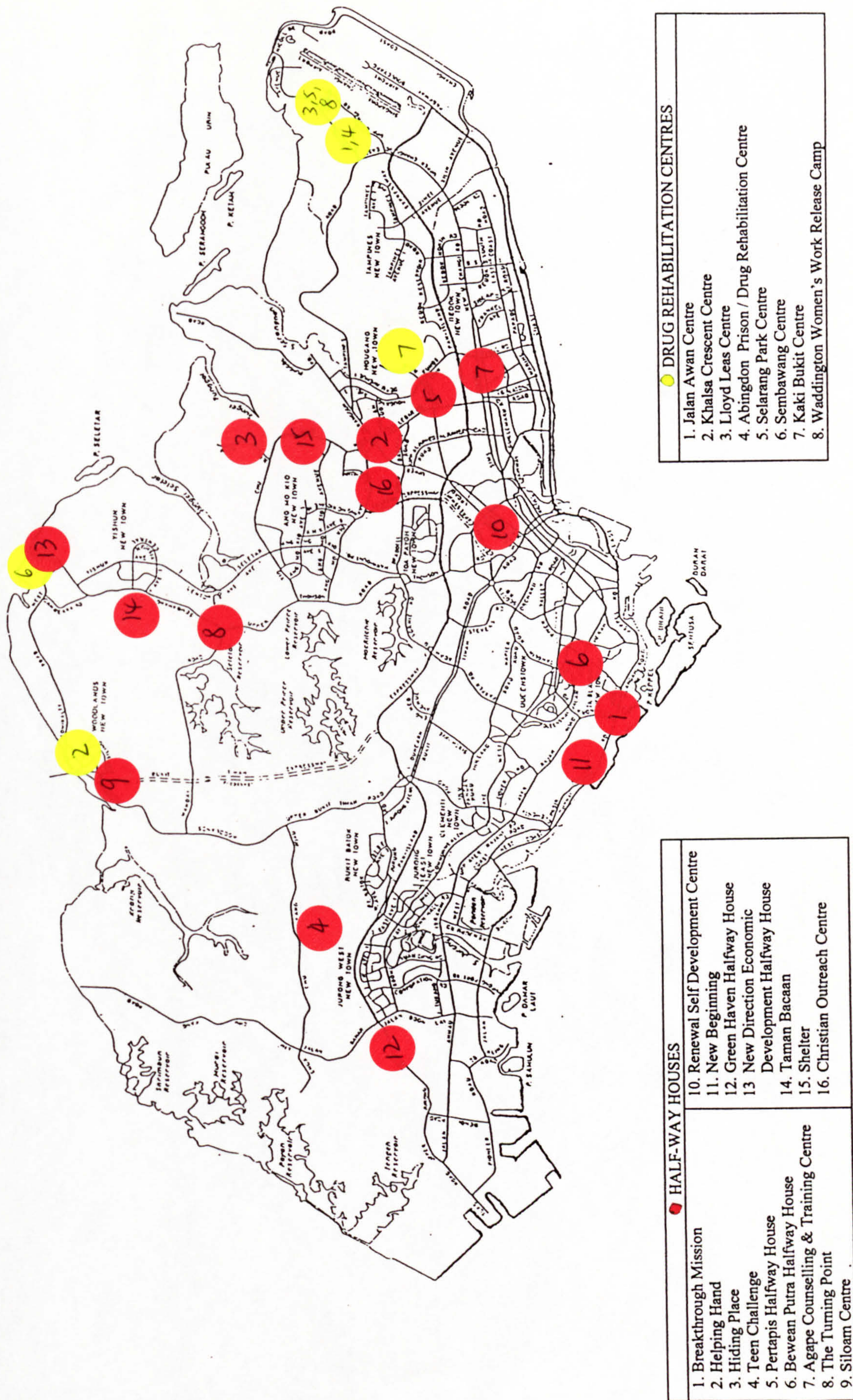
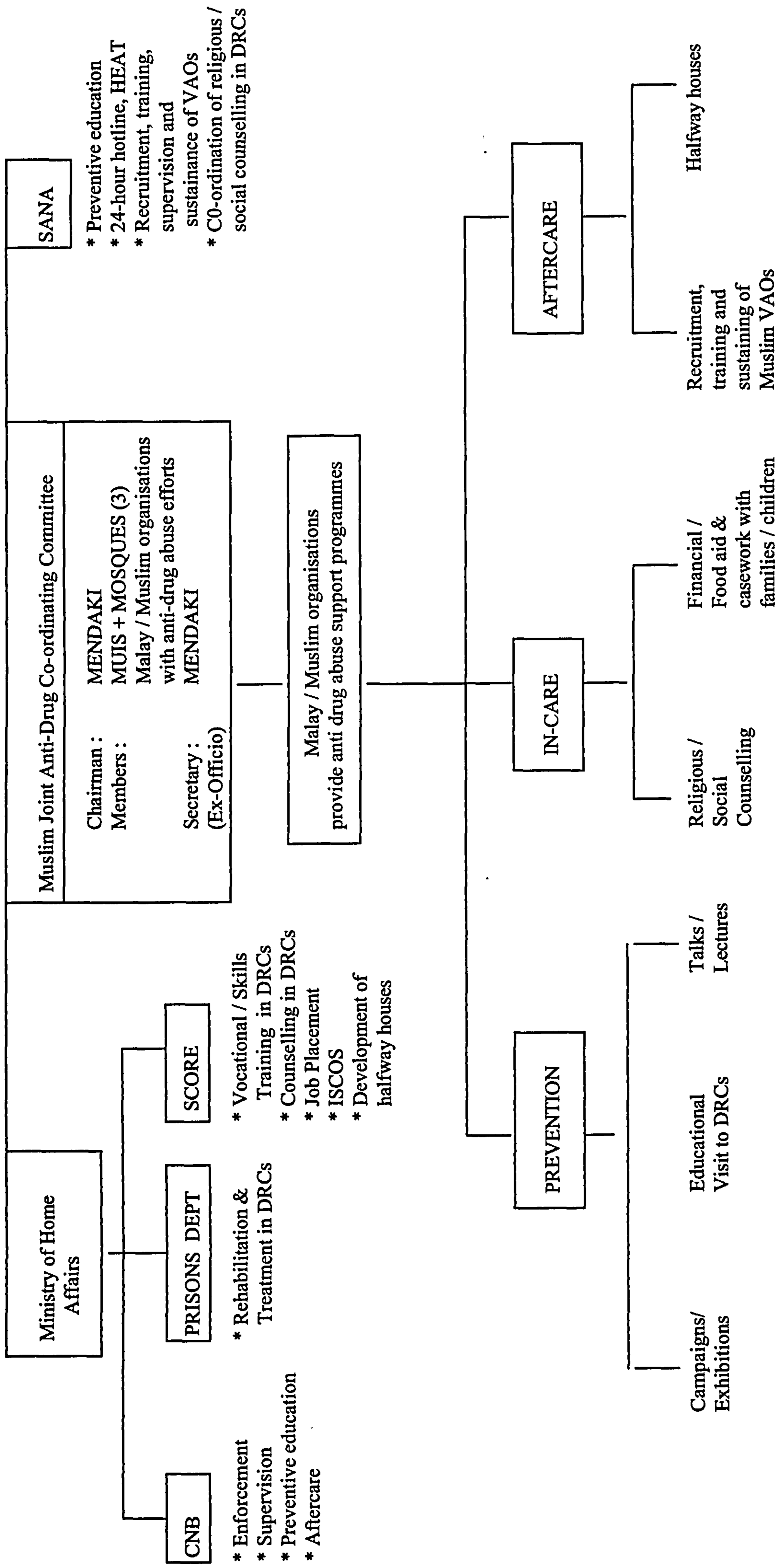


Figure 2.3: Structure of Muslim Joint Anti-Drug Abuse Co-ordinating Committee



Source : Mohammed Sharif Hamid (1992) Responding to the needs of the drug aftercare rehabilitation for the Malay Community in Singapore. In Report of the 14th IFNGO Conference on "Together - Strive for a drug - free society" held in Kuala Lumpur Malaysia, 7-11th December 1992. P103

Conclusion

Drug abuse has been a social reality in Singapore society since its very founding. Historically, opium addiction among the ethnic Chinese has served important economic and political functions for British imperialism in the region. In the post-war era, however, the phenomenon of drug abuse has undergone tremendous changes. A new generation of younger, better educated and more heterogeneous drug users have replaced the male Chinese opium addicts as the main drug abusers. Drugs are used mainly for recreation and pleasure, rather than to alleviate physical symptoms. This new pattern of drug use and its rapid spread among the youth are perceived to be a serious threat to the social fabric as well as the economic prosperity that Singapore strives to sustain. A tough drug control policy, comprising both supply and demand reduction components, has managed to reduce but not eliminate the drug abuse problem. Both numbers and "infection" rates fluctuate over time but appear to be generally contained. Successful enforcement measures also ensure that there are no known "black areas" in Singapore where drugs are openly purchased (Poh, 1987). One western observer on international drug control policies has noted:

Singapore maintains one of the more drug-free societies in the world, a notable achievement considering its location so close to three major source countries. (Macdonald, 1992:394)

Today, new measures will still have to be found to tackle the escalating Malay drug abuse problem as well as the problem of "hard core" addicts. The various innovative programmes introduced recently, though producing positive initial results, seem to lack cultural sensitivity in the light of the Malay prevalence. Malay drug abusers generally follow a blanket treatment and rehabilitation programme meant for all drug abusers both inside and outside the DRCs. There is also an acute shortage of Malay counsellors and volunteers in drug rehabilitation work. Furthermore, whilst new drug preventive education programmes are targeted at the "correct" audience, the contents of such programmes have yet to contain any Malay cultural elements.

Finally research initiatives into the Malay drug problem are also few and sparse.

Overall, it may be concluded that whilst the British colonial drug policy led to the creation of thousands of opium addicts over more than a century, the tough drug control measures today have led to the criminalisation of thousands of drug abusers and traffickers in Singapore. But, as pointed out by McGlothlin (1980), the Singapore drug control strategy is perhaps best suited to the local social and political climate. He concludes:

The threat to the Singapore society posed by the heroin epidemic was real and immediate, and it could probably not have been resolved as expeditiously by other methods. (McGlothlin, 1980:13)

ENDNOTES

1. Sir Thomas Stamford Raffles was also the British Lieutenant Governor of Java and Bengkulen.
2. It is probable the Temenggong and some of his followers did use opium. Historical sources indicate that opium was consumed even before the coming of the Western colonial powers although consumption was confined to native rulers and wealthy people in the coastal towns (Alatas,, 1977)
3. Throughout the nineteenth and earlier twentieth centuries, opium-smoking was closely associated with Chinese immigrants and became the stigma of overseas Chinese communities from America to Australia (Yen, 1986). During the same period in Singapore and Malaya, it was one of three principal vices of the Chinese immigrants, the other two being gambling and prostitution.
4. For example, Little (1848) provided eye-witness accounts of opium-smoking by Malay individuals. Indian immigrants, from convicts brought in by the British imperialists to newly-recruited labourers, were said to have introduced the habit of opium-eating to Singapore (Leong, 1974:3). There was also evidence that opium-smoking took place as part of the celebration for weddings and circumcisions among upper-class Malays in the Malay States during the early nineteenth century (Alatas, 1972).
5. Whether the Chinese immigrants brought the opium-smoking habit with them into Singapore and Malaya (Hanam, 1973; Leong, 1974; Spencer and Navaratnam, 1981; Macdonald, 1992) or acquired the habit after their arrival there (Brooke, 1921; Chen, 1935:3; Yen, 1986; Trocki, 1990) is still the subject of a debate. Both arguments are probably true although many of those who started smoking opium later probably had some cultural ideas about opium use even before their arrival here.
6. "Sarabat" is a boiled ginger drink, normally taken with sugar and milk. These itinerant stalls were usually run by Indian Muslims and they served as a popular social meeting place in the village much in the same way as the pub served the English public. Apart from selling drinks, cigarettes and other light refreshments, some stall holders also acted illegally as a contact person for the supply of cannabis (Leong, 1974; 1980). "Sarabat" stalls were largely phased out and replaced by more modern hawkers centres in the 1980s and 1990s as part of the country's urban renewal programme.
7. The events leading to the Opium War (1840-42) were well documented by historians (eg. Fay, 1975). The British came out victorious and by the ensuing Treaty of Nanking in 1842, they obtained the island of Hong Kong. By it, they also gained the dubious honour of entering history as an international "drug cartel".
8. "Opium farms" were, in effect, the rights to import and manufacture opium and to sell it retail to customers. Opium farmers rented these exclusive rights from the government and paid fixed monthly rents in return. To help defray the rents and to ensure profits, they then pushed up the eventual costs to the consumers. The first "farms" raised \$395 monthly and provided the revenue for communal policing purposes (Leong, 1974:1)
9. There were in fact individual officials who objected to the exploitation of the opium-smoking habits of the inhabitants for revenue purposes.. Opposition came mainly from two quarters: medical doctors and European missionaries. One might add another category whom cynics might describe as "moral entrepreneurs", who were agitating the British parliament to ban the opium trade.
10. Singapore fell to the Japanese invading forces on 12, February 1942. Large stocks of opium were left behind by the British. The victorious Japanese Imperial Army at first did the face-saving thing; they "abolished"

opium smoking in Singapore. However, some of the stocks found their way into the black market. Later, the Japanese blatantly reopened the same government chandu retail shops and reaped the profits.

11. Morphine was probably introduced into Singapore between 1890 and 1900 (Leong, 1974; 1980). Prior to 1957, it was not as popular as opium and its use was mainly confined to the efforts of a few itinerant injectors operating in back lanes and other slum areas. The clientele were mainly trishaw-riders, seamen and other unskilled labourers. However, it gained some popularity as a substitute for opium from the late fifties (Tai, 1981).

12. Beedle (1972) reported substantial abuse of methaqualone and other hypnotic drugs in the United Kingdom during 1968 and 1969. See also Ramos (1980) on the use of drugs and the Hippies during the "turbulent sixties".

13. The exceptionally high figures for 1977-8 can be attributed to the mounting of "Operation Ferret" on 1st April 1977 in response to the escalating heroin problem. In the Operation, an all-out and nation-wide enforcement strategy was carried out to round up all drug abusers for compulsory treatment and rehabilitation as well as to eliminate all drug traffickers. The Operation appeared to be a huge success and the number of heroin arrests dropped from 5262 cases in 1978 to 1878 cases in 1979 (see Table 2.1).

14. It could also be that enforcement efforts were concentrated on the more serious heroin abuse rather than the relatively harmless "pill" abuse, thus resulting in skewed official statistics. Moreover, the Central Narcotics Bureau apparently rewarded its officers proportionately according to the street values of the drugs seized (see Salahudin, op cit:50).

15. Certainly, the Temenggong and some of his leading followers had tried opium. Historical accounts have also shown that Malay Rajas often indulged in opium smoking, gambling and cock-fighting as part of any celebration (see Wan Hussin, 1990: 4-5).

16. The Dutch East India Company brought opium from India to Java from the seventeenth century (Morse, 1910; quoted in Spencer and Navaratnam, 1981:11). Spencer and Navaratnam also found evidence that opium use was not only common in Java but also could be responsible for some cases of Amok. Little (1848) witnessed some Javanese and Bugis settlers in opium shops in Singapore as well as a rich Pahang trader and a follower of the Rajah of Siak.

17. The preponderance of Malay heroin abusers over Chinese heroin abusers posed a problem to me in Clementi DRC for first-timers when I conducted my fieldwork there between January and July 1993. The absence of Chinese inmates meant that I had to wait and be contacted only whenever they had an admission. The fact that some of them were only there for two weeks compounded the problem. Consequently, I had to include in my sample of first-timers those who were detained in military detention barracks for their first drug offences.

18. The first legislation on drug misuse in Singapore is the Morphine Ordinance of 1896 (Ong, 1989:9). By it, the intravenous injection of morphine by non-medically competent persons was made illegal. The legislation was more likely to be a token measure taken by the colonial administration in response to the growing concern about the problem of opium smoking in the colony and which matter it was unwilling to address. It had no real effects on the local drug abuse situation as morphine use was rare at that time and over the next 60 years.

19. Earlier, Britain was also a participating country at the Shanghai Conference in 1909 when a resolution was unanimously passed to consider the non-medical use of opium as "a matter for prohibition" (Bean, 1974:21). But then, according to Bean, Britain was acting under international pressure, especially from America. Up to 1964, control measures taken were all based on

decisions made at international conventions and which were not necessarily linked social reality within Britain.

20. Sir Stamford Raffles' stand on this issue is not entirely clear. One source (Tan, 1991) refers to "Raffles' attempt to stop the ingestion and smoking of opium". Also, according to one historian, Raffles had quarrelled with the then Governor Farquhar about the propriety of the opium farming system (Trocki, 1990:73-4). But the same author also accuses Raffles of having "a great deal to do with creating the system that led to the addiction of millions of Chinese labourers".

21. According to Trocki (1990), the first British merchants in Singapore came with the intention of tapping into the lucrative opium trade between India and China. However, circumstances eventually forced them into selling drugs directly to local Chinese. They were the first drug traffickers in Singapore!

22. Trocki (1990:204) provides the following statistics: "Although the net profit from the sale of opium under the government monopoly was just under \$1.8 million in 1910, by 1911 it was over \$3 million, and by 1914 the government was netting over \$5 million annually on opium sales in Singapore alone".

23. Ironically, the Second World War might have aided in the suppression of opium smoking in Singapore. Opium consumption continued throughout the war and during the Japanese Occupation (1942-45). But the war disrupted opium-smoking and the supply of opium in the country. Moreover, it provided the opportunity; any earlier attempt to ban opium-smoking was sure to encounter stronger resistance from wealthy merchants, opium farmers and Chinese triad societies which operated around the drug trade.

24. According to Leong (1980), a number of temples existed in the community which offered some "anti-opium remedies" such as tea drinking, group exhortation, callisthenics and group interaction. The "treatment" took about two weeks, hardly covering what is now known as the "withdrawal phase". There was no provision for aftercare. In any case, it is most unlikely that these temples were able to provide adequate care for the thousands of opium addicts at that time.

25. The facility was set up in a defunct quarantine station situated on an island five and a half miles from Singapore. Addicts were treated as "patients" rather than "wrongdoers" (Leong, 1980) and typically stayed there for between three and six months. Most of them were Chinese, male, illiterate, aged between 45 and 55 and had a history of 18 years of opium use on the average (Leong, 1980).

26. The Criminal Law (Temporary Provisions) Act provides for the detention or supervision of known criminals without going through the court process. Hence, pushers who could not otherwise be punished for lack of evidence or witnesses were detained under the provision of this Act. Yew (1983) describes the problem of witnesses to drug transactions who were too afraid to appear in court to testify.

27. In January 1977, the Singapore Armed Forces (SAF) set up its own Drug Abuse Rehabilitation Unit (DARU), staffed by medical and medical ancillary officers and social workers. National Service is compulsory for all male Singaporeans and it is expected that a small number of national servicemen will be involved in illicit drug use. For details on the SAF anti-drug abuse measures, see Leong (1978) and Tai (1981).

28. The Author served as a member of the DRC Review Committee IV, chaired by the then Medical Director of Tan Tock Seng Hospital, from 1987 to 1993. The DRC Review Committee IV initially reviewed cases from three DRCs, viz.

Clementi DRC (later renamed Pasir Panjang Drug and Inhalant Abuse Rehabilitation Centre); Khalsa Crescent DRC; Remand Prison "DRC Wing".

29. The present author was appointed a member of the Working Group by the Minister of Home Affairs in April 1987.

30. Some of the Christian churches were already ministering to drug addicts before the formation of SANA. "Pioneers" like Rev Henry Khoo and Rev Neville Tan preached the Bible to the inmates of the St John's Island Rehabilitation Centre in the early 1970s (see Stephen (1990: 142-6) for a discussion of the role of the Christians in helping to rehabilitate drug abusers in Singapore).

CHAPTER THREE

REVIEW OF LITERATURE ON AETIOLOGY OF DRUG ABUSE

Introduction

There is no dearth of literature on psychoactive drug use and abuse. Numerous theories have been advanced, especially during the past thirty years, to explain how and why people abuse drugs. Research interest was greatly intensified during the mid 1960s and early 1970s when there was a moral panic¹ in the United States over the spread of drug use outside the ghettos and into white middle class neighbourhoods. "Suddenly, the drug users became not only visible in the community instead of being confined to the urban slum, but they were no longer black and poor, rather they were white and increasingly middle class" (Fazey, 1977:8).

Many of the contributors to the drug literature tend to employ the epidemiological research tradition. The emphasis in such research is on the "aetiology, incidence and prevalence of addiction" (Ball & Chambers, 1970). Hence, most studies reviewed here are concerned with aetiology or the background and lifestyle antecedents of non-medical drug use, especially among adolescents. An understanding of the causation of drug use and dependence is also crucial to the determination of how society is to view and respond to this phenomenon. The theories² purporting to explain drug-taking behaviour are remarkably diverse, being grounded in such diverse disciplines as psychology, sociology, social-anthropology, biochemistry and even medicine. These are often not well integrated, employ different methodologies and assumptions and produce conflicting results, as will be evident in the following pages.

Any standard text or professional article on drugs or drug abuse will include a review of existing and past research done (see, for example, Plant, 1975; 1981;1981(a); Edwards & Busch, 1981; Stephens, 1987; Coombs, 1988; Newcomb & Bentler, 1988; Ong, 1989). Some of these reviews have been ably summarized in the recent works of Lettieri et al.,1980; Kandel, 1980; Chassin, 1984; Long & Scherl, 1984; Jones & Battjes, 1985; Lettieri, 1985; Zucker & Gomberg, 1986; Sadava, 1987; and Goode, 1989. In addition, Fazey (1977) provides an

extensive and partially annotated bibliography on research into the aetiology of psychoactive substance use.

Limitation in time and space does not permit a full review here. Neither is it necessary to repeat what other authors have done. However, an overview of the hallmark studies in each of the different levels of explanation for psychoactive drug use will be presented here. The chapter ends with some concluding remarks about the current "state of the art" as well as the main weaknesses and limitations of the existing knowledge. Finally, while this chapter reviews the general theories of drug abuse, specific studies on drug abuse and ethnicity will be examined in the next chapter.

Aetiology of Drug Abuse

The search for aetiological factors in drug-taking behaviour probably existed for as long as drug use itself. But it was not until after the two World Wars that more scientific studies were attempted. Not surprisingly, many of the early studies were largely speculative in nature and, for the most part, not borne out by scientific methods (Plant, 1981;1981a). Most of the studies were also carried out on atypical and often 'captive' groups such as inmates in institutions, heroin addicts attending clinics, marijuana smokers in colleges and universities and glue-sniffing among school children. Clearly, these studies have limited value in our understanding of the general drug-taking population.

Epidemiological and aetiological studies also tend to follow the positivistic tradition of early criminology.³ The earlier positivist theories typically look for a single cause or single theory to explain drug-taking habits. They are also called 'monolithic' theories and the earliest examples are predominantly of a biological or constitutional type, including factors such as metabolic deficiency, defective genes and the presence of an artificial drive that derives pleasure from narcotics (eg. Dole & Nyswander, 1967; Glatt, 1971; Bejerot, 1972). Others look for a psychological or psychiatric trait to explain why individuals take to drugs (eg. Rado, 1933,1957; Chein, 1964; O'Callghan, 1970). The basic assumption underlying each of these

theories is the presence of an individual 'pathology' which predisposes the incumbent to drug use. Historically, there were also linked heavily to; assumptions about ethnicity and race.

A common theme which permeates all positivist theories is the concern for intervention measures. Aetiological theories are thus developed with a view to finding solutions for the prevention, control and treatment of the drug problem. Furthermore, public health concepts like 'pathology' and 'contagion' are conveniently and liberally used to argue for more stringent penalties. Herein lies a paradox. For, as Bottomley (1979) points out, in relation to crime:

We have thus witnessed the parallel development of a positive criminology obsessed with the respectability of its scientific credentials and yet, that same criminology proclaiming objectives of a 'correctional' nature for the control of crime in society.
(Bottomley, 1979:40)

Dissatisfaction with the early 'monolithic' theories, coupled with the rising influence of sociology after the war, shifted the focus of research attention from 'individual pathology' to some defects in the immediate environment (eg. family) and/or social structure ie. 'family pathology' or 'social pathology'.

Ironically, wider social structural factors came under scrutiny first. Led by the Chicago school sociologists, the impact of social structural variables upon human behaviour, including drug taking, increasingly came under sociological inquiry. These studies were concerned with the physical environment (Shaw & McKay, 1931; Faris & Dunham, 1939), strains in the social structure (Merton, 1957; Cloward & Ohlin, 1960) and the erosion of social control (Briar & Piliavin, 1965; Hirschi, 1969).⁴ It was only more recently that the focus of drug research was on family and peer influences (Blum et al., 1972; Kandel, 1973; Huba & Bentler, 1980).

One major problem posed by the positivist theories is that they tend to make assumptions about the motives of drug users or the effects of drug taking. This recognition has led others to introduce a drastically different perspective to the study of drug aetiology. This new perspective looks at the

drug users' "social world" and explores drug taking as "normal behaviour" or as "behaviour which can be understood only by observing actors in specific social context and by paying attention to their own definition of motive and response" (Glassner & Loughlin, 1987:2). Some of the most important works which investigate the meaning of drug use from the perspective of the users themselves include Becker (1953,1964), Carey (1968), Duster (1970) and Auld (1981).

These mainly ethnographic studies also set the stage for a new approach in sociology - symbolic interactionism, recognizable by its "naturalistic" stance, which interprets social behaviour as experienced by the individual rather than as perceived by the observer. Following this tradition, other contributors have introduced a labelling perspective and other "social reaction" theories which provide a particularly useful framework for understanding such a reaction-provoking subject as drug abuse (eg. Becker, 1953; Wilkin, 1965; Young, 1971; Schur, 1971). This interactionist approach also introduces a political dimension to the definition of deviant behaviour.

Drug abuse, like many other types of human behaviour, becomes defined as a "social deviance" in an interactive process between those who are powerful and able to do something about it and those who are unable to resist. Many of the former are moral entrepreneurs who see an escalation of the drug problem as advantageous to their political ends. On the other hand, many of the latter are members of ethnic minority groups who often occupy the lower strata of society.

The wide range of approaches to the aetiology of drug abuse outlined above requires some organisation. Most authors divide them into three levels of explanation - the constitutional, individual and environmental approaches (eg. Fazel, 1977; Plant, 1981,1981a). Broadly speaking, constitutional (or bio-physiological) theories are concerned with either an inherited predisposition or biochemical functions. Individual approaches are directed at explaining drug abuse at the intrapsychic or psychological level. Environmental approaches may be subdivided into the immediate environment or the wider environment. The former theories examine factors within the family, peer

group, social class, ethnicity or subculture. Wider environmental approaches see drug abuse as related directly to aspects of wider cultural or social systems. In reality, however, most of the contemporary theories of drug abuse fall into two or more of the groupings above. The following discussion will therefore be necessarily repetitive and overlapping.

CONSTITUTIONAL LEVEL APPROACHES

Metabolic Deficiency Theory

These theories are relatively few in number and unsatisfactory on their own in explaining drug addiction. The most famous theory was proposed in the early 1960s by Dole and Nyswander but applied only to narcotics. According to their metabolic deficiency theory (expanded later in Dole & Nyswander, 1980), people who use narcotics (or other psychoactive substances) on a regular basis are likely to suffer from a condition analogous to a biochemical deficiency that requires narcotics for relief. In this way, some addicts undergo rather profound and possibly permanent changes to their neurological systems and may require to take narcotics for life. The analogy of the diabetic condition is often cited by proponents of this theory.⁵ The treatment method therefore consist of giving the addict an appropriate dose of methadone.⁶ This method assumes that the methadone will take care of the addict's chemical deficiency and that no other narcotics are used simultaneously. Both assumptions are contrary to experience. The theory cannot account for the many abstinent drug users who can function normally in society. The appearance of many poly-addicts or multiple-drug users also contradicts the second assumption. Moreover, there is still no known experimental or scientific evidence to support the validity of this theory (Stephens, 1987:65).

Biological theories

Animal addiction studies are frequently cited to support the constitutional approach in the aetiology of drug use (eg. Mandones, 1970; Glatt, 1970; Bejerot, 1972; Doust, 1974). Believing addiction to be a biological

phenomenon, Bejerot (1972) views drug dependence as "a short-circuiting of the pleasure-pain principle and addiction as an artificial drive that has arisen in this way, as strong or even stronger than sexual drive" (Annotated in Fazy, 1977:29). This 'artificially induced drive' theory is disproved by the fact that some addicts do in fact give up drugs and that not all addiction is involuntary. The factors leading to the conditioning and deconditioning of this alleged drive are also not specified.

Sometimes employing studies of monozygotic and dizygotic twins and racial susceptibility, theories suggesting morphological constitution and "evolutionary throwback" are even less convincing. One classic example of these "theories" is the "dope fiend" myth which depicts the addict, typically a black, as a degenerate and vicious criminal much given to violent crimes and sex orgies. Research has shown that the continued use of opiate-type drugs produces characteristics and behaviour quite at odds with this stereotyped misconception of the drug addict. In fact, one common feature of addiction is a general inactivity, on the basis of which addicts may be labelled as unproductive, suspicious or withdrawn, but hardly vicious and fearsome. An element of racism, especially against the Blacks, is inherent in this sort of drug theories.

Doust (1974), also relying on animal studies, describes the positive relationship between serotonin and pleasure centres in the brain. Specifically, he describes a raised serotonin level and stimulation of the reward centres in the brain by the use of cannabis, LSD, amphetamines and opiates. Consequently, the ratio to noradrenalin is disturbed. He concludes:

Drug dependence is a phenomenon of learning and that this learning depends upon stimulation of the reward system of the lateral hypothalamus, medial forebrain bundle and midbrain reticular formation. Drug dependence could follow if the balance of brain serotonin were seriously disturbed by the drug in either direction. (Doust, 1974).

This conclusion, that drug-taking begins and continues because of its pleasurable effects, is in direct contrast to Lindesmith's (1947) thesis that

many opiate addicts continue using it only because they are afraid of withdrawal discomfort.

Pharmacodynamic Theories

Other studies at the constitutional level are concerned with the direct relationship between the drug and the body (eg. Wikler, 1952; Nowlis, 1975; Hendler & Stephens, 1977). Different drugs possess different properties, have different pharmacological effects and satisfy different physiological and/or psychological needs. People therefore abuse drugs in anticipation of their pharmacological effects, such as altering their "feeling, mood, perception and orientation to self and environment" (Nowlis, 1975; Hendler & Stephens, 1977).

Weil (1972), for example, argues that man has an innate urge to alter his state of consciousness and he achieves this by using drugs.

The pharmacodynamic theory is well summed up by Wilker (1952):

"Specific drugs have specific effects which may be of specific importance to individuals with specific psychological needs. The opiates are known to reduce so-called 'primary drive' - hunger, pain and erotic urges."

This theory receives partial support from studies in Hong Kong and Singapore which suggest that some addicts take opium or its derivatives in order to relieve pain or discomfort from rheumatism, asthma, bronchitis or even menstruation and/or to enhance sexual pleasures (Ngui, 1979; Leong, 1978; Holinrak, 1979; Ding, 1972). As regards heightened sexual satisfaction, the fact that there is no scientific basis points to the importance of cultural variables in understanding drug use. Moreover, these rather unsophisticated 'theories' at most represent some contributing factors to drug addiction and their theoretical contributions are minimal. Glassner & Loughlin (1987) add that cross-cultural research should put a stop to reasoning that seeks to understand drug effects by means of drug properties.

On the whole, constitutional-level theories of drug abuse have made little progress over the past thirty years. This may be due to a recognition of the

inability of constitutional-biophysiological factors alone to explain the complex problem of drug dependence. Besides, drugs are attractive to a large variety of people, not only those with any physiological and/or psychological predispositions (Conrad & Schneider, 1980). Nevertheless, these theories have important implications for social intervention. One is that the addict cannot be blamed or held responsible for a 'condition' he/she has acquired and which is arguably beyond his/her control. This argument forms the basis of the "medical model" in drug intervention policy. The second underscores the role of the biochemists and geneticists in treating addicts in favour over traditional therapists.

INDIVIDUAL LEVEL APPROACHES

Most theories on drug abuse tend to focus on the individual abuser. Specifically, they are concerned with his or her personality traits, intrapsychic functions, learning processes or coping mechanisms. For this purpose, researchers employ a battery of personality tests such as the Minnesota Multiphasic Personality Inventory or MMPI (Black, 1975; Fitzgibbons, Berry & Shearn, 1973; Savage & Marchington, 1977; Rustagi et al., 1981; Ong, 1989), the 16 Personality Factor Questionnaire or 16 PF (Cockett & Marks, 1969; Cockett, 1971; Wallace & Hiner, 1974), the Eysenck Personality Inventory or EPI (Gasser et al., 1974; Blumberg et al., 1974) and a host of intelligence tests (Cockett, 1971; Levi et al., 1977; Silver, 1977).

Addictive Personality or Defective Person Theories

Using the above-mentioned tests, researchers are able to construct a so-called addictive personality (see Lang, 1983). There is no clear understanding of what this addictive personality is, but it is linked to a hotchpot of psycho-biased diagnostic labels such as depression, anxiety, neuroticism, impulsivity, guilt, radical behaviour, unconventional values and attitudes, inability to defer gratification, and a hypochondriac tendency. Most, but not all, studies are based on a comparison between groups of drug users and non-users. There are also conflicting findings even between studies employing the

same instruments. For instance, Plant (1981a) reviewed twelve studies which had applied the EPI to drug takers and concluded that their results were contradictory:

Eight of these studies compared their study group scores with test norms. Five concluded that their study group of drug takers were normal on extroversion, while two found their scores to be below test norms, and the third found their scores higher. On neuroticism, seven of the eight found drug takers to be above test norms while in one study they were similar to test norms.

(Plant, 1981a:249)

While acknowledging that it cannot be a universal conclusion, Plant suggests that "opiate users are probably no more extroverted than 'normal' people, but that they are more neurotic" (Plant, 1981a:249). Cockett (1971b) agrees that "neuroticism has something to do with whether an individual will become involved in drug-taking at all" but adds "introversion has something to do with the extent to which he is likely to become involved".

Addiction is also seen as an escape mechanism for defective persons, variously described as "inadequate" or "inferior" (Smart & Whitehead, 1974; Wong, 1976; Tan, 1977; Ngui, 1979; Jurich & Polson, 1984), "frustrated" (Green et al., 1971; Chein et al., 1964) or "psychopathic" (Rustagi, 1981; Stephens, 1987). Various studies have also identified the lack of/low self concept as an important precursor to drug use. Drug using is therefore seen as an attempt to improve one's self concept or to provide one's identity, albeit as a drug taker (Smart & Whitehead, 1974; Jurich & Polson, 1984; Ong, 1989).

Chein et al.'s (1964) evidence suggests that most juvenile addicts suffer from deep-rooted, major personality disorders. Their review indicates that juvenile addicts in New York city in the 1950s found difficulties in forming intimate relations with both peers and adults and in assuming a masculine role. They were often overwhelmed by failure, real or imagined, and general depression. To them, heroin use served important functions: frustration was

relieved by a distortion of reality brought about by the effects of heroin; it "offers relief from strain, and it makes it easy for them to deny and to avoid facing their deep-seated personal problems" (Chein et al., 1964). The most important implication of this theory is that drugs (heroin) do not produce profound feelings of pleasure but rather merely offer relief from misery. Fazy (1977) criticizes this theory for being difficult to apply to all heroin use and addiction; it is only relevant in the context of institutionalized working class drug users in New York City in the early fifties. In fact, Chein et al.'s (1964) research was based on samples obtained from poor Hispanic areas in New York City.

Another theory suggests that drug use may be motivated by hedonism (Kolb, 1925; O'Callaghan, 1970; Brill et al., 1971; Young, 1971; Boyd, 1972; Zuckerman et al., 1972; Victor et al., 1973; Holinrak, 1979; Ong, 1989). Psychoactive drugs are said to alter perceptions and modify moods and the hedonistic person may find in these changes a profound experience of thrill, if not, at least pleasure. Several autobiographical accounts have highlighted the "high" or "kicks" and other rewarding effects that drugs are supposed to produce (De Quincy, 1959; Trocchi, 1966; Crowley, 1972; Hollingshead, 1973; Ferguson, 1976). Drugs can also be used to enhance other pleasurable activities such as pop music (Glassner & Loughton, 1987) and love-making (Holinrak, 1979). These accounts are, however, provided by drug takers themselves whose testimonies may be biased or misleading. The earliest evidence provided by a non-addict observer was by Kolb (1925) who reported that the largest category of addicts he studied (38%) comprised "carefree individuals, directed to pleasure, seeking new excitements and sensations, and usually having some ill-defined instability of personality that often expresses itself in mild infractions of social customs"⁸ Reporting on "junkies" in Britain, another author wrote: "usually people who become addicted are either hedonistic, psychopath or psychoneurotics" (O'Callaghan, 1970:18).

The "inadequate personality" or "defective person" theories are broadly summed up by Wilker & Rasor (1953):

Neurotics presumably use drugs to relieve anxiety, psychopaths use them in order to induce an elated state (euphoria) and psychotic individuals use them to alleviate feelings of depression.

(Quoted in Isbell, 1956:65)

There are as many criticisms as there are explanations about the "defective person" theories. Duster (1970) maintains that the addict who is economically adequate can maintain the appearance of psychological wellbeing in coping with the world. Lindesmith (1968) asserts that many addicts appear to be "normal" until they become addicted and some become addicted accidentally as a result of medical treatment. He has also compiled a list of 33 different terms commonly used to describe the drug taker's personality (eg. "hereditary neuropathic", "paranoid", "narcissistic", etc.) and rightfully concluded that "this aspect of research may be said to be in a state of confusion" (Lindesmith, 1947:108). Many other empirical works also do not support these theories (Crockett, 1971; Arnon et al., 1974). Schur (1963) calls for the consideration of cross cultural variables in interpreting personality theories. Furthermore, many of these theories were developed against a backdrop of social discrimination and racism, especially in America.

Psychodynamic Theories

Many attempts to explain addiction are also couched in psychoanalytic or Freudian terms. Psychoanalysts typically regard addicts as individuals whose psycho-sexual development has been arrested or, even worse, undergone regression to infantile or even more primitive levels. Addiction is described as a "flight from reality", a "manifestation of latent homosexuality", the "result of deficient ego functioning" or "an indirect form of suicide, expressing self-destructive urges". In one early study, Rado (1933) suggests that in addicts, the ego remains at, or returns to, the narcissistic stage of childhood and that it fails to cope with the environment. In this way, tensions can develop which will require drugs for their relief. Drug use is also seen to replace sex and to represent autoeroticism. Consequently, the ego can also be overwhelmed by both masochistic and death instincts. Several

studies have found evidence that drug takers are more likely to be preoccupied with death (eg. Kaldegg, 1975) or to be involved in both attempted suicide and suicide (Ovenstone, 1973; Overstone & Kreitman, 1974; Plant, 1975; Gossop et al., 1975; Ghodse, 1977, 1979; Inciardi, McBride & Pottieger, 1978). In fact, Menninger (1938) describes alcoholism as "chronic suicide".

An underlying feature of these psychoanalytic theories is the view that addicts are "emotionally immature individuals whose psychic growth has been stunted" (Stephens, 1987:67). A major research focus in these studies is, therefore, on childhood development and the quality of parent-child relationship. For example, Laskowitz observed the frequency of the combination of an absent or ineffective father figure and a pampering overcompensating mother among New York adolescent drug takers (quoted in Plant, 1975:46). It is now known, however, that addicts hail from all kinds of background. It has also been pointed out that Freud's theory was developed at a time when barbiturates, amphetamines, psychedelics such as LSD, and many other new drugs of abuse were largely unknown. Another criticism comes from Einstein (1980) who argues that being an oral personality does not necessarily mean turning to drugs. There are other alternatives like eating, talking, playing a musical instrument or even love-making!

Learning / Conditioning Theories

Behaviourists have long developed their own aetiological theories on drug abuse (Lindesmith, 1947; Hill, 1962; Crowley, 1972; McAuliffe & Gordon, 1974; Wikler, 1965; Akers, 1992). At risk of oversimplification, the basic principle here is that individuals learn to repeat behaviour that they find rewarding or "positively reinforced". Conversely, they learn to avoid or cease behaviour that proves painful, unrewarding or "negatively reinforced". When applied specifically to drug-using behaviour, these theories maintain that:

....people use drugs because they find such drug use rewarding. They not only receive positive physiological rewards of euphoria and stress reduction but they also gain the social rewards of the

camaraderie and acceptance of fellow drug users

(Stephens, 1987:72).

Moreover, any unpleasant experiences at home or in any other social institution (eg. school) will further reinforce the attraction of a drug-using lifestyle.

Wikler (1965, 1980) develops this theory further by employing the concepts of operant and classical conditioning. Using rats in his experiment, he has postulated that, in human terms, a person learns to enjoy heroin because of its primary rewards of "high" or other stress reduction quality (operant conditioning). Once addicted, the withdrawal pain will provide a negative reinforcement for ceasing heroin use. Over time, certain things, places or situations (secondary reinforcers) are associated with either the positive or negative aspects of the heroin experience and will evoke the respective responses (classical conditioning). This theory has useful implications for relapse-prevention strategies. For example, a former addict may be classically conditioned to experience "withdrawal" by the mere sight of a hypodermic needle. The conditioning theory also provides the theoretical foundation for the use of "narcotic antagonists"; these substances prevent a person from experiencing an euphoric feeling ("high") when used with a narcotic. The theory, however, has no known universal application because people have been known to do things which give them little or no pleasure or satisfaction at all.

The classic study of drug addiction using a learning theory is Lindesmith's (1947) Opiate Addiction. He interviewed a number of people who had become "habituated" to narcotics, with a view to finding the variable(s) that would separate those who had developed an addict self-concept from those who did not. Lindesmith's main thesis is: "the knowledge or ignorance of the meaning of withdrawal distress and the use of opiates thereafter determines whether or not the individual becomes addicted" (Lindesmith, 1947:69). In other words, addiction occurs when habituated persons associate withdrawal distress with denial of narcotics and then use narcotics (opiates) to alleviate this

distress. There is also a simultaneous change of motivation for narcotic use - from a desire for euphoria to a mere need to avoid the withdrawal syndrome.

Lindesmith's theory of addiction was tested in a Baltimore study by McAuliffe & Gordon (1974). The latter found only partial support for Lindesmith's theory but concluded that addicts are still strongly motivated to get "high" and that chronic addicts do, in fact, frequently experience euphoria. Furthermore, they "take positive action to attain it by choosing opiates with superior euphoregenic properties and by using a greater quantity of drugs". Another criticism is that the theory does not explain why people begin drug abuse,⁹ why others relapse after being drug-free for a while and yet others simply stop using drugs. In a bold attempt to account for all drug taking behaviour, Lindesmith also inadvertently ignored the differences between addicts, cultural variables and the addicts' own role in the creation of an addict self-concept.

Curiosity

Finally, this discussion will not be complete without a mention of the psychological trait of curiosity. Numerous studies conducted in Britain (Berke & Hernton, 1974; Plant, 1975a; Wells & Stacey, 1976), the United States (Goode, 1970; Feldman & Feedman, 1972) and Singapore (Ong, 1989) have cited curiosity as the reason given for initial drug use. Ong, for example, found that 76% of the drug abusers he studied gave "curiosity and a desire to see what a drug was like" as the main reason for their drug taking for the first time; 55% cited "to try anything new" (Ong, 1989:144). In America, Feldman & Feedman (1972) set out to test the hypothesis that "drug addicts have a stronger curiosity drive than non-addicts". They administered several curiosity-measurement tests to matched groups of addicts and non-addicts incarcerated in New Jersey. Their results supported the hypothesis. Unfortunately, the study was based on very small samples (15:15) and the methodology was flawed on several counts (see Fazey, 1977.:37). Nevertheless, the current view is that although curiosity does often lead to drug use,

it cannot explain why some users consequently become addicted while others do not (Plant, 1981:49).

In concluding this section, it can be said that most aetiological studies of drug use are concentrated at the individual level of explanation. These appear to be superior to the constitutional-level theories insofar as they employ more statistical techniques, measuring instruments and scientific methods. Herein also lies their several weaknesses; many criticisms have been directed against the use of psychometric instruments like MMPI, etc., biased or small samples, the danger of tautology, diagnostic statements laden with value judgement and the lack of hard supporting data (see Stephens, 1987:68-70). Broadly speaking, individual-level approaches to drug aetiologies can be divided into two distinct groups - those that look for a predisposing 'pathological' factor and those that employ the principles of learning theory to explain the process of becoming drug takers. In the former group, the effects of particular drugs serve particular needs or functions for inadequate individuals, especially members of ethnic minorities, while in the latter, any "normal" person can become a drug taker through the process of conditioning.

IMMEDIATE ENVIRONMENTAL (SOCIAL MILIEU) APPROACHES

Our attitudes and behaviour are often influenced by the environment or social milieu in which we live. This constitutes an important consideration in the aetiology of psychoactive drug use. Numerous theories have emphasized the importance of the effects of the family (Seldin, 1972; Blum et al., 1972; Greenwald, Carter & Stein, 1973; Schultz & Wilson, 1971; Baumrind, 1975; Rathus, et al., 1977; Stanton, 1979; Blechman, 1982; Glynn, 1984), peer group pressure (de Alarcon, 1968; Annmony & McClure, 1970; Rathod, 1974; Plant, 1975a; Mott, 1976; Parfrey, 1977), subculture (Becker, 1953; Finestone, 1957; Schur, 1966; Young, 1971) or contraculture (Young, 1973) upon the initial use of drugs as well as their continued use.

Family Factors

The family is the first and arguably most important agency of socialization for the child. It is within the context of the family institution that our social mores and values are adopted and shaped, including any deviant values.

Yet it was not until the last two decades that researchers had seriously considered the impact of the family upon the initiation and maintenance of drug use. Past research investigations were hitherto concentrated on the individual and/or wider social-structural factors.

It would be rare for a family to actively encourage its members to take drugs or even to provide them with drugs. Exceptions are instances where the substances or drugs involved are widely used for cultural and/or religious practices or as a folk medicine (for example, drinking in Irish culture (Bales, 1962; Stivers, 1985), Cannabis use among Indians and Pakistanis (Chopra & Chopra, 1957; Leong, 1974) and the ritual use of peyote among American Indians (Myerhoff, 1974)). It is also less uncommon for a parent to offer his or her child the first puff of the cigarette (Botvin et al., 1978).

Apart from the above, much of the family's influence upon drug use is indirect. Family research studies on drug use have focused on the quality of family life, patterns of intrafamilial interactions, structural characteristics of the family unit and the role models set by older members.

The drug literature is full of conflicting evidence regarding the causal effects of the home and family conditions. Most studies, especially of institutionalized abusers, have indicated "broken homes" or "disturbed families" to be contributing factors in drug abuse (Silberman, 1967; Willis, 1969; Annmonge & McClure, 1970; d'Orban, 1970; Beckett & Lodge, 1971; Crawley, 1971; Boyd et al., 1971; Carrey et al., 1972; Gordon, 1973; Melotte, 1975). Oetting & Goldstein (1979) found that the broken family, a common phenomenon among Native Americans, is an important factor in heavy drug involvement. Ong (1989) and Woon (1976) reported in Singapore that more parents of drug abusers than those of their controls ended up in a divorce or separation.¹⁰ Many other

studies have shown an association" between drug abuse and early parental separation, an absence of one or both parents or maternal deprivation (Kosviner et al., 1973; Plant, 1975a; Wells & Stacey, 1976). Addicts are also said to have come from "loveless homes" (Gordon & Ritson, 1970) or homes characterized by parental quarrelling. On the other hand, Ong (1989) reported in his study that only 12% of the abusers and 5% of the non-abusers he studied mentioned frequent quarrels between their parents (not statistically significant). Similarly, Tolone & Dermott (1975) found in their study that the perceived amount of parental quarrelling was not significantly related to drug abuse.

The aetiological implication of all these studies is that an unhappy home situation is a) unable to provide adequate care and supervision for the young; b) likely to drive them away from the home; c) likely to make peer influence more susceptible; and, d) conducive to drug-taking as a way to cope with family problems. This is a tempting conclusion but it fails to be borne out in empirical research. Some studies seem to indicate that drug abusers do not differ from their non-abuser control (De Alarcon & Rathod, 1968; James & d'Orban, 1970; Cockett, 1971). In fact, many drug abusers do have siblings who do not use drugs. Moreover, there is ample evidence to show that many weekend or experimental drug abusers come from "normal" homes.

The nature of the parent-child relationship is another aspect of the family which has been recently investigated for its possible influence on drug use (Gorsuch & Butler, 1976; Coleman, 1981). The key argument is that a good and strong parent-child relationship acts as a strong deterrent against drug abuse while a poor or inadequate relationship is more likely to lead to it (see, for example, Kandel, 1974, 1982; Gorsuch & Butler, 1976; Reilly, 1976; Stanton, 1978). Also related to the parent-child interactional patterns is the parenting style employed. Families of known drug abusers often exhibit a problem of discipline at home (see Jurich et al., 1985). Research findings also consistently show that a laissez faire approach, characterized by lax discipline and minimum control (Blum et al., 1972; Hunt, 1974; Krng & Henry, 1974), and an authoritarian parenting style (Baer & Corrado, 1974; Norem-

Hebeisen et al.,1984) are both closely associated with drug abuse. In the Singapore context, Ong (1989) finds:

The parents of drug abusers were more likely to be more lax than were those of the non-abusers because both the fathers (27%) and the mothers (39%) of the abusers were described to be lax while 20% of the fathers and 28% of the mothers of the non-abusers were said to be lenient towards their children.

(Ong, 1989:116)

He concludes:

This appeared to indicate the defect in disciplinary training at home so much so that the drug abusers were not aware of the proper standard of behaviour.

(Ong, 1989:159)

Ong's (1989) finding is in agreement with an earlier study by Elliot & Veloo (1974) which reported on the lax discipline exercised by the parents, especially mothers, of the drug abusers they studied. Both findings are, however, contradicted by another study (Woon, 1976) which produced the opposite results. It must also be remembered that mere association of factors does not necessarily mean a causal relationship. Hence, adverse or inadequate parent-child relationship and/or method of discipline may interact with some other aetiological factors to cause drug addiction.

Perhaps the most direct influence of the family on drug use is the role models provided by parents or older siblings who are drug users themselves. According to one source, "Adolescents who begin using one or more substances may do so because they have seen these behaviours modeled by family members" (Botvin & Tortu, 1988:248). Adults who use drugs (including licit drugs) in front of their children may also, wittingly or unwittingly, convey a positive or condoning attitude towards drugs to the latter. Indeed, there are many individuals who have had their first puff of cigarette, first sip of alcohol or even first shot of heroin right in their own home. Botvin et al., (1978), for instance, estimated that 11% of the adolescents they surveyed had their

first cigarette given to them by a parent. The relationship between parental drug use and their children's decision to try drugs has been demonstrated in several empirical studies (eg. Mellinger, 1971; Gorsuch & Butler, 1976; Vogt, 1980; Huba & Bentler, 1980; Brook et al., 1981; Fawzy, Coombs & Gerber, 1983; Forster, 1984; McDermott, 1984; Jurich et al., 1985).

In the final analysis, it would appear that the family institution exerts a powerful influence over individuals in respect of psychoactive drug use. It would also appear that a complete and supportive family background is still the best insurance against drug abuse. However, the relative aetiological contributions of each family factor or set of factors are still largely unknown. Glynn & Haenlein (1988:49) offer one viable position in this regard:

Perhaps the most important is the influence of parental modelling in combination with the influences of the individual roles within the mother-father-child triad, established communication patterns, and parental style that create the backdrop for adolescent drug use.

Peer Group Influence

Profound changes in personality and behaviour occur when one enters the period of adolescence. This period is marked by a progressive decline in the influence of parents and older siblings but a corresponding increase in the influence of peers and other external socializing agents (Utech & Hoving, 1969; Mussen et al., 1974). The recent literature has shown a growing recognition of the importance of peer group influence in promoting drug abuse, especially among adolescence (Huba & Bentler, 1980; Hetterer, 1985; Kandel, 1985; Ong, 1989). Kandel (1973) even suggests that the influence of peers exceeds that of parents with regard to drug use. Louria (1977) argues that peer group pressure outweighs all other risk factors, even if all those factors are considered together.¹² In his Singapore survey, Ong (1989) found that 91% of the drug abusers indicated that they were introduced to drugs by their peers¹³ and that one in every four drug initiations took place in a friend's home. Moreover, the reasons given for their first drug experience include "to get along with what friends were doing" (50%) and "to enjoy drug effects with

friends" (56%). Other peer-related reasons cited elsewhere include "to gain social acceptance" (Kosviner & Hawks, 1977; Hendler & Stephens, 1977), "alliance with friends" (Singapore Teachers' Union, 1974; Wang et al., 1976), "desire to get along with the crowd" (Keeler, 1968; Globetti & Brigance, 1971) and "peer values" or "peer enticement" (Scher, 1970; Tan, 1977). It has also been established that those living away from their parents, particularly if living in their own flats or bedsitters (Young & Brooke-Crutchley, 1972) or who have just left school, entered college or university where an ethos favourable to drug use is present, are more prone to peer pressure (to take drugs).

Sutherland & Cressey's (1978) differential association theory provides a useful theoretical framework for understanding an individual's decision to take drugs as a result of the "definitions favourable to drug use" learned from his/her intimate associates. Surprisingly, the theory has been greatly underrepresented in the drug literature. Surprising, not only because most addicts are introduced to drugs by members of their intimate peer groups, but also because it has very important implications for treatment methods (see for example, Volkman, 1965). At least one author (Plant, 1975:79) states: "...becoming a drugtaker is a process of socialization with admired otherssocial contact with other drugtakers was the primary factor in prompting people to use drugs." He concludes: "people were most likely to become drugtakers as an affirmation of beliefs and values, or through contact with others". This view is consonant with Sutherland's theory that deviance is precipitated by the transmission of values through differential association and learning. But Plant seems erroneously to equate contact with drug addicts with the "definitions favourable to the violation of law" that Sutherland used. He also ignores the role of "individual will" in persons exposed to risks of contagion. Furthermore, drug-taking is not always a group activity and ties among addicts are often weak. For example, Winick's (1961) physician-addicts worked alone and avoided association with other criminals.

On the whole, the evidence concerning the influence of peers and friends in precipitating and maintaining drug use is strong. It is less conclusive as to whether this influence is the result of a weak personality or simply a

developmental stage which every adolescent experiences. Notwithstanding, many existing drug abuse prevention programmes are aimed at developing personal and social competence, especially with regard to dealing with peer influence (See Botvin et al., 1984).

Subcultural Theories

We have so far considered drug abuse from a 'deviant' perspective. Drug abuse is seen as an "abnormal" behaviour brought about by one or a combination of adverse physiological, psychological or social-environment factors. An alternative perspective has been offered since the mid Sixties which views drug-taking as "normal behaviour" within the context of a subculture. A subculture has been defined as "a social network of shared beliefs, values and practices which are in some ways distinct from those of the surrounding and larger society" (Royal College of Psychiatrists, 1987:47).

Drug use also provides symbolic meanings or statuses to members of a particular group. For instance, "cannabis use may be embedded in general attitudes, emancipation and mild non-conformity, while cocaine may be symbolically espoused within a successful and moneyed young middle-class elite" (Gossop & Grant, 1990:31). Apart from attitudinal and moral support, a subcultural group sometimes also provides its own network of drug distribution.

The influence of the Chicago school of sociologists is strong in many sub-cultural studies. The first reliable study was carried out by Faris & Dunham (1939) who researched on mental disorder in urban areas in Chicago. They found their drug addicts concentrated in the generally dilapidated and disorganized "zone of transition" near the centre of the city. In these areas, it was reportedly easier to obtain an in-group solidarity and maintain contacts with other addicts and pedlars. Addicts also preferred the more mobile areas of the city where their habits and activities were less likely to be scrutinized (see also, Bewley, 1967). Thus, American addicts who were driven away by social stigma and economic pressure were forced to band together and establish an "addict subculture".¹⁴ Finestone's (1957) analysis

of a "cool cat" syndrome found among young male negro addicts provides a good example. He describes:

".....within his own isolated social world the cat attempts to give form and purpose to dispositions derived from but denied an outlet within the dominant social order"

(Finestone, 1957:792)

A subculture also entails a way of life, special mannerism, dressing, communication techniques and other "rules of the game". Because of the proscriptive nature of drugs, novices must become affiliated with old users. They must learn the lore of drug use, the skills required in making underground contacts, the rules of trading and the code of conduct. Finestone also noted the use of a large, colourful and discriminating street vocabulary which was baffling to the outsider. It has been suggested elsewhere that this special argot functions as a means of identification; it defines the user's world from the non-user's (Leong, 1978; Tai, 1981). Newcomers are socialized in the process of becoming drug users (Becker, 1953) and members of an addict subculture.

Several other authors have applied a "sociocultural" perspective which sees drug use as a "meaningful, albeit to the larger society very deviant, way of life" (Agar, 1973; Preble & Casey, 1976; Stephens, 1985,1987). Their main thesis is:

most drug addicts are well-integrated members of a deviant subculture, which provides a 'blueprint for living'. There are many roles in this subculture, but there is also a master role - the street addict role - that epitomizes what it means to be a good junkie" (Stephens, 1987:77).

Stephens also identifies three components of the "street addict" role - the "cool cat syndrome", the central importance of conning behaviour, and an antisocial view-point. He argues that novice users become progressively involved in drugs as they increase their commitment to the street addict role.

Others become users when they associate with addicts, like their lifestyle and become increasingly involved in it. The aetiological significance of this perspective is that addicts are not seen as "emotionally ill retreatists" but as members of a subculture whose values are in conflict with the wider society.

A related concept which became popular in the early 1960s is "contraculture".

The concept is applied to group of drug-takers whose values and lifestyle are explicitly hostile to, and a rejection of, the conventions of society. Young (1971, 1973) uses it as a theoretical framework to describe how White middle class students acquire marijuana-smoking. According to his theory, middle class students who face "exceptional frustration" turn to a leisure-focused bohemianism which is derived from accentuating the subterranean component of the dominant value system. He adds: "the role Bohemian involves smoking marijuana just as the role merchant seaman involves heavy drinking" (Young, 1971:47). However, as Fazey (1977:62) remarks: "it is difficult to see how frustration is either a necessary or sufficient condition for deviant behaviour". Plant (1975) found that most of the students and bohemians he studied did not see themselves as separate from the rest of society but were conformists in most things and suggested that the term "subculture" would seem more appropriate. Finally, the subculture (or contraculture) theory does not explain why there are some who are exposed to the subculture and yet do not become members.

WIDER ENVIRONMENTAL APPROACHES

The final level of sociological inquiry into drug use is concerned with overall rates of drug addiction in particular societies rather than individual addicts. These studies usually relate the incidence rates to certain variables of social structure and/or culture.

Anomie Theory

Merton (1957) has been accredited with the application of Durkheim's concept of "anomie" in studying social deviance such as drug abuse. American society is said to be in a state of anomie (or normlessness), which is the result of a disjuncture between its cultural goals (the "great American success dream") and the legitimate opportunities provided by the social structure to achieve them. This disjuncture may be translated at the individual level to a feeling of alienation or anomie which may consequently result in a strain toward deviance. One way to adapt to this strain is to "retreat" to drug use. Hence, the addict is a "retreatist" who tries to escape his inner problems by renouncing both the goals of society and the established means of attaining them. Cloward & Ohlin (1961) adds to this view by suggesting that persons who are "double failures" (ie. in both legitimate and illegitimate worlds) are more likely to become addicts. Hence, Negro youths are said to "retreat" into drug use, which they witness all around them, and when they perceive little likelihood of escaping the impact of the environment. Empirical studies have pointed out the attraction of the drug scene which provides alternative prestige and worth to those who are otherwise unable to succeed (Young, 1971; Plant, 1975).

The anomie theory gains its importance by establishing the link between the social problem (drug abuse) and social structure. However, as Sutter (1969) has indicated, supporters of this theoretical stance are guilty of ignoring the fact that drug takers do not form a homogeneous group. He maintains that the theory categorises all drug takers together "by positing the existence of a uniform cultural adaptation made by frustrated or handicapped people" (Sutter, 1969:802). In addition, Einstein (1980) argues that not all persons who experience the impact of societal pressures, with limited options for escape, turn to drugs. Moreover, many successfully treated addicts remain drug-free despite returning to a community that is no less personally traumatic. Einstein (1975) argues:

The "fact" that the environment was experienced as being oppressive by a family didn't result in all of them turning to

drugs...when enough exceptions are made to a theory, the result is an intellectual goulash and not a usable tool.

(Einstein, 1975:129)

The opium-eating De Quincey and a host of prominent cocaine-loving politicians and professionals also prove that many drug users do not reject cultural goals and some in fact use drugs to enhance their means of achieving success. Plant (1975) finds that many students and "weekend hippies" confine their drug activities to weekends in order not to disrupt their more conventional goals of society. Another author rejects the notion of a passive (drug) retreatist:

.....the effort to make a great deal of money illegally so that drugs can be purchased involves an extraordinary amount of "hustle", energy and initiative not at all characteristic of a "retreatist".

(Carey, 1978:442)

The Wider Sociocultural Context

The drug literature consists of several accounts, mainly socio-anthropological studies, which emphasize the importance of the wider socio-cultural context in our understanding of psychoactive drug use. According to this view, it is the cultural environment which provides a framework of interpretation for drug-taking activities. Culture also defines the boundary of acceptable or desirable behaviour for the group. For example, the use of alcohol and other psychoactive substances are not only acceptable but also play an important role in the customary and ritual practices of certain cultures. Hence alcohol use has been a long-established and culturally accepted social habit among the predominantly Catholic Irish people,¹⁵ cannabis is used at Hindu festivities, peyote is eaten by the Huichol Indians and opium is used in folk medicine in Thailand and other parts of Indo-China. Although each of these substances produces psychoactive effects such as intoxication or altered state of consciousness, none is considered harmful or evil within their respective cultural contexts. A gathering of experts under the auspices of the World Health Organisation has identified the following cultural functions of traditional drug use: (1) For social interaction and recreation; (2) For group symbols and group identity; For magical, religious and healing practices

among traditional people; and (4) for physiological and nutritional support, such as to enhance their performance in manual labour (Gossop & Grant, 1990:25-27).

Though clearly useful for purposes of justifying for more culture-sensitive drug abuse intervention and treatment programmes, these accounts do not really constitute a scientific 'theory' but at best offers a perspective for understanding the prevalence of certain substance use in a particular culture.

Culture is neither a necessary nor sufficient condition for drug abuse. Cultural studies also tend to be highly tautological. Finally, the cultural perspective fails to account for the many individuals who do not share the drinking or drug-taking habits so prevalent in their respective cultures.

Opportunity and Availability

Some studies have also suggested that people take drugs simply because "it is there" or can be easily obtained. Often cited is the example of alcohol and tobacco use. Furthermore, in Britain, dramatic increases in drug abuse during the 1960s were widely attributed to the illegitimate redistribution of opiates to abusers (Plant, 1981), over-prescribing of heroin by a small number of London physicians (Leech, 1973) and excessive prescription of barbiturates and amphetamines by both NHS and general practitioners (Breckon, 1972; Walker, 1972; Edwards, 1974). Huge stocks of drugs, mainly opiates, amphetamines and barbiturates, were also burglarised for self-consumption and redistribution in the black market (Trebach, 1978). Further support for the easy availability theory comes from studies showing the relatively high incidence of drug misuse by doctors and nurses.¹⁶ (Winick, 1961; Murray, 1980). Yet another evidence comes from follow-up studies conducted on Vietnam war veterans which show that most of the veterans gave up the heroin habit they picked up in Vietnam once they returned home to the United States (Bank & Waller, 1988; Krivaek, 1988). The final support stems from the fact that many released addicts who were unable to obtain their original drug of abuse would resort to any other drugs that they could lay their hands on.

The main criticism of the opportunity/availability theory is that it fails to explain why, given the same condition of drug availability, only some people use drugs or become dependent upon them (Plant, 1981,1981a). The Prohibition Movement in the United States (1920-33) only succeeded in pushing the problem of alcoholism underground.¹⁷ Similarly, in Britain, attempts to restrict legal sources of prescribed drugs by setting up special treatment centres in 1968 also misfired (Plant, 1981a:270).

Labelling Perspective

In another sociological perspective, the focus has shifted from individual and social pathologies to the societal response to drug use. Labelling theorists have drawn our attention to the relativistic nature of deviancy. Thus Becker writes:

Social groups create deviance by making the rules whose infraction constitutes deviance, and by applying these rules to particular people and labelling them as outsiders. Deviance is not the quality of the act a person commits, but rather a consequence of the application by others of rules and sanctions to an "offender". The deviant is one to whom the label has successfully been applied.

(Becker, 1953:9)

Becker's (1953) classic 'interactionist' account provides an important example of a processual/sequential model: marijuana use is seen as a result of a learning process by which the drug is eventually redefined as a source of pleasure, and drug-taking as a pleasurable activity. This process depends on the completion of a sequence of necessary conditions, including (a) learning the proper smoking technique so as to attain psycho-pharmacological effects; (b) learning to identify these effects as the desired 'high' and linking them to the use of marijuana; and (c) learning to enjoy these effects as well as to define them as pleasurable. Becker's main thesis is that it is the process

itself rather than any predisposing trait or pathology that provides the disposition or motivation to use marijuana.

Using a naturalistic model, Rubington (1967) shows how social definitions and societal reactions to heroin use actually generates an addict identity and "subculture" which, in turn, helps to sustain this activity. Hence, like a self-fulfilling prophecy, societal reactions towards drug addicts have forced them into the deviant category which society says they occupy in the first place. As a further development of this theory, other authors (Wilkins, 1965; Young, 1971) have applied the concept of "deviancy amplification" to explain the dynamic process of becoming a drug-taker. Once labelled by society as a deviant, legitimate opportunities for advancement in life are blocked and the drug addict is forced to withdraw further from mainstream society but deeper into the drug scene. This in turn leads to greater reaction and social control measures and the whole vicious cycle starts again.

The main contribution of the labelling perspective in drug aetiology lies in our understanding of the creation of an addict self-image vis-a-vis society and the interactive process that links the two. It provides an insight into the possible side effects of social intervention measures that are not often recognised. Schur (1971) presents an example pertaining to the role of a treatment agency:

It was only after her experience with an institutional 'treatment' program that the drug addict who tells her story in the Fantastic Lodge came to view herself as a "junkie".
(Schur, 1971:4)

Although the labelling perspective in deviance analysis marks a theoretical milestone in that it successfully demystifies all previous positivistic and pathological notions, there is still a lot of confusion and uncertainty surrounding the concept of "social reaction". It remains silent on how the drug-taking habit comes to be acquired in the first place. Moreover, a number of later writings have maintained that social reactions have been overemphasized. These writers, including Taylor, Walton & Young (1973), point out that self reaction can and does replace social reaction in the process of

deviant commitment. Finally, Matza (1969), the great naturalist, calls for an appreciation of the role of individual "will" in the process of becoming deviant.

INTEGRATED MODEL OR MULTI-LEVEL APPROACH

The dissatisfaction with 'monolithic' theories of drug abuse or theories which emphasize a single level of conceptualization has been well established. The current trend, however, is to favour an "integrated model" approach which typically combines the collective benefits of the constitutional, psychological and/or sociological theories with the application of more rigorous methodologies into a more complete theory of drug abuse. These include recent works by Jessor & Jessor (1977,1980), Huba, Wingard & Bentler (1980), Elliott et al. (1985), Sadava (1987), Zucker & Gomberg (1986) and Stein, Newcomb & Bentler (1986).

Problem Behaviour Theory

The Jessors' (1977) problem behaviour theory is one such attempt to provide an integrated social psychological theory of drug use. Their longitudinal study proposes that drug use is part of a general problem behaviour syndrome and an integral aspect of the full process of adolescent development. Problem behaviours such as drug abuse, delinquency and sexual promiscuity are the result of an interaction between personality and environmental factors. According to them, the various attributes of a personality system belong to three component structures - a motivational-investigation structure (eg. how much the adolescent values education, independence, etc.), a personal belief structure (eg. self-esteem, social criticism, alienation, etc.) and a personal control structure (eg. religiosity, attitude towards drug use, etc.) which restrains problem behaviour. The Jessors believe that the tendency to commit problem behaviour is related to such attributes in the personality system as lower value on school achievement, lower self-esteem, less religiosity, less parental control and support, but, greater social criticism and alienation, greater independence, greater peer influence, greater attitudinal tolerance of

deviant behaviour and more modelling of and approval for problem behaviour by friends (Jessor & Jessor, 1980:105).

According to the theory, these attributes affect problem behaviour. However, whether or not the adolescent eventually abuses drugs or commits other forms of problem behaviour depends on one's perception of the environment. The Jessors sum up their position well :

The primary dynamic relation within the perceived-environment system is between the perception of social controls against problem behavior, on the one hand, and the perception of models and supports for problem behavior on the other. The balance of these perceptions determines the resultant contribution of the perceived-environment system to be the likelihood of problem behavior.

(Jessor & Jessor, 1980:106)

The Jessors' problem behaviour theory has provided an important integrated conceptual model for understanding adolescent drug use. In a nutshell, the theory predicts that a syndrome of deviant behaviour underlies or predicts other deviant acts such as drug abuse, drinking, early initiation to sex, rebelliousness and delinquency. It thus has important social policy implications, particularly in preventive education (Schinke, Botvin & Orlandi, 1991). On the other hand, being an early attempt at integrating social-psychological levels of explanation, the theory is rather complex and difficult to apply. For instance, it fails to show clearly the interrelationship or relative importance of the various attributes of the personality system which predispose an adolescent to commit deviant acts.

Elliott's Integrated Theory

Another influential and a more recent attempt to generate an integrated sociological theory of drug abuse is Elliott et al.(1985).¹⁸ The authors attempt to integrate three traditional approaches - strain, social control and social learning perspectives, into a single paradigm which can explain both delinquent behaviour and drug abuse. Using a rather complex causal model of delinquency and drug use, the authors declare:

This etiological sequence identifies strain, inadequate socialization, and social disorganization as the primary causes of weak bonding to conventional groups, activities and norms. It further specifies that weak conventional bonding and/or high levels of strain lead some youths to seek out and become bonded to peer groups that provide positive reinforcements for and modelling of delinquent behavior; ie. delinquent groups. And finally, it specifies that bonding to delinquent groups, when combined with weak bonding to conventional groups and norms, leads to a high probability of involvement in delinquent behavior. (Elliot et al., 1985:65)

One important feature of Elliott's integrated theory is the recognition that, as a consequence of bonding and commitment to deviant significant others, there are also positive motivations to commit deviant acts. Hence, drug-taking behaviour is likely to win approval or "rewards" in the context of the drug using group, thus reinforcing the habit. Social control theory alone merely asserts that individuals are constrained against committing deviant acts because of their bonding to nondeviant others. It implies that delinquents lack bonding to any group.

Elliott and his coauthors have subjected their model to stringent empirical tests and concluded that their integrated model is highly explanatory, accounting for 59% of the variance in marijuana use and 23-34% in hard drug use (Elliott et al., 1985:135). They claim that it has greater predictive power than any of the traditional theoretical model involved in the integrated theory. Finally, they also suggest that their integrated model has obvious implications for delinquency prevention and treatment programmes. For instance, the model highlights the critical role that adolescent friends play in the genesis of deviant behaviour, including drug abuse.

There are few reviews of Elliott's integrated model in the literature. However, critics have charged that rational choice assumptions are

conspicuously eliminated in the model (Hirschi, 1986:109), there is little point in attempting to integrate theories whose basic assumptions are incompatible (ibid.), and it has failed to account for a great deal of variance in rates of deviant behaviour over time and space. Perhaps the strongest position on this issue is given by Hirschi:

Because different questions call for different answers, perhaps it goes without saying that integration of macrosocial and individual levels of explanation by translating the former level into questions posed at the latter level is not really integration of different levels of explanation, though it may well constitute theoretical advance at the individual level.
(Hirschi, 1986: 109)

CONCLUSION

This literature review can only find one agreement among the various professionals and researchers who study the aetiology of psychoactive substance use. This is the acknowledgement that no one has found a single theory or aetiological factor which will account for all types of drug use and dependence. Indeed, an incredible range of theories have been offered, each purporting to explain how and why people become drug abusers. However, they tend to contradict or cancel each other and only a handful will meet the conditions for a truly scientific theory.

This review has revealed several weaknesses in the drug literature. These may be summarized into the following theoretical, methodological and empirical problems:

Theoretical Weaknesses

a. The first problem is one of a general confusion between mere correlates and causes of drug abuse. Theories which consider factors like adverse personality traits, quality of parent-child relationship or method of discipline all too often assume causality although the requirements of necessary and sufficient conditions and time sequence are not specified. The problem is also compounded by a failure to separate causes from effects of drug abuse.

b. Several theories can be criticized on account of faulty or sweeping assumptions made by their proposers. Assumptions of wrongness, badness, sickness, etc. implied in many psychological and psychiatric explanations have now been effectively refuted by other unbiased studies which emphasize the normality of drug-taking behaviour. Some theoretical assumptions are also

contrary to facts. For example, the presence of many poly-addicts, weekend drug users and other successful individuals who use drugs has cast serious doubts on the "defective person" assumption inherent in theories ranging from metabolic deficiency to inadequate personality. Critics of the strain theory have also cited many drug users and bohemians who neither reject cultural goals nor see themselves as being different from the rest of society.

c. No theory has been found to have an universal application. Drive and other biological theories cannot explain those who stop being addicted, family and peer group influences do not equally affect everyone and environmental factors cannot account for the majority who do not become drug abusers. Moreover, the failure of the alcohol Prohibition in America in the 1920s clearly proves that "availability" is not the universal reason for drug use.

d. Many of the drug theories are also time and culture bound. Chein (1964)'s classic study, for example, might be highly applicable to the mainly institutionalized working-class black youths in New York city in the early fifties, but it does not apply to all drug use and addiction. Some theories are based on outdated and outmoded principles. For example, researchers who rely too heavily on Freudian concepts are guilty of ignoring the fact that many of the contemporary drugs of abuse were still undiscovered during Freud's days! On the other hand, several other watershed theories such as Lindesmith's learning theory, the labelling perspective, Elliott's integrated model, etc. are all limited by their failure to deal adequately with cultural variables. Moreover, the critical roles played by individual will, individual reaction and rational choice are conveniently omitted.

e. The problem of tautology is another common criticism. Researchers who make assumptions about a drug-dependent personality or a drug subculture and then set out to search for correlates and/or subcultural features are clearly at risk of making tautological statements. In addition, certain psychometric measurement instruments (eg. MMPI) may inherently and tautologically define some individuals as psychopathic deviates.

Methodological weaknesses

f. The bulk of the criticisms seems to be levelled at the use of small, inappropriate and/or uncontrolled samples. Other reviewers have noted that atypical groups like college students, clinic attendants and institutionalized addicts are widely used to derive generalizations and general theories about drug addiction. The lack of adequate control groups (eg. non-users, different ethnic groups, etc.) has rendered many interpretations about family and ethnic characteristics (eg. low income, parental separation, lax discipline, etc.) meaningless. There are also few longitudinal studies and the lack of information regarding antecedent variables severely restricts any attempt to make causal connections. Finally, as in all studies which are carried out retrospectively, they are subject to problems of recall and the limitations of official records.

g. Another set of criticisms are directed at the psychometric test instruments used mainly by clinical psychologists and psychiatrists. These charge that the instruments such as the MMPI suffer from problems of validity and reliability and question whether in reality they measure personality traits or differences in ethnic values and lifestyles. One argument suggests that MMPI norm profiles are derived from a population of mostly white, middle-class individuals who provide hardly appropriate standards for comparing drug abusers.

Empirical Weaknesses

h. Lack of empirical support and conflicting evidences are the final group of weaknesses. Theories ranging from Dole & Nyswander's metabolic deficiency theory to inadequate personality theories and many others that emphasize adverse home and family conditions are simply not borne out by empirical data

or receive only partial support. Perhaps there is no greater range of conflicting evidence than those confronting the addictive personality theory. Some of the earliest scientific researchers have found sufficient empirical data to discredit the "dope fiend" myth propagated during the Harry Anslinger era.

i. There is no doubt that many empirical works contradict each other's findings or simply cancel each other. For example, studies emphasizing the pleasurable or hedonistic effects of drugs are contradicted by Lindesmith's (1947) evidence that drug users are motivated by the fear of withdrawal discomfort rather than the euphoric effects of drugs. Lindesmith's thesis is, in turn, contradicted by the empirical finding of McAuliffe & Gordon (1974) that addicts are still motivated by the euphoria produced by drug taking.

It would be hasty, however, to dismiss all drug theories outright or to ignore their contributions, singly or collectively, to our understanding of the aetiology of drug abuse. Imperfect as they were, these theories have informed and guided social policy makers in formulating educational, prevention and treatment programmes for decades. For instance, the metabolic deficiency theory has provided the theoretical basis for the adoption of many methadone maintenance programmes throughout the world. Social learning theories are also applied in many relapse prevention programmes. Similarly, many recent studies have recognized social milieu factors like family and peer group influence as important precipitating factors, with important implications for drug abuse prevention and treatment strategies.

An important milestone in the history of drug aetiology is the development of theories which have demystified all previous positivistic and pathological notions about drug abusers. Various subcultural theories have emphasized the normality of drug-taking within the context of particular subcultures; others have pointed to the symbolic function of drug taking as tokens of individuality or protest. The labelling perspective alerts us to the unplanned and unintended powerful effects of social policies as well as societal reactions regarding a proscribed activity. Similarly, the anomie theory establishes a link between a social problem (drug abuse) and the social structure. Lastly, the wider sociocultural perspective calls for the introduction of more culture-sensitive prevention and treatment modalities.

It is thus seen that each theory or each level of inquiry provides a partial explanation for the complex problem of psychoactive drug use; together they can provide a more complete aetiological perspective. Hence, constitutional, individual and environmental factors are all aetiologically important on their own or in combination with each other. The current thinking, moreover, seems to favour an integrated approach which combines two or more factors (or groups of factors) or levels of explanation. Many authors have also called for greater interdisciplinary cooperation and the use of longitudinal designs to gain an overall perspective. Perhaps it is apt to conclude this review with the following quote from an authoritative reviewer:

'Drugtaking' is the subject matter of many disciplines, and it is naive to suppose that any one has all the answers. There is the danger that research in a single discipline may ignore or discount the contributions to be made in other fields. Many partial theories have been advanced which do not consider the importance of other disciplines. Drugtaking involves so many variations of behaviour, personality, and social background, that the idea of a key factor seems unlikely.

(Plant, 1975:57)

ENDNOTES

1. The term 'moral panic' was made popular by British sociologist, Stanley Cohen, in his study of Mods and Rockers. He defines a moral panic as: "A condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions; ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and becomes more visible. Sometimes the object of the panic is quite novel and at other times it is something which has been in existence long enough, but suddenly appears in the limelight" (Cohen, 1980:9). The term has since been applied to many social problems ranging from drug abuse and mugging by black youths in the '60s and '70s to football hooliganism and child abuse in the '80s.

2. These are usually derived from theories which are primarily developed to explain crime and delinquency. They also suffer from the same theoretical and methodological weaknesses and limitations.

3. The positivist school of criminology, so named because of its empirical rather than speculative or legal orientation, was founded by Italian criminologists Cesare Lombroso(1836-1909) and Enrico Ferri (1856-1928). The key assumptions of scientific objectivity and the ability to use natural science methods to study social phenomena have led to a rise of positivism since the end of the last century. Though originally developed for the study of crime, the positivist approach has been applied to all types of social deviance, including drug abuse, for many years. It is aetiologically important as it can offer theoretical mitigation to the individual abuser whose drug abuse problem is seen as the result of a pathological factor(s) rather than rational choice.

4. Though many of these theories were originally developed to explain criminal behaviour, they were also applied by other researchers to explain drug-taking behaviour.

5. Due to physiological changes in the body, the diabetic person must take insulin on a permanent basis.

6. The methadone maintenance treatment modality was also founded by Dole & Nyswander. Despite controversies about its effectiveness and appropriateness as a treatment method over the past 30 years, it continues to be available in numerous clinics throughout the world.

7. Quoted in Isbell, 1956:66.

8. Quoted in Schur (1963:36).

9. Especially when so much publicity has already been given by the mass media and in drug education programmes about the alleged harmful effects of drug abuse.

10. Ong (1989:67) quoted an international conference of therapist meeting in Bangkok in 1988 as reaching the conclusion that the "real cause" of drug addiction is the collapse of the traditional family. He did not, however,

elaborate on what the "traditional family" is nor how it relates to drug addiction.

11. An 'association' does not necessarily imply a causal relationship.

12. Unlike the often uneven parent-child relationship, the relationship between a youth and his peers is usually based on a non-threatening, egalitarian, cooperative and reciprocal nature. It is within the context of this inviting atmosphere that drug use gain its strongest influence. A host of studies have demonstrated that most youths who take drugs are encouraged by friends and associates of similar age and background (de Alarcon, 1969; Annmoye & McClure, 1970; Rathod, 1972; Plant, 1975; Mott, 1976; Parfrey, 1977).

13. Person who first introduced drugs to drug abusers: Friend (80%); Classmate (4%); Co-worker (7%); Relative (1%); Pusher/Peddler (3%); Others (5%). (Ong; 1989:138)

14. It would be misleading to suggest that there is only one homogeneous addict subculture. Heroin, marijuana and alcohol attract different people with different needs and motivations. Johnson (1980) has identified several types of drug subcultures, such as heroin-injection subculture, alcohol abuse subculture, the cannabis subculture and the multiple drug subculture. Each of these is said to have separate norms and values that support the use patterns of particular drugs or set of drugs (See Royal College of Psychiatrists, 1987:47).

15. However, Bales (1962), in his comparative study of Irish and Jewish drinking norms, concludes that alcohol use in Irish culture has no reference to the central core of sacred ideas and ideology of the Catholic tradition but rather has a more utilitarian function. Thus, getting intoxicated is a socially approved means of attaining certain goals, such as to release sexual or aggressive tensions or as a substitute for food.

16. However, the misuse or abuse of drugs is not well documented among pharmacists and dentists (Bale, 1986). This is not to suggest that pharmacists and dentists are not involved in any drug abuse.

17. Prohibition achieved some measures of success in public health terms, however. All the indicators of alcohol-related harm, like chronic liver disease and cirrhosis, fell dramatically.

18. The initial formulation of this integrated theoretical model was first developed in 1979 by two of the three present authors with R.J. Canter to account for delinquent behaviour (Elliot, Ageton & Canter, 1979). The model has since been further developed and expanded in scope to cover adolescent drug use as well.

CONCEPTUAL FRAMEWORK

Introduction

Despite the recent proliferation of texts and statistical reports on the ethnic variations in rates and patterns of drug abuse in virtually every nation, remarkably few attempts have been made to explain these variations and the role of ethnicity in empirical or theoretical terms (Cheung, 1991; 1991a). Certainly, none has been embarked upon in Singapore although its multi-ethnic population provides an ideal social laboratory for such a scholarly exercise. This study is therefore a modest attempt to fill in this gap and it seeks to understand and document the phenomenon of drug abuse among the Singapore Malays vis-a-vis the other major ethnic groups, especially the Chinese. The product of this study will make an important contribution to not only our existing knowledge on drug abuse aetiology and intervention strategy, but also our understanding of a social reality among the Singapore Malays. The latter is particularly significant as the Malay community has attracted so few scholarly studies to date despite its very important historical, cultural, social and political influences in the entire region.

The concept of 'ethnicity' has been chosen to provide the framework for data gathering and interpretation in this study. Before it can be shown how the concept of ethnicity informs the planning, analysis and results of this project, it may be appropriate at this juncture to first define and clarify the key concepts used.

Definitions Of Terms

a. Drug Terminologies

A central task at the outset is to distinguish between drug use, drug misuse, drug abuse and drug addiction. Drug terminologies are complex and

often arbitrary, depending upon their socio-religious, medical, legal or scientific sources (Einstein, 1980). For instance, from a medical perspective, a drug is any chemical substance used to prevent, cure, relieve or otherwise affect the user's physical and/or psychological well-being. This definition evokes the notion of illness and thus accords the drug concerned the socially stamped status of a "medicine". On the other hand, the legal definition of drugs is not concerned about their medicinal or pharmacological functions; it merely establishes the rules for their manufacture, distribution, sale, use and possession, the infraction of which constitutes an offence. The use of opium provides a useful example: valued for its medicinal qualities since ancient Greek, Egyptian and Roman cultures, romanticised by English Romantic poets and writers and used recreationally as well as a folk remedy for aches, pain and fatigue in the Far East, opium is now a highly proscribed commodity in most countries.

In Singapore, like elsewhere today, the word "drugs" has value-laden meanings.¹ It's common usage is more likely to connote some 'misuse' or 'abuse', a 'problem' situation, rather than the standard use of 'medicines' for therapeutic purposes. When exactly does drug use become misuse or abuse is a complex and emotional issue. The Royal College of Psychiatrists (1989:30) sets the criteria in its following definition:

Drug misuse is any taking of a drug which harms or threatens to harm the physical or mental health or social well-being of an individual, of other individuals, or of society at large, or which is illegal.

The operative word here is 'harm' and thus the problem arises when the vast majority of drug users do not see their drug use as being harmful to themselves or, more importantly, to others. This view was articulately put forward by one of the subjects of my case studies:

It's ok. We don't use other people's money. We use our own money. After taking, we don't disturb others. We also don't teach other people to take. (Rosli, DRC inmate)

Lee (1986:7) provides the official definition of drug abuse in Malaysia as "any form of drug taking that is not prescribed by a medical practitioner, or is meant solely for enhancing one's pleasure, or is compulsive and regular to the detriment of one's health". The WHO Expert Committee defines drug abuse as "persistent or sporadic excessive drug use, inconsistent with or unrelated to acceptable medical practice" (Banks & Waller, 1988:25). Both definitions can also be applied to the Singapore context. However, these definitions remain unsatisfactory for the following reasons: Firstly, most ethnographic studies with drug users indicate that they do not view their drug-taking as an abuse or as harmful to their health. Secondly, not all abusers necessarily become addicted to the drugs or indeed take drugs for hedonistic purposes. Thirdly, even legitimately prescribed 'medicines' can be abused (such as the widespread abuse of cough syrup in Brunei Darussalam).

Equal if not greater ambiguity marks both public discourse and scholarly definition of the term 'drug addiction' and its later substitute 'drug dependence'. A 1964 W.H.O. definition of the latter term is still being applied today:

A state, psychic and sometimes also physical resulting from the interaction between a living organism and a drug, characterized by behavioural and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence.

(Quoted in The Royal College of Psychiatrists, 1987:30)

This definition avoids the narrow scope and moralistic overtones of the earlier definition of 'addiction', a term largely associated with opium addiction of the last century. However, it is not without flaws. The main problem stems from the very intent to avoid being judgemental itself. It has a strong 'medical' connotation and therefore tends to mitigate the role of the drug taker irrespective of the purpose of his drug taking. Some people do take drugs for purely 'social' reasons, such as gaining peer recognition, and they may cease drug taking once the reason no longer

applies. Moreover, there is a great variety of drugs today and not all drugs are addictive, produce tolerance or cause withdrawal discomfort. Finally, the definition also excludes addicts who are temporarily abstinent while being detained in an institution.

Most drug researchers agree that drug terminologies are subjective, overlapping and involve value judgements.² Griffiths & Pearson (1988:10) were right when they said that "...'drug in the context of phrases like 'drug problem' or 'drug abuse' is really shorthand for 'socially disapproved drug' or 'drug which is used in socially disapproved ways'. Perhaps such social disapproval may not always be based on rational and scientific assumptions but rather on the imagination of politicians and other 'moral entrepreneurs'. It is not the intention here to debate on the appropriateness or not of any such assumptions. What is relevant here is the need to be more aware of the social construction of drug terminologies as well as the influence of culture. For, as Moore (1992:252) cautions, "What constitutes chemical abuse for one culture, ethnic group or society may not be considered relevant to another".

Whether one defines use of one drug, or a pattern of use, as 'misuse', 'abuse' or 'addiction' depends ultimately on societal values and cultural contexts.

A central theme which permeates this thesis is the sensitivity to social, political and cultural contexts in drug abuse research. Hence, an accurate understanding of drug abuse among the Malays in Singapore can only be achieved when viewed in the context of the socio-political arena in which the Malay community live. The term 'drug abuse' is preferred in this study not because the author is insensitive to its unsavoury connotations or unaware about the increasing popularity of more 'value free' terms, but rather because it reflects more realistically the position of the Malay drug abusers vis-a-vis the socio-political system of Singapore. As discussed in Chapter 2 above, the Singapore government's stand is that "drug-taking is a social menace and hence a crime" (Leong, 1978:293).³ The government has also committed massive resources to eradicate 'drug abuse'.

Consequently, all Singaporeans are classified dichotomously into non-drug abusers and drug abusers. The term 'drug abuse' equally applies to a single experimental use of ganja (marijuana) as well as to chronic heroin use.⁴

For the purpose of this study, a non-drug abuser refers to anyone who has never used any psychoactive substances (excluding alcohol and tobacco) which are not prescribed by a medical practitioner or used any prescribed drugs not according to the instructions of a medical practitioner. A repeater is a former drug abuser who was treated in a Drug Rehabilitation Centre (DRC) or SAF Detention Barracks and who subsequently relapsed into drug abuse and was caught. A multiple- or poly-drug abuser is one who abuses more than one type of psychoactive substance (excluding alcohol and tobacco) simultaneously or sequentially.

b. Ethnicity

In proposing ethnicity as a viable framework for future drug research, Cheung (1991a) argues that the variable of ethnicity has not been properly conceptualized and measured in most studies. Pena & Koss-Chioino (1992:157) agree and point out that much of our current knowledge on drug use and abuse is still "based on an assumption of generalization that ignores ethnic group membership as a salient issue". Many other studies which do attempt to account for ethnic factors tend to gloss over the issue with broad and theoretically inferior categories such as 'Blacks' and 'Whites' or 'Hispanic Americans' and so on. Referring to Asians, Ja & Aoki (1993) claim that there are at least 32 distinct "Asian" ethnic groups in America and that a failure to appreciate cultural issues pertaining to taboo, denial and loss of face has seriously restricted our understanding of their drug abuse problem and treatment needs. Clearly, a better and more accurate conceptualization of ethnicity is essential to our understanding of drug use initiation, prevalence rates, use patterns, treatment needs and prevention foci in our increasingly multi-ethnic societies of today.

Ethnicity is a complex and imprecise concept. It is often confused with race or culture from which it must be distinguished. Race as a biological concept has recently been scientifically debunked. It was originally used to describe supposedly biologically distinct groups of persons who also shared certain similar and usually permanent physical characteristics. In clinical terms, skin colour and physiognomy were often used to distinguish race (Westermeyer, 1984). However, modern genetic studies have revealed that any genetic differences (eg. skin colours) between 'races' of people are minimal and largely unimportant (Fernando, 1991; 1992). Moreover increased cross-racial marriages and adoption of children in a highly heterogeneous world have compounded the problem. In fact, popular 'racial' categories reflect no more than a socially constructed categorization which has historically provided the ideological basis for defining relationships between the powerful and the exploited. Sadly, despite the myth of race being widely exposed within the scientific world today, notions of racial differentiation have all too often been used to justify racism in public policies, including those pertaining to the problem of drug abuse.

Finn (1994) defines culture as "a way of life of a group of people, including their shared values, beliefs and behaviors, which is passed from one generation to another and maintained by communication and learning, not by biological inheritance." In other words, cultural elements are learned, rather than inherited. A corollary to this is that cultures are never static; in a multi-cultural context such as Singapore, there is considerable overlap between cultures, eg. between Malay and Chinese cultures, and interchange of cultural ideas takes place all the time. So, too, are their cultural ideas about drug use. Culture is also an important symbol of ethnic identity.

Ethnicity is a relatively modern concept which both replaces and includes race and culture. Apart from being an outmoded concept, racial characteristics tell little about an individual's values, attitudes, behaviours, preferences and prejudices. On the other hand, educational

opportunities, social mobility and migration in the modern world have attenuated cultural differences among social groups. By combining and absorbing elements of race and culture into a single concept of ethnicity, the new term is seen to minimise the limitations inherent in the two concepts as well as avoid the pejorative connotation and stereotyping associated with the term 'race'.

A definition of ethnicity which incorporates both race and culture was provided by Yinger (1981): "(The members of an ethnic group)...are thought by themselves and/or others to share a common origin and to share important segments of a common culture." (quoted in Fernando, 1991:10)⁵ Powerful collective sentiments and shared meanings bind members together and provide them with their boundaries for belonging, behaving and relating. Ethnicity therefore refers to a sense of identity or belonging together among members of a social group which may be based on both or either race and/or culture.

Various ethnic markers have been proposed to identify membership of a particular ethnic unit. These commonly include 'racial' features such as physical appearance and common descent as well as 'cultural' similarities such as traditions, customs, core values, language, religion, diet and dressing.

The problem of the above definition becomes immediately apparent. The social world today is characterized by a high degree of genetic complexity, high geographical mobility, and a high level of urbanism and social change. Concomitantly, societies are becoming more ethnically mixed than ever before. This has led to one school of thought that proposes a cultural (and ethnic) 'melting pot' theory⁶ as a result of the mixing of diverse racial and ethnic groups. The bonds which used to bind together members of an ethnic group are somewhat blurred as societies evolved. Furthermore, races and cultures are no longer linked to geographical locations or types of environment (Fernando, 1991).

Ethnicity may also emerge or vary under certain conditions (see Rex, 1986). Fernando (1991) argues that in a racist society such as Britain, pressures

arising from racism have driven together people who are perceived by the (dominant) society as racially similar (eg. blacks). Thus the sense of belonging ('black consciousness') that ethnicity entails is more likely to be based on perceived racial origins rather than culture which the group members collectively share. Ethnic groups can also be "political" groups organised around interests, especially economic interests, which sometimes provide groups of individuals with a collective identity. Those with an urban anthropological orientation might even add that the process of urbanization itself promotes, rather than diminishes, ethnicity as an identity evolving process:

"that it (ethnicity) is a consequence of the individual's need to make sense of the large complex and heterogeneous urban environment; that it anchors relationships in terms of comprehensible social categories; and indeed that it provides the individual with a resource for coping with the city."

(Clammer, 1985:8)

Any researcher with a scholarly interest in ethnicity must therefore take cognizance of the fact that social, political, economic and situational factors all contribute to ethnicity.

c. Ethnicity in Singapore Context

Singapore provides a unique experience for the study of ethnicity and the significance of ethnic factors in socio-political events and issues, including substance abuse problems. While many countries are deliberately playing down on ethnicity and the complex and sensitive issue of 'race' relations, the Singapore government has continued to stress ethnicity as the main means of social classification, with profound implications for cultural life, social policy and the entire organisation of society (Clammer, 1985).⁷ Under this official model of ethnicity, all Singaporeans are neatly divided into four official groups of "Chinese", "Malays", "Indians" and "Others".⁸ It is also to be noted that the official usage of the term "ethnic group" in Singapore tends to equate it with "race" and the two terms are often used interchangeably.⁹ Moreover, both public and

popular applications of ethnicity have frequently confused it with culture and even language. For example, many political statements tend to make reference to some cultural features of, say the Malays, as though they are referring to either racial and/or ethnic characteristics.

The official model of race/ethnicity in Singapore also has profound implications for local social research. Some authors have attempted to use a more theoretical approach; Saw (1981:15), for example, defines an ethnic group as "groups or communities belonging to the same stock or ethnological origin and having common bonds of culture, customs and language." But, as pointed out by Kuo & Chiew (1984:6), "In actual practice, the identification of ethnic background is based on self-declaration according to a list of pre-determined ethnic labels". The present study subscribes to the latter approach.

For the purpose of this study, subjects are divided into "Malays" or "Chinese" according to the description stated in their identity cards. This decision can be justified simply on the ground that the two terms are also official census categories. However, great caution must be taken in the interpretation and application of the research findings as regards any generalisations about issues of ethnicity. For, as Clammer (1985) pointed out, none of the four ethnic groups in Singapore is in fact internally homogeneous. He went on as far as to say that the Singapore 'Malay' community in fact comprises at least forty ethnically distinct groups. These include "indigenous" Malays, Orang Seletar, Orang Kallang, migrants from the Malay Peninsula, Ibans and others of Indonesian origins such as Javanese, Boyanese, Bugis, Minangkabau, Batak, Sundanese and other islanders. More recently, even persons of Arab and Indian Muslim origin who intermarried with Malays and adopted Malay culture were also classified as "Malays".

Similarly, Clammer counted at least sixteen groups on the basis of dialect or province of origin in China among the Chinese. The major Chinese dialect groups include Hokkiens, the largest single category, and others

like Teochews, Cantonese, Hakkas, Hainanese, Hockchias, Foochows, Henghuas and Shanghainese. Clammer's view is that these dialect groups function like ethnic groups and used to have their own distinctive cuisines, religious observances and even occupational patterns (eg. Hainanese cooks, Shanhainese tailors, etc.). However, with modernization, urbanization and widespread use of English and Mandarin in everyday life, only traces of these dialect/ethnic features remain today.

Furthermore, language used and religion¹⁰ have become poor ethnic markers in contemporary Singapore. During the early days of colonization, there was relatively more internal homogeneity among the Malays and Chinese. For instance, all Malays were Muslims and all Chinese were either Buddhists, Taoists or followers of a folk religion. Today, there are Chinese Muslims, Malay non-Muslims (though still rare) and many Chinese Christians and Roman Catholics. There are Malays who speak Mandarin or a Chinese dialect and Chinese who speak Malay; most of both groups also speak English fluently. Other traditional markers of ethnic identity which are fast eroding include ethnic dress, ethnic songs and dances as well as economic roles.

Notwithstanding the above, the position adopted here is defensible on the ground that members of the Malay and Chinese communities, apart from their official labels, are sufficiently distinct in physical attributes, socio-historical origin and descent, as well as way of life to make a comparison between the two broad categories of Singaporeans viable and meaningful. Most people can distinguish between a Malay and a Chinese by merely looking at them. Between the two groups, however, the Malays are a relatively more homogeneous group. Virtually all Malays are still Muslim, speak the Malay language and share a common culture.¹¹ Another point to make is that as time passes and as an increasing number of Singaporeans are locally born, many of the old differentiating features between sub-groups of Malays (and Chinese!) are being eroded. This process of erosion serves to reinforce the official four-race model advocated by the government.

Another theoretically interesting point to observe is that the concept of 'ethnic minority' has been deliberately avoided here. This is despite the popularity of its application in many studies of social problems, especially the drug abuse problem, in the West. For such studies often carry assumptions of the presence of wholly deprived communities whose drug and/or other social problems were seen as their the collective response to unfair social structural factors or pure discrimination by dominant communities. Although the Malays are an ethnic minority in Singapore, they enjoy the unique feature of being a minority people among a predominantly Malay region. Moreover, the multi-ethnic and multicultural policy of the government has ensured that equal opportunities are theoretically available to all and that there should be no institutional barriers for social mobility.¹² Unlike the United States, for example, the official policy has been to integrate the different ethnic communities, while respecting their different cultures and identities, rather than to assimilate them into one homogeneous society or into the dominant group, ie. the Chinese (Clammer, 1985; STWOE, 04/02/1995:24). Consequently, Singaporeans do not generally relate to each other on a majority-minority basis but rather as one Singaporean to another or as a Chinese, a Malay or an Indian. Anthropologist John Clammer raises the following salient effect on research:

It is interesting in this respect that Singapore is a very unpromising site for the study of "minorities" or of "majority- minority" relationships, since while these things objectively exist, they are rarely conceptualized as such or subjectively perceived or felt in this way.
(Clammer, 1985:116)

Ethnic Variations in Rates and Patterns of Drug Abuse

a. Differential Prevalence Rates

The earliest attempts to consider ethnicity as a variable in drug research were mainly confined to descriptive accounts of differential rates of drug

abuse among various broad racial/ethnic categories, particularly between minority and majority communities. There was a noticeable absence of theory to interpret or explain these results (Tucker, 1985; Cheung, 1991a; Wallace & Bachman, 1991). For example, early works in the United States consistently reported that Blacks, Puerto Ricans and Mexican Americans were over-represented in the population of known addicts, in comparison with their proportions in the general population (Johnson & Nishi, 1976; Kleinman & Lukoff, 1978). Similarly, Oetting & Beauvais (1990) found evidence that the highest rates of drug abuse occurred in places where ethnic minorities lived in separate enclaves such as "Indian reservations, ghettos and barrios". On the other hand, Whites and Asian Americans were under-reported (Schilit & Gomberg, 1991). Early studies also showed that American Indian youths were much more likely than White youths to try alcohol, marijuana and other drugs and to have more favourable attitudes towards drug use (eg. Cockerham, et al., 1976; Oetting & Goldstein, 1979; McBride & Page, 1980; Weibel-Orlando, 1984).

The new generation of drug research, particularly those carried out in the 1980s and 1990s, however cast serious doubts about the accuracy of earlier reports. In a longitudinal study of Los Angeles County youths, Maddahian, Newcomb & Bentler (1986) found that when background (income) and other key proximal lifestyle factors (availability, ease of acquisition and initial drug use) were controlled, drug use among Black, Asian and Hispanic youths did not significantly differ from that of White youth. In fact, several other studies have found that Whites are generally more likely than Blacks to be involved in drug abuse (Kleinman & Lukoff, 1978; Stephens, 1980; Poulin, 1990; Cole & Weissberg, 1994), to use more drugs and to use them more frequently (Adlaf, Smart & Tan, 1989). Similarly, Schinke et al. (1992) asserts that non-Hispanic youths have higher lifetime substance use rates than Hispanic youth when school grades and maternal education are controlled. In yet another study, Wallace & Bachman (1991) have demonstrated that when both background and lifestyle factors are controlled, many of the racial/ethnic differences in drug use are significantly reduced or eliminated. These latter findings have clearly

discredited many of the conventional stereotypes about drug abuse and ethnicity (Wallace & Bachman, 1991). The latest trends of the North American drug scene are summarized by Cole & Weissberg (1994:109):

Almost every study on substance use that compares different ethnic groups has found that Native Americans tend to report the highest level of illicit drug use with a lifetime incidence twice as high compared to any other subgroup

....They are followed closely by whites, then blacks, and lastly asians, with the different groups of Hispanics falling somewhere in the middle.

b. Differential Drug Preference

Studies have also shown that different ethnic groups have different drug preferences and are thus associated with different types of drug abuse (see Kaufman & Borders, 1988). Recent studies done in North America showed that White students reported the highest frequency of use for marijuana, hashish, LSD, barbiturates and amphetamines; Hispanics reported the next highest frequency of use for the same drugs, followed by Blacks and then Asians; Whites and Hispanics were also more likely to be multiple-drug abusers (Maddahian et al., 1985; 1986; Newcomb & Bentler, 1985). Among Italian immigrants, marijuana was most frequently abused among adolescents, followed by alcohol (Kaufman & Borders, 1988).

In England, Pearson, Gilman & McIver (1987) found that while cannabis was used widely as a social drug among the Afro-Caribbean community, particularly among Rastafarians, there was a "determined cultural opposition to the dissemination of heroin". In West Malaysia, survey findings indicate that the Chinese drug abusers generally use more opiates while Malay and Indian abusers prefer ganja (marijuana) (Lee, 1986).

c. Differential Sequence of Drug Use

Another pattern of drug abuse examined is the sequence of drug involvement in ethnic groups. A regular pattern seems to surface in past research:

Blacks are more likely to conform to the "stepping stone" hypothesis in that they begin with marijuana and then progress to heroin and cocaine; Whites tend to avoid heroin, and go from marijuana use to hallucinogens, amphetamines, barbiturates and methedrine, which Blacks in turn avoid (see Kleinman & Lukoff, 1978).

d. Differential Intensity of Drug Use

Incidence rates alone are a poor barometer of the extent of drug addiction in ethnic groups. For instance, there is growing evidence that although fewer Blacks than Whites experiment with various illicit drugs, a higher proportion of Blacks than Whites become heavily involved in using these drugs as well as developing drug-related problems (Botvin et al. 1989; Kandel & Davies, 1991; Kandel, 1991). Similarly, although relatively few Hispanic adults consume alcohol, those who do are more likely to drink heavily (Barnes & Welte, 1986).¹³ Another interesting finding shows that although Oriental students have a relatively low prevalence of smoking in New York state, those who do smoke consume a far greater quantity of cigarettes per day than their school-mates (Welte & Barnes, 1987). In contrast, Indian adolescents have shown a more consistent pattern of substance abuse. They tend to use drugs and alcohol earlier, more heavily and with dire consequences (Moncher, Holden & Trimble (1990).

e. Differential Mode of Administration

Recent interest in ethnicity in drug research has also established interesting patterns in the mode of administration in various ethnic groups. Kandel (1991), for instance, finds that American Blacks are more likely than any other group to use drugs intravenously: In 1990, they accounted for twice as many who reported this mode of use for cocaine, heroin or amphetamines in the previous year as Whites or Hispanics. A study conducted in the North of England found local variations in injecting or smoking heroin, with injecting more common in areas where injecting of amphetamines was also practised (Pearson et al., 1986).

f. Differential patterns of crime-drug abuse relationship

Recent investigations have also looked at the relationship between drug abuse and the propensity and type of crime committed by members of different ethnic groups. Cheung (1991a) has cited some such studies: Shafer, et al.(1985) found that cocaine use was more related to higher crime rates among Blacks than among Whites, whereas the reverse was true for the abuse of tranquillizers; Anglin et al.(1988) found evidence that indicated a positive relationship between narcotic use and property crime among Anglo and Chicano clients undergoing treatment and a higher incidence of non-property and non-drug offence arrest rates for the latter.

Social Structure and Drug Abuse

Adverse social structural factors are a popular theme in theories which purport to explain the relationship between ethnicity and drug abuse. Cheung (1991) has discussed the impact of structural conditions of an ethnic group, particularly socio-economic status, on the individual's propensity to abuse drugs. It must be remembered, however, that socioeconomic differences are often overlapped and associated with ethnic differences (White, 1991). Not surprisingly, therefore, drug abuse is often perceived generally as a problem of ethnic minority groups (Brunswick, 1979) and specifically as a result of educational and economic deprivation faced by minority group members (Cloward & Ohlin, 1961; Tucker, 1985). Hence, Puerto Rican Americans are found to occupy minority status, have lower socioeconomic status than Whites or even Blacks, and live in neighbourhoods characterized by high levels of social disorganization and drug abuse (Rodriguez & Weisburd, 1991). Similar findings of deprivation, poverty, unemployment, lower school grades and 'broken homes' have been made in studies of high drug abuse rates among American Indians (Oetting & Goldstein, 1979; McBride & Page, 1980; Wallace & Bachman, 1991). In England, comparable findings of "social deprivation" among heroin abusers also exist (see Burr, 1987:343). But others (eg. Hawks, 1974; White, 1991; Plant & Plant, 1992) have adopted a different position - that the modern

Plant & Plant, 1992) have adopted a different position - that the modern pattern of heroin use in Britain (and Australia) does not show such strong socioeconomic status or ethnic trends.

Merton (1957)'s concept of "anomie" has also been successfully applied in a few studies examining the problem of drug abuse, especially in ethnic minority communities. Due to several structural difficulties, a disadvantaged ethnic person may encounter a great disjuncture between culturally appropriate goals (eg. to climb the social ladder) and the availability of institutional means to fulfil these goals. The state of anomie produced may lead to a deviant adaptation pattern whereby the individual may 'retreat' to substance abuse for relief. Hence, heroin use in North America are concentrated largely but not solely in disadvantaged communities (Lukoff, 1974). The usefulness of the anomie theory in explaining minority drug abuse has been questioned by others (see Krivanek, 1988).

Drug Use as Normative/Cultural Practices

Another way of theorising about the relationship between drug 'abuse' and ethnicity is to look at the use or pattern of use of a particular drug as a normative rather than deviant pattern of behaviour in a particular socio-cultural context. Westermeyer (1978), for example, found that opium addicts in Laos were predominantly married, living with family or relatives, occupied at tasks within the mainstream of society and currently employed. He then concluded that "From a sociodemographic perspective, the Asian addicts were not nearly so 'deviant' as narcotics addicts in the USA" (1978:148).

Moreover, certain drugs or substances have religious or culturally symbolic meanings to members of a particular ethnic group. Culturally informed patterns of drug use and their meanings are passed on from one generation to another through family socialization. In this regard, much has been written about drinking patterns in Irish culture (Bales, 1962; Kaufman &

Borders, 1988). Segal (1992) proposes that the exceptionally high incidence of tobacco chewing among Alaskan Native youth may be related to their cultural tradition of chewing of bones and hides. Studies also indicate that both American Indian and Mexican American cultures tend to promote positive drug attitudes and drug use (see Weibel-Orlando, 1984; Reilly et al., 1994). Here in Singapore, the traditional use of opium by the ethnic Chinese and of cannabis by the people of Indian and Pakistani origin can be traced to a complex of cultural beliefs and practices (see Chapter Two). The use of heroin for "aphrodisiac" purpose among Hong Kong Chinese is also well documented (Ding, 1972; Holinrak, 1979).

It must be remembered that cultural beliefs and practices can also serve to insulate against drug abuse. For example, the low rate of alcoholism among traditional Jews may be due to their cultural belief that alcohol is only used in a controlled way for religious celebration (Kleinman & Lukoff, 1978; Kaufman & Borders, 1988). It has also been found that high group cohesion and cultural emphasis on achieving high social mobility among West Indian Blacks in New York city are found to be incompatible with a drug-using pattern of behaviour (Kleinman & Lukoff, 1978). Further evidence is seen in the case of Black migrants from the south whose stronger commitment to conventional values and religiosity is said to account for their low drug abuse rates (Kleinman & Lukoff, 1978; Herd, 1985). Finally, low rates among Chinese Americans are attributed to their unusually strong family ties (Kleinman & Lukoff, 1978).

Acculturation Problem and Drug Abuse

Another common theme in many ethnic studies of drug abuse is the problem of acculturation stress. Members of ethnic minority groups have differential ability to absorb mainstream culture, depending on their educational levels, language ability and other personal attributes. Generally, those with lower personal ability and achievement and/or have a poorer social support network system are more likely to develop adaptation problems, including drug and alcohol problems. Cheung (1991a) hypothesizes that some

immigrants rely heavily on drugs and alcohol as a way of coping with extraordinary stress due to adaptation problems. Children of Asian immigrants, or example, encounter conflicting values and customs in the process of assimilation into the American host culture. They then tend to be driven away from their parents and traditional value system but towards their peer groups and new social and moral values, including drug-taking values (Ja & Aoki, 1993).

However, this problem is not confined to new immigrants alone; McBride & Page (1980) find that the alienation of native Americans/Indian adolescents from their family and traditional ways of life, compounded by their alienation from the mainstream education system, appears to produce substance abuse problems. Kleinman & Lukoff (1978) have also found the generational status a significant predictor of drug abuse among West Indian Blacks, American Blacks and Whites. Furthermore, unlike their parents, new generations of Irish people born in the United States have a very high proportion of drinkers and the highest frequency of drinking problems (White, 1991).

Other Factors Associated with Drug Abuse and Ethnicity

Other studies focusing on ethnicity and drugs have identified several contributing factors for explaining ethnic variations in drug abuse: Westermeyer (1978) finds the easy availability of narcotic drugs to be a more important factor than such ethnic factors as kinship, values, religion, et cetera in shaping the demographic and drug use patterns in Laos. The greater use of drugs reported by White students in America may also be due to their greater financial ability to purchase drugs (Maddahian, Newcomb & Bentler, 1986).

The quality and intensity of peer groups and peer-oriented influences have also been studied. Thus, Wallace & Bachman (1991) attribute the low prevalence among Asian youths to the fact that they spend more time in education-oriented activities rather than peer-oriented activities. On the

other hand, socially maladjusted American Indian youth tend to form peer clusters with others with similar backgrounds which in turn lead to greater involvement in drugs (Oetting, Edwards & Beauvais, 1988). According to Newcomb & Bentler (1985) differential rates of drug abuse may also be the results of differential exposure to peer or adult models of drug-taking behaviour as well as to differential vulnerability to the modelled behaviour. Their empirical findings indicate that whereas Asians reported the fewest peer and adult models of drug use, Blacks reported the most peer models for cannabis use and both Blacks and Whites reported the most peer models for beer and wine consumption. Furthermore, they found that Blacks were the least vulnerable to the influence of peer models and hence reported the lowest level of self use. This confirms the earlier finding by Kleinman & Lukoff (1978) that friends' use is not a sufficient factor influencing drug abuse among the West Indian Blacks living in New York.

Surprisingly, Wallace & Bachman (1991) found that the well documented relationship between drug abuse and school truancy could not be used to explain White-Asian differences in drug use frequency. However, frequency of religious attendance is found to be negatively related to tobacco and cannabis use among all ethnic groups except Orientals and East/West Indians (Adlaf, Smart & Tan, 1989). Religiosity has also been employed to explain Black-White differences in drug abuse; stronger commitment to religion helps to deter drug abuse among Black youth (Kleinman & Lukoff, 1978).

Racism and Ethnicity in Explaining and Dealing with Drug Abuse

Assumptions about ethnicity and race have historically led to much racial stereotyping, scapegoating and pure racism in the societal response to the drug abuse phenomenon. A recent trend in drug research which investigates the relationship between drug abuse and ethnicity has been the focus on racism in drug control policies. History is replete with many such examples. The stereotyping of the Chinese opium addicts as dangerous fiends and sex maniacs warranting (White) public vigilance in Chinatowns in

North American cities (Lindesmith, 1947; Duster, 1970; Johnson & Nishi, 1976; Conrad & Schneider, 1980; Krivanek, 1988) as well as Britain (Harrison, 1993) just before and at the turn of the century diverted international attention away from the true historical facts. They belied the fact that it was the fear by White Americans of the influx of cheap Chinese labourers that led to anti-Chinese sentiments and created the myth of the dangerous Chinese opium peddlers. It also disregarded the fact that the opium smoking habit had been fostered in China (perhaps mention should also be made of Singapore and Hong Kong) by Western imperialism (Ja & Aoki, 1993). For when the Chinese Emperor tried to impose a ban on opium into his country, the British imperialists reacted to safeguard their lucrative trade interests by declaring war on that country twice during the second half of the 19th century. It must also be remembered that laudanum and other patent medicines containing opium-based properties (eg. "Mrs Winslow's Soothing Syrup") were popularly used by the privileged classes and literary circles in both England and America throughout the 19th century (Conrad & Schneider, 1980; Zackon, 1986; White, 1991).

Racial prejudices, xenophobia and stereotyping also marked the social control of other substances (Stephens, 1987; Griffiths & Pearson, 1988; Clifford, 1992). The Nixon Administration's "war" on heroin abuse was believed to be instigated by the desire to "protect" the White community from the Black and Latino "junkie criminals" and to prevent the spread of heroin abuse to White middle-class children (Tucker, 1985; Krivanek, 1988). Marijuana was made an illegal substance in the United States in 1937 only after Mexican immigrants became its largest recreational users.¹⁴ Ethnic prejudices against a back-drop of high unemployment during the Great Depression prompted the action (Clifford, 1992; Gullota & Blau, 1994). Prior to that, marijuana was raised as a profitable cash crop. Similarly, cocaine became symbolically linked to the widely-held fears about alleged violence and sexual aggression among American Blacks despite a lack of empirical evidence (Johnson & Nishi, 1976). Finally, even legitimate substances like tobacco are not spared from prejudicial and racist treatment. Harrison (1993) provides evidence to show that despite internal

measures taken to control tobacco use in England from as early as the 17th century, economic considerations seemed to justify the continued expansion of overseas markets for tobacco as well as vindicate the slave trade with which the British tobacco industry was then closely tied.

It can be said cynically that the position has not changed much in today's enlightened world. In the United Kingdom, West Indians and other "Asian" immigrants were and are still blamed for the nation's worsening drug abuse situation despite mounting evidence that local-born white youths are no less involved (Hawks, 1974; White, 1991; Plant & Plant, 1992). The problem of drug abuse in North America is still blamed on ethnic minorities. Meanwhile, western tobacco companies, including the British Tobacco Company, are still promoting cigarettes in many third-world countries and especially in mainland China. Harrison (1993) has succinctly summed up the current situation:

.....in a twentieth century reversal of the truth, those who were exploited came to be seen as the persecutors, while the State was portrayed as battling for decency and a drug-free worldNever mind if Western intelligence agencies became involved in the world heroin trade in order to undermine the North Vietnamese war effort (in the 1960s), or to fund the Mojahedin's war in Afghanistan (in the 1980s). The message that has been promulgated is that ethnic minorities bring these problems upon themselves.

(1993:5-6)

The examination of the role of racism in drug research has profound implications for our understanding of the aetiological theories of drug use among ethnic minorities. Thus, as pointed out by Tucker (1985:1026), most of the early theories were inherently biased; many attempted to "blame the victim" by emphasizing, for example, personality deficits, coping deficiencies and "broken homes" rather than the "root causes" of the social structural factors that led to much minority drug abuse (see Chapter Three).

Effect of Drug Abuse on Ethnicity

Most studies consider ethnicity as an antecedent variable in drug abuse research. A theoretically interesting variation is provided by Westermeyer (1984) which examines the impact of drug abuse on aspects of ethnicity and ethnic affiliation. His thesis is that the demands of drug abuse interface with and undermine traditional values, attitudes and behaviours. As the individual abuser's life becomes more entwined around the chemical experience, core ethnic values are replaced by new values, attitudes and behaviours revolving around obtaining, using and experiencing drugs and drug-induced intoxication. Consequently, some abusers respond to their loss of ethnicity by joining a drug subculture with others who share similar experiences. There are others who merely become isolated and alienated from their ethnic group altogether. It must be remembered, however, that drug abuse does not always lead to erosion of ethnicity. On the contrary, findings of ethnic variations in drug use/abuse can also point to the persistence of ethnicity (Cheung, 1991).

Role of Ethnicity in Drug Abuse Intervention Strategies

Since the 1980s, the concept of ethnicity has increasingly provided the ideological basis to inform social planning and social policies pertaining to drug abuse. Several authors have recognised and advocated the need to be more sensitive to ethnic cultural values and beliefs in the provision of viable preventive education and treatment services to ethnic minorities. Two important ethnic-focused intervention issues for empirical examination are: (1) What factors are more likely to influence intervention outcomes in ethnic communities, and (2) What ethnic-specific innovative approaches are more successful than a blanket programme? (Tucker, 1985).

a. Staffing and Training

Westermeyer (1984) believes that drug abusers from minority groups are more likely to be attracted into a treatment facility with ethnic staff with

whom they can relate to and communicate more effectively; conversely, minority drug abusers are not attracted to majority treatment facilities. Furthermore, Cheung (1991a) warns that intra-ethnic differences exist among members of the same ethnic group and that merely employing interpreters or ethnic-minority staff is inadequate; ethnic staff must also develop capability in collecting culturally relevant information from their ethnic clients. Similar views were expressed by Ja & Aoki (1993). On the whole, however, there is no conclusive evidence to show that matching counsellors and clients by ethnicity produces better results (Pena & Koss-Chioino, 1992).

b. Programmes and Culture Sensitivity

Tucker (1985) calls for a body of empirical evidence to guide the design and selection of drug treatment and prevention procedures specific to particular ethnic groups. From a clinical perspective, ethnicity still has immense relevance in understanding treatment and rehabilitation strategies (Tucker, 1985; Edwards & Arif, 1980). As both Westermeyer (1984) and Tucker (1985) argue, recovery from drug abuse usually involves certain crises which can best be appreciated from the relevant ethnic/cultural perspective. Treatment staff will do well not to underestimate the value of "loss of face" in assessing treatment motivations among Asian drug abusers (Ja & Aoki, 1993). Moreover, the ethnic reserve and unwillingness of many Asian peoples to disclose personal matters to strangers is a known hindrance to many therapeutic approaches. Most Indian traditions also do not emphasize the value of self-disclosure (Oetting & Goldstein, 1979; McBride & Page, 1980). Similarly, Mexican-Americans sometimes find it undignified to talk about their personal and/or family problems (Binder & Geis, 1983). Furthermore, the topic of drug abuse can sometimes draw the same cultural response as mental illness, with the attendant loss of face (Ja & Aoki, 1993). Watanabe & Ogawa (1978) discuss the incompatibility of the western-type confrontation therapy techniques with the nonconfronting value in Asian culture. Similar conclusions were drawn from observations

made among the Hong Kong chinese (Edwards, 1980) and other minority group members in the United States (Tucker, 1985).

On the other hand, McBride & Page (1980) describes programmes for American Indians which are designed to draw on the "strengths of traditional Indian culture and values, and the use of Indian medicine, curing rituals, and bio-feedback". Finley (1989) advocates a "support network intervention" which also utilises Indian cultural features and the socio-cultural context of Indian family life. In addition, Marin (1990) suggests that Hispanic cultural characteristics (eg. familismo, respeto, simpatia and Personalismo) and drug-related attitudes and practices are important considerations for any intervention strategies. Others have suggested ways of adapting western-style therapies/ intervention strategies for African American families/Blacks (Pena & Koss-Chioino, 1992; Moore, 1992), Cuban-Americans (Schilit & Gomberg (1991), and Asians (Ja & Aoki, 1993). One source has even proposed that Glasser's Reality Therapy can be modified to make it compatible with Islamic thoughts (Scorzelli,1987). Moncher, Holden & Trimble (1990) stress that preventive interventions must sensitively address acculturation issues if they were to be successful with American Indian population.

c. Outcome Evaluation

Finally, it must also be mentioned that any evaluation of programme outcome must take into consideration various cultural variables (Scorzelli, 1987) and cultural differences. Notwithstanding, there is currently no evidence to show that ethnically validated programmes achieve better treatment results than "majority" or "non-ethnic" programmes (Johnson & Nishi, 1976; Tucker, 1985; Pena & Koss-Chioino, 1992). The superiority of programmes which attempt to match counsellors and clients by ethnicity has also not been proven (Pena & Koss-Chioino, 1992). But, as recognised by Westermeyer (1984), culture-specific facilities still serve to attract more ethnic minority people into treatment.

Ethnic Factors in Local Drug Literature

It is unfortunate that in spite of the great deal of empirical data about 'ethnic' differences in drug abuse patterns in multiethnic Singapore, no testable theory has been forwarded to explain these variations. The main reason may be that the concept of ethnicity has not been fully understood or appreciated by local drug researchers. This literature review has uncovered no single attempt to define or operationalise ethnicity. The few studies available merely make references to 'Chinese', 'Malays', 'Indians' and 'Others', the official four broad 'ethnic' categories in Singapore. Moreover, a major limitation of the local studies is the over-emphasis on differential rates between groups rather than the investigation of intervening or causally prior variables relating to the observed differences.

Weaknesses of Studies of Ethnicity and Drug Abuse

As must be obvious from the above discussion, there is no paucity of research findings pertaining to ethnic variations in the rates and patterns of drug abuse. However, a number of methodological and theoretical problems limit the value of such studies in that they do not adequately, if at all, explain such variations. Some of the shortcomings of existing works have been reviewed by several authors (Cheung, 1991a) and hence only a brief summary will be included here.

a. Methodological and Theoretical Limitations

1. Like most criminological research, studies of ethnic differences in drug abuse are mainly based on officially identified or institutionalized drug abusers. The exclusion of unidentified abusers, especially those in alternative settings and school dropouts (Cole & Weissberg, 1994), necessarily limit the generalizability of the research findings.¹⁵ Apart

from the "dark figures" of drug abuse, official statistics may also be biased by differential enforcement measures taken by criminal justice agencies and agents against members of ethnic minority groups (Defleur, 1975; Johnson, Peterson & Wells, 1977) as well as the reluctance of ethnic or migrant groups to attend mainstream institutional treatment facilities.

On the other hand, White addicts may be under-represented because some of them can afford to seek care from private physicians (Tucker, 1985; Kandel, 1991).

2. While self-report surveys can avoid some of the pitfalls mentioned in the preceding paragraph, they do not escape from the usual problems associated with conducting surveys, such as incomplete or distorted disclosures, interviewer effects, communication barriers with ethnic respondents and other problems affecting reliability and validity. An added problem is the fact that drug-taking is a legally proscribed activity in many countries and is thus likely to be under-reported by survey respondents (Kandel, 1991).

3. At the theoretical level, many studies suffer from a serious inadequate treatment of the concept of ethnicity itself (Cheung, 1991a). Problems range from a failure to define or operationalize the concept, to an oversimplistic classification of ethnic categories such as "Blacks", "Whites", "Hispanics", "Asians", et cetera (Tucker, 1985; Kaufman & Borders, 1988; Adlaf, Smart & Tan, 1989). Ethnicity has also been confused with race, a scientifically discredited concept itself.

4. A related problem is the common failure to recognize intraethnic differences (Cheung, 1991a); even among members of one ethnic group, say the Chinese immigrants, differences in degrees of ethnic identification, cultural and structural incorporation and environmental adaptability may be sufficiently large to influence patterns of drug-taking behaviours.

5. In many studies, the variable of ethnicity has not been designed as the primary framework for analysis but rather as one of several independent

variables to be considered, or even included as an afterthought. Clearly, they restrict our understanding of the impact of aspects of ethnicity on drug abuse.

6. Theoretical models of addiction often employ measuring instruments which harbour subtle racism and classism in favour of White middle-class values and lifestyles. A good example is the psychological model which also provides the ideological basis for many treatment modalities. Hence, heroin addict profiles are often compared with the MMPI (Minnesota Multiphasic Personality Inventory) norm profiles which consist of mainly White, middle class individuals; most heroin addicts are Blacks, male ghetto dwellers. It is therefore uncertain whether, in reality, these instruments such as MMPI measure differences in values and lifestyles rather than personality differences (Stephens, 1987). The applicability of assessment instruments when used in a cross-cultural context has also been questioned by Moore (1992).

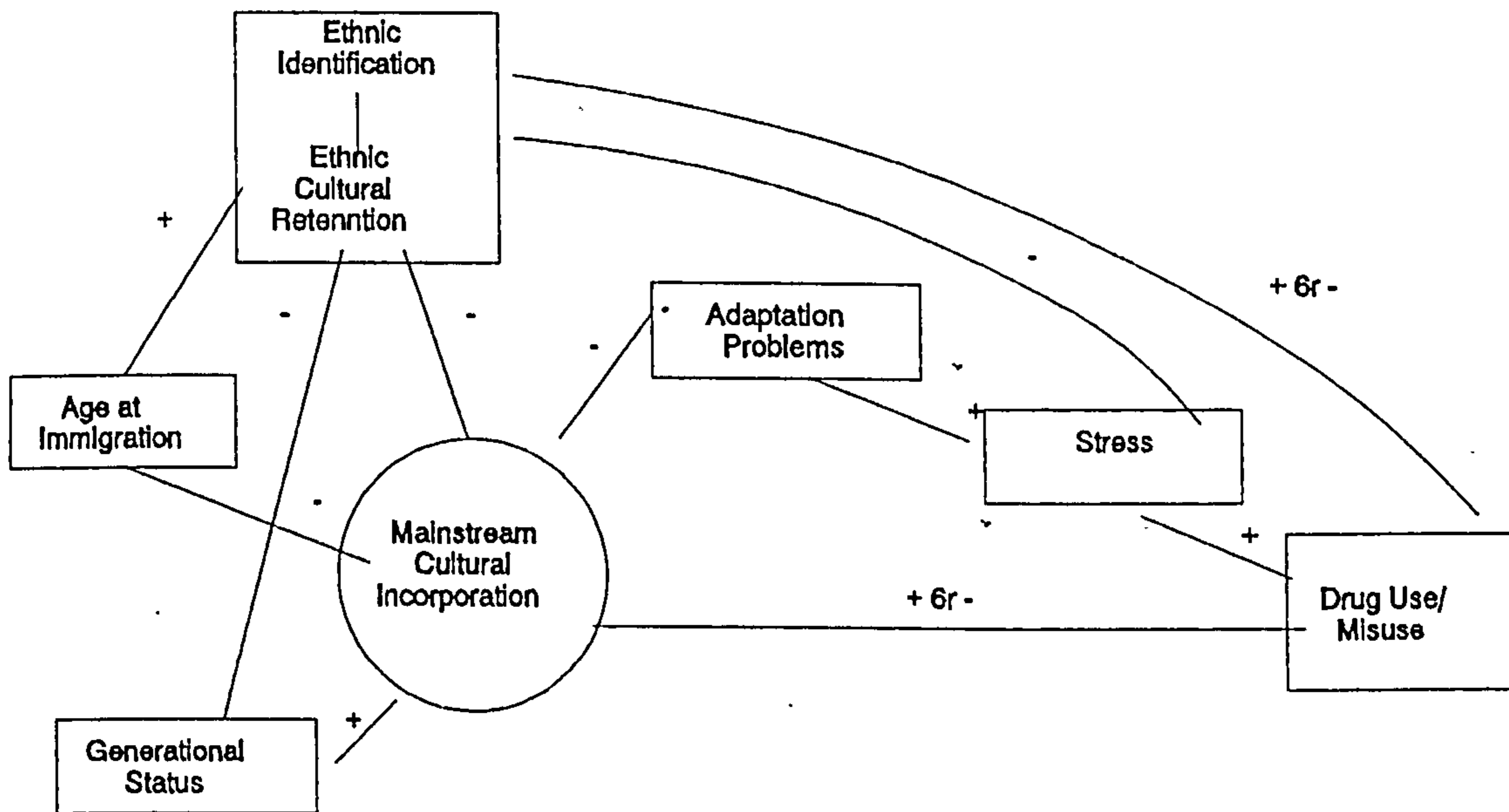
b. Other weaknesses

7. Another weakness of past research done on drug abuse and ethnicity is the lack of theoretical attention paid to the treatment and prevention aspects of different ethnic communities (Tucker, 1985). In other words, do the results of inter-ethnic comparisons of drug abuse patterns warrant the development of alternative treatment and prevention programmes for ethnic minority populations which will improve programme outcomes?

Ethnicity as a Conceptual Framework

Cheung (1991a) has proposed a two-tier framework using the concept of ethnicity for future research into the phenomenon of drug abuse. The proposed framework has much relevance for the present study. Conceptually, ethnicity operates at both individual and collective levels. Aspects of ethnicity operating at the two levels which influence individual drug use/misuse and rates of drug abuse are shown diagrammatically in Figures 4.

a) Cultural Incorporation



b) Structural Incorporation

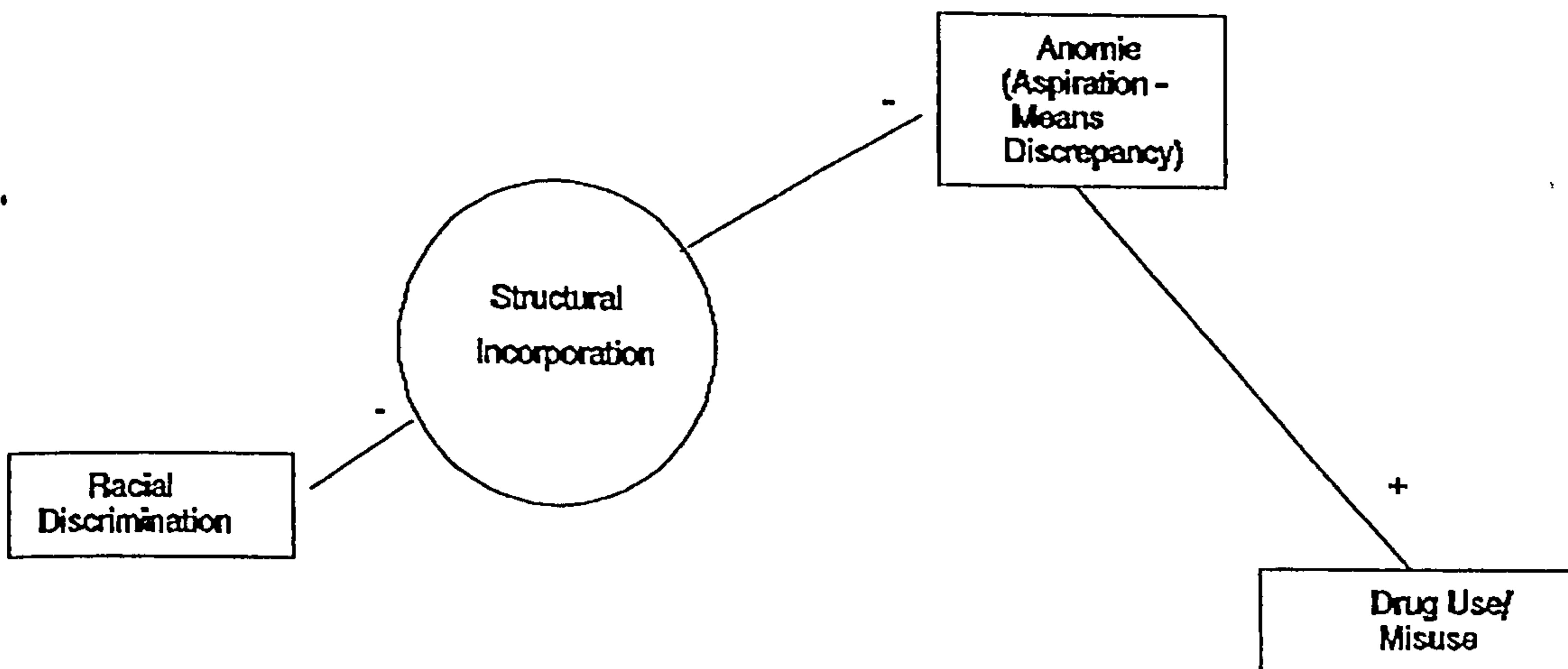


Figure 4. Ethnicity And Drug Use At The Individual Level (From Cheung, Y.W. (1991:594))

Both cultural and structural aspects of ethnicity are included in Cheung's analysis. At the individual level, ethnicity involves both subjective and objective elements: the subjective-psychological element of ethnic identification and the objective-behavioural element of ethnic culture retention. Both the elements are inter-related; a person who is strong in

ethnic identity is likely to have a stronger commitment to his/her ethnic group as manifested in greater retention of ethnic cultural norms, values, attitudes and behaviours. S/he is also to be likely to retain his/her ethnic cultural attitude towards drug use as well as drug use patterns. Hence, many immigrant groups bring along their drug-taking habits and patterns of drug use which may not be congruent with the mainstream culture of their host society. An example is the case of the Chinese opium-smoking habit described earlier. Heavy drinking patterns among Irish immigrants is another example. Cultural beliefs and values may also influence an immigrant or ethnic minority member's decision to utilize mainstream treatment facilities.

At the individual level, a process of "cultural incorporation" or the adoption of mainstream cultural elements also occurs simultaneously. Individuals vary in their rate and extent of cultural incorporation but the higher the level of incorporation, the more likely is the individual's drug use pattern to resemble that of the host society. Empirical evidence for this hypothesis is provided by Adlaf et al.(1989): Using speaking English at home as an indicator of cultural incorporation, the authors find that students of Eastern European, Black, Jewish, Oriental, East/West Indian, and Mediterranean descent who speak English at home are more likely to become involved in drug abuse. In addition two other factors which may affect the level of mainstream cultural incorporation are generational status and age at immigration.

On the other hand, some immigrants or ethnic minority members who face adaptation problems because of culture conflict or lack of social support networks may also resort to substance abuse as a way of coping with the stress they experience. Furthermore, racial discrimination and other adverse structural features may also cause a blockage to "structural incorporation", thus leading to poverty and disadvantaged socioeconomic position. This may also lead to a state of "anomie" (Merton, 1957) which provides fertile grounds for deviant behaviour, including drug abuse.

The ethnic community is the unit of analysis at the collective level of ethnicity. In Cheung's conceptualization, the more institutionally complete and cohesive the ethnic community, the more likely are its members to maintain and foster ethnic identification and to retain ethnic cultural traits. By "institutional completeness", he means "the complex of community organization that the group possesses" (1991a:593). Some of the community organizational resources include churches, temples, ethnic newspapers, ethnic voluntary associations and ethnic-related business and professional services. Members of an ethnic community utilizes these resources not only for business contacts and services, but also for participation in ethnic celebrations and events. Once again, increased ethnic culture retention means that the members of that ethnic community are more likely to retain some or all the cultural attitudes and drug use patterns of their ethnic culture.

As previously mentioned, ethnicity can also be a source of social organization and collective action to advance the ethnic group's social, political and economic interests. Their success or failure depends, however, not only on their degree of social organization but also opportunity structure and other structural factors. In other words, ethnic groups experiencing economic deprivation, power vacuum and other disadvantaged conditions hold the lower socioeconomic position in society and are prone to higher rates of crime and drug abuse.

Cheung (1991a)'s proposed framework has clearly addressed the failure of existing studies of ethnicity and drug use/abuse to adequately conceptualize the phenomenon of ethnicity. It should contribute to more rigorous and superior research in the field in future.

Ethnicity as a Framework for Present Study and Hypotheses

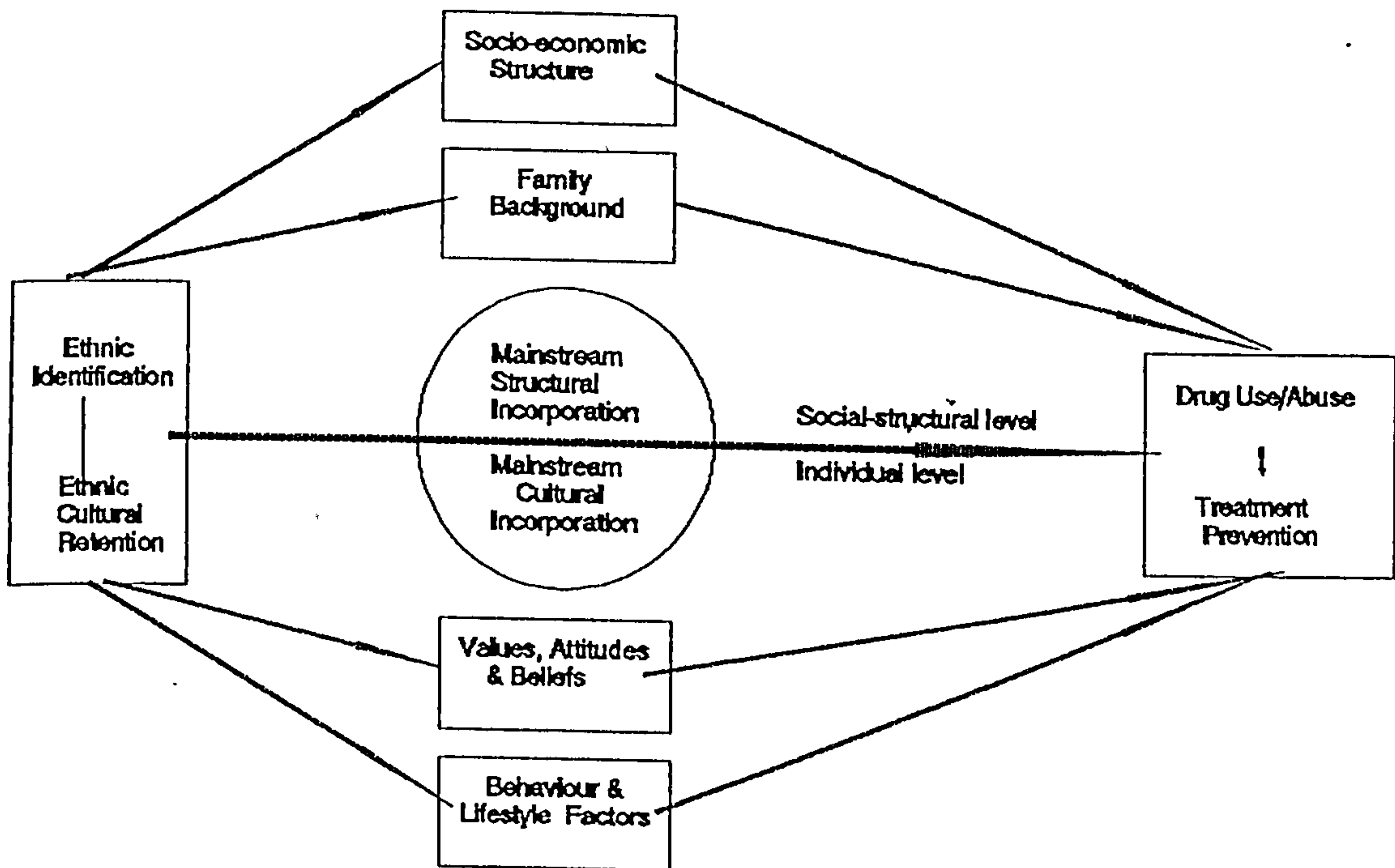
The findings of the large number of studies that have examined the relationship between ethnicity and drug use/abuse as well as the state of pluralism in Singapore society has confirmed the appropriateness and

importance of ethnicity as a conceptual framework for studying drug abuse in Singapore. Yet this approach has hitherto never been attempted locally. In the present study, findings and assumptions derived from the general literature review (Chapter Three) and studies that investigated the ethnicity-drug use connection (this Chapter) have guided the selection of variables to be examined as well as the formulation of several testable hypotheses.

Cheung (1991a)'s proposed framework has been selected and modified to inform the present study. This has resulted in a schematic framework for the study of drug abuse among the Singapore Malays and it is presented in Figure 4.2. In this framework, aspects of ethnicity operating at both the individual and social-structural levels affect the patterns of drug use and abuse and influence drug treatment and prevention strategies. There are two interrelated components of ethnicity - ethnic identification and ethnic cultural retention. At the individual level, strong identification with Malay ethnicity and, concomitantly, high retention of Malay culture affect individual values, attitudes and beliefs as well as behavioural and lifestyle factors pertaining to drug use and abuse. Specifically, they affect their attitudes towards drug-taking, patterns of drug use and involvement in drug abuse, all of which may differ from the other ethnic groups such as the Chinese. On the other hand, adoption of mainstream cultural elements may include attitudes and behaviours of the mainstream society pertaining to drug use and abuse.

At the social-structural level, a high degree of ethnic identification and ethnic cultural retention among the Malays may lead to the retention of adverse social structural factors and socialization patterns which may be conducive to the development of a drug abuse problem. For example, the lower socio-economic position of the Malays, coupled with adverse family background, may lead to a greater tendency to get involved in drug abuse or other deviant behaviours. Moreover, their unfavourable structural features may also lead to a failure in mainstream structural incorporation which, in turn, may result in higher rates of drug abuse and other social problems.

Figure 4.2 A Schematic Framework For The Study Of Drug Abuse Among The Singapore Malays



Using the above framework, the following hypotheses have been formulated and presented for testing:

Differential Patterns of Drug Abuse

Hypothesis 1: Malay drug abusers differ from Chinese drug abusers in their patterns of drug abuse. Specifically, they differ in their (a) age of initiation into drug abuse, (b) type of drugs abused for the first time and on subsequent occasions, (c) sequence of drug involvement, (d) first experience of heroin use, (e) mode of administration, (f) source of heroin supply, (g) expense on heroin use, (h) source of finance for heroin use, (i) reasons for first heroin use and subsequent abuse, and (j) consequences of heroin abuse.

Ethnicity and Social Structure

Hypothesis 2: Malay drug abusers are more likely than non-abusers to come from lower socioeconomic status households. Hence, Malay drug abusers are more likely to have fathers and mothers with lower educational and occupational achievements, smaller combined family incomes and less conducive living conditions.

Hypothesis 2a: Deducing from studies of ethnic minorities, it is hypothesized that Malay drug abusers are more likely to come from lower socioeconomic status households when compared to their Chinese counterparts.

Family Characteristics

Hypothesis 3: Malay drug abusers, when compared to their non-abuser counterparts, tend to have incomplete family structure, come from less cohesive families, enjoy poorer intra-familial relationships and receive inadequate parental supervision and discipline. They are also more likely to have other family members involved in drug abuse or having a less negative attitude toward drug-taking.

Hypothesis 3a: Malay drug abusers differ from Chinese drug abusers in such family characteristics as (a) family cohesion, (b) family structure, (c) family supervision and discipline, (d) intra-familial relationships, and (e) family attitude toward drug abuse.

Values, Attitudes and Behaviour

Hypothesis 4: Malay drug abusers are more likely to have (a) lower ethnic pride, (b) lower degree of ethnic identification, and (c) lower commitments to traditional Malay values, Islam and other Malay cultural practices, than their non-abuser counterparts. On the other hand, they are more likely than Malay non-abusers to be involved in activities that violate their cultural and religious norms, as well as to have a more positive attitude toward drug-taking.

Lifestyle Factors

Hypothesis 5: In comparison with non-abusers, Malay drug abusers are more likely to have lower educational aspirations as well as attainments, lower employment statuses and poorer employment histories but greater involvement in stressful life events as well as less constructive leisure activities.

Hypothesis 5a: Differences can be expected between Malay drug abusers and Chinese drug abusers in such factors as educational aspiration, educational attainment, employment status, employment history and involvement in stressful life events and leisure activities.

Hypothesis 6: Past research has indicated that there is a close association between drug abuse and other problem behaviour. It is hypothesized that when compared to their non-drug abusing counterparts, Malay drug abusers are more likely to engage in 'problem behaviour' such as truancy from school, juvenile delinquency and criminal behaviour.

Hypothesis 6a: Malay drug abusers differ from Chinese drug abusers in their propensity to engage in 'problem behaviour'.

Hypothesis 7: The drug abuse literature repeatedly emphasizes that peer influences predominate the lifestyle factors that influence drug abuse. It is hypothesized that Malay drug abusers, when compared to Malay non-abusers, have different peer group composition and are more likely to have peer group members who are involved in drug abuse or selling drugs as well as in other deviant activities.

Hypothesis 7a: Malay drug abusers are likely to differ from their Chinese counterparts in their peer group composition as well as in the number of

peer group members who abuse or sell drugs or participate in other deviant activities.

Differential Response to Treatment Programme

Hypothesis 8: Current research trends point to an increasing awareness of the ethnic factors in influencing drug abuse aetiology and treatment outcomes and tend to advocate a more culturally sensitive approach to drug abuse treatment and rehabilitation. Inherent in this view is the assumption that certain ethnic individuals, especially ethnic minority members, have their own unique cultural situations, needs and preferences, which may warrant differential treatment strategies. It is thus hypothesized that Malay drug abusers and Chinese drug abusers have (a) differential motivations and experiences in the DRCs, (b) respond differently to their common treatment programme, and (c) have different self-prognoses.

In conclusion, given that the subject is so wide and complex and the theoretical approaches and explanations so varied, it is necessary to select certain hypotheses to guide this study. The abovementioned hypotheses were thus formulated with a view to testing and enhancing our understanding of the problem of drug abuse among the Singapore's Malays. To do this, the various concepts and measures have to be operationalised and made testable. The way that this was carried out is described in the following chapter.

Finally, one of the aims of this thesis is to argue for a treatment programme that is more sensitive and responsive to the differential ethnic patterns and causes of drug abuse in Singapore. It may be also relevant and theoretically interesting to explore any differences between Malay First-timers and Malay Repeaters in their pattern of drug abuse as well as their response to the DRC treatment and rehabilitation programme. This will no doubt widen the horizons of our understanding of the Malay drug abuse problem. Thus, some secondary analyses have been made regarding the comparison between the Malay First-timers and Repeaters by using the same hypotheses developed above. However, limitations of time and words restriction preclude a fuller treatment of the subject here and only the most significant findings will be reported in this thesis. Nevertheless, the interested reader will be able to find the full findings presented in Tables which are included in Appendix II.

ENDNOTES

1. There are several general definitions of 'drugs' and 'drug-taking'. For instance, Modell (1967) defined a drug as "any substance that by its chemical nature alters the structure or functioning in the living organism" (quoted in Einstein, 1975:7). Such a general definition of drugs will refer not only to illicit drugs like heroin or cocaine, but also legal substances like alcohol, tobacco and even tea and coffee. For the present purpose, only 'illicit' drugs are included.

2. Malaysia seems to have a lesser problem with drug terminology. Here, the Bahasa Malaysia (Malay) word 'dadah' is widely used to refer to drugs as well as their (ab)use: "...the term 'dadah' in Bahasa Malaysia is specific for a substance so repulsive that it should be avoided. The term 'abuse' becomes redundant when used with the term 'dadah'." (Anti Narcotics Task Force, 1992:14). The word 'dadah' is also used among the Malays in Singapore. Nevertheless, it is noted that the word is also value laden.

3. Leong (1978:291) also suggested that the government's tough line was reflected in its preference for the term 'recidivism' rather than 'relapse' rates among drug-takers: "For in connotation, 'relapse' has acquired through ordinary usage the dominant meaning of 'falling back into an illness after partial recovery or from a convalescent'; whereas for 'recidivism', the dominant meaning is 'habit of relapsing into crime'."

4. This officially defined category has limited applications. Clearly, drug ab(users) do not form a homogeneous group and distinction must be made between a casual experimenter or "risk-taker" (Plant & Plant, 1992) who does not go out to seek drugs but tries cannabis once or twice when offered, and a drug dependent who needs a regular dose to fulfil his social functions.

5. A similar definition of "ethnic group" is provided by Isajiw, (1974:122): "a group of people who share the same culture or are descendants of such people who identify themselves and/or identified by others as belonging to the same involuntary group". Another definition comes from Raffoul & Haney (1989): "a culturally distinct group ...which, in addition to sharing a common language, set of norms and values, is also likely to share similar diet, reproductive patterns, health habits, lifestyle, and disease exposures". The properties of "ethnicity" have been summarized by Busch (1974:4) under the following headings - biological, cultural, linguistic and structural. In reality, ethnic groups are not so easily distinguishable as differences in attributes often vary in degrees rather than in kind.

6. But the "melting pot" theory has not been supported by observed or empirical evidence in North America during the past several decades. Many ethnic minority groups have maintained their cultural elements and ethnic identities to protect their collective interests or affective needs or are simply maintained at their social economic position in society by structural factors.

7. The policy of a "plural society" which emphasizes ethnic integration based on equal opportunities, rather than ethnic assimilation of minority groups to the majority, is not really a post-independence creation. British colonial policies had always been to allow each ethnic group to pursue its own customs, culture, economy and even residential niche. The PAP government which took over from the British in 1965 has continued with this policy, including the ethnic classification system, to this day.

Interestingly, the phenomenon of a "plural society" in colonial Southeast Asia was pointed out by Furnivall (1956) almost forty years ago:

.....the first thing that strikes the visitor is the medley of peoples - European, Chinese, Indian and native. It is in the strictest sense a medley for they mix but do not combine. Each group holds its own religion, its own culture and language, its own ideas and ways.

(Quoted in Busch, 1974:123)

8. In the official census classification, the term "Others" includes "all persons other than Chinese, Malays and Indians such as Eurasians, Europeans, Arabs, Japanese" (Lau, 1993:23). In Singapore, every citizen or permanent resident is required to carry an "identity card" in which everyone is classified as any one of the four official categories in the column "race".

9. In fact, in the Singapore Census of Population 1990, it is stated that "Ethnic group refers to the person's race." (Lau, 1993:23)

10. So powerful was religion used as an ethnic marker that the Malay community used to employ the term "masuk melayu" (literally means "becoming a Malay") to described someone who had converted to Islam. Moreover, it is a common perception among the Malays that "Islam and being Malay are two aspects of the same reality" (Tham, 1979:98).

11. In fact the Malaysian Constitution defines a Malay as one who speaks ahasa Malaysia (Malay language), practises the religion of Islam and habitually dresses and lives as a Malay (Winstedt, 1961:186). Clearly, the chief criteria are cultural-political rather than ethnic elements.

12. Whether racial discrimination or unequal institutional means exist in Singapore is not a major concern here. However, allegations have been made about differential national service enlistment and deployment policies, armed forces/police recruitment and alleged discrimination by Chinese employers (see Li, 1989:108-111). Malays are also over-represented in drug abuse, divorce and school drop-out rates (Li, 1989; Lai, 1992; STWOE, 4/02/95:24). On the other hand, the Malays enjoy a token measure of 'positive' discrimination in the forms of waiver of school fees, building of mosques and financial support for its self-help programmes via MENDAKI and MUIS (Lai, 1992).

13. Botvin et al.(1989), Kandek & Davies (1991) and Barnes & Welte (1986) are cited in Cole & Weissberg (1994).

14. In 1937, the then Commissioner of the Federal Bureau of Narcotics, Harry J. Anslinger, published a book with the title "Marihuana: Assassin of Youth". Ostensibly published as an authoritative account by an expert, the book was nevertheless full of racial slurs, distorted information and false accusations. A month later, the Marijuana Tax Act was passed by Congress.

15. On the other hand, enforcement efforts tend to concentrate on the more "visible" group of drug users and those who fit commonly held "drug-addict" stereotypes. Consequently, official statistics of drug abuse tend to be skewed towards a non-representative group:

the evidence suggests that those convicted of drug offences were an atypical group of drug takers. Those most likely to be convicted were males, multi-users, delinquents, unemployed and physically dirty or untidy. (Plant, 1975:246)

Young (1971)'s study in Notting Hill also found that those addicts whose external appearance was indicative of their allegiance to a bohemian lifestyle were particularly vulnerable to police arrest. Similar arguments are also common regarding the "over inclusion" of negroes and other ethnic

minority members, particularly those from the lower socio- economic strata of society, in the official statistics of drug abuse. A fuller understanding of the nature and extent of drug abuse in society must therefore also take into account the social processes behind the creation of official statistics:

....the questions to be asked are not about the appropriateness of the statistics, but about the definitions incorporated in the categories applied by the personnel of the rate producing social system to identify, classify and record behaviour as deviant....rates can be viewed as indices of organisational processes rather than as indices of the indices of certain forms of behaviour.

(Kitsuse & Cicourel, 1963:131)

CHAPTER FIVE

METHODOLOGY

Poor research is particularly treacherous because it parades under the trappings of science, tending to mislead lay people and, when challenged, to bring research itself into disrepute.
(Binder & Geis,, 1983:12)

This section describes the research methodology adopted in this study, justifications for each stage of the research protocol, the fieldwork involved and the whole research experience itself. In embarking upon this research, the author has been mindful about the weaknesses of previous studies and the cultural sensitivity needed to conduct a study of this nature:

Studies which do not consider the potential influence of ethnicity at each stage of the investigative process, risk serious threats to their internal validity.
(Pena & Koss-Chioino, 1992:174)

It bears repeating that this is primarily a study of the problem of drug abuse among the ethnic Malays in Singapore. The nature and extent of the Malay drug abuse problem in the socio-political context of Singapore has already been described in Chapters One and Two. The second aim is to describe the differential patterns of drug abuse between Malay and Chinese drug abusers, drawing out where possible, the cultural/ethnic differences. The third aim is to understand or explain these differences. The fourth aim is to identify "risk" factors associated with Malay drug abuse, that is, to understand under what circumstances is a Malay youth more likely to initiate drug-taking behaviour, by comparing between drug abusers and non-abusers. Among the factors to be subjected to empirical investigation are social structural factors, such as socio-economic status, family characteristics, values and attitudes, and lifestyle factors. The fifth aim is to examine the differential responses between Malay and Chinese drug abusers to the blanket treatment policy adopted by the government. Whether

the pattern of drug abuse among first-time drug abusers, the factors influencing their drug abuse and their response to treatment and rehabilitation provisions remain the same for "repeaters" is a further aim of the investigation. A final aim is to attempt to collate and integrate all the findings together into a whole and meaningful theoretical paradigm which will hopefully contribute to a fuller and more sensitive understanding of the phenomenon of Malay drug abuse in Singapore.

Two types of research aims are thus involved in this study. The first is essentially a descriptive task: to define and describe the phenomenon. The second, and perhaps more important task, is to try to understand or explain the phenomenon described. The explanation can be at both the macro and micro levels of analysis. What factors contribute to the incidence of drug abuse among the Malay youths of Singapore? Is it due to social structural factors or lifestyle factors, or both? How is the role of culture featured in these explanations? Importantly, how do the social actors themselves (ie. Malay drug abusers) account for their drug-taking behaviour? This final question raises the methodological issue of how can our understanding of the phenomenon investigated be enhanced by directly asking those involved about their beliefs, motives and meanings pertaining to drug use.¹

In this thesis, both quantitative and qualitative data are explored. The quantifiable modes of explanation and generality of data provided by the questionnaire survey are augmented and supplemented by the intimations of depth, richness and complexity in the interview vignettes and case studies. To that extent, the researcher seeks explanations of the phenomenon observed by understanding and interpreting the aggregate data derived from the questionnaire survey in tandem with the subjective meanings of drug-taking behaviour by the drug abusers themselves. The following may prove instructive in this connection:

These explanations should be judged primarily according to the extent to which they render intelligible the behaviour under

examination, with an intelligibility that is compatible with the subjective meaning of the behaviour for the actors involved. (Bottomley, 1979:77)

The Research Strategy

Ideally, a longitudinal design with appropriate comparison groups is the only reliable procedure for determining the nature and causation of social phenomena such as drug abuse (Tucker, 1985; Scorzelli, 1987). In this regard, Ong (1989) has proposed a 15-year follow up period for an "ideal research design" to study the differences in social and psychological characteristics between drug abusers and non-abusers. He also suggests that the ideal sample size should be "as large as 2000 according to the Tchebycheff inequality or preferably 384 according to the central limit theorem for the required number of cases to obtain the probability of .95 approximately" (1989:72).

Reasons of practicality, economy and time restraint make such an ideal design unfeasible for the present purpose. Besides, apart from a high attrition of subjects expected over time, too many confounding variables need to be controlled over such a long duration. Hence, in this study, the survey method is chosen to be the main research design to investigate the Malay drug abuse problem. It has been shown that the survey method can be used effectively in the study of drug abuse among minority respondents if it is carefully adapted to their needs (Myers, 1977). The main reasons for choosing a survey design are, firstly, the lack of time; a period of only between six to nine months was initially allocated for the fieldwork phase to be spent in Singapore. It was also mainly for this reason that the ethnographic approach, a traditionally popular design for social cultural studies, was ruled out. Secondly, as the universe of each of the targeted populations (ie, Malay drug abusers, Malay non-abusers and Chinese drug abusers) is quite large, a representative sample of each category can be selected. Thirdly, the survey method is the most appropriate way of

retrieving information about the respondent's past history as well as values, attitudes, beliefs and motives (for drug-taking) which cannot be directly observed (Smith, 1975). Finally, the survey method has been commonly and successfully employed in several similar studies (eg. Ong, 1989; Wallace & Bachman, 1991; Segal, 1992; Shinke, et al., 1992; Zimmerman & Maton, 1992).

Samples and Sampling Methods

As ethnicity is a key independent variable in this investigation, an ideal approach would be to select a representative sample from each of the major ethnic groups represented in the entire population of drug abusers in Singapore for a comparative study. However, time and other logistic considerations necessitated the narrowing of the scope of the study to more manageable proportions. Hence, it was decided that the study should concentrate only on identified drug abusers receiving treatment and rehabilitation in the various DRCs (including the SAF Detention Barracks). Furthermore, only Malay and Chinese drug abusers would be included in the study. Together, they accounted for 83% of total population in the DRCs in 1993 (see Table 1.2). It was also decided that only male heroin abusers be included although it was expected (and accepted) that many of the heroin abusers would have also tried ganja (cannabis) and other drugs. It was further decided that the subjects be restricted to those in the 16 - 24 age cohort. Various studies have consistently shown that drug abuse is mainly but not exclusively an adolescence-young adult and male phenomenon. A recent study of Malay ex-drug abusers in Singapore, for instance, found that 78% of the subjects studied were within the 20-34 age range and that the average age when drug-taking first began was 18.1 years (17.9 years for males alone) (MENDAKI, 1993). The same study also found that the Malay drug abuse problem was predominantly with males (95%) and heroin abuse (68%).

The Prisons Department Headquarters provided the author with a muster list consisting of the name, category, inmate number, sex, age, marital status, religion and educational level in respect of all male Malay and Chinese heroin abusers in the age group specified. The SAF Detention Barracks provided a similar list in respect of all cases detained therein who met the same criteria as the DRC subjects. (See Appendix VI for a list of all DRCs, including the SAF Detention Barracks, covered in this study). It was thus possible to take a census of all currently institutionalized Malay and Chinese heroin abusers who met the study criteria. Hence the universe of the original study consisted of 942 male Malay and Chinese heroin abusers between the ages of 16 - 24 and who were being treated and rehabilitated in the DRCs and the SAF Detention Barracks at the time of the fieldwork. In other words, it excluded all successfully treated cases, drug supervisees, unidentified drug abusers, non-heroin drug abusers, female drug abusers and all other abusers outside the age cohort specified. Also excluded were drug abusers belonging to the Indian or "Others" ethnic groups. Caution must therefore be exercised in the interpretation of the findings here beyond the scope of this study.

For the purpose of sampling, the 942 identified drug abusers² were first divided into two different populations - one consisting of 765 Malay drug abusers and the other of 177 Chinese drug abusers. Each population was then stratified into first timers and repeaters. These two lists also provided the sampling frames for drawing up the two subsamples required for the comparative analysis. For survey research, Sudman (1976) argues that there must be at least 100 subjects in each major subgroup and 20 to 50 in each minor subgroup whose responses are to be analyzed. The disproportionate stratified random sampling method³ was used to select the main sample of 100 (13.1%) Malay drug abusers, stratified into 50 first-timers and 50 repeaters, and another sample of equal size comprising 100 (56.5%) Chinese drug abusers, also stratified into 50 first-timers and 50 repeaters (comparison group A).⁴ The subjects were randomly chosen by using a table of random digits.

It is recalled that some of the hypotheses to be tested require the comparison between Malay drug abusers and non-abusers. Hence, a second comparison group (B) comprising a sample of 100 Malay non-abusers was required. For this purpose, it was decided that the sample be drawn from the population of fulltime national servicemen serving in the Singapore Armed Forces, the Singapore Police Force, the Vigilante Corps and the Singapore Civil Defence Force. All young men in Singapore except those with serious medical problems are required by law to do national service. Besides, it was decided that schools would not provide a comparable sample of Malay non-abusers as many Malay drug abusers were premature school leavers and hence substantially different from those who remained in schools.⁵ The Ministry of Defence's Computer Division which maintains a centralised record of all enlisted national servicemen was thus approached to provide a randomly selected sample of 200 fulltime Malay national servicemen drawn from the Singapore Armed Forces, the Singapore Police Force, the Vigilante Corps and the Singapore Civil Defence Force. Of these, a final sample of 100 Malay non-drug abusers was selected.⁶ Their numbers were roughly proportional to their respective proportions in the various Forces. Apart from the criterion that the subjects chosen for this sample must not have been involved in drug abuse, an attempt was made to match the "controls" with the main sample of Malay drug abusers as far as it was practicable.

At this juncture, it is noteworthy to mention that the fieldwork phase itself has provided the first important finding of this thesis. This is that the true extent of drug abuse among the Malay community in Singapore is very likely to be more serious than the officially recorded account. Of the first 174 Malay "non-abusers" (randomly selected by computer) contacted, 49 admitted to prior drug abuse during the survey and had to be excluded from the final sample; they have never been arrested for a drug offence and do not appear in any official drug statistics. Another 3 were not even contacted as they were already admitted into a DRC for drug treatment and rehabilitation. Together, they (52 cases) account for almost 30 per cent of the 174 officially labelled Malay "non-drug abusers"

selected. It is also likely that most of the other subjects who went AWOL or desertion (9 cases) did so because of a drug-related precipitating problem. This view was shared by many of the officials interviewed at the time of the survey. The foregoing suggests that an estimate of between 25 to 35 per cent for the "dark figure" of drug abuse among male Malays between the ages of 16 and 24 does not seem unreasonable. These remain undetected, unknown and unrecorded.

A breakdown of the three samples selected by marital status, age and religion is presented in Table 5.1 below. The vast majority of the subjects in all three samples were single. Among those who were ever married, the median age married (in years) was 19.4 for Malay drug abusers, 20 for Malay non-abusers and 21.6 for Chinese drug abusers respectively. As mentioned earlier, all the subjects were between the ages of 16-24. That most of the Malay non-abusers were between the 18-23 age range can be explained by the fact that they were drawn from the population of full-time national servicemen. As regards religion, all the Malay subjects were Muslim while the majority of the Chinese subjects were Buddhists. This pattern resembles the overall pattern of religious affiliations among the population of Singapore. Except for two Malay non-abusers who were born in Malaysia, all the other subjects chosen for the samples were born in Singapore.

Table 5.1 Characteristics Of Samples Studied

| | Malay Abusers N=100 | Malay Non-abusers N=100 | Chinese Abusers N=100 |
|-----------------------|------------------------|----------------------------|--------------------------|
| Marital Status | | | |
| Single | 95 | 97 | 95 |
| Married | 4 | 3 | 4 |
| Widowed | 1 | 0 | 0 |
| Divorced | 0 | 0 | 1 |
| Age (in years) | | | |
| Below 18 | 4 | 0 | 2 |
| 18 - 19 | 15 | 22 | 15 |
| 20 - 21 | 25 | 56 | 22 |
| 22 - 23 | 29 | 18 | 23 |
| Over 23 | 27 | 4 | 38 |

| | Malay Abusers | Malay Non-abusers | Chinese Abusers |
|-------------------------|---------------|-------------------|-----------------|
| Religion | | | |
| Buddhism | 0 | 0 | 77 |
| Taoism | 0 | 0 | 1 |
| Islam | 100 | 100 | 1 |
| Roman Catholic | 0 | 0 | 2 |
| Christianity | 0 | 0 | 8 |
| Others | 0 | 0 | 11 |
| Country of Birth | | | |
| Singapore | 100 | 98 | 100 |
| Malaysia | 0 | 2 | 0 |

As the main study focuses on the background and lifestyle differences between Malay and Chinese drug abusers, appropriate "controls" must be introduced to ensure that such differences are not due to the effects of extraneous factors. Within practical limits, therefore, the two samples concerned were more or less "matched" according to gender, approximate age, marital status, country of birth and main drug abused (heroin). Similarly, in the comparative analysis between Malay drug abusers and non-abusers, the following factors were deemed to be controlled: gender, approximate age, ethnicity and religion. Many drug researchers have also controlled for such variables as educational attainment, income level, parental education and income, and neighbourhood (eg. Maddahian, Newcomb & Bentler, 1986; Wallace & Bachman, 1991; Schinke, 1992). Though these factors are not controlled here, it is felt that they are important socio-cultural variables which have direct relevance for the present analysis.

Data Collection

The fieldwork was carried out in Singapore between January and August 1993. Apart from the employment of two part-time helpers to pilot-test the main questionnaire during the initial stages, all the fieldwork was carried out by the author himself. From the outset, it was decided that it was both possible and desirable to combine different methods of collecting data. Methodological triangulation (Smith, 1975; Denzin, 1978), or the use of different methods to examine the same problem, is commonly used to increase

the validity of data. Inadequate or missing data in a questionnaire can be clarified or obtained in a face-to-face interview. Information can also be compared and cross-checked with documentary sources such as casefiles and social reports. Direct observation and semi-structured interviews with staff members provide insightful guidance in the interpretation of data. Finally, the mass of aggregate data compiled from the questionnaire survey becomes illuminated and more meaningful through experiences gained from direct field involvement. Hence, it can be seen that the various methods of data collection can supplement rather than contradict each other and together they contribute to a fuller understanding of the phenomenon investigated:

The rationale for this strategy (ie. methodological triangulation) is that the flaws of one method are often the strengths of another; and by combining methods, observers can achieve the best of each while overcoming their unique deficiencies.

(Denzin, 1978:302)

In the present study, the complementary methods of data collection chosen involved (a) use of questionnaires, (b) structured and semi-structured interviews with selected subjects and officials, (c) use of documentary sources, and (d) observation. These methods have collectively enabled the researcher to accumulate a large body of data with which to test the hypotheses formulated.

a. The Questionnaires

....the success of any survey depends primarily on the effectiveness of the questionnaire used.

....a questionnaire is not merely a list of questions put together but a carefully crafted piece of work with a logical sequence of effective questions directed towards a definite objective in mind.

(Saw, 1990:38)

The main instruments used in the survey consisted of two questionnaires (see Appendices IX-X). The main questionnaire which was used for all three samples was divided into five main sections: background information, household and family features, lifestyle and cultural patterns, personal

history and drug use experience. The more sensitive sections were deliberately left to the end of the questionnaire so that reasonable rapport could be established before the respondent was asked about his personal and other socially disapproved experiences. This approach has also been advocated by Scorzelli (1987) who has suggested that relatively neutral or non-threatening questions should be asked at the beginning in order to decrease the anxiety of the respondent. Within each section, questions were arranged in a logical sequence to ensure a smooth and natural flow of the various items (Saw, 1990). Also, a very general and non-threatening title (Community, Culture and Drug Use Survey 1993) was chosen for the questionnaire. A 24-item supplementary questionnaire was designed and used for only drug abusers. Generally, questions were asked about their treatment and rehabilitation experience and their feeling about more ethnic-sensitive options. In both questionnaires, both open and close-ended questions were used. Most of the questions were drafted on the basis of published works reviewed by the author as well as his own 10-year plus experience in the field of drug rehabilitation. The wording of the questions conformed to certain established principles: simple language, non-ambiguous, non-misleading, non-embarrassing, not vague, and no unspecific, presuming or leading questions (Moser & Kalton, 1971; Saw, 1990).

Both the main and supplementary questionnaires were designed for both self administration and interviewing. To facilitate the interviews, questions which involved several options to answer were prepared on cards to show to the respondent so that he could simply pick the appropriate response(s).⁷ Though printed in English, the questionnaires were also translated into Malay and Chinese with the help of the author's colleagues in Singapore. The main questionnaire took between 50 minutes and an hour and a quarter to self-administer while the supplementary questionnaire took up another 20 to 30 minutes to complete. In the various DRCs/SAFDB, the respondents were interviewed or given their questionnaires to complete in air-conditioned conference rooms, training classrooms, counselling rooms, chapels, interview rooms and a multi-purpose hall. The respondents completed their

questionnaires in a small-group setting (between 4 to 12 participants) but were placed sufficiently apart to prevent observation of each other's responses. Altogether 87 (43.5%) of the drug abusers completed the questionnaires on their own. The remaining 113 (56.5%) had expressed difficulty and were interviewed by the author. Among the Malay non-abusers (N=100), 59% self-administered the questionnaire; 41% were interviewed. In all instances, however, the author was present to explain the purpose and nature of the survey, to emphasise confidentiality and to clarify any doubts. Malay non-abusers were also assured that they were selected randomly but not because they were suspected of drug involvement. None of the DRC/SAFDB officials was allowed in the vicinity in order to emphasise the anonymity and independence of the study.

The Questionnaires were pilot-tested, first in Hull with University students from Singapore and Malaysia, and then in Singapore with Malay and Chinese drug abusers undergoing treatment and rehabilitation in DRCs or those receiving counselling with the Drug Rehabilitation Branch of the Singapore Armed Forces Counselling Centre (DRB-SCC). As recommended by both McNeil (1985) and Scorzelli (1987), the respondents chosen for the pilot study in Singapore should resemble the eventual target population as closely as possible; in fact, they were randomly selected from the same populations. The two-fold purpose of the pilot study was to assess its reliability and to confirm that the wording was appropriate for the understanding of the main research subjects. As a result of the pilot study, a number of minor alterations were made to some of the questions which were felt to be vague or likely to elicit invalid or unreliable responses. For example, in the question about past experiences, the item "left home for more than 24 hours" was found to be not specific enough without adding the phrase "without permission". Similarly, it was clarified that monthly income/pay referred to "gross" income/pay and the number of rooms in the house or flat included the living room.

The truthfulness of the individual's responses is a bone of contention because the questionnaire contains several items touching on socially

disapproved or even illegal behaviour (for example, drug-taking or selling activities, crimes committed, religious matters, and so forth). This problem was addressed by adopting two strategies used by Zimmerman & Maton (1992): Firstly, an attempt was made to gain the subject's trust by an assurance of anonymity and confidentiality. It was pointed out to him that the questionnaire did not contain a column on name or DRC identification number; the respondent number was only for my own research purpose. He was also assured that the data obtained were purely for research purpose and would not be disclosed to anyone else without his explicit permission.

Secondly, emphasis was placed on rapport building during the initial stage of the meeting. This was usually achieved by first engaging in a friendly, light conversation and care was taken to ensure that the whole session was a low stress activity (see also Moser & Kalton, 1971:346; Smith, 1975:181). The author also found that a certain amount of self disclosure helped in rapport building. The purpose of the study and what the author hoped to achieve was explained to them in a honest and sincere way.⁸ As honesty was required, the author offered to excuse from the survey anyone who felt uncomfortable about this requirement and promised that he would not be punished by the DRC staff for "non-cooperation". Only one DRC inmate took advantage of this offer. This could be indicative of the level of rapport reached with the respondents. Another indication was that not less than three respondents personally thanked the author, an ethnic Chinese, for his interest in the Malay community and there was no reason to doubt their sincerity. Several more on their own accord offered their residence telephone numbers for future contacts. In fact, the author found rapport building a relatively easy task, especially with the Malay respondents, and found the whole exercise a very interesting and pleasant experience.⁹

Several other researchers have also commented on the reliability and validity of responses provided by drug abusers in social research (eg. Ball, 1967; Stephens, 1972; Kleinman & Lukoff, 1978; Johnston & O'Malley, 1985). They are inclined to believe in the truthfulness of their drug-abusing respondents because (a) they stand to gain nothing by lying; (b)

they know that their answers can be verified by other sources; (c) they have no reason to lie; (d) they participate voluntarily; and, (e) correlates of drug abuse found in various studies are remarkably consistent. In addition, Faupel (1991) argues that heroin abusers have little incentive to deceive.

b. The Interviews

The interview is an efficient method of collecting data from a respondent in a face-to-face setting by asking questions. Both structured and semi-structured interviews were conducted in this study. In the former instance, the questionnaire was used more or less like an interview schedule. Apart from the opportunity to issue verbal instructions regarding the importance of confidentiality and voluntary participation,¹⁰

the interviewer was able to ensure that the respondent understood the questions correctly and gave quality responses. The problem of "interviewer effects" was minimized by, firstly, introducing myself as "Francis" rather than "Mr Heng"; the way people respond to another person is very much the function of the personal characteristics of that person (Binder & Geis, 1983:81). Secondly, the researcher made a conscious effort to "dress down" by trading his usual dark trousers and white long-sleeved shirt with casual jeans and short-sleeved shirts. Thirdly, ethnic sensitivity was shown by trying to observe the traditional form of Malay greetings.¹¹

As this study was primarily concerned with Malay drug abuse, all the 68 Malay drug abusers who did not self-administer their own questionnaires were selected for depth interviews. In addition to the pre-coded questions, open-ended questions were asked to probe deeper and obtain an exhaustive account of each subject's views and experiences. The purpose was to explore the subject's full experience of drug-taking behaviour: initiation, continued use, discontinuation, addiction, treatment and consequences. His definition, belief and attitude towards drug-taking as well as his perception of the social world of drug takers were also probed.

Apart from filling in the pre-coded questions, note-taking during the interview was avoided in order to prevent feelings of unease and self-consciousness. Also, in order to prevent difficulty of recall, full notes were recorded as soon as possible after the interview. The notes, including some verbatim reports, were subsequently analyzed; part of the qualitative process of the research involved the extraction of recurring themes which permeated many of the interviews. These were then reproduced mainly as case vignettes which would provide useful illustrations for many of the aggregate findings from the survey. They add life to a quantitative report.

Of the 68 subjects interviewed in depth, about ten percent or seven cases were initially selected for possible case studies. They were not randomly selected but were nevertheless found to be fairly representative of the sample of Malay drug abusers in characteristics and experiences. However, due to time limitation and words restriction in this academic exercise, only three case studies will be presented in this thesis. These include one first-timer and one repeater; the third, a self-confessed drug abuser doing national service, was initially included in the original sample of Malay non-abusers. Though excluded in the final sample because of his self-admitted drug involvement, it was felt that he would make an interesting case study of an "unofficial" and unrecorded Malay drug abuser. However, no claim of generalisation can be made from this single case study. Permission was also obtained to visit the homes of all three cases and to interview their family members. In one case, the girlfriend was also interviewed. Altogether, fifteen interview sessions were also tape recorded with the subjects' consent and these were transcribed and analyzed.¹² Additional information for the case studies were obtained from existing records, counselling files and reports provided by the respective institutions or agencies concerned.

One of the apprehensions confronting the present researcher concerned the likely reaction or response of the Malay respondents towards an ethnic Chinese interviewer. Empirical evidence shows that while responses to

questions regarding legitimate behaviour generally show no variations by race of the interviewer, White interviewers have been less than successful in gaining completely honest answers from Black respondents, especially in deviant behaviours (Shosteck, 1977). Thus, employing White interviewers in pre-dominantly Black areas is said to introduce "interviewer effects". The standard procedure is to try to match interviewers and their respondents by ethnicity (eg. Kleinman & Lukoff, 1978). In the present study, the author encountered no resistance or lack of cooperation from the Malay respondents. On the contrary, they were found to be generally courteous, eager to help and honest in their responses. In fact, it was their friendliness and helpfulness that made the long and otherwise tedious hours of interviewing such a pleasant and enjoyable exercise. In contrast, the Chinese respondents, though generally polite and cooperative, were relatively more guarded in their replies and often needed a little more probing to obtain an answer.

The interview of DRC/SAFDB inmates formed the crucial part of the fieldwork as the study focused on drug abusers. However, in order to gain a broader perspective, albeit an official one, of the research problem, it was also decided to interview some officials. Semi-structured interviews were conducted with mainly senior officers, including the Director of Prisons' Department, the Assistant Director (Drugs), the Superintendents of all the six DRCs in-volved, the Commandant of the SAF Detention Barracks and a Prisons' Department Medical Officer. In addition, informal discussions were carried out throughout the fieldwork period with other officers, counsellors and volunteer counsellors from SANA. Discussions took place in the offices, along the corridors and during lunch breaks.

Initial sessions with the senior officials were spent (a) explaining to them about the purpose of the study; (b) gaining their approval and support; (c) establishing trust, credibility and access; and (d) making logistic arrangement for future interviews with the inmates. In each case, full hospitality was accorded to the researcher;¹³ staff members were instructed to cooperate with him and to offer any practical help where

possible. The Director also gave permission to his staff officers to extend copies of their classified in-house research papers on the problem of Malay drug abuse to the researcher. Officials and others were also asked about their views regarding the Malay drug abuse problem and whether they felt that the existing treatment and rehabilitation programme was adequate in view of the high number of Malay drug abusers. Notes of discussion were recorded after each session and subsequently analyzed and, where appropriate, reduced to useful vignettes and quotes. The discussions with officials and staff also helped to generate some questions to be asked during the depth interviews. But the main value of these contacts was the background information provided, which enabled the researcher to appreciate better the settings in which Malay drug abusers were inducted into, specific treatment programme activities and the attitudes of the staff towards them.

c. Documentary Sources

In addition to data derived from the survey, information was also obtained from several secondary sources. In this study, documentary sources consulted include: (a) counselling casefiles; (b) DRCs' "nominal rolls" containing information on personal and family backgrounds as well as drug abuse experience; (c) Case summaries or progress reports (eg. Exit Counselling Programme Assessment Report) which contain sections on background, history of abuse, counsellee's personality, response to individual and group counselling, disciplinary record, counsellee's future plans, counsellor's comments and recommendations; and (d) social reports from other agencies such as Probation Service, Child's Welfare Service of the Ministry of Community Development and the Singapore Children's Society.¹⁴

Data found in documentary sources served the following purposes in the present research: Firstly, they were used as a validity check on material gathered through the questionnaire and interviews. Secondly, documentary sources provided additional information about the survey populations which

could be used later to probe during the interview process. Thirdly, official records provided a good indication of what Kitsuse & Cicourel (1963) called "organizational and institutional processes", including descriptive and "decision-making" material about the drug abuser's behaviour both inside and outside the DRCs, including his involvement in the criminal justice system. The chief advantages of existing documentary sources are summed up by Bulmer:

....they provide a means for triangulating data, of supplementing other methods and of trying to counteract the weaknesses of each method singly by multiple perspectives upon a particular problem. (Bulmer, 1977:113)

The use of documentary sources of evidence is, however, not without its problems. First and foremost is the fact that the information, even if accessible, was collected for "quite another purpose" (Moser & Kalton, 1971:241), hardly to be used for purposes other than that intended. Secondly, data were not always complete, updated or classified in a useful way for the present purpose. Thirdly, the problem of individuality and subjectivity had to be addressed:

The value of case records to the researcher is diminished by the extent to which they are reflections of the recorder as well as the case being studied.

(Moser & Kalton, 1971:242)

d. Observation

Observation can also be usefully employed as a supplementary method of social enquiry to the interviews and documentary sources (Moser & Kalton, 1971).¹⁵ In the present study, observation was mainly of the non-participatory type; participation was confined only to having extended lunch with various staff members in the DRCs and participation in the DRC Review Committee meetings. The numerous visits to the DRCs also provided the observer with the opportunity to observe the daily routine, training programme and interactional patterns of the Malay drug abusers vis-a-vis the other inmates. There were also opportunities to observe the staff and

especially the ways by which inmates were handled in a variety of situations. Observation was carried out unobtrusively in order not to introduce the "centre of attention" effects, such as the "Hawthorne effect" (see Binder & Geis, 1983:67-70). A daily log was kept throughout the fieldwork period; important observations, interesting conversations and significant events were noted and recorded at the earliest convenient time.

Direct observation can also be combined with the interview method to obtain more valid and reliable data. For instance, it may not be necessary to ask (and embarrass!) the subject whether he has a tattoo on his body when it is obvious from observation that he has. In this research, however, some of the subjects with obvious tattoos on their body were still asked if they had any tattoos as a way of testing their truthfulness. There were no discrepancies between statements and observed realities in this respect. The observation of non-verbal cues also helped the interviewer to respond appropriately such as when the respondent appeared anxious or uncomfortable.

Concepts and Measurement

The main dependent variable for this study - drug abuse - has already been defined. The important concept of "ethnicity" has also been clarified in the previous chapter. Most of the independent variables were drawn from the review of both local and international literature on drug abuse and ethnicity as well as preliminary discussions with officials and academics. For example, socioeconomic status is measured by three main indicators identified by Covington (1988), Kandel (1991), and Wallace and Bachman (1991): parents' education; parents' occupational status; and, combined family income. Other demographic characteristics identified to be relevant include the respondent's age, marital status and religion, and both parents' ethnicity, country of birth, age, and religion. Standard of living is indicated by the type of housing, home ownership, and the number of household items at home, whereas the number of rooms, household size and where respondent slept at home provide evidence of over-crowding.

Several family variables were also found to be salient in the drug literature. Hence, family intactness is measured by the presence of father, mother, both parents or none in the respondent's family. Family relationship is measured by two indicators. Firstly, the respondent is simply asked to describe his relationship with his father as well as mother on a five-point scale. Responses range from "very bad" to "very good" and there is also a provision for those who do not have either or both parents ("not applicable"). Secondly, he is asked to indicate the frequency of his parents' quarrels on a four-point scale, ranging from "seldom" to "very often". There is again a provision for "not sure/don't know". In addition, a family cohesion index was constructed by the author which comprised of five items designed to draw the following dimensions of family togetherness: respondent and his family eating a meal together; watching television together; going out together; chit-chatting together; and, praying together. For each item, response categories are "never" (0), "once a week or less" (1), "2-6 times a week" (2), and "once a day or more" (3). Each item is then scored to yield a summated index ranging from 0 (low family cohesion) to 15 (high family cohesion). The alpha reliability value is .68, indicating an acceptable level of internal reliability for the five-item scale.¹⁶

The concept of parental supervision is operationalised by using three indicators: (1) whether mother is working; (2) whether mother and/or father knows his peer group members; and (3) whether he needs to seek permission from his mother or father "yes, all the time", "yes, sometimes" or "no" before going out. Family discipline is measured by asking the respondent to indicate, on a four-item scale, the discipline exercised by the father and mother. Response options are "always strict", "sometimes strict", "always lenient", "erratic" and "not applicable".

Family attitude toward drug-taking is indicated by, firstly, the extent of family involvement in drug abuse. In the event of family drug involvement, the respondent is asked to identify the family member(s) concerned. The

second indicator is the initial parental reaction, which is measured by asking the respondent to choose one of four prepared statements which best describes his parents' initial reaction when first informed of his drug abuse. The statements range from "they were indifferent" to "they strongly disapproved and punished me", with a provision for "others".

There are two measures of ethnic pride employed here. The first requires the respondent to state, on a three-point scale, whether he feels "very proud", "somewhat proud" or "not proud at all" to be a member of his own ethnic group. The second measures his perception of the economic performance of his own ethnic group in comparison with each of the other two major ethnic groups in Singapore. Possible responses on the five-point scale range from "much worse off than" (1) to "much better off than" (5). Ethnic identification is also operationally defined by using two indicators: (1) membership in ethnic associations; and (2) ethnicity of peer group members. In the second indicator, possible responses in the five-point scale range from "none is a Malay (Chinese)" to "all are Malays (Chinese)".

Ethnic cultural retention, a concept advocated by Cheung (1991), is indicated by three items: (1) commitment to cultural practices, as measured by the frequency of involvement in eight ethnic-specific activities (eg. speak own language at home); response categories range from "never" to "very often" (four-point scale); (2) violation of cultural/religious norms, defined as ever been involved in drinking alcohol, eating pork, gambling, visiting a prostitute, and attempting suicide. (3) commitment to conventional values, as measured by a rating of each of nine conventional values (eg. "to respect your elders") on a four-item scale, ranging from "not important" to "very important".

Religiosity is operationally defined by using four different indicators, the first three of which are drawn from Kuo & Chiew (1984). The first, "importance of Islam in daily life" is measured by asking the respondent to indicate the degree of importance on a three-point scale. Options range

from "not important" to "very important" and include a category for "not sure". The second indicator, Mosque attendance, is measured on a six-point scale. Response categories range from "never" to "more than once a week". The third indicator, frequency of prayer, is also measured on a six-point scale, ranging from "never" to "more than once a day". Finally, a religious observance scale was also constructed and represented by an index comprising nine items designed to measure the respondent's observance of the following Islamic festivals and duties: fasting during the month of Ramadan, reading the Qur'an, attending Mosque on Fridays, celebrating the Prophet's birthday, celebrating Hari Raya Puasa, celebrating Hari Raya Haji, celebrating Muslim new year, celebrating Israk & Mikraj, and celebrating Nisfu night. Response categories are "never" (0), "seldom" (1), "sometimes" (2) and, "always" (3). Each item is then scored from 0 to 3 to yield a summated index ranging from 0 (low religious observance) to 27 (high religious observance). Cronbach's alpha was computed and the alpha value was .85, indicating high internal reliability.

Attitude towards drug-taking is intended to measure the respondent's feelings about heroin and ganja use. For each type of drug, the respondent is asked to choose one out of five prepared attitudinal statements which best describes his feelings about using that drug. Response categories range from the very negative ("It is a grievous sin and against my religion") to the very positive ("It is enjoyable and I'll take it at any costs").

The lifestyle variables described below were mainly drawn from factors identified by Wallace & Bachman (1991), Zimmerman & Maton (1992) and Beauvais (1992) as important in studying drug abuse and ethnicity. These include educational history, as indicated by highest standard attained, language stream, age left school and highest standard aspired. Occupational history is indicated by occupational status, age obtained first full-time job, age obtained first part-time job, duration of last job, income and savings. The quality of and time spent in peer-oriented activities also featured prominently in the literature review. The

quality of peer influence is measured by an index of seven items designed to cover the range of activities which the respondent's peer group members were involved in. The extent of peer involvement is rated on a three-point scale ranging from "none" to "all" of the members. An additional indicator takes the form of a measure of parental approval of the respondent's peer group. Possible responses are "approve all", "approve some", "disapprove all", "indifferent" and "not sure".

The quality of leisure activities is measured by two items. First, the respondent is asked to state the estimated time (in hours) he spends on each of seven leisure activities (eg. watching television or video) each day. Second, he is also asked to indicate the frequency of his visits to each of nineteen places (eg. friend's house, HDB void deck, etc.) during his free time. There are four possible options, ranging from "never" to "once a week or more".

Mainstream cultural incorporation (Cheung, 1991) is operationalised by using the following indicators: (1) involvement in housing resettlement programme; (2) number of times moved house; (3) working mother; (4) involvement in the following non-traditional activities: presence of body tattoos, working as golf caddie;¹⁷ visiting a discotheque/karaoke lounge, nightclub, hotel lounge, billiard saloon or video-game parlour.

A delinquency index, similar to the one used in Zimmerman & Maton (1992), was also constructed. Involvement in delinquency is measured by summing five dichotomous items asking the respondent if he had ever played truant in school, been sent to a Boys' Home or other institution, expelled or suspended from school for a disciplinary offence, left home without permission for more than 24 hours or arrested by the police. Delinquency scores range from no delinquency (5) to high delinquency (10). The internal reliability (Cronbach alpha) for the 5-item index was .73.

The variable of criminal antecedent was constructed in a dichotomous yes-no format: committed AWOL during national service, charged for offences

against the person, charged for offences against property. Stressful life events were largely based on the following "childhood life events" investigated by Kosten, Rounsaville & Kleber (1985): foster home, physical abuse by parents, sexual abuse by an adult, Boys' home and police arrest. These are also indicated on a dichotomous yes-no format.

Self prognosis is based on the respondent's rating of his likelihood of going back to heroin use when he leaves the DRC. The five-point scale includes responses ranging from "definitely no" to "definitely yes". Preference for same ethnic group counsellor/supervision officer is also measured on a five-point scale. Possible responses range from "much prefer a counsellor/ supervision officer of a different ethnic group" to "much prefer a counsellor/ supervision officer of the same ethnic group".

Finally, a helpfulness index for the DRC programme was developed to measure the respondent's rating of seven rehabilitation-oriented services offered in the DRCs, viz. individual counselling, group counselling, religious service, parents' visit, flag raising ceremony, footdrill and physical training. Two other items - work therapy and recreation - were dropped from the final index as they were found to be "unreliable". The exclusion of each of these two items increased the alpha value and thus the reliability of the scale. Moreover, the corrected item-total correlation (r) were below 0.3. As a rule of thumb, if the value of r is less than 0.3, the item should be dropped from the scale (de Vaus, 1985). For each selected item, the respondent chooses one of the following categories: "not helpful" (0); "little helpful" (1); "somewhat helpful" (2); and, "very helpful" (3). Each item is then scored from 0 to 3 to yield a summated index ranging from 3 (low) to 21 (high) in the helpfulness index. The alpha value is .79, indicating internal reliability for the index.

Data Analysis

Towards the end of the fieldwork phase, all the completed questionnaires were thoroughly rechecked for errors and omissions and a coding sheet

suitable for SPSS/PC+ analysis was devised. Coding of responses was a tedious but necessary task and it was accomplished before the end of the fieldwork in Singapore. The coded data were then analyzed using SPSS/PC+ (Frude, 1993) but only after the author returned to the United Kingdom. The statistical techniques employed were mainly descriptive statistics and they included frequencies, crosstabulation, chi-square, T-test, Kendall's Tau B and Cronbach's alpha. As in social research convention, the minimum level of statistical significance for associations between variables was set at .05. Any p value equal to or lower than .05 indicates that the probability of the association occurring by chance is unlikely. In some tables, the numbers in the cells are so small that chi-squares become less reliable. Most texts on data analysis suggest that only when the number of cells with an expected frequency of less than 5 exceeds 20%, or if the smallest expected value is less than 1, is there any reason to doubt the validity of the statistical test (Vito & Latessa, 1989; Bryman & Cramer, 1990; Rose & Oriel, 1993). However, Robson (1983:112) maintains that the values so obtained may still provide a useful guide, so long as the author adds a caveat that there may be a relatively weak proximation to the exact probabilities.

In addition, qualitative material in the forms of notes, quotations and detailed case studies were stored in WordPerfect Files under the same headings. Tapes recording interviews with selected subjects and staff members were also transcribed, another laborious but necessary procedure. Relevant information were extracted and used in the case studies or stored in the quotations file. These data were usefully employed as examples and illustrating evidence in the thesis. Throughout the thesis, qualitative data supplement quantitative analyses; relationships suggested by statistical analysis are filled out and the mechanism by which such situations come about can be fully explored.

A Note on Methodological Issues

a. Validity and Reliability

A central task in doing social research is to ensure that the concepts, indicators and measures adopted are both valid and reliable. The most common techniques employed by drug researchers to ensure or enhance validity include review by peers or a panel of experts, literature review, comparison with other drug survey instruments, adequate sampling and the inclusion of fictitious drugs to test the honesty of respondents (Kleinman & Lukoff, 1978; Amoateng & Bahr, 1986; Ong, 1988; 1989; Finley, 1989). Statistical techniques can be employed to assess reliability. The most popular methods employed by drug researchers are the split-half method and Cronbach's alpha (Ong, 1988; 1989; Adlaf, Smart & Tan, 1989; Schinke, Botvin & Orlandi, 1991; Zimmerman & Maton, 1992). As shown above, Cronbach's alpha was also employed to assess the reliability of the scales constructed in the present study.

de Vaus (1985) advises researchers to perform validity and reliability tests even before carrying out the actual study. In the current work, the questionnaire which contained several scales was first circulated to members of my supervisory committee for review and comments. The members of the committee comprised a professor of criminology, a sociologist, a drug research specialist and a lecturer in Southeast Asian studies with specialist knowledge of the Indonesian language and culture. A copy of the questionnaire was also reviewed by a visiting professor and senior research fellow in the department of sociology and social anthropology. The reviewers commented positively on the questionnaires and, subject to a few minor alterations, found the items to be generally suitable, adequate and relevant. Hence, the questionnaire and measures therein were found to have satisfactory face validity and content validity. Construct validity was assessed by comparing the indicators and measures employed here with those of similar studies done in Singapore and elsewhere. Finally, external

validity was enhanced by a careful selection of samples (eg. not based on a student population).

b. Cultural sensitivity in Methodology

Cultural sensitivity is defined as "understanding and respecting the values, world views, attitudes and preferred behavior patterns of the client" (quoted in Moore, 1992:251). It primarily involves an appreciation of the differences in values, beliefs and lifestyles of persons of different cultural backgrounds. According to Rogler (1989), "Research is made culturally sensitive through a continuing, and open-ended series of substantive and methodological insertions and adaptations designed to mesh the process of inquiry with the cultural characteristics of the group being studied" (quoted in Pena & Koss-Chioino, 1992:158; and Moore, 1992:251).

In this research, sensitivity regarding the ethnic and cultural differences between the Malay and Chinese subjects has guided each step of the research protocol, from selection and measurement of test variables through data analysis and interpretation of findings. A major concern involved the choice of lifestyle factors which, if biased toward mainstream (ie. Chinese) or middle-class values, could pose major validity and reliability problems. Care was taken to ensure that each item was culturally validated and wording was appropriate and correctly understood by each subject. Where ethnic-specific variables were used (eg. speak Malay at home), the word "Malay" was substituted in each case by "Chinese" for application to a Chinese subject; "Islam" was replaced by "your religion".¹⁸ A more difficult task was trying to find an equivalence for such ethnic or religious-specific items as "celebrate Nisfu Night" or "Reading the Qur'an". Where a non-Malay equivalence was inappropriate or not available, the item was omitted (eg. eating pork; performed the Haj; etc.). Experience in the fieldwork also confirmed that certain items were not appropriate for the Singapore context. For example, two programmes in the DRC - Community service and self-help group - were also dropped from the study when it was found that they were not only carried out sporadically by

Western-inspired counsellors/prison officers, but were also not fully comprehended by the clients.

c. Constraints and Limitations

Like all social research, caution must be exercised in the reading and interpretation of the findings of this thesis. The first limitation is the retrospective nature of this study. As mentioned earlier, this approach is more pragmatic, cheaper to administer and less time-consuming than the longitudinal study. But it has the inherent problem of recall difficulty due to memory failure or simply the passage of time. As regards this, Ong (1989) has argued that the problem of recall is minimal since the sensitive and proscribed nature of drug-taking behaviour has ensured that it remains vivid in the mind of the user for a long time if not permanently. Faupel (1991) tries to minimize errors of memory by asking for the same information in different ways and clarifying any discrepancies therefrom. A related caution here is the fact that no cause-effect relationship can be inferred from this study as it is an ex-post facto study. A longitudinal study with appropriate controls would have addressed this problem but not many academics would have the time, resources or even sustaining power to embark upon such an extended study. Moreover, it is highly unlikely that a clear-cut cause and effect relationship can be established in such a complex social phenomenon as drug abuse.

A third major limitation of this study is that it is based entirely on evidence gathered from officially identified and recorded drug abusers. These were abusers who were caught and incarcerated and they might not necessarily represent the broader population of Malay and Chinese drug abusers in Singapore. However, Faupel (1991) argues that there is really little incentive for such incarcerated addicts to deceive in the research if it is made clear to them that neither the research nor the researcher will affect their immediate destiny. Moreover, he found the career dynamics described by his incarcerated subjects to be consistent with the findings of other similar studies. Cross-checking with other documentary

sources has suggested that the data provided by the subjects of the present study are generally valid and reliable.

d. Ethical Issues

Drug abuse is considered an illegal activity in Singapore. A number of ethical issues are therefore expected in a study of this sensitive nature.

It is recalled that the participants of the survey were assured that the information they provided would stay with the researcher. What then should the researcher do if anyone intimated information about drug-taking or drug-selling activities? Should the researcher intervene if he found out that one of the inmates interviewed was not given access to a counsellor? Should the researcher disclose the names of those who did not cooperate to the DRC authorities? Should the researcher report any incident of alleged maltreatment observed to the Superintendent? These questions and many more posed real ethical dilemmas to the researcher.¹⁹ Nothing was said to the authorities. But individuals were told how to bring up their problems to the relevant channels.

Another ethical concern involved the asking of somewhat intrusive questions which, if carried out incorrectly, might potentially invade the respondent's privacy. Examples are questions which ask about a person's sexual experience, including visits to prostitutes or history of sexual assaults. In this respect, the guarantee of anonymity is the absolute minimum requirement of an ethical study (Binder & Geis, 1983). One method of achieving this here is the use of codes instead of actual names and other identifying signs. The results are also presented mainly in aggregates so that individual responses remain hidden in the overall data.

Moreover, all the questionnaires were coded and interview tapes transcribed entirely by the researcher himself.

An ethical researcher is also concerned about the likely consequence that his or her final research report is likely to bring upon his or her research subjects. Specifically, what likely "harm" can come about when

the research findings are made available to the authorities and/or the public? What protection against possible risks can the researcher offer to his subjects? A related issue is the common belief that all social research has an implicit or explicit commitment towards change (Smith, 1975:4), especially those in the positivist tradition. The present researcher cannot deny his personal interest in "doing something" about the growing drug abuse problem, as is apparent in his over ten years of work in the drug rehabilitation field. Yet, as a social scientist, he is expected to remain objective and value-free. In reality, the social researcher is often forced, consciously or otherwise, into value stances (Smith, 1975:4).

One example is the dilemma of whether or not to report on the extent of unreported Malay drug abuse which this study has uncovered. Is it likely to evoke official response? The answer is likely to be a positive one. The decision to report was only taken after it was ascertained that all the subjects involved were fully aware of the consequences of drug taking as well as the risks of arrest.²⁰ Moreover, no individual names were given to the authorities. Another protective measure taken was the assurance that the subjects gave their "informed consent" (Smith, 1975:12) for their participation and without any coercion. In concluding this section, a guiding principle in doing research involving ethical issues is provided by Smith (1975:15):

The least that can be asked of him (ie. social scientist) is, first, that he be aware of his value biases and know how they influence his research efforts, and, second, that he try to minimize his value positions in his research.

The next five chapters report on the empirical findings from the survey as well as the case studies and depth interviews. In this thesis, when the terms "drug abusers" or "abusers" are used, they refer to heroin abusers unless otherwise stated. However, "non-abusers" refer to all non-drug abusers, including non-heroin abusers.

ENDNOTES

1. One of the criticisms levied against the 'positivist' notion of causation in understanding human behaviour, including drug-taking behaviour, is that it largely ignores the subjective meaning of human action (Matza, 1964). Yet positivism still exerts a major influence over social policy, including many drug policies, especially those with a correctional orientation.
2. For the purpose of this study, "drug abuse" is operationally defined as any form of heroin-taking that is neither prescribed by a registered medical practitioner nor used for a legitimate therapeutic purpose. The term "drug abuser" refers only to any male heroin abuser between the ages of 16 and 24 and who is currently receiving treatment and rehabilitation in a DRC. It is expected, however, that many heroin abusers also use marijuana and/or other drugs of abuse. On the other hand, a marijuana or other drug abuser who has not tried heroin will not be included in this definition.
3. The stratified sampling method is particularly appropriate in studies where the research problem requires comparisons between various subgroups (Borg & Gall, 1989); it also has greater precision over simple random sampling. If the numbers in some strata are small, it may be necessary to sample disproportionately to ensure sufficient numbers (Moser & Kalton, 1971; Saw, 1990; Bryman & Cramer, 1990:102). Furthermore, when we are concerned primarily with the strata...we can select an equal number of cases from each of the strata (Borg & Gall, 1989:225). All the above factors apply to the present research.
4. Most authors estimate a "non-response" rate of between 10 and 25 per cent of the selected sample in the average interview survey (eg. Moser & Kalton, 1971). Taking "non-response" in the broader sense to include not only subjects who decline to participate in the survey, but also those who cannot be contacted for various reasons, the author decided to include a 25 per cent 'reserve' in each of the samples of Malay and Chinese drug abusers respectively. Thus, of the 125 Malay abusers selected, 28 were classified as "non response" for the following reasons: subject released or discharged (20); subject under quarantine for chicken-pox (5); subject declined (1); subject transferred and unlocated (1); subject remanded for investigation for murder (1). As a final sample of 100 Malay abusers was required, 3 substitutes were chosen from the same population by the same random procedure. Of the 125 Chinese drug abusers selected, 18 were classified as "non-response" for the following reasons: subject released or discharged (16); subject absconded (1); subject transferred and unlocated (1). The final sample of 100 Chinese abusers represented the first 100 selected (excluding "non- response" cases) from the original sample of 125. It is also to be noted that subjects transferred to another DRC were located and interviewed in their new location and were included in the final samples.
5. Schools are also a poor source to look for a sample of drug abusers to study. As pointed out by Kandel (1991:371), "surveys based on household or school samples generally exclude the individuals most likely to be involved in nonconforming activities, including drug use: those without regular addresses, the homeless, the school absentees or dropouts, or those living in institutions". Moreover, dropout rates among Blacks, Hispanics and Native Americans are higher than average and hence a drug study based on high school seniors will have low external validity (Wallace & Bachman, 1991).
6. The original sample of 200 Malay non-abusers included 100 'reserves' as it was expected that the "non-response" rate from this group of non-institutionalized subjects might be much higher than the DRC subjects. The final sample of 100 Malay non-abusers represented the first 100 selected, excluding "non-response" cases. Altogether, 74 cases were classified as "non-response" for the following reasons: subject admitted to prior drug

abuse (49); subject currently in DRC (3); subject on AWOL/desertion (9); subject in prison (2); subject ROD ie. completed full-time national service (8); subject on course (2); subject unlocated (1).

7. According to Smith (1975:176), a card list should always be given to the respondent if the question has more than three alternatives so that the respondent's answer is not based on just those responses he has not forgotten.

8. The author decided to disclose to the respondents that he was a former member of the DRC Review Committee before they found out through their own informal channels. However, it was stressed to them that the present purpose was not to review their progress or to hear their grievances and that their participation (or non-participation) had no direct impact on their future in the DRCs.

9. In this respect, the author's more than ten years of experience as a counsellor proved useful in establishing rapport with the respondents. For example, the quality of a "good listener" comes with experience: "Too often young researchers feel compelled to keep the conversation moving, and they interrupt too readily or ask the next questions too quickly. An uncomfortable silence can sometimes produce, from the person being interviewed, information that otherwise would not be forthcoming" (Binder & Geis, 1983:51).

10. Every effort was made to obtain the "informed consent" of each participant although one could question whether the concept applied in a custodial setting. The chance to "opt out" without personal consequences was nevertheless emphasised at various points throughout the interview.

11. When one Malay man greets another, he stretches out his right hand to shake hands and then brings it back to touch his heart, symbolising that the greeting is from the heart. Pointing at a person with the index finger is considered rude among the Malays.

12. It was observed that the use of a tape recorder did not cause the Malay respondents to feel uncomfortable. In a few instances, the respondent stopped when the tape finished and waited for the interviewer to change to a new side and then repeated the last thing he had said. Moreover, one advantage of using a tape recorder is that the interviewer is free to concentrate on the interview (Moser & Kalton, 1971:281).

13. This was perhaps facilitated by already existing good rapport between the researcher and each and every one of the senior officers interviewed. The former had been working closely with the Prisons Department for several years, having sat in the DRC Review Committee III and several other programme review and advisory committees. The researcher had also lectured to the Prison senior officers on several occasions and had coorganised international criminology conferences with the Department on two occasions. It could be said that the researcher's reputation (and credibility!) preceded his visit to each of the institutions covered. Moreover, unlike for most other researchers, no familiarisation tours or talks about the background information of any of the institutions were deemed necessary for the present researcher.

14. In a broader sense, documentary sources would include the relevant books and journal articles in the literature review, official reports and statistics and institutional records (Moser & Kalton, 1971:240). In this sense, the various departmental papers provided by the Prisons Department as well as newspaper articles on the subject are relevant. These were immensely helpful in the initial planning of the survey.

15. Like other methods of data collection, observation has important merits as well as limitations. Its limitations include: (a) the inability to observe past events; (b) its unsuitability for studying opinions and attitudinal issues; (c) its unrepresentativeness; (d) it is time consuming; and (e) the danger of observer bias (Moser & Kalton, 1971:247-8).

16. According to Frude (1993), the "low" reliability is partly a function of the number of items that make up the scale. Five items make a very short scale and increasing the number of "appropriate" items can increase the alpha value, and, hence reliability of the scale.

17. Working full-time or part-time as a golf caddie has recently become popular with Malay boys. Golf has only recently become popular with the local people, enjoyed mainly by professional and wealthy people and senior civil servants.

18. Busch (1974) also uses somewhat different questions for the Malay and the Chinese subjects and this approach makes an interesting methodological point.

19. One potentially troublesome situation was the number of "non-abusers" who reported prior drug involvement. Perhaps fortunately for this researcher, none of them reported current drug use; the researcher had neither the means nor the will to verify this. Binder & Geis (1983:27) succinctly describes the dilemma faced by researchers: "The research worker is in a delicate position, trying to keep channels of communication open so that accurate and complete information will be forthcoming while at the same time knowing that the information secured can be subpoenaed by law enforcement agencies by means of court processes."

20. Evidence suggests that the long-term overt manifestations and consequences of drug addiction are difficult to hide (Balter, 1974), more so in the supervised environment that national servicemen are placed. The likelihood of detection for these unrecorded cases is high and it is felt unlikely that any of the subjects who continues to abuse drugs will remain undetected by the time the research findings are published.

PART II
FINDINGS AND DISCUSSION

CHAPTER SIX

PATTERNS OF MALAY DRUG ABUSE

Introduction

One of the limitations of previous drug abuse research done in Singapore has been that, apart from comparative incidence rates, no one has attempted to make an inter-ethnic comparison of the patterns of drug abuse. In addition, factors which are found to be associated with drug abuse have generally failed to distinguish between one group of drug abusers from another. For example, most studies have merely found a complex of social and psychological characteristics to distinguish between drug abusers and non-abusers, as if the former constituted a homogeneous group (eg. Ong, 1989), or have concentrated on one ethnic group alone without any control groups (eg. Salahuddin, 1990/91; MENDAKI, 1993). It is the contention of this thesis that a proper understanding of the phenomenon of drug abuse, with due sensitivity to ethnic and cultural differences in reasons for and patterns of use, is essential for intervention planning. Current issues include the following: do Malay abusers differ from Chinese abusers in their patterns of drug abuse? To what extent does culture influence patterns of drug use and abuse? As must be apparent from previous chapters, the need to understand and tackle the comparatively high incidence of drug abuse among the Singapore Malays makes such a study seem a much belated task. Moreover, the findings of a comparative study of this nature are critically important to the development of a more culturally relevant and realistic approach to treatment and prevention strategies.

The findings presented below were based on the data collected from a sample survey administered on 100 Malay drug abusers and a comparison group of 100 Chinese drug abusers. Where appropriate, comparative data from a second comparison group (of 100 Malay Non-abusers) will also be included. However, space restriction dictates that only the most significant differences between Malay First-timers and Repeaters (50 cases each) will

be highlighted. Case vignettes and quotes from in-depth interviews conducted with some of the same subjects illustrate and breathe life to some of the generalizations provided by quantitative analysis. As it was necessary to report the statements as they were told to the author, no attempts were made to correct the grammar or to change the structure of the sentences. However, where it was deemed necessary, link words were provided in parentheses.

It is hypothesized that Malay abusers and Chinese abusers differ in their a) age of initiation into drug abuse, b) type of drugs abused for the first and subsequent times, c) sequence of drug involvement, d) first experience of heroin use, e) mode of administration, f) source of heroin supply, g) expense on heroin use, h) source of finance for heroin use, i) reasons for first heroin use and subsequent abuse, and j) consequences of heroin abuse.

Section I: Initiation Into Drug Abuse

Age when substance Use Started

Youthful smoking has been found to be positively correlated to the use of other substances, including heroin, and cigarettes often serve as a "stepping-stone" to the use of other illicit drugs (Kandel, 1975; Welte & Barnes, 1987).¹ Drug abusers in Singapore seem to conform to this general pattern: whereas all the Malay as well as Chinese abusers (100%) admitted to cigarette smoking, only 71% of the Malay Non-abusers also reported cigarette smoking; the difference between Malay abusers and Non-abusers was highly statistically significant ($X^2 = 31.62$, $p < .0000$, $df = 1$). Notwithstanding, the incidence of smoking cigarette-smoking even among the Malay Non-abusers is high. In fact, the Malays have always had the highest rate of cigarette-smoking among all ethnic groups in Singapore (STWOE 30/5/92; ST 29/4/93).²

As shown in Table 6.1 below, there are no significant differences between Malay and Chinese abusers in the mean age for smoking their very first

cigarette. However, Malay drug abusers tended to start smoking earlier (mean age= 13.25) than Malay non-abusers who did smoke (mean age = 14.68) (t-test= -3.21, p<.01, two-tailed test). Another revealing finding is that among the Malay abusers, Repeaters started cigarette smoking even earlier, at 12.4 years (mean age), than First-timers (mean age= 14.1). T-test result shows that the difference is statistically significant: t= 3.19, p <.01, two- tailed (see Table 6.1a in Appendix II). The result indicates that there is a relationship between age when cigarette smoking started and the likelihood of becoming a heroin-use Repeater.

Table 6.1 Mean Age For First Substance Experience

| | Malay Abusers | | | Chinese Abusers | | | t |
|------------------------------|---------------|------|-----|-----------------|------|-----|-----------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Age first smoked a cigarette | 13.25 | 2.85 | 100 | 13.11 | 1.85 | 100 | .41 n.s. |
| Age first tried drugs | 15.38 | 2.22 | 100 | 15.62 | 1.98 | 100 | -.81 n.s. |
| Age first tried heroin | 17.14 | 2.42 | 99 | 17.38 | 2.13 | 100 | -.74 n.s. |

Both Malay and Chinese drug abusers usually bought themselves the very first cigarette which they smoked or else obtained it from a friend or classmate (see Table 6.2). On the other hand, Malay Non-abusers (40.8%) who did smoke cigarettes were significantly less likely than Malay abusers (47%) to have bought their very first cigarette on their own (p<.01). In fact, among those Non-abusers who smoked, 37 (52%) obtained their first cigarettes from a friend, classmate or colleague, thus showing the importance of peer influence, even for a group of non-drug abusers. While it is less uncommon for a parent to offer his or her child the first puff of cigarette in a Western society (Botvin, et al., 1978), the result here indicates that it was extremely rare for a smoker in any of the groups studied to have obtained his or her very first cigarette from a member of the family.

Table 6.2 First Cigarette Obtained From

| | Malay Abusers | Malay Non-abusers | Chinese Abusers |
|----------------------------|-------------------|-----------------------------|-------------------|
| Father | 1 | 0 | 1 |
| Mother | 0 | 0 | 1 |
| Brother or sister | 1 | 1 | 1 |
| Friend | 21 | 26 | 32 |
| Classmate | 15 | 7 | 13 |
| Work colleague | 6 | 4 | 0 |
| Self bought | 47 | 29 | 39 |
| Others | 9 | 4 | 13 |
| Not applicable | 0 | 29 | 0 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| Excluding 'not applicable' | | X^2 for (a) & (b) = 17.35 | d.f.=4 p<.01 |
| | | X^2 for (a) & (c) = 3.51 | d.f.=4 n.s. |

Sequence Of Drug Involvement

Kandel (1975) was one of the first authors to identify a sequential pattern of drug abuse. In his studies of adolescents in New York states, he postulates that drug use proceeds according to four developmental stages of substance choice: (a) drinking beer or wine; (b) smoking cigarettes or hard liquor; (c) smoking marijuana; and (d) using other illicit drugs, including opiates. In addition, Kleinman & Lukoff (1978) found that the "stepping-stone" hypothesis applied only to the Blacks but not the Whites. But, as pointed out by others, there is no inevitable escalation from one stage to another, for example, from a soft drug to a hard drug (Glassner & Loughlin, 1987; Plant & Plant, 1992). The evidence to date also fails to show how the use of marijuana somehow leads to or precipitates the use of heavier drugs like heroin. Moreover, some users have moved from light to heavy drugs and then moved back again (Glassner & Loughlin, 1987).

Two other generalisations have also been made regarding the sequence of drug involvement. The first indicates that the earlier the age of the onset of marijuana use, the greater the likelihood of the use of other illicit drugs (Kandel, 1975). The second puts heroin on a scale of use, ranging from the most to the least used drug; heroin use represents the heaviest involvement: it has been used by the fewest, but heroin users are

much more likely to have tried all the other more widely used substances (Richards, 1980).

Table 6.1 provides the empirical evidence to support the "stepping-stone" hypothesis mentioned above. For both Malay and Chinese abusers, cigarette was the first substance used by them.³ There were no significant differences in the mean age when illicit drug or heroin use first took place between the Malay and Chinese abusers.⁴ Among the Malay abusers, the mean age for the first illicit drug use was 15.38 and for heroin use, 17.14. In contrast, the Chinese abusers tried their first illicit drug at 15.62 (mean age) and heroin at 17.38 (mean age). It is interesting to note that for both Chinese and Malay abusers, the time interval between first illicit drug use and heroin use was 1.76 years (mean). However, Malay abusers seemed to escalate faster between the first cigarette use and the first heroin experience: mean = 3.89 years vs mean = 4.27 years.

At this juncture, it is noteworthy that the mean age when drug-taking first started seems to be coming down: Ong (1989) found that drug abusers began abusing drugs at the average age of 19.1 years (S.D.=3.5) while MENDAKI (1993) found that his Malay subjects started at an average age of 18.1 years. In the present study, it was found that the mean age for the first illicit drug use was 15.38 years for the Malay abusers and 15.62 years for the Chinese Abusers respectively.

Further evidence for the "stepping-stone" hypothesis is provided in Table 6.3: only 10% of the Malay abusers and 18% of the Chinese abusers indicated heroin as their first controlled drug used; the majority started with ganja (cannabis). However, Malay abusers were significantly more likely than Chinese abusers to start their drug abuse career with ganja. Two-thirds of the Malays started with ganja while only half of the Chinese did so. We have already seen in Chapter two that ganja was a popular drug among the Malay youth in the 1960s and that it held cultural significance for the

Malays. However, interviews with the Malay abusers revealed that once they were introduced to heroin, they developed a definite preference for it:

Ganja steam ('high') only make people laugh, like (a) joker; heroin better. Ganja also (emits) too many smoke, and after that, pain in the throat and hungry also.

After knowing heroin, ganja phases out. You don't go out to seek ganja (but) for heroin, from one end of island to another, also go; from Bedok to Jurong....like a slave to this thing.

Heroin....like in Heaven - 'shiok'

Table 6.3 also revealed that Malay abusers (11%) were significantly less likely than the Chinese (26%) to begin with "other" drugs. Included in this category were a hotchpotch of prescription drugs which were illegally obtained and/or abused: Triazolam (a sedative, more popularly known by their market names such as Upjohn 17, Upjohn 27 and Erimin 5); Diazepam and Flurazepam (minor tranquilizers, better known among the drug abusers as Roche 2 , Roche 30, ATC and Volume 10); Amobarbital (a sedative, depressant or barbiturate known to the drug abusers as Heaven or Blue Heaven); and Methamphetamine (or amphetamine, stimulant, Ice, etc.).

Before we leave this section, it may be instructive to mention one popular explanation for the "stepping-stone" hypothesis: once the initial excitement produced by a drug wears off, and as a result of tolerance or boredom, drug abusers tend to search for new and often more powerful substitutes (Bennett, 1986). It can be said that most of the Malay abusers moved on to heroin use after the novelty of smoking ganja wore off, usually within two years, and as a consequence of peer influence and boredom. This is indicated by the high proportion of Malay abusers (78%) who turned to heroin for the first time in order to "try something new".

Table 6.3 First Controlled Drug Used

| | Malay Abusers | Chinese Abusers |
|--------------|-----------------------------|-------------------|
| Heroin | 10 | 18 |
| Ganja | 76 | 50 |
| Opium | 2 | 1 |
| Morphine | 1 | 0 |
| MX pills | 0 | 5 |
| Others | 11 | 26 |
| TOTAL | 100 (100%) | 100 (100%) |
| | $X^2 = 14.69$ d.f.=2 p<.001 | |

Section II: Heroin Abuse

First Experience Of Heroin Use

When drug abuse is mentioned, many people still conjure up images of gansters or drug pushers waiting outside school compounds for the unsuspecting students and offering them a trip to sweet oblivion for a price. Contrary to popular belief, few drug abusers in Singapore obtain their very first heroin from a stranger or drug pusher. This is because heroin is a highly proscribed commodity in Singapore. As illustrated in Table 6.4, most Malay and Chinese abusers were introduced to heroin by someone already known to them, such as a neighbourhood friend or a work colleague. Nevertheless, Malay abusers (15%) were comparatively more likely than Chinese abusers (9%) to have obtained their first heroin from a stranger or pusher. The above findings confirm reports from previous local studies (Leong, 1978; Ong, 1989; MENDAKI, 1993).

The above pattern is also not unique to the Singapore situation. In America, Chambers et al. (1968), Bennett (1986) and Glassner & Loughlin (1987) also find no evidence to support the popular misconception that most addicts are pressured into taking their first opiate by a stranger or unknown pusher. Instead, they find that opiate use is typically initiated in the company of their peers. In fact, according to them, the first drug transactions more often than not involve no money at all: they are either

gifts or what is shared among friends. Similarly, Stephens (1987) posits that the social rewards of the camaraderie and acceptance of fellow drug users are important factors in the initiation and continuation of illicit drug use.

Table 6.4 First Heroin Obtained From

| | Malay Abusers | Chinese Abusers |
|------------------------------|-----------------------------|-----------------|
| Neighbourhood friends | 43 | 58 |
| School Friend | 7 | 2 |
| Work Colleagues | 31 | 17 |
| Stranger or pusher or dealer | 15 | 9 |
| Others | 4 | 14 |
| TOTAL | 100 (100%) | 100 (100%) |
| | $X^2 = 16.14$ d.f.=4 p<.005 | |

As illustrated in Table 6.5, significantly more Malay abusers than Chinese abusers had a pleasant first experience with heroin use. Eighty per cent of

the Malay abusers had either a pleasant feeling or both pleasant and unpleasant feelings when they took heroin for the first time. Several of the Malay abusers interviewed attributed this to their prior experience with ganja use:

I was already on ganja....so know how to enjoy. (Mat, first-timer)

I tried other ganja before. I know how to enjoy. Only the first puff was not nice. I feel like want to vomit. Got sweating a bit and body feel like heavy. Then even better than ganja. (Nor, took ganja for two years before heroin)

Because (I) had tried ganja before. Can jalan-jalan (stroll). (Felt) very nice....feel like I don't have any problems or whatfeel not boring. (Osman, a relapsed case)

....feel relaxed, cool down. (Imran, took ganja for three years before heroin)

On the other hand, those few Malay abusers who started their drug-use

careers with heroin abuse tended to report unpleasant feelings during their first heroin experience. Mohammad, who tried heroin for the first time when he was 15, described his maiden experience:

Not very good, lah. First time headache....dizzy....heavy head. Also sweating and vomitting. But my friend told me first time like that one.

At a first glance, it would appear that the Malay abusers' first experiences with heroin use deviate from the norms described elsewhere. Studies indicate that the first experience with illicit heroin is often unpleasant: many first-timers experience nausea and vomitting, but hardly "high" (Stephens, 1987; Krivanek, 1988). But, as illustrated by the interview vignettes, the quality of their first heroin experience depends on their prior experience with ganja use. When heroin is the very first drug tried, the first experience is no different from that described elsewhere, ie. unpleasant. In addition, the effects of the first inhalation of heroin also depend on the dosage given, the purity of the heroin available and the presence and company of friends. The low proportions of both the Malay and Chinese abusers who found the first effects of heroin unpleasant was probably due to the low grade of heroin currently available in Singapore.

The positive first-time use of heroin among the Malay abusers is thus a contributing factor for their continued use. There are two reasons for saying this: Firstly, 90% of the Malay repeaters reported a positive first heroin experience,⁵ as compared to 70% of the first-timers (see Table 6.5a, Appendix II). Secondly, some believe that the initial "sickness" associated with the first dosage of heroin is enough to discourage many neophyte users from using it again (Krivanek, 1988).

Table 6.5 Feeling At First Try

| | Malay Abusers | Chinese Abusers |
|---|---------------|-----------------|
| I had a pleasant feeling | 56 | 28 |
| I didn't like it | 17 | 28 |
| I had both pleasant and unpleasant feelings | 24 | 39 |
| I felt no effects | 3 | 5 |
| TOTAL | 100 (100%) | 100 (100%) |
| | $X^2 = 16.10$ | d.f.=2 p<.001 |

Mode Of Heroin-taking

When heroin abuse first became a serious social problem in Singapore in the 1970s, the most popular method of taking heroin was to smoke a cigarette spiked with heroin. This mode of administration seems to have lost popularity as it is not an efficient way of using the scarce and expensive drug. Most drug abusers today seem to favour a method known in the drug subculture as "Chasing the dragon", a method which proves equally popular with both Malay and Chinese abusers. This method was employed by all drug abusers studied here regardless of ethnicity (see Table 6.6).⁶ Similar findings have been described elsewhere (Ong, 1989; Mendaki, 1993). Zulkiflie (Case Study No 3) describes the method:

You find a piece of foil from a box of cigarettes. Put some heroin on the foil and use a cigarette lighter to heat it up from below. You then roll up a dollar note (into a hollow stem) and use it to chase the smoke from the heated heroin. Can also push the foil (with the heroin) into a hollow container, so that the smoke will stay in and not run anyhow.

It can also be seen in Table 6.6 that Malay and Chinese abusers did not differ in their methods of taking heroin except for the intravenous injection mode: 29% of the Malay abusers and 14% of the Chinese abusers had used this method (p <.05); a previous study (Mendaki, 1993) reported that only 9% of the Malay abusers had used this method. This finding supports recent reports which have indicated that this method is on the increase in Singapore (Melic, 1993). Research done in the West has shown

that intravenous injection is the most efficient and cost-effective method (ie. achieves the greatest 'high' with the least amount of heroin), but also poses the clearest danger (Stephens, 1987; The Royal College of Psychiatrists, 1987; Kandel, 1991; White, 1991). In another study conducted in North of England, Pearson, Gilman & McIver (1986) found the injection method to be a dominant feature of the polydrug culture. They also found that it was more commonly used where the injecting of amphetamines was previously practised. In the present research, it was found that Malay repeaters were significantly more likely to have tried the intravenous injection method (see Table 6.6a in Appendix II). Apparently, the low grade of heroin available on the island has forced the heroin addicts to seek a more efficient way of using the drug⁷:

Chasing not so nice now because of quality of drugs not so good. Use injection better...to upgrade or get more high. First time I asked my friend to inject (for me) but later I do it myself. (Rozali, a Malay repeater who was using the IV method for six months)

Venue For Heroin-taking

Almost half of all drug abusers of both ethnic groups preferred to take heroin at home (Table 6.6), especially in the privacy of the toilet or their locked bedroom. This is hardly surprising as drug-taking is an offence in Singapore. Where the home was not convenient, they would visit the public toilets in hawker centres or shopping complexes. However, the Chinese group was significantly more likely to visit a friend's home for heroin-taking whereas the Malay group was significantly more likely to consume heroin at their HDB void decks, corridors or staircases. Whereas 21.4% of the Chinese abusers consumed heroin at a friend's home, only 5.1% of the Malay abusers did so. On the other hand, while 27.3% of the Malays usually consumed heroin at their HDB void decks, corridors or staircases, only 7.1% of the Chinese chose the same venue. Why then does a significantly higher proportion of the Malay abusers risk detection and

arrest by taking drugs in an "open" area? The answer may lie in the fact that HDB void decks have replaced the village pondok (communal hut) or compound of their kampong (village) home as the place for Malay communal activities such as Kenduri (feast), religious festivities and prayers, weddings, funerals and other social events. As will be seen in Chapter Nine, many Malay abusers were content with spending hours chit-chatting with their friends at these places.

Heroin-taking appears to be very much a group-oriented activity. According to Leong (1978:24), the pleasurable effects of heroin "are enhanced when taken in a group". Furthermore, according to White (1991), if the setting for drug use involves friends and shared use, the physical distress experienced by some neophyte users is much less likely to occur. Table 6.6 shows that there were no significant differences between the Malay and Chinese abusers as regards whether they usually consumed heroin alone or with others. Almost nine out of every ten drug abusers reported taking heroin either always with others or sometimes together with others. Similarly, as indicated in Table 6.6a (Appendix II), there were no significant differences between Malay first-timers and Repeaters in this pattern of heroin abuse.

Table 6.6 Characteristics Of Heroin-taking Activities

| | Malay abusers (N=100) | | Chinese abusers (N=100) | | x ² * | d.f. | Significance level |
|------------------------------|-----------------------|----|-------------------------|----|------------------|------|--------------------|
| | Yes | No | Yes | No | | | |
| Mode of heroin-taking | | | | | | | |
| Smoking spiked cigarettes | 7 | 93 | 9 | 91 | .07 | 1 | n.s. |
| Chasing the dragon | 100 | 0 | 100 | 0 | # | - | - |
| Intravenous injection | 29 | 71 | 14 | 86 | 5.81 | 1 | <.05 |
| Swallowing | 1 | 99 | 3 | 97 | # | - | - |
| Other methods | 13 | 87 | 6 | 94 | 2.09 | 1 | n.s. |

* All with Yates' Correction
Cells with E.F.<5 exceed 20%

Malay Abusers

Chinese Abusers

Where heroin-taking most frequently took place

| | | |
|----------------------------|------------|------------|
| At home | 47 (47.5%) | 42 (42.9%) |
| Friend's home | 5 (5.1%) | 21 (21.4%) |
| HDB void deck or staircase | 27 (27.3%) | 7 (7.1%) |
| Public toilet | 19 (19.2%) | 21 (21.4%) |
| Others | 1 (1%) | 7 (7.1%) |

| | | |
|--------------|----------------------|-------------|
| <u>TOTAL</u> | 99 (100.1%) | 98 (99.9%) |
| | $X^2 = 26.49$ d.f.=4 | $p < .0000$ |

Whether Taken Alone Or With Others

| | Malay Abusers | Chinese Abusers |
|--|---------------|-----------------|
| Always alone | 11 | 14 |
| Always with others | 11 | 6 |
| Sometimes alone, sometimes with others | 78 | 80 |

| | | |
|--------------|---------------------|------------|
| <u>TOTAL</u> | 100 (100%) | 100 (100%) |
| | $X^2 = 1.86$ d.f.=2 | n.s. |

Most Frequently Used Source Of Heroin Supply

| | | |
|---------------------------|----|----|
| Friend | 37 | 44 |
| Work colleague | 11 | 6 |
| Stranger or pusher/dealer | 46 | 50 |
| Others (eg. relative) | 6 | 0 |

| | | |
|--------------|---------------------|------------|
| <u>TOTAL</u> | 100 (100%) | 100 (100%) |
| | $X^2 = 8.24$ d.f.=3 | $p < .05$ |

Average Weekly Expense

| | | |
|-----------------|----|----|
| Less than \$20 | 1 | 4 |
| \$20 - <\$50 | 10 | 8 |
| \$50 - <\$80 | 16 | 6 |
| \$80 - <\$110 | 20 | 15 |
| \$110 - <\$140 | 17 | 11 |
| \$140 - <\$170 | 13 | 7 |
| \$170 - <\$200 | 4 | 13 |
| \$200 and above | 19 | 36 |

| | | |
|--------------|----------------------|------------|
| <u>TOTAL</u> | 100 (100%) | 100 (100%) |
| | $X^2 = 20.39$ d.f.=7 | $p < .01$ |

Sources Of Finance For Heroin Use

| | Malay Abusers | | Chinese Abusers | | X ² | d.f. | P<. |
|---|---------------|----|-----------------|----|----------------|------|------|
| | Yes | No | Yes | No | | | |
| Personal savings | 36 | 64 | 31 | 69 | .36 | 1 | n.s. |
| Pay / salary | 92 | 8 | 76 | 24 | 8.37 | 1 | <.01 |
| Asked/borrowed from parents | 65 | 35 | 54 | 46 | 2.07 | 1 | n.s. |
| Borrowed from friends | 38 | 62 | 52 | 48 | 3.41 | 1 | n.s. |
| Asked or borrowed from wife or girlfriend | 19 | 81 | 23 | 77 | .27 | 1 | n.s. |
| Borrowed from loan sharks | 6 | 94 | 19 | 81 | 6.58 | 1 | <.05 |
| Stole from family | 20 | 80 | 14 | 86 | .89 | 1 | n.s. |
| Shoplifting | 10 | 90 | 8 | 92 | .06 | 1 | n.s. |
| House burglary | 7 | 93 | 7 | 93 | .00 | 1 | n.s. |
| Robbery | 5 | 95 | 11 | 89 | 1.70 | 1 | n.s. |
| Sold drugs | 37 | 63 | 48 | 52 | 2.05 | 1 | n.s. |
| Other sources | 6 | 94 | 1 | 99 | # | - | - |

* All with Yates' Corrections
Cells with E.F. <5 exceed 20%

Source Of Heroin Supply

We have already seen that both the Malay and Chinese drug abusers were unlikely to have obtained their first heroin from a stranger or drug pusher. However, once they became dependent on heroin, they were less discerning with regard to whom they approached for their heroin supply. As shown in Table 6.6, 46% of the Malay abusers and 50% of the Chinese abusers mostly obtained their heroin from a stranger or drug pusher or dealer. This was despite the risks of arrest and counterfeit, that is, drugs of unknown composition and purity. Most of the other abusers usually obtained their supply from a friend, although the Malays were also more likely than the Chinese to get heroin from their work colleagues or relatives and/or to share it with them. As mentioned earlier, drug-taking is illegal in Singapore and the drug abusers have to take extreme precaution when purchasing heroin. Indeed they have a way to identify a drug pedlar and use a special jargon which is only understood by those in the drug subculture:

"I knew who he was from the way he looked at me. (I asked) "apa macham ada?" ("how, have you got any?). He said "Ada, naik atas" ("Have, go upstairs"). I go second floor corridor and buy one straw for \$15....we then went opposite ways".

(Rosli, Case Study No. Two)

The relationship between level of heroin use and usual source of heroin supply is further supported when Malay First-timers are compared to Repeaters (see Table 6.6a, Appendix II). The result shows that Repeaters are significantly more likely to obtain their heroin from a stranger or pusher (58% vs 34%) whereas First-timers are far more likely to get them from a friend or colleague (60% vs 36%).

Expenditure On Heroin Use

As illustrated in Table 6.6, Malay abusers and Chinese abusers differed significantly on the average weekly expense on heroin use. Among the former group, 27% spent, on the average, less than \$80 a week on heroin while only 19% spent \$200 or more each week on heroin. In contrast, only 18% of the latter group spent an average of less than \$80 on heroin each week while 36% spent \$200 or more per week on heroin. This discrepancy in consumption pattern can be explained by the habit among the Malays of sharing drugs among themselves, thus saving costs. One recalcitrant Chinese drug offender whose drug history spanned a full decade made the following observation:

For Malays, three or four (persons) share one small straw (of heroin); for the Chinese, sometimes even one straw for one person also not enough....must also take pills.

Ong (1989) found that slightly more than half of the drug abusers he studied spent, on average, less than \$50 a week on drug consumption. In the present study, only 11% of the Malay abusers and 12% of the Chinese abusers incurred an average weekly expenditure not exceeding \$50 on heroin. This does not necessarily suggest a heavier consumption pattern. It does reflect, however, a rise in the market price of heroin due to stricter control measures. For example, whereas a straw containing approximately 0.1 g of grade 3 heroin cost \$15 in 1977, the market price for the same amount of heroin today cost \$20. Moreover, its purity had dropped from 20% to 10% between 1989 and 1991 (CNB, 1992).

When the average weekly expenses on heroin were compared between Malay First-timers and Repeaters, no statistically significant differences were found (see Table 6.6a in Appendix II). However, it does not suggest that there were no differences at all. Indeed, Malay Repeaters on the whole were incurring a higher average weekly expense on heroin than First-timers. On the one hand, 30% of the First-timers were spending less than S\$80 a week, on the average, as were 24% of the Repeaters. On the other hand, whereas only 14% of the First-timers spent an average of S\$170 or above a week on heroin use, almost a third of the Repeaters were spending just as much each week on heroin. This finding should not be surprising as the Repeaters are likely to develop tolerance to heroin use, hence the greater expense.

Heroin abuse is obviously an expensive affair. How, then, do Malay drug abusers finance their heroin-taking habit? As shown in Table 6.6, Malay drug abusers did not differ greatly in their sources of finance when compared to their Chinese counterparts. The most common sources of finance came from their pay, parents, friends' loans and personal savings. The two groups only differed in two items: Firstly, 92% of the Malay abusers used their pay/salary to support their habit while 76% of Chinese abusers did the same. Secondly, Malay abusers (6%) were less likely than Chinese abusers (19%) to borrow from "loan sharks"; they were more likely to ask or borrow from their parents although the difference is not statistically significant.

It is noted that some drug abusers had resorted to illegal means to help finance their drug habit (Table 6.6). Of these, Malay abusers were marginally more likely to steal from the family or to shoplift but less likely to commit robbery when compared to the Chinese (all not statistically significant). We shall return to this discussion of the apparent relationship between drug abuse and crime in Chapter Nine. Of interest to note here is the relatively high proportion of drug abusers who admitted to selling drugs, albeit in small quantities, to finance their drug abuse: 37% of the Malay abusers and 48% of the Chinese abusers had

resorted to such a measure. Furthermore, when only Malay abusers were examined, it was found that Repeaters were significantly more likely than First-timers to resort to selling drugs: one in two Repeaters admitted to such an involvement, as did 22% of the First-timers (see Table 6.6a in Appendix II). The above finding may suggest that the deterrent policy against drug trafficking in Singapore, including the death penalty, is not sufficient to deter drug abusers from selling drugs to support their own habit. One Malay repeater explained his action:

Drug addicts cannot afford....friends gave us to sell and that time I sakit (sick),I gian (craves for drugs) already....I didn't think about (the consequence). (Rahim, aged 24)

Reasons For Heroin Use

A list of main reasons for drug taking was identified from the drug literature and the subjects of the present study were asked to indicate whether each of the reasons applied to them during their first and subsequent heroin use. The results are presented in Table 6.7 and they show mainly no significant differences between the Malay and Chinese abusers. The only exception is that relatively more Chinese abusers (91%) than Malay abusers (78%) indicated that they took heroin for the first time to satisfy their curiosity. Moreover, more than three quarters of both the Malay abusers (78%) and the Chinese abusers (84%) also indicated that the desire to try something new prompted their first heroin experience. Ong (1989) also found that curiosity about what a drug was like was indicated as a reason for drug-taking for the first time by 76% of the drug abusers he studied. Research done in the West, too, has consistently shown that drug abusers almost always cite curiosity as the main reason for their first drug use (Craig and Brown, 1975; Plant, 1975; Bennett, 1986; Plant and Plant, 1992).

Curiosity and the desire to try something new did not appear to be important factors for subsequent heroin use, however (Table 6.7). The main

reasons for subsequent heroin use for both groups were "to get high⁸ or feel good" and "to enjoy myself"; about nine out of every ten drug abusers cited both reasons. These two latter reasons, which Ong (1989) described as "hedonism", also applied to the first heroin experience of the majority of both groups of abusers (Table 6.7) as well as almost half of Ong (1989)'s subjects. One Malay abuser put it succinctly:

For me, I take drugs for enjoy only. (Azman, a first-timer)

As heroin use can create dependency, it was not surprising to find that about 70% of both the Malay and Chinese abusers indicated they took heroin on subsequent occasions either to satisfy an urge or simply to avoid withdrawal discomfort. This finding supports one of the earliest theories on drug addiction, by Lindesmith (1968), which argues that the principal motivation for continued drug use is not to get "high" but to avoid the withdrawal symptom. Leong (1978) also supported this theory:

....fear of the onset of the withdrawal illness drives the addict to hunt for his drug dosage on a regular basis.

....And as the threat of withdrawal pains is a recurrent thing, the addict's escape behaviour - his drug-seeking and consuming - becomes compulsive.

(1978:24-5)

The data also show that the Malay abusers were less likely than Chinese abusers to take heroin as a means of problem-solving (such as to forget personal problems, or to relax or reduce tensions) during both their first and subsequent heroin uses. Though the differences have not reached a level of statistical significance, they are all in the same direction and thus indicate a definite pattern. Interestingly, few abusers in both groups took heroin as a way to impress someone or to be accepted by friends. In other words, there was no overt pressure exerted on the individual to take heroin. This is not to suggest, however, that peer group influence is not an important factor in drug abuse. On the contrary, as we have already seen, friends are a major source of heroin supply and heroin use often takes place together with others. Glassner & Loughlin

(1987) also find little evidence of pressure from friends among drug users in America:

Rather than being sources of pressure, peers were far more often described as legitimators of the activity and suppliers of the substance. (1987:160)

Another revealing finding was that an almost equal proportion of Malay and Chinese abusers (14-15%) consumed heroin to enhance their sexual satisfaction. Interestingly, as they moved into subsequent heroin use, about twice as many abusers in both groups (31%) took heroin to improve their sexual satisfaction, among other reasons. Similar findings of 'aphrodisiac' functions have been made in other Asian cultural contexts, such as in Hong Kong (Ding, 1972; Holinrak, 1979) and West Malaysia (Lee, 1986). While these studies seem to contradict the known physiological effects of opiates, they do suggest that cultural beliefs in the effects of a particular drug are an important motivational force for drug use. For example, Rhodes & Stimson (1994) found that individual behaviour and individual understandings of the use and effects of drugs are influenced by a complex interaction between cognition and culture. In the context of the Singapore Malays, Hill (1968) previously found that cannabis users believed that the drug helped to enhance their sexual experience. In the present research, several Malay abusers also claimed that heroin helped to enhance their sexual enjoyment:

Can imagine (sex experience) more, concentrate better and (takes) longer time.

Friends told me (sexual act lasts) long time.

Sperms very hard to come out....nicer for girls too...can last 3-4 hours.

Very good...my girl also likes it.

Sometimes whole night also sperms never come out.

These statements might be subject to some doubts but they reflected what the Malay abusers themselves believed in and, more importantly, what they told their friends. The finding that 14% of the Malay abusers indicated

that improving sexual satisfaction was a contributing reason for their first heroin use could be indicative of such an influence.⁹

The association between drug use and music has been long investigated. For instance, it was found that by the end of 1954 in the United Kingdom, of the 63 known heroin addicts, 24 were musicians (Mott, 1991). Cannabis and heroin use was also associated with interest in popular music (Glassner & Loughlin, 1987; Mott, 1991) and Jazz music (Stephens, 1987). Among the Malay abusers surveyed in this study, 17% and 45% indicated that enhancing the appreciation of music was a contributing reason for their initial and subsequent heroin use respectively. A similar proportion of the Chinese abusers also gave the same reasons. When asked to elaborate, many of the Malay abusers sang the same tune:

You can concentrate more better....can really get the concept.
It's like lekas masok (fast to absorb). Your mind like
automaticmore tahu (aware).

Like you go to one place already, inside the music; like go
through the radio.

The concentration is different. You can listen to every bit of
the music....very sharp. (Mohammad, 9-year drug history)

The accounts given by the Malay abusers suggest that music, when combined with heroin 'high', produces a different level of enjoyment that is beyond the normal experience. Several studies carried out abroad have described similar experiences among drug users. According to some reports, the effect of drugs not only enhances music enjoyment, they also help musicians to perform even better such as helping them in the sense of timing (Stephens, 1987).

Table 6.7 Reasons For First And Subsequent Heroin Use

| | First Heroin Use | | | | | Subsequent Heroin Use | | | | |
|---|--------------------------|----|----------------------------|----|----------|--------------------------|----|----------------------------|-----|----------|
| | Malay Abusers (N=100) | | Chinese Abusers (N=100) | | | Malay Abusers (N=100) | | Chinese Abusers (N=100) | | |
| | Yes | No | Yes | No | X2 | Yes | No | Yes | No | X2 |
| To satisfy my curiosity | 78 | 22 | 91 | 9 | 5.50* | 8 | 92 | 13 | 87 | .85n.s. |
| To be accepted by my friends | 19 | 81 | 12 | 88 | 1.37n.s. | 7 | 93 | 12 | 88 | .93n.s. |
| To get high or feel good | 63 | 37 | 59 | 41 | .19n.s. | 93 | 7 | 89 | 11 | .55n.s. |
| To increase my appreciation of music | 17 | 83 | 20 | 80 | .13n.s. | 45 | 55 | 44 | 56 | .00n.s. |
| To enjoy myself | 79 | 21 | 68 | 32 | 2.57n.s. | 94 | 6 | 85 | 15 | 3.41n.s. |
| To forget my problems | 28 | 72 | 38 | 62 | 1.83n.s. | 55 | 45 | 64 | 36 | 1.33n.s. |
| To fill my boredom | 35 | 65 | 44 | 56 | 1.34n.s. | 68 | 32 | 81 | 19 | 3.79n.s. |
| To relax or reduce tensions | 20 | 80 | 31 | 69 | 2.63n.s. | 48 | 52 | 61 | 39 | 2.90n.s. |
| To improve my sexual satisfaction | 14 | 86 | 15 | 85 | .00n.s. | 31 | 69 | 31 | 69 | .00n.s. |
| To impress someone | 4 | 96 | 4 | 96 | # | 5 | 95 | 3 | 97 | # |
| To satisfy an urge | 6 | 94 | 12 | 88 | 1.53n.s. | 67 | 33 | 70 | 30 | .09n.s. |
| To avoid withdrawal discomfort | 5 | 95 | 4 | 96 | # | 68 | 32 | 69 | 31 | .00n.s. |
| To try something new | 78 | 22 | 84 | 16 | .81n.s. | 7 | 93 | 6 | 94 | .00n.s. |
| Other reasons | 3 | 97 | 3 | 97 | # | 2 | 98 | 0 | 100 | # |

All with Yates' Correction d.f.=1

* p<.05

Cells with E.F.=<5 exceed 20%

Table 6.7a summarizes and illustrates the six commonest reasons given by the sampled groups for their initial and subsequent heroin abuse. The rank order according to the frequency of mention clearly shows that recreational factors (ie. to enjoy, to get 'high', to fill boredom) are the single most important motivation for the Malay drug abusers' involvement in heroin abuse, and even more so during their subsequent use when they have already learned to enjoy the effects of heroin. Not unexpectedly, curiosity factors (ie. to satisfy curiosity, to try something new) are only important to the initial experience whereas factors associated with heroin dependency (ie. to avoid withdrawal discomfort, to satisfy urge) are among the most important reasons for their continued heroin use. Contrary to popular beliefs, however, having a personal problem does not seem to be a major

factor which prompts Malay abusers to embark on a drug career. But once regular heroin use commences, about half of the Malay abusers are likely to resort to heroin use in order to cope with their personal problems.

As can be seen in the Table, the same sets of important motivating factors for initial and continued heroin use are also cited by the Chinese abusers.

If any significant variations were perceptible, it must be that the Malay abusers were even more likely than the Chinese abusers to be motivated by the desire for enjoyment and 'high' feelings. A combination of the quest for enjoyment and curiosity accounts for the first decision to try heroin among almost eight out of every ten Malay abusers. Among the Chinese abusers, curiosity appears to be a stronger motivating factor on the first occasion. Finally, for subsequent heroin uses, about nine out of ten Malay as well as Chinese abusers are motivated by the desire for enjoyment and 'high' feelings.

Table 6.7a Six Commonest Reasons For First And Subsequent Heroin Use

Among Malay Abusers

| First Heroin Use | | | Subsequent Heroin Use | | |
|------------------|--------------------------|----|-----------------------|--------------------------------|----|
| Rank | Reason | % | Rank | Reason | % |
| 1 | To enjoy myself | 79 | 1 | To enjoy myself | 94 |
| 2 | To satisfy my curiosity | 78 | 2 | To get high or feel good | 93 |
| 2 | To try something new | 78 | 3 | To fill my boredom | 68 |
| 4 | To get high or feel good | 63 | 3 | To avoid withdrawal discomfort | 68 |
| 5 | To fill my boredom | 35 | 5 | To satisfy an urge | 67 |
| 6 | To forget my problems | 28 | 6 | To forget my problems | 55 |

Among Chinese Abusers

| | | | | | |
|---|--------------------------|----|---|--------------------------------|----|
| 1 | To satisfy my curiosity | 91 | 1 | To get high or feel good | 89 |
| 2 | To try something new | 84 | 2 | To enjoy myself | 85 |
| 3 | To enjoy myself | 68 | 3 | To fill my boredom | 81 |
| 4 | To get high or feel good | 59 | 4 | To satisfy an urge | 70 |
| 5 | To fill my boredom | 44 | 5 | To avoid withdrawal discomfort | 69 |
| 6 | To forget my problems | 38 | 6 | To forget my problems | 64 |

To conclude this section, it is evident from the above findings that Malay abusers first try heroin for recreational factors (eg. to enjoy) rather

than for instrumental reasons like to forget a problem, to improve sex and so on. The same recreational factors are still important for their subsequent heroin use although, once tolerance is developed, they may also consume heroin in order to satisfy their psychological cravings as well as to avoid withdrawal discomfort. The result indicates that the Malay abusers do not generally differ from the Chinese abusers in their reasons for heroin abuse for the first time as well as subsequently. The result also confirms that the local pattern does not differ from the experiences described in other countries. For example, American researchers have found that heavy drug users take drugs primarily because they "enjoy the effect and the sociability" rather than to escape from their earthly troubles (Glassner & Loughlin, 1987:50).

Consequences of Heroin Abuse

As illustrated in Table 6.8, the drug abusers reported both varied and conflicting experiences when they were taking heroin on a regular basis. There were no significant differences in the experiences of the Malay and Chinese abusers, save for two items. Firstly, significantly more Malay abusers (55%) than Chinese abusers (36%) reported that they stopped going their respective place of worship after they became regular heroin users ($p < .05$). Secondly, Malay abusers (44%) reported less rejection by friends when on regular drug use when compared to the Chinese (71%). The level of statistical significance was $p < .001$.

It was interesting to note that just over half of the drug abusers in both groups reported a lack of concentration in their job after regular heroin use. The drug literature is replete with controversies over the effects of drug use on employment in general and work performance in particular. For instance, opiate addicts have been described as "retreatists" (Merton, 1957), "double-failures" (Cloward & Ohlin, 1961) and "passive", hardly model employees. On the other hand, poets, doctors, and politicians have been known to produce their best results allegedly whilst under the

influence of drugs (see Chapter Three). The following quotes illustrate the experiences of the Malay abusers:

You (feel) "gian"....you feel like cannot work without the thing, like cannot make it for the day. (Salleh, a Malay repeater)

When take drugs that time, can work faster....but when "gian" (urge to take drugs), don't come to work. (Din, Malay repeater)

Take drugs, can work very fast, very kancheong (earnest, in Hokkien) one. Also never argued when asked to work. You feel relaxed. (Sidek, a Malay third-timer)

....take drugs, people say good worker. (Mudmood, Malay first-timer)

Controversial as it may well be, the Malay abusers claimed that they were not able to concentrate on their job only when they ran out of heroin supply and when they felt the strong craving for heroin. Presumably, when they were experiencing withdrawal discomfort, they could not work effectively. Conversely, they alleged that they performed more productively whilst under the influence of heroin. Notwithstanding, 39% of the Malay abusers were reported to have lost their jobs as a result of their regular heroin use. However, this was more often than not due to their arrest and committal into a DRC rather than their job performance.

The study was also intended to inquire into the effects of heroin-taking on their daily social functioning and interpersonal relationships. The results suggest that the Malay abusers generally experienced a change in lifestyle to one whereby heroin use became a predominant preoccupation. Cognitive thoughts and emotive feelings were centred around obtaining the drug and ways of avoiding detection. Consequently, 78% of the Malay abusers reported constantly entertaining thoughts of how and where to obtain drugs, 62% felt anxious most of the time and 77% admitted to living in constant fear of being discovered and arrested. In this respect, they did not differ significantly from the Chinese abusers. The following quotes from some of the Malay abusers describe some of their subjective experiences:

It's part of my life; wake up in the morning and think about drugs.

You feel that someone is shadowing your life, suspect everyone to be CNB (Central Narcotics Bureau) Officer.

Yea, I think about how to get drugs - like now!

Heroin abuse and the preoccupation with getting the drug also affected relationship with significant others. As one Malay repeater put it:

"...can take care of myself only". More than a third of the Malay abusers (39%) claimed that when they began to take heroin on a regular basis, they also lost interest in their girlfriend or, where applicable, spouse, as well as in their family. Moreover, 42% indicated that they could not get along with their parents. The Chinese abusers indicated a similar trend.

Finally, 19% of the Malay abusers and 22% of the Chinese abusers self-reported that they dropped out of school after they became regular heroin users. It must be remembered, however, that a similar proportion of Malay abusers had already left school prematurely even before they they became regular heroin users. Hence, for some of them, heroin-use might have been the precipitating factor.

Table 6.8 Experiences Whilst Using Heroin On A Regular Basis

| | Malay Abusers (N=100) | | | Chinese Abusers (N=100) | | | X ² | d.f. | p< |
|--|--------------------------|----|------|----------------------------|----|------|----------------|------|------|
| | Yes | No | N.A. | Yes | No | N.A. | | | |
| Could not concentrate on my job | 52 | 48 | 0 | 59 | 39 | 2 | 1.04 | 1 | n.s. |
| Lost interest in girlfriend or spouse | 39 | 42 | 19 | 46 | 38 | 16 | 1.03 | 2 | n.s. |
| Lost interest in family | 39 | 61 | 0 | 34 | 66 | 0 | .35 | 1 | n.s. |
| Felt anxious most of the time | 62 | 38 | 0 | 66 | 34 | 0 | .20 | 1 | n.s. |
| Always thinking of ways to obtain drugs | 78 | 22 | 0 | 74 | 26 | 0 | .25 | 1 | n.s. |
| Living in constant fear of being discovered | 77 | 22 | 1 | 83 | 16 | 1 | .81 | 1 | n.s. |
| Dropped out of school | 19 | 62 | 19 | 22 | 69 | 9 | 4.16 | 2 | n.s. |
| Lost my job | 39 | 51 | 10 | 31 | 64 | 5 | 4.05 | 2 | n.s. |
| Could not get along with parents | 42 | 55 | 3 | 44 | 55 | 1 | .00 | 1 | n.s. |
| Stopped going to mosque/temple/church | 55 | 37 | 8 | 36 | 51 | 13 | 7.39 | 2 | .05 |
| Some friends avoided me | 44 | 54 | 2 | 71 | 28 | 1 | 13.50 | 1 | .001 |

d.f.=1 (with Yates' correction)

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repeaters also begin smoking earlier than First-timers. Much of the Malays' involvement in cigarette smoking can be attributed to peer group influence. The cultural significance of peer influence among the Malays will be discussed in Chapter Nine.

The pattern of Malay drug abuse generally conforms to the "stepping-stone" hypothesis: Malay abusers typically begin their drug-use career with cigarette smoking, and then move on to ganja (cannabis) and then heroin. They are also significantly more likely than the Chinese abusers to start with ganja and to escalate faster to heroin use. We have already discussed the historical and cultural significance of ganja use among the Malays in Chapter Two. Moreover, Malay abusers are significantly more likely than Chinese abusers to have a positive experience during their first try of heroin. This may also be attributed to their prior experience with ganja use, although it is clear that the effects of the first dose of heroin also depend on the dosage used, the level of purity and the social context of that first heroin use.

Another interesting observation is that Chinese abusers generally appear more cautious in their drug-taking pattern when compared to the Malay abuser. Hence, they are less likely to have obtained their first dose of heroin from a stranger or pusher but more likely to consume heroin indoors, such as at home or in a friend's home. In contrast, while most of the Malay abusers also obtain their first heroin dose from a friend, neighbour or colleague and consume heroin at home, they are comparatively more likely to have obtained their first source of heroin from a stranger or pusher as well as to consume heroin in public places, such as their HDB void decks and staircases. The first pattern may be explained, in part, to their prior experience in obtaining ganja. The second pattern has important sociological implications: owing to the greater visibility of their drug-taking pattern, ie. in public places (and often in groups), they are more likely to be observed, arrested and recorded in official statistics. Perhaps this may partially account for their consistently higher incidence rates in drug abuse.

Most of the Malay abusers, like their Chinese counterparts, employ the "chasing the dragon" method in their heroin use. A worrying trend, however, is the significantly higher proportion of Malay abusers who have resorted to the intravenous injection method. One reason for this switch may be their relative lack of financial resource to cope with the escalating heroin prices. This trend has important implications for intervention planning because of its added health risks factor.

Looking for excitement and enjoyment is very much a cultural feature among the Malays (see Chapter Nine). This is also reflected in the high proportion of Malay abusers who indicate recreational factors (eg. to enjoy; to get high; to fill boredom, etc.) rather than personal problems as important motivations for their heroin abuse. Furthermore, curiosity appears to be a relatively less important reason for the first heroin use for Malay abusers, due perhaps to their prior involvement in illicit drug use (ie. ganja use). Though not significantly different from the Chinese abusers, it is noted that the proportion of the Malay abusers who use heroin to enhance their sexual experience almost double during their subsequent use. Obviously, the abusers' beliefs about the pharmacological effects of heroin are more likely to originate from their peers rather than scientific sources. Finally, the absence of overt pressure indicates that peer influence, rather than peer pressure, is important for the initiation of heroin abuse among the Malays.

On the whole, Malay abusers spend significantly less on heroin use when compared to the Chinese abusers. This may be explained by two factors. Firstly, the Malays tend to share their heroin with their friends; sharing and community spirits are part of the Malays' cultural configuration (Salahudin, 1990/91). Secondly, they have lesser financial resources. Malays abusers also differ from Chinese abusers in two sources of finance for their heroin use habit. Firstly, they are significantly more likely than Chinese abusers to finance their drug habit with their pay/salary; secondly, they are less likely to borrow money from a "loan shark". In the

cultural context of the Malays, a Malay turns to and expects help from the family and other relatives, including financial help. Hence, most of the Malay abusers tend to ask or borrow money from their parents to support their drug habit although the actual reason for the loan is most unlikely to be given.

As can be seen in Table 6.10, two significant differences between Malay and Chinese abusers are observed with regard to the consequences of heroin use.

Significantly more Malay abusers than Chinese abusers stop going to a mosque/church/temple once they become regular heroin users. This finding must be read with caution, however. Malays are traditionally more religious than the Chinese (see Chapter Eight). Secondly, Malay abusers report significantly less avoidance by friends, when compared to the Chinese abusers. This relative absence of a social stigma is also obvious during the interviews with the family (see Case studies 2,3):

(Employers and the public are) more accepting of ex-drug abusersNowadays the drug problem is quite common (sudah biasa) and people do not isolate them (Jangan tepikan mereka)
(Mother of Rosli,
Case study no 2)

The absence of a social stigma may be a contributing factor for the high rate of Malay drug abuse and continued drug use. In traditional society, social stigma can be a powerful source of informal social control.

On the whole, once the Malay drug abusers develop a regular pattern of heroin abuse, they are forced to make some adjustments to their lifestyle.

Increasingly, their cognitive and physical energies are directed around drug-taking and drug-buying activities. Thus their mental frame is often preoccupied with " always thinking of ways to obtain drugs" and living in constant anxiety of being discovered. In this respect, they do not differ from Chinese abusers as well as other heroin abusers reported elsewhere (Ong, 1989). Of interest to note is also the claim by some Malay abusers that, contrary to popular belief, heroin use helps them to work more

"productively"; poor work performance arises only when they run out of heroin and craves for it. Nevertheless, more than a third of the Malay abusers reported losing their jobs after they began regular heroin use.

Finally, the now common pattern of multiple drug abuse is also true for the Malay drug abusers. This is a clear shift from the cultural-historical pattern of Malay drug abuse; traditionally, the Malays were predominantly Ganja abusers. Malay Repeaters are even more likely than First timers to try different types of drugs, including opium. However, Malay abusers are significantly less likely than Chinese abusers to have abused methaqualone.

One probable explanation is that methaqualone abuse has traditionally been associated with "middle class" students' use, clearly a different social context of drug use.

It is the contention of this thesis that there are important differences between Malay and Chinese abusers in their patterns of drug abuse. Many of these differences have their origins in cultural-historical factors and an understanding of these factors are essential to effective intervention and treatment planning.

TABLE 6.10 SUMMARY OF RESULTS (Malay Abusers vs Chinese Abusers)

Initiation into drug abuse

| | | |
|-------------------------------|---------|----------|
| Age first smoked a cigarette | n.s. | [p <.01] |
| Age first tried drugs | n.s. | |
| Age first tried heroin | n.s. | |
| First cigarette obtained from | n.s. | [p <.01] |
| First controlled drug used | p <.001 | |
| First heroin obtained from | p <.005 | |
| Feeling at first try | p <.001 | |

Mode of heroin-taking

| | |
|---------------------------|--------|
| Smoking spiked cigarretes | n.s. |
| Chasing the dragon | n.s. |
| Intravenous injection | p <.05 |
| Swallowing | n.s. |
| Other methods | n.s. |

Characteristics of heroin-taking activities

| | |
|--|----------|
| Where most frequently took place | p <.0000 |
| Whether taken alone or with others | n.s. |
| Most frequently used source of heroin supply | p <.05 |
| Average expense | p <.01 |

Sources of finance for heroin use

| | |
|--|--------|
| Personal savings | n.s. |
| Pay/salary | p <.01 |
| Asked or borrowed from parents | n.s. |
| Borrowed from friends | n.s. |
| Asked or borrowed from wife/girlfriend | n.s. |
| Borrowed fro loansharks | p <.05 |
| Stole from family | n.s. |
| Shoplifting | n.s. |
| House burglary | n.s. |
| Robbery | n.s. |
| Sold drugs | n.s. |
| Other sources | n.s. |

Reasons for first heroin use

| | | |
|--------------------------------------|--------|--------|
| To satisfy my curiosity | p <.05 | (n.s.) |
| To be accepted by friends | n.s. | (n.s.) |
| To get high or feel good | n.s. | (n.s.) |
| To increase my appreciation of music | n.s. | (n.s.) |
| To enjoy myself | n.s. | (n.s.) |
| To forget my problems | n.s. | (n.s.) |
| To fill my boredom | n.s. | (n.s.) |
| To relax or reduce tensions | n.s. | (n.s.) |
| To improve my sexual satisfaction | n.s. | (n.s.) |
| To impress someone | n.s. | (n.s.) |
| To satisfy an urge | n.s. | (n.s.) |
| To avoid withdrawal discomfort | n.s. | (n.s.) |
| To try something new | n.s. | (n.s.) |
| Other reasons | n.s. | (n.s.) |

Consequences of heroin abuse

| | |
|---|------|
| Could not concentrate on my job | n.s. |
| Lost interest in girlfriend or spouse | n.s. |
| Lost interest in family | n.s. |
| Felt anxious most of the time | n.s. |
| Always thinking about ways to obtain drugs | n.s. |
| Living in constant fear of being discovered | n.s. |

| | |
|---------------------------------------|----------|
| Dropped out of school | n.s. |
| Lost my job | n.s. |
| Could not get along with my parents | n.s. |
| Stopped going to mosque/temple/church | p < .05 |
| Some friends avoided me | p < .001 |

Other types of drugs abused

| | |
|-------------------------|---------|
| Ganja | n.s. |
| Morphine | n.s. |
| Opium | n.s. |
| MX pills (methaqualone) | p < .05 |
| LSD | n.s. |
| Cocaine | n.s. |
| Other drugs | n.s. |

p < . denotes level of statistical significance

n.s. denotes 'not statistically significant'

[] level of statistical significance for Malay Abusers vs Non-abusers

() level of statistical significance for subsequent drug use only

ENDNOTES

1. The "stepping-stone" hypothesis was first formulated in the 1950s to test the assumption that marijuana possesses a pharmacological quality that makes the user crave for stronger drugs. The empirical evidence comes from the observation that users of other drugs typically use marijuana before.

2. The Straits Times quoted data provided by the Ministry of Health in a recent report: 56 per cent of Malay Singaporean men smoke, compared with 30 per cent of Chinese and 28 per cent of Indian men (ST 29/4/93). Smoking among Malay men is also on the rise: 47.1 per cent smoked regularly in 1991, up from 36.7 per cent in 1987 (STWOE 30/5/92).

3. Unfortunately, the age when alcohol was first tried was not captured in the survey. Several studies done in the West have shown that alcohol use preceded illicit drug use and, in some cases, even cigarette smoking (Kandel, 1975; Welte & Barnes, 1987). As alcohol is forbidden in Islam, it was not expected that many Malay youths would consume alcohol. The author was wrong! 98% of the Malay abusers self-disclosed that they had ever accepted alcohol or beer, with the great majority doing so on many occasions. On the other hand, 62% of the Malay non-abusers had never accepted alcohol or beer in their life and only 16% admitted that they had taken alcohol or beer "many times". The difference was statistically significant ($X^2 = 118.87, p < .0000, df=2$).

4. But there was a significant difference between Malay First-timers and Repeaters in respect of age when they first tried illicit drugs: First-timers first tried an illicit drug at 16 (mean age) while Repeaters started at 14.7 (mean age); t -test= 3.10, $p < .01$, two-tailed (see Table 6.1a in Appendix II). It is thus possible to propose that the earlier a Malay drug abuser starts illicit drug use, the greater is the likelihood of becoming a heroin-use Repeater.

5. Positive first heroin experience is defined here as "having a pleasant feeling" or "having both pleasant and unpleasant feelings" after the first dosage of heroin.

6. "Chasing the dragon" is also a popular mode of using heroin in other countries, from Malaysia (Lee, 1986) and Hong Kong (Spencer & Navaratnam, 1981) to the United Kingdom (The Royal College of Psychiatrists, 1987). Lee (1986) gave a similar description to the one provided by Zulkiflie:

In this method, morphine or heroin is lit on a piece of foil and inhaled directly through a reed or straw. The fumes emitted from the burning morphine or heroin allegedly resemble a dragon, thus the name "chasing the dragon". (1986:23)

7. A similar pattern was found in Hong Kong more than ten years ago. According to Spencer & Navaratnam (1981), rising prices of heroin due to enforcement measures forced heroin addicts to switch from heroin smoking to injecting the drug:

Injection of heroin, either under the skin or into a vein, ensures that none of the substance escapes, and thus saves money whilst heightening the experience. (1981: 48)

8. According to Stephens (1987:23), heroin 'high' involves two aspects: (a) a 'rush' which is short-lived, very intense and orgasmic, perhaps similar to a sexual experience; (b) a more prolonged semisomnolent state known in common parlance as the 'nod' in which all of one's earthly troubles allegedly disappear.

9. As pointed out by Muisener (1994), combining drug use with sexual interaction can be problematic for the sexual development of the adolescent

drug abuser. The problems include increased sexual activity due to chemically-reduced inhibitions, aggression during sex, and problems associated with casual sex such as STD and AIDS. Clearly, these problems also need to be addressed in a drug recovery programme.

⁰0. The problem of inhalant or solvent abuse (glue sniffing) is not included in this discussion as it warrants a separate study. Suffice it to mention here, however, that the Malay abusers (29%) were significantly less likely than the Chinese abusers (84%) to be involved in inhalant abuse ($p < .0000$). However, among the Malay abusers only, Repeaters (42%) were much more likely than First-timers (16%) to have tried glue sniffing ($X^2 = 6.99$, $df = 1$, $P < .01$). Among the most common reasons given by the Malays for not getting involved were:

(a) fear of brain damage: "see people like seow or gila (mad)"; "mind lost already"; "like something wrong...talking nonsense"; "friends say I now blur-blur (common expression for a confused look)";

(b) association with suicide: "witnessed a Chinese 'playing gum'...jumped from flat"; "people say take glue, can fall down from flat"; "friend jumped from second storey and now paralysed";

(c) effects too strong: "feel headache...feel like all nonsense"; "take gum - people see us stupid, take drugs, people cannot see"; "people will know easily...they walk not steady"; "effects coming too fast, cannot remember what the teacher told us"; "gum make you lose you mind, don't know you are at where, mind can jam"; "too strong, like lost thinking";

(d) too dangerous: "one friend died"; "spoilt you body more";

(e) unpleasant smell: "don't like smell"; "awful smell") and,

(f) low status: "low class...look down by other drug abusers too"; "low class for me...costs only 50 cents"; "no standard").

Though these subjective statements might be subject to doubts in the scientific sense, they nevertheless reflect the importance of the influence of popular beliefs and peer group influence in the social world of the Malay drug abusers. This has tremendous value for drug preventive programmes.

¹1. Muisener (1994: 41-2) offered three reasons for multiple drug use:

(a) using two drugs simultaneously to amplify the effects of both drugs,

(b) using a secondary drug as a substitute for a primary drug not immediately available, and (c) using a secondary drug to offset the noxious effects of a primary drug.

SOCIAL STRUCTURE, FAMILY CHARACTERISTICS AND MALAY DRUG ABUSE

Introduction

Social scientists are trained to think of human behaviour, including drug abuse, as the product of one's position in the social structure and the social milieu. Studies, especially of ethnic minorities, tend to see the problem of drug abuse as a function of poverty, economic deprivation and racial discrimination (see Tucker, 1985). A good example is the case of the Native Americans (Oetting & Goldstein, 1979; McBride & Page, 1980; Weibel-Orlando, 1984; Moncher, Holden & Trimble, 1990). Though indigenous to America, the Native Americans find themselves in the position of an ethnic minority group, face poverty as a fact of life and live in isolation from the mainstream American society. With very limited opportunities for economic advancement and social mobility, Native American children have become increasingly alienated from both mainstream society and their own community. Their problem is further compounded by a breakdown in the family structure as well as by other acculturation stress. All these factors have been found to be related to their heavy involvement in drug abuse (see Oetting & Goldstein, 1979).

The social-historical context of the Singapore Malays resembles the situation of the Native Americans in some but not all aspects. Like their American counterparts, the Malays are arguably the indigenous inhabitants of Singapore but now constitute only 14% of the population. Compared to the other two major ethnic groups, the Malay community has not progressed as much in the economic and educational fields. They are also overrepresented in relation to their size in the population in the major social problems, especially in the four D's - dropout, delinquency, divorce and drug abuse. Other interesting similarities include their close-knit community, strong system of social support network, special love for children and their "laissez-faire" socialization techniques. Thus, in view of the lack of research into the

problem of drug abuse among the Singapore Malays, a review of the drug literature documenting the experience of the Native Americans has proven useful and instructive. In many ways, therefore, the following discussion is guided by what has already been done elsewhere.

The following discussion is divided into two sections pertaining to socio-demographic backgrounds and family backgrounds, respectively. Drawing from research done, especially on ethnic-minority populations, it has been hypothesized that a) Malay abusers are more likely than Non-abusers to come from lower socio-economic status households, and b) Malay abusers are more likely to come from lower socio-economic status households when compared to their Chinese counterparts. In Section II, the following hypotheses will be tested: 1) Malay abusers, when compared to Non-abusers, are more likely to have a) an incomplete family structure, b) less cohesive families, c) poorer intra-familial relationships, d) inadequate parental supervision and discipline, and e) other family members involved in drug abuse or having a less negative attitude toward drug-taking. 2) Malay abusers differ from Chinese abusers in all of the above factors.

Section I: Socio-demographic Characteristics of Malay Drug Abusers

Socio-economic Features of Singapore Malay Society

First, a cursory discussion on the traditional and contemporary socio-economic context of the Malay community may be in order. The relatively poorer socio-economic status of the Malays vis-a-vis the non-Malay communities in Singapore has been well documented. Historically, the Singapore Malays have always been comparatively "backward" in the educational and economic fields (Djamour, 1965; Sharom Ahmat & Wong, 1971; Ismail Kassim, 1974; Wan Hussin, 1990). Some authors have traced their educational "backwardness" to the educational policy of the British Colonial Government which was aimed at maintaining cultural status quo, including keeping the Malays lowly educated as they were; only primary vernacular education was provided for the Malays by the Colonial

Government (Sharom Ahmat & Wong, 1991; Ismail Kassim, 1974; Wan Hussin, 1990).

In contemporary Singapore society, the Malays still fare unfavourably in educational attainment when compared to the other major ethnic groups: 31 per cent of the Malays (aged 10 years and above) had attained secondary or higher education in 1990, compared with 40 per cent of the Chinese and 38 per cent of the Indians (Lau, 1993: 11; STWOE 12/2/94). Furthermore, the proportions of Malay students who were pursuing higher education in 1990 were also low in relation to the other ethnic groups (see Lau, 1993: 9-12). On the other hand, Malay students were more likely to be streamed into the Extended and Mono-lingual courses for weaker primary school students and into Normal stream, rather than Express stream, at the secondary level (Wan Hussin, 1990; Lai, 1992).¹

In occupational fields, the Malays were traditionally employed mainly in such menial and low-status occupations as gardeners, drivers, fishermen, artisans, office-boys and labourers, or in the lowest grades of the civil service. Some were also employed in uniformed services, such as the Police and the Armed Forces although the pattern changed significantly from the 1970s due to changes in recruitment policies.² Few were engaged in business and trade. Their lack of the "capitalist spirit" and the Islamic emphasis on afterlife rather than the material world are among the reasons blamed for their "economic stagnation" (see Alatas, 1972).³ In this respect, comparison has often been made with the Chinese community:

Singapore Chinese on the whole considered the acquisition of wealth to be one of the most important aims in life, and almost an end in itself; they were indefatigable workers and keen businessmen. Singapore Malays, on the other hand, attached great importance to easy and graceful living.

(Djamour, 1965: 10)

Official sources indicate that the Malays have continued to hold lower-skill occupations vis-a-vis the general population (STWOE 12/2/94). For example, in 1980, 86 per cent of the total Malay labour force were engaged in clerical,

service and production related occupations, with almost half of them working as production workers in the factories (Wan Hussin, 1990: 2). On the other hand, the Malays were grossly underrepresented in the professional, administrative and managerial employment sectors as well as in businesses (Wan Hussin, 1990).⁴ This trend is also reflected in their lower wages: Malay households earned an average monthly income of \$2,246 in 1990, lower than the average monthly income of \$3,213 among the Chinese households and \$2,859 among the Indian households respectively (Lau, 1992). Moreover, the Malays had the largest proportion of households earning less than \$1500 a month but the lowest proportion of households with a monthly income of \$5000 or above, when compared to the other ethnic groups (see Lau, 1992).

Concomitant to their poorer socio-economic situation is a markedly lower standard of living. One of the indicators is the relatively smaller proportions of Malays living in private housing and in the larger HDB flats (four-room or larger): in 1990, only 1.6 per cent of Malay households were living in private houses, condominiums and private flats, whereas 12.3 per cent of Chinese households and 10.6 per cent of Indians households were also living in such accommodation; 39.7 per cent of the Malay households were living in the larger HDB flats, in contrast to 40.8 per cent of Chinese households and 38.6 per cent of Indian households (Lau, 1993).⁵

In spite of their economically disadvantaged condition and comparatively lower standard of living, the Singapore Malays have the largest average family size as well as more "attributes favourable to high fertility" when compared to the other ethnic groups (Kuo & Chiew, 1984).⁶ The 1990 Census data show that the Malays have an average household size of 4.7 persons, as opposed to 4.2 for both the Chinese and the Indians and 3.8 for "Others" (Lau, 1992). The Malays have also the highest "mean number of children born to females", at 3.2, as compared to 2.8 among the Chinese and 2.7 among the Indians (Department of Statistics, 1990). Malay men and women also tend to marry (and get divorced!) at an earlier age than their Non-Malay counterparts (Department of Statistics,

1990). 86 per cent of the Malay households are of the one-family nucleus type (Lau, 1992).

Parents' Backgrounds

A major concern of this thesis is to test whether there is a relationship between the relatively poorer socio-economic background of the Singapore Malays and their problem of drug abuse. This section reports on the empirical findings: Table 7.1 below presents the comparative socio-demographic characteristics of the Malay abusers in relation to Malay Non-abusers as well as Chinese abusers. Commencing with parents' backgrounds, it was found that there was only one significant difference in respect of the parents' country of origin. A significantly smaller proportion of the Malay abusers' mothers (69%) were born in Singapore when compared with the Chinese (82%). The difference is statistically significant ($p < .05$). The former group tended to migrate from Malaysia or Indonesia while the latter were mainly born in Malaysia or China. Among the Malay Non-abusers, almost three quarters of their mothers were also born in Singapore, with the rest born either in Malaysia or Indonesia. Approximately three quarters of the fathers of all three comparison groups were born in Singapore; the remaining fathers mainly migrated from Malaysia or Indonesia although 12% of the Chinese abusers' fathers came from mainland China.

In terms of the age of both father and mother, there were no significant differences among the three comparison groups. However, the mothers as a group tended to be younger than the fathers; most of the mothers were in the age range of between 36 and 50 whereas most of the fathers were aged above 50.

In Asian societies, men tend to marry women who are at least a few years younger than themselves.

Table 7.1 Parents' Backgrounds

| Country of birth | Father | | | Mother | | |
|-------------------------|-------------------|----------------------------------|-------------------|------------------------------------|-------------------|-------------------|
| | Malay Abusers | Malay Non-abusers | Chinese Abusers | Malay Abusers | Malay Non-abusers | Chinese Abusers |
| | (a) | (b) | (c) | (a) | (b) | (c) |
| Singapore | 74 | 72 | 77 | 69 | 74 | 82 |
| Malaysia | 21 | 24 | 7 | 27 | 23 | 12 |
| Indonesia | 4 | 3 | 4 | 4 | 3 | 0 |
| China | 0 | 0 | 12 | 0 | 0 | 5 |
| Others | 1 | 1 | 0 | 0 | 0 | 1 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) | 100 (100%) | 100 (100%) | 100 (100%) |
| For Singapore v. Others | | X^2 for (a&b)= .03 d.f.=1 n.s. | | X^2 for (a&b)= .39 d.f.=1 n.s. | | |
| | | X^2 for (a&c)= .19 d.f.=1 n.s. | | X^2 for (a&c)= 3.89 d.f.=1 p<.05 | | |
| | | (All with Yates' correction) | | | | |

| Age | | | | | | |
|--------------|-------------------|------------------------------------|-------------------|-------------------------------------|-------------------|-------------------|
| | (a) | (b) | (c) | (a) | (b) | (c) |
| Under 36 | 0 | 0 | 0 | 5 | 0 | 1 |
| 36 - 40 | 4 | 2 | 2 | 13 | 14 | 12 |
| 41 - 45 | 18 | 27 | 15 | 27 | 32 | 18 |
| 46 - 50 | 14 | 18 | 15 | 23 | 21 | 23 |
| 51 - 55 | 25 | 14 | 25 | 9 | 16 | 23 |
| 56 - 60 | 10 | 10 | 17 | 13 | 10 | 11 |
| Over 60 | 17 | 22 | 14 | 4 | 6 | 7 |
| NA | 12 | 7 | 12 | 6 | 1 | 5 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a&b) = 8.03 d.f.=6 n.s. | | X^2 for (a&b) = 11.87 d.f.=7 n.s. | | |
| | | X^2 for (a&c) = 3.08 d.f.=6 n.s. | | X^2 for (a&c) = 11.71 d.f.=7 n.s. | | |

Highest educational level attained

| | Father | | | Mother | | |
|-------------------------------|-------------------|----------------------------------|-------------------|----------------------------------|-------------------|-------------------|
| | Malay Abusers | Malay Non-abusers | Chinese Abusers | Malay Abusers | Malay Non-abusers | Chinese Abusers |
| | (a) | (b) | (c) | (a) | (b) | (c) |
| No formal education | 13 | 18 | 30 | 31 | 34 | 51 |
| Attended primary education | 44 | 34 | 46 | 49 | 38 | 34 |
| Attended secondary education | 25 | 33 | 12 | 11 | 13 | 8 |
| Some post secondary education | 1 | 11 | 4 | 0 | 12 | 0 |
| Others | 2 | 1 | 0 | 2 | 1 | 0 |
| Don't know/not applicable | 15 | 3 | 8 | 7 | 2 | 7 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) | 100 (100%) | 100 (100%) | 100 (100%) |
| Excluding 'dk/na' | | X^2 for (a&b)= 7.83 df=3 p<.05 | | X^2 for (a&b)= 9.64 df=3 p<.05 | | |
| | | X^2 for (a&c)=11.22 df=3 p<.05 | | X^2 for (a&c)=10.06 df=3 p<.05 | | |

Parents' Occupational Status

| | Father | | | Mother | | |
|---|--|--------------------------|------------------------|--|--------------------------|------------------------|
| | Malay Abusers (a) | Malay Non-Abusers (b) | Chinese Abusers (c) | Malay Abusers (a) | Malay Non-Abusers (b) | Chinese Abusers (c) |
| Unemployed / housewife | 11(12.5) | 6(6.5) | 14(16.1) | 66 (68) | 81 (81.8) | 47(49) |
| Odd job worker | 9(10.2) | 10(10.9) | 15(17.2) | 2 (2.1) | 4 (4) | 1(1) |
| Unskilled worker | 22(25) | 18(19.6) | 12(13.8) | 18 (18.6) | 6 (6.1) | 25(26) |
| Skilled / semi-skilled worker | 10(11.4) | 19(20.7) | 12(13.8) | 2 (2.1) | 3 (3) | 4(4.2) |
| Sales & clerical worker | 2(2.3) | 7(7.6) | 0 | 1 (1%) | 3 (3) | 5(5.2) |
| Executive / professional staff | 1(1.1) | 1(1.1) | 0 | 0 | 1 (1) | 0 |
| Others | 33(37.5) | 31(33.7) | 34(39.1) | 8 (8.2%) | 1 (1) | 14(14.6) |
| TOTAL | 88(100) | 92(100.1) | 87(100%) | 97 (100%) | 99 (99.9%) | 96(100%) |
| For Unemployed v. Employed | X ² for (a&b)= 1.25 df=1 n.s. | | | X ² for (a&b)=4.25 df=1 p<.05 | | |
| (All X ² with Yates' correction) | X ² for (a&c)= .21 df=1 n.s. | | | X ² for (a&c)=6.47 df=1 p<.05 | | |
| | () All percentages in parenthesis | | | | | |

Table 7.1a Father's SOPS (Singapore Occupational Prestige Scores)*

| Malay Abusers (a) | | | Malay Non-abusers (b) | | | Chinese Abusers (c) | | | | |
|----------------------|-------|----|--------------------------|-------|----|------------------------|-------|-------|----|----------|
| Mean | S.D. | N | Mean | S.D. | N | t (a&b) | Mean | S.D. | N | t (a&c) |
| 22.58 | 13.96 | 65 | 23.40 | 13.89 | 62 | -.33n.s. | 24.41 | 12.93 | 56 | -.74n.s. |

n.s.= not significant (two-tailed test)

* The procedures used to calculate SOPS may be found in Quah, et al (1991)

Socio-economic Status (SES)

The indicators for socio-economic status were drawn from previous studies by Covington (1988), Kandel (1991) and Wallace & Bachman (1991). Firstly, using parents' educational attainment as an indicator of SES, significant differences were found in all categories (Table 7.1). For example, it was found that both parents of the Malay Non-abusers were significantly more likely than the parents of Malay abusers to have attended some secondary schooling or higher (p <.05). However, when compared to the parents of Chinese abusers, significantly larger proportions of both the parents of the Malay abusers had attained secondary education or higher. On the other hand, a significantly larger proportion of the parents of Chinese abusers had received no formal education. All the differences were statistically significant at the .05 level.

The results may suggest that parents with low education are significantly more likely than those with higher education to have drug-abusing sons. Thus, 67.1% and 82.6% of the fathers of Malay and Chinese abusers respectively had attended no formal education or only primary education as compared to 53.6% of the Malay Non-abusers' fathers. Similarly, whereas 73.5% of the Malay Non-abusers' mothers attended no formal education or only primary education, 86% of the Malay abusers' mothers and 91.4% of the Chinese abusers' mothers had similar educational attainment.

Secondly, by using parents' occupational status as a yardstick of SES, it was found that the proportions of unemployed fathers among all three comparison groups did not differ significantly from one another (Table 7.1). But this is not to suggest that there were no differences at all. For instance, while 6.5% of the Malay Non-abusers had fathers who were unemployed, the proportions of unemployed fathers among the Malay and Chinese abusers were 12.5% and 16.1% respectively. Moreover, marginally larger proportions of Malay (35.2%) and Chinese (31%) abusers had fathers who held odd jobs or other unskilled work when compared to the Malay Non-abusers (30.5%). This pattern was partially confirmed when the Singapore Occupational Prestige Scores or SOPS (Quah, et al, 1991:281-284) were employed to compare the three groups of respondents. As can be seen in Table 10.1a, the father's SOPS mean score for Malay abusers was 22.58, compared to 23.40 for Malay Non-abusers. However, the father's SOPS score for Chinese abusers was marginally higher than both, at 24.41. The differences were, however, not high enough to reach statistical significance.

Another interesting finding was that the Malay Non-abusers were significantly more likely to have an unemployed mother than either the Malay or Chinese abusers (see Table 7.1). Whereas 81.8% of the Malay Non-abusers had mothers who were unemployed, the proportions of unemployed mothers among the Malay and Chinese abusers were 68% and 49% respectively ($p < .05$). It must be noted, moreover, that the Chinese abusers were significantly more likely than the Malay abusers to have a working mother ($p .05$).

Finally, combined family income is used as an indicator of SES. The comparative analysis in Table 7.2 below indicates that there were no significant differences in combined family income between Malay abusers and Non-abusers as well as between Malay and Chinese abusers. Drug abuse among ethnic minority members is often seen as a function of poverty and social deprivation. This is not the case here. In fact, it was observed that the Malay abusers were marginally better off than the Malay Non-abusers in terms of combined family income. Among the former, 24.2% had a combined family income below \$1100 per month while 19.8% had a combined monthly family income of \$2600 or above. In contrast, 32% of the latter reported a combined family income of less than \$1100 per month while only 9% reported an income of \$2600 or more. However, the Chinese abusers reported even higher combined monthly family income than their Malay counterparts: 31.9% reported a combined monthly income of \$2600 or higher and only 17% reported an income not exceeding \$1100. It must be borne in mind, however, that none of the differences in combined family income reported above was statistically significant.

Table 7.2 Combined Family Income

| Abusers | Malay Abusers (a) | Malay Non-abusers (b) | Chinese (c) |
|------------------|---|--------------------------|----------------|
| Below \$500 | 1 (1%) | 2 | 1 (1.1%) |
| \$500 - <\$800 | 9 (9.9%) | 9 | 6 (6.4%) |
| \$800 - <\$1100 | 12 (13.2%) | 21 | 9 (9.6%) |
| \$1100 - <\$1400 | 14 (15.4%) | 13 | 12 (12.8%) |
| \$1400 - <\$1700 | 10 (11%) | 15 | 10 (10.6%) |
| \$1700 - <\$2000 | 13 (14.3%) | 11 | 10 (10.6%) |
| \$2000 - <\$2300 | 8 (8.8%) | 13 | 8 (8.5%) |
| \$2300 - <\$2600 | 6 (6.6%) | 7 | 8 (8.5%) |
| \$2600 - <\$2900 | 5 (5.5%) | 2 | 1 (1.1%) |
| \$2900 and above | 13 (14.3) | 7 | 29 (30.9%) |
| TOTAL | 91 (100.1%) | 100 (100%) | 94 (100.1%) |
| | X^2 for (a) & (b) = 7.94 d.f.=9 n.s. | | |
| | X^2 for (a) & (c) = 10.58 d.f.=9 n.s. | | |

Living Conditions

It was found that Malay abusers could not be differentiated from Malay Non-abusers by type of housing. As shown in Table 7.3, more than nine out of ten respondents in both groups were living in HDB flats in public housing estates. Furthermore, 87% of them lived in flats owned rather than rented by their respective families. Similarly, the Malay and Chinese abusers could not be distinguished by the type of housing they were living in. Like their Malay counterparts, 96% of the Chinese abusers were living in HDB flats, of which about 85% were family-owned.

There were also no significant differences between the groups compared in respect of the size of their flat or the number of persons living in it. As indicated in Table 7.3, approximately three quarters of all three groups reported living in three or four-room HDB flats. Only about 10% of each group were living in a five-room or bigger accommodation. However, slightly more Malay Non-abusers (6%) than either Malay abusers (3%) or Chinese abusers (2%) were living in a one-room flat. The difference is not big enough to reach statistical significance, however.

The household size was also found to be unrelated to drug abuse. In fact, a marginally higher proportion of Malay Non-abusers (53%) than Malay abusers (48%) came from a large household with six or more persons (not statistically significant). Again, a marginally smaller but statistically non-significant proportion of Chinese abusers (44%) also came from such large households.

In order to rule out the problem of over-crowding at home as a factor which may discriminate between Malay abusers and Non-abusers, the place where they usually slept at home was examined. The results also showed no distinction between the two groups; 43% of the abusers and 42% of the Non-abusers usually slept in the living room at home. An interesting finding, however, was the significantly smaller proportion of Chinese abusers who had to sleep in the living room (18%). In other words, Malay abusers were significantly more

likely than the Chinese abusers to have to sleep outside the bedroom at home (p <.001).

Table 7.3 Housing Conditions

| Type | Malay Abusers (a) N=100 | Malay Non-abusers (b) N=100 | Chinese Abusers (c) N=100 |
|----------------------------|-------------------------------|-----------------------------------|---------------------------------|
| Terraced House | 1 (100) | 0 | 1 (100) |
| Semi-detached House | 0 | 0 | 1 (100) |
| HDB Flat | 95 (87.4) | 99 (87.9) | 96 (85.4) |
| Attap or Zinc-roofed House | 1 (0) | 1 (100) | 1 (100) |
| Shop House | 0 | 0 | 1 (100) |
| Others | 3 (33.3) | 0 | 0 |

* Figures in parenthesis () indicate the proportion (in percent) of housing owned by the family.

Number Of Rooms

| | | | |
|----------------------|----|----|----|
| One room | 3 | 6 | 2 |
| Two rooms | 10 | 8 | 17 |
| Three rooms | 55 | 44 | 44 |
| Four rooms | 23 | 31 | 29 |
| Five rooms | 8 | 10 | 8 |
| More than five rooms | 1 | 1 | 0 |

Household size

| | | | |
|------------------------|----|----|----|
| Two persons | 1 | 2 | 3 |
| Three persons | 7 | 5 | 7 |
| Four persons | 21 | 11 | 26 |
| Five persons | 23 | 29 | 20 |
| Six persons | 24 | 19 | 22 |
| Seven persons | 16 | 13 | 14 |
| Eight persons | 6 | 12 | 4 |
| Nine persons | 1 | 4 | 1 |
| More than nine persons | 1 | 5 | 3 |

Place where usually sleep at home

| | | | |
|-------------|----|----|----|
| Bedroom | 56 | 58 | 81 |
| Living room | 43 | 42 | 18 |
| Other place | 1 | 0 | 1 |

Excluding 'other place' X^2 for (a) & (b) = .003 d.f.=1 n.s. (with Yates' correction)
 X^2 for (a) & (c) = 13.65 d.f.=1 p<.001
(with Yares' correction)

As illustrated in Table 7.4, residential mobility could also not be used to distinguish between Malay abusers and Non-abusers. In either group, up to a third of the families had never moved house during the past ten years; the majority of families moved once or twice. On the other hand, 7% of the abusers' families and 4% of the Non-abusers' families had moved more than twice during the same period (not statistically significant). Hence, most of the families have been living in their current homes for between one and ten

years; approximately 30% of either group stayed for over ten year. In contrast, however, families of Chinese abusers tended to move significantly less often but stayed significantly longer in their current homes than families of Malay abusers ($p < .05$). Almost half the families of Chinese abusers had never moved homes during the past decade while slightly more than half had stayed in their current homes for at least nine years.

The above similarities between the Malay abusers and Non-abusers in relation to length of stay in current homes and number of times family moved homes during the past decade suggest that residential mobility did not affect their likelihood to be involved in or abstained from drug abuse. However, significantly more Malay abusers than Non-abusers were affected by compulsory resettlement before: 50% of the former and 27% of the latter were affected ($p < .01$). There were no significant differences between Malay and Chinese abusers in this respect. Though their resettlement in modern public housing estates was likely to affect their lifestyle patterns and 'kampong' way of life, any direct impact on drug-taking behaviour was not obvious, as indicated by the above comparison between Malay abusers and Non-abusers.

Table 7.4 Residential Mobility

| | | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|---|---------------------|--|--------------------------|------------------------|
| Duration of stay in current home | Less than one year | 5 | 4 | 6 |
| | One - two years | 8 | 5 | 12 |
| | Three - four years | 19 | 8 | 17 |
| | Five - six years | 17 | 23 | 10 |
| | Seven - eight years | 18 | 17 | 4 |
| | Nine - ten years | 4 | 12 | 8 |
| | Over ten years | 29 | 31 | 43 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a&b) = 10.28 d.f.=6 n.s. $ktb=.099$ X^2 for (a&c) = 15.78 d.f.=6 $p<.05$ | | |
| Number of times family moved house during past ten years | None | 29 | 33 | 49 |
| | Once | 46 | 37 | 32 |
| | Twice | 18 | 26 | 12 |
| | More than twice | 7 | 4 | 7 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a&b) = 3.51 d.f.=3 n.s. X^2 for (a&c) = 8.84 d.f.=3 $p<.05$ | | |

| | | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|---|-----------------------|---|--------------------------|------------------------|
| Family ever affected by compulsory resettlement | Yes | 50 | 27 | 34 |
| | No | 41 | 63 | 53 |
| | Not sure / don't know | 9 | 10 | 13 |
| TOTAL | | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X ² for (a&b) = 11.58 d.f.=2 p<.01 | | |
| | | X ² for (a&c) = 5.31 d.f.=2 n.s. | | |

The availability of certain household and luxury items at home was also used as an indicator of the living standard. The survey data presented in Table 7.5 showed that there were no significant differences between the Malay abusers and Non-abusers on the one hand, and between the Malay and Chinese abusers on the other, in three items: viz. colour television, washing machine and video cassette player. A colour television was present in virtually every home while the other two items were found in the great majority of them. But the Malay abusers were significantly less likely than the Malay Non-abusers to have a motor cycle at home ($p < .001$). When asked whether they had a motor cycle at home, 42% of the Malay Non-abusers gave a positive reply while 19% of the Malay abusers gave the same reply. 17% of the Chinese abusers also had a motor cycle at home. On the other hand, Chinese abusers were significantly more likely than their Malay counterparts to have a car at home ($p < .05$). Nevertheless, only 27% of the Chinese abusers reported having a car at home, compared to 12% of the Malay abusers and 14% of the Malay Non-abusers.

Table 7.5 Household And Luxury Items Available At Home

| | Malay Abusers (a) (N=100) | | Malay Non-abusers (b) (N=100) | | X ² (a&b) | Chinese Abusers (c) (N=100) | | X ² (a&c) |
|-----------------------|---------------------------------|----|-------------------------------------|----|----------------------|-----------------------------------|----|----------------------|
| | Yes | No | Yes | No | | Yes | No | |
| Colour television | 99 | 1 | 100 | 0 | # | 100 | 0 | # |
| Washing machine | 92 | 8 | 96 | 4 | .80n.s. | 87 | 13 | .85n.s. |
| Video cassette player | 91 | 9 | 88 | 12 | .21n.s. | 95 | 5 | .69n.s. |
| Motor cycle | 19 | 81 | 42 | 58 | 11.42 p<.001 | 17 | 83 | .34n.s. |
| Motor car | 12 | 88 | 14 | 86 | .04n.s. | 27 | 73 | 6.24 p<.05 |

X² d.f.=1 (All with Yates' Correction)
Cells with E.F. <5 exceed 20%

Summary and Discussion

Many studies of ethnic minority communities have attributed the problem of drug abuse to adverse structural factors such as low socio-economic status, lack of occupational opportunities, poverty and ethnic discrimination (Brunswick, 1979; Oetting & Goldstein, 1979; McBride & Page, 1980; Weibel-Orlando, 1984; Tucker, 1985; Burr, 1987; Moncher, Holden & Trimble, 1990; Rodríguez & Weisburd (1991). Others have disputed the direct impact of deprivation and background factors (Hawks, 1974; White, 1991; Wallace & Bachman, 1991; Plant & Plant, 1992) but emphasize lifestyle factors.

The present study has found little support for the "social deprivation" theory in relation to the Malay abusers. Hence, although significantly fewer of the parents of Malay abusers than parents of the Non-abusers have at least some secondary schooling, this 'disadvantage' does not seem to affect their level of combined family income. In fact, families of Malay abusers are marginally better off than Non-abusers' families in respect of combined family income. It is also noted that families of Malay Non-abusers have even lower (but not statistically significant) combined family income when compared with families of Chinese abusers. Furthermore, Malay abusers do not suffer from 'material deprivation' in relation to Non-abusers, as indicated by the availability of such household and luxury items at home as colour television, washing machine, video cassette player and motor car. Fewer Malay abusers than Non-abusers have a motor cycle at home, but they are no more 'deprived' than the Chinese abusers in this respect.

In terms of living condition, Malay drug abusers cannot be differentiated from Non-abusers in the type of housing lived in, size of flat, household size and place where they usually sleep at home. Although there is some evidence of over-crowding and lack of privacy in the flat, as indicated by the larger number of Malay abusers than Chinese abusers having to sleep in the living room, it cannot account for their drug abuse as a similar proportion of Malay Non-abusers also sleep in the living room. Furthermore, Malay and Chinese

abusers do not differ significantly in the type of housing lived in, size of flat and household size. The significant difference in sleeping arrangement between the Malay and Chinese abusers may reflect a difference in culture.

The above findings provide little support for the hypothesis that Malay abusers are more likely than Non-abusers to come from a lower socio-economic background. Malay abusers are 'disadvantaged' in only three items - father's educational attainment, mother's educational attainment and mother's employment status. However, these factors are not reflected in a lower standard of living, as indicated by housing type, size of flat in relation to household size and the presence of household and luxurious items at home. It is more probable, however, that these factors affect the quality of supervision and care that parents give to their children. For example, previous research has shown that there is an association between mother's employment and drug abuse.

The findings also indicate that elements of ethnic identification and cultural retention are associated with Malay drug abuse. For example, the Malay community's traditionally poorer educational and economic performances are also reflected in the significantly lower educational attainments of the Malay abusers' parents as well as the relatively larger (but not statistically significant) proportions of their fathers who are either unemployed or holding lower-status jobs. Conversely, there is evidence of mainstream structural/cultural incorporation among Malay Non-abusers' families: their parents' significantly higher educational attainments not only reflect improving socio-economic status, but also their more favourable values and attitudes towards education. They are also more likely to emphasize the value of education to their children as well as to provide additional coaching at home.

On the other hand, mainstream structural/cultural incorporation does not necessarily lead to higher educational attainment and insurance against drug abuse. For example, as more Malay women become better educated and enter the labour market, they have lesser time to supervise their children at home and

monitor their movements. This is particularly so for the mothers of the Malay abusers, many of whom are also engaged in shift work. Unsupervised children are more likely to spend their leisure time away from home and in the company of friends, including drug-taking friends. As will be shown later in this chapter, mothers of Malay drug abusers are significantly more likely than mothers of Malay Non-abusers to be unaware of their sons' peers.

Finally, the hypothesis that Malay abusers are more likely to come from lower socioeconomic status households when compared to their Chinese counterparts is also not supported in the empirical findings. In fact, when educational attainment is used as an indicator of socioeconomic status, both the parents of the Malay abusers achieved significantly higher educational attainment when compared to the parents of the Chinese abusers.

Section II: Family Characteristics of Malay Drug Abusers

The Family in Malay Cultural Context

The family is a basic institution in society. It is also the first and arguably most important agency of socialization for the individual. In Malay society, traditional family life is largely governed by Adat (customs and traditions).⁷ The Adat is an accumulation of sayings, precepts, beliefs and values which guild everyday living, including those pertaining to family structure and relationships, socialization of the child, rules of etiquette as well as the appropriate sanctions for non-compliance or norms violations. The Adat of the Singapore Malays still reflects its rural-agricultural origins as well as the influences of animistic, Hindu and Islamic beliefs.

Malay Adat, for instance, places much emphasis on the maintenance of strong family relations. The very strong family and kinship ties among the Singapore Malays have warranted a mention by several ethnographers, historians and social scientists (eg. Djamour, 1965; Lee, 1991). Djamour (1965), for example, described how the Singapore Malays could (and would) always turn to

the family and kinsmen for both emotional and financial support when faced with a crisis situation. Malay parents are always supportive and caring towards their children. They consider it "unnatural" not to support their adult children facing a crisis even though they may be married and living apart from them. It is common for a woman who is separated or divorced from the husband or widowed to go back to live with her parents. Furthermore, when faced with a personal hardship, a Malay will not hesitate to approach a brother, sister, cousin or other close relative for help. But this informal system of "social-support networking" works both ways; he or she is expected to reciprocate when their times come. Djamour reported in her study:

A regular comment was Adat orang Melayu, saudara tolong menolong, it is the customs of Malays for kinsmen to help one another.
(1965: 48)

Local psychiatrists have also commented on the strong "social support system" among the Malays which have helped them to cope with the stresses and strains of modern living (eg. Chia, 1978; Kok & Aw, 1990). In fact, social networking extends beyond the family and includes the whole community; Djamour (1965) was particularly impressed by the "considerable in-group solidarity" among the Malays. Understanding these cultural features may prove invaluable to any treatment or intervention planning.

Finally, another cultural feature of Malay/Muslim society which may have relevance for our understanding of the problem of drug abuse is the instability of the institution of marriage among the Malays. Marriage instability, as indicated by high rates of divorce and remarriage, is a well-documented feature of Malay society in Singapore (Djamour, 1965; Tham, 1979; Hassan, 1980; Wong & Kuo, 1983; Kuo & Chiew, 1984; STWOE 12/2/94).⁸ It has been said that Islamic law has facilitated divorce (Djamour, 1965).⁹ Another factor is that divorce and remarriage among women are more socially acceptable on the one hand, but less stigmatised on the other, among the Malays (Wilder, 1970; Kuo & Chiew, 1984; Kok & Aw, 1990). As a matter of fact, divorced or widowed women are generally encouraged to remarry, for in Malay society, a

single person (satu orang) is the subject of pity.¹⁰ Even among those who do not remarry, they can rely on their close kins for practical and moral support and they know it. Another contributing factor is the prevalence of early marriages among the Malays (Wong & Kuo, 1983). Finally, the economic deterrents to divorce are not strong as both divorce proceedings and remarriages are relatively simple and inexpensive.¹¹

Socialization in Malay Society

In Malay society, children are highly valued in the Adat as well as in Islam. In the latter case, having children is also seen as helping the cause of adding to the numbers of the ummat or followers of the Prophet (Tham, 1979). Affection for young children has been a well-commented feature of Malay society (Djamour, 1965; Tham, 1979): children in distress are immediately attended to; harsh words are neither used nor considered necessary. Indeed, Malay parents tend to prefer what Professor Tham calls "love-oriented techniques" to discipline their children. For example, the use of value-statements which stress the maintenance of harmony between children and adults (eg. threatening to withdraw love) is preferred to those which focus on the loss of privileges (eg. economic deprivation) as a consequence of misbehaviour. Moreover, Tham finds that "giving advice" and "reasoning by use of religious precepts" are far more popular than scolding and caning as a method for correcting misbehaviour among children (1979:97). Djamour (1965) also found that corporal punishment was only infrequently used by Malay parents in the past. She also described another interesting cultural feature pertaining to disciplinary method:

Singapore Malay parents stated that only those who fed and sheltered a child had the right to chatise it. (1965: 106)

Another interesting aspect of family discipline in Malay society is the recognition of the father as the main authority and disciplinary figure: "Children are expected to be obedient at all times and to behave well before

the father" (Tham,, 1979:97). This notion is reinforced by the habit of the mother to refer the child to the father to seek permission for any plan of action, such as staying overnight with friends. Often, the mother also reports or threaten to report any indiscretions to the father. Hence, the child learns to associate the father with authority and discipline, to be treated with circumspection, from an early age.¹² On the other hand, a special bond exists between the Malay child and his or her mother.¹³ He/she is more likely to turn to the mother for help when faced with a problem.

According to Tham (1979), various sentiments and observances pertaining to Islam are also inculcated during the early years of socialization. From young, the child internalizes his or her parents' religious beliefs and values through daily observation, direct encouragement and imitation of adult role models. These include attitudes towards Islam and prayer, mental aversion for pork which is haram (forbidden) and attitudes towards alcoholic drinks and games of chance which are also taboos in Islam.

Parents and older siblings provide appropriate "role model" for not only religious upbringing but also the cultivation of social responsibility and self-reliance. From young, elder siblings are entrusted with responsibilities such as looking after younger siblings and providing them with companionship and support (Tham, 1979). On the other hand, those who occupy lower sibling positions, especially the youngest child, are less pressured to cultivate these qualities. On the whole, boys are supervised less than girls, are encouraged to develop independence earlier and are more likely to be allowed to play outside the home and away from parental control (Hassan, 1980).

Finally, another traditional aspect of the Malay socialization process which has relevance for the present purpose concerns the inculcation of moral-religious values. Malay children are taught not to contravene social-religious norms, to refrain from committing any anti-social or degrading acts, and to avoid any behaviour or acts which are harmful to themselves and/or society. In this connection, Malay parents have expressed anxieties that

their grown-up children may get involved in such "immoral acts" as drinking alcohol, taking drugs, gambling and gansterism (Tham, 1979:101). Ideally, they would like their children to be guided in their behaviour and actions by Islamic values, precepts and injunctions. Misbehaviour and violation of norms and rules are construed as a loss or absence of faith in Islam.

Family Intactness

This study has found that Malay abusers were significantly more likely than Malay Non-abusers to come from a home with an incomplete family structure. As indicated in Table 7.6, just over half (55%) of the abusers were living with both their natural parents at home, as compared to 76% of the Non-abusers ($p < .01$). Among those who were not living with both parents, they were more likely to be living with the natural mother. However, when compared to the Chinese abusers, both were almost equally likely to come from structurally incomplete families. Half of the Chinese abusers were also not living with both their natural parents at home and another 32% were living with their mothers. The above finding strongly suggests a relationship between family intactness and drug abuse.

Table 7.6 Whether Living With Parents

| | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|-------------------------------|--|--------------------------|------------------------|
| Both Parents Living With Me | 55 | 76 | 50 |
| Only Father Living With Me | 8 | 2 | 11 |
| Only Mother Living With Me | 33 | 17 | 32 |
| Neither Parent Living With Me | 4 | 5 | 7 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | X^2 for (a) & (b) = 12.20 d.f.=3 $P < .01$ | | |
| | X^2 for (a) & (c) = 1.55 d.f.=3 n.s. | | |

Family Relationship

Were there any significant differences in the quality of family relationship enjoyed by the Malay abusers and Non-abusers? According to the data analysis in Table 7.7, Malay Non-abusers enjoyed a significantly more positive relationship with both the father and mother when compared to Malay abusers.

For instance, while 73% of the Non-abusers described their relationship with their father as "Good" or "Very Good", only 37% of the abusers felt the same. Similarly, whereas 91% of the Malay Non-abusers described their relationship with their mother as "Good" or "Very Good", 71% of the abusers felt the same. All the differences were statistically highly significant ($p < .0000$). There were no significant differences between the Malay abusers and Chinese abusers in these aspects, however.

On the whole, however, the Malay abusers enjoyed a satisfactory relationship with their parents and especially with their mothers. Not surprisingly, therefore, when asked whether they felt closer to their father or mother, 65.6% replied that they felt closer to the mother (see Table 7.7). But while 53.5% of the Non-abusers also felt closer to their mother rather than father, they were significantly more likely than the Malay abusers to enjoy just as close a relationship with both father and mother; 42.4% of the Non-abusers indicated such a choice while only 18.9% did the same ($p < .000$). The Malay and Chinese abusers did not differ significantly in this respect. The finding here may also indicate that there is an association between having a close relationship with both father and mother and non-involvement in drug abuse.

Another research question concerns whether Malay First-timers and Repeaters differ in the quality of their relationship with their parents. The results presented in Table 7.7a (Appendix II) show no significant differences when the two groups are compared separately for their relationships with father and with mother. However, when asked to indicate whether they felt closer to their father or mother, significantly more of the First-timers indicated the mother as their choice (68% vs 50%) while significantly more but not many of the Repeaters (30% vs 4%) indicated that they were just as close to both father and mother. Significantly, while none of the First-timers indicated that there were not close to either parent, 8% of the Repeaters indicated so.

Table 7.7 Relationship With Father And Mother

With Father

| | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|----------------|--|--------------------------|------------------------|
| Very Good | 7 | 30 | 5 |
| Good | 30 | 43 | 28 |
| Fair | 35 | 18 | 39 |
| Bad | 7 | 4 | 13 |
| Very Bad | 3 | 0 | 2 |
| NA | 18 | 5 | 13 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| Excluding 'NA' | X^2 for (a) & (b) = 25.06 d.f.=4 p<.0000 X^2 for (a) & (c) = 2.47 d.f.=4 n.s. | | |

With Mother

| | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|----------------|--|--------------------------|------------------------|
| Very Good | 17 | 51 | 10 |
| Good | 54 | 40 | 59 |
| Fair | 22 | 7 | 18 |
| Bad | 3 | 1 | 5 |
| Very Bad | 0 | 0 | 2 |
| NA | 4 | 1 | 6 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| Excluding 'NA' | X^2 for (a&b) = 27.80 d.f.=3 p<.0000 X^2 for (a&c) = 4.02 d.f.=3 n.s. | | |

Closer to father or mother

| | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|---|--|--------------------------|------------------------|
| Closer to father | 10 (11.1%) | 2 (2%) | 7 (7.5%) |
| Closer to mother | 59 (65.6%) | 53 (53.5%) | 64 (68.8%) |
| Just as close to both father and mother | 17 (18.9%) | 42 (42.4%) | 17 (18.3%) |
| Not close to either father or mother | 4 (4.4%) | 2 (2%) | 5 (5.4%) |
| N.A. | 10 | 1 | 7 |
| TOTAL | 100 (100%) | 100 (99.9%) | 100 (100%) |
| | () Percentages in parenthesis exclude 'N.A.' X^2 for (a&b) = 24.28 d.f.=4 p<.000 X^2 for (a&c) = 1.37 d.f.=4 n.s. | | |

The closeness of the Malay abusers to their mothers was also reflected in the finding that the largest number indicated that their mothers were the first persons to whom they would turn to for help when faced with a personal problem (Table 7.8). While 19% of the Chinese abusers indicated that they would first approach their mothers for help, 36% of the Malay abusers said the same. A similar proportion of the Malay Non-abusers (36%) also indicated the same choice, perhaps showing a cultural difference between the Malays and Chinese. Moreover, while most Malay abusers would turn to their mothers for help, most

Chinese abusers (33%) would rather approach a friend. On the other hand, relatively few Malay abusers (11%) as well as Non-abusers (21%) would share their personal problems with a friend.

Two other observations from Table 7.8 warrant a mention here. Firstly, the findings indicate that fathers played a relatively insignificant role in helping their sons out with their personal problems, when compared to mothers.

This was true in all three comparison groups. Secondly, there is evidence to show that Malay abusers were significantly less likely than Non-abusers to share their troubles with others. 24% of the former group indicated that they would turn to no one for help if confronted with a personal problem, compared to 8% of the latter group. Moreover, 23% of the Chinese abusers would also not share their troubles with others.

Table 7.8 First Person To Turn To For Help When Faced With A Personal Problem

| | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|-------------------|---|--------------------------|------------------------|
| Father | 7 | 10 | 6 |
| Mother | 36 | 36 | 19 |
| Brother or sister | 13 | 12 | 14 |
| girlfriend | 5 | 12 | 5 |
| Friend | 11 | 21 | 33 |
| Others | 4 | 1 | 0 |
| No one | 24 | 8 | 23 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | X ² for (a&b) = 16.38 d.f.=6 p<.05 | | |
| | X ² for (a&c) = 20.39 d.f.=6 p<.01 | | |

Frequency of Parents' Quarrels

The quality of family relationship among drug abusers can also be indicated by the frequency of parental quarrels at home (Ong, 1989). In Table 7.9 below, it can be seen that a significant difference exists between Malay abusers and Non-abusers in respect of the frequency of parental quarrels. Malay abusers reported significantly more frequent parental quarrels when compared to Non-abusers (p <.001). Hence, whereas only 2% of the Non-abusers reported that their parents "often" or "very often" quarrelled with each other, 21% of the

abusers reported the same. Once again, there were no significant differences between the Malay and Chinese abusers in this regard.

Ong (1989) also found that drug abusers tended to report quarrelling between their parents more frequently than did the non-abusers. In addition, he suggested that quarelling was so common in the drug abusers' homes that slightly less drug abusers than non-abusers revealed that they were upset by their parents' quarrels.

Table 7.9 Frequency Of Parents' Quarrels

| | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|---------------------|--|--------------------------|------------------------|
| Very Often | 16 | 2 | 15 |
| Often | 5 | 0 | 9 |
| Sometimes | 21 | 12 | 23 |
| Seldom | 33 | 55 | 25 |
| Not Sure/Don't Know | 25 | 31 | 28 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | X ² for (a) & (b) = 24.49 d.f.=4 p<.001 | | |
| | X ² for (a) & (c) = 2.54 d.f.=4 n.s. | | |

Family Cohesion

In addition, a family cohesion index was constructed to test whether the comparison groups could be differentiated by the degree of cohesiveness within the family. As indicated in Table 7.10, highly significant mean differences in the summated scores were found only between the Malay abusers and Non-abusers. Malay abusers scored significantly lower in the family cohesion index when compared to the Non-abusers ($t=-6.42$, $p < .000$). Moreover, among the Malay abusers, families of the Repeaters appeared to be even less cohesive than families of the First-timers, as indicated by their lower score in the family cohesion index ($t=1.65$, $p < .05$, one-tailed; See Table 7.10a.1 in Appendix II). Malay and Chinese abusers did not score significantly different in the family cohesion index.

Details illustrating the components of the index can be found in Table 7.10.1 in the Appendix III. Briefly, they reveal that Malay abusers were significantly less likely than Non-abusers to have a meal together with their family, go out together, have a chat together or pray together at home. They were also less likely to watch television together although this difference was not statistically significant. But when Malay First-timers were compared to Repeaters, it was found that the latter group was significantly less likely to spend time watching television together with other family members ($p < .05$, see Table 7.10a.1 in Appendix II). Finally, the data also reveal that, in comparison with the Chinese abusers, the Malay abusers were significantly more likely to go out together with their family or pray together at home ($p < .05$).

Table 7.10 Mean Scores For Family Cohesion Index

| Malay Abusers (a) | | | Malay Non-abusers (b) | | | t (a&b) | Chinese Abusers (c) | | | t (a&c) |
|----------------------|------|-----|--------------------------|------|-----|-----------|------------------------|------|-----|---------|
| Mean# | S.D. | N | Mean# | S.D. | N | | Mean# | S.D. | N | |
| 5.90 | 2.70 | 100 | 8.40 | 2.81 | 100 | -6.42**** | 5.58 | 2.93 | 100 | .80n.s. |

Low family cohesion (0)---High family cohesion (15)
 **** $p < .000$ for two-tailed test
 n.s. not significant

Family Discipline

Discipline exercised by the parents is a popular variable investigated by criminologists and drug researchers. In this study, it was found that Malay abusers and Non-abusers differed significantly in the kind of discipline exercised by both the father and mother at home. As illustrated in Table 7.11, significantly more Malay abusers than Non-abusers described the discipline exercised by both the father and mother as "always lenient", while the reverse was also true, ie. significantly fewer of the abusers' parents were described as "sometimes strict" or "always strict". It should be mentioned, in particular, that the Malay abusers were highly more likely to perceive their mothers as being "always lenient" in discipline; 57% of them disclosed such a perception whereas only 19% of the Non-abusers did so ($p < .0000$). Moreover, in contrast with Malay Non-abusers, the Malay abusers were

significantly less likely to find both their parents strict but more likely to find them both lenient in exercising discipline at home ($p < .0000$). These findings support Ong (1989)'s similar conclusion that the parents of drug abusers were more likely to be more lax in discipline than were parents of non-abusers.

Table 7.11 Discipline exercised At Home

| | | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|----------------------------|---|--|--------------------------|------------------------|
| Discipline by father | Always Strict | 9 | 13 | 18 |
| | Sometimes Strict | 41 | 64 | 33 |
| | Always Lenient | 27 | 9 | 29 |
| | Erratic | 8 | 6 | 4 |
| | N.A. | 15 | 8 | 16 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a&b) = 17.18 d.f.=4 $p < .01$ X^2 for (a&c) = 5.30 d.f.=4 n.s. | | |
| Discipline by mother | Always Strict | 5 | 6 | 3 |
| | Sometimes Strict | 31 | 69 | 44 |
| | Always Lenient | 57 | 19 | 41 |
| | Erratic | 3 | 4 | 1 |
| | N.A. | 4 | 2 | 11 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | Excluding 'Erratic' & 'NA' For 'strict' v. 'lenient' | X^2 for (a) & (b) = 33.53 d.f.=2 $p < .0000$ X^2 for (a) & (c) = 3.37 d.f.=1 n.s. (with Yates' correction) | | |
| Discipline by both parents | Both are strict | 15 | 52 | 10 |
| | Only father is strict | 12 | 10 | 4 |
| | Only mother is strict | 10 | 19 | 7 |
| | Both are lenient | 51 | 14 | 66 |
| | N.A. | 12 | 5 | 13 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a) & (b) = 47.35 d.f.=4 $p < .0000$ X^2 for (a) & (c) = 7.49 d.f.=4 n.s. | | |

It would also be interesting to see if discipline exercised by the parents varied according to sibling position. According to the survey data in Table 7.12, there were slightly more eldest and youngest siblings among Non-abusers than abusers, but the difference was not statistically significant. The single largest category of Malay abusers (54%) were the middle child. But caution is needed for interpreting its significance. For, as pointed out by Hirschi & Selvin (1973), birth order is related to family size: the larger the family, the greater the proportion of middle children. Therefore, the large proportion of middle children among the Malay abusers could be seen as a function of large family sizes. In contrast, however, significantly more of the Chinese abusers (48%) than Malay abusers (28%) occupied the position of

the "youngest" or "only child" in the family. It is recalled that we have found no significant differences in household size between Malay and Chinese abusers (see Table 7.3).

An interesting issue emerges: do parents tend to be more lenient in exercising discipline with the youngest or an only child, vis-a-vis the other children? Analysis of the survey data reveals a cultural difference between the two comparison groups: Chinese abusers who held the youngest or only child position were more likely than those who were the eldest child to perceive both their parents as being "lenient" in discipline, but the reverse is true for the Malay abusers. In statistical terms, 37.1% of the "youngest" or "only child" Chinese abusers described the discipline exercised by the father as "lenient" and 50% also described discipline exercised by the mother as lenient. In comparison, the proportions of "eldest child" who considered their fathers and mothers as "lenient" in discipline were 29.4% and 38.9% respectively. Among the Malay abusers, the proportions of "youngest" or "only child" who considered their fathers or mothers as "lenient" in discipline were 26.3% and 52% respectively; the proportions of "eldest child" who also rated their fathers and mothers as "lenient" in discipline were even higher, at 43.8% and 61.1% respectively. The results suggest that the parents of Malay abusers were relatively more lenient to their eldest children whereas parents of Chinese abusers were more likely to be lenient to their youngest children.

Table 7.12 Sibling position

| | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|------------------------|----------------------|--------------------------|------------------------|
| Eldest child | 18 | 24 | 18 |
| Middle child | 54 | 39 | 34 |
| Youngest child | 27 | 37 | 43 |
| Only child | 1 | 0 | 5 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| Excluding 'Only child' | | X^2 for (a&b) = 4.83 | d.f.=2 n.s. |
| | | X^2 for (a&c) = 8.12 | d.f.=2 p<.05 |

Parental Supervision

Three indicators were selected for the operational definition of parental supervision. Firstly, in relation to "working mother", we have already seen in Table 7.1 above that Malay abusers (32%) were significantly more likely than Non-abusers (18.2%) to have a working mother ($p < .05$). One may conclude that a full-time working mother might not have as much time as a full-time housewife to supervise her children at home and that this could account for the greater incidence of drug abuse. However, it should be noted that the Chinese abusers had an even greater proportion of working mothers (50.1%). A more probable explanation could be that the quality of supervision received at home was more important than whether the mother was working or not.

Secondly, the parents' knowledge of who their sons' peer group members were could be taken as an indicator of parental supervision. Hence, a greater knowledge of their sons' peers could be indicative of a higher level of supervision. Table 7.13 provides evidence that parents of Malay abusers were significantly more likely than parents of Non-abusers to be unaware of who their sons' peers were. Hence, whereas 51% of the abusers' fathers and 77% of their mothers knew at least some of them, 71% of the Non-abusers' fathers and 90% of their mothers had such knowledge ($p < .01$). It must be pointed out that mothers generally appeared to have a greater knowledge of their sons' peers. In contrast, however, while fathers of Chinese abusers had no greater or lesser knowledge of their sons' peers when compared to the fathers of Malay abusers, mothers of Malay abusers were significantly more likely than mothers of Chinese abusers to know about their sons' peers ($p < .01$). This could also reflect the comparatively closer relationship between Malay abusers and their mothers.

Table 7.13 Parents' Knowledge Of Peers

| | | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|--------------|---------------|--|--------------------------|------------------------|
| Father knows | All of them | 11 | 27 | 4 |
| | Some of them | 40 | 44 | 48 |
| | None of them | 24 | 15 | 23 |
| | Not sure / NA | 25 | 14 | 25 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a&b) = 12.11 d.f.=3 p<.01 X^2 for (a&c) = 4.02 d.f.=3 n.s. | | |
| Mother knows | All of them | 13 | 35 | 6 |
| | Some of them | 64 | 55 | 58 |
| | None of them | 20 | 8 | 20 |
| | Not sure / NA | 3 | 2 | 16 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a&b) = 16.11 d.f.=3 p<.01 X^2 for (a&c) = 11.77 d.f.=3 p<.01 | | |

Finally, parental supervision is indicated by the extent that the subjects had to seek permission from their parents before going out. The greater the extent, the closer the supervision. In this respect, significant differences were found between Malay abusers and Non-abusers and between Malay and Chinese abusers (see Table 7.14). Parental supervision was obviously more lax among Malay abusers as about half (50.6%) did not seek permission from the father and 38.7% did not seek permission from the mother either before going out, whereas 26.7% and 9.2% of the Non-abusers did not have to seek permission from the father and mother respectively. In both groups, the mothers appeared to be more lax than the fathers. Furthermore, the survey data in Table 7.13 also showed that Chinese abusers were significantly even less likely to have to seek parental permission before going out when compared to their Malay counterparts. They pointed to the greater lack of parental supervision among the Chinese group.

Table 7.14 Whether Sought Permission Before Going Out

| | | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|----------------------------|--------------------------|--|--------------------------|------------------------|
| Father's Permission | Yes, all the time | 9 (11.4) | 21 (23.3) | 7 (8.8) |
| | Yes, sometimes | 30 (38) | 45 (50) | 12 (15) |
| | No | 40 (50.6) | 24 (26.7) | 61 (76.3) |
| | N.A. | 21 | 10 | 20 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100.1%) |
| Excluding 'N.A.' | | X^2 for (a&b) = 11.13 d.f.=2 p <.01 X^2 for (a&c) = 12.32 d.f.=2 p <.01 () Percentages in parenthesis exclude 'N.A.' | | |
| Mother's Permission | Yes, all the time | 13 (14) | 45 (45.9) | 6 (6.8) |
| | Yes, sometimes | 44 (47.3) | 44 (44.9) | 20 (22.7) |
| | No | 36 (38.7) | 9 (9.2) | 62 (70.5) |
| | N.A. | 7 | 2 | 12 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| Excluding 'N.A.' | | X^2 for (a) & (b) = 33.75 d.f.=2 p <.0000 X^2 for (a) & (c) = 18.35 d.f.=2 p <.001 () Percentages in parenthesis exclude 'N.A.' | | |

Family Attitudes Toward Drug-taking

Perhaps the most direct influence of the family in drug abuse aetiology is the involvement of other family member(s), especially senior members, in drug abuse. The drug literature points to a strong relationship between adolescent drug abuse and drug use and abuse by older family members (Cisin et al., 1977; Maddux & Desmond, 1984; Burr, 1987; Gfroerer, 1987). Family drug use may affect the individual in three ways: (a) through a direct modelling effect whereby children are likely to follow the drug use patterns of their parents or elder siblings (Kandel, 1974; White, 1991); (b) via an influence on their attitude towards drug-taking; and (c) through a greater risk of creating a chronically traumatic family environment which is conducive to developing drug abuse problem in children (Muisener, 1994). Even when parents use a licit drug, for example alcohol, they may still contribute to shaping their children's attitudes and behaviour towards illegal drug use (Kandel, 1974; see also Banks & Wall, 1988:34). But, as pointed out by Glassner & Loughlin (1987), parents who take drugs do not typically initiate their children into drug use; more often peers do.

In this study, it was found that Malay abusers were significantly more likely than both Malay Non-abusers (p <.05) and Chinese abusers (p <.000) to have at least another family member or close relative also involved in drug abuse

(Table 7.15). Thus, while 47% of the Malay abusers admitted to having at least another family member involved in drug abuse, 30% of the Non-abusers and 19% of the Chinese abusers admitted the same. It should also be noted that the Malay Non-abusers had disclosed an even greater proportion of other family drug abuse than did the Chinese abusers. This underscores the seriousness of the drug abuse problem in the Malay community in Singapore. It also highlights the need for more urgent intervention and preventive measures.

It is also interesting to note that among the family members involved in drug abuse, Malay abusers were significantly more likely to disclose an immediate family member when compared to Non-abusers ($p < .05$). For example, among the Malays who reported family drug involvement, 53.2% of the abusers and 23.3% of the Non-abusers identified a brother as the one involved.¹⁴ Although there were no significant differences between the Malay and Chinese abusers with regard to which members of the family were involved, a far greater proportion of the former had disclosed more than one other member being involved.

Table 7.15 Other Family Drug Use

| | | Malay Abusers | Malay Non-abusers | Chinese Abusers |
|--|-------------------------------|--|-------------------|-----------------|
| Any other member ever used drugs for non-medical reasons? | Yes | 47 | 30 | 19 |
| | No | 53 | 70 | 81 |
| TOTAL | | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a) & (b) = 5.41 d.f.=1 $p < .05$ (with Yates' correction) | | |
| | | X^2 for (a) & (c) = 16.49 d.f.=1 $p < .000$ (with Yates' correction) | | |
| Member(s) Involved | Brother | 25 | 7 | 8 |
| | Sister | 2 | 0 | 0 |
| | Father | 0 | 0 | 1 |
| | Cousin | 5 | 8 | 4 |
| | Uncle | 5 | 3 | 4 |
| | Any 2 members* | 7 | 6 | 1 |
| | Any 3 members or more* | 3 | 5 | 0 |
| | N.A./Undisclosed | 53 | 71 | 82 |
| TOTAL | | 100 (100%) | 100 (100%) | 100 (100%) |
| Excluding 'NA/Undisclosed' | | X^2 for (a) & (b) = 8.05 d.f.=2 $p < .05$ | | |
| | | X^2 for (a) & (c) = 4.55 d.f.=2 n.s. | | |
| (Items collapsed to 1 'immediate family member' 2 'other relative' 3 'any two members or more') | | | | |
| * Among those with more than one family member involved include 3 fathers and another 11 brothers. | | | | |

The initial reactions of the parents when they first learned of their son's involvement in drug abuse could also be indicative of the family's attitude

towards drug-taking. As can be seen in Table 7.16, the parents of the drug abusers were generally disapproving of drug abuse. But while more than nine out of ten abusers encountered their parents' disapproval, only 15% of the Malay abusers and 11% of the Chinese abusers were actually punished for it. Hence, in the majority of cases, parental disapproval was not strong enough to warrant stern disciplinary action. Whether this reflected a somewhat tolerant attitude towards drug-taking is arguable, but it should be noted that not a single case indicated that their parents "didn't mind" them using drugs.

Table 7.16 First Reactions Of Parents

| | Malay Abusers | Chinese Abusers |
|---|-------------------|-------------------|
| They strongly disapproved and punished me | 15 | 11 |
| They somewhat disapproved and advised me to give up | 82 | 82 |
| They didn't mind me using drugs | 0 | 0 |
| They were indifferent | 1 | 1 |
| Others | 2 | 5 |
| Not applicable | 0 | 1 |
| TOTAL | 100 (100%) | 100 (100%) |

Summary and Discussion

Research findings in the literature pertaining to the relationship between adverse family factors and drug abuse appear to be somewhat conflicting; some suggest a significant finding while others do not. For example, Oetting & Goldstein (1979) find an association between heavy drug involvement and "broken family" among Native Americans but they are quick to qualify that no single factor is "sufficient" factor to explain the drug abuse phenomenon. Burr (1987) finds that 'adverse family circumstances' are not only linked to delinquency but also to the long-term use of heroin and frequent relapses. Moreover, she finds that pre-existing family conflicts can be exacerbated by the discovery of heroin abuse and related thieving by family members. On the other hand, strong family ties have been found to account for the low rates of drug abuse among Chinese Americans (Kleinman & Lukoff, 1978).

In the present study, it has been found that Malay abusers are much more likely than Non-abusers to come from families with incomplete family structure

and less positive intra-familial relationships. Malay abusers report not only more distant relationship with their parents, particularly with the father, but also significantly more frequent quarrels between their parents. Furthermore, families of Malay abusers are also much less cohesive, as indicated by the frequency of family members eating a meal together, going out together, having a chit-chat together and praying together. Problems related to family breakdown and unsatisfactory relationships are more likely to drive the children to seek solace in the company of friends as well as a chemical 'solution' to their problems. The above also confirms findings of other studies carried out by local researchers which show a comparatively higher rate of family breakdown due to parental divorce and separation, among drug abusers (Leong, 1978; Ong, 1989; MENDAKI, 1993). Frequent parental quarrels are reported significantly more often by drug abusers than non-abusers (Ong, 1989).

The poor qualities of parenting and parental supervision have also been largely blamed for the development of the drug abuse problem among young people (Blechman, 1982; Velleman, et al., 1993). In one ethnic-minority study, for example, Wax (1967)¹⁵ blames the drug abuse problem among the Sioux Indians on their "laissez-faire" child-rearing practices. In Singapore, previous research has also shown that parents of drug abusers tend to be lax (Elliot & Veloo, 1974; Ong, 1989) and/or inconsistent (MENDAKI, 1993). In the current study, Malay drug abusers are significantly more likely than their Non-abuser counterparts to perceive their parents, especially their mothers, as being lenient or lax in matters of discipline. Also of interest to note is the ineffectiveness of the father as an authority figure and agent of socialization. The relative lack of parental supervision is also found among Malay abusers: they are more likely than Non-abusers to have a working mother; their parents are much less likely to have any knowledge of who their sons' peers are or to be approached for permission to go out. On the whole, lack of discipline, inadequately supervision and the ineffectiveness of the father as an authority figure may lead to inadequate socialization among the Malay

abusers and this may well be the intervening variable that explains their involvement in drug abuse.

Finally, although the families of Malay abusers are generally disapproving of drug abuse, there are no strong sanctions against their sons when they are caught for drug abuse. Most are not punished but only given advice to quit the habit as well as given moral support and encouragement. This, coupled with the fact that almost one in every two Malay abusers have at least one other family member involved in drug abuse, creates an environment which may be conducive to the development and continuation of a drug-abusing pattern. It is significant to note that Malay abusers are more likely than Chinese abusers to indicate an elder sibling or father as a drug abuser. As discussed earlier, the father and older siblings serve as important role models in Malay families.

The above findings also confirm the usefulness of the concept of "ethnic cultural retention" in explaining drug-taking behaviour. They indicate that Malay abusers are significantly more likely to have retained some of the cultural elements of traditional Malay society discussed above: Firstly, the higher incidence of incomplete family structure among the Malay abusers is reflective of the instability of the institution of marriage among the Malays. Secondly, Parents of Malay abusers exercise less discipline and control over their sons when compared with the parents of Malay Non-abusers. Malay parents, especially mothers, have been observed to be especially lenient in discipline and in adopting their "laissez-faire" or "boys will be boys attitude" (Li, 1989). The lack of strong sanctions against drug abuse may also be indicative of such an attitude. Moreover, the finding that Malay abusers are particularly close to their mothers is neither new nor surprising. From young, a Malay child is socialized to love his mother and much stress is placed on parental love (chinta-kasih) in Malay socialization (Tham, 1979).

In conclusion, the empirical findings from this study support the hypothesis that Malay abusers, when compared to their non-abuser counterparts, tend to

have incomplete family structure, come from less cohesive families, enjoy poorer intra-familial relationships and receive inadequate parental supervision and discipline. They are also more likely to have other family members involved in drug abuse and to have a less negative attitude toward drug-taking. The findings indicate that these factors are associated with Malay drug abuse. Elements of ethnic cultural retention are also present in some of these factors, which may warrant some attention in the Malay community itself.

The other hypothesis that Malay abusers differ from Chinese abusers in family characteristics is only partially supported by empirical data. There are no statistical differences between the two groups in terms of family structure, family cohesion, family discipline and intra-familial relationships. However, there are significant differences in whom they would first turn to for help when faced with a personal problem, parental supervision and family attitudes toward drug-taking. These latter factors have important implications for drug intervention planning.

Table 7.17 Summary Of Results

| | Malay Abusers vs Non-abusers | Malay Abusers vs Chinese Abusers |
|---|---|---|
| Socio-demographic Background | | |
| Demographic features | | |
| Father's country of birth | n.s. | n.s. |
| Mother's country of birth | n.s. | p <.05 |
| Father's age | n.s. | n.s. |
| Mother's age | n.s. | n.s. |
| Socio-economic status | | |
| Father's educational attainment | p <.05# | p <.05 |
| Mother's educational attainment | p <.05# | p <.05 |
| Father's occupational status | n.s. | n.s. |
| Mother's occupational status | p <.05# | p <.05# |
| Combined family income | n.s. | n.s. |
| Living condition | | |
| Type of housing | n.s. | n.s. |
| Size of flat | n.s. | n.s. |
| Household size | n.s. | n.s. |
| Place where usually sleep at home | n.s. | p <.001# |
| Residential mobility | | |
| Number of moves | n.s. | p <.05# |
| Duration of stay in current home | n.s. | p <.05# |
| Ever affected by compulsory resettlement | p <.01# | n.s. |
| Availability of household and luxury items at home | | |
| Colour television | n.s. | n.s. |
| Washing machine | n.s. | n.s. |
| Video cassette player | n.s. | n.s. |
| Motor cycle | p <.001# | n.s. |
| Motor car | n.s. | p <.05 |
| Family Background | | |
| Family intactness | | |
| Whether living with parents | p <.01# | n.s. |
| Family relationships | | |
| Relationship with father | p <.0000# | n.s. |
| Relationship with mother | p <.0000# | n.s. |
| Closer to father or mother | p <.000# | n.s. |
| First person to turn to for help | p <.05# | p <.01 |
| Frequency of parents' quarrel | p <.001# | n.s. |
| Family cohesion (5-item index) | p <.000# | n.s. |

Family discipline

| | | |
|----------------------------|-----------|------|
| Discipline by father | p <.01# | n.s. |
| Discipline by mother | p <.0000# | n.s. |
| Discipline by both parents | p <.0000# | n.s. |

Parental supervision

| | | |
|--------------------------------------|-----------|---------|
| Working mother | p <.05# | p <.05 |
| Father's knowledge of peers | p <.01# | n.s. |
| Mother's knowledge of peers | p <.01# | p <.01 |
| Sought father's permission to go out | p <.01# | p <.01 |
| Sought mother's permission to go out | p <.0000# | p <.001 |

Family attitude towards drug-taking

| | | |
|--|---------|----------|
| Other family member involved in drug abuse | p <.05# | p <.000# |
| Member(s) involved | p <.05# | n.s. |
| First reactions of parents | - | n.s. |

p <. denotes level of statistical significance
n.s. denotes 'not statistically significant'
denotes 'adverse' factor

ENDNOTES

1. The Malays have made very remarkable progress in all levels of education during the past decade (1980-1990), however: general literacy rate rose from 86% to 91%; the proportion of Malays with secondary or higher qualifications more than doubled, from 14% to 31% (Lau, 1993). Moreover, in the 1991 'O' level examinations results, 80% of the Malay candidates achieved at least three 'O' level passes, compared to just under half in 1981. Similarly, Malay students had done better at the Primary School Leaving Examination (PSLE) and had a lower drop-out rate (STWOE 17/10/92). The proportion of Malay students who were in university also went up from 0.2% to 1% (STWOE 28/04/93). Much of Malays' progress in education has been attributed to the formation of MENDAKI, a government-initiated community self-help group formed in 1982 with the express purpose of dealing with the problem of poor educational achievement among the Malays (STWOE 10/10/92).

2. After its separation from Malaysia in 1965, the newly independent Singapore government was widely believed to have an undeclared policy of excluding Malays from recruitment into its police and armed forces and into national service. Li (1989) has argued that the non-recruitment of Malay youths into national service led to employment difficulties and a period of "limbo" which was in turn partly responsible for their involvement with heroin. Following a new political openness in the 1980s, the policy was changed again and all eligible Malay young men were enlisted for national service (Wan Hussin, 1990).

3. Historically, the Malay people have been associated with several uncomplimentary traits which were alleged to have led to their economic "backwardness": "indolence"; "intellectual backwardness of the Malays"; "lack drive and ambition"; "no interest in trade"; "a lazy, incapable, treacherous and scheming native" (see discussions in Mahathir, 1970; Alatas, 1977; Li, 1989). Understandably, this "colonial image" was rigorously challenged by several local scholars such as Professor Alatas who tried to unravel its historical and sociological roots. His main thesis is that the image of the "indolent native" was the creation of the 19th century colonial ideology, biased as it were, as well as a product of the discriminatory employment practices and capitalist exploitation of the Westerners.

4. But with their improved educational performance over the past ten years, more Malays are entering into higher-status jobs: the percentage of Malays working in professional and skilled jobs has doubled from 6% to 11% (STWOE 10/10/92). The number of Malay employers doubled from 500 in 1980 to 1,166 in 1990 (STWOE 12/2/94).

5. Notwithstanding these unfavourable figures, the Malays have made the most progress in the standard of housing during the past decade. For example, the Malays had the highest proportion of home ownership in 1990 (92%), up from 50% in 1980; home ownership rate for the Chinese increased from 62% in 1980 to 88% in 1990. The proportions of Malay households in 1 & 2-room HDB flats fell from 31% to 7% while those in 4-room & bigger flats rose from 8% to 40% during the same period. However, some Malay professionals have expressed concern that the Malays might have been ungrading their homes beyond their means (STWOE, 12/2/94).

6. This may be partly due to religion. Birth control is forbidden in Islam. Large family sizes are also common in other Muslim societies, such as in Saudi Arabia (Abdulaziz, 1992).

7. For a definition of Adat, see Tham (1979: 89-90).

8. It may also be mentioned that polygamy is in theory allowed for the Malays/Muslims although it is rare in practice. Whether this has any impact on the stability of the institution of marriage is unclear, but it is noted that a high divorce rate is also a common feature of most Muslim societies (Wong & Kuo, 1983). Moreover, as noted by Djamour (1965), marriage is not treated as a sacred tie, but primarily as a contract, and can be dissolved with relative ease.

9. Divorce proceedings under the Islamic Law (Shariah) is a relatively simple and uncomplicated process. Theologically, divorce is effected by the husband's pronouncement of the verbal formula "I divorce you" ("talak") thrice (for details, see Hassan, 1980: 78-9). Until recently, the husband was not even obliged to give a reason for the divorce proceeding and the registration with the Kathi was a mere formality. In 1957, the Muslim divorce rate was slightly over 50% of all marriages (Djamour, 1965). However, since the enactment of the Muslim (Amendment) Ordinance (1960) and the Administration of the Muslim Law Act (1966), as well as the institution of the Syariah Court and a Counselling Service, the rate dropped steadily at first but then went up again and remained high.

10. This appears to be a common feature in other Muslim societies. For example, Saudi culture also encourages persons who are divorced or widowed to remarry (Abdulaziz, 1992).

11. Djamour (1965: 139) gave two other reasons for the high frequency of Malay divorces: (a) The mechanism of adoption is available in case neither parent wants to keep the children; (b) Freedom of access to the children is not usually a problem for either party or their relatives.

12. This seems to be a departure from the earlier findings by ethnologist Djamour who found that Malay fathers in the early Sixties were "far from being disciplinarians" and that it was often the mother rather than the father who punished a child for any misbehaviour (1965: 103). Interestingly, grown up children still preferred to turn to the mother rather than the father when they faced a difficulty.

13. According to one local study (Kuo & Chiew, 1984), Malay mothers breastfeed their babies for a longer period of time, in comparison with the mothers of other ethnicity. It is probable that this may have contributed to the special bond between mother and child. In fact, Djamour (1965) also found that "Malay children are weaned fairly late" and that the relationship between a Malay woman and her children "is extremely close and intense".

14. Altogether, 38% of the Malay drug abusers reported a brother and/or sister involved in drug abuse. Sibling addicts are also common among drug/heroin abusers in other countries (Cisin et al., 1977; Maddux & Desmond, 1984; Burr, 1987).

15. Quoted in Weibel-Orlando (1984).

CHAPTER EIGHT

VALUES, ATTITUDES AND BEHAVIOUR OF MALAY DRUG ABUSERS

Introduction

Since the 1970s, the values and beliefs of drug abusers vis-a-vis non-abusers have become the focus of social inquiry among drug abuse researchers. Most of them have approached the subject by comparing drug users and non-users to see if there is evidence of a deviation from conventionality (Brook & Whitehead, 1983; Glassner & Loughlin, 1984). Research carried out on ethnic minority populations, in particular, often sees drug abuse as a concomitant of the loss of traditional values and practices in the process of assimilation into mainstream culture. For example, one American study finds that children of Asian immigrants develop conflicting values and customs from their parents in the process of assimilation into White American culture. They are thus increasingly drawn away from their parents and traditional value systems, but towards their peers and new social and moral values, including drug-taking values (Ja & Aoki, 1993). Similarly, drug abusers among the American Indians have been found to be alienated from traditional values and way of life (Kleinman & Lukoff, 1978; McBride & Page, 1980).

In this chapter, we will be looking at the case of the Malay drug abusers in Singapore: Do Malay abusers possess a different system of values, attitudes and behaviour when compared to the non-abusers? Is there an erosion of Malay culture among the drug abusers? Are there any significant differences between first-time drug abusers and repeaters? All these pertinent issues will be examined in the light of the process of rapid modernization and social change which Singapore society has experienced for more than three decades.

Traditional Malay Values, Beliefs and Attitudes: An introduction

The origins of traditional Malay values, beliefs and attitudes can be traced to three major sources. The first is the system of indigenous animistic beliefs and

practices which used to have important influences on family life such as child-rearing methods, birth and death rituals and the treatment of illnesses. Many of these animistic beliefs and practices have since disappeared or are replaced by Islam, the second major source.¹ Islam was most probably introduced to the Malays in Singapore and the Malay peninsula during the fourteenth and fifteenth centuries by traders and missionaries from India and Sumatra (Djamour, 1965). Since Islam was embraced by the Malays, it has a tremendous influence on every facet of life, including values and beliefs as well as behaviours and lifestyles. In fact, so strong was the influence that norms of behaviour expected of a Muslim became formally institutionalized in Islamic Law abided by all Malay-Muslims.² The third source of traditional Malay values and beliefs is the Adat, which we were introduced in the previous chapter. In practice, however, precepts arising from the Adat and in Islam overlap considerably. In this respect, Islam serves to "reinforce or validate further an existing value precept" (Tham, 1979:91).

Islam and Malay Society

To the Singapore Malays, Islam is more than a religion. It is a way of life. In fact, in the Malay perception, Islam and being Malay are "two aspects of the same reality" (Tham, 1979:98).³ The guiding principles which all Malay-Muslims are to abide by are embodied in the five Pillars of Islam: (a) they must subscribe to the doctrine of the Unity of God (tauhid); (b) they must pray five times a day at set times; (c) they must observe the fast from the break of dawn to dusk during the month of Ramadan; (d) they must undertake the pilgrimage to Mecca to perform the Hajj at least once during their lifetime if they could afford it; and, (e) they must pay a religious tithe (zakat), which is a form of 'religious tax' to be redistributed to the poor and needy. On every Friday, all the men will gather at the neighbourhood mosque (masjid) for collective prayers.

The mosque plays an important role in Malay community life. Apart from being a place of worship, most mosques are now provided with conference rooms and multi-purpose halls where social gatherings and activities are held. Religious classes and Quran reading competitions are examples of such activities.

Islam also has a major influence on Malay family life, especially in the aspects of marriage, divorce, child-upbringing, diet and value orientations. According to Mahatir (1970), for example, the Malays have cultivated a less materialistic attitude towards life and a generally more relaxed lifestyle.

Although the Singapore Malays are devout adherents to Islamic teachings, they are comparatively more lax in religiosity when compared to the other Muslim communities. For example, Djamour (1965) found that only a small proportion of the Singapore Malays regularly prayed five times a day or fasted during the whole of Ramadan.

Islamic Perspective on Drug Abuse

According to a report published by the Anti-Narcotics Task Force set up in the Prime Minister's office in Malaysia, neither the Quran nor the Hadith (Sayings of Prophet Mohammad) provide any specific punishment or injunction against drugs and drug abuse (Anti-Narcotics Task Force, 1992). But there is a prohibition against the use of any intoxicating substance which clouds judgement and affects normal behaviour. Although only liquor (khamar) is specifically mentioned in the Quran and Hadith,⁴ Islamic scholars have invoked the Al-Qias (deduction by analogy) to make all illicit drugs prohibited commodities. Drugs, unless used for legitimate medical purposes, are deemed to be harmful to the individual and, ultimately, the community. The act of drug abuse is even compared to self-destruction or suicidal behaviour, which is a "cardinal sin" in Islam (Anti-narcotics Task Force, 1992:128-9).

Notwithstanding religious prohibitions, substance abuse of one form or another exists in virtually every Muslim country and among Muslims. As far back as in the early 1960s, in Singapore, Djamour (1965: 15) reported that "many Malay men did not refuse beer or other alcohol". Moreover, high incidences of drug abuse, particularly heroin and ganja abuse, have been reported not only among the Singapore Malays, but also among the Malays/Muslims in Malaysia, Indonesia and Brunei Darussalam. In fact in Egypt, one of the religious centres of Islam, the use of alcohol is generally accepted because of the prestige it involves.

Cannabis, on the other hand, is looked down upon although it is relatively less objectionable from the religious point of view (Soueif, Yunis & Taha, 1986). Furthermore, opium is known to have been frequently used by the Arabs both as a medicinal and a social drug. Conrad & Schneider (1980) attribute it to the fact that the Quran forbids wine and other alcohol, but not opium.

Section I: Ethnic Pride and Identification

Ethnic Pride

Table 8.1 reveals no significant differences between Malay abusers and Non-abusers in their feelings of ethnic pride. When asked whether they felt proud to be a Malay, 82% of the abusers and 76% of the Non-abusers felt "very proud" while 16% of the former and 22% of the latter group felt "somewhat proud". Only two percent of either group felt "not proud at all". It is interesting to note that Malay abusers were significantly more likely than Chinese abusers to feel proud about their own ethnic group. Hence, while only 2% of the Malays did not feel proud at all to be a Malay, 10% of the Chinese did not feel proud at all to be a Chinese. On the other hand, 82% of the Malays felt "very proud" about their own ethnicity, as compared to 63% of the Chinese. The differences between the Malay and Chinese abusers were significant ($p < .01$).

Table 8.1 Ethnic Pride and Identification

| | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|--|--|---|--------------------------|
| Pride in own ethnic group | | | |
| Very proud | 82 | 76 | 63 |
| Somewhat proud | 16 | 22 | 27 |
| Not proud at all | 2 | 2 | 10 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| Excluding 'Not proud at all' | X^2 for (a) & (b) = .82 d.f.=1 n.s. (with Yates' correction) X^2 for (a) & (c) = 10.64 d.f.=2 $p < .01$ | | |
| | | | |
| | | Malay Abusers | Malay Non-abusers |
| Ever belonged to a Malay association or civic society | Yes | 4 | 16 |
| | No | 96 | 84 |
| TOTAL | | 100 (100%) | 100 (100%) |
| | | X^2 (with Yates' correction)= 6.72 d.f.=1 $p < .01$ | |

Notwithstanding the above finding, when the mean scores for the perception of the economic performance of the subject was taken as an indicator of ethnic pride, significant differences were observed in all but one of the comparisons between the groups (see Table 8.2). In the latter case, Malay abusers scored marginally higher (3.64) than the Non-abusers (3.44) in a scale of 1 - 5 when asked whether the Malays were doing better or worse in earning a living in Singapore when compared to the Indians (p=not significant). However, when the individual items on the scale were examined, it was found that significantly more Malay abusers (48%) than Non-abusers (35%) felt that the Malays were at least "somewhat better off" than the Indians in economic performance ($X^2=12.12$, $df=4$, $p <.05$). The details can be inspected in Table 8.2.1 in the Appendix.

Table 8.2 also reveals that whilst both Malay abusers and Non-abusers tended to see themselves as being economically worse off when compared to the Chinese, Malay Non-abusers scored significantly higher (2.15) than the Malay abusers (1.28) in the scale of 1 - 5. But the Malay abusers (1.28) appeared to have significantly poorer perception of their own economic performance when compared to the Chinese abusers (4.69). Furthermore, when asked to compare their respective economic performance vis-a-vis the Indian community, the Malay abusers scored comparatively lower (3.64) than the Chinese abusers (4.54). Both the abovementioned differences were highly significant ($p <.000$).

It is evident from the above that Malay abusers tended to see the Malay community as being inferior to the Chinese community in earning a living in Singapore. In fact, none of the Malay abusers indicated that the Malays were any better off than the Chinese in this respect and only 7% indicated that there was no difference (see details in Table 8.2.1 in Appendix). On the other hand, only 11% of the Malay abusers indicated that the Malays were somewhat or much worse off than the Indians in economic performance.

Table 8.2 Mean Scores For Perception Of Economic Performance Of Own Ethnic Group

| | Malay Abusers | | | Malay Non-abusers | | | t |
|--|---------------|------|----|-------------------|------|----|-----------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Compared to the Chinese | 1.28 | .61 | 85 | 2.15 | .80 | 95 | -8.22**** |
| Compared to the Indians | 3.64 | 1.01 | 80 | 3.44 | .92 | 89 | 1.35n.s. |
| Much worse off than (1)---Much better off than (5) | | | | | | | |

**** p<.000 two-tailed test
n.s. p=not significant
N excludes "Not sure/don't know"

| | Malay Abusers | | | Chinese Abusers | | | t |
|---|---------------|------|----|-----------------|------|----|------------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Compared to the Chinese/Malays | 1.28 | .61 | 85 | 4.69 | .78 | 83 | -31.48**** |
| Compared to the Indians | 3.64 | 1.01 | 80 | 4.54 | .88 | 82 | -6.05**** |
| Much worse off than (1)---Much better off than(5) | | | | | | | |

**** p <.000 two-tailed test
N excludes "Not sure/don't know"

Ethnic Identification

Malay abusers were much less likely than Non-abusers to join Malay associations or civic societies. (refer to Table 8.2). Only 4% of the former had ever belonged to any ethnic associations, compared to 16% of the latter group (p <.01).⁵ Like their Malay counterparts, Chinese abusers were also not inclined to join any ethnic organisations; only 3% had indicated any such involvement in their lifetime.

As the data in Table 8.3 suggest, Malay Non-abusers were significantly more likely than abusers to have non-Malays as peer group members (p <.001). Almost 90% of the abusers were members of groups which were exclusively or predominantly Malays. In comparison, 63% of the Non-abusers joined groups which were exclusively or predominantly Malays while 18% of them were members of groups which comprised mainly or exclusively non-Malays. However, as shown in the second section of Table 8, when education was controlled, the statistical difference between Malay abusers and Non-abusers was either eliminated (for primary education or below) or attenuated (secondary education or above). The difference in ethnicity of peer group composition was thus a function of education. It can be concluded, therefore, that for those with secondary or above education, Malay abusers were significantly more likely than Non-abusers to mix around with only or mostly Malay peer group members. This finding will have

important implications for prevention measures given the high rate of drug abuse among Malay youth.

It should also be mentioned that there were no significant differences between Malay and Chinese abusers in the propensity to have peer group members of the same ethnicity. Also, Malay First-timers and Malay repeaters did not differ significantly in this regard.

Table 8.3 Ethnic Composition Of Peers

| | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|--|---|--------------------------|------------------------|
| All are of same ethnicity | 56 | 35 | 65 |
| Most are of same ethnicity | 33 | 28 | 32 |
| About half are of same ethnicity | 8 | 19 | 1 |
| Few are of same ethnicity | 3 | 14 | 2 |
| None is of same ethnicity | 0 | 4 | 0 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | X^2 for (a&b) = 20.86 d.f.=4 p <.001 | | |
| For 'more than half' v. 'half or less' | X^2 for (a&c) = 3.76 d.f.=1 n.s. (with Yates' correction) | | |

| | Secondary & Above | | Primary & Below | |
|----------------------------------|-------------------------------------|----------------------------------|------------------------------|----------------------------------|
| | Malay Abusers (a) N=52 | Malay Non-abusers (b) N=89 | Malay Abusers (c) N=48 | Malay Non-abusers (d) N=11 |
| All are of same ethnicity | 50% | 31.5% | 62.5% | 63.6% |
| Most are of same ethnicity | 34.6% | 29.2% | 31.3% | 18.2% |
| About half are of same ethnicity | 9.6% | 20.2% | 6.3% | 9.1% |
| Few are of same ethnicity | 5.8% | 14.6% | 0 | 9.1% |
| None is of same ethnicity | 0 | 4.5% | 0 | 0 |
| TOTAL | 100% | 100% | 100.1% | 100% |
| | X^2 for (a&b) = 10.11 df=4 p <.05 | | | |
| | X^2 for (c&d) = 5.00 df=3 n.s. | | | |

Summary and Discussion

It is hypothesized that Malay abusers are more likely than Non-abusers to have lower ethnic pride and a lower degree of ethnic identification. The empirical data from this study fail to support this hypothesis, however. Contrary to popular expectations, significantly more Malay abusers than Chinese abusers feel proud of their own ethnicity. Furthermore, although Malay abusers generally have

a poorer perception of the Malay community's economic performance in relation to the Chinese or the Indian community, it does not necessarily indicate a lower ethnic pride. The difference in perception is more likely to be a function of education; Non-abusers are generally better educated and have better earning opportunities and are thus more likely to perceive their own economic performance in a more favourable light.

Membership of ethnic associations or civic societies and ethnicity of peers are used as indicators of ethnic identity. Using the first indicator, Malay abusers are much less likely than Non-abusers to join a Malay association or civic society. But this can be explained by the fact that many of the former are lowly educated and much less likely to be involved in a lifestyle that is conducive to joining Malay associations and civic societies (see Chapter Nine). On the other hand, Malay abusers are far more likely than Non-abusers to have peers of the same ethnic group. This is once again a function of education. According to Li (1989), Malay parents encourage their children to mix with non-Malays in schools for prestige as well as for social mobility; non-Malay students tend to perform better in schools than Malay students. As Malay abusers generally leave school earlier, however, they are more likely to associate only with people of similar background and educational history.

Section II: Ethnic Cultural Retention

Commitment To Traditional Values

A popular and theoretically important issue in drug abuse research is concerned with the hypothesis that drug abusers are more likely than non-abusers to be characterised by the loss of traditional values. In this study, a comparison was made between Malay abusers and Non-abusers to determine if they differed significantly in any or all of a set of nine traditional values which were important to them. The results, as tabulated in Table 8.4, show that the two

groups did not differ significantly in any of the nine values presented. They indicate that having a religion, respect for the elders,⁶ working hard⁷ or forward planning remained very important values for the Malay abusers, as for the Non-abusers. Similarly, a very high proportion of both groups also considered courtesy, being good to neighbours,⁸ getting married or having a "kampong spirit"⁹ (community spirit, as in the rural society) to be of some importance to them. On the other hand, 33% of the abusers and 21% of the Non-abusers did not find having many friends to be an important value to them. It should be noted, however, that although these differences were not statistically significant, all except one of the values were marginally more important to the Non-abusers than abusers. The exception was getting married which seemed to hold a slightly lower priority for the Non-abusers.

Furthermore, a comparison between Malay First-timers and Repeaters also revealed that they differed significantly in only two items. Contrary to expectations, Malay Repeaters were significantly more likely than First-timers to consider having many friends ($p < .01$) and courtesy at all times ($p < .05$) quite or very important.

While there are no other local studies comparing the values of drug abusers and non-abusers, the above findings confirm reports from abroad. According to Glassner & Loughlin (1984), it becomes evident, by looking a bit deeper, that heavy drug users are committed to conventionality. For example, work is valued highly and most want to raise their own children to be law-abiding and respectful of others. Brook & Whitehead (1983) also reported that the values of drug users and non-users are not dissimilar. Similarly, Oetting & Goldstein (1979) found no relationship between traditional Native Indian values and drug abuse among their sample of young adults.

However, significant findings were found between Malay and Chinese abusers with regard to how important each of the nine values was to them. The most highly significant difference was that having a religion was much more important to the Malay abusers than to the Chinese. Virtually all the Malay abusers (98%) considered it quite or very important to have a religion, compared to 60% of the

Chinese abusers ($p < .0000$). About three quarters of the Malay abusers considered it "very important" to show respect to elders, to work hard or to plan ahead. Whereas, just over half of the Chinese abusers found these same three values "very important" to them. Similarly, while half of the Malay abusers found it very important to be good to neighbours, just slightly over a quarter of the Chinese abusers felt the same ($p < .001$). Getting married or having a "kampong spirit" were apparently more important to the Malay abusers as well. There was only one item which the two groups of abusers did not differ significantly: about a third of each group felt that having many friends was not important to them.

Table 8.4 Importance Of Traditional Values

| | Malay Abusers (N=100) | | | | Malay Non-abusers (N=100) | | | | X ² | d.f. | p= |
|------------------------------|--------------------------|---------------|-------------|-------------|------------------------------|---------------|-------------|-------------|----------------|------|------|
| | Very Impt | Quite Impt | Not Impt | Not Sure | Very Impt | Quite Impt | Not Impt | Not Sure | | | |
| To respect your elders | 78 | 20 | 2 | 0 | 89 | 9 | 2 | 0 | 4.90 | 2 | n.s. |
| To have many friends | 25 | 40 | 33 | 2 | 33 | 42 | 21 | 4 | 4.49 | 3 | n.s. |
| To be good to neighbours | 50 | 38 | 12 | 0 | 61 | 31 | 5 | 3 | 7.68 | 3 | n.s. |
| To be courteous at all times | 59 | 32 | 8 | 1 | 64 | 32 | 3 | 1 | 2.48 | 3 | n.s. |
| To have a "kampong spirit" | 30 | 37 | 25 | 8 | 39 | 39 | 14 | 8 | 4.33 | 3 | n.s. |
| To have a religion | 89 | 9 | 1 | 1 | 89 | 10 | 1 | 0 | .00# | 1 | n.s. |
| To work hard | 77 | 21 | 1 | 1 | 89 | 11 | 0 | 0 | 5.99 | 3 | n.s. |
| To get married | 54 | 31 | 11 | 4 | 39 | 37 | 13 | 11 | 6.38 | 3 | n.s. |
| To plan ahead | 76 | 13 | 7 | 4 | 78 | 14 | 1 | 7 | 5.38 | 3 | n.s. |

with Yates' correction

| | Malay Abusers (N=100) | | | | Chinese Abusers (N=100) | | | | X ² | d.f. | p= |
|------------------------------|--------------------------|---------------|-------------|-------------|----------------------------|---------------|-------------|-------------|----------------|------|--------|
| | Very Impt | Quite Impt | Not Impt | Not Sure | Very Impt | Quite Impt | Not Impt | Not Sure | | | |
| To respect your elders | 78 | 20 | 2 | 0 | 59 | 36 | 2 | 3 | 10.21 | 3 | <.05 |
| To have many friends | 25 | 40 | 33 | 2 | 26 | 40 | 32 | 2 | .03 | 3 | n.s. |
| To be good to neighbours | 50 | 38 | 12 | 0 | 28 | 49 | 14 | 9 | 16.75 | 3 | <.001 |
| To be courteous at all times | 59 | 32 | 8 | 1 | 34 | 53 | 8 | 5 | 14.58 | 3 | <.01 |
| To have a "kampong spirit" | 30 | 37 | 25 | 8 | 12 | 37 | 30 | 21 | 14.00 | 3 | <.01 |
| To have a religion | 89 | 9 | 1 | 1 | 17 | 43 | 27 | 13 | 105.57 | 3 | <.0000 |
| To work hard | 77 | 21 | 1 | 1 | 55 | 38 | 6 | 1 | 12.14 | 3 | <.01 |
| To get married | 54 | 31 | 11 | 4 | 36 | 30 | 25 | 9 | 10.98 | 3 | <.05 |
| To plan ahead | 76 | 13 | 7 | 4 | 53 | 29 | 14 | 4 | 12.53 | 3 | <.01 |

Religiosity

Past research has widely shown that religious commitment has acted as a barrier to drug abuse especially among young people (Kleinman & Lukoff, 1978; Oetting & Goldstein, 1979; Wallace & Bachman, 1991). According to Kleinman & Lukoff (1978), for example, stronger commitment to religion helps to deter drug abuse

among Black youth. Adlaf, Smart & Tan (1989) found that for tobacco and cannabis use, frequency of religious attendance is negatively related to use among all ethnic groups except Orientals and East or West Indians. In his study, Abdulaziz (1992) finds the weakness of religious control to be the only variable that has had a significant effect on drug recidivism in Saudi Arabia. In addition, a number of authors have argued that religion helps to moderate or control drug use, especially alcohol use (Herd, 1985; White, 1991; Wallace & Bachman, 1991).

Despite the importance of Islam in Malay society, no one has hitherto studied the relationship between religiosity and drug abuse among the Singapore Malays. Thus, a major focus of the present study was to see whether there were any differences between the Malay abusers and Non-abusers in their commitments to Islam. It would also be interesting to compare between Malay First-timers and Malay Repeaters as well as between Malay and Chinese abusers. The indicators for religiosity as used in this study are as follows:

Importance Of Religion In Daily Life

When the importance of Islam in daily life was taken as an indicator of religiosity, there were no significant differences between the Malay abusers and Non-abusers (Table 8.5). None of the subjects interviewed regarded Islam as unimportant to them in their daily life. A closer examination of the data revealed, however, that Islam appeared more important to the Non-abusers although the difference has not reached statistical significance. Thus while 81% of the abusers regarded Islam as very important in their daily life, 90% of the Non-abusers felt likewise. Furthermore, consistent with the earlier finding on the value of having a religion, Malay abusers appeared much more religiously inclined when compared to the Chinese ($p < .0000$). As a matter of fact, about a third of the Chinese abusers (33.7%) did not regard religion as being important to them at all.

Attendance At Mosque

Employing the frequency of mosque attendance as a measure of religiosity revealed, however, that Malay abusers were significantly less committed to Islam when compared to the Non-abusers (Table 8.5). At this juncture, it is important to remember that Islam requires attendance at Friday prayer sessions usually held at a mosque. The survey data reveal that whereas 55% of the Non-abusers attended mosque at least once a week, only 22% of the abusers attended mosque once a week and none more frequently. On the other hand, 40% of the abusers had stopped going to the mosque at all, compared to only 8% of the Non-abusers. The differences were highly significant at the $p < .0000$ level.

However, although the above finding might suggest that the Malay abusers were less diligent in practising Islam than Non-abusers, it could not be taken to indicate that there was any decline in religious belief for two main reasons. Firstly, as pointed out by Gullick (1987), laxity in attending Friday prayers, or other backsliding among the Malays, does not denote any fundamental decline in religious belief. Secondly, evidence of the validity of the above statement is also provided by the Malay abusers themselves:

I never go to mosque now. It doesn't mean I don't respect religion.
I'm now not clean. If I take drugs, I cannot sembayang (pray).
(Ismail, Malay first-timer)

....drugs control my mind. I never pray now. My thinking is all
concentrate(d) on the drugs.

Once you are inside (the DRC), you are desparate, then only you
remember God (Allah). Outside, you just forget God.
(A Malay Repeater)

Frequency Of Prayer

Using the frequency of prayer as an indicator, the Malay abusers were once again significantly much less committed to practising Islam in comparison with the Non-abusers ($p < .0000$). As shown in Table 8.5, only 7% of the abusers prayed more than once a day, compared with 45% of the Non-abusers. More importantly, 41% of

the abusers never prayed at all, as did 8% of the Non-abusers. The reader is reminded that Muslims are required by Islam to pray five times a day.

When the sample of Malay abusers were subjected to further analysis, another important finding emerged: Repeaters were even less committed to Islam than First-timers ($p < .05$). As illustrated in Table 8.5a (Appendix II), 54% of the former group claimed that they never prayed at all, as opposed to 28% of the latter group. Among those who did pray, First-timers outnumbered Repeaters in every category of frequency except for "Less than once a week".

Attendance At Religious Classes

We have so far established that Malay abusers were significantly less likely than Non-abusers to attend mosque or pray. The survey results also show that they received significantly less religious education than the Non-abusers ($p < .0000$).

Only 16% of the abusers attended at least three years of religious classes, as did 54% of the Non-abusers. The majority of the abusers received between a few months to two years of religious instructions. It is also of concern to note that 22% of the abusers and 10% of the Non-abusers never attended any religious classes in their life.

The Haj

As already mentioned, one of the Pillars of Islam is the duty to make a pilgrimage to Mecca to perform the 'Haj',¹⁰ at least once during one's lifetime, unless financial circumstances really cannot permit it. In this respect, no statistically significant differences were found between Malay abusers and Non-abusers: only one abuser and two Non-abusers claimed to have made the pilgrimage (see Table 8.5). Surprisingly, among those who have not yet made the Haj, relatively more abusers than Non-abusers expressed an intention to do so one day (not statistically significant). However, in comparison with First-timers, Malay Repeaters were less likely to indicate any plans to do the Haj in the future: 44%

of the Repeaters and 24% of the First-timers indicated no such plans but the difference is also not statistically significant (see Table 8.5a,, Appendix II).

Table 8.5 Religiosity

Importance Of Islam In Daily Life

| | Malay Abusers | Malay Non-abusers | |
|-----------------|------------------|-------------------|---|
| Very important | 81 | 90 (90.9%) | $\chi^2 = 3.26$ d.f.=1 n.s. (with Yates' correction) Ktb= -.143 |
| Quite important | 19 | 9 (9.1%) | |
| Not Important | 0 | 0 | |
| Total | 100 (100) | 99 (100%) | |

Importance Of Religion In Daily Life

| | Malay Abusers | Chinese Abusers |
|-----------------|-------------------------|------------------|
| Very important | 81 | 14 (16.3%) |
| Quite important | 19 | 43 (50%) |
| Not Important | 0 | 29 (33.7%) |
| TOTAL | 100 (100%) | 86 (100%) |
| | $\chi^2 = 84.97$ d.f.=2 | $p < .0000$ |

Frequency Of Attendance At Mosque

| | Malay Abusers (N=100) | Malay Non-abusers (N=100) | |
|----------------------------|--------------------------|------------------------------|---|
| More than once a week | 0 | 20 | $\chi^2 = 49.43$ d.f.=5 $p < .0000$ Ktb=-.418 |
| Once a week | 22 | 35 | |
| Two to three times a month | 14 | 21 | |
| Once a month | 4 | 6 | |
| Less than once a month | 20 | 10 | |
| Never | 40 | 8 | |

Frequency Of Prayer

| | Malay Abusers (N=100) | Malay Non-abusers (N=100) | |
|-------------------------|--------------------------|------------------------------|---|
| More than once a day | 7 | 45 | $\chi^2 = 55.05$ d.f.=5 $p < .0000$ Ktb=-.448 |
| Once a day | 11 | 12 | |
| Two to six times a week | 13 | 14 | |
| Once a week | 8 | 12 | |
| Less than once a week | 20 | 9 | |
| Never | 41 | 8 | |

Attendance At Religious Classes

| | Malay Abusers (N=100) | Malay Non-abusers (N=100) | |
|----------------------------------|--------------------------|------------------------------|---|
| More than five years | 5 | 35 | $\chi^2 = 36.17$ d.f.=5 $p < .0000$ Ktb=-.326 |
| Three to four years | 11 | 19 | |
| One to two years | 30 | 16 | |
| Six months to less than one year | 14 | 9 | |
| Less than six months | 18 | 11 | |
| Never attended | 22 | 10 | |

Ever Performed The Haj

| | Malay Abusers (N=100) | Malay Non-abusers (N=100) | |
|---------------------------------------|--------------------------|------------------------------|---|
| Yes | 1 | 2 | $\chi^2 = 1.87$ d.f.=1 n.s. (with Yates' correction) |
| No, but will do at least once in life | 65 | 54 | |
| No, has no plan | 34 | 44 | |

Observance Of Religious Duties And Festivals

The final indicator of religiosity as used in the present study is a scale specially designed to measure the subject's observance of nine items of Islamic festivals and duties. The scale is called the Religious Observance Index and it has a alpha reliability of .85. The result, as shown in Table 8.6.1, indicates that Malay abusers collectively observed significantly less frequently of the Islamic festivals and duties in comparison with the Non-abusers ($p < .0000$). In other words, the results confirm that they were significantly less committed to Islam than Non-abusers. Moreover, Malay Repeaters scored significantly lower than First-timers in the same index, indicating that they were much less likely than the latter to observe the Islamic festivals and duties listed (see Table 8.6.1a, Appendix II).

Table 8.6.1 Mean Scores For Religious Observance Index

| Malay Abusers (a) | | | Malay Non-abusers (b) | | | t (a&b) |
|----------------------|------|----|--------------------------|------|-----|-----------|
| Mean# | S.D. | N | Mean# | S.D. | N | |
| 11.86 | 5.33 | 99 | 18.45 | 4.78 | 100 | -9.19**** |

**** $p < .000$ for two-tailed test d.f.=197
Low religious observance (0)---High Religious Observance (27)

Table 8.6.2 illustrates the results of individual items of the Religious Observance Index. The results illustrate that Malay abusers observed much less frequently than Non-abusers such Islamic duties as fasting during the month of Ramadan, reading the Quran and going to mosque on Fridays, as well as such festivals as the Prophet's Birthday, Muslim New Year, Israk & Mikraj, Nisfu Night and Hari Raya Puasa.¹¹ All the differences are highly significant ($p < .0000$) except for Hari Raya Puasa ($p < .05$). Moreover, it was noted that although there were no statistically significant differences between the two comparison groups in the frequency of celebrating Hari Raya Haji,¹² Malay Non-abusers appeared to celebrate the festival a little more frequently than the abusers. It should also be pointed out that the smaller differences between the groups in the frequency of celebrating Hari Raya Puasa and Hari Raya Haji are probably due to the fact

that these are the two major events in the Muslim calendar and that they are widely celebrated in Singapore.

Another clarification is warranted here. The fact that Malay abusers were not observing Islamic duties and festivals as much as the Non-abusers did not mean that they were not observing them at all. On the contrary, most of them still fasted during Ramadan, went to a mosque on Fridays and celebrated the major religious festivals, though perhaps on a reduced frequency. But most were not inclined to celebrate the less commonly celebrated events such as Nisfu Night, Israk & Mikraj and the Muslim New Year or to read the Quran.

In addition, when Malay First-timers and Repeaters were compared in relation to the frequency of their observance of the same set of religious activities, significant differences were observed in only two items (see Table 8.6.2a, Appendix II). Firstly, significantly fewer of the Repeaters reported celebrating the Prophet's birthday; for example, 40% of the First-timers and 60% of the Repeaters respectively reported that they never celebrated the occasion ($p < .001$). Secondly, whereas 36% of the First-timers celebrated the Muslim New Year "sometimes" or "always", the corresponding proportion of Repeaters was only 26% ($p < .05$).

Table 8.6.2 Frequency Of Observance Of Religious Activities

| | Malay Abusers (N=100) | | | | Malay Non-abusers (N=100) | | | | X ² |
|-------------------------------|--------------------------|----------------|--------|-------|------------------------------|----------------|--------|-------|----------------|
| | Always | Some- times | Seldom | Never | Always | Some- times | Seldom | Never | |
| Fast during Ramadan | 18 | 34 | 23 | 25 | 73 | 20 | 5 | 3 | 68.04**** |
| Read the Holy Quran | 2 | 17 | 23 | 58 | 4 | 44 | 26 | 26 | 24.99**** |
| Go to mosque on Fridays | 19 | 25 | 23 | 33 | 36 | 43 | 15 | 6 | 30.40**** |
| Celebrate Prophet's Birthday# | 23 | 19 | 7 | 50 | 28 | 34 | 24 | 14 | 34.30**** |
| Celebrate Hari Raya Puasa | 89 | 4 | 5 | 2 | 93 | 7 | 0 | 0 | .25n.s.@ |
| Celebrate Hari Raya Haji | 77 | 11 | 9 | 3 | 75 | 18 | 6 | 1 | 3.32n.s. |
| Celebrate Muslim New Year | 18 | 13 | 10 | 59 | 36 | 36 | 23 | 5 | 67.48**** |
| Celebrate Israk & Mikraj | 6 | 15 | 14 | 65 | 22 | 32 | 33 | 13 | 57.64**** |
| Celebrate Malam Nisfu | 4 | 8 | 11 | 77 | 15 | 33 | 33 | 19 | 67.65**** |

1 Malay Abuser did not respond to this item
 @ d.f.=1 (with Yates' correction)
 **** p<.0000 d.f.=3

Commitment To Cultural Practices

Culture ascribes meanings to drug use in societies and defines drug-taking as either a socially approved behaviour or as an unacceptable activity to be proscribed. It can thus act as a stimulus or a barrier to drug abuse. In Malay society, Islamic teachings forbid the non-medical use of any intoxicating substances, including drugs. Thus those Malays who not only believe but also practise their religion (Islam) are unlikely to be involved in substance abuse. It is in this vein that several Malay leaders have recently commented that Malay drug abusers have lost some of their traditional Malay values and cultural practices (). Thus, it can be hypothesised that Malay abusers are more likely than Non-abusers to have a lower commitment to Malay cultural practices.

To test the hypothesis, a comparison was made between Malay abusers and Non-abusers with regard to the frequency of their involvement in eight ethnic-specific activities. The results are illustrated in Table 8.7. Significant differences were recorded in all but two of the eight items. The results show that Malay abusers were just as likely as Non-abusers to speak Malay at home or to perform the customary salutation "minta ma'af"¹³ during festive occasions (Hari Raya Puasa). In fact, nine out of ten Malay subjects in both groups "very often" spoke Malay at home and more than eight out of ten "very often" performed the "minta ma'af" during the Hari raya Puasa.

On closer examination, however, some surprising results emerged. It was found that four of the six significant differences between Malay abusers and Non-abusers were not in the expected direction. Except for the findings that Malay abusers were significantly less inclined to wear a traditional Malay costume (baju kurong)¹⁴ during festive occasions ($p < .001$), or to participate in a Malay cultural dance or martial art¹⁵ ($p < .01$), they were more likely than Non-abusers to retain the other cultural practices. For example, 68% of the abusers "very often" read a Malay newspaper, compared to 54% of the Non-abusers ($p < .001$). More significantly, whereas just over two-thirds of the abusers "very often" listened to Malay pop music or other Malay songs, only about a third of the Non-

abusers did so (for both, $p < .000$). Finally, Malay abusers were much more likely than Non-abusers to watch a Malay programme on television ($p < .0000$).

Thus the above findings provide very limited support for the hypothesis. Malay abusers were found to be significantly less involved than Non-abusers in Malay cultural dances and martial art. They were also less likely to don a traditional Malay costume (baju kurung) during festive occasions. But the results also indicate that the Malay abusers have not completely lost touch with their cultural practices, especially with regard to speaking Malay at home and using the traditional form of greetings during appropriate occasions. But it should be pointed out that their greater "cultural" involvement than the Non-abusers were confined to mundane, daily activities like reading a Malay newspaper, listening to Malay pop and other Malay songs and watching television. These differences, significant notwithstanding, were probably due to their differences in educational background.

It was also hypothesised that Malay Repeaters were likely to have a lower commitment to their cultural practices. Once again, only limited support for the hypothesis was found in the empirical evidence (see Table 8.7.1 in Appendix). Significant differences were found in only two items. Malay Repeaters significantly less often put on a traditional costume (baju kurung) during festive occasions or performed the "minta ma'af" during the Hari Raya Puasa. Hence, while 82% of the First-timers "often" or "very often" wore a baju during Hari Raya Puasa, only 48% of the Repeaters did so ($p < .01$). Furthermore, 96% of the First-timers performed the customary "minta ma'af" very often, as opposed to only 20% of the Repeaters.

Research carried out elsewhere, including ethnic minority studies, also find that drug abusers have no less commitment to their cultural practices than non-abusers. For example, Oetting & Goldstein (1979) found that Native American youth who felt it was quite important to speak their native tongue, learn legends or tribal stories or take part in traditional practices were as likely to use drugs as those who felt it was unimportant.

Table 8.7 Ethnic Cultural Retention

| | | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|--|--------------|---|--------------------------|------------------------|
| Speak Own Language At Home | Very Often | 93 | 89 | 80 |
| | Sometimes | 5 | 9 | 11 |
| | Seldom | 1 | 2 | 5 |
| | Never | 1 | 0 | 4 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X ² for (a) & (b) = not computed due to small cells X ² for (a) & (c) = 7.68 d.f.=2 p<.05 | | |
| Read own language papers | Very Often | 68 | 54 | 43 |
| | Sometimes | 12 | 32 | 20 |
| | Seldom | 8 | 11 | 12 |
| | Never | 12 | 3 | 25 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X ² for (a&b) = 16.57 d.f.=3 p<.001 X ² for (a&c) = 12.99 d.f.=3 p<.01 | | |
| Listen To Own Ethnic Pop Music | Very Often | 76 | 34 | 62 |
| | Sometimes | 19 | 42 | 26 |
| | Seldom | 4 | 20 | 3 |
| | Never | 1 | 4 | 9 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X ² for (a) & (b) = 37.18 d.f.=3 P<.000 X ² for (a) & (c) = 9.10 d.f.=3 p<.05 | | |
| Listen To Own Ethnic song | Very Often | 77 | 33 | 67 |
| | Sometimes | 19 | 45 | 22 |
| | Seldom | 3 | 16 | 5 |
| | Never | 1 | 6 | 6 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X ² for (a) & (b) = 40.62 d.f.=2 p<.0000 X ² for (a) & (c) = 4.18 d.f.=2 n.s. | | |
| Watch own ethnic programme on tv | Very Often | 49 | 16 | 74 |
| | Sometimes | 38 | 58 | 18 |
| | Seldom | 11 | 26 | 7 |
| | Never | 2 | 0 | 1 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X ² for (a&b) = 29.00 d.f.=3 p<.0000 X ² for (a&c) = 13.45 d.f.=3 p<.01 | | |
| Take part in own cultural dance or martial art | Very Often | 1 | 1 | 3 |
| | Sometimes | 0 | 8 | 6 |
| | Seldom | 1 | 7 | 6 |
| | Never | 98 | 84 | 85 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X ² for (a&b) = 10.32 d.f.=1 p<.01 (with Yates' correction) X ² for (a&c) = 9.26 d.f.=1 p<.01 (with Yates' correction) | | |
| Wear own traditional costume during festive occasions | Very Often | 17 | 44 | 0 |
| | Sometimes | 48 | 35 | 2 |
| | Seldom | 17 | 15 | 7 |
| | Never | 18 | 6 | 91 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X ² for (a&b) = 20.11 d.f.=3 p<.001 X ² for (a&c) = 112.38 d.f.=3 p<.0000 | | |
| Perform customary salutation during festive occasions (eg. "minta ma'af") | Very Often | 82 | 82 | 68 |
| | Sometimes | 11 | 8 | 8 |
| | Seldom | 4 | 5 | 5 |
| | Never | 3 | 5 | 19 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X ² for (a&b) = 1.00 d.f.=2 n.s. X ² for (a&c) = 13.53 d.f.=3 p<.01 | | |

Violation Of Cultural/Religious Norms

Another indicator of ethnic cultural retention is the extent to which cultural and/or religious norms are violated. In the context of the Singapore Malays, cultural and religious norms are so closely intertwined that the two are often taken to mean the same thing. In this study, a comparison was made between Malay abusers and Non-abusers to see if the former were more likely than the latter to engage in activities that violate Malay cultural and/or religious norms. The hypothesis that they do is being tested here and the empirical results are shown in Table 8.8:

Consumption Of Alcohol

Malay abusers were much more likely than Non-abusers to consume beer and other alcoholic beverages: 98% had accepted a beer or other alcoholic beverage at least once or twice, compared to 38% of the Non-abusers ($p < .0000$). The data also indicate that 92% of the Malay drug abusers accepted alcohol quite frequently. In contrast, only 16% of the Non-abusers consumed alcohol more than just once or twice, but the majority (62%) never imbibed alcohol at all. Readers are reminded that Islam forbids the consumption of alcohol (khamar).

Consumption Of Pork

Consumption of pork is strictly forbidden (haram) in Islam and, therefore, in Malay society. The evidence in Table 8.8 show that some 18% of the Malay abusers and 10% of the Non-abusers had eaten pork before. Though the difference between the two groups might not have reached statistical significance, it was clear that the Malay abusers were slightly more likely to have violated their cultural and religious norms by consuming pork.

Gambling

Any game of chance or gambling is also haram (forbidden) in Islam (Sheikh Abdullah Khayyat, undated).¹⁶ But this study found that almost three quarters

(74%) of the Malay abusers had been involved in gambling sessions where money was involved, as opposed to 31% of the Non-abusers ($p < .0000$).

Sexual Mores

The Muslims have strict sexual mores, the violations of which warrant social and, in many Islamic countries, strong legal sanctions. For example, in Malaysia, a Muslim caught in close proximity with a member of the opposite sex who is not a spouse, can be charged for "Khalwat" under Muslim Laws. Singapore is more lax in this respect and infractions of sexual mores of this nature are not actively pursued and punished. This does not mean that the Malay society has no strict sexual codes, however. Sexual promiscuity is still frowned upon by the majority of the Malays.

Significantly more Malay abusers than Non-abusers had admitted to having premarital sex and/or visiting a prostitute. Among the former, 81% admitted to having premarital sex and 41% had also visited a prostitute. In contrast, 35% of the latter admitted to having premarital sex and 10% had also been to a prostitute. Both differences were highly significant ($p < .0000$).

Attempting Suicide

The Malays in Singapore have traditionally maintained the lowest rate of suicidal behaviour vis-a-vis the other ethnic groups. This could be attributed to cultural and religious factors (Kok & Aw, 1990).¹⁷ But recent reports have indicated that more Malays were involved in cases of suicide and attempted suicide.¹⁸

In this study, it was found that 6% of the Malay abusers had admitted to having attempted suicide before, with 2% having done it more than once (Table 8.8). Although this figure is relatively low and not significantly different from the cases reported by the Non-abusers (2%), it is a matter of concern. Moreover, when the group of Malay abusers were examined further, it was found that the

Repeaters were more likely to be involved than first-timers (though not statistically significant). Specifically, the result shows that the First-timers (2%) were no more likely than Non-abusers to have attempted suicide before. But 10% of the Repeaters admitted to a history of attempted suicide, including 4% who attempted more than once before (see Table 8.8a, Appendix II). Among the Chinese abusers, 8% had also admitted to attempting suicide before, not significantly different from the Malay abusers.

Table 8.8 Activities That Violate Cultural And/Or Religious Norms

Ever Accepted Alcohol Or Beer

| | Malay Abusers (N=100) | Malay Non-abusers (N=100) | |
|-------------------------|--------------------------|------------------------------|----------------------------------|
| Yes, Several Times | 92 | 16 | $X^2 = 118.87$ d.f.=2 p<.0000 |
| Yes, Once Or Twice Only | 6 | 22 | |
| No, Never | 2 | 62 | |

| | Yes | No | Yes | No | X^2 | d.f. | Significance Level |
|-----------------|-----|----|-----|----|-------|------|--------------------|
| Ever Taken Pork | 18 | 82 | 10 | 90 | 2.03 | 1 | n.s. |
| Ever Gambled | 74 | 26 | 31 | 69 | 35.37 | 1 | p<.0000 |

* All with Yates Correction

| | Malay Abusers | | | Malay Non-abusers | | | X^2 | d.f. | P<. |
|-----------------------------------|---------------|----|-----|-------------------|----|-----|-------|------|-------|
| | Yes | No | N | Yes | No | N | | | |
| Had sex before marriage | 81 | 19 | 100 | 35 | 65 | 100 | 41.56 | 1 | .0000 |
| Visited a prostitute | 41 | 59 | 100 | 10 | 89 | 99 | 23.33 | 1 | .0000 |
| Worked For a chinese funeral band | 7 | 93 | 100 | 1 | 98 | 99 | # | - | - |

| | Malay Abusers | | | Chinese Abusers | | | X^2 | d.f. | P<. |
|-----------------------------------|---------------|----|-----|-----------------|----|-----|-------|------|-------|
| | Yes | No | N | Yes | No | N | | | |
| Had sex before marriage | 81 | 19 | 100 | 99 | 1 | 100 | 16.10 | 1 | .001 |
| Visited a prostitute | 41 | 59 | 100 | 81 | 19 | 100 | 31.97 | 1 | .0000 |
| Worked for a chinese funeral band | 7 | 93 | 100 | 17 | 83 | 100 | 3.83 | 1 | n.s. |

Ever Attempted Suicide

| | Malay Abusers | Malay Non-abusers | Chinese Abusers |
|------------------|---|-------------------|-----------------|
| Never | 94 | 98 | 92 |
| Yes, once only | 4 | 1 | 5 |
| Yes, two times | 1 | 0 | 3 |
| Yes, three times | 1 | 1 | 0 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| For No v. Yes | X^2 for (a) & (b) not computed due to too many small cells. X^2 for (a) & (c) = .08 d.f.=1 n.s. (with Yates' correction) | | |

Summary and Discussion

In this thesis, it is hypothesized that Malay abusers are more likely to have lower commitments to Malay traditional Malay values, Islam and other Malay cultural practices. The evidence presented above does not indicate any

significant loss of traditional Malay values, as indicated by a set of nine traditional values. In other words, the Malay abusers are no less committed to their traditional values than their Non-abuser counterparts and this commitment is not associated with drug abstinence. This finding is consistent with the findings reported elsewhere in the drug literature.

It is also hypothesised that Malay abusers are more likely to have a lower commitment to Islam than Non-abusers. Religiosity, as measured by four separate indicators, has been used to test the subject's commitment to Islam. Apart from "importance of Islam in daily life", results of the analysis using the other three indicators (ie. Mosque attendance; frequency of prayer; religious observance scale) have all supported the hypothesis. What is more significant is the finding that Malay drug abusers do not seem to have lost substantially their belief in Islam. They are, however, much less committed to practising their religion when compared to the Non-abusers. It does not mean, moreover, that they do not practise their religion at all. As a matter of fact, the majority of the Malay abusers still observe their basic religious duties, such as attending mosque on Fridays and fasting during the month of Ramadan, to the extent that they could. In comparison with the Chinese abusers, they are also far more likely to regard religion as important in daily life. It is also to be noted that Malay abusers receive significantly less religious instructions than Non-abusers, but they do not differ in their intention to perform the Haj.

The hypothesis that Malay abusers are less committed to Malay cultural practices than Non-abusers also does not receive strong support from the empirical data. Apart from two highly conventional practices, ie. wearing a traditional costume during Malay festive occasions and taking part in Malay cultural dance or martial art, Malay abusers are even more likely to retain the other cultural practices under review. Hence, they are more likely than Non-abusers to read a Malay language newspaper, listen to Malay pop music or other Malay songs as well as to watch a Malay television programme. Furthermore, they are just as likely as the Non-abusers to speak Malay at home or to perform the customary "minta ma'af" during the Hari Raya Puasa. These elements of culture retention may be attributed to their poor educational background.

From the perspective of Islam, it is forbidden to consume alcohol, eat pork, gamble with money, or commit fornication (Alatas, 1972). It is also sinful to commit suicide (Sheikh Abdullah Khayyat, undated). In addition, according to Professor Alatas, while Islamic doctrine considers alcohol consumption as a much more serious sin than the consumption of pork, it is the latter that is generally regarded as a more serious violation by the muslim community, one which provokes a "stronger affective reaction", "conflict" and "strain" (1972:115) ¹⁹.

The results of the present study indicate that Malay abusers are significantly more likely than Non-abusers to have consumed alcoholic beverages, gambled, experienced premarital sex or visited a prostitute. Moreover, in comparison to Non-abusers, they are also more likely to have consumed pork or attempted suicide, although not to a statistically significant level. Nevertheless, all the differences are in the same direction, thus providing strong empirical support for the hypothesis that Malay abusers are much more likely than Non-abusers to have violated their religious norms.

Section III: Attitude Towards Drug-taking

The drug literature generally indicate that drug users have a more positive attitude towards drug use and are more likely than non-users to believe that drugs are beneficial rather than harmful (Soueif, Yunis & Taha, 1986; Ong, 1989). Not surprisingly, Malay drugs abusers showed a significantly more positive attitude towards both heroin and ganja (cannabis) use than Non-abusers, as confirmed by t-tests (Table 8.9). To elaborate, virtually all the Non-abusers believe that both heroin and ganja are either "a grievous sin and against my religion" or "wrong because it is harmful". In contrast, a negligible number of Malay abusers (4% and 1% respectively) felt the same way about the two drugs. More details can be found in Table 8.9.1 in Appendix III.

Between the two drugs, the Malay abusers appeared to favour heroin however, as suggested by the slightly higher mean score on a scale of 1 (negative) to 5

(positive). To illustrate, 43% of the abusers subscribed to the statement "It is enjoyable and I'll take it at any costs" with regard to heroin, while 30% thought that it applied to their feelings about ganja (see Table 8.9.1). It is interesting to note that almost half of the Malay abusers found ganja to be "alright" on special occasions. This perception also emerged frequently during the interviews:

After taking ganja, you can mix with people better. It is taken as a group activity. Therefore on occasions, we can take it together. Like birthdays, parties, and so on.

Heroin you take every time, but ganja for occasions. It makes you want to laugh, make a lot of noise.

Table 8.9 Mean Scores In Attitudes Towards Heroin And Ganja

| | Malay Abusers | | | Malay Non-abusers | | | t |
|---|---------------|------|-----|-------------------|------|-----|-----------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Attitude Towards Heroin | 4.13 | .90 | 100 | 1.47 | .50 | 100 | 25.93**** |
| Attitude Towards Ganja Positive(5)---Negative(1) | 3.83 | .88 | 100 | 1.53 | .52 | 100 | 22.55**** |

**** p<.000 two-tailed test

| | Malay Abusers | | | Chinese Abusers | | | t |
|---|---------------|------|-----|-----------------|------|-----|----------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Attitude Towards Heroin | 4.13 | .90 | 100 | 3.94 | 1.04 | 100 | 1.38n.s. |
| Attitude Towards Ganja Positive(5)---Negative(1) | 3.83 | .88 | 100 | 3.86 | .95 | 100 | -.23n.s. |

n.s. p=not significant two-tailed test

Another significant finding emerged when a comparison was made between Malay First-timers and Repeaters in relation to their respective attitudes towards heroin and ganja. As presented in Table 8.9a (Appendix II), t-test scores indicate that when compared to the First-timers, Malay Repeaters reported a more positive attitude towards heroin (though not statistically significant) but significantly less positive attitude towards ganja. One plausible interpretation of this finding is that while the Repeaters still maintain a positive attitude towards ganja, they develop a stronger preference for heroin once they become more acquainted with the latter drug. There were no significant differences between Malay and Chinese abusers in their attitudes toward ganja and heroin,

however. This final finding confirms and underscores the significant differences in attitudes toward drug-taking between abusers and non-abusers, irrespective of ethnicity.

Summary and Discussion

Our findings confirm the hypothesis that Malay abusers hold a more positive attitude towards drug-taking than Non-abusers. Specifically, they score significantly higher in an attitudinal scale which measures their feelings about ganja and heroin. These findings are consistent with the drug literature reviewed which consistently shows an association between positive attitudes toward drug-taking and drug abuse.

Between the two drugs, however, Malay abusers indicate a definite preference for heroin. For the Malay abusers, therefore, heroin is the main drug of abuse while ganja is usually reserved for special occasions which warrant celebrations. It is recalled that ganja use held special cultural significance for the Malays (see Chapter Two). Thus the shift of the main drug of abuse among the Malays from ganja to heroin indicates a move towards the drug abuse pattern of the mainstream community, via a process which Cheung (1991a) describes as "cultural incorporation".

Table 8.10 Summary of Results

| | Malay Abusers vs Non-abusers | Malay Abusers vs Chinese Abusers |
|--|------------------------------------|--|
| Ethnic Pride and Identification | | |
| Ethnic pride | | |
| Pride in own ethnic group | n.s. | p <.01 |
| Mean score for perception of economic Performance of own ethnic group | | |
| a) compared to the Chinese/Malays | p <.000 | p <.000# |
| b) compared to the Indians | n.s. | p <.000# |
| Ethnic identification | | |
| Membership of Malay associations | p <.01# | n.s. |
| Ethnic composition of peer group members | p <.001 | n.s. |
| Ethnic cultural retention | | |
| Commitment to traditional values | | |
| To respect your elders | n.s. | p <.05 |
| To have many friends | n.s. | n.s. |
| To be good to neighbours | n.s. | p <.001 |
| To be courteous at all times | n.s. | p <.01 |
| To have a 'kampong spirit' | n.s. | p <.01 |
| To have a religion | n.s. | p <.0000 |
| To work hard | n.s. | p <.01 |
| To get married | n.s. | p <.05 |
| To plan ahead | n.s. | p <.01 |
| Religiosity | | |
| Importance of Islam in daily life | n.s. | - |
| Mosque attendance | p <.0000# | - |
| Frequency of prayer | p <.0000# | - |
| Attendance at religious classes | p <.0000# | - |
| Ever performed the Haj | n.s. | - |
| Religious observance index (9-item) | p <.000# | - |
| Commitment to cultural practices | | |
| Speak own language at home | n.s. | p <.05 |
| Read own language papers | p <.001 | p <.01 |
| Listen to own language pop song | p <.000 | p <.05 |
| Listen to own ethnic song | p <.0000 | n.s. |
| Watch own ethnic programme on television | p <.0000 | p <.01 |
| Take part in own cultural dance/martial art | p <.01# | p <.01 |
| Wear own traditional costume on occasions | p <.001# | p <.0000 |
| Perform customary salutation on occasions | n.s. | p <.01 |
| Violations of cultural/religious norms | | |
| Consumption of alcohol | p <.0000# | - |
| Consumption of pork | n.s. | - |
| Gambling | p <.0000# | - |
| Premarital sex | p <.0000# | p <.001 |
| Visited a prostitute | p <.0000# | p <.0000 |
| Attempted suicide | n.s. | n.s. |
| Attitude towards drug-taking | | |
| Attitude towards heroin | p <.000# | n.s. |
| Attitude towards ganja | p <.000# | n.s. |

p <. denotes level of statistical significance
n.s. denotes 'not statistically significant'
denotes 'adverse' factor

EndNotes

1. The Singapore Malays are Sunnite Muslims of the Shafi'ite School of Islam. Although strong adherents to their faith, the Malays still maintain some of their pre-Islamic animistic beliefs and practices, such as those related to spirits and ghosts.
 2. In Singapore, there are two sets of family law: ordinary civil law and Islamic law. Muslims are governed by the latter.
 3. According to Busch (1974), most Malays consider the idea of being a Muslim as equivalent to being a Malay. Thus the expressions "masuk Islam" (to become a Muslim) and "masuk Melayu" (to become a Malay) are often used interchangeably.
 4. The prohibition of every intoxicating substance is clearly stated in the following Hadith:

Everything that intoxicates is 'khamar' (liquor) and every 'khamar' is prohibited.
(Quoted in Anti Narcotics Task Force, 1992:126)
 5. There was probably a general decline in membership in ethnic associations among the younger Malays in recent years. For example, Kuo & Chiew (1984) found that between 19-30 percent of the Malay males belong to exclusive Malay/Muslim associations and that the Malay males were relatively more likely than the Chinese or Indian males to belong to such an association.
 6. According to Professor Tham, respect for elders is a precept in the Adat as well as in Islam (1979:91).
 7. Male children, in particular, are encouraged or induced to be diligent (Tham, 1979:98). Moreover, according to Alatas (1977: 141): "The Quran. Prophet Mohammed and his faithful companions all stressed the value of hard work and serious effort."
 8. The Malay Adat as well as Islam do not allow the individual to despise or show contempt to his/her neighbour. Consequently, the Malay tradition of mutual respect with neighbours ("to be good to neighbours") becomes reinforced and the Malays have also been noted for its high standard of courtesy (see, for example, Mohtar, 1979).
 9. The Malay community is well known for its high degree of ethnic solidarity (Djamour, 1965; Li, 1989; Salahudin, 1990/91). In her classic study of the Malay community in Singapore, Djamour speaks of the considerable "in-group solidarity" felt by the Malays (1965:22). In a more up to date study, Li observes that the Malay society "places considerable emphasis on the relationship between individual or household and the social circle of kin, neighbours and friends (1989:124). She also uses the term "sombong" (proud) to illustrate the social sanction a Malay faces if he or she isolates himself/herself from the community.
- Semangat perkampongan (kampong spirit or village community spirit) and bergotong-royong (mutual cooperation) are two traditional Malay values which reflects the community's high degree of ethnic solidarity. The latter probably originated from the Baweanese (Indonesian immigrants) who had a "corporate way of life based on the principle of gotong-royong" (Lee, 1991:256).
10. One of the main rituals performed during the 'Haj' is the 'tawaf' which involves circling the ka'aba seven times and simultaneously chanting certain prayers. A life of abstinence, self-control and prayer is required in preparation for this great occasion. On their return from the Haj, the men and women can use before their name the title of 'Haji' or 'Hajjah' respectively.

11. Hari Raya Puasa (hari raya means 'grand day for rejoicing') is a festival to celebrate the completion of the religious fast (puasa). It is held on the first day of the 10th Muslim month (Syawal). It is also the grandest of all the Muslim festivals in Singapore. Hari Raya Haji is the festival commemorating Abraham's sacrifice. The festival of Israk & Mikraj commemorates the Prophet's extraordinary journey to Jerusalem and the Ascent. Malam Nisfu celebrates Allah's forgiveness and blessings with with good deeds and fasting.

12. Hari Raya Haji (10th day of the 12th month of the Muslim year, 'Zulhijjah') is another religious event celebrated by the Muslims/Malays to commemorate the Prophet Ibrahim's readiness to sacrifice his son (Ismael)'s life, in submission to Allah's will. It is also the customary period for Muslims to make the pilgrimage to Mecca, one of the Five Pillars of Islam.

13. It is customary for the Malays to perform the "minta ma'af" (literally means "asking for forgiveness") on Hari Raya Puasa day. On this occasion, children (including married ones) take turn to kiss the hand of the father, mother and each of the older siblings in descending order, and to ask for blessings as well as forgiveness for any wrongs done during the past year.

14. The traditional Malay costume for men conforms to the rules of Islam as regards decency. The main items are the sarung (worn as a waist cloth) and the baju (a short loose jacket of silk or cotton). (for details, see Gullick, 1987:189). Sometimes a songkok (cap made of cloth or velvet) is worn as a head-dress.

15. The traditional Malay dances include the joget and the ronggeng which were traditionally performed for an audience rather than as a recreation. The joget is a dance whereas ronggeng involves a combination of both dancing and singing (Gullick, 1987:333). The traditional Malay martial art is called "main silat".

16. Nevertheless, the Malays were said to be "very fond" of gambling (Alatas, 1972:39).

17. Suicidal behaviour is an act prohibited in Islam:

The act of suicide displays one's hateful feelings of anxiety and fear. It also denotes dissatisfaction with the will of Allah and his Fate. This anxiety, fear and dissatisfaction with the will of Allah are not the qualities of the believer and the way of the guided people. (Sheikh Abdullah Khayyat, undated:19).

In Singapore, statistics show that the rates of suicide and parasuicide are lowest among the Malays: in 1986, parasuicide rate for the Malays was 55 cases per 100,000, as opposed to 223 per 100,000 among the Indians and 107 per 100,000 among the Chinese (Kok & Aw, 1990:231). The authors attribute the Malays' low incidence of suicidal behaviour to the influence of Islam and other cultural/lifestyle factors.

18. There is little agreement about the definition of suicide and attempted suicide. Generally, suicides refer to acts of deliberate self-harm which result in death while those that do not result in death are referred to as attempted suicide. In reality, many suicidal attempts are "parasuicides" designed to draw attention to a personal distress rather than having the intention to die.

19. Professor Alatas argues:

The Prophet Mohammed considered alcoholic drinks as the mother of all evils. Under the influence of intoxicants we may commit the most hideous crimes. It can be a three-dimensional sin. It is a sin against God, against the self, and against our fellow men. In the case of...the eating of pork, the sin is two-dimensional. It

does not involve our fellow men. It does not harm others.
(1972: 114)

LIFESTYLE AND SOCIAL CONTEXT OF MALAY DRUG ABUSERS

Introduction

There is no doubt that the use and abuse of psychoactive drugs are strongly associated with culture and lifestyles (Plant & Plant, 1992). Two types of association are prominent in the drug literature: Firstly, studies carried out especially in the 1970s saw drug use and abuse as part of a distinctive youth culture (Young, 1971; Goode, 1972; 1989). Inherent in this culture is a visible lifestyle that involves hedonism, experience-seeking and a rejection of 'straight' values. Drug-taking, music, dress and a special language form part of their distinguishing lifestyle. Secondly, and more commonly, drug abuse research has focused on single lifestyle variables such as school attendance, employment history, religious involvement, 'retreatism' and deviant behaviour, including criminal behaviour (see Zimmerman & Maton, 1992). In addition, others have suggested that the different stages in a drug-using career are associated with different lifestyles (Gilman & Pearson, 1991). For example, regular heroin users often organise their lives around drug-taking and ways of obtaining their heroin supply (Burr, 1987; Banks & Waller, 1988).

More recent research has typically employed a multivariate approach and more sophisticated methodology. For example, Zimmerman & Maton (1992) used a cluster analysis to examine four variables (school attendance, employment, church attendance, and delinquency). Their results suggest that a lifestyle that includes an adaptive compensatory behaviour may be more adaptive than a lifestyle that does not. For instance, youths who dropped out of school but were involved in church reported less substance abuse than those who left school but who were not involved in any meaningful instrumental activity.

Finally, one of the current and leading debates in the drug literature is concerned with whether the frequently observed ethnic differences in drug use and abuse may be attributed to their differences in background factors or in

lifestyle factors. For example, a longitudinal study of American youth found that when background and key proximal lifestyle variables were controlled, drug abuse among Black, Asian and Hispanic youth was not significantly different from that of White youth (Maddahian, Newcomb and Bentler, 1986). Similarly Wallace and Bachman (1991) found that several lifestyle factors, such as educational values and achievements and time spent in peer-oriented activities, are strongly related to drug use and can help to explain inter-ethnic differences.

With increasing urbanization and social change in society, lifestyle factors have become increasingly important in explaining social phenomena like drug abuse. For example, one popular explanation is that as a greater proportion of parents of both sexes work outside the home, children are also spending a greater proportion of their leisure-time activities away from home and the supervision of their parents but together with their peers. Consequently, children may develop values which are in conflict with their parents' and this may lead to even greater alienation. The risks for peer-group influences, including on drug-using behaviours, are also significantly increased in such a situation (Szapocnik, Ladner & Scopetta, 1979).

This chapter examines the lifestyle characteristics of the Malay drug abusers in relation to both Malay Non-abusers and Chinese abusers. Specifically, five sets of lifestyle factors which are consistently reported as important 'risk' factors in the drug literature are examined: educational and employment histories; leisure and household activities; stressful life events; problem behaviour; and, peer group involvement. Before we examine the empirical findings, however, it may be useful to first take a cursory look at the sociohistorical and cultural context of the Malay lifestyle.

Modernisation and the Malay Lifestyle

The Malay lifestyle has been the subject of much criticism and controversy since the days of British colonialism. As already discussed in Chapter Seven, the Malays' easy-going and "indolent" lifestyle has been partly blamed for that community's relative economic "backwardness" in relation to the Chinese. Early

Western accounts had made several references to the Malays' love for idle chatting, music and sports as well as other less complimentary "cultural" factors which were held to be detrimental to economic progress.¹ This impression was not confined to the Western eyes, however: Abdullah Munshi, for example, described how "many of the people prefer to laze about instead of doing work"; local Malay newspapers and periodicals from the early 1900s had already published articles critical of the Malay lifestyle.² Put in a more charitable way, the Malays were said to be not motivated by the need to accumulate wealth or economic power (Tham, 1977), like the Chinese, but to emphasize "gracious living". Whatever the stand, the image of the Malays' backwardness and its alledged cultural causes has persisted to this day and has come to play an ideological/political role in contemporary Singapore society (Li, 1989:167). While some Malay leaders and scholars themselves seemed convinced by such "Malay cultural deficiencies", others (eg. Alatas, 1977) have attributed the negative image to colonialism.

Perhaps one of the main reasons for such a negative image to be evolved, as it were, lies in the failure of non-Malay observers to recognise the "essentially rural" existence of the Malays; many were engaged in fishing and agriculture. Alatas (1977) argues that the Malays were judged by the wrong set of criteria: Malays were simply not prepared to trade their relatively stress-free and traditional lifestyle in the 'kampong' for an uncertain future in the urban centres; instead, they were accused of being lazy and indolent by the colonial masters. Tham (1977) adds that Islam did not provide them with the ideological motivation for work, achievement and status elevation.

Since gaining independence in 1965, however, Singapore has undergone rapid modernization, urban redevelopment and social change. One inevitable outcome of the ensuing urban renewal and public housing programme was the gradual disappearance of the "kampongs", an issue which greatly affected the Malay community because it seriously threatened their established way of life and their identity. Among their initial concerns were the lack of close community spirits and solidarity which prevailed among kampong folks, living in close proximity to non-Malays and people of different ethnic and religious backgrounds, lack of mosques, surau and other religious facilities and the loss of their "casual, carefree and complacent way of life" (Baharin, Dahlan & Vasoo, 1971: 20-12). The

Malays were therefore initially resistant to relocation and rehousing in public housing estates.

Another inevitable outcome of modernization and urbanization was the growing realisation that education is not only a means of intellectual development but also an instrument of social and economic mobility, hitherto unknown in their cultural and cognitive framework (Tham, 1977).³ Understandably, this realisation was accompanied by initial apprehension and feelings of low self-esteem and insecurity. The problem was further accentuated with the development of a highly sophisticated and technologically advanced society. The Malays generally performed poorly in relation to the other ethnic groups in a highly competitive social and economic environment which emphasizes meritocracy par excellence.

A number of other factors related to modernization and urbanization also led to adjustments to and changes in the Malay lifestyles. Firstly, with the opening of many light industries and commercial enterprises, significantly more Malay women had joined the labour force. This has important implications for the socialization of Malay children as Malay women traditionally looked after their children full-time. The opening of economic opportunities also meant higher incomes and more pocket money for the children. Moreover, the opening of several large and ultra-modern shopping and entertainment complexes has provided youths with new pastime options. Malay youths, like the other ethnic youths, flock to the city centres to window-shop or just meet their friends to chit-chat. This author was struck by the number of Malay subjects who indicated that they visited discos and tea-dances in the main shopping belt along Orchard Road at such high frequencies. These places have been associated with the influence of secret societies and the initiation to cigarette-smoking, drinking and drug-taking (Ong, 1989; STWOE 10/4/93; SunT 13/6/93).

Section I: Educational and Employment Histories

'Milestones' Events

Significant differences in the mean age were observed between Malay abusers and Non-abusers pertaining to certain 'milestone' events in the subjects' educational and employment histories. In general, abusers appeared to have entered each 'milestone' event at a significantly earlier age (see Table 9.1). For example, they left school at the mean age of 14.8 years, compared to 17.9 years for the Non-abusers ($p < .000$). Even among the small number of subjects who were married, abusers appeared to have got married a little earlier (mean age 19.4 years) than the Non-abusers (mean age 20 years) (not statistically significant). The Malay abusers not only left school sooner than the Non-abusers, but they also gained employment at an earlier age. In comparison with the Non-abusers, they gained their first part-time job earlier, at the mean age of 15.5 years, and first full-time job about a year later (mean age: 16.5 years). The Non-abusers, in contrast, gained their first part-time and full-time jobs at the mean age of 16.8 years and 17.4 years respectively. Both differences are highly significant.

Additional data in Table 9.1a (Appendix II) show that Malay Repeaters left school significantly earlier than First-timers. Whereas First-timers left school at the mean age of 15.3 years, Repeaters stopped schooling about a year earlier, on the average (mean age= 14.3 years). There were no significant differences between the two groups in their mean age for the other 'milestone' events.

The above findings point to a relationship between drug abuse and lifestyle factors, the subject of the remainder of this chapter. Generally, Malay abusers appeared more "street-wise" than the Non-abusers, having left school at an earlier age for the "outside" world and entering employment. They were typically premature school leavers. The difference between abusers and non-abusers is further accentuated by the fact that there were no significant differences between the Malay and Chinese abusers in the mean age for 'mile-stone' events, except for a small but significant difference in age when leaving school; Chinese abusers tended to leave school even earlier (mean age: 14.2 years).

Table 9.1 Mean Age For Significant Life Events

Malay Abusers vs Malay Non-abusers

| | Malay Abusers | | | Malay Non-abusers | | | t |
|--------------------------------|---------------|------|-----|-------------------|------|----|-------------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Age left school | 14.79 | 2.06 | 100 | 17.88 | 1.81 | 99 | -11.223**** |
| Age when first got married | 19.40 | 2.19 | 5 | 20.00 | 1.00 | 3 | -.44 n.s. |
| Age gained first full-time job | 16.46 | 1.96 | 87 | 17.41 | 1.30 | 70 | -3.50*** |
| Age gained first part-time job | 15.48 | 2.41 | 67 | 16.83 | 1.35 | 58 | -3.93**** |

Malay Abusers vs Chinese Abusers

| | Malay Abusers | | | Chinese Abusers | | | t |
|--------------------------------|---------------|------|-----|-----------------|------|-----|------------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Age left school | 14.79 | 2.06 | 100 | 14.18 | 1.81 | 100 | 2.22* |
| Age when first got married | 19.40 | 2.19 | 5 | 21.60 | 1.14 | 5 | -1.99 n.s. |
| Age gained first full-time job | 16.46 | 1.96 | 87 | 16.17 | 2.40 | 90 | .89 n.s. |
| Age gained first part-time job | 15.48 | 2.41 | 67 | 15.35 | 2.63 | 43 | .26 n.s. |

* p<.05 two-tailed test
 ** p<.01 two-tailed test
 *** p<.001 two-tailed test
 **** p<.000 two-tailed test

Educational History

Poor educational achievement has been found to be a strong predictor of the onset of drug abuse. Many studies have found school dropouts to be especially vulnerable (Jessor & Jessor, 1977; Scorzelli, 1987; Kandel, 1991; White, 1991; Schinke, 1991; Plant & Plant, 1992). On the other hand, past research also indicates that a strong commitment to educational pursuits insures against adolescent drug abuse; most authors cite the case of the Asian-Americans whose academic success coincides with their low incidence of drug abuse (see Wallace & Bachman, 1991).

As shown in Table 9.2, Malay abusers attained significantly lower educational level than Non-abusers (p <0000). The Table shows that whilst abusers were more likely to have attained only primary education (48% versus 11%), Non-abusers were much more likely to have attained at least upper secondary (ie. 'N', 'O' or 'A') level (52% versus 6%). Could these differences be due to a "selection bias" as all the Non-abusers were selected from among full-time national servicemen? In order to rule this out, the data were reanalysed for only those who had done or were doing national service: The results show that, controlling for national service, the scholastic discrepancies between Malay abusers and Non-abusers have not attenuated ($X^2= 43.22$, $df=5$, $p <.0000$). Furthermore, the low scholastic

attainment of drug abusers has also been reported in other studies done in Singapore (Ong, 1989; MENDAKI, 1993).

As in the national population, the majority of the respondents attended English-medium schools. Only 9% of the Malay Abusers and 14% of the Non-abusers attended a Malay-medium school ($p = \text{not significant}$). In contrast, 26% of the Chinese abusers attended a Chinese-medium school while 73% went to English-medium schools. Thus, Malay abusers were significantly more likely than Chinese abusers to have attended English-medium schools ($X^2 = 9.79, df=1, p < .01$).

On the whole, Malay Abusers also showed significantly lower educational aspirations when compared to the Non-abusers (Table 9.2). Only 26% of the Abusers expressed a hope to complete some post-secondary education, as opposed to 61% of the Non-abusers ($p < .0000$). Interestingly, the Chinese abusers appeared to have even lower educational aspirations than both the Malay comparison groups; only 19% hoped to complete some post-secondary education. However, the difference between Malay and Chinese Abusers was not statistically significant.

A closer examination of the data presented in Table 9.2 reveals an interesting finding. A clear discrepancy was observed between the highest educational level aspired and the level actually attained among both the Malay and Chinese abusers.

While a third (33%) of both groups hoped to complete secondary education or higher, only 6% of the Malays and 8% of the Chinese had actually reached that level of education. In fact, none attended 'A' level schooling. This finding provides evidence of 'stress' among the Malay (and Chinese) abusers as a result of the disjuncture between educational aspiration and attainment. In contrast, however, this disjuncture did not appear to be evident among the Malay Non-abusers. Over half of them (52%) had completed secondary education or above, as opposed to 66% who aspired to attain this level of education.

Table 9.2 Educational History

| | | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|--|--|--|--------------------------|------------------------|
| Highest Educational Level Attained | | | | |
| No formal education | | 0 | 0 | 1 |
| Attended primary education | | 48 | 11 | 50 |
| Attended some secondary education | | 29 | 10 | 36 |
| Attended National Trade Certificate (NTC) | | 17 | 27 | 5 |
| Attended 'N' level | | 3 | 12 | 1 |
| Attended 'O' level | | 3 | 26 | 7 |
| Attended 'A' level | | 0 | 14 | 0 |
| TOTAL | | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a) & (b) = 72.37 d.f.=5 p<.0000 Ktb=.396 X^2 for (a) & (c) = 9.99 d.f.=4 p<.05 | | |
| Language Stream | | | | |
| English | | 91 | 86 | 73 |
| Malay | | 9 | 14 | 0 |
| Chinese | | 0 | 0 | 26 |
| No schooling | | 0 | 0 | 1 |
| TOTAL | | 100 (100%) | 100 (100%) | 100 (100%) |
| Highest Educational Level Hope To Achieve | | | | |
| No plan/not interested in further studies | | 37 | 10 | 46 |
| Complete primary education or vocational trg | | 23 | 22 | 18 |
| Complete secondary education | | 7 | 5 | 14 |
| Complete some post secondary education | | 26 | 61 | 19 |
| Others | | 3 | 2 | 3 |
| Not sure | | 4 | 0 | 0 |
| TOTAL | | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a) & (b) = 32.72 d.f.=4 p<.0000 Ktb=.277 X^2 for (a) & (c) = 6.61 d.f.=4 n.s. | | |

Employment History

Western drug literature has consistently shown a clear link between drug abuse and unemployment in America (Kandel, 1991) and England (Plant, 1975; Parker et al, 1988; Pearson, Gilman & McIver, 1987). But others have disputed on the cause or effect sequence between the two variables (eg. Banks & Waller, 1988).

In Singapore, Ong (1989) has found that drug abusers are more likely than non-abusers to be unemployed or to hold unskilled jobs. Unemployment and low-status jobs also characterised the employment histories of the Malay drug abusers (see Table 9.3). Of the Malay abusers surveyed, half (50%) were engaged in unskilled work, sales or casual jobs and another 15% were unemployed at the time of their current admission into a DRC. In this regard, there were no significant differences when compared to the Chinese abusers. The latter, however, showed a

slightly higher proportion of unemployed (26%) but fewer engaged in unskilled, sales or casual jobs (38%).

Based on the monthly gross pay for their last job before admission, Malay abusers seemed to be earning significantly less than their Chinese counterparts. Almost half of the Malay abusers (48%) reported earning less than \$700 per month (\$1= approximately 45p), as opposed to 30.3% of the Chinese abusers. On the other hand, while only 16.3% of the Malays earned \$900 or more per month, 35.3% of the Chinese were in the same income bracket ($p < .05$).

Were the Malay abusers' relatively smaller incomes due to any structural disadvantages, discrimination or lack of opportunities? The results of this survey do not indicate so. In fact, the Malay abusers reported a significantly higher mean number of jobs held so far when compared to the Chinese: Malay abusers had a mean of 5.1 jobs while the Chinese abusers had a mean of 3.72 jobs ($t = 3.01, p < .01$). We have already established there were no significant differences between the two groups in their educational attainment as well as employment status. Hence, the one likely cause of the discrepancy in monthly income could be the Malay abusers' more unstable employment pattern, as indicated by the number of jobs held. The latter factor could also be aggravated by their problem of drug abuse; significantly more Malay abusers than either Non abusers ($p < .000$) or Chinese abusers ($P < .05$) claimed that they left their last job because they were arrested for a drug or criminal offence (Table 9.3).

The erratic pattern of employment among the Malay abusers is also supported by the fact that the Non-abusers also held significantly fewer jobs in comparison. The latter held a mean of 2.4 jobs, compared to 5.1 among the former ($t = 5.77, p < .000$). In addition, drug abusers of both ethnic groups did not seem to stay long in a job. For instance, eight out of ten abusers stayed in their last jobs for less than a year, with the majority leaving within six months (see Table 9.3). Furthermore, additional data found in Table 9.3a (Appendix II) reveal that Malay Repeaters reported a significantly less stable employment pattern when compared to First-timers: almost 90% of the Repeaters stayed for less than one year in their last job, most of whom left within six months. Ong (1989) also

found that drug abusers changed jobs significantly more frequently than did non-abusers and that they tended to stay a shorter duration in a job.

Not surprisingly, Malay abusers were much less likely than Non-abusers to save from their monthly salary ($p < .000$). The majority (69%) did not save at all and only 12% saved up to a quarter of their pay or more. Among the Non-abuser, however, 31% did not save while 25% saved up to a quarter of their pay or more. The results are hardly surprising as drug abusers often require much more than their income to maintain their drug-taking habit. In support of this statement, it should be noted that there were no significant differences between the Malay and Chinese abusers in the likelihood and quantum of savings made per month.

Table 9.3 Employment History

| | Malay Abusers | Chinese Abusers |
|--------------------------------|------------------------|-----------------|
| Employment Status At Admission | | |
| Unemployed | 15 | 26 |
| Full-time student | 0 | 2 |
| Full-time national service | 27 | 24 |
| Unskilled/sales/Odd job worker | 50 | 38 |
| Skilled worker | 5 | 7 |
| Others | 3 | 3 |
| TOTAL | 100 (100%) | 100 (100%) |
| | $X^2=7.10$ d.f.=5 n.s. | |

Monthly Gross Pay For Last Job

| | | |
|------------------|----------------------------|------------|
| Below \$700 | 47 (48%) | 30 (30.3%) |
| \$700 - <\$800 | 16 (16.3%) | 17 (17.2%) |
| \$800 - <\$900 | 16 (16.3%) | 13 (13.1%) |
| \$900 - <\$1000 | 11 (11.2%) | 21 (21.2%) |
| \$1000 and above | 5 (5.1%) | 14 (14.1%) |
| Not Applicable | 3 (3.1%) | 4 (4%) |
| TOTAL | 98 (100%) | 99 (99.9%) |
| | $X^2=11.62$ d.f.=5 $P<.05$ | |

Duration Of Last Job

| | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|-------------------|---|--------------------------|------------------------|
| Less than 1 month | 11 | 11 | 13 |
| 1 - 6 months | 56 | 42 | 42 |
| 7 - 12 months | 16 | 18 | 25 |
| 13 - 18 months | 6 | 10 | 3 |
| 19 - 24 months | 3 | 3 | 10 |
| Above 24 months | 5 | 7 | 3 |
| N.A. | 3 | 9 | 4 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | X^2 for (a) & (b) = 6.45 d.f.=6 n.s. $Ktb=.123$ | | |
| | X^2 for (a) & (c) = 6.33 d.f.=4 n.s. | | |

Proportion of gross pay saved up per month

| | | | |
|----------------|--|------------|------------|
| Nil | 69 | 31 | 76 |
| Up to 10% | 16 | 34 | 13 |
| Up to 25% | 10 | 18 | 5 |
| More than 25% | 2 | 7 | 1 |
| Not applicable | 3 | 10 | 5 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | X ² for (a) & (b) = 29.75 d.f.=4 p<.000 | | ktb=.342 |
| | X ² for (a) & (c) = 22.63 d.f.=2 n.s. | | |

Reasons for leaving last job

| | | | |
|---------------------------------------|---|------------|------------|
| Unhappy with working conditions | 7 | 4 | 6 |
| Interpersonal problems | 9 | 3 | 21 |
| Enlisted for national service | 16 | 70 | 22 |
| Arrested for drug or criminal offence | 51 | 1 | 30 |
| Others | 14 | 11 | 18 |
| Not applicable | 3 | 11 | 3 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | X ² for (a) & (b) = 90.73 d.f.=5 p<.0000 | | Ktb=-.190 |
| | X ² for (a) & (c) = 11.77 d.f.=5 p<.05 | | |

Summary and Discussion

The findings above provide empirical support for the hypothesis that Malay abusers are more likely than Non-abusers to have lower educational aspirations as well as attainments, lower employment statuses and poorer employment histories. There is also evidence of "stress" arising from a disjuncture between educational aspirations and attainments among the Malay abusers. It is also noted that the Malay abusers' lower employment statuses and incomes are not due to any structural disadvantages or discrimination but rather to a more unstable employment pattern related to lifestyle. On the whole, Malay abusers, when compared to Non-abusers, tend to be more "street-wise" and less committed to education and employment. This lack of commitment to such conventional social institutions and to the values and emotional ties involved also provide some support for the social control theory.

The above can also be best understood by using the socio-cultural context of the Malays as a framework. Poor scholastic achievement, unstable employment patterns and low income are part of the Malay cultural configuration (see Chapter Seven).

In this respect, it can be said that Malay abusers are more likely to retain some of the cultural forms of Malay society. On the other hand, Non-abusers are

more likely to adapt to some of the mainstream socio-economic patterns, such as in social mobility through the educational channel.

Section II: Leisure And Household Activities

Some drug researchers have also examined the leisure activities pursued by drug abusers vis-a-vis non-abusers. For example, Ong (1989) finds significant differences between the two groups in that drug abusers are more likely to engage in "passive and negative activities" (1989:120) like gambling, hanging around the streets or doing nothing whereas non-abusers are more likely to participate in "helpful and healthy, positive" (1989:120) activities like helping in housework, playing sports and games, attending extra-mural classes and going on a picnic.

Table 9.4 below contains some highly significant differences between Malay abusers and Non-abusers in the mean hours spent on selected leisure and household activities. It was found that Malay abusers spent significantly longer hours each day listening to the radio or cassette tapes (mean= 3.5 hours) and chit-chatting with friends (mean= 2.68 hours) than the Non-abusers (mean= 2.2 hours and 1.77 hours respectively). On the other hand, they spent significantly lesser time on such "socially approved" activities as doing household chores, playing a sport or game or reading. All the differences are significant at the $P < .000$ level. In addition, the Malay abusers also spent, on the average, almost half an hour more each day on watching television or video ($p =$ not significant).⁴ But both groups spent about the same average duration playing a musical instrument during their leisure time each day.

The above confirms Ong (1989)'s earlier discovery that drug abusers differ from non-abusers in their use of leisure time. It also provides empirical evidence for the hypothesis that Malay abusers are more likely to engage in less constructive leisure activities than Non-abusers. In short, it reflects a lifestyle that is centred on hanging around with friends, listening to music and watching television or video. Moreover, the long hours spent chatting aimlessly with friends underscores the importance of peer group influence in such behaviour

as drug abuse. We have seen in Chapter One that most Malay abusers learn to take drugs from their friends, obtain drugs from them and share drugs with them.

The second section of Table 9.4 also shows significant differences between Malay and Chinese abusers in the use of leisure time. Chinese abusers appeared to be even more passive than Malay abusers, as indicated by their significantly lesser involvement in listening to the radio or cassette tapes, playing with a musical instrument and playing a sport or game (all, $p < .000$). They also watched significantly less television or video and spent less time chatting with friends ($p < .05$). Both groups of drug abusers were obviously equally not inclined to read or help with household chores.

Table 9.4 Mean Hours Spent On Leisure And Household Activities

Malay Abusers vs Malay Non-abusers

| | Malay Abusers | | | Malay Non-abusers | | | t |
|---|---------------|------|-----|-------------------|------|-----|-----------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Watching television or video | 3.46 | 1.57 | 100 | 3.05 | 1.62 | 100 | 1.82 n.s. |
| Listening to the radio or cassette tape | 3.50 | 2.68 | 100 | 2.20 | 1.91 | 100 | 3.96**** |
| Playing any musical instrument | .49 | .82 | 100 | .51 | .90 | 100 | -.16 n.s. |
| Doing household chores | .47 | .77 | 100 | 1.10 | 1.01 | 100 | -4.96**** |
| Playing a sport or game | .98 | 1.10 | 100 | 1.57 | 1.17 | 100 | -3.68**** |
| Reading a newspaper, magazine or book | .70 | .54 | 100 | 1.37 | .75 | 100 | -7.26**** |
| Chit-chatting with friends | 2.68 | 2.03 | 100 | 1.77 | 1.43 | 100 | 3.66**** |
| Other leisure activities | .18 | .67 | 100 | .22 | .82 | 100 | -.38 n.s. |

**** $p < .000$ two-tailed test

Malay Abusers vs Chinese Abusers

| | Malay Abusers | | | Chinese Abusers | | | t |
|---|---------------|------|-----|-----------------|------|-----|-----------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Watching television or video | 3.46 | 1.57 | 100 | 2.95 | 1.56 | 100 | 2.31* |
| Listening to the radio or cassette tape | 3.50 | 2.68 | 100 | 2.19 | 1.94 | 100 | 3.97**** |
| Playing any musical instrument | .49 | .82 | 100 | .14 | .49 | 100 | 3.65**** |
| Doing household chores | .47 | .77 | 100 | .36 | .67 | 100 | 1.07 n.s. |
| Playing a sport or game | .98 | 1.10 | 100 | .38 | .69 | 100 | 4.61**** |
| Reading a newspaper, magazine or book | .70 | .54 | 100 | .72 | .71 | 100 | -.22 n.s. |
| Chit-chatting with friends | 2.68 | 2.03 | 100 | 2.10 | 2.10 | 100 | 2.00* |
| Other leisure activities | .18 | .67 | 100 | .12 | .67 | 100 | .63 n.s. |

* $p < .05$ two-tailed test

**** $p < .000$ two-tailed test

The differences between Malay and Chinese abusers in the use of leisure time, as indicated above, also reflect a difference in culture. The Malays' love for music and sports has been well documented (Gullick, 1987). Further evidence of their greater interest in music can be seen in Table 9.5. It shows that Malay

abusers listened to western rock, ethnic folk and jazz music significantly more often than their Chinese counterparts. On the other hand, Malay abusers and Non-abusers did not differ significantly in their frequency of listening to western rock or ethnic folk music. Moreover, although they did differ in the frequency of listening to Jazz music, the difference ($p < .05$) was not as huge as the difference between Malay and Chinese abusers ($p < .0000$). These findings support the cultural difference hypothesis.

Table 9.5 Frequency Of Listening To Music

| | | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|-----------------------|------------|--|--------------------------|------------------------|
| Western Rock Music | Very Often | 60 | 48 | 27 |
| | Sometimes | 26 | 28 | 27 |
| | Seldom | 7 | 13 | 15 |
| | Never | 7 | 11 | 31 |
| TOTAL | | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a) & (b) = 4.10 d.f.=3 n.s. X^2 for (a) & (c) = 30.60 d.f.=3 $p < .0000$ | | |
| Own ethnic folk music | Very Often | 7 | 2 | 2 |
| | Sometimes | 22 | 25 | 22 |
| | Seldom | 28 | 40 | 13 |
| | Never | 43 | 33 | 63 |
| TOTAL | | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a&b) = 6.40 d.f.=3 n.s. X^2 for (a&c) = 12.04 d.f.=3 $p < .01$ | | |
| Classical music | Very Often | 1 | 3 | 0 |
| | Sometimes | 3 | 20 | 7 |
| | Seldom | 17 | 28 | 13 |
| | Never | 79 | 49 | 80 |
| TOTAL | | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a&b) = 23.09 d.f.=2 $p < .0000$ X^2 for (a&c) = 1.36 d.f.=2 n.s. | | |
| Jazz Music | Very Often | 18 | 5 | 7 |
| | Sometimes | 30 | 25 | 18 |
| | Seldom | 22 | 34 | 10 |
| | Never | 30 | 36 | 65 |
| | | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a) & (b) = 10.92 d.f.=3 $p < .05$ X^2 for (a) & (c) = 25.24 d.f.=3 $p < .0000$ | | |

It should also be pointed out, however, that both Malay and Chinese were equally not interested in classical music; only 4% of the former and 7% of the latter reported listening to classical music "sometimes" or "very often". In contrast, 23% of the Malay Non-abusers listened to classical music "sometimes" or "very often". The difference between Malay abusers and Non-abusers is significant at the $p < .0000$ level. This difference could be a function of the Non-abusers' higher educational attainment and greater exposure to western influence.

The second cultural feature involves the Malays' interest in sports and games. Early social-anthropological accounts of Malay life have described the Malays' enjoyment of football after it was introduced into Malaya and Singapore in the late 1880s by the Europeans (see Gullick, 1987).

Finally, chatting with friends has always been a favourite pastime of the Malays since the days of the kampong (Malay village). One source describes:

...the Malays have a very pleasant way of whiling away an hour by relating stories to each other.

(Quoted in Gullick, 1987:348)

Places Visited

The importance of peers and having fun outside the home among the Malay abusers are also apparent in the following Table 9.6. In contrast with Non-abusers, Malay abusers were not only more likely but also significantly more frequently involved in visiting a friend's house, hawker centre or foodcourt, coffee shop, sarabat stall, discotheque or karaoke lounge, billiard saloon or HDB void deck during their free time. These were also the places where they met their drug-taking friends, learned to take drugs from their friends and acquaintances and consumed drugs either alone or together. For instance, many of the subjects interviewed revealed that they often consumed drugs at their friends' homes, HDB void decks and in public toilets at the hawker centres and shopping centres (see Chapter Six). In addition, discotheques, karaoke lounges and billiard saloons are the known haunts of drug abusers and pushers in Singapore (Ong, 1989). It was also observed that slightly more Malay abusers than Non-abusers had been

visiting video-game parlours more than once a month, but the difference was not statistically significant.

Significantly more Malay abusers than Non-abusers visited one of the several modern shopping centres in Singapore once a week or more (32% versus 18% respectively, $p < .05$). Although a few admitted to smoking heroin in a toilet within a shopping centre, the majority simply enjoyed wandering around and "window-shopping" in the mainly air-conditioned shopping complexes. Furthermore, while about half of both groups never visited a community centre,⁵ significantly more of the former group visited it at least once a week. However, these were mainly people who lived near a community centre and who visited it frequently to use their sporting facilities, especially basket-ball or sepak takraw courts. Only one Malay abuser admitted to smoking heroin in the community centre's premises. Another venue more frequently visited by the Malay abusers was the seaside or public beach; 36% of them went there for a picnic or barbecue party more than once a month, compared to 24% of the Non-abusers ($p < .05$). Interestingly, none of the abusers admitted to taking heroin on the beach although the possibility of passing a joint of ganja around during a party cannot be discounted. The fear of detection and arrest most probably deterred them from taking heroin on a public beach.

On the other hand, prior to their arrest, Malay abusers visited much less frequently places associated with education and more conventional recreation. Hence, 82% never visited a public library, compared to 46% of the Non-abusers ($p < .0000$). 27% of the Malay abusers never visited the cinema, as did 8% of the Non-abusers ($p < .001$). Furthermore, significantly more Malay abusers appeared to shy away from the public parks, many of which were provided with picnic and sporting facilities for family outings. Sixty percent of the Malay abusers never visited the parks, as compared to forty-one percent of the Non-abusers. It must be noted, however, that 18% of the former did visit the parks more than once a month.

It was also noted that 15% of the Malay abusers crossed the causeway into Peninsula Malaysia more than once a month. Although most indicated that they

went there to visit relatives and friends, a few did admit to going there to buy drugs cheaply and/or to consume drugs there. At this juncture, it should be clarified that the significantly larger number of Malay abusers than Non-abusers (43% versus 23%, $p < .01$) who indicated that they never visited Johor Bahru, prior to their current admission into DRC, was probably due to the travel restrictions imposed on the former drug supervisees.

Finally, it was observed that Malay abusers and Non-abusers did not differ significantly in the frequency of their visits to a girlfriend's house, night-club or hotel lounge. The infrequent visits to night-clubs and hotel lounges are also reflected in the second part of Table 9.6 which reports significant differences between Malay and Chinese abusers in several items. Significantly fewer Malay abusers visited night-clubs, hotel lounges and billiard saloons than Chinese abusers ($p < .0000$). There are three possible reasons for this. Firstly, as beer and other alcoholic beverages are commonly served in night-clubs and hotel lounges, it might not seem an entirely appropriate place for the Malays, who are Muslims, to visit. Secondly, night-clubs and hotel cocktail lounges were traditionally associated with urban town centres and patronized mainly by foreigners and some Chinese. Malays, on the other hand, tended to come from a rural background and, moreover, few Malays would have been able to afford a visit to one of those establishments anyway. Thirdly, these two as well as billiard saloons were rather expensive places to visit, and it would appear that the Malay abusers had lesser financial resources than the Chinese to patronize them.

The first reason appears less probable for two reasons. Firstly, we have already seen in Chapter Eight that almost all Malay abusers had admitted to drinking beer and other alcohol beverages despite religious prohibitions. Secondly, 67% of the Malay abusers had no qualms about visiting discotheques or karaoke lounges where beer and other alcoholic drinks freely flowed, albeit significantly less frequently than the Chinese abusers. The financial constraints of the Malay abusers might also explain their significantly fewer visits to the cinema.

Visiting hawker centres/foodcourts and coffee shops in the neighbourhood seems to be part of the drug abusers' lifestyle pattern. For although the Malay abusers

visited these places less often than the Chinese abusers ($p < .01$), eight out of ten visited a hawker centre/foodcourt more often than once a month, while seven out of ten visited a coffee shop just as often. In fact, the majority ate there once a week or more. Besides being convenient venues for meeting their peer groups, their far more frequent visits than Non-abusers might also reflect their comparatively poorer relationships with their families at home (see Chapter Two).

Interviews with Malay abusers also disclosed that some drug-taking activities, including drug transactions, took place there, especially in the public toilets and car parks.

Another aspect of the Malay abusers' lifestyle concerned the frequency of their visits to the void decks below their HDB flats or in the vicinity. More than six out of every ten Malay abusers visited the void decks at least once a week, compared to 23% of the Non-abusers ($p < .0000$) and 35% of the Chinese abusers ($p < .001$). It has been noted elsewhere that HDB void decks are frequently used by the Malay community for large social gatherings for special occasions like mass prayers, weddings, kenduris (big feast) and so on (Chew, 1982). They replace the village pondok (customary meeting place for village folks) described by Chew (1982).

The Malay abusers' significantly more frequent visits to Johor Bahru in Peninsula Malaysia than the Chinese abusers can be attributed to their having relatives and family friends living there. However, it cannot be denied that some of them have travelled across the causeway for drug-taking activities as heroin is reportedly easily available there. One Malay abuser also disclosed that his father once took him to Johor Bahru to seek treatment for his drug addiction from a Bomoh.

Apart from the above, Malay and Chinese drug abusers did not differ significantly in the frequency of their visits to a friend's or girlfriend's house, shopping centre, sarabat stall, video-game parlour, public park, community centre and library. However, as can be seen in the Table, Malay abusers visited slightly more often most of these places except for shopping centres and sarabat stalls.⁶

Table 9.6 Places visited During Free Time

| | Malay Abusers (N=100) | | | | Malay Non-abusers (N=100) | | | | X ² |
|--------------------------------|--------------------------|---------------------|----------------------|-----------|------------------------------|---------------------|----------------------|-----------|----------------|
| | Once a week or more | 2 - 3 times a month | Once a month or less | Never/ NA | Once a week or more | 2 - 3 times a month | Once a month or less | Never/ NA | |
| Friend's house | 54 | 15 | 18 | 13 | 17 | 19 | 44 | 20 | 32.14**** |
| Girlfriend's house | 24 | 6 | 13 | 57 | 26 | 10 | 15 | 49 | 1.83n.s. |
| Shopping centre | 32 | 35 | 31 | 2 | 18 | 53 | 28 | 1 | 8.09* |
| Cinema | 14 | 17 | 42 | 27 | 7 | 32 | 53 | 8 | 18.51*** |
| hawker centre/ foodcourt | 57 | 23 | 14 | 6 | 29 | 46 | 21 | 4 | 18.58*** |
| Coffee shop | 61 | 10 | 22 | 7 | 30 | 32 | 28 | 10 | 23.33**** |
| Sarabat stall | 23 | 10 | 14 | 53 | 12 | 15 | 34 | 39 | 14.92** |
| Discotheque/ karaoke lounge | 21 | 22 | 24 | 33 | 5 | 12 | 36 | 47 | 17.64*** |
| Night-club | 1 | 4 | 19 | 76 | 3 | 4 | 16 | 77 | .60n.s. |
| Hotel lounge | 1 | 2 | 6 | 91 | 0 | 0 | 13 | 87 | # |
| Billiard saloon | 19 | 10 | 19 | 52 | 4 | 7 | 20 | 69 | 12.73** |
| Video-game parlour | 9 | 12 | 15 | 64 | 3 | 9 | 25 | 63 | 5.94n.s. |
| Seaside / beach | 15 | 21 | 52 | 12 | 3 | 21 | 62 | 14 | 9.03* |
| Public Park | 8 | 10 | 22 | 60 | 6 | 14 | 39 | 41 | 9.26* |
| Community centre | 20 | 6 | 21 | 53 | 7 | 10 | 33 | 50 | 10.01* |
| Library | 2 | 4 | 12 | 82 | 4 | 10 | 40 | 46 | 28.44**** |
| HDB void deck | 61 | 9 | 12 | 18 | 23 | 17 | 28 | 32 | 29.97**** |
| Johor Bahru | 5 | 13 | 39 | 43 | 4 | 8 | 65 | 23 | 13.86** |

| | Malay Abusers (N=100) | | | | Chinese Abusers (N=100) | | | | X ² |
|--------------------------------|--------------------------|---------------------|----------------------|-----------|----------------------------|---------------------|----------------------|-----------|----------------|
| | Once a week or more | 2 - 3 times a month | Once a month or less | Never/ NA | Once a week or more | 2 - 3 times a month | Once a month or less | Never/ NA | |
| Friend's house | 54 | 15 | 18 | 13 | 41 | 20 | 25 | 14 | 3.67ns |
| Girlfriend's house | 24 | 6 | 13 | 57 | 18 | 10 | 8 | 64 | 3.45ns |
| Shopping centre | 32 | 35 | 31 | 2 | 44 | 28 | 21 | 7 | 7.37ns |
| Cinema | 14 | 17 | 42 | 27 | 34 | 22 | 39 | 5 | 24.21**** |
| hawker centre/ foodcourt | 57 | 23 | 14 | 6 | 82 | 10 | 6 | 2 | 14.82** |
| Coffee shop | 61 | 10 | 22 | 7 | 77 | 14 | 6 | 3 | 13.26** |
| Sarabat stall | 23 | 10 | 14 | 53 | 28 | 12 | 17 | 43 | 2.00ns |
| Discotheque/ Karaoke lounge | 21 | 22 | 24 | 33 | 31 | 27 | 30 | 12 | 12.90** |
| Night-club | 1 | 4 | 19 | 76 | 5 | 13 | 43 | 39 | 28.63**** |
| Hotel lounge | 1 | 2 | 6 | 91 | 1 | 12 | 30 | 57 | 30.95**** |
| Billiard saloon | 19 | 10 | 19 | 52 | 43 | 13 | 22 | 22 | 22.06**** |
| Video-game parlour | 9 | 12 | 15 | 64 | 16 | 8 | 14 | 62 | 2.83ns |
| Seaside / beach | 15 | 21 | 52 | 12 | 7 | 8 | 54 | 31 | 17.17*** |
| Public Park | 8 | 10 | 22 | 60 | 4 | 2 | 23 | 71 | 7.61ns |
| Community centre | 20 | 6 | 21 | 53 | 10 | 8 | 16 | 66 | 5.72ns |
| Library | 2 | 4 | 12 | 82 | 0 | 2 | 7 | 91 | # |
| HDB void deck | 61 | 9 | 12 | 18 | 35 | 5 | 17 | 43 | 19.30*** |
| Johor Bahru | 5 | 13 | 39 | 43 | 4 | 3 | 19 | 74 | 21.47**** |

* p<.05 d.f.=3
 ** p<.01 d.f.=3
 *** p<.001 d.f.=3
 **** p<.0000 d.f.=3
 # Cells with E.F. <5 exceed 20%

Summary and Discussion

Striking differences in the quality of leisure activities have been observed between Malay abusers and Non-abusers. Results of this study confirm the hypothesis that the former are more likely than the latter to engage in less constructive activities. A few features are salient here: Firstly, like Ong's (1989) thesis, Malay abusers tend to engage in "passive and negative" activities

like listening to the radio or cassette tapes, watching television or chit-chatting with friends. Secondly, they are significantly less involved in more "socially approved" pursuits like doing household chores, playing a sport or game, and reading. Thirdly, they spend significantly more time outside the home and away from supervision, such as at a friend's home, a hawker centre or foodcourt, coffee shop, sarabat stall, discotheque or karaoke lounge, billiard saloon, shopping complex, beach or seaside, community centre and HDB void deck or staircase. Many of these places are also associated with drug-taking activities.

Fourthly, they are significantly less attracted to places which are associated with educational and more conventional leisure pursuits, eg. public library, public parks, cinema.

It is the contention of this thesis that Malay abusers pursue a lifestyle which is distinct from that of Non-abusers. Malay abusers do not seem to know what to do with their leisure hours. To cope with their boredom, they tend to engage in unconstructive and mainly peer-oriented leisure activities. Most seem content with spending hours listening to music, watching television or chit-chatting with their friends at the void deck or staircase below their HDB flats. They also meet at coffee shops, sarabat stalls, hawker centres and foodcourts. During the weekends, they often visit places like discotheques, karaoke lounges and billiard saloons, some of which are also associated with smoking, drinking and drug-taking activities. As many of their leisure activities take place away from home and parental supervision, peer group influence becomes more intense. It is in this social context that drug-taking activities are introduced, usually by a friend or acquaintance.

The results of this study also affirm the importance of the two aspects of ethnicity, ethnic culture retention and mainstream cultural incorporation (Cheung, 1991a), in understanding Malay drug abuse. At the beginning of this chapter, we have seen how sports, music and idle chatting are important Malay cultural features; the Malays emphasize easy and "gracious living" rather than educational and economic competitiveness. In this respect, it can be said that Malay abusers are more likely than Non-abusers to retain some of the Malay cultural patterns. This is indicated by their significantly greater involvement than Chinese abusers

in listening to music on the radio or cassette player, playing a musical instrument, playing a sport or game, watching television and chit-chatting with friends. It may also imply that Malay abusers are less successful in mainstream cultural incorporation when compared with Non-abusers.

On the other hand, elements of mainstream cultural incorporation also appear to be associated with Malay drug abuse. For more than three decades now, Singapore has embarked on a large scale urban redevelopment and public housing programme. The resettlement of the Malays from the kampongs to new public housing estates has resulted in drastic changes to their established way of life. Moreover, the opening of many modern shopping and entertainment complexes also open up new pastime options for the Malays. These include window-shopping, tea dances, and visiting discotheques, karaoke lounges, billiard saloons and video parlours. As reported by Ong (1989), these are places where smoking, drinking and drug-taking are initiated. It is also recalled that HDB void decks and staircases are the usual venue for drug-taking by over a quarter of the Malay abusers.

Section III: Stressful Life Events

The relationship between stressful "childhood life events" and opiate addiction has been investigated by Kosten, Rounsaville & Kleber (1985). Using the same variables as they did as indicators of "stressful life events", it was found that Malay drug abusers were significantly more involved than Non-abusers in being fostered out to another family ($p < .001$), sent to a boys' home or other institution, physically abused by parents and arrested by police (for all, $p < .0000$) (Table 9.7). It is noted that only between 1%-7% of the Non-abusers reported having each of these experiences, as opposed to between 22%-74% of the Abusers. However, when compared with Chinese abusers, Malay abusers were much more likely to report physical abuse by parents: 43 per cent of the Malay abusers and 16 per cent of the Chinese abusers reported such an experience ($p < .000$). Although most of the Malay abusers had a record of police arrests, significantly more Chinese abusers than Malay abusers admitted that they had been arrested by the police during the past ten years ($p < .05$). The number of subjects in each of the comparison groups who were sexually abused was too small for any meaningful

statistical analysis. Additional data in Table 9.7a (Appendix II) also show that significantly more Malay First-timers than Repeaters reported having being fostered out to another family and being physically abused by the parents ($p < .01$). The significantly high proportions of Malay abusers, particularly Repeaters, who reported being physically abused by their parents, particularly the father, is noteworthy; the Malays are traditionally known for their fondness of children and leniency towards their discipline (see Chapter Seven).

These "stressful" events were bound to not only traumatize them during their childhood but also isolate them from the family and society, thus propelling them towards the company and influence of their peers. If these factors were associated with drug abuse, it was likely to be mediated by the influence of their drug-taking peers. However, other researchers with a psychological orientation have tried to relate the likelihood of drug abuse to the traumatic experience itself. For example, Dembo et al (1988) argue that adolescents who are victims of physical or sexual abuse tend to suffer from "psychological impairments" which, in turn, increase the likelihood of becoming drug abusers. Similarly, Schiff & Cavaiola (1989) assert that physically traumatized adolescents suffer from a sense of degradation and low self-worth which can lead to involvement in drug abuse.

Differential extent of involvement in delinquent and criminal behaviour between Malay abusers and Non-abusers can also be seen in Table 9.7. This will be discussed at a later section in this Chapter. Another significant finding was the proportion (40%) of Malay abusers who had worked as a golf caddie, usually on a part-time basis, in any of the Republic's exclusive golf courses. In comparison, only 14% of the Non-abusers ($p < .000$) and 17% of the Chinese abusers ($p < .001$) had also worked as golf caddies. Malay drug abusers disclosed that they were introduced to the job by their friends.

Table 9.7 Experiences During The Past Ten Years

| | Malay Abusers | | | Malay Non-abusers | | | X ² * | d.f. | p< |
|---|---------------|----|-----|-------------------|-----|-----|------------------|------|-------|
| | Yes | No | N | Yes | No | N | | | |
| Fostered out to another family | 22 | 78 | 100 | 5 | 92 | 97 | 10.43 | 1 | .001 |
| Sent to a boys' home or institution | 48 | 52 | 100 | 3 | 97 | 100 | 50.95 | 1 | .0000 |
| Physically abused by parents | 43 | 57 | 100 | 1 | 99 | 100 | 48.98 | 1 | .0000 |
| Played truant in school | 87 | 13 | 100 | 45 | 55 | 100 | 37.46 | 1 | .0000 |
| Expelled or suspended from school | 12 | 87 | 99 | 6 | 94 | 100 | 1.58 | 1 | n.s. |
| Left home for more than 24 hours without permission | 84 | 16 | 100 | 16 | 84 | 100 | 89.78 | 1 | .0000 |
| Sexually abused | 4 | 95 | 99 | 2 | 98 | 100 | # | - | - |
| Arrested by police | 74 | 26 | 100 | 7 | 93 | 100 | 90.38 | 1 | .0000 |
| Charged for offences against persons | 10 | 90 | 100 | 0 | 100 | 100 | 8.53 | 1 | .01 |
| Charged for offences against property | 56 | 44 | 100 | 2 | 98 | 100 | 68.21 | 1 | .0000 |
| Charged for AWOL | 29 | 37 | 66 | 5 | 95 | 100 | 34.66 | 1 | .0000 |
| Worked as a golf caddie | 40 | 60 | 100 | 14 | 86 | 100 | 15.86 | 1 | .000 |

| | Malay Abusers | | | Chinese Abusers | | | X ² * | d.f. | p< |
|---|---------------|----|-----|-----------------|----|-----|------------------|------|-------|
| | Yes | No | N | Yes | No | N | | | |
| Fostered out to another family | 22 | 78 | 100 | 22 | 76 | 98 | .00 | 1 | n.s. |
| Sent to a boys' home or institution | 48 | 52 | 100 | 58 | 41 | 99 | 1.83 | 1 | n.s. |
| Physically abused by parents | 43 | 57 | 100 | 16 | 83 | 99 | 15.92 | 1 | .000 |
| Played truant in school | 87 | 13 | 100 | 90 | 10 | 100 | .20 | 1 | n.s. |
| Expelled or suspended from school | 12 | 87 | 99 | 23 | 77 | 100 | 3.35 | 1 | n.s. |
| Left home for more than 24 hours without permission | 84 | 16 | 100 | 86 | 14 | 100 | .04 | 1 | n.s. |
| Sexually abused | 4 | 95 | 99 | 3 | 95 | 98 | # | 1 | - |
| Arrested by police | 74 | 26 | 100 | 87 | 13 | 100 | 4.59 | 1 | .05 |
| Charged for offences against persons | 10 | 90 | 100 | 46 | 53 | 99 | 30.93 | 1 | .0000 |
| Charged for offences against property | 56 | 44 | 100 | 58 | 42 | 100 | .02 | 1 | n.s. |
| Charged for AWOL | 29 | 37 | 66 | 33 | 40 | 73 | .00 | 1 | n.s. |
| Worked as a golf caddie | 40 | 60 | 100 | 17 | 83 | 100 | 11.88 | 1 | .001 |

* All with Yates' corrections
 # Cells with E.F.<5 exceed 20%

Summary and Discussion

The hypothesis that Malay abusers have greater involvement in stressful life events is supported by the findings, as indicated by their significantly greater involvement in being fostered out, sent to a boys' home or other institution, physically abused by parents and arrested by the police during the past ten years. In contrast, involvement in these events by Malay Non-abusers is rare. The results reveal a significantly different upbringing and socialization experience between Malay abusers and Non-abusers. For the abusers, these stressful life events not only leave a psychological scar in their life, but are also likely to isolate them even further from the family and society. As a result, they are more likely to intensify their contacts with their peers, most of whom, as we shall see later, are involved in drug abuse and selling drugs.

The hypothesis that Malay and Chinese abusers differ in the level of involvement in stressful life events is only partially supported by data. The finding that almost half of the Malay abusers have experienced parental abuse is a matter of critical concern. Malay and Chinese abusers are also differentially associated with police arrest, with the latter showing perhaps a greater involvement in law-breaking activities.

Section IV: Problem Behaviour

Delinquent and Criminal Behaviour

The association between drug abuse and problem behaviour, for example, delinquent and criminal behaviour, is a long-standing and complex issue in the drug literature. Quoting data from his earlier study, Akers (1992) argues that in comparison with non-users, drug abusers are more frequently expelled from school, arrested by the police, and referred to the juvenile court. The majority of his drug-abusing subjects have had some delinquent experiences and a "sizable minority" have committed serious delinquency. In contrast, the vast majority of non-users have no delinquent involvement. He also finds a positive correlation between the level of drug use and the level of delinquency. Similar findings have been made by other drug researchers (eg. Inciardi, 1980; Glassner & Loughlin, 1987). Moreover, Lukoff (1974) argues that delinquent careers often begin before rather than after the beginning of drug use (see Burr (1987) for more examples of the delinquency before heroin use sequence).

The criminological significance of drug-taking is threefold: (a) law-breaking as a concomitant of the process of obtaining the drugs; (b) law-breaking unconnected with this process but rather as a consequence of the drug; and, (c) drug-taking as the law-breaking act itself.

The first aspect finds support in most of the literature: narcotic addicts are said to be responsible for an enormous amount of property crime as a result of opiate addiction (Preble & Casey, 1969; Baridon, 1976; Kleinman & Lukoff, 1978;

Glassner & Loughlin, 1987; Covington, 1988; Krivanek, 1988; White, 1991; Cheung, 1991a). Heroin addicts in the United States, unable to obtain licit supplies of heroin and unable to obtain employment of a kind which will enable them to buy illicit heroin, have resorted to street robbery and theft on a considerable scale (Schur, 1974). Similarly, in England, both Burr (1987) and Mott (1991) find that most heroin addicts have committed burglaries and/or shoplifted to support their expensive habit. Burr provides corroborative evidence: in order to support their daily heroin use, "nicking" (stealing), "scoring" (means by which addicts obtain their daily heroin supply) and occasionally dealing (selling) becomes the focus of their everyday life in the "skag" subculture (1987: 339). Furthermore, Parker et al (1988) argues convincingly that the exceptionally high rise in recorded household burglaries between 1981 and 1985 in the borough of Wirral in Merseyside was linked to the exceptional increase in the prevalence of heroin abuse among local unemployed young people living in the most depressed areas. Others (eg. Velleman et al, 1993) have reported drug abusers stealing from family members due to the illicit nature and the corresponding high prices of drugs.

However, none of the studies can adequately determine how much crime the individual would have committed if he or she had not become addicted and also the extent of his/her commitment to a criminal lifestyle. Even longitudinal studies have failed to provide strong support for the hypothesis that drug use 'causes' crime or vice versa (Akers, 1992). Moreover, Parker et al (1988) concludes in Wirral, Merseyside, that for the majority of their sample, what heroin did was merely to accelerate their thieving, changing it from being a small-time adolescent activity to a full-time adult occupation. Similarly conclusions of the "multiplier" effects of drug use in criminal behaviour are reached by Akers (1992).

As regards the second aspect, the assumption is that the ingestion of some psychoactive drugs produces mood and behavioural changes which lead to criminal activities. In other words, certain drugs produce a pharmacological effect which either reduces inhibitions toward or induces criminal or violent behaviour. But as pointed out by several authors (Burr, 1987; Akers, 1992), there is little evidence to support this causal process; no researcher has identified a specifically drug-produced motivation to commit crime.

Finally, involvement in drug abuse in Singapore, like in most countries, is by definition a criminal act. The illegal purchase, possession and sale of controlled drugs are criminal law violations. Similarly, drug abuse by an adolescent is also delinquent behaviour, by definition. It is on this basis that thousands of young people have been incarcerated in drug rehabilitation centres (DRCs) for the express purpose of treatment and rehabilitation. Whether the addict commits a crime to support his/her habit or as a result of his/her addiction, it is easy to see him/her as a criminal by virtue of his offence(s). However, to consider drug addiction per se as a "crime" is a big contention. Liberals will argue that the use of the criminal law on this seemingly "victimless" act constitutes an overreach of the law.⁷

In concluding this section, it is noted that drug abuse and delinquent and criminal behaviour are highly related but the nature of the relationship is still largely unclear; deviant behaviour can either be the cause or the effect of drug abuse. It has also been suggested that drug abuse and delinquent and criminal behaviour are related "through the association they hold in common with another set of social factors and processes" (Akers, 1992: 70). Put differently, they are all symptoms of a general pattern of "problem-behaviour" (Jessor & Jessor, 1977; White, 1991; Schinke, 1991).

Delinquent Behaviour

There is evidence to suggest that Malay abusers were much more delinquent than Non-abusers during their childhood. As shown in Table 9.8, t-test results indicate that Malay abusers scored significantly higher in the delinquency index when compared to Non-abusers ($p < .000$). The details (see Table 9.7) are as follows: 87% of the abusers confessed to playing truant while schooling and 84% had been absent from home for more than 24 hours without permission from an adult. The corresponding figures for Non-abusers were 45% and 16% respectively. 43% had to be sent to a boys' home or other statutory care agencies,⁸ compared to only 3% of the Non-abusers. Almost three quarters (74%), as opposed to 7% of the Non-abusers, had been arrested by the police before. Finally, 12% had been

expelled or suspended from school for disciplinary problems, as did 6% of the Non-abusers (not statistically significant, though).

T-test results suggest, however, that the Chinese abusers were even more delinquent than the Malay abusers. As indicated in Table 9.8, their mean score for the delinquency index was 8.43, which compared significantly higher than the mean score of 8.05 by the Malay abusers ($p < .05$). At the individual-item level (see Table 9.7), although the differences between Malay and Chinese abusers pertaining to stay in a boys' home or institution, school truancy, expulsion or suspension from school and absence from home for over 24 hours without permission were not statistically significant, they were all in the same direction. Taken collectively, it can be said that Chinese abusers were more likely than Malay abusers to be involved in these experiences. Moreover, significantly more Chinese abusers than Malay abusers had been arrested by the police before ($p < .05$).

Table 9.8 Mean Scores For Delinquency Index

| Malay Abusers (a) | | | Malay Non-abusers (b) | | | Chinese Abusers (c) | | | | |
|----------------------|------|----|--------------------------|------|-----|------------------------|-------|------|----|---------|
| Mean# | S.D. | N | Mean# | S.D. | N | t (a&b) | Mean# | S.D. | N | t (a&c) |
| 8.05 | 1.10 | 99 | 5.77 | .89 | 100 | 16.09**** | 8.43 | 1.12 | 99 | -2.44* |

No delinquency (5)---High Delinquency (10)
 **** $p < .000$ for two-tailed test
 * $p < .05$ for two-tailed test

Criminal Behaviour

Results of the present survey also support the association between drug use and criminal behaviour thesis. As shown in Table 9.9, the Malay drug abusers reported a mean of 1.65 crimes convicted whereas the Non-abusers reported a mean of .04 crime convicted ($p < .000$). On the other hand, the Chinese abusers reported an even higher mean of 2.27 crimes convicted ($p < .05$).

Returning to Table 9.7, it can be seen that Malay and Chinese abusers differed significantly in the types of crime convicted as well. Before going into that, it should be noted that significantly more Malay abusers than Non-abusers were convicted of crimes against persons as well as crimes against property. In

particular, it should be noted that slightly more than half of the Malay abusers (56%) were convicted of crimes against property, such as theft and house-breaking. Malay Non-abusers were hardly convicted of any criminal offences. But a similar proportion of Chinese abusers (58%) as Malay abusers were also convicted of property crimes. An interesting finding, however, showed that the Chinese abusers were significantly more involved in offences against persons such as armed robbery, causing hurt and so forth. Almost half (46.5%) of the Chinese abusers were convicted of such offences, as compared to 10% of the Malay abusers ($p < .000$).

The somewhat deviant tendency of the drug abusers was also indicated by the proportions of both Malay and Chinese abusers who were charged for AWOL whilst doing national service. 44% of the former and 45% of the latter group ($p =$ not significant) were so charged, in sharp contrast to only 5% of the Non-abusers (Malay abusers versus Non-abusers, $p < .000$).

Table 9.9 Criminal Antecedents

| | Malay Abusers | | | Malay Non-abusers | | | t |
|---------------------------------|---------------|------|-----|-------------------|------|-----|----------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Mean number of crimes convicted | 1.65 | 2.15 | 100 | .04 | .19 | 100 | 7.45**** |

| | Malay Abusers | | | Chinese Abusers | | | t |
|---------------------------------|---------------|------|-----|-----------------|------|-----|--------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Mean number of crimes convicted | 1.65 | 2.15 | 100 | 2.27 | 2.37 | 100 | -1.94* |

**** $p < .000$ two-tailed test

* $p < .05$ two-tailed test

Summary and Discussion

The results presented above agree with the findings from other studies conducted both in Singapore and elsewhere which show a strong relationship between drug abuse and other problem-behaviours such as school truancy, delinquency and crime.

The results once again indicate a distinct lifestyle among the Malay abusers which can distinguish them from Non-abusers. The former are much more likely to have a history of problem behaviour, thus confirming our hypothesis: almost nine

out of ten Malay abusers have a history of school truancy or absence from home for above 24 hours, three-quarters of police arrest and almost half of stay in an institution. Moreover, while the Non-abusers rarely have a criminal record, slightly over half of the Malay abusers have convictions for property crimes such as theft and housebreaking. These findings corroborate earlier accounts by other researchers in Singapore (Leong, 1978; Mendaki, 1993). For example, Leong (1978) finds that significantly more drug-takers than non-takers have a history of delinquency, criminal convictions and even military offences.

Hence, the findings of this study support the hypothesis that Malay abusers are more likely than Non-abusers to engage in 'problem behaviour'. As many of these deviant acts have taken place prior to their involvement in drug abuse, it is highly likely that drug-taking is an extension of their general pattern of 'problem behaviour' (Jessor & Jessor, 1977). However, it is also plausible that drug abuse among the Malays leads to an increase in criminal activities. Evidence of this is provided in Table 6.6 (Chapter Six) which shows that between 5-37% of the Malay abusers had resorted to stealing, shoplifting, house burglary, robbery and selling drugs to help finance their drug habit.

Results of this study also support the hypothesis that Malay abusers differ from Chinese abusers in their propensity to engage in 'problem behaviour'. This is despite the fact that both Malay and Chinese abusers appear to have a more deviant predisposition in comparison with Malay Non-abusers; whereas Malay abusers are much more likely than Non-abusers to have a history of school truancy or AWOL whilst doing national service, they do not significantly differ from Chinese abusers in this respect. However, the survey data here indicate that the delinquent and criminal behaviours of the Malay and Chinese abusers differ quantitatively and qualitatively: the former are not only significantly less delinquent/criminal than the latter, but they are also less likely to be involved in offences against the person. Few Malay abusers are involved in violent crimes like armed robbery and causing hurt. Understanding of these differences is important to any ethnically-sensitive treatment modality.

Section V: Peer Groups

The drug literature repeatedly emphasizes the importance of peer behaviour and the effects of peer group influence in understanding the development and maintenance of drug-using patterns (see Chapter Three). Becker (1953) was among the first to show that friends are crucial as teachers and facilitators of drug use. Others have shown that one virtually never uses drugs unless one's friends are drug users, and that the likelihood of multiple drug use increases proportionately with the number of friends who use drugs (Goode, 1970; Kandel, 1974; Glassner & Loughlin, 1987). We have already seen that drug abuse arises out of association with peers not so much as a result of direct pressures, but rather as part of a social context. Adolescents with drug-using peers choose to take drugs to gain peer acceptance or to avoid any form of peer crisis or exclusion (Muisener, 1994). On the other hand, others choose to 'belong' to a crowd of drug abusers in order to relieve feelings of alienation and rejection from non-abusers (Newcomb & Bentler, 1985). More-over, friends reinforce one another's habit through encouraging each other's continued drug use, fostering each other's denial of a drug problem, and solidifying drug use as a primary social activity (Shilts, 1991).

The importance of peer group influence is also emphasized in virtually all the existing studies of drug abuse in Singapore (eg. Leong, 1978; Tai, 1981; Ong, 1989; Li, 1989; Salahudin, 1990/91). For example, Ong found that 91% of the drug abusers he studied were introduced to drugs by their peers, a quarter of drug-taking sessions took place in a friend's home and half of them first took drugs to "get along with what friends were doing". While most of these studies emphasize the importance of peer group influence in drug abuse, few have specifically examined the composition and characteristics of peer groups of drug abusers in relation to non-abusers. It is the contention of this thesis that Malay drug abusers differ from Non-abusers in the composition of their peer groups as well as in their peer activities. The following pages provide the empirical data.

From Table 9.10, it can be seen that Malay drug abusers and Non-abusers did not share the same types of peer groups. Whereas most of the abusers' peers were

friends from the neighbourhood and mostly or entirely other Malays, the Non-abusers' peers comprised a larger mix of work colleagues, neighbourhood and school friends or relatives as well as members of different ethnic groups. Thus, it seems that abusers on the whole tended to associate with others of similar backgrounds whereas the Non-abusers were more likely to associate with more heterogeneous groups. It was also observed that the abusers tended to have larger peer groups than the Non-abusers, though the difference did not reach a statistically significant level. Hence, while 65% of the Malay abusers associated with groups comprising five members or more, the corresponding figure for Non-abusers was 58%. Moreover, an intra-group comparison of Malay abusers reveals that First-timers had significantly larger peer groups when compared to Repeaters. For example, over three quarters (78%) of the former associated with groups comprising five members or more, as opposed to just over half (52%) of the latter group (see Table 9.10a, Appendix II).

There were no significant differences between Malay and Chinese abusers in the characteristics of their peer groups, however. This lends support to the contention here that drug abusers and non abusers can be distinguished by peer groups, irrespective of ethnicity.

Table 9.10 Characteristics Of Peer Groups

| | | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|--------------------------------|----------------------------------|--|--------------------------|------------------------|
| Associate Most Frequently With | Neighbourhood Friends | 56 | 33 | 67 |
| | School Mates | 13 | 17 | 9 |
| | Work Colleagues | 19 | 36 | 15 |
| | Relatives | 5 | 13 | 2 |
| | Others | 7 | 1 | 7 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a) & (b) = 19.79 d.f.=4 p<.001 X^2 for (a) & (c) = 3.47 d.f.=4 n.s. | | |
| Number of peer members | One - two | 9 | 13 | 12 |
| | Three - four | 26 | 29 | 24 |
| | Five - six | 18 | 12 | 17 |
| | Seven - eight | 7 | 11 | 6 |
| | Nine - ten | 4 | 10 | 2 |
| | Over ten | 36 | 25 | 39 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a&b) = 7.54 d.f.=5 n.s. X^2 for (a&c) = 1.40 d.f.=5 n.s. | | |
| Ethnic composition of peers | All are of same ethnicity | 56 | 35 | 65 |
| | Most are of same ethnicity | 33 | 28 | 32 |
| | About half are of same ethnicity | 8 | 19 | 1 |
| | Few are of same ethnicity | 3 | 14 | 2 |
| | None is of same ethnicity | 0 | 4 | 0 |
| | TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | | X^2 for (a&b) = 20.86 d.f.=4 p<.001 X^2 for (a&c) = 3.76 d.f.=1 n.s. (with Yates' correction) | | |

Further empirical evidence of the differential characteristics of peer groups between Malay abusers and Non-abusers is presented in Tables 9.11 - 9.12. To recapitulate, it was mentioned in Chapter Seven that both the parents of Malay abusers were significantly less likely than both the parents of Non-abusers to know of their sons' peer groups. In Table 9.11, it is shown that both the parents of the Malay abusers were also significantly less likely to approve of all or some of their sons' peer group members, when compared to both the Non-abusers' parents ($p < .000$). According to the data, 35% of the Malay abusers' fathers and 51% of their mothers approved of either all or some of their sons' peers. This compares unfavourably with the 66% of the Non-abusers' fathers and 85% of their mothers who also approved of either all or some of their sons' peers. On the other hand, no significant differences between Malay and Chinese abusers were observed, in respect of the extent of parental approval of their respective peers. The above finding suggests that the Malay (or Chinese) drug abusers' peers were likely to possess characteristics which were found objectionable by their (abusers') parents. During the interviews, many of the Malay abusers' parents alleged that their sons' drug addiction was due to their association with the "wrong company", adding that these were "people with long hair and taking drugs".

Table 9.11 Parents' Approval Of Peers

| | | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|-----------------|---------------|--|--------------------------|------------------------|
| Father approves | All of them | 12 | 38 | 4 |
| | Some of them | 23 | 28 | 32 |
| | Disapproves | 16 | 0 | 14 |
| | Indifferent | 4 | 6 | 8 |
| | Not sure / NA | 45 | 28 | 42 |
| | TOTAL | | 100 (100%) | 100 (100%) |
| | | X^2 for (a&b) = 34.37 d.f.=4 $p < .0000$ X^2 for (a&c) = 7.04 d.f.=4 n.s. | | |
| Mother approves | All of them | 11 | 48 | 4 |
| | Some of them | 40 | 37 | 43 |
| | Disapproves | 19 | 1 | 19 |
| | Indifferent | 2 | 2 | 6 |
| | Not sure / NA | 28 | 12 | 28 |
| | TOTAL | | 100 (100%) | 100 (100%) |
| | | X^2 for (a) & (b) = 45.92 d.f.=4 $p < .0000$ X^2 for (a) & (c) = 5.38 d.f.=4 n.s. | | |

Were there any empirical evidence to support the allegations made by the Malay abusers' parents or were they merely echoing stereotypical accounts presented by the mass media? The evidence contained in Table 9.12 suggests that there might well be elements of truth in those statements. The extent of peer group involvement in an index of seven activities commonly associated with drug abuse varied very significantly between Malay drug abusers and the Non-abusers. Most importantly, excess of definitions favourable to drug-taking (evolved from Sutherland, 1947) was evident in the Malay abusers group, as indicated by the significantly higher proportion of peer group members who were believed to be involved in cigarette smoking, drug abuse and drug selling. Specifically, 89% of the Malay abusers reported that either all or some of their peers were involved in drug abuse and 38% also reported that either all or some of their peers were involved in selling drugs. Among the Non-abusers, the proportions involved were 15% and 3% respectively (for both, $p < .000$).

Further empirical support comes from a comparative analysis between Malay First-timers and Repeaters with regard to peer group activities (Table 9.12a, Appendix II). It shows that Repeaters (48%) were far more likely than First-timers (28%) to have all or some of their peer group involved in selling drugs ($p < .05$). Moreover, Repeaters were also more likely to have all or some of their peer group involved in drug abuse or to have a peer group comprising only smokers. These last two findings are not statistically significant, however.

In comparison with the Non-abusers, Malay abusers reported significantly more peer group members who were alleged to have been involved in other deviant behaviours, such as gambling, secret society membership, stealing or burglary and robbery. Of interest to note is the finding that 23% of the Malay abusers and 10% of the Non-abusers ($p < .01$) claimed to have either all or some of their peers involved in secret societies, hitherto an activity associated with the larger Chinese community. This could be indicative of cultural incorporation, albeit of a less desirable cultural trait.

Cumulatively, the above results paint a picture of the social environment of the Malay drug abusers, which is distinct from that of the Non-abusers. The former

group tend to move around with other drug abusers and smokers, some of whom are also involved in selling drugs and other criminal activities. It is in this social context that peer group influence on drug use and abuse is most likely to take place. In this regard, the accounts intimated by the Malay abusers do not differ greatly from the findings of other studies. For example, in one study of Muslim Egyptian subjects, the authors conclude that "it is the drug users, rather than the non-users, who hear about drugs, see drugs and have personal friends and relatives who themselves abuse drugs" (Soueif, Yunis & Taha, 1986: 117).

Two significant differences emerged in the comparison between Malay and Chinese abusers with regard to the extent of peer group involvement in the same index of activities discussed above (see Table 9.12). Firstly, a significantly higher proportion of the Malay abusers' peer group were reported to be also involved in drug abuse ($p < .05$). For example, 30% of the Malay abusers claimed that all the members of their peer group were involved in drug abuse, compared to 11% of the Chinese abusers. This finding may also reflect the comparatively more extensive drug abuse problem in the Malay community as reported in Chapters One, Two and Six.

Secondly, a much lesser peer group involvement in secret society membership was observed among the Malay abusers than Chinese abusers ($p < .000$). 22% of the former group indicated that some of their peer group members were so involved and 1% indicated that all were involved, as opposed to 81% of the Chinese abusers who reported that either all or some of their peer group members were involved in secret societies. As mentioned earlier, secret societies has always been associated with the Chinese since early history of modern Singapore when Chinese from mainland China emigrated in large numbers to Singapore and the surrounding areas.⁹ Although the association between secret societies and drug trafficking has been well established by historians, its association with drug abuse has not been fully explored.

Finally, peer group members of Malay and Chinese abusers were equally involved in cigarette smoking and gambling. Three quarters of either group associated with groups which comprised entirely of smokers. Given the well reported relationship

between smoking and drug abuse, the importance of this variable in studying drug abuse should not be underestimated. The high involvement of the Malay abusers' peers in gambling is also a matter of concern as gambling is forbidden in Islam.

Similar proportions of Malay and Chinese abusers were also involved in criminal activities such as selling drugs, stealing or burglary and robbery.

Although Malay and Chinese abusers differed significantly in the extent of peer involvement in drug abuse and secret society membership, it must be remembered that the Malay abusers' peers were significantly more extensively involved in these two activities when compared to the Non-abusers' peers. In other words, this study indicates that drug abusers can be distinguished from Non-abusers by the extent of peer involvement in drug abuse and secret society membership. Moreover, the fact that there were similarities between Malay and Chinese abusers in the other five items on the index, but not between Malay abusers and Non-abusers, supports the above contention.

Table 9.12 Peer Group Activities

| | Malay Abusers (N=100) | | | | Malay Non-abusers (N=100) | | | | X ² | d.f. | Significance Level |
|-------------------------------------|--------------------------|------|------|---------------|------------------------------|------|------|---------------|----------------|------|-----------------------|
| | All | Some | None | Don't Know | All | Some | None | Don't Know | | | |
| Smoking | 78 | 22 | 0 | 0 | 21 | 68 | 9 | 2 | 67.33 | 2 | <.0000 |
| Gambling | 22 | 54 | 8 | 16 | 3 | 35 | 50 | 12 | 49.48 | 3 | <.0000 |
| Taking drugs for non-medical use | 30 | 59 | 7 | 4 | 0 | 15 | 62 | 23 | 113.37 | 3 | <.0000 |
| Secret Societies | 1 | 22 | 43 | 34 | 0 | 10 | 65 | 25 | 10.98 | 2 | <.01 |
| Selling drugs | 3 | 35 | 35 | 27 | 0 | 3 | 76 | 21 | 45.84 | 3 | <.0000 |
| Stealing or Burglary | 1 | 33 | 30 | 36 | 0 | 3 | 78 | 19 | 52.56 | 2 | <.0000 |
| Robbery | 1 | 22 | 41 | 36 | 1 | 0 | 78 | 21 | 37.45 | 3 | <.0000 |

| | Malay Abusers (N=100) | | | | Chinese Abusers (N=100) | | | | X ² | d.f. | Significance Level |
|-------------------------------------|--------------------------|------|------|---------------|----------------------------|------|------|---------------|----------------|------|-----------------------|
| | All | Some | None | Don't Know | All | Some | None | Don't Know | | | |
| Smoking | 78 | 22 | 0 | 0 | 74 | 25 | 1 | 0 | 1.30 | 2 | n.s. |
| Gambling | 22 | 54 | 8 | 16 | 23 | 61 | 9 | 7 | 4.03 | 3 | n.s. |
| Taking drugs for non-medical use | 30 | 59 | 7 | 4 | 11 | 75 | 10 | 4 | 11.24 | 3 | <.05 |
| Secret Societies | 1 | 22 | 43 | 34 | 23 | 58 | 8 | 11 | 72.14 | 3 | <.0000 |
| Selling drugs | 3 | 35 | 35 | 27 | 3 | 38 | 29 | 30 | .84 | 3 | n.s. |
| Stealing or Burglary | 1 | 33 | 30 | 36 | 3 | 35 | 30 | 32 | 1.29 | 3 | n.s. |
| Robbery | 1 | 22 | 41 | 36 | 1 | 32 | 36 | 31 | 2.55 | 3 | n.s. |

Summary and Discussion

We have already learned in Chapter Six that Malay drug abusers are not directly pressured by their peer groups to try heroin. They are, nevertheless, most

likely to obtain their first heroin from a friend or neighbour. We also learn that heroin-taking often takes place in a group setting. These findings underscore the importance of peer group factors in understanding Malay drug abuse. Moreover, as discussed earlier, group solidarity and strong community spirits are important facets of the Malay cultural configuration. In this final section, we provide further empirical evidence to show that Malay abusers and Non-abusers differ in the characteristics of their peers as well as in peer activities.

The results presented above agree with the conclusions of other studies which emphasize the importance of peer group influence in explaining drug use and continued abuse. They also demonstrate that there is a distinct social context in which the Malay abusers operate. In contrast to Non-abusers, Malay abusers are more likely to have a more homogeneous but slightly larger peer group, comprising friends from within the same neighbourhood. Their peers are also less likely to be known to and/or approved by either or both of their parents. The non-abusers' larger mix of friends comprising neighbourhood friends, school friends, colleagues and relatives may be due in part to their higher educational background, longer stay in the education system and their desire to mix with non-Malays for prestige (see Li, 1989 for the last factor).

The findings also suggest that Sutherland's (1974) differential association theory is relevant for the explanation of the phenomenon of Malay drug abuse: Malay abusers are far more likely than Non-abusers to be in close proximity to peers who are involved in smoking cigarettes, drug abuse or selling drugs. The former are also differentially associated with more deviant friends, as indicated by the significantly larger proportions of peers who are reported to be involved in gambling, secret societies, stealing or burglary and robbery. Some of these activities, such as stealing or burglary and robbery, are highly likely to be associated with drug abuse. Hence, in the social environment of the Malay abusers, there seems to be an excess of definitions favourable to drug-taking. It is in this "conducive" atmosphere that individual Malays learn to take drugs through social interaction and social learning. Furthermore, the finding that Malay Repeaters have greater association with peers who are involved in selling drugs than First-timers suggests further support for the theory. Similarly, the

Malays' more extensive involvement with drug abuse than the Chinese may be explained by the former group's greater association with peers who are drug-takers.

Of interest to note is the significant involvement of the peers of Malay drug abusers in gambling, secret societies and selling drugs. Gambling and secret societies are not only traditionally "Chinese vices" but also against Islamic teachings. It was also due to their Islamic beliefs that the Malays traditionally avoided occupations associated with the opium trade (Tham, 1977). The above thus suggests elements of mainstream cultural incorporation which are related to Malay drug abuse.

In conclusion, this section provides empirical data to support the hypothesis that Malay abusers, when compared to Non-abusers, have different peer group composition and are more likely to have peer group members who are involved in drug abuse or selling drugs as well as in other deviant activities. However, the findings fail to support the second hypothesis that Malay abusers are likely to differ from their Chinese counterparts in their peer group composition as well as in the number of peer group members who abuse or sell drugs or participate in other deviant activities. The lack of differences between the two groups of drug abusers adds weight to the contention that Malay abusers can be distinguished from Non-abusers by their peer group characteristics.

Table 9.13 Summary Of Results

| | Malay Abusers vs Non-abusers | Malay Abusers vs Chinese Abusers |
|---|------------------------------------|--|
| Educational and Employment Histories | | |
| Age left school | p <.000# | p <.05 |
| Age when first got married | n.s. | n.s. |
| Age gained first full-time job | p <.001# | n.s. |
| Age gained first part-time job | p <.000# | n.s. |
| Highest educational level attained | p <.0000# | p <.05 |
| Language stream | n.s. | p <.01 |
| Highest standard aspired | p <.0000# | n.s. |
| Employment status at admission | - | n.s. |
| Monthly gross pay at last job | - | p <.05# |
| Duration of last job | n.s. | n.s. |
| Mean number of jobs held | p <.000# | p <.01 |
| Proportion of gross pay saved per month | p <.000# | n.s. |
| Reasons for leaving last job | p <.000# | p <.05 |

Quality of Leisure Activities

Mean hours spent on leisure and household activities

| | | |
|---------------------------------------|----------|----------|
| Watching television or video | n.s. | p <.05# |
| Listening to radio or cassette tape | p <.000# | p <.000# |
| Playing any musical instrument | n.s. | p <.000 |
| Doing household chores | p <.000# | n.s. |
| Playing a sport or game | p <.000# | p <.000 |
| Reading a newspaper, magazine or book | p <.000# | n.s. |
| Chit-chatting with friends | p <.000# | p <.05# |
| Other leisure activities | n.s. | n.s. |

Frequency of listening to music

| | | |
|-----------------------|----------|----------|
| Western rock music | n.s. | p <.0000 |
| Own ethnic folk music | n.s. | p <.01 |
| Classical music | p <.0000 | n.s. |
| Jazz music | p <.05 | p <.000 |

Places visited

| | | |
|----------------------------|-----------|-----------|
| Friend's house | p <.0000# | n.s. |
| Girlfriend's house | n.s. | n.s. |
| Shopping centre | p <.05# | n.s. |
| Cinema | p <.001# | p <.0000 |
| Hawker centre/foodcourt | p <.001# | p <.01 |
| Coffee shop | p <.0000# | p <.01 |
| Sarabat stall | p <.01 | n.s. |
| Discotheque/karaoke lounge | p <.001# | p <.01 |
| Night-club | n.s. | p <.0000 |
| Hotel lounge | n.s. | p <.0000 |
| Billiard saloon | p <.01# | p <.0000 |
| Video-game parlour | n.s. | n.s. |
| Seaside/beach | p <.05# | p <.001 |
| Public park | p <.05 | n.s. |
| Community centre | p <.05 | n.s. |
| Library | p <.0000# | n.s. |
| HDB void deck | p <.0000# | p <.001# |
| Johor Bahru | p <.01# | p <.0000# |

Stressful life events

| | | |
|--|-----------|----------|
| Fostered out to another family | p <.001# | n.s. |
| Sent to a boys' home or institution | p <.0000# | n.s. |
| Physically abused by parents | p <.0000# | p <.000 |
| Playing truant in school | p <.0000# | n.s. |
| Expelled or suspended from school | n.s. | n.s. |
| Left home for more than 24 hours without permission | p <.0000# | n.s. |
| Sexually abused | n.s. | n.s. |
| Arrested by police | p <.0000# | p <.05 |
| Charged for offences against person | p <.01# | p <.0000 |
| Charged for offences against property | p <.0000# | n.s. |
| Charged for AWOL | p <.0000# | n.s. |
| Worked as a golf caddie??? | p <.000# | <.001 |

Problem-behaviour

| | | |
|---------------------------------|----------|--------|
| Delinquency index (5-item) | p <.000# | p <.05 |
| Mean number of crimes convicted | p <.000# | p <.05 |

Peer group characteristics

| | | |
|--------------------------------|-----------|------|
| Associate most frequently with | p <.001 | n.s. |
| Number of peer members | n.s. | n.s. |
| Father approves of peers | p <.0000# | n.s. |
| Mother approves of peers | p <.0000# | n.s. |

Peer group activities

| | | |
|----------------------------------|-----------|----------|
| Smoking | p <.0000# | n.s. |
| Gambling | p <.0000# | n.s. |
| Taking drugs for non-medical use | p <.0000# | p <.05# |
| Secret societies | p <.01# | p <.0000 |
| Selling drugs | p <.0000# | n.s. |
| Stealing or burglary | p <.0000# | n.s. |
| Robbery | p <.0000# | n.s. |

p <. denotes level of statistical significance

n.s. denotes 'not statistically significant'

denotes 'adverse' factor

EndNotes

- ¹. Although these references were usually made in the context of Malaysia, they are still relevant to Singapore "because of the fact of historical and cultural bonds shared" (Tham, 1977: x).
- ². Both examples quoted in Wan Hussin Zohri (1990: 5).
- ³. In the traditional Malay society, education was no more than the acquisition of Islamic knowledge and the cultivation of religious/moral values (see Tham, 1977: 97).
- ⁴. A comparison between Malay First-timers and Repeaters revealed no significant differences in the average time spent on leisure and household activities except for one item. The exception was that First-timers watched significantly more television or video than the Repeaters ($p < .05$) (for details, see Table 9.4a, Appendix II).
- ⁵. The community centre was first set up in the 1960s as a grass-root institution ostensibly to "improve the linkage between the government and the masses". The manifest aim is to encourage community integration through the organisation of recreational, sporting and continuing education activities. It is also used as a base to launch and promote various national campaigns as well as to explain governmental policies such as those pertaining to national defence and national service. Anti-drug abuse campaigns and exhibitions are also often held in community centres.
- ⁶. When Malay First-timers and Repeaters were compared, four significant differences were observed: (a) Repeaters were more likely to visit a coffee shop; (b) Repeaters were also more likely to visit a sarabat stall; (c) First-timers were more likely to visit a billiard saloon as well as to visit it more frequently; and (d) First-timers were more likely to visit Johor Bahru. (see Table 9.6a, Appendix II, for details)
- ⁷. See Heng (1981: 41-44) for a fuller discussion on the Hart-Devlin debate on law and morality.
- ⁸. Children who are convicted for penal offences by a Juvenile Court or are referred by their parents for refractory behaviour or deemed to be in need of care and protection can be ordered, under the provisions of the Children and Young Persons Act, to be placed in a boys' home or approved school for residential care and training.
- ⁹. Chinese triad societies played key roles in the shipment of Chinese immigrants to Singapore. In the absence of social services provided by the colonial government in those days, the triad societies also provided functions similar to mutual benefits associations and assisted in activities ranging from providing mass accommodation to funeral arrangement. Later, they were also involved in drug trafficking, particularly in opium.

CHAPTER TEN

MALAY DRUG ABUSERS IN DRUG REHABILITATION CENTRES

Introduction

There are currently about 7,700 drug abusers receiving treatment and rehabilitation in the various DRCs which have a total capacity to hold only about 6,000 inmates (STWOE, 8/10/94:1). Of these inmates, more than one in two (54%) are Malays (Singapore International Foundation, Nov-Dec 1994). All the DRC inmates follow a common treatment and rehabilitation programme designed mainly after Western models but with additional features adapted from Eastern countries like Hong Kong and Japan. Research on ethnic minority drug abuse in the West typically focuses on the application and limitations of "mainstream" treatment programmes for ethnic minority members (eg. Watanabe & Ogawa, 1978; Oetting & Goldstein, 1979; McBride & Page, 1980; Westermeyer, 1984; Tucker, 1985; Finley, 1989; Marin, 1990; Moncher, Holden & Trimble, 1990; Moore, 1992; Pena & Koss-Chioino, 1992; Ja & Aoki, 1993). Here, in Singapore, it can be said that the drug treatment and rehabilitation programme is largely a "foreign import", not tailored towards any one particular ethnic group. There is no known indigenous heroin treatment programme in Singapore. Hence, the central issue here is not how the Malay abusers adapt to and respond to a "mainstream" drug treatment and rehabilitation programme. Instead, one of the aims of this thesis is to examine the Malay abusers' motivations, experiences and responses to the blanket DRC programme and whether there are any differences between them and the Chinese abusers in these aspects. It is not the intention here to conduct a programme outcome evaluation, however. Aftercare service and other post-DRC activities are also outside the scope of this thesis.

Treatment And Rehabilitation Programme For Drug Abusers In Singapore

As mentioned earlier, the Singapore government has adopted a conservative drug abuse control strategy involving both supply and demand reduction components. The latter component involves the arrest of drug abusers and committing them

by executive order,¹ rather than court order, to the DRCs for a duration ranging from six to thirty-six months for the express purposes of treatment and rehabilitation. Under the provisions of the Misuse of Drugs Act (1973), drug abusers are identified and/or confirmed either through a urine test or through independent medical observation and examination by at least two medical officers. Apart from the obvious need to deal with the drug problem urgently, the avoidance of the lengthy court procedure is rationalised as follows: "...that no stigma of a court conviction will affect them for their easy reintegration into society" (Ong, 1989:173).

The three-fold purpose of compulsory incarceration in a DRC is as follows: Firstly, and most importantly, the identified drug abuser is committed to receive treatment and rehabilitation in the institution. There are currently no privately-run drug abuse treatment facility in Singapore, although a number of voluntary organisations and religious bodies offers limited aftercare services and halfway houses for discharged drug abusers. Secondly, the residential period will not only "incapacitate" the drug abuser from further drug-taking but also prevent him or her from "contaminating non-addicts" at least for the duration of his stay in a DRC (Tee, 1990). Finally, the period of detention and the tough regime involved will act as a deterrent against further drug abuse as well as a warning to potential abusers from getting involved.

Public legitimisation of the programme is accorded by the appointment of a DRC Review Committee, an autonomous body comprising "prominent citizens" appointed by the Minister of Home Affairs. The Committee is charged with the responsibility of determining the suitability of cases for discharge or further extension of stay, subject to a maximum of thirty-six months for each case. In addition, a Board of Visitors, also comprising prominent citizens, is appointed by the Minister to ensure that the inmates are treated properly and in accordance to the provisions of law. Board members pay regular visits to their respective DRCs as required in their terms of reference.

a. Treatment Philosophy Revisited

Prior to 1988, the government adopted a "medical approach" to the problem of drug abuse which, not unlike the so-called "British model" advocated by the Rolleston Committee (1926), viewed drug addiction as a "sickness" rather than as a crime. Consequently, drug abusers were to be regarded as "patients" and were entitled to third-class hospital rations (Ong, 1989). The approach adopted can be viewed as a logical sequence to the treatment modality for opium addicts introduced by the then Colonial government. As discussed in Chapter Two, the onus of treating opium addicts was placed on the Ministry of Health and committees set up to review the narcotics problem were dominated by medical doctors.² Hence, when the problem of heroin abuse problem first became a serious social problem in the mid 1970s, the government once again turned to the Ministry of Health (in conjunction with the Prisons Department) for counter measures. The first treatment facility for heroin addicts was set up in a ward in a government hospital.

From the outset, however, there were anomalies between the stated treatment philosophy and the practice. Though drug abusers were regarded as "sick" patients warranting treatment and not punishment, they were nevertheless arrested and subject to compulsory treatment in DRCs managed by the Prisons Department. Moreover, the assumption that addicts are "sick" is not so tenable. Firstly, the notion of sickness or disease implies a condition that is both disabling and harmful to the patient, a condition that may disturb or impair function (Flew, 1973). But most addicts do not regard themselves as being sick or requiring treatment (Farrier, 1980; prins, 1980; see also Chapter Six). Apart from the "withdrawal symptoms" resulting from drug abstinence, which can be genuinely unpleasant and disabling, drug-taking is a pleasurable activity more often sought after than avoided. Secondly, it is also not plausible to maintain literally that psychological disorder or other aversive feelings attributed to drug addicts constitute a disease entity: a person falling victim to such problems is not normally disabled or incapacitated. Furthermore, the presence of such emotional states in a person is neither invariably nor even generally accompanied by the "symptoms" of drug tasking in the way that cholera is accompanied by the symptom of diarrhoea

(Leong, 1978). Thirdly, the relationship between doctor and patient is not usually a cooperative one (Farrier, 1980). Finally, there is no complete cure for drug addiction to the same extent that it is possible in the medical sciences (Trebach, 1978). Einstein sums up the position in a rather tongue-in-cheek manner:

Some day technology may discover the virus, bacteria, organ deficiency or those predisposing factors that doom a person to the status of "addict personality". Until that day arrives, there is no solid evidence that drug addiction or its relative, drug abuse, is a disease in the medical sense of that term..."
(1975:136)

In 1988, after a massive review of the drug rehabilitation programme in Singapore, the government decided to change its drug abuse management philosophy. Henceforth, drug abuse is not seen as a medical problem but rather a "social and behavioural problem" (Tee, 1990).³ In making the announcement, the then Director of Prisons fell short of calling it a "criminalisation approach" but left no doubts that it was to be a "get tough" approach. Accordingly, the drug abuser is deemed to be responsible for his or her own drug-taking behaviour and the onus for change is placed upon the individual. Underlying this policy is the assumption that the individual abuser cannot be changed or helped to quit drug-taking without personal motivations. Thus the nation's limited resources should be concentrated mainly on those who genuinely want to be helped. One of the most difficult tasks is, therefore, the preparation of guidelines for the Classification Board⁴ to determine who is motivated and who is not, hence who is suitable for which treatment and rehabilitation programme.

In effect, the new approach really consists of an application of the conventional "stick and carrot" principle. The intention is to concentrate mainly on first-timers and those who genuinely want to be helped to quit their drug-taking habit. They will spend a shorter time in the DRCs and provided with intensive counselling and other practical help as part of a "short, sharp and shock" treatment strategy (Quah, 1991). Those who successfully complete the short residential programme will be released to the community but have to undergo intensive supervision for one year. On the other hand, "hard-core addicts who resist help and are recalcitrant will undergo a tougher regime"

(Zakaria, 1988: 10). The new treatment approach was spelt out clearly by the then Director of Prisons:

Our message to drug addicts is simple: It's up to you whether you want to be cured or not, and that you should be responsible for your action. (Zakaria, 1988: 10)

b. Programme Components

In accordance with the new treatment philosophy, two "specialised" treatment and rehabilitation programmes were unveiled by the Singapore Prisons Department in April 1988. The programmes were targetted at selected "first-timers" and "repeaters" respectively, who have shown a genuine desire to quit drug abuse. The first, the Exit Counselling Programme (ECP), is an innovative scheme which "works along the principle of the suspended sentence" (Zakaria, 1988: 10). Under the programme, the first-timer who is deemed as having the necessary motivation is not required to complete the usual six-month programme for first-timers: after undergoing detoxification, the inmate is channelled to receive two weeks of intensive drug education, social skills training and counselling.⁵ An interesting feature of the ECP is a pledge to remain drug-free which the successful candidate makes at the end of the two weeks, witnessed by the institution's head and family members. He or she is then placed on special supervision which requires the supervisee to report for urine tests and counselling at specially arranged centres with a "more friendly and relaxed atmosphere" (Zakaria, 1988: 10). As an added incentive, the supervisee who remains drug-free has his supervision order, which is valid for two years, revoked after only one year. The candidate who is found to have negative attitude or resumed drug abuse is recalled to the DRC to resume normal treatment and rehabilitation.

The corresponding programme for the motivated repeaters was the Intensive Counselling Programme (ICP), which was modified and improved in 1991 as the "Three Phase Rehabilitation Programme" (TPRP). Under the TPRP, the repeater is first channelled to the initial phase (lasting a minimum of between 6-12 months depending upon the nth time DRC admission) which involves detoxifica-

tion, tough physical training and military-type footdrill to "rebuild their health and inculcate self discipline" (Singapore Prisons Department, 1991). Intensive group and/or individual counselling is provided later during the phase to help them develop coping skills and prepare for a drug-free lifestyle. During the second phase, the repeater is placed under a day release scheme (DRS) which allows him or her to engage in employment outside the DRC, usually arranged with the assistance of the Singapore Corporation of Rehabilitative Enterprises (SCORE).⁶ He or she returns to the institution after work and is being closely monitored for progress and attitudinal changes. The gradual reintegration into the community is enhanced in the third phase - a 3-6 month residential day release (perhaps more appropriately, home-release) in which the repeater continues with his work programme but returns home to his or her family after work. He is, however, electronically tagged to ensure that he remains at home during the curfew hours of 7pm to 7am. Urine spot checks are also conducted from phase two to ensure continued drug abstinence. Like the ECP, the TPRP is also followed by a period of special supervision by the Central Narcotics Bureau (CNB). Repeaters who are not selected for the TPRP due to adverse backgrounds and/or poor attitudes as well as TPRP "failures" are given the "mass treatment programme", subject to a maximum of 36 months.

Under the original "mass treatment programme", the drug abuser undergoes a five-stage rehabilitation process: "detoxification", "recuperation and orientation", "indoctrination", "physical training", and "work therapy". The duration of programme varies from 6 to 36 months, depending upon the number of previous DRC admissions. On completion of the cycle, he or she may be eligible for a day release scheme (DRS) which allows him/her to work outside the DRC. Body search and random urine testing for drug consumption are conducted when he/she returns to the DRC after work. Once drug consumption is detected, the inmate is recalled to the DRC to complete the entire programme. Caning may also be imposed for this serious breach of the DRS conditions. Those who successfully complete the DRS are released from the DRC but still has to undergo two years of statutory supervision. More details of these components are available elsewhere (Ong, 1989:173-4; Tee, 1990:48) and will not be repeated here.

Preliminary data released by the Prisons Department indicate that the results of the ECP and the ICP/TPRP have been encouraging: relapse rate of first-timers under the ECP is 60%, as opposed to the national relapse rate of 73.7% in 1991 (STWOE 23/1/1992); relapse rate of ICP inmates after one year follow up is 40.1%, compared to 45.7% for non-ICP inmates (STWOE 22/1/1992).

In summary, the main features of the treatment and rehabilitation programme undergone by all drug abusers in Singapore, including Malay drug abusers, are as follows:

a. Treatment in a DRC is compulsory for all inmates. Although the Misuse of Drugs Act (1973) provides for the treatment of "volunteers", such admissions are rare; "volunteers" have to undergo the same regime as the committed cases.

b. All drug abusers below the age of 55 are to undergo "cold-turkey" detoxification unless exempted on medical grounds. The underlying assumption is that the abuser will learn to associate drug-taking with the pain and discomfort of withdrawal rather than with pleasure. The methadone maintenance approach is not favoured here as it is seen to be a soft option. Apart from the abovementioned proviso, age is not a criterion for classification for the purposes of treatment programme.

c. The DRC programme applies to all drug abusers; no distinction is made between heroin abusers and abusers of other drugs such as cannabis or opium. In practice, however, over 90% of the inmates are heroin abusers, a substantial number of whom are polydrug users.

d. The DRC programme is not tailored to suit any particular ethnic group and inmates are not segregated by ethnicity. However, the authorities have tried to be as accommodating as possible on matters pertaining to race and religion. For the Malays, provisions are made for daily and Friday prayers, fasting during the month of Ramadan, halal food prepared by Muslim cooks and religious counselling by Muslim volunteers from the SANA.

e. Deployment to the various DRCs (and hence programmes) are based mainly on the number of previous DRC admissions rather than the length of drug-taking career. Hence, for the "first-timers", the casual drug experimenter is treated in the same way as the regular drug user who has managed to evade arrest for some time.

f. Female drug abusers are segregated from male and treated in a separate DRC.

g. The main programmes of treatment and rehabilitation in the DRCs are the Exit Counselling Programme (ECP), the Three Phase Rehabilitation Programme (TPRP) and the Mass Treatment Programme. A "carrot-and-stick" approach seems to be the principal technique employed in the DRC to ensure discipline as well as motivate behavioural and attitudinal changes.

The Malay Experience

One hundred randomly-selected Malay abusers undergoing treatment and rehabilitation in the DRCs and an equal number of Chinese abusers were asked questions about their personal motivations, experiences and responses to the programme offered. Half of each group of drug abusers comprised first-timers and the rest repeaters. Among the latter, the Malay repeaters had a mean of 2.10 previous DRC admissions while the Chinese repeaters had a mean of 2.14 previous admissions. T-test shows that the difference is not statistically significant. There were also no significant difference in the length of their current stay in the DRC; 52% of the Malay repeaters had been in the DRC for more than twelve months as compared to 50% of the Chinese repeaters. All the first-timers were in the DRC for less than twelve months.

Personal Motivations

As mentioned above, the new feature of the treatment and rehabilitation programme for drug abusers in the DRCs is the emphasis on personal motivations. The success of any treatment programme depends to a large measure on the motivation and cooperation of the "patient" (Lee, 1986; Ja & Aoki, 1993). Three issues immediately become salient here. Firstly, do the Malay abusers consider themselves as being "sick" or having a "problem" requiring "treatment"? Secondly, do they want to be helped to quit drug abuse? Thirdly, does compulsory treatment work for the Malay abusers? The evidence gathered here suggests that most of them do not consider themselves as any more "sick" or problematic than, say, someone who habitually smokes a cigarette, imbibes alcohol or gambles at the Turf Club. Rosli (Case Study No. 3) summed up the feelings of the Malay abusers:

After taking so long, don't see any changes in my body...don't think it will affect your health. After taking drugs you work harder, want to do things properly...you feel the kick, in good mood. I think I can control the amount I take.

It's ok. We don't use other people's money...use our own money. After taking, we don't disturb others. We also don't teach other people to take.

Any counsellor with clinical experience will tell you that counselling a drug abuser who is not motivated is like "flogging a dead horse"; compulsory treatment is thus tantamount to saying "you can bring a horse to water but you can't force it to drink". The Malay abusers themselves knew that no one could help them if they did not wish to be helped. This was clearly expressed by Mohamud, a former construction worker with a 9-year drug history:

If I don't want to quit, nobody can help me.

To quit drugs depends on us, our feelings. You stay two years (in DRC) also no use....many problems. Family problem nothing; can find work and can get money - only problem (is) how to quit this drug.

Most Malay drug abusers do wish to be helped to quit heroin abuse, however. This is despite their very positive attitude towards drug use in general and heroin use in particular (see Chapter Eight), as well as their belief that they are not "sick". One probable explanation is that the stakes involved are just too high and it is too much of a bother to seek out heroin. As illustrated in Table 10.1, 86% of the Malay abusers surveyed either "very much" or "somewhat" wished to be helped to quit heroin while only 12% had no such desire. In this respect, they did not differ significantly from the Chinese abusers. There were also no significant differences between Malay First-timers and Repeaters.

Table 10.1 Desire To Receive Help

| | Malay Abusers (N=100) | Chinese Abusers (N=100) |
|--------------------|--------------------------|----------------------------|
| Yes, very much | 68 | 66 |
| Yes, somewhat | 18 | 18 |
| No | 12 | 13 |
| Unsure | 2 | 3 |
| TOTAL | 100 (100%) | 100 (100%) |
| Excluding 'Unsure' | $X^2 = .16$ d.f.=2 n.s. | |

Their motivation to quit heroin use is also reflected in Table 10.2 which shows that 44% of the Malay abusers either tried to quit heroin use on their own or sought the help of some external sources other than the DRCs. Among

those who sought help, a General Practitioner or medical doctor was the most popular avenue. Again, the Chinese abusers followed a similar pattern. 15% of the Malay abusers and 28% of their Chinese counterparts attempted to quit heroin abuse on their own. But, as one Malay abuser discovered, it is not an easy task:

I tried to quit on my own many times. I isolated myself from my friends who took drugs. I even thought of getting a girlfriendin the end, I went back. I don't know why; if I do, I won't be here today.
(Hamzah, a Malay repeater)

Hamzah's words were echoed by several of the Malay drug abusers interviewed. Some of them resorted to asking a relative or friend (classified under "Others") for help:

My father want to (help me) throw the sakit ('sickness', referring to withdrawal discomfort). He locked the door to stop me going out. One day can tahan (withstand), two days cannot tahan; so I went out...
(Mat, Malay repeater)

It is also interesting to note that only 4% of the Malay abusers had approached a Malay traditional healer or bomoh or even a religious leader for help. In Malaysia, Malay traditional healers (bomohs) play an important role in drug abuse rehabilitation (see Lee (1986) for an account of this "indigenous therapy"). Briefly, their programme includes not only the key elements of the treatment programme found in the DRCs in Malaysia, such as detoxification and attitudinal modification, but also a spiritual component. Hence, the ingestion of a herbal preparation, chanting of Quaranic verses, writing of such verses on the patient's body and religious instructions formed the bulk of the healing process. There is presently no known authoritative evaluation of the efficacy of this form of drug rehabilitation programme. However, as pointed by Lee (1986:49), "since most addicts (who are Malays) consult bomohs for treatment on a voluntary basis, it can be assumed that they are at least willing to accept the explanations of and prescriptions for drug problems offered by the bomohs". The treatment offered by the bomohs in Malaysia had also attracted a few Singapore Malays. One of them, Mat, whom we

met before, was brought by his father to see a bomoh in Johore Bahru. He described his experience:

After my first time in the DRC, a neighbour recommended this person in JB (Johore Bahru, in West Malaysia) who can cure drug addicts. The Ustaz (religious teacher) asked me to read Quran verses. He gave me coconut water to drink, said can cure a lot of illnesses. He also gave me something else that made me throw out. The treatment was free. I was alright for three months; after relapse, feel ashamed to see him....never go back.

Table 10.2 Sources Of Help Sought (Other Than DRCs) For Drug Problem

| | Malay Abusers (N=100) | Chinese Abusers (N=100) |
|-------------------------------|--------------------------|----------------------------|
| A GP or medical doctor | 17 | 14 |
| A bomoh or traditional healer | 2 | 0 |
| A religious leader or imam | 2 | 2 |
| Self treatment | 15 | 28 |
| Never sought help | 56 | 55 |
| Others | 8 | 1 |
| TOTAL | 100 (100%) | 100 (100%) |

Living In DRCs

How do the Malay abusers cope with life and activities in the DRC? Do they encounter more or less problems than the Chinese abusers? What were the problems encountered? These were some of the issues that confronted the present researcher. The results shown in Table 10.3 indicate that only 15% of the Malay abusers encountered any problems in the DRC during the past one year and that this did not differ significantly from the situation experienced by their Chinese counterparts. For both groups of abusers, the most common problems cited include loss of freedom, missing family and parents not visiting them.

The finding also confirms the initial impressions formed by the author during his frequent visits to the DRCs for his fieldwork. This was particularly true for the Malay repeaters. Apart from a few isolated cases of inmates facing disciplinary action, there were no visible signs of distress or anguish among them. Many of the inmates interviewed were actually quite cheerful and

willing to talk about their experiences. In one DRC (Sembawang DRC), it was observed that the Malay abusers were highly enthusiastic and excited about their regular afternoon "jam" sessions, whereby they could play their musical instruments or practise in a band.⁷ The author's feeling was that they were generally quite well adjusted to life in the DRC. When asked whether they had any problems in the DRC, several Malay abusers replied that they had none as many of their friends were also in there. Because many of them have been in DRCs for so long and seem so contented to have their daily life organised for them, this state of affairs can ultimately prove dysfunctional to their rehabilitation. Can they cope on their own? As one Malay repeater succinctly puts it:

I have no problems in here. The real problem is out there....the real world!

The amount of punishment received whilst in the DRC may be indicative of adjustment difficulty. In this respect, there were also no significant differences in the proportions of Malay or Chinese abusers who received punishment for offences committed within the institution or the types of offence committed. Over eighty per cent of both groups of abusers did not receive any punishment for misbehaviour or rule-breaking during the past one year. In fact, only 13% of the Malay abusers and 16% of the Chinese abusers had experienced at least one such punishment during the past one year. But Malay Repeaters were significantly more likely than First-timers to have received such punishments. Almost a quarter (24%) of the Repeaters were punished during the past one year, in sharp contrast to only 2% of the First-timers (Table 10.3a, Appendix II). A plausible reason for this difference is that First-timers are new to the DRC and are thus more cautious in their behaviour and action. Moreover, the ECP trainees spend only a very short time in the DRC and also possibly receive the closest supervision and care. The most common offences committed were fighting with other inmates, smuggling and/or smoking anghoon (Chinese tobacco), and tattooing.

Results from the sample survey indicate that slightly over half of the Malay abusers (55%) have tattoos inscribed on their body (Table 10.3). Moreover, Malay Repeaters (68%) were significantly more likely than First-timers (42%) to have a body tattoo ($X^2= 5.82$, $df= 1$, $p <.05$). Although Malay abusers were significantly less likely than the Chinese abusers (80%) to have a tattoo ($p <.001$), this finding is interesting in the sense that tattooing was traditionally a Chinese activity in Singapore associated with Chinese secret societies (Mak, 1981). Of all the Malay abusers with a tattoo, 10 (18.2%) had it done either at the DRC itself or both at the DRC and outside. Why then do some of the Malay abusers risk detection and almost certain punishment to have a tattoo done whilst in the DRC? Those who were interviewed attributed it to boredom or the influence of other inmates:

I see other inmates do, also like to try.

I did it for fun....see friends make (a tattoo) and ask me to try.

Suka² (as I wish)....see people do, I also do.

Boring (pronounced bor-reng) lah!

Among the inmates with body tattoos, 45 (81.2%) of the Malays and 62 (78.5%) of the Chinese (no significant difference) had them done whilst outside the DRC. Interestingly, a high proportion of both groups indicated that they did it outside while under the influence of drugs:

That time, steam-steam ('high') already, just followed what my friends did.

....steam on rochie (diazepam and flurazepam), follow friends.

I was high on tablets and heroin when I did it.

I was drunk.

Table 10.3 Experiences In Drug Rehabilitation Centres (DRCs)

| | | Malay Abusers | Chinese Abusers |
|--------------------------------------|-----------------------------|--------------------------------------|-----------------|
| Encountered any problems | Yes | 15 | 16 |
| | No | 85 | 84 |
| TOTAL | | 100 (100%) | 100 (100%) |
| | | $\chi^2 = .00$ (Yates' correction) | d.f.=1 n.s. |
| Received punishment for misbehaviour | Yes | 13 | 16 |
| | No | 87 | 84 |
| TOTAL | | 100 (100%) | 100 (100%) |
| | | $\chi^2 = .16$ (Yates' correction) | d.f.=1 n.s. |
| Any tattoo on body | Yes | 55 | 80 |
| | No | 45 | 20 |
| TOTAL | | 100 (100%) | 100 (100%) |
| | | $\chi^2 = 13.13$ (Yates' correction) | d.f.=1 p<.001 |
| When tattoo was done | In the DRC | 5 | 6 (6.1%) |
| | Outside the DRC | 45 | 62 (62.6%) |
| | Both in and outside the DRC | 5 | 11 (11.1%) |
| | Not applicable | 45 | 20 (20.2%) |
| TOTAL | | 100 (100%) | 99 (100%) |
| Excluding 'Not Applicable' | | $\chi^2 = .77$ | d.f.=2 n.s. |

Treatment And Rehabilitation Programme

Of interest to this thesis is the Malay abusers' response to the blanket treatment and rehabilitation programme in the DRC. Do they find the various services provided helpful and do their responses differ from the Chinese abusers? The respondents were asked to assess whether each of twelve rehabilitation-oriented services was helpful to them; the responses varied from "Not Helpful" (0) to "Very Helpful" (3). Five of the items were eventually not analysed as the services (eg. Self-help group) concerned involved too few of the respondents and were not uniformly available in all the DRCs. As shown in Table 10.4, t-test results indicate that, with no exceptions, the Malay abusers found all the services provided more helpful than did the Chinese abusers. All the differences are statistically significant. Nevertheless, the results also show that both groups generally found varying degrees of helpfulness (mean score=1.00 and above) in the services provided. The only exceptions were that the Chinese abusers did not seem to find the "flag raising ceremony" and "footdrill" helpful. Details of the scores for each service provided are given below and additional

information for the interested reader can be found in Table 10.4a.1 in Appendix III.

Furthermore, the mean scores on the seven individual items were combined into a summated index to measure the overall helpfulness of the DRC rehabilitation programme. The index has a range of between 3 (low) to 21 (high), with a minimum mean score of 7 to indicate as least a "little helpfulness" (alpha = .79). The results presented in Table 10.4 prove that, when compared with the Chinese abusers (mean score= 10.58), the Malay abusers (mean score = 15.76) found the overall DRC programme to be significantly more helpful. The difference is highly significant (p <.000). Not surprisingly, further analysis revealed that Malay First-timers (mean score= 16.63) scored significantly higher on the same index than Repeaters (14.93) (p <.05, see Table 10.4a.2, Appendix II).

Table 10.4 Mean Scores For Helpfulness Of DRC Services For Malay And Chinese Drug Abusers

| | Malay Abusers | | Chinese Abusers | | |
|-------|---------------|--|-----------------|--|------------|
| Mean# | 15.76 | | 10.58 | | |
| S.D. | 3.67 | | 4.12 | | t=7.93**** |
| N | 84 | | 60 | | d.f.= 142 |

**** p<.000 two-tailed test
Not Helpful (3)---Very Helpful (21)

| | Malay Abusers | | | Chinese Abusers | | | t |
|--------------------------------|---------------|------|----|-----------------|------|----|---------|
| | Mean# | S.D. | N | Mean# | S.D. | N | |
| Individual Counselling | 2.30 | .86 | 89 | 2.00 | .96 | 82 | 2.19* |
| Group Counselling | 2.03 | .90 | 91 | 1.59 | 1.03 | 78 | 2.99** |
| Religious Service | 2.72 | .61 | 93 | 1.84 | 1.05 | 82 | 6.65*** |
| Parents' Visit | 2.64 | .73 | 96 | 2.25 | .92 | 95 | 3.18** |
| Flag Raising Ceremony | 1.75 | 1.16 | 94 | .49 | .82 | 87 | 8.41*** |
| Footdrill | 1.90 | .91 | 98 | .87 | 1.05 | 89 | 7.20*** |
| Physical Training | 2.42 | .72 | 99 | 1.50 | 1.03 | 93 | 7.23*** |
| Overall DRC Activities Index## | 15.76 | 3.67 | 84 | 10.58 | 4.12 | 60 | 7.93*** |

Not Helpful (0)---Very Helpful (3)
Not Helpful (3)---Very Helpful (21)
* p <.05 two-tailed test
** p <.01 two-tailed test
*** p <.000 two-tailed test

a. Individual Counselling

T-test results shown in Table 10.4 indicate that the Malay abusers found the individual counselling given to them significantly more helpful than did the Chinese abusers. Moreover, Malay First-timers found the individual counselling programme significantly more helpful when compared to the Repeaters ($p < .05$; Table 10.4a.2, Appendix II).

b. Group Counselling

In contrast to Chinese abusers, Malay abusers also found the group counselling programme significantly more helpful ($p < .01$). Malay First-timers, in turn, found the group counselling programme significantly more helpful when compared to Repeaters.

c. Religious Service

Highly significant differences were found between Malay and Chinese abusers in respect of how useful they found the religious service conducted in the DRCs. Malay abusers found the religious service much more useful to them when compared with Chinese abusers ($p < .000$); the small standard deviation for the group score of Malay abusers also indicates a high consistency in their views regarding the usefulness of religious service. This finding is congruent with the generally high religiosity among the Malay abusers (see Chapter Eight). This is supported by the further finding that there were no significant differences between Malay First-timers and Repeaters in their perception of the usefulness of the religious service in DRCs.

d. Parents' Visit

Significantly more Malay abusers than Chinese abusers found this item to be either "Very Helpful" or "Somewhat Helpful" ($p < .01$). This finding confirms the family as an important institution in the Malay community and may indicate that the Malay abusers in the DRC still look towards their parents for support in their rehabilitation. This is consistent with the earlier finding (Table

7.7) that mothers, in particular, were most frequently cited as the first person whom Malay abusers would turn to for help if they had a personal problem. Moreover, Malay abusers were marginally more frequently visited by their families when compared to the Chinese: 55.7% of the former were visited at least 2-3 times a month while 48% of the latter were visited at the same frequency (though not statistically significant) (see Table 10.5). About a tenth of both groups were never visited at all. It was also noted in Table 10.5a in Appendix II that Malay first-timers were visited more frequently than Malay repeaters ($p < .01$). Disappointment with repeated relapses and "too far distance between home and DRC" were the most common reasons given by their parents for not visiting them in the DRC. Another probable reason could be that the initial shock and concern for the abuser wore off with time and multiple DRC admissions.

Table 10.5 Frequency Of Family Visit

| | Malay Abusers | Chinese Abusers |
|----------------------|---------------------|-------------------|
| Once a week or more | 3 (3.1%) | 10 |
| 2 - 3 times a month | 51 (52.6%) | 38 |
| Once a month or less | 33 (34%) | 43 |
| Never | 10 (10.3%) | 9 |
| TOTAL | 97 (100%) | 100 (100%) |
| | $X^2 = 7.00$ d.f.=3 | n.s. |

e. Flag Raising Ceremony

Each day, a flag-raising ceremony which also involves the singing of the National Anthem and the taking of a pledge of loyalty, is carried out before the commencement of the day's programme. It is found that the Malay abusers were much more positive towards this activity than their Chinese counterparts ($p < .000$). Few of the Chinese abusers had found it at least "somewhat useful". There were no significant differences between Malay First-timers and Repeaters in this item, however. When asked to elaborate their views, many of the Malay abusers refer to the pride of being Singaporeans: "This one our nation...we must be proud"; "must respect our country"; "feel proud"; "got meaning...it's our country".

f. Footdrill

This aspect of the DRC programme did not seem to be particularly helpful to the inmates, but Malay abusers scored significantly higher than Chinese abusers in the helpfulness scale for this item ($p < .000$). There was also a significant difference between Malay First-timers and Repeaters in that the former group found footdrill significantly more helpful than did the latter ($p < .05$, see Table 10.4a.2).

g. Physical Training

The two-fold purpose of the physical training component is to restore the inmates' health and to inculcate self-discipline (Ong, 1989: 174). Once again, the Malay abusers found it significantly more helpful than did the Chinese abusers ($p < .000$). About half of the latter were not convinced of the helpfulness of the physical training given in the DRCs. On the other hand, most of both the Malay First-timers and Repeaters seemed to enjoy it and find it helpful. This may be attributed to their cultural interest in sports and games, as we have already seen in the previous chapter.

Treatment And Rehabilitation Staff

Counsellors play a crucial role in the treatment and rehabilitation of drug abusers in the DRC. In the DRCs in Singapore, much of the counselling activities are carried out by a handful of full-time trained counsellors,⁸ supplemented and complemented by a larger pool of volunteers appointed and managed by SANA. As in all volunteers-dependent rehabilitation facilities, the DRCs constantly face a shortage of counsellors, exacerbated by a high turnover and an escalating number of DRC admissions. Consequently, a number of DRC inmates may be left without a counsellor, at least temporarily. In the present survey, an attempt was made to find out the proportions of Malay and Chinese abusers who were (a) assigned a counsellor, and (b) assigned a counsellor of the same ethnicity. The results show that the Malay abusers were significantly more likely than the Chinese abusers to have been assigned a counsellor (see Table 10.6). When asked whether they had a counsellor,

81.6% of the former and 64% of the latter replied in the affirmative ($p < .01$). Moreover, among the inmates who had been assigned a counsellor, 72.5% of the Malay abusers and 64.1% of the Chinese abusers were matched with a counsellor of the same ethnicity. The difference is not statistically significant, however.

Table 10.6 Counsellor Of Same Ethnicity

| | | Malay Abusers | Chinese Abusers |
|---|--------------------------|---------------|-----------------|
| Whether assigned a counsellor | Yes | 80 (81.6%) | 64 (64%) |
| | No | 18 (18.4%) | 36 (36%) |
| TOTAL | | 98 (100%) | 100 (100%) |
| X^2 (Yates' correction) = 6.89 d.f.=1 $p < .01$ | | | |
| Assigned a counsellor of same ethnic group | Yes | 58 | 41 |
| | No | 22 | 23 |
| | Do not have a counsellor | 18 | 36 |
| TOTAL | | 98 (100%) | 100 (100%) |
| Excluding 'Do not have a counsellor' $X_1 = .82$ d.f.=1 n.s. (with Yates' correction) | | | |

Many studies advocating more culturally-sensitive programmes in the treatment of drug addiction have suggested counsellor-client matching in respect of ethnicity (Westermeyer, 1984; Tucker, 1985; Ja & Aoki, 1993). However, a often neglected aspect of these proposals is a consideration of the feelings and motivations of the clients themselves. Do drug abusers themselves prefer to be helped by a counsellor of the same ethnic group? Hence, a scale was constructed by the author to measure the respondent's preference for a counsellor of the same ethnicity. Possible responses range from low preference (1) to high preference (5). A similar scale was also constructed for the respondent's preference for a Supervision Officer (SO) of the same ethnicity.

As shown in Table 10.7, both Malay and Chinese abusers had a high preference for a counsellor of the same ethnicity (no statistical difference).⁹ Details found in Table 10.7.1 Appendix III show that about three quarters of both the Malay abusers (75.7%) as well as the Chinese abusers (77%) indicated that they would "much" or "rather" prefer a counsellor of the same ethnicity as themselves. The reasons for this, as indicated by the Malay abusers, include

"can communicate better", "no language problem" and "know our culture". On the other hand, a minority of Malay abusers (8.1%) indicated that they would "rather" or "much" prefer a counsellor of a different ethnic group as themselves. Their reservations about having a Malay counsellor stem from a fear of being judged or condemned by a member of their own community:

Malay counsellors like to condemn. (Mat, a Malay Repeater)

....they can read your mind....like to torture you. (Rashid, also a Malay Repeater)

As mentioned earlier, all drug abusers discharged from a DRC are given compulsory aftercare and a Supervision Officer (SO) is assigned to each of them. The SO, usually a CNB officer,¹⁰ is charged with ensuring that he or she complies with all the requirements specified in his Supervision Order, one of which is to report for compulsory urine testing. Counselling duties are minimal but the SO is expected to periodically check with the supervisee whether he or she encounters any problems after discharge from DRC and to offer any practical help whenever possible. In this respect, a question was raised in this study: do Malay abusers prefer to have a Malay SO? The results indicate that whereas 59% of the Malay abusers would "rather" or "much" prefer to have a Malay SO, 75% of the Chinese abusers indicated that they would "rather" or "much" prefer to have a Chinese SO (see Table 10.7.1 in Appendix III). Hence, as can be seen in Table 10.7, Malay abusers showed a significantly lower preference for a SO of the same ethnic group when compared to the Chinese abusers ($p < .01$). However, Malay First-timers and Repeaters did not differ significantly in this regard.¹¹

Table 10.7 Mean Scores For Preference For A Counsellor/Supervision Officer (SO) Of Same Ethnic Group

| | Malay Abusers | | | Chinese Abusers | | | t |
|--|--------------------|------|-----|-----------------|------|-----|------------|
| | Mean# | S.D. | N | Mean# | S.D. | N | |
| Preference For Counsellor Of Same Ethnic Group | 4.29 | 1.07 | 99 | 4.43 | .89 | 100 | - .98 n.s. |
| Preference For Supervision Officer SO)Of Same Ethnic Group | 3.91 | 1.13 | 100 | 4.41 | .89 | 100 | -3.46 ** |
| | Malay First-timers | | | Malay Repeaters | | | t |
| | Mean# | S.D. | N | Mean# | S.D. | N | |
| Preference For Counsellor Of Same Ethnic Group | 4.33 | 1.05 | 49 | 4.26 | 1.10 | 50 | .31 n.s. |
| Preference For Supervision Officer SO)Of Same Ethnic Group | 4.08 | 1.16 | 50 | 3.74 | 1.10 | 50 | 1.50 n.s. |

Low (1)---High (5)
** $p < .01$ Two-tailed test

Future Plans And Prognosis

Most of the drug abusers in both groups surveyed appeared to have a definite plan to do after their discharge from the DRC (Table 10.8). The majority of the Malay abusers (56%) planned to either return to their job or to look for one; another 19% hoped to resume or enlist for national service while 9% would return to school or enroll in a course. Only 7% of the Malay abusers and 14% of the Chinese abusers had no immediate post-discharge plans. Overall, however, there were no significant differences between the Malay and Chinese abusers in their most immediate post-DRC plans.

Table 10.8 Most Immediate Plan After Leaving DRC

| | Malay Abusers | Chinese Abusers | |
|--|-------------------|------------------|---|
| Go back to school or enrol in a course | 9 | 3 (3%) | |
| Look for or return to a job | 56 | 55 (55.6%) | |
| Resume or enlist for national service | 19 | 18 (18.2%) | |
| Get married | 7 | 5 (5.1%) | |
| No plan | 7 | 14 (14.1%) | |
| Others | 2 | 4 (4%) | |
| TOTAL | 100 (100%) | 99 (100%) | X² = 6.36 d.f.=5 n.s. |

It is noted in Table 10.9 that Malay abusers were significantly less likely than Chinese abusers to want to stay in a halfway house upon their discharge from DRC. However, only 5% of the former and 15% of the latter group indicated that they would like such an arrangement ($p < .05$). All the five Malay abusers concerned chose PERINTIS, then the only Muslim halfway house available, as their most preferred house. In reality, however, only one Malay (1%) and two Chinese (2%) abusers were going to live in a halfway house upon their release. The majority (91% of the Malays and 86% of the Chinese) were going back to live in their parents' home. The remainder of the Malay abusers were going to live in the wife's home (1%), in own home (1%), with friends or other relatives (5%) or were not sure about where to live (1%).

Table 10.9 Like To Stay In A Half-way House On Discharge From DRC

| | Malay Abusers | Chinese Abusers | |
|-----------------------|-------------------|-------------------|---|
| Yes | 5 | 15 | |
| No | 87 | 71 | |
| Not sure / don't know | 8 | 14 | |
| TOTAL | 100 (100%) | 100 (100%) | X² = 8.26 d.f.=2 p<.05 |

In order to further understand the problem of continued drug abuse among the Malays, the post-DRC experience of the Malay repeaters vis-a-vis the Chinese repeaters was also examined. We have already seen in Chapter One that proportionately more Malay abusers relapsed to heroin use after their release from the DRC, in comparison with the Chinese abusers (see Table 1.3). Do the discharged Malay abusers also relapse to heroin use at a faster rate than the Chinese abusers? The survey data in Table 10.10 indicate that among the Chinese repeaters, relapse took place slightly sooner than their Malay counterparts although the difference between the two comparison groups in the time interval between the last DRC discharge and relapse did not reach the level of statistical significance. Nevertheless, whereas 18% of the Malay repeaters relapsed within three weeks of DRC discharge, 36% of the Chinese repeaters relapsed within the same duration. On the other hand, 40% of the Malays relapsed after more than eight weeks of discharge, compared with 22% of the Chinese.

Table 10.10 Time Interval Between Last Discharge From A DRC And Return To Heroin Use

| | Malay Repeaters | Chinese Repeaters |
|-------------------|-----------------------------|-------------------|
| Less than 1 week | 3 (6%) | 11 (22%) |
| 1 - 2 weeks | 6 (12%) | 7 (14%) |
| 3 - 4 weeks | 9 (18%) | 7 (14%) |
| 5 - 6 weeks | 3 (6%) | 3 (6%) |
| 7 - 8 weeks | 9 (18%) | 11 (22%) |
| More than 8 weeks | 20 (40%) | 11 (22%) |
| TOTAL | 50 (100%) | 50 (100%) |
| | $\chi^2 = 7.71$ d.f.=5 n.s. | |

Next, the study sought to find out if the two groups of abusers differed in the type and extent of problems faced when they were last discharged from a DRC. The results are presented in Table 10.11 below. They indicate that the Malay and Chinese repeaters did not significantly differ from each other in all but one of the post-DRC problems indentified. The exception was that significantly fewer Malay repeaters faced rejection from their friends when compared to the Chinese. Thus, whereas 6% of the Malay repeaters agreed that most of their friends stayed away from them after their discharge, 28% of the Chinese repeaters shared the same experience. It is also noted that, whereas 14.3% of the Malay repeaters reported being looked down upon by their work

colleagues, 28% of the Chinese repeaters reported the same experience. This difference is not statistically significant, however. Nevertheless, these findings reflect the strong bond that binds members of the Malay community together and which is obviously little affected by the member's drug abuse and incarceration in DRC. They may also reflect the Malay community's relatively tolerant attitude towards drug abusers.

Apart from the above, approximately a third of both the Malay and Chinese repeaters claimed that they faced the problem of losing their previous jobs when they were last discharged. Another 20% of the former and 16% of the latter encountered the problem of not being able to secure a job. The problem of losing a girlfriend affected 24.5% of the Malay and 22% of the Chinese repeaters respectively. Other problems faced, including having no place to live, affected only a very small minority of Malay abusers.

Table 10.11 Problems Faced When Last Discharged From A DRC

| | Malay Repeaters | | Chinese Repeaters | | X' ² | d.f. | p< |
|-----------------------------|-----------------|-------------|-------------------|-------------|-----------------|------|------|
| | Yes No. % | No No. % | Yes No. % | No No. % | | | |
| Lost previous job | 17 (34) | 33 (66) | 16 (32) | 34 (68) | .00 | 1 | n.s. |
| Unable to get a job | 10 (20) | 40 (80) | 8 (16) | 42 (84) | .07 | 1 | n.s. |
| Rejected by family | 1 (2) | 49 (98) | 2 (4) | 48 (96) | # | - | - |
| Girlfriend left | 12 (24.5) | 37 (75.5) | 11 (22) | 39 (78) | .00 | 1 | n.s. |
| Most friends stayed away | 3 (6) | 47 (94) | 14 (28) | 36 (72) | 7.09 | 1 | .01 |
| Colleagues looked down upon | 7 (14.3) | 42 (85.7) | 14 (28) | 36 (72) | 2.02 | 1 | n.s. |
| Had no place to live | 1 (2) | 49 (98) | 1 (2) | 49 (98) | # | - | - |
| Other problems | 6 (12) | 44 (88) | 2 (4) | 48 (96) | # | - | - |

© All with Yates' correction

Cells with E.F. <5 exceed 20%

Finally, the Malay abusers' collective response to the blanket DRC programme may be indicated by their self-evaluation of the likelihood of a relapse after discharge from DRC. Using a scale of 1 (definitely no) to 5 (definitely yes), the Malay abusers had a mean score of 2.59 (s.d.=.74) whereas the Chinese abusers had a mean score of 3.04 (s.d.=.85). As can be seen in Table 10.12, the t-test performed indicates that the Malay abusers had a significantly lower self-evaluated likelihood of a relapse to heroin use when compared to the Chinese (p <.000). It must be noted, however, that the scores indicate that the Malay abusers as a group face a moderate chance of a relapse to heroin use in the future. In fact, 7% of them indicated a "possibly Yes" and another 53% were uncommittal "not sure" when asked about the likelihood of

relapse. In contrast, 22% of the Chinese abusers gave "possibly yes" or "definitely yes" as their response while another 61% were "unsure".

Table 10.12 Mean Scores For Self-Evaluation Of Likelihood Of Relapse For Malay And Chinese Drug Abusers

| | Malay Abusers | Chinese Abusers | |
|-------|---------------|-----------------|--------------|
| Mean# | 2.59 | 3.04 | |
| S.D. | .74 | .85 | t= -3.99**** |
| N | 100 | 100 | d.f.=198 |

**** p<.000 two-tailed test
Definitely No (1)---Definitely Yes (5)

Summary and Conclusion

It is a contention of this thesis that the drug abusers' personal motivations and commitments toward drug treatment and rehabilitation programme profoundly affect its outcome. As regards the Malay abusers, two conflicting findings are observed; whereas indepth interviews have revealed that Malay abusers do not generally regard themselves as being "sick" or "warranting treatment", the vast majority (86%) have indicated some degrees of desire for help to quit drug use in the survey. Their motivation to quit drugs is also indicated by the finding that almost half of them have either tried to quit on their own or have sought external help to do so. Unlike the Malays in neighbouring Malaysia, only a negligible number have sought help from a traditional Malay healer or bomoh. Malay abusers are realistic and pragmatic. They recognise the tremendous difficulty involved in quitting drugs; they also believe that no one can help them if they do not wish to be helped. More importantly, they are fully aware of the high stakes involved if they are caught taking drugs.

The findings of this thesis do not support the hypothesis that Malay abusers and Chinese abusers have differential motivations and treatment experiences in the DRCs. Similar proportions of both Malay and Chinese abusers (over 80%) have indicated some degrees of motivation to seek help. This result seems to differ from the literature findings pertaining to other ethnic minorities, particularly those from North America, which suggest that most ethnic minority members are not motivated to attend mainstream treatment programme. A plausible explanation is that the blanket DRC programme is essentially a

Western model, hence not designed specially for the mainstream (Chinese) community alone. This does not suggest, however, that the DRC programme cannot be more culture sensitive.

The results also suggest that Malay abusers do not encounter more problems or receive more punishments in the DRCs, when compared with Chinese abusers. Only a small minority encounters problems and/or receives punishment for misbehaviour. The validity of the finding is confirmed by personal observation and interviews with the subjects themselves; it is observed that the Malay abusers are generally comfortable and well-adjusted to living in the DRC. In fact, the DRC seems to provide an alternative lifestyle where they have their friends for company and, in some cases, they can enjoy their favourite pastime, such as playing in a band. In an institution where life is highly regimental and organised, inmates are seldom trained to make individual decisions or take personal responsibility. This may prove dysfunctional to their rehabilitation; in the interviews with the Malay abusers, several have expressed reservation about their abilities to cope on their own outside the DRCs:

I've no problems in here. The real problem is out there....the
real world! - Malay abuser

One of the consequences of prolonged incarceration in the DRCs is the influence of other inmates. This is evident in the case of tattooing: although Malay abusers do not tattoo themselves as commonly as the Chinese abusers, it is significant to note that more than half of the former have had tattoos done on their body; seven out of ten Malay Repeaters have at least one body tattoo. This also indicates the incorporation of a traditionally Chinese symbolic act. Influence of other inmates and boredom are the main reasons for this phenomenon.

The hypothesis that Malay and Chinese abusers respond differently to their common DRC treatment programme is also supported by data. However, unlike the findings of most of the literature which suggest that minority members respond poorly to treatment programmes dominated by mainstream communities (Watanabe & Ogawa, 1978; Oetting & Goldstein, 1979; McBride & Page, 1980; Westermeyer, 1984), Malay abusers are significantly more positive to the blanket DRC

programme than Chinese abusers. This is clearly indicated by their significantly higher score in the 7-item summated index of DRC services. Their generally more positive response can also be explained by referring to Malay culture. The Malays are more friendly and open in social interactions, whereas the Chinese tend to be more reserved and secretive about personal matters. This comes across clearly during the author's period of fieldwork in the DRCs (see Chapter Five). This may also explain the Malay abusers' significantly more positive response to the individual counselling and group counselling programmes in DRCs.

Several other Malay cultural features are also salient in understanding the Malay abusers' positive responses to the DRCs' programme. For instance, the Malay society's high emphasis on Islam is reflected in the Malay abusers' interest in the religious service; Malay abusers rate this item significantly higher as opposed to Chinese abusers. Furthermore, the Malays' love for sports and games and for outdoor life in general (Gullick, 1987) may also help explain their higher scores in three items: footdrill, physical training and flag raising ceremony. Finally, the Malays' kinship solidarity (Djamour, 1965) is reflected in their usefulness ratings for the 'parents' visit' as well as the higher (but not statistically significant) frequency of family visits in comparison with Chinese abusers.

Although no special privileges are given to the Malays in DRCs, our data show that Malay abusers are more likely than Chinese abusers to have been assigned a counsellor as well as to have a counsellor belonging to the same ethnic group; among the Malay abusers, eight out of ten have a counsellor and of these, seven out of ten have a Malay counsellor. It is noted that three-quarters of the Malay abusers have also indicated a preference for a Malay counsellor. In many Western societies, minority members often face the problem of having inadequate representation among the drug treatment programme staff.

It is interesting to note that although 59% of the Malay abusers have some preference for a Malay Supervision Officer, they are less likely than Chinese abusers to want a Supervision Officer of the same ethnic group. This may

reflect their perception of the role of the Supervision Officer vis-a-vis the counsellor. Interviews with the subjects indicate that they see the Supervision Officer mainly as an authority figure. Some of the Malay abusers seem to have a particular fear of being judged or condemned by a member of the Malay community.

Most of the Malay abusers, like their Chinese counterparts, appear to have a definite post-DRC plan; majority of them plan to return to or seek for a job or enlist for national service. It is significant to note that only 5% of the Malay abusers have indicated an interest in a "halfway house". It is argued that the concept of halfway houses is still new and largely incongruent to the cognitive and cultural framework of the Malays. Malays generally look to their kinsmen for help with their problems and hence most of the Malay abusers prefer to return to their parents' home after their discharge. Moreover, in comparison with Chinese abusers, the Malay abusers face less rejection from their family and friends; their strong community bond does not appear to be affected by their drug involvement or DRC admission. We have already noted earlier (Chapter Six) that there is relatively little social stigma involved in Malay drug abuse. Apart from the differential degrees of social rejection, the two groups of drug abusers do not differ significantly in the type and extent of problems faced after their DRC discharge. It is noted that only a minority faces any post-DRC problems, indicating that having a problem may not explain their subsequent relapse to drug use for the majority of the Malay abusers.

Finally, the empirical data confirm the hypothesis that Malay and Chinese abusers differ in self prognosis: although the former score significantly lower than the latter in the self-evaluation of likelihood of relapse scale, it must be noted the Malay abusers as a group still face a moderate chance of relapse to heroin use. The Malay abusers' more favourable self-prognosis is consistent with another finding that Malay Repeaters tend to relapse slightly later than Chinese Repeaters. The differences may be due to the heavier heroin use pattern among the Chinese abusers (see Chapter Six) as well as the generally more supportive family and community environment of the Malay abusers.

Table 10.13 Summary of Results

| | Malay Abusers vs Chinese Abusers | First-timers vs Repeaters |
|--|--|---------------------------------|
| Personal motivations | | |
| Desire to receive help | n.s. | n.s. |
| Sources of help sought | n.s. | n.s. |
| Experiences in the DRC | | |
| Encountered any problems | n.s. | n.s. |
| Received punishment for misbehaviour | n.s. | p <.01 |
| Any tattoo on body | n.s. | p <.05 |
| When tattoo was done | n.s. | n.s. |
| Treatment and rehabilitation programme | | |
| Mean score for Helpfulness of DRC Services scale (7-item) | p <.000 | p <.05 |
| Individual counselling | p <.05 | n.s. |
| Group counselling | p <.01 | n.s. |
| Religious service | p <.000 | n.s. |
| Parents' visit | p <.01 | p <.05 |
| Flag raising ceremony | p <.000 | n.s. |
| Footdrill | p <.000 | p <.05 |
| Physical training | p <.000 | n.s. |
| Frequency of family visit | n.s. | p <.01 |
| Whether assigned a counsellor | p <.01 | n.s. |
| Assigned a counsellor of same ethnicity | n.s. | n.s. |
| Preference for counsellor of same ethnicity | n.s. | n.s. |
| Preference for supervision officer of same ethnicity | p <.01 | p <.05 |
| Post-DRC plan and past experiences | | |
| Most immediate plan after leaving DRC | n.s. | n.s. |
| Like to stay in a halfway house on discharge | p <.05 | n.s. |
| Time interval between last discharge from a DRC and relapse | n.s. | - |
| Problems faced when last discharged from a DRC: | | |
| Lost previous job | n.s. | - |
| Unable to get jobs | n.s. | - |
| Rejected by family | n.s. | - |
| Girlfriend left | n.s. | - |
| Most friends stayed away | p <.01 | - |
| Colleagues looked down upon | n.s. | - |
| Had no place to live | n.s. | - |
| Other problem | n.s. | - |
| Mean score for self-evaluation of likelihood of relapse | p <.000 | n.s. |

p <. denotes level of statistical significance

n.s. denotes 'not statistically significant'

ENDNOTES

1. Under the Misuse of Drugs Act (1973), the executive authority for committing an identified drug abuser for compulsory treatment and rehabilitation at an approved institution is vested in the Director of the Central Narcotics Bureau. The Act also provides for the admission of all persons who volunteer themselves for treatment although actual instances of voluntary admission are rare.

2. The different approaches adopted by nations to tackle the drug abuse problem reflect differences in the background and training of members of their respective legislative and advisory bodies. For instance, both the Rolleston Committee (1926) and the Brain Committee (1961) were dominated by physicians, hence the "Medical model". Whereas, in America, it has been said that attorneys dominated the legislative bodies which were responsible for the "Criminalisation model" adopted to tackle the problem of drug addiction (Heng, 1981:38).

3. At the 12th Conference of the International Federation of Non-governmental Organisations for the Prevention of Drug and Substance Abuse, held in Singapore in November 1990, the then Director of Prisons declared:

We view drug abuse as a social and behavioural problem. The addict is ultimately responsible for the consequences of his own act. From this it logically follows that whether the addict can be cured or not depends on him. (Emphasis added)

(Tee, 1990:47)

Note that the words highlighted have medical connotations and thus appear to be incongruent with the newly declared treatment philosophy. Perhaps the new "non-medical" emphasis has yet to be fully implemented. For instance, the DRC inmates are still entitled to the same hospital diet. Moreover, every DRC Review Committee is still chaired by a medical doctor although drug addiction is no longer to be treated as a "medical" problem.

4. The Classification Board, chaired by the Assistant Director of Prisons (Drugs), comprises the Prison Psychologist, doctors, heads of institutions and counsellors. The final authority for transfer, discharge and extension rests with the DRC Review Committee, however.

5. Selection for the ECP is stringent: factors considered include length of drug history, attitude towards treatment, criminal antecedents and family support for rehabilitation. About 40% of the first-timers were initially selected for the ECP but this figure was later increased to between 60%-70% in 1991 with the relaxation of selection criteria (Prisons Department, 1991). A first-timer who is not selected for the ECP may be channelled for a 3-month or 6-month rehabilitation programme, followed by normal supervision.

6. SCORE's Job Placement Unit has about 300 companies in its job bank (Soh, 1992).

7. Many of the inmates are highly talented musically and these talents can arguably be turned into a resource for rehabilitative purposes, ie. to channel their energies away from drug-taking activities. The Prisons authorities encourage them in this respect by providing them with facilities and instruments and have successfully organised public concerts. At the time of the fieldwork, the inmates were busy rehearsing for a grand public concert.

8. A clarification is warranted here. Most of the full-time counsellors are actually trained social workers; others include graduates in the Arts and Social Sciences with an express interest in drug counselling work. All of them attend an in-house basic drug counselling course conducted in conjunction with the National University of Singapore. Professionally-trained counsellors with a degree in counselling psychology are rare, especially among the Malays.

9. In this regard, Malay first-timers and Malay repeaters also showed no significant differences in their mean scores in respect of preference for a counsellor of the same ethnicity as themselves (see Table 10.7).

10. In the Singapore Armed Forces (SAF), drug abusers released from the SAF Detention Barracks are also served with a supervision Order similar to the one served on their DRC counterparts. However, the SOs appointed are not CNB officers but the SAF's full-time counsellors.

11. Detailed analysis presented in Table 10.7a (Appendix II) shows, however, that significantly more Malay First-timers than Repeaters indicated a preference for a Malay SO. Thus while 70% of the First-timers would "much" or "rather" prefer a Malay SO, 48% of the Repeaters indicated the same ($p < .05$).

PART III
SUMMARY AND CONCLUSIONS

CHAPTER ELEVEN

ETHNICITY, CULTURE AND MALAY DRUG ABUSE

This thesis has explored the problem of drug abuse among the Singapore Malays by using a framework of ethnicity. It addresses two main limitations in the drug abuse literature - the absence of ethnically diverse samples and the inadequate treatment of the ethnic/cultural factors. Two inter-related components of ethnicity are mainly used for the analyses: ethnic identification and ethnic cultural retention. They operate at both the individual as well as social-structural levels, affecting the patterns as well as aetiological factors of drug abuse. A related concept, mainstream cultural incorporation or the adoption of mainstream cultural elements, also guide the analysis. A final concept, mainstream structural incorporation, is found to be less useful but not invalid in understanding Malay drug abuse.

Two of the most disturbing trends in the current drug scene in Singapore are a recurring high incidence of drug abuse, particularly heroin abuse, among the Malay community, and smaller but growing number of 'hardcore' heroin abusers.

The number of hardcore heroin abusers among the Malays is also growing.

(i) Understanding Malay Drug Abuse

a. Extent of the Malay drug abuse

A disproportionately high incidence rate of drug abuse, especially heroin abuse, has been recorded for the Malays in Singapore since the mid 1970s. Although the Malays form only 14 per cent of the population of Singapore, they account for more than 60 per cent of all the first-time drug abusers arrested between 1991 and 1993; the Malay drug abuse problem reached its peak in 1988 when 7 out of every 10 new addicts detected were Malays (Baey, 1989). Concomitantly, over half of all DRC admissions during the same period involve Malays. The actual extent of the Malay drug abuse problem is likely to be higher as it is estimated that a further 25 to 35 per cent of Malay drug abusers have not been detected or recorded. Finally, the problem of Malay

drug abuse is compounded by high recidivism rates; in 1993, the relapse rates for the Malay and Chinese drug abusers were 77 per cent and 69 per cent respectively.

b. Ethnicity and Patterns of drug abuse

Psychoactive substance use is neither a new nor static phenomenon among the Singapore Malays. Historical record suggests that betel chewing held important cultural significance for the Malays up to the late nineteenth century (Gullick, 1987). During the nineteenth century, some members of the Malay aristocracy and wealthy Malay and Arab merchants were also known to have smoked opium although it was mainly a Chinese vice (Little, 1848; Salahudin, 1990/91). Malay substance use surfaced again in the 1960s when a new generation of Malay youths began to smoke ganja (cannabis), a habit imported by Indian and Pakistani immigrants (Hill, 1968; Leong, 1974; 1980; Tai, 1981).

The influence of a contra-cultural movement in the West during the late 1960s and early 1970s also saw some Malay adolescents experimenting with mandrax and methaqualone. Interestingly, none of the above patterns of Malay substance use was considered a major social problem first by the British Colonial government and then by the newly independent Singapore government. It was only in the 1970s when a heroin epidemic swept Singapore and affected mainstream society that drastic counter-measures were initiated.

The 1970s also saw a major shift in the pattern of Malay drug abuse from ganja to heroin use. By the 1980s, Malay heroin addicts had replaced the Chinese opium smokers as the main drug abusers in Singapore, thus incorporating for the Malays a mainstream drug use pattern. Today, over 90% of the Malay drug abusers arrested involve heroin abusers and the majority are also polydrug users.

It is argued in this thesis that cultural factors are important in understanding Malay drug abuse; retention of ethnic cultural features has resulted in a distinct drug use pattern for the Malays. For example, the traditional use of ganja still holds cultural significance for the Malays. Most Malay abusers use ganja before starting on heroin use whereas Chinese

abusers tend to begin with "other drugs" in their drug abuse history. Many of the Malay abusers themselves believe that their prior experience with ganja helps them to enjoy their first heroin experience. On the other hand, those who start with heroin use tend to report an unpleasant first experience. The quality of the first heroin experience also seems to be related to subsequent heroin use. It is observed that Malay Repeaters are much more likely than First-timers to report a positive experience during their maiden heroin use.

Malays traditionally have the highest incidence rate for cigarette smoking in relation to the other ethnic groups in Singapore. Smoking is common even among Malay Non-abusers but Malay abusers tend to start smoking earlier; Malay Repeaters start even younger than First-timers. It is found that smoking is an important precursor to drug abuse among both Malay and Chinese abusers. Most of the former typically begin their drug use career with cigarette smoking, move on to ganja use and then heroin use, thus providing empirical evidence for the "stepping-stone" hypothesis. Moreover, Malay abusers generally escalate faster between first cigarette use and first heroin use when compared to Chinese abusers. The age for the first illicit drug use among the Malays also appears to be falling, from a mean age of 18.1 years (MENDAKI, 1993) to 15.4 years.

Initiation to heroin use is seldom the work of drug pushers and strangers. Instead, most of the Malay drug abusers are introduced to heroin by someone already known to them, usually a neighbourhood friend or a colleague at the work place. This finding is in agreement with the reports of other studies done in Singapore and elsewhere. Notwithstanding the above, about 15% of the Malay abusers obtain their their first heroin from a stranger or pusher. Furthermore, once the Malay abusers become regular heroin users, they become less discerning with regard to whom they obtain their heroin supply from; almost half turn to a stranger or drug pusher despite the risks of arrest and counterfeit.

The mode of heroin-taking among the Malay abusers also reflects an incorporation of mainstream cultural pattern. Most of them use the "chasing the dragon" method, a mode first introduced by the Chinese. However, a

disturbing trend is the growing number of Malay abusers, especially Malay Repeaters, who switch to intravenous injection mode. Almost three out of every ten Malay abusers have used this method, significantly more likely than Chinese abusers. Though known to be more efficient and cost-effective, this method also poses the clearest public health risks.

As heroin use is a criminal offence in Singapore, almost half of the heroin-taking acts take place at home, especially in the privacy of their bathrooms.

However, the void decks and staircases of their public housing flats are also common venues for Malay drug-taking. These public areas provided by the HDB have replaced the kampong (village) centre as the venue of many Malay social and cultural functions: weddings, funeral wakes, mass prayer and kenduri (feast). Malay youths spend considerable time meeting and chatting with friends at the void decks and staircases. It is here that initiation to drugs and drug-taking activities sometimes take place. The greater visibility of this pattern of drug-taking may help to explain the Malays' higher drug arrest and DRC admission rates.

The drug literature suggests that drug-taking is often but not always a group-oriented activity. This is particularly significant for the Malays. The strong in-group solidarity and community spirits among the Malays give special significance to their drug use pattern: communal sharing, a Malay cultural feature, may partly explain the significantly lower spending on drugs among the Malay abusers. Drug-taking in a group is also said to enhance the effects but lessen the discomforts for the drug novices.

Recreational factors rather than instrumental factors seem to be the main motivating factors for Malay drug abuse. In other words, the quest for enjoyment and heroin-induced 'high' seems far more important than solving a personal problem in the motivation to initiate heroin use among the Malays. Similar findings are also reported in the Western drug literature. But it should be noted that looking for excitement and enjoyment is also an integral part of the Malays' culture. For the Malays, although curiosity is an important reason for the first heroin use, it is not as strong a motivating factor as for the Chinese. A plausible explanation is the Malay abusers'

prior experience with ganja. Both recreational reasons and factors related to dependency appear to be the main motivations for the Malays' continued drug abuse. Furthermore, the Malays' belief about the effects of drugs in raising the level of sexual and/or music enjoyment beyond the normal experience are also significant motivations for their continued use despite the lack of scientific basis.

As regards the consequences of heroin abuse, Malay and Chinese abusers do not differ greatly. For most, once regular heroin use begins, there is a significant change in their lifestyle to one in which heroin use becomes a major preoccupation in their cognitive and physical energies. A number of them also experience interpersonal difficulties, staying in school and job and mosque attendance and these problems seem aggravated for Repeaters of both ethnic groups. But the Malay abusers are not seen to be passive or "retreatist". On the contrary, several claim to be more productive whilst under the influence of heroin.

One of the most serious consequences of heroin use among the Malay abusers is the significantly large number of individuals who indicate that they stop going to mosque after they develop regular drug use. Malays are traditionally more religiously inclined than the Chinese and this helps explain the greater proportion of the former group who stop attending their respective place of worships. Finally, it is argued that the relative absence of a social stigma faced by Malay abusers may be a contributing factor for their high rate of drug abuse and recidivism.

c. Ethnic factors associated with Malay drug abuse

Socio-structural Factors

One of the most significant findings of this thesis is that social-structural factors do not adequately explain why Malay youths turn to drug abuse. Malay abusers and Non-abusers do not differ in such socio-demographic factors as parents' country of birth and age. There are also no significant differences between Malay and Chinese abusers, except that fewer of the Malay abusers' mothers were born in Singapore.

There is little evidence here that the low socio-economic status of the Malay community is associated with Malay drug abuse. Although the parents of Malay abusers have generally attained a lower educational level in comparison with the parents of Malay Non-abusers, they are nevertheless better educated than the parents of the Chinese abusers. Moreover, this structural 'disadvantage' does not affect the occupational status of the Malay abusers' fathers as well as their level of combined family income. In fact, families of Malay abusers are marginally better off in terms of combined family income when compared with families of Malay Non-abusers. On the other hand, families of Malay Non-abusers have even lower combined family income in relation to families of Chinese abusers.

There is also no evidence that Malay abusers suffer from adverse living conditions when compared to Non-abusers. When type of housing living in, size of flat, ownership of flat, household size and place where they sleep are taken as indicators of living conditions, it is found that Malay abusers cannot be differentiated from either Non-abusers or Chinese abusers.

Virtually all of them live in public housing (HDB) flats which are mostly owned by them. Moreover, overcrowding and lack of privacy in the Malay abusers' home, as indicated by the larger number sleeping in the living room as opposed to Chinese abusers, cannot account for their drug abuse as a similar proportion of Malay Non-abusers also sleep in the living room.

Malay abusers also do not suffer from "material deprivation", as indicated by the availability of such household and luxury items as colour television, washing machine, video cassette player, motorcycle and motorcar. Although fewer Malay abusers than Non-abusers have a motorcycle at home, they are no more 'deprived' than the Chinese abusers in this respect. Similarly, a similar proportion of Malay abusers and Non-abusers do not possess a car at home.

It can be concluded, therefore, that the findings of the current study do not agree with the majority of the Western drug literature which often attribute drug abuse among minority communities to disadvantaged socio-structural factors such as low socioeconomic status, lack of educational and occupational

opportunities, poverty and ethnic discrimination. These factors do not explain Malay drug abuse.

Family Characteristics

Malay abusers have shown the retention of certain Malay cultural features which are highly associated with the problem of drug abuse. One of these features is the instability of the institution of marriage among the Malays. The high marriage breakdown and divorce rates in the Malay community have resulted in a high incidence of incomplete family structure and thus inadequate socialization for Malay youths. This study has found an association between family intactness and drug abuse; significantly more Malay abusers than Non-abusers do not live in a structurally complete family environment.

Poor parenting skills and inadequate socialization methods are salient features in Malay abusers' homes. Malay parents, especially mothers, tend to be rather lenient or lax with the discipline of their sons. It is found that Malay abusers are much more likely than Non-abusers to perceive the discipline exercised by both their parents as "very lenient". Parents are even more lenient when the child is the eldest child and hence "big already". Malay parents are also more likely to accept the view that "boys will be boys" and that boys will expect to have peers. Hence, boys are not supervised as closely as girls at home. The ineffectiveness of the father as a role model and an agent of socialization is also prominent in the homes of Malay abusers.

This is particularly significant as the father is traditionally seen as the main authority and disciplinary figure in the Malay family.

The lack of discipline and control in the homes of the Malay abusers is exacerbated by diminished supervision by parents. This is evident in the considerable lack of knowledge of their sons' peers as well as the relative absence of parental permission, especially mothers', before going out. Having a working mother is also related to the lack of supervision at home among Malay abusers. Lack of supervision at home, coupled with the relative lack of space and privacy in their HDB flats, means that Malay abusers are more likely

to spend more time outside home and together with their peers. This factor seems related to Malay drug abuse. The last two factors also indicate that two aspects of mainstream cultural/structural incorporation, working mother and living in public housing estates, are also relevant in explaining Malay drug abuse. However, our data indicate that Chinese abusers report a even higher proportion of working mothers than Malay Non-abusers.

Empirical data also suggest that there is a strong association between close relationship with both the father and mother and non-involvement in drug abuse among the Malays. It is to be remebered that close kinship ties and "in-group solidarity" are well-documented features of Malay culture. On the other hand, there appears to be an erosion of strong family ties among Malay abusers, as indicated by their significantly poorer relationships with both parents and lesser family cohesion but more frequent parental quarrels in relation to Non-abusers. Support for this contention comes from the further finding that Malay Repeaters report even less family cohesion than First-timers. Lack of family cohesion and increased frequency of parental quarrels are more likely to drive the children out of the home and into the company of peers. It is argued that this factor also helps to explain the problem of Malay drug abuse.

Of interest to note is that social control theorists would argue that the apparent lack of commitments to the family among the Malay abusers explains their drug abuse problem. This study was not set up to test the social control theory, however.

Involvement in drug abuse by other members of the family is perhaps the most direct influence of the family in drug abuse. Apart from direct "role modelling", the use of drugs by a family member, especially a senior member, may help to inculcate values and attitudes favourable to drug-taking. Moreover, family involvement in drug abuse may lead to a greater risk of creating a chronically traumatic family environment conducive to the development of a drug abuse problem. In this respect, Malay abusers are significantly more likely than both Non-abusers and Chinese abusers to have at least another family member or close relative involved in drug abuse; Malay Non-abusers report even greater family involvement in drug abuse compared to Chinese abusers. Furthermore, Malay abusers are also more likely to have more than

one other family member as well as an immediate family member involved in drug abuse. These findings underscore the seriousness of the drug abuse problem in the Malay community in Singapore. They also provide empirical support for the "role model" theory which is particularly relevant in Malay society; the tendency of Malay boys to look to their fathers and elder brothers as "role models" has been discussed earlier. Finally, for Malay abusers, family drug involvement contributes to an excess of "definitions favourable to drug-taking". The findings above provide some support for Sutherland's differential association theory.

This thesis concludes that aspects of Malay cultural features pertaining to the institution of the family as an agency for socialization are salient in explaining the problem of drug abuse among the Singapore Malays and that understanding these features should form an integral part of any intervention planning.

Beliefs, Attitudes and Behaviours

According to the conceptual framework adopted in this thesis, strong ethnic identification and ethnic cultural retention affect the individual's values, attitudes, beliefs and behaviours in general and toward drug use and abuse in particular. In Malay society, values, attitudes and beliefs are profoundly affected by three sources - indigenous animistic beliefs and practices, Islam and the Malay adat (custom). For example, in Islam, only liquor (khamar) is clearly prohibited but the religious prohibition of drugs and pschoactive substances is less clear-cut; most Islamic scholars consider drug abuse a "sin", nevertheless. Hence, strong commitment to Islam is expected to be associated with drug abstinence.

Ethnic pride and identification, ethnic cultural retention and attitudes toward drugs are analysed for their association with Malay drug abuse in this thesis. This study finds no significant relationship between ethnic pride and identity and Malay drug abuse. Contrary to the hypothesis formulated, there are no significant differences between Malay abusers and Non-abusers in ethnic pride; Malay abusers are in fact more likely than Chinese abusers to feel

proud of their own ethnicity. Moreover, the Malay abusers' poorer perception of the Malay community's economic performance in relation to the other ethnic groups is a function of their lower educational background rather than an indicator of lower ethnic pride. Similarly, their lesser involvement in ethnic associations and civic societies is also due to low education. On the other hand, Malay abusers are far more likely than Non-abusers to identify with mainly other Malays who share similar social and educational background; Non-Malays have longer exposure to schools as well as to peers of other ethnic groups.

In this thesis, it is also found that Malay abusers, when compared with Non-abusers, are no less committed to a set of nine traditional values. It suggests that commitment to traditional values is neither the cause nor the effect of Malay drug abuse. This conclusion is consistent with the findings reported in the drug literature which indicate that drug users and non-users do not have different values and that the former are not less conventional than the latter. The results of the present study also fail to show that Malay abusers are less committed to Malay cultural practices such as speaking Malay at home and performing the customary "minta ma'af" during the Hari Raya Puasa. In fact, Malay abusers are even more likely to identify with their ethnicity, as indicated by their greater involvement in reading Malay newspapers, listening to Malay pop music and other Malay songs and watching Malay television programme. This may be due to their low educational background. On the other hand, Malay Non-abusers are better educated, hence more successful in mainstream cultural/structural incorporation, and more able to enjoy mainstream entertainment.

In terms of religiosity, however, Malay abusers do show a significant degree of erosion of their commitment to Islamic practice. While most of them do not seem to have lost substantially their belief in Islam, they are much less committed to practising their religion as indicated by three variables, viz. Mosque attendance, frequency of prayer and religious observance scale. Significantly, they have also received less religious instructions than the Non-abusers. In comparison with the Chinese abusers, however, Malay abusers

are far more likely to regard religion as important to daily life. Many, in fact, still perform their basic religious duties as required in Islam.

Notwithstanding, the Malay abusers' lower commitment to Islam is also indicated by their greater willingness to violate some of their religious norms. Hence, in comparison with Non-abusers, they are more likely to admit to consumption of alcoholic beverages, gambling, illicit sexual experience and visiting a prostitute. In addition, more Malay abusers than Non-abusers have consumed pork or attempted suicide, both disallowed in Islam, although the difference has not reached the level of statistical significance. The drug literature strongly suggest that commitment to religion is negatively associated with drug abuse. The findings above support such a hypothesis but it is also argued that continued drug abuse among the Malay abusers also lead to greater laxity in religious practices and a decline in religiosity.

Finally, the findings of this study provide strong support for the bulk of the drug literature which find that drug abusers possess a more positive attitude towards drugs and drug use as opposed to non-abusers. Hence, it is found that Malay abusers show a significantly more positive attitude towards both heroin and ganja than Non-abusers. This difference in drug attitude is not affected by ethnicity. However, Malay Repeaters indicate a definite preference for heroin rather than ganja once they become acquainted with the former drug. This change in drug preference reflects a move towards the drug abuse pattern of the mainstream community.

Other lifestyle factors

A central premise of this thesis is that Malay drug abusers pursue a lifestyle that is distinct from that of Non-abusers. Accordingly, five sets of lifestyle factors which are consistently shown as high risk factors in the drug literature are examined. The results show that firstly, Malay abusers have retained some of the features associated with the so-called Malay "economic backwardness" documented in the literature: low scholastic achievement, low educational aspirations, low occupational statuses and unstable employment pattern. They are also more likely than Non-abusers to

suffer from "stress" arising from a disjuncture between educational aspirations and attainments. In contrast, Non-abusers have shown greater adaptation to mainstream socio-economic patterns, such as social mobility through the educational channel. The Malay abusers' reduced commitments to education and employment and to the values and emotional ties involved also provide some support for the social control theory.

Secondly, patterns of the Malay abusers' lifestyle also show that the retention of certain Malay cultural values and practices are related to drug abuse. Thus, the Malays' cultural preference for easy and gracious living, keen interest in music and sports and indulgence in idle chatting are also reflected in the Malay abusers' lifestyle. Malay abusers, as opposed to Non-abusers, are more likely to engage in less constructive activities like listening to the radio or cassette player, watching television and chit-chatting with friends downstairs at their HDB void decks and staircases. On the other hand, they are far less involved in more "socially approved" pursuits like doing household chores, playing a sport or game and reading. Though they are equally involved in playing a musical instrument as the Non-abusers but far less involved in sports and games, they are still more heavily involved in both activities when compared with Chinese abusers.

Increasingly, Malay abusers are also spending their leisure hours outside their home and away from adult supervision but together with their peers. Apart from the void decks below their HDB flats, they often meet at coffee shops, sarabat stalls, hawker centres and foodcourts. During the weekends, however, they are significantly more likely than Non-abusers to visit places like discotheques, karaoke lounges and billiard saloons. It is in this sort of social context that often drug-taking activities are initiated and/or held. Malay abusers appear less attracted to places usually associated with educational and other more conventional leisure pursuits, however. It is also noteworthy that many of these outside activities participated by Malay abusers are new pastime options introduced with modernization and urban redevelopment. Hence, they are also elements of mainstream cultural incorporation.

Thirdly, problems of upbringing and socialization among Malay abusers are also indicated by their significantly greater involvement than Non-abusers in stressful life events such as being fostered out, remand in an institution, physical abuse by parents and arrest by police. Apart from the trauma involved, these events are likely to isolate them further from the family and society. They also set the stage for greater peer contact and influence. It is also noted that Malay and Chinese abusers do not differ much in their involvement with these experiences, thus highlighting the differences between abusers and non-abusers.

Fourthly, a pattern of behavioural problems characterises the lifestyle of the Malay abusers. They are far more likely than Non-abusers to have a history of 'problem behaviour' such as school truancy, delinquent behaviour and criminal convictions. It is argued that drug abuse is an extension of their general pattern of behavioural problems rather than a cause or result. However, it is also plausible that regular abuse of drugs among the Malays leads to an increase in criminal activities. For instance, between 5-37% of the Malay abusers have resorted to stealing, shoplifting, house breaking, robbery and selling drugs to help pay for their heroin.

The above provides strong evidence in support of the 'problem behaviour' theory (Jessor & Jessor, 1977). Further support is seen in the finding that Chinese abusers are also significantly involved in school truancy, AWOL during national service, delinquent behaviour as well as criminal behaviour. In fact, Chinese abusers appear to be even more delinquent and criminally inclined in comparison with Malay abusers. In addition, whereas Malay abusers are mainly involved in property crimes, Chinese abusers are significantly more involved in offences against the person or involving violence. Understanding of these differences is important to any ethnically-sensitive intervention programme.

Finally, the importance of peer influence as a factor associated with Malay drug abuse is confirmed in the present study. Peer group characteristics differ quantitatively and qualitatively between Malay abusers and Non-abusers. Comparatively, Malay abusers have a slightly larger but more homogeneous peer

group and moreover, the members are significantly less likely to be known to or approved by their parents. The quality of their peers is also indicated by their significantly greater involvement in smoking, drug abuse and selling drugs as well as other 'deviant' behaviours such as gambling, stealing or burglary, robbery and joining secret societies. It is noted that these activities are not only highly associated with drug abuse, but they also violate the Malays' cultural and religious norms. The above findings also provide empirical support for the differential association theory (Sutherland, 1978). Moreover, the lack of differences in these factors between Malay and Chinese abusers confirms and strengthens our contention that Malay abusers can be distinguished from Non-abusers by their peer group characteristics.

A theoretical model for understanding Malay drug abuse

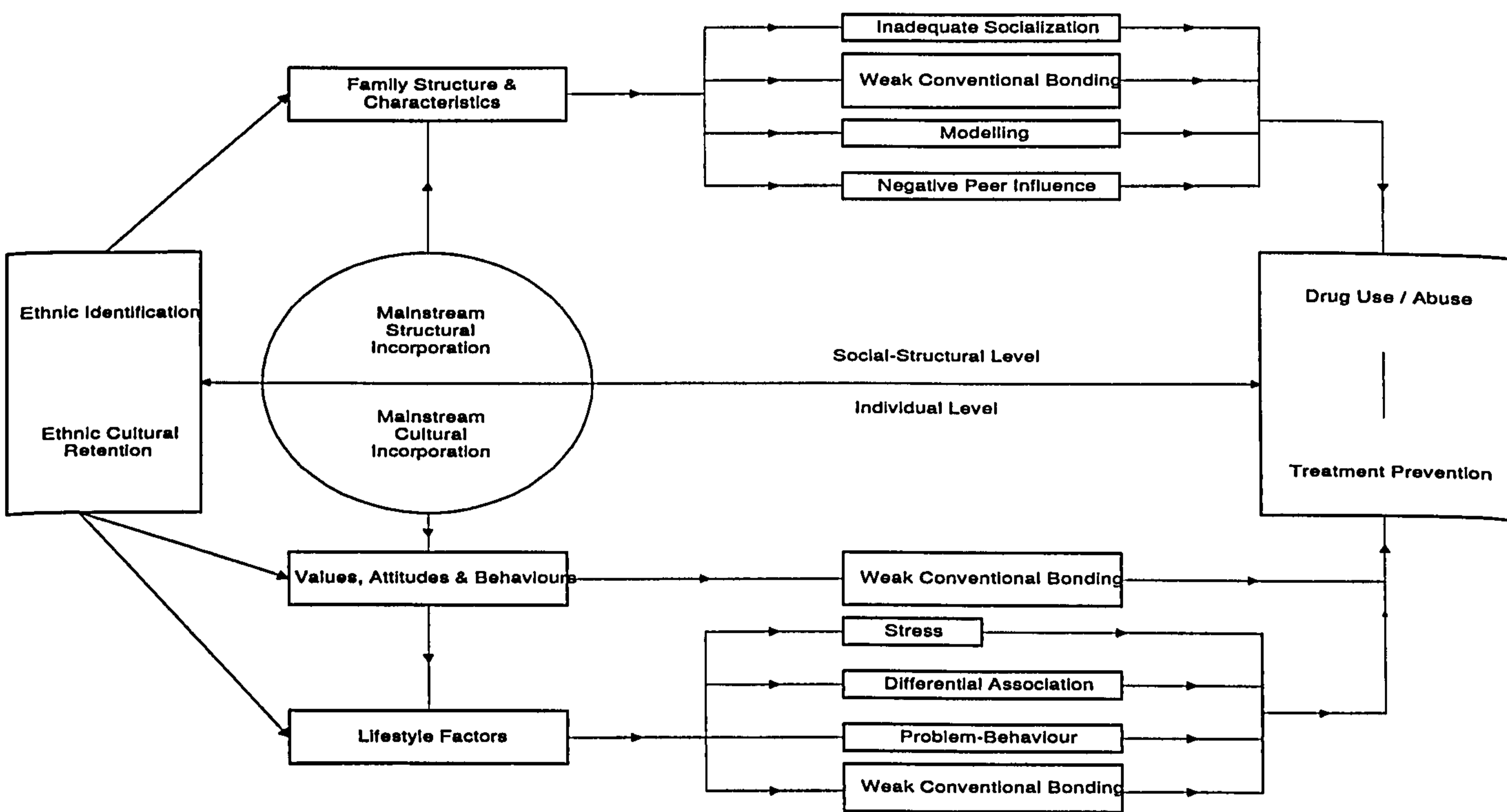


Figure 11.1 A Theoretical Model For The Study Of Drug Abuse Among The Singapore Malays

Based on the findings and conclusions derived from the previous five chapters, it is possible to propose a theoretical model for understanding Malay drug abuse in Singapore. The model, as shown in Figure 11.1, utilises ethnicity as

a conceptual framework and sees Malay drug abuse as a function of two interrelated components of ethnicity - ethnic identification and ethnic cultural retention. It has been demonstrated that Malay abusers have retained a high degree of Malay ethnic identity and culture pertaining to the family institution, socialization methods, value system, religion and lifestyle that are closely associated with their problem of drug abuse. However, the adoption and incorporation of mainstream structural/cultural elements have also been shown to affect the pattern and aetiology of drug abuse among the Malays in Singapore. It is also to be noted that elements of mainstream structural/cultural incorporation, such as the recognition of education as an avenue for social mobility, also operate to insure against drug abuse among young Malays. The proposed model also indicate the desirability of and potential in integrating several conventional theories of drug abuse with the Malay cultural system. Finally, the proposed model also emphasizes the salience of cultural factors in the planning and implementation of efficacious and more ethnically-sensitive drug abuse prevention and treatment methods.

d. Drug abuse treatment and rehabilitation: a special case for the Malays?

Although more than half of all the inmates currently receiving residential treatment and rehabilitation for drug abuse in Singapore's drug rehabilitation centres (DRCs) are Malays, there are currently no special programmes for the Malay inmates. Provisions for special diet, carrying out of mandatory religious duties like praying and fasting, Muslim religious services and Muslim counselling are available, however. All inmates irrespective of ethnicity follow a blanket treatment programme which is based on a Western model but adapted to suit local conditions. The underlying philosophy for the DRC programme is that drug abuse is a "social and behavioural problem". Hence the individual abuser has to take some responsibility for his or her own treatment. In Singapore, the identified drug abuser can be committed by executive order to be detained in a DRC for between six and thirty-six months for the explicit purpose of treatment and rehabilitation.

Whereas personal motivations and commitments toward treatment programmes affect outcome, this study finds no significant differences between Malay and Chinese abusers in their motivations to quit drug abuse. While Malay abusers do not generally regard themselves as being "sick" or warranting treatment, 86% of them have shown varying degrees of desire to receive help for their drug problem. Almost half have also tried to quit drugs on their own or sought external help to do so.

Malay abusers are generally well adjusted and comfortable in the DRCs. Like their Chinese counterparts, only a small minority has encountered any problems or faced punishment in the DRCs. Boredom and the influence of other inmates have led some of the Malay abusers, especially Repeaters, to make tattoos on their body. This is one evidence of cross-cultural influence as tattooing is traditionally a Chinese activity. It is observed that their routine and highly organised way of life in the institution rarely prepare them to make individual decisions or take personal responsibility. Consequently, a number of them have expressed reservations about their abilities to cope on their own outside the DRC. This may prove dysfunctional to their rehabilitation.

Contrary to the consistent findings in Western literature that ethnic minority members do not respond well to mainstream drug treatment programmes, our findings show that without any exceptions, the Malay abusers are generally more positive than Chinese abusers in their evaluation of each of the seven rehabilitation-oriented DRC services. Cultural factors may account for their response: Malays are generally more open whereas the Chinese tend to be more reserved. Moreover, the Malays' emphasis on religion and their keen interest in outdoor activities may explain their generally more positive attitudes toward religious service, footdrill, physical training and flag-raising ceremony respectively. Their close kinship ties are also reflected in their significantly higher ratings for "parents' visits".

Malay abusers are also significantly more likely than Chinese abusers to have a counsellor as well as a counsellor of the same ethnic group. This suggests that there is no discrimination against them in the DRCs despite their minority status in Singapore and the fact that the majority of the DRC staff

are non-Malays. It is to be remembered, however, that the Malays do not form a minority among the DRC inmates. Three-quarters of the Malay abusers have indicated a preference to have a Malay counsellor while a smaller proportion want to have a Malay supervision officer after their discharge. Some of those who do not prefer to have a Malay counsellor or supervision officer express a particular fear of being judged or condemned by a member of the Malay community.

Most of the Malay abusers have a definite post-DRC plan but it does not include going to live in a "halfway house". It is argued that the concept of halfway houses is still new and largely incongruent to the cognitive and cultural framework of the Malays. As regards post-DRC experiences, Malay Repeaters report facing lesser rejection from their friends and their strong community bond does not seem badly affected. Few encounter post-DRC problems, strongly suggesting that having a problem may not explain drug recidivism among the Malay abusers. It is the contention of this thesis that lifestyle factors and negative peer influence are more salient in explaining Malay drug use and continued abuse.

Finally, as indicated by their self-prognosis, the Malay abusers as a group face a moderate chance of recidivism. However, they indicate a more favourable self-prognosis than the Chinese abusers. Their confidence may stem from their record of relatively slower relapses than the Chinese abusers in the past. It may also be attributed to the heavier heroin use pattern among the Chinese abusers on the one hand and the Malay abusers' more supportive family and community environment on the other.

It may be concluded therefore that the Malay abusers do not compare unfavourably with the Chinese abusers in their motivations and treatment experiences in the DRCs, response to specific DRC services and self-prognosis. The results indicate that the existing DRC policy and DRC treatment programme are appropriate and that there is no need for a separate DRC programme for the Malay abusers. It is not suggested, however, that treatment programmes cannot be more ethnic and culture-sensitive. In fact, the findings of this thesis point to such a need.

(ii) Methodological Implications

The first methodological implication arising from this study is the problem of validity and reliability in studies that rely entirely on identified or institutionalised addicts. Sampling strategies must take into account the number of drug abusers who are able to avoid detection. The present study is also innovative in the sense that it is the only study known to include among its samples individual abusers who are held in military detention barracks and who are usually missed in social surveys ("institutional immunity", Bottomley, 1973). Moreover, full-time national servicemen are a rich and hitherto untapped source of subjects for social research, especially in areas of youth problems such as substance abuse.

The cultural sensitivity employed in this study is also innovative; the potential influence of ethnicity is considered at each stage of the investigative process. The author's fieldwork experience also demonstrates that it is possible for a Chinese interviewer/researcher to gain the trust and confidence of a Malay subject so long as cultural sensitivity is observed.

A third innovation is the employment of a two-directional data analysis by using two different control groups; nowhere else in Singapore has any researcher used such an approach. The results indicate that many of the similarities between Malay and Chinese abusers in socio-structural and lifestyle factors serve to accentuate and highlight the differences between drug abusers and non-abusers.

This study also provides evidence of the superiority of a triangulation of research methods over a single method. Aggregate data from the surveys are interpreted in tandem with the subjective meanings of drug-taking behaviour by the drug abusers or social actors themselves. Furthermore, documentary sources validate information gathered and provide new facts while direct observation illuminate the context in which phenomenon takes place.

(iii) Theoretical Implications

This study has revealed and confirmed the limitations of theoretical traditions which have been based entirely on official statistics, which make generalizations about drug use and drug abusers that assume universality of application and representativeness of subjects, and which advocate assumptions of wrongness, badness or sickness. It also shows the rather limited pay-off in theories which attempt to apply a single universal factor, for example, drug availability, in explaining drug-taking behaviour. As confirmed in this study, drug abuse is a multi-faceted and multi-factorial phenomenon. The findings of this study support an integrated approach which combines various levels of explanation and various factors associated with drug abuse.

The study also addresses the existing problem in the drug literature of the inadequate treatment of cultural variables in the aetiology of drug abuse. The model proposed here demonstrates the relevance of ethnicity as a conceptual framework for understanding the patterns and aetiology of drug abuse among an ethnic minority community and for planning culturally-validated treatment and prevention strategies. This is particularly relevant in a multi-ethnic and culturally diverse society such as Singapore.

Findings of the study also raises important questions about the role of socio-structural factors in the initiation and continuation of drug-taking behaviour. It raises the critical issue of whether the emphasis in the drug literature on disadvantaged structural factors, economic deprivation, poverty and lack of opportunities is misdirected. The results also suggest that ethnic pride and identity and commitments to conventional values, beliefs and cultural practices are less salient than family conditions and lifestyle factors in explaining the problem of drug abuse among the Singapore Malays.

Finally, the findings here confirms the relevance and usefulness of the "stepping-stone" theory in understanding Malay drug abuse although the theory has been discredited by several authors elsewhere. The cultural use of ganja (cannabis) has been shown to be an important precursor to heroin abuse among the Malays.

(iv) Policy Implications and Recommendations

The over-representation of the Singapore Malays in the official drug statistics confirms the appropriateness of the current emphasis on the Malay community in the national drug control policies. However, new drug enforcement and prevention measures should also target the small but significant group of Malay drug abusers who seem to be able to avoid or defer detection and entry into official statistics. There are also treatment implications here in the sense that current DRC classifications for first-timers do not differentiate novices from those who might have been consuming drugs for some time before they were caught.

Enforcement Issues

Ganja (cannabis) use is not only an important precursor to heroin use among the Malays, but also significantly associated with a pleasant first experience in heroin use. The latter is also a contributing factor for continued heroin use. This finding suggests that the current urine analysis for controlled drug use, which is hitherto concentrated on heroin consumption, should give equal if not more attention to the detection of ganja use.

The relatively high proportion of Malay (as well as Chinese) abusers, especially Repeaters, who admit to selling drugs to help support their own drug consumption suggests that deterrent policies alone may not be enough to prevent small-scale or "ant" trafficking.

Treatment and Rehabilitation Issues

The polydrug use pattern among the Malays will remain a dominant feature of the local drug scene as long as the supply of heroin remains scarce. It is perhaps also indicative of personality or lifestyle factors conducive to the development and continuation of drug-taking behaviours, rather than the pharmacological qualities of a drug or class of drugs. One implication

arising from this is that the current DRC treatment and rehabilitation programme for drug abusers, which is not drug-specific, is appropriate.

The current findings pertaining to the Malay abusers' motivations and commitments for treatment, DRC and post-DRC experiences, responses to specific DRC programmes and self-prognoses vis-a-vis the Chinese abusers do not point to the need for a separate programme for the Malay abusers in the DRCs. However, treatment programmes can still be more culturally relevant and treatment staff can be more trained to be more culturally sensitive. The importance of cultural factors in understanding Malay drug abuse has been shown in this thesis.

This thesis has reaffirmed the importance of a structurally complete family and adequate parental discipline and supervision as deterrents to Malay drug abuse. Cultural factors also need to be considered. For example, the problem of the instability of the institution of marriage in the Malay community needs to be addressed. In this respect, marriage preparation and counselling programmes may be made mandatory and family enrichment workshops may also be organised by Malay civic and religious associations. Furthermore, inadequate socialization arising from lax discipline and an ineffective authority figure (the father), a common occurrence among Malay abusers, indicates the need for culturally-validated classes on parenting skills and child development. For example, Malay parents need to be made aware that more than showing love, they must teach their children to see the inappropriateness of certain behaviours.

Moreover, as more Malay women join the labour force, provisions must be made for them to spend more "quality" time with their children and/or make suitable child-care arrangements. It is also recommended that Mosques and other Muslim social service agencies set up these facilities.

Our findings also point to the relevance and importance of life-skills training for the Malay abusers. Findings indicate that while they are generally comfortable and well-adjusted in the DRCs, they are not being adequately prepared for independent living outside the DRCs. Their apprehension about the prospects of relapse seems well justified given that many are unsure about how to handle personal problems and the influence of

their peers. Hence, life-skills and problem-solving training should be the focus of the counsellors' tasks.

Our emphasis on cultural sensitivity in drug treatment and rehabilitation programme requires that we take stock of the current emphasis on "halfway houses" for Malay drug abusers. Conceptually, the concept of a "halfway house" may not be congruent with the cognitive and cultural framework of the Malays and it appeals only to few Malay abusers. Instead, efforts may be directed at identifying and reinforcing those 'natural' support networks in the Malay community which will provide a supportive and helpful environment to the recovering addicts. In this regard, mention may be made of a recent innovative attempt by a Muslim halfway house (Pertapis) to involve families of recovering addicts to help out in social functions in the spirits of gotong-royong.

Prevention Issues

The association between smoking and drug abuse underscores the importance of programmes aimed at preventing smoking among adolescents. Furthermore, the importance of peer influence in the initiation to cigarette-smoking among Malay adolescents should be incorporated into all smoking prevention programmes, for example, in smoking cessation clinics.

The slowly increasing popularity of the intravenous method of heroin-taking among the Malays, coupled with the Malay cultural feature of sharing things, clearly poses a serious public health risk not only among the drug abusers themselves but also for the whole community. AIDS awareness programmes and more stringent controls for the sale of syringes must form part of the counter-measures adopted. In addition, drug education programmes must also help to debunk cultural beliefs about the properties and pharmacological effects of drugs, for example, in enhancing sexual enjoyment.

The findings of this thesis suggest that Malay individuals who leave school prematurely and do not have a stable pattern of employment are at greater risks of initiating drug abuse. Hence prevention educational programmes which

are aimed at schools, work places or other formal associations are likely to miss this crucial population. In recent years, however, innovative programmes like the Boys' club and rock concerts with an anti-drug abuse theme have been introduced and targetted at this group. These measures are appropriate and should be extended. Educational materials must also be tailored to suit the target audience. For example, as many of the subjects are lowly educated and not inclined to read, pictorial illustrations in 'comic' format may be more useful than the usual information pamphlets.

In view of the importance which the Malays place on religion as well as the significant laxity in religious practices among Malay abusers, it is felt that the Mosques and Muslim organisations could initiate programmes to target at this population. Moreover, early enlistment for full-time national service may also be considered as it will cut down the period of limbo (Li, 1989) which may predispose them to negative peer group influence and drug abuse.

Boredom and the inability to use leisure hours constructively are major characteristics of the lifestyle of the Malay abusers. In this respect, cultivation of interests in hobbies and sports can also be initiated in the DRCs; promotion of ethnic games such as sepak takraw at the national level, including providing more adequate facilities in public housing estates, may help to generate more interest in the games among Malay youths. It is noted that Malay abusers spend considerable time in the void decks below their HDB flats and that these places are an important venue for many cultural and religious events for the Malays. These could also be the venues for the promotion of ethnic games, other cultural events and more specifically, drug prevention efforts. This is also an example of a more ethnic-relevant social intervention programme.

(v) Recommendations for Future Research

This thesis has not dealt with the problem of drug abuse among the other main ethnic minorities in Singapore, namely the Indians and the Eurasians. Official sources have indicated that they, too, are over-represented in drug abuse in relation to their proportions in the national population. Also excluded from

the current study is the growing problem of Malay women addicts (ST 11/4/91). This study has indicated that the number of unidentified and unrecorded drug abusers is quite substantial; it also indicates that this group of potential subjects is likely to cooperate with and respond to a self-report survey (see Chapter Five). It might thus be sociologically interesting to study their pattern of drug abuse, including the factors that contributed to the avoidance of detection.

Apart from the above, future research could also focus on treatment programme evaluation, especially of ethnic- and culture-specific programmes. Testing instruments and measures to be employed should be more culture-sensitive than previously done. A longitudinal design would be superior to existing research which mainly employed retrospective surveys. Finally, the phenomenon of glue sniffing was deliberately omitted from the present study as it was deemed to be worthy of a separate study. A preliminary impression gained from the present research suggests that glue sniffing was not popular among the Malays. Are there cultural factors for this pattern? A comparative study of glue sniffing among the Malays and non-Malays would be most informative and useful.

Conclusion

There is no doubt that the Singapore government is highly committed to tackling the problem of drug abuse, not only among the Malays but also the other ethnic communities. It is hoped that this research, despite its imperfection and many limitations, will make a valuable contribution to the understanding of that problem as well as to the founding of new and culturally validated measures for its amelioration. This report provides the first full-length treatment of the problem of drug abuse among the Singapore Malays by using ethnicity as a conceptual framework.

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| 6.12.1981 | Sharp rise in Malay addicts arrested alarms Sidek |
| 8.12.1982 | More Muslim volunteers needed |
| 5.10.1984 | Plight of Malays in Singapore |
| 27.2.1988 | Sharp rise in number of Malays heroin addicts alarms Mattar |
| 10.12.1989 | Education can help Malays stay off drugs |
| 20.5.1989 | Growing drug abuse 'a threat to survival of Malay community' |
| 16.1.1990 | Malay addicts lack right values to equip them for life: Harun |
| 10.7.1990 | Fewer drug addicts but more relapse cases |
| 11.4.1991 | More Malay women addicts |
| 30.4.1991 | Survey to find out extent of drug abuse in Tampines GRC |
| 30.4.1991 | Friends may be your downfall ex-addicts warn |
| 30.4.1991 | 'Half of Malay addicts on drugs before they are 18' |
| 26.9.1991 | 40 drugs inmates to be tagged electronically from Monday |
| 22.1.1992 | Five-in-one drug complex for addicts planned |
| 22.1.1992 | Two-pronged approach keeps drug problem under control |
| 22.1.1992 | Electronic tagging helps drug addicts to get back on their feet. |
| 23.1.1992 | Short Sharp Shock Treatment |
| 24.1.1992 | New ideas from halfway havens |
| 30.5.1992 | More Singaporeans are smoking despite campaign |
| 5.9.1992 | Drug Bill beefed up to hit traffickers' ill-gotten benefits |
| 19.9.1992 | Divorces, marriages on the rise, but more cases of break-ups |
| 10.10.1992 | Self-help approach has lifted Malay community |
| 17.10.1992 | Mendaki must continue to focus on education |
| 4.4.1993 | Malay youths joining gangs worrying, says Maidin |
| 9.4.1993 | Maidin: Rootlessness and loss of values are my big fears |
| 10.4.1993 | Malay youths joining Chinese gangs |

16.4.1993 Number of youths who smoke rising
28.4.1993 More use English and Mandarin their homes
29.4.1993 Malay parents can do more to stop kids from smoking
13.6.1993 Teens dance and drink at discos
15.6.1993 International drug rings steering clear of Singapore
15.6.1993 Two main challenges for CNB to fight against drug abuse
19.6.1993 Divorces among Muslims
4.7.1993 Number of drug addicts below age of 20 rising, says CNB

12.2.1994 AMP reports point to low-skill dangers for Malays
13.8.1994 Courts will seize \$1m belonging to drug suspects
8.10.94 New anti-drug plan unveiled
15.10.1994 'Caning for drug addicts does work'
22.10.1994 If caning drug addicts is effective, let's have it
29.10.1994 Why drug addicts should not be caned indiscriminately
10.12.1994 Many Malays want first-time drug offenders caned.

15.8.1995 Better Strategies to fight drug problems among Malays

APPENDICES

APPENDIX I
SELECTED CASE STUDIES

CASE STUDY NO. 1: UNCONVICTED DRUG ABUSER

Azman, aged 18+, was serving full-time national service in the Singapore Armed Forces at the time of the study. Standing 1.8m in height, he is tall by local standards and has always been taller than his peers. He was interviewed on three separate occasions, each session lasting approximately two hours, at the SAF Counselling Centre where he was receiving help for his drug problem. He was persuaded to bring his girl friend during his third visit. Once rapport was established, Azman was very cooperative and spoke with great enthusiasm, often using non-verbal gestures to emphasize his emotions. Apart from the interviews, additional information were obtained from his counselling case-file, service records file and an informal interview with his counsellor. These secondary sources of data were used both to supplement and validate the information provided by Azman.

Household Characteristics

Azman was living with both his parents and two siblings in a three-room HDB flat in Dover Crescent. Both his parents are Muslims; his father worked as a labourer at the port while his mother was employed as a clerk. Both were in their early forties and the family had a combined monthly income of about \$1900. Both parents had some secondary education in the English stream. Azman is the eldest of three children; his younger brother (aged 15) and sister (aged 9) were both still schooling.

Family Relationship and Interactional Patterns

Although Azman described his relationship with both his parents as "good", he felt closer to his mother. As both his parents were working, supervision was lax and he moved around freely as he wished. Not surprisingly, he described the discipline exercised at home by his parents as "always lenient". According to Azman, his father was also the "havoc" type who would always come home late and frequent discotheques and bars. Azman also believed that his father himself had taken ganja and "pills" although he (the father) had no official drug records. Nevertheless, he did not think that his parents were having a marital problem. Azman's younger brother and two cousins were also involved in drug abuse.

Childhood and Education History

Azman studied up to secondary two level in the English-medium school. He left school at the age of 15 when he was expelled for gang fighting. His school records indicate that he was a good student throughout his primary school. In fact, he had won book prizes for excelling in English, Malay and Literature. He also passed his Primary School Leaving Examination without any difficulty.

His childhood was, however, eventful. He used to play truant in school and stayed away from home for several days without informing his parents. From young, he was arrested by the police "many times" (his own words) for fighting, rioting, etc. but was never formally charged because, he believes, he was "underaged". His counselling notes state: "It would seem that client was very experienced, worldly, and had fought many fights during his secondary school years....a streetwise kid".

Employment History

Between leaving school and enlisting for national service at 18, Azman held four jobs, each lasting between one and six months. He worked mainly as a cleaner but was briefly engaged to play a musical instrument in a Chinese funeral band. When working, he earned up to \$1000 a month but did not save any money because of his extravagant lifestyle. To supplement his income, he sometimes worked part-time as a golf caddie.

Peer Group Characteristics

Azman claimed to have been a member of several gangs (including the Chinese "18", "21" and "369" secret societies) and was allegedly involved in a number of gangland fights. He promptly displayed a six-inch scar on his left arm to support his claim during the interview. However, most of his close friends are Malays and they tended to hang out together around the Orchard Road - Hill Street vicinity. He admitted that most of his friends were (and still are) involved in secret societies, drug taking, selling drugs and criminal offences like burglary and robbery.

Azman's current girl friend, aged 16, was also a drug abuser. She was recently remanded at the Young Persons' Section of the Female Prison for running away from home and breaching a Supervision Order.

Leisure Activities

It is apparent that Azman enjoys music; he listened to both Malay and English pop songs but confessed to a partiality for the "hard core" variety. He would often plug on to a Walkman and sleep with it on for the entire night. He also enjoyed strumming the guitar and playing the drum. Like most of his friends, Azman enjoyed going to his favourite disco in downtown Orchard Road every Saturday evening. This was almost always preceded by a visit to a tea dance in the afternoon. He would also treat himself to a night out at the night-club whenever he received his pay.

Values, Beliefs and Attitudes

When asked about the importance of Islam in his daily life, Azman considered it "quite important". However, he neither prayed nor visited the mosque any more. Apart from Hari Raya Puasa and Hari Raya Haji, he does not celebrate any other Muslim events or festivals. He is aware of the various prohibitions (haram) in Islam; nevertheless, he enjoyed drinking beer and stout, ate pork regularly, gambled and visited prostitutes.

Although Azman considered it very important to have a religion, to work hard and to plan ahead, he found it not important to have many friends, be good to neighbours, be courteous at all times and to have a "kampong spirit".

Drug Use Experience

Azman's drug-taking career started as a 12-year old primary school boy; he was mixing around with a group of older boys who introduced him to cigarette smoking and beer. Barely a year later, his friends offered him "Erimin 5" (Triazolam) tablets. Soon afterwards, he was trying "MX" pills (Mandrax), "Upjohn" (Triazolam) and "Rochie" (Diazepam/Flurazepam) tablets as well as sniffing glue daily. These were mainly group activities and members shared

whatever they could obtain - cans of "Kangaroo brand" glue, "motorbike oil", etc. Groups of between 6 to 10 boys would hide in a large monsoon drain behind their school and sniffed glue together. Azman claims that his early drug-taking experience gave him the courage to engage in fights without feeling frightened or to disturb girls.

It was during one of his escapades from home when Azman was introduced to ganja. He was then 14 and went to seek shelter in a two-room HDB flat in Tanglin Halt belonging to the family of a girl he knew. The flat was also used for drug-taking activities by a group of around twenty boys and girls. One day, he saw the group smoking ganja (Cannabis) together. The "joint" was being passed around and it was offered to him. He accepted it "just to show my friends that I'm brave". He could not recall any extraordinary effects. Perhaps it was because he was already used to drug-taking, albeit with different substances. Ganja smoking became a frequent event from that day. Azman was often treated to Ganja by the other members, some of whom "earn their living selling that thing" (his words). He sometimes paid for his share. Azman also admitted to selling ganja occasionally in order to support his own habit. However, when ganja was not available, he would revert to glue sniffing instead.

It would appear that Azman was also initiated into heroin use in a group setting. When he was 15, he had a Chinese girl friend who was a prostitute (he swore that he was not aware at first). One day, he was introduced to her friends, both male and female, at a brothel in Lorong 21, Geylang. They were "chasing" (heroin) in a room and they asked him to try. In his own words: "If you don't try, you feel malu (shame, in Malay)". Moreover, as a secret society member, it would be "phai say" (lose face, in Hokkien) to decline. He did not enjoy his first experience with heroin. Nevertheless, he continued to take heroin with his friends and soon became addicted. Heroin became his main drug of abuse; he did not "chase" every day, however, but only whenever he could afford a straw (S\$20 per straw). In order to support his habit, Azman purchased larger quantities of drugs, including tablets, ganja and heroin, and repackaged and resold them for a profit. He was aware of the serious risks involved but rationalised that it was the "easiest way" for him to finance his drug habit and leisure activities. When heroin was not available, Azman would switch to either glue sniffing or abusing tablets. He did not seem to have a preference for any particular type of tablets but would use whatever was available when he felt the "gian" (urge for drugs). He once tried opium in a coffee shop in Chinatown.

Criminal Antecedents

Azman admitted to involvement in various delinquent and criminal activities since a very young age. Apart from frequent truancy and fights, he was also involved in rioting, house breaking and robbery. Interestingly, he has had no previous criminal convictions although he was arrested by the police on a few occasions. He himself attributed his ability to avoid the criminal justice system to his "young age". Moreover, he was also thrice arrested with his friends for suspected drug consumption but was released on each occasion when his urine test result proved negative for drug consumption. One of these occasions was when the police found him in the Tanglin Halt flat; he was let off with only a stern warning. He also attributed his ability to avoid detection to his youthfulness ("people never suspected school children") as well as the "very decent clothes" he wore: "people won't suspect you when you dress decently". He also firmly believes that drinking several glasses of water would dilute the heroin consumed and that it would then not show up in the urine analysis.

Treatment and Rehabilitation Experience

Azman claimed that he stopped using drugs, including heroin, when he was enlisted for full-time national service in February 1992. At the time of the study, he was undergoing counselling for his drug abuse problem under an "amnesty scheme" offered by the Singapore Armed Forces. Under this still operating scheme, servicemen who are undetected drug abusers are promised impunity for that one occasion if they "confess" their drug history. Instead of the court martial, a fate which accompanies involuntary detection, the serviceman is offered medical examination and counselling and put on a urine test regime.

According to Azman, his father once brought him to Muar, in Johore, to see a bomoh to "cure" him of his addiction. Treatment consisted of prayers and a herbal concoction which induced vomiting. He reported having only a little craving for heroin following the treatment but he continued to consume ganja and pills.

CASE STUDY NO.2: FIRST TIMER (ECP PARTICIPANT)

Rosli bin Mohamed was doing full-time national service with the Singapore Civil Defence force when he was arrested for drug abuse and sent to the Pasir Panjang DRC to undergo the Exit Counselling Programme (ECP). Aged 19, he was a former trainee with the national hockey youth team. Standing only 1.68m, he looks stocky and rather muscular. He has a rather pleasant disposition and was very cooperative and honest throughout the interviews. His ECP counsellor described him as a "fun-seeker" and one who is "peer-oriented and vulnerable to peer influence".

Household Characteristics

Rosli comes from a family of seven, including his parents and four older siblings. They were living comfortably in a three-room HDB flat in the Jurong West district at the time of the study. The family-owned flat was well furnished with modern amenities, a colour television, video cassette player and a washing machine. Rosli did not have his own bedroom but shared the living room with his elder brother at the time of his arrest.

Both his parents are Malaysian-born Malays and had attended Malay stream primary schools. His 57 year old father was working as a security guard while his 53 year old mother was a housewife. The family's combined gross monthly income was just a little over \$1000.

Family Relationship and Interactional Patterns

According to the ECP counsellor's report, the family structure was "intact and assessed as healthy". Rosli got on very well with his mother but described his relationship with his father as "fair". He would rather turn to his mother for help if he had a problem. For example, when he found his national service allowance inadequate for going out with his friends, he would ask for money from his mother. He would then get \$5 from her. He also got some money from his older siblings. His mother has acknowledged that they pampered (manja) him just because he is the youngest in the family.

Childhood and Education History

Rosli was an average student; he completed "N" level in the English stream with 4 credits. He has no plans for further education. His early schooling was uneventful. He started to show a deviant tendency only when he was in secondary school and got mixed up with the "wrong company" (mother's words). He started to stay away from home and school. It was during that time that he learned to smoke cigarettes and take drugs. His delinquency culminated with his arrest for theft in dwelling in 1989.

Employment History

Prior to his national service, Rosli worked briefly as a golf caddie on the island of Sentosa. He enjoyed the casual job as most of his friends were also working there and he liked the freedom of an outdoor life. He could earn up to \$500 a month, including tips. The income helped to finance his drug-taking habit although he still had to ask for money from his mother or borrow from his friends as his drug expense increased.

Peer Group Characteristics

Rosli's main peer group comprised four Malay boys whom he met in the neighbourhood. These were also the people whom he met daily at the coffee shops, hawker centres or void decks and with whom he shared many hours of fun, including drug-induced euphoria. They were generally known to but disapproved by Rosli's parents as he had often brought them into the home: "they had long hair and one of them even wore an ear-ring". Rosli's mother, who was interviewed, was not sure if they were drug abusers but had advised him not to bring the group home again. Her advice went unheeded. Rosli enjoyed "mixing around with friends" because they all "want to enjoy" and were "fun" to be with.

Rosli also went out occasionally with his camp-mates. They would visit the cinema or hawker centre near their camp. Some of them were also drug abusers and they had "chased" together both in camp (in the toilets) and outside. Most of the drug abusers had also been detected and sent to the DRC for treatment and rehabilitation.

According to Rosli's mother, he once had a girlfriend whom he knew for about five years. They broke off about three years ago and she believed that his inability to forget her led to his getting involved in drugs. He did not discuss his feelings with the family because of malu (shame) but she nevertheless read about it in his diary.

Leisure Activities

During his free time, Rosli enjoyed meeting his friends in the local coffee shop for a chat. They would then adjourn to the void deck of his HDB flat where they would continue chatting for several hours. Often, a straw of heroin was produced and they would share it among themselves. Sometimes, depending on their financial position, they might visit the cinema, shopping centre or leisure centre where they played electronic games. Rosli was also active in sports, having played hockey competitively since his school days. He used to take "pills" before playing hockey because he believed that it would help him to play more aggressively. He also played soccer and sepak takraw with his pals at the nearby community centre. Rosli also enjoyed participating in Kenduri (feast) held at the void decks of his flat on special occasions like weddings or Muslim festivities. Sometimes they took drugs (heroin) during the Kenduri. In general, he would rather be outdoors than indoors.

While at home, Rosli enjoyed watching Malay programme, particularly musical variety shows, on television. He also listened to Malay pop songs and western rock music on the radio. He was not expected to help out with the household chores: "only my sisters help in the house(work)".

Values, Beliefs and Attitudes

Rosli was brought up in a muslim home. He attended two years of Muslim religious classes when he was a child. However, he had been somewhat lax in his religious observance; he drank beer and stout with his friends and had experienced gambling, premarital sex and visiting prostitutes, all of which he knew were forbidden by his religion. Moreover, he visited the mosque every week only because "the camp gives time off every Friday". Notwithstanding, Rosli regarded Islam as "very important" in his daily life and expressed a hope to perform the "Haj" at least once during his life-time.

Drug Use Experience

Rosli started smoking cigarette at 15 and began to abuse "Erimin" (Triazolam) tablets when he was 16 and still schooling. He learned about the tablets from his friends whom he mixed around with in the neighbourhood. His family came to know about it and sent him away to live with an uncle in Malacca in a futile attempt to help him stop his "Erimin" abuse. He came back after seven months to enlist for national service. Soon he was back among his neighbourhood pals and resumed his drug abuse. The group meanwhile graduated to abusing ganja (Cannabis) and heroin. He first tried heroin out of curiosity and peer influence:

"I saw my friends trying something. They asked me whether I want(ed) to try. I was at first afraid. They said "ok lah, if you don't want". But I was curious. I want(ed) to find out how it felt like. So I said I'll try.....at first I felt no effects....after 3 or 4 times, I felt that I had no problems in the world...I felt nice"

Rosli's drug abuse was reinforced during national service as many of his mates at the Jalan Bahar Camp were also drug abusers. Several of them would gather to share a single straw of heroin at the nearby Boon Lay area, usually at staircases or void decks of HDB flats. Sharing was a means of sharing costs but Rosli also bought heroin from a drug pedlar for his own consumption at home, usually in the privacy of the toilet. He bought heroin from a chinese pusher operating at the Boon Lay housing estate whom he vaguely recognised:

"I knew who he was from the way he looked at me. (I asked) "apa machang ada?" ("what's it, any?). He said "Ada, naik atas" ("Have, go upstairs"). I go second floor corridor and buy one straw \$15....we went separate ways".

Rosli expressed his attitudes towards drug-taking as follows:

"It's ok. We don't use other people's money....use our own money. After taking, we don't disturb others. We also don't teach other people to take."

When asked about the effects of drug-taking, he replied:

After taking so long, don't see any changes in my body...don't think it will affect your health.....after taking drugs you work harder..want to do things properly....feel the kick, in good mood...I think I can control the amount I take".

In recommending Rosli for discharge, his ECP counsellor noted in her report: Rosli's family environment, his education and aspiring hockey performance are very little reasons for anyone in his situation to take drugs". Clearly, in his case, the main factor leading to drug abuse lies in the external environment.

Criminal Antecedents

Rosli has had a prior criminal conviction; when he was 16, he was charged for theft in dwelling and put on probation for one year. He allegedly committed the crime while under the influence of "Erimin" tablets and alcohol.

Treatment and Rehabilitation Experience

Rosli was found suitable to attend the two-week Exit Counselling Programme (ECP) for first-time drug abusers. His counsellor found him "participative, receptive and reflective" during the individual and group counselling sessions. Rosli himself found the ECP "Helpful": "Nothing wrong (with ECP)only (up to) myself". He had no problems settling in or following the ECP regime. He especially enjoyed the physical exercises and footdrill. He had a female Chinese counsellor but would much prefer to have a male Malay counsellor. This view was shared by his mother: "Malay counsellor better.... can talk directly". She also reported that he had benefitted from the ECP; he was apparently more family-oriented and tried to pick up on religion; he even asked his older brother to manage his ATM card.

On their part, the family paid more attention to him and encouraged him to "change for the better". His mother admitted to feeling shocked and angry (geram) when the family first found out that he was taking drugs. She felt that drug abuse is wrong because it is against Islamic teachings: "any substance which can cause mabok (drunkenness), eg. dadah (drugs) or alcohol, is bad because they (it) can lead to theft....involved in arguments and fightings". She was grateful that the DRC was helping him since the family was not able to do so at home. She said, nevertheless, that as long as she was alive, he would always be welcome at home.

Rosli's only post-DRC plan was to complete his national service. However, he was non-committal about taking drugs again: "difficult to say"; "outside anything can happen". He preferred to return home to his parents upon discharge rather than to go to a Halfway House.

Postscript

I first met Rosli on 12th March 1993 when he was undergoing the Exit Counselling Programme for first-timers. I met him a second time in June when I recognised in Jalan Bahar Camp where I was interviewing Malay Non-abusers for my control group. I was pleased to see him. At the end of my fieldwork in July, I was shocked and sadden to meet him a third time - in Sembawang DRC where he was being "processed" as a relapsed case. He had relapsed to heroin use about a month after his discharge from the ECP and whilst being followed up by a volunteer Indian counsellor from SANA (Singapore Anti- Narcotics Association):

"Sunday afternoon, went to my friend's place. No one else at home. I see my friend take the thing; he chasing one straw, one or two times. Suddenly the mind think want to take it again...I feel the gian (craving)...because didn't see (heroin) for more than one month. I asked him, I want to try some. Thought I want to take it for fun...for one day only. Felt 'shio' (nice)...feel high for about four hours. We just talk and talk, about shows, about old friends, what to do the next day...."

Three days later, Rosli went to Boon Lay estate to look up the pedlar. He was arrested on 1st July. Apart from the above, he had not encountered any other problems upon his discharge. He was not particularly worried about any possible social stigma: "I don't feel shame...they can't do anything to me". His mother expressed similar thoughts: "the future depends on what one does. If one can give up drugs and work hard, he will also succeed". She added that employers and the public were "more accepting of ex-drug abusers" due to public education: "Nowadays the drug problem is quite common (sudah biasa) and people do not isolate them (jangan tepikan mereka)".

CASE STUDY NO. 3: A RECIDIVIST

Zulkiflie bin Osman (Zul), aged 23, was officially labeled a "hard core" drugabuser, having been detained for treatment and rehabilitation as a "4th timer" in the Jalan Awan DRC. He was single and had not yet been called up for national service. He was interviewed at the DRC on four separate occasions between April and July 1993. A soft spoken person, he was of average height and build. Once the purpose of the study was explained to him, he readily gave permission to be interviewed as well as for a proposed home visit.

Household Characteristics

Zul was living with his widowed mother and two younger sisters (aged 4 and 21) in a purchased 3-room HDB flat in the Bedok North housing estate. His father, a long-term cannabis abuser, died of a lung abscess in 1991 whilst undergoing drug abuse rehabilitation in a DRC. The family moved into the flat about four years ago when their kampong (village) home was demolished for urban redevelopment. Their new home was adequately furnished with a colour television, video cassette recorder, a washing machine and a telephone. Zul, however, slept in the living room as the two bedrooms were occupied by his mother and sisters respectively.

Both his parents were born in Singapore but of Indonesian-Malay descent. His mother, in her early forties, had some secondary education in the English stream. She worked as a production operator in a neighbourhood factory. One of his sisters, aged 21, was employed as a receptionist. The family's financial situation was stable, with a combined monthly gross income of about \$1500. His father used to work as a driver but did not have a stable employment pattern.

Family Relationship and Interactional Patterns

Zul got along very well with his mother and sisters. He did not see much of his father during his childhood and recalled vaguely that he was "always lenient" with him when he was at home. He was in Changi Prison during most of Zul's secondary school days. Discipline was therefore his mother's responsibility although she, too, was unable to supervise him fully due to shift work (11pm - 7am). Zul said that his father had "never touched" him even when he was young.

Childhood and Education History

Zul's behavioural problems started only when he was attending secondary schools. Owing to peer group pressure, he began to play truant and stay away from home without his parents' permission. His mother caned him with a rotan on a few occasions but it did not stop him from mixing around with his friends. Zul nevertheless managed to study up to secondary 4 level but did not complete it as he had already begun involvement with drug abuse.

Employment History

Since leaving school, Zul has held about six jobs; he first worked as a cargo hand at the airport when he was 15. Prior to that, when he was only 13, he used to follow his friends to the golf clubs where he was casually engaged as a caddie. His last job before his current DRC admission was as a site clerk at a construction site in Orchard Road. He was paid \$850 per month but had

not managed to save a cent. Unfortunately, the job did not last more than six months as he was arrested again for drug abuse and sent to the DRC.

Peer Group Characteristics

According to his mother, Zul seemed to socialize only with other drug abusers once he started to abuse drugs. His friends in secondary schools were mainly drug abusers. When he left school, he was associating with some boys, mostly Malays but included a few Chinese, in the neighbourhood. Zul himself admitted that most of them were drug abusers and a few were also involved in selling drugs. He enjoyed being among them: "I want to be somebody. Among addicts, if you had the stuff, your friends will admire you...come closer." However, he was adamant that none of them was involved in criminal activities.

Leisure Activities

Zul much preferred to spend his time with his peers rather than to stay at home. His lifestyle centred on meeting his neighbourhood friends either at the void decks of their flats or at the local coffee shops or hawker centres. He was not active in any games or sports but preferred to listen to Malay or English rock or pop music or enjoy simply idle chatting with his friends. During weekends, he and his friends enjoyed window shopping at any of the modern shopping complexes or going to the movies. When they had money, they would visit discotheques, nightclubs or cocktail lounges for drinks and dances.

Values, Beliefs and Attitudes

Although Zul regarded Islam as "quite important" in his daily life and had about four years of religious instructions during his childhood, he did not seem to be practising his religion. He had not been to a mosque for years, never said his daily prayer and never observed fasting during Ramadan. Neither did he celebrate other festivities apart from Hari Raya Puasa and Hari Raya Haji. Moreover, he freely drank alcohol, occasionally gambled with his friends and had visited prostitutes. He did not think that he would ever travel to Mecca for the Haj.

Drug Use Experience

Zul was given his first cigarette by a classmate when he was a 13-year old school boy. He liked to mix around (percampuran) with his school mates and was introduced to ganja (Cannabis) when he was 15. The boys were older by one or two years and they used to play sepak takraw in school together. One day, he was brought to a home belonging to one of the boys where they watched "blue films" when no one was around. The "host" then produced a joint of ganja and passed it around. About six months later, he had his first experience with heroin; his classmate had stolen a straw of heroin from his brother who was alleged to be a drug pusher:

"My friend showed it (heroin) to me. I knew about that thing from my father who was in DRC. I felt curious. I want to know what make people 'high'. I saw my friend doing it. I tried but first time not really shiok (nice). My friend asked me to try again: 'try lah, people say shiok'. I never think of what'll happen to me."

Zul continued to 'chase' heroin with his schoolmates though on a highly irregular basis. They would stay back after class and hide in the technical block of their secondary school in Bedok to 'chase'. Meanwhile, Zul began to associate with a group of friends in the neighbourhood who were also drug abusers. They also became his source of heroin supply. He spent up to \$110 a week on heroin. Whenever he could afford, he would purchase a straw (\$20) or two for his own consumption at home, usually in the toilet. At other times, he would contribute to a common pool and 'chase' with his friends at their HDB void decks. When heroin was not available, Zul and his friends would go for whatever "pills" ('Rochie', 'Upjohn', 'Erimin' or 'Lily 40' from Johore Bahru) available.

One day Zul came home feeling 'mabok' (drunk or dizzy). His mother was shocked and could not believe that her son, too, was using 'dadah' (drugs). She was angry ("You want to be like your father, you must decide") and used a rotan to cane him. She also reported him to the authorities, resulting in his first admission into a DRC. Zul was at first angry with his mother and did not speak with her for some time.

After his first release from DRC, Zul remained drug free for a month. Whilst he was still on the Day Release Scheme, he chanced to meet one of his friends on the bus home. Suddenly, the friend offered to share with him a straw of heroin which was hidden in his mouth: "OK I'll 'spend' (treat) you". Zul reacted: "At first I said no. Then I changed my heart (mind) when the bus stopped. For 6 months I never saw drugs...my hair, all standing when I saw it". He did not have a particularly good experience and was overcome with guilt: "...inside felt bad", "vomitted", "6 months all wasted". Yet, he went to 'chari' (search) for the drug from then on. It was during one of these trips about a month later when he was caught at the Bedok Bus Depot in January 1989. He was recalled to the Kalsa Crescent DRC to resume his full treatment and rehabilitation programme.

Within a few days after his discharge from Khalsa Crescent DRC, Zul "ownsself had the urge to chari". He was feeling bored. He also knew that he was risking another DRC admission and he was afraid. In his own words: "My mind was in a mess - inside like burning. It brought back memories...how shiok (nice) this "tangkap sur". You feel that you are owner of this universe". Zul was on a 2-day urine test cycle. In a desperate moment, he rationalised that after taking drugs he could "wash it down" with plenty of boiled plain water and that the drug effects would not show in the urine analysis. He would drink up to more than 20 large glasses of water. Unfortunately, he was caught after about two months ("consumed too much") and admitted into Selarang Park DRC as a "relapsed case" in March 1989.

Zul was released again from the DRC in September 1989. He remained "clean" (from heroin use) for another three months. Then, at a girlfriend's (he knew her for only three months) birthday party, she told him that she was engaged to another man and introduced her fiance. He felt "broken-hearted" and "like a dummy" ("bodoh²") as he had strong feelings for her. He could not handle the bombshell. From the party, he went straight to a place near his granny's home where he also knew someone who sold drugs. He bought one straw of heroin and went straight home to "chase": "Straight away I felt relieved. The stress all disappeared." Zul began to consume more and more heroin: "Once hooked, you dont take heroin for 'tangkap sur'; you take to get rid of your 'gian' (craving)." He also absconded from the compulsory drug supervision that he was serving. After 10 months on the run, he was finally arrested in August 1990 when CNB officers ambused his friend's flat.

Zul was readmitted into the Selarang Park DRC as a "third timer" and remained there until July 1992. He relapsed into drug abuse barely a month after his next release. This time, he was sent to Jalan Awan DRC where he was still undergoing further treatment and rehabilitation at the time of this study. He went back to heroin use after following his cousin, also a heroin abuser,

to his friend's home one Sunday. The friend's mother had gone to attend 'orang kahwin' (a wedding) and he had some friends around. Zul's cousin started to 'chase' with his friends. Zul at first sat in the living room listening to music. He became greatly tempted as he could see what was going on. His cousin did not encourage him to join in. However, his cousin's friends, sensing his interest and apprehension, convinced him that using a coin between the front teeth could act as a "filter" for the smoke inhaled. He succumbed to the temptation: "Thoughts of drugs (heroin) just come into my mind".

Zul did not 'chase' over the next few days. Then, "craving just came while feeling bored waiting for my (new) girlfriend who was working as a waitress at a hotel lounge". He bought a small bottle of vodka with a view to satisfying his 'gian'. He could feel 'steam' ('kick') but then thought "Alamak! steam not like heroin". He then made one telephone call to a friend and the latter promptly appeared with two straws of heroin. He thus resumed regular heroin abuse. He got his regular supply from a Malay drug pusher operating at the Beach Road area who would also deliver to his house when contacted by phone or electronic paging. Zul claimed that he spent over \$2000 (from his late father's estate) on heroin and discotheques during his 3-week escapade.

Zul still maintains a positive attitude towards drug-taking. He found the statement "It is enjoyable and I'll take it at any costs" appropriate to describe his attitude towards heroin. However, ganja was "alright on special occasions" only. Moreover, he "only think of enjoying myself"

Criminal Antecedents

Zul has no criminal convictions but had been arrested for consumption of controlled drugs on five separate occasions between January 1987 and July 1992. However, his mother reported that he used to steal money from the home when he became heavily addicted.

Treatment and Rehabilitation Experience

Zul found the DRC programme "somewhat helpful" but believed firmly that "the answer is in you!". He very much wanted to quit drugs at various times and had even attempted his own "cold-turkey" treatment. It was futile: "If I can stand still for two years (ie. remain drug-free), I'll salute myself." He had no problems in the DRCs except for bouts of boredom. It was when he was feeling bored once that he had the words "lonely stranger" tattooed on his body with the help of another inmate and a needle "threw in from outside". He did not have a Malay counsellor but would rather prefer to have a non-Malay counsellor anyway.

His mother visited him in the DRC once a month: "it's too far away for her to travel." She used to visit him more often when he was a first- and second-timer. She felt helpless ("even with the EMS (electronic monitoring system) tag, he still took drugs and failed to return home just 2 months after his last release") and even relieved ("at least they get physical exercises, religious and employment training and counselling") that her son was in the DRC. She was rather pessimistic about his future: "...ultimately up to him whether he wants to change or not. But he has no CPF (Central Provident Fund), no savings; he may not be able to marry, buy a flat or raise a family." Zul's mother felt both pity ("kasihan") and hatred ("benci") whenever she saw an addict. She did not think that addicts were particularly stigmatized by society; Zul had no problem getting a job despite his background. She also felt that it is not essential for a DRC inmate to have a counsellor of the same ethnic group. Rather the counsellor should be someone who could guide

and lead ("bimbing") him or her.

Despite his express favourable attitude towards drug-taking, Zul had repeatedly said that he really wanted to "change". During one interview, he pointed out to one pak chik (elderly male) chinese inmate and said "Do I want to be Ah Lau (old man, in Hokkien) in here like him?." He also expressed a strong desire to participate in the new "naltroxone" project. Zul offered the following opinions about the problem of drug abuse among the Malays:

"...they are always in a group; they like to follow each other ("ikut²")....they just want to enjoy life."

"...it's our culture; their (Malay) families never get in touch with what their son is doing...they take things easy."

"Once in DRC, your first time is your stepping stoneto a life of drugs and crime....you mix with similar people...."

Discussion

Although the above case studies cannot be claimed to be truly representative of the population of Malay drug abusers, there are some interesting and consistent features worth noting. It is noted, for instance, that structural deficiencies do not seem to account for their drug-taking behaviour. There was no evidence of poverty or social deprivation among the families studied, as indicated by their parents' educational and employment backgrounds, family income and availability of household or luxury items at home. Moreover, apart from one deceased father, the families were generally structurally intact.

On the other hand, there were obvious deficiencies in family supervision and discipline as well as other lifestyle factors. The father, in particular, seemed to be an inadequate disciplinary figure; two out of the three fathers were themselves involved in drug abuse, thus providing an inappropriate model to emulate. Two of the three mothers were also employed, giving them lesser time to supervise their children; one was also engaged in shift work in a factory. In all cases, parental discipline can be described as being lax. In two cases, there were other family members involved in drug abuse.

Educationally, all three cases can be described as under-achievers. All were average students, but dropped out of school at various stages. All were involved in truancy and one was expelled from school for fighting. An unsteady employment pattern also characterised the three cases. It is interesting to note that all three were casually employed as a golf caddie and one as a Chinese funeral band member, both non-traditional occupations for the Malays. The last factor also underscores the importance of peer group influence.

The cases also suggest a distinctive pattern of leisure activities among the Malay abusers. Considerable time was spent in the neighbourhood, in coffee-shops, hawker centres or HDB void decks, engaged in idle chit-chatting, games or sports and sometimes in drug-taking. Weekends usually involved a visit to the discotheque and/or tea dance in the city centre. Other favourite pastimes included window-shopping, strolling around and occasional visits to the cinema, nightclub and cocktail lounge. The subjects were also keen in listening to rock and pop music. On the other hand, there was little or no involvement in more conventional pursuits like helping in household chores or reading.

Malay abusers were likely to engage in deviant behaviour, if the experiences of the case studies were anything to go by. They were likely to be involved in truancy, staying away from home, selling drugs and crime. Their peers were also very likely to be involved in drug abuse, drug selling and, in some cases, crime and secret societies.

The case studies also provide some evidence to show that Malay abusers have low commitments to their religion. Although they generally felt that Islam is important in their daily life, they were unlikely to practise their religious duties, like praying, going to the mosque and fasting. Moreover, all had violated their religious/cultural norms by drinking alcohol, gambling, having premarital sex and visiting prostitutes.

Useful information on the pattern of Malay drug abuse is also related in the case studies. They indicate that (a) the Malay abusers' drug career was likely to start with cigarette smoking; (b) ganja was used before heroin; (c) beer and other psychoactive substances might precede or follow heroin use; (d) multiple drug use appeared to be the predominant pattern; (e) heroin-use took place both individually as well as in groups; the latter practice helped to reduce costs. Initial heroin use took place in the company of friends and

was usually the result of a combination of curiosity and peer influence (rather than peer pressure). Relapse to heroin use was related to opportunity; the presence of heroin provoked a mental 'flashback' and reactivated an urge which the subjects found difficult to resist. In addition, heroin use by friends, a girl-friend or camp-mates helped to reinforced their own heroin-taking habit.

Despite their incarceration and treatment, the two DRC inmates still showed a positive attitude towards drug use. They generally found the DRC treatment and rehabilitation programme helpful but felt that treatment outcome depended largely on the individual himself or herself. They experienced no major problems in the DRC except boredom, and one of them reacted by getting a body tattoo done illegally.

APPENDIX II

RESULTS OF COMPARATIVE ANALYSIS BETWEEN MALAY FIRST-TIMERS AND REPEATERS (TABLES)

Table 6.1a Mean Age For First Substance Experience

| | First-timers | | | Repeaters | | | |
|------------------------------|--------------|------|----|-----------|------|----|---------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Age first smoked a cigarette | 14.1 | 2.98 | 50 | 12.4 | 2.45 | 50 | 3.19** |
| Age first tried drugs | 16.0 | 2.21 | 50 | 14.7 | 2.04 | 50 | 3.10** |
| Age first tried heroin | 17.3 | 2.18 | 50 | 16.9 | 2.65 | 49 | .74n.s. |

n.s. Not significant
** p<.01 two-tailed test

Table 6.2a First Cigarette Obtained From

| | Malay First-timers | Malay Repeaters |
|-----------------------|--------------------|------------------|
| A family member | 1 (2%) | 1 (2%) |
| A friend or colleague | 11 (22%) | 10 (20%) |
| A classmate | 5 (10%) | 10 (20%) |
| Self bought | 21 (42%) | 26 (52%) |
| Others | 12 (24%) | 3 (6%) |
| TOTAL | 50 (100%) | 50 (100%) |

$X^2 = 7.65$ d.f.=4 n.s.

Table 6.3a First Controlled Drug Used

| | Malay First-timers | Malay Repeaters |
|--------------|--------------------|------------------|
| Heroin | 4 (8%) | 6 (12%) |
| Ganja | 39 (78%) | 37 (74%) |
| Opium | 1 (2%) | 1 (2%) |
| Morphine | 0 | 1 (2%) |
| Others | 6 (12%) | 5 (10%) |
| TOTAL | 50 (100%) | 50 (100%) |

$X^2 = .45$ d.f.=2 n.s.

Table 6.3a.1 Ever Tried Ganja

| | Malay First-timers | Malay Repeaters |
|--------------|--------------------|------------------|
| Yes | 46 (92%) | 49 (98%) |
| No | 4 (8%) | 1 (16%) |
| TOTAL | 50 (100%) | 50 (100%) |

Table 6.4a First Heroin Obtained From

| | Malay First-timers | Malay Repeaters |
|------------------------------|--------------------|------------------|
| Neighbourhood friends | 20 (40%) | 23 (46%) |
| School Friend | 2 (4%) | 5 (10%) |
| Work Colleagues | 19 (38%) | 12 (24%) |
| Stranger or pusher or dealer | 7 (14%) | 8 (16%) |
| Others | 2 (4%) | 2 (4%) |
| TOTAL | 50 (100%) | 50 (100%) |

$X^2 = 2.37$ d.f.=2 n.s.

Table 6.5a Feeling At First Try

| | Malay First-timers | Malay Repeaters |
|---|---------------------|------------------|
| I had a pleasant feeling | 26 (52%) | 30 (60%) |
| I didn't like it | 14 (28%) | 3 (6%) |
| I had both pleasant and unpleasant feelings | 9 (18%) | 15 (30%) |
| I felt no effects | 1 (2%) | 2 (4%) |
| TOTAL | 50 (100%) | 50 (100%) |
| | $X^2 = 9.24$ d.f.=3 | p<.05 |

Table 6.6a Characteristics Of Heroin-taking Activities

| | Malay First-timers (N=50) | | Malay Repeaters (N=50) | | X ² | d.f. | Significance Level ^a |
|---------------------------|------------------------------|----------|---------------------------|-----------|----------------|------|---------------------------------|
| | Yes | No | Yes | No | | | |
| Methods of Drug Taking | | | | | | | |
| Smoking spiked cigarettes | 2 (4%) | 48 (96%) | 5 (10%) | 45 (90%) | # | - | - |
| Chasing the dragon | 50 (100%) | 0 | 50 (100%) | 0 | # | - | - |
| Intravenous injection | 6 (12%) | 44 (88%) | 23 (46%) | 27 (54%) | 12.43 | 1 | p<.001 |
| Swallowing | 1 (2%) | 49 (98%) | 0 | 50 (100%) | # | - | - |
| Other Methods | 6 (12%) | 44 (88%) | 7 (14%) | 43 (86%) | .00 | 1 | n.s. |

* All with Yates' Correction
Cells with E.F. <5 exceed 20%

| | Malay First-timers | Malay Repeaters |
|--|--------------------|---------------------|
| Where heroin-taking most frequently took place | | |
| At home | 19 (38%) | 28 (56%) |
| Friend's home | 1 (2%) | 4 (8%) |
| HDB void deck or staircase | 15 (30%) | 12 (24%) |
| Public toilet | 14 (28%) | 5 (10%) |
| Others | 1 (2%) | 1 (2%) |
| TOTAL | 50 (100%) | 50 (100%) |
| n.s. | | $X^2 = 7.61$ d.f.=3 |

| | Malay First-timers | Malay Repeaters |
|--|---------------------|------------------|
| Whether Taken Alone Or With Others | | |
| Always alone | 3 (6%) | 8 (16%) |
| Always with others | 5 (10%) | 6 (12%) |
| Sometimes alone, sometimes with others | 42 (84%) | 36 (72%) |
| TOTAL | 50 (100%) | 50 (100%) |
| | $X^2 = 2.83$ d.f.=2 | n.s. |

Average Weekly Expense

| | Malay First-timers | Malay Repeaters |
|-----------------|--------------------|--------------------------|
| Less than \$20 | 1 (2%) | 0 |
| \$20 - <\$50 | 3 (6%) | 7 (14%) |
| \$50 - <\$80 | 11 (22%) | 5 (10%) |
| \$80 - <\$110 | 10 (20%) | 10 (20%) |
| \$110 - <\$140 | 9 (18%) | 8 (16%) |
| \$140 - <\$170 | 9 (18%) | 4 (8%) |
| \$170 - <\$200 | 0 | 4 (8%) |
| \$200 and above | 7 (14%) | 12 (24%) |
| TOTAL | 50 (100%) | 50 (100%) |
| | | $X^2 = 8.57$ d.f.=5 n.s. |

Most Frequently Used Source Of Heroin Supply

| | Malay First-timers | Malay Repeaters |
|---------------------------|---------------------|------------------|
| Friend | 21 (42%) | 16 (32%) |
| Work colleague | 9 (18%) | 2 (4%) |
| Stranger or pusher/dealer | 17 (34%) | 29 (58%) |
| Others | 3 (6%) | 3 (6%) |
| TOTAL | 50 (100%) | 50 (100%) |
| | $X^2 = 8.26$ d.f.=2 | p<.05 |

Source Of Finance For Heroin Use

| | Malay First-timers (N=50) | | Malay Repeaters (N=50) | | X ² | d.f. | Significance Level |
|---|------------------------------|----|---------------------------|----|----------------|------|--------------------|
| | Yes | No | Yes | No | | | |
| Personal savings | 19 | 31 | 17 | 33 | .43 | 1 | n.s. |
| Pay / salary | 49 | 1 | 43 | 7 | # | - | - |
| Asked/borrowed from parents | 33 | 17 | 32 | 18 | .00 | 1 | n.s. |
| Borrowed from friends | 18 | 32 | 20 | 30 | .42 | 1 | n.s. |
| Asked or borrowed from wife or girlfriend | 8 | 42 | 11 | 39 | .26 | 1 | n.s. |
| Borrowed from loan sharks | 3 | 47 | 3 | 47 | # | - | - |
| Stole from family | 9 | 41 | 11 | 39 | .06 | 1 | n.s. |
| Shoplifting | 5 | 45 | 5 | 45 | .00 | 1 | n.s. |
| House burglary | 4 | 46 | 3 | 47 | # | - | - |
| Robbery | 3 | 47 | 2 | 48 | # | - | - |
| Sold drugs | 11 | 39 | 26 | 24 | 8.41 | 1 | .01 |
| Other sources | 4 | 46 | 2 | 48 | # | - | - |

* All with Yates' Corrections

Table 6.8a Experiences Whilst Using Heroin On A Regular Basis

| | Malay First-timers (N=50) | | | Malay Repeaters (N=50) | | | X ² | d.f. | p< |
|--|------------------------------|----|------|---------------------------|----|------|----------------|------|------|
| | Yes | No | N.A. | Yes | No | N.A. | | | |
| Could not concentrate on my job or school work | 27 | 23 | 0 | 25 | 25 | 0 | .04 | 1 | n.s. |
| Lost interest in girlfriend or spouse | 17 | 18 | 15 | 22 | 24 | 4 | 7.87 | 2 | .05 |
| Lost interest in family | 16 | 34 | 0 | 23 | 27 | 0 | 1.51 | 1 | n.s. |
| Felt anxious most of the time | 33 | 17 | 0 | 29 | 21 | 0 | .38 | 1 | n.s. |
| Always thinking of ways to obtain drugs | 41 | 9 | 0 | 37 | 13 | 0 | .52 | 1 | n.s. |
| Living in constant fear of being discovered | 42 | 8 | 0 | 35 | 14 | 1 | 1.59 | 1 | n.s. |
| Dropped out of school | 5 | 28 | 17 | 14 | 34 | 2 | 16.69 | 2 | .001 |
| Lost my job | 13 | 28 | 9 | 26 | 23 | 1 | 11.22 | 2 | .01 |
| Could not get along with parents | 17 | 32 | 1 | 25 | 23 | 2 | 2.32 | 1 | n.s. |
| Stopped going to mosque | 19 | 25 | 6 | 36 | 12 | 2 | 8.39 | 1 | .01 |
| Some friends avoided me | 24 | 26 | 0 | 20 | 28 | 2 | .18 | 1 | n.s. |

Table 6.9a Other Types Of Drugs Used

| | Malay First-timers (N) | | Malay Repeaters (N) | | X ² | d.f. | Significance Level |
|---------------------------|---------------------------|----|------------------------|----|----------------|------|--------------------|
| | Yes | No | Yes | No | | | |
| Morphine | 4 | 45 | 6 | 44 | .09 | 1 | n.s. |
| Opium | 6 | 43 | 28 | 22 | 19.12 | 1 | .000 |
| MX pill (Methaqualone) | 4 | 45 | 6 | 44 | .09 | 1 | n.s. |
| LSD | 1 | 48 | 1 | 49 | # | - | - |
| Cocaine | 2 | 47 | 2 | 48 | # | - | - |
| Other drugs | 49 | 1 | 44 | 6 | # | - | - |

* All with Yates' Correction

Table 6.9a.1 Ever Involved In Glue Sniffing

| | Malay First-timers | Malay Repeaters | |
|--------------|--------------------|------------------|--|
| Yes | 8 (16%) | 21 (42%) | |
| No | 42 (84%) | 29 (58%) | |
| TOTAL | 50 (100%) | 50 (100%) | $\chi^2 = 6.99$ d.f.=1 p<.01 (with Yates' correction) |

Table 7.1a Parents' backgrounds

Country of birth

| | Father | | Mother | |
|-------------------------|--|------------------|----------------------------|-----------------|
| | Malay First-timers | Malay Repeaters | Malay First-timers | Malay Repeaters |
| | (a) | (b) | (a) | (b) |
| Singapore | 39 (78%) | 35 (70%) | 36 (72%) | 33 (66%) |
| Malaysia | 8 (16%) | 13 (26%) | 12 (24%) | 15 (30%) |
| Indonesia | 3 (6%) | 1 (2%) | 2 (4%) | 2 (4%) |
| Others | 0 | 1 (2%) | 0 | 0 |
| TOTAL | 50 (100%) | 50 (100%) | | |
| For Singapore v. Others | $\chi^2 = .47$ d.f.=1 n.s. All with Yates' correction | | $\chi^2 = .19$ d.f.=1 n.s. | |

Age

| | Father | | Mother | |
|--------------|---------------------------------------|------------------|---------------------------------------|------------------|
| | Malay First-timers | Malay Repeaters | Malay First-timers | Malay Repeaters |
| Under 40 | 2 (4%) | 2 (4%) | 13 (26%) | 5 (10%) |
| 41 - 45 | 10 (20%) | 8 (16%) | 11 (22%) | 16 (32%) |
| 46 - 50 | 9 (18%) | 5 (10%) | 13 (26%) | 10 (20%) |
| 51 - 55 | 10 (20%) | 15 (30%) | 4 (8%) | 5 (10%) |
| 56 - 60 | 3 (6%) | 7 (14%) | 5 (10%) | 8 (16%) |
| Over 60 | 10 (20%) | 7 (14%) | 0 | 4 (8%) |
| NA | 6 (12%) | 6 (12%) | 4 (8%) | 2 (4%) |
| TOTAL | 50 (100%) | 50 (100%) | 50 (100%) | 50 (100%) |
| | χ^2 for (a&b) = 4.49 d.f.=5 n.s. | | χ^2 for (a&b) = 9.64 d.f.=5 n.s. | |

Highest educational level attained

| | Father | | Mother | |
|------------------------------|---|------------------|--------------------------------------|------------------|
| | Malay First-timers | Malay Repeaters | Malay First-timers | Malay Repeaters |
| | (a) | (b) | (a) | (b) |
| No formal education | 9 (18%) | 4 (8%) | 20 (40%) | 11 (22%) |
| Attended primary education | 20 (40%) | 24 (48%) | 20 (40%) | 29 (58%) |
| Attended secondary education | 12 (24%) | 13 (26%) | 6 (12%) | 5 (10%) |
| Others | 1 (2%) | 2 (4%) | 0 | 2 (4%) |
| Don't know/not applicable | 8 (16%) | 7 (14%) | 4 (8%) | 3 (6%) |
| TOTAL | 50 (100%) | 50 (100%) | 50 (100%) | 50 (100%) |
| | $\chi^2 = 2.73$ d.f.=4 n.s. (with Yates' correction) | | χ^2 for (a&b) = .00 d.f.=1 n.s. | |

Parents' Occupational Status

| | Father | | Mother | |
|------------------------------|--|------------------------|---|------------------------|
| | Malay First-timers (a) | Malay Repeaters (b) | Malay First-timers (a) | Malay Repeaters (b) |
| Unemployed/housewife | 2 (10%) | 9 (18%) | 31 (62%) | 35 (70%) |
| Odd job work | 3 (6%) | 6 (12%) | 1 (2%) | 1 (2%) |
| Unskilled worker | 14 (28%) | 8 (16%) | 10 (20%) | 8 (16%) |
| Skill/semi-skilled worker | 3 (6%) | 7 (14%) | 2 (4%) | 0 |
| Sales & clerical worker | 1 (2%) | 1 (2%) | 0 | 1 (2%) |
| Executive/professional staff | 1 (2%) | 0 | 0 | 0 |
| Others | 18 (36%) | 15 (30%) | 4 (8%) | 4 (8%) |
| N.A | 8 (16%) | 4 (8%) | 2 (4%) | 1 (2%) |
| TOTAL | 50 (100%) | 50 (100%) | 50 (100%) | 50 (100%) |
| For Unemployed v. Employed | X ² for (a&b)= 3.15 d.f.=1 n.s. (All with Yates' correction) | | X ² for (a&b)= .26 d.f.=1 n.s. | |

Table 7.2a Combined Family Income

| | Malay First-timers (a) | Malay Repeaters (b) |
|------------------|---|------------------------|
| Below \$800 | 1 (2.1%) | 9 (20.9%) |
| \$800 - <\$1100 | 6 (12.5%) | 6 (14%) |
| \$1100 - <\$1400 | 9 (18.8%) | 5 (11.6%) |
| \$1400 - <\$1700 | 5 (10.4%) | 5 (11.6%) |
| \$1700 - <\$2000 | 8 (16.7%) | 5 (11.6%) |
| \$2000 - <\$2300 | 7 (14.6%) | 1 (2.3%) |
| \$2300 - <\$2600 | 1 (2.1%) | 5 (11.6%) |
| \$2600 and above | 11 (22.9%) | 7 (16.3%) |
| TOTAL | 48 (100.1%) | 43 (99.9%) |
| | X ² for (a) & (b) = 9.11 d.f.=5 n.s. | |

Table 7.3a Housing Conditions

| Type | Malay First-timers (a) N=50 | Malay Repeaters (b) N=50 |
|----------------------------|-----------------------------------|--------------------------------|
| Terraced House | 0 | 1 (2%) |
| HDB Flat | 48 (96%) | 47 (94%) |
| Attap or Zinc-roofed House | 1 (2%) | 0 |
| Others | 1 (2%) | 2 (4%) |

Number Of Rooms

| | Malay First-timers (a) | Malay Repeaters (b) |
|----------------------|---------------------------|------------------------|
| One room | 1 (2%) | 2 (4%) |
| Two rooms | 2 (4%) | 8 (16%) |
| Three rooms | 29 (58%) | 26 (52%) |
| Four rooms | 12 (24%) | 11 (22%) |
| Five rooms | 5 (10%) | 3 (6%) |
| More than five rooms | 1 (2%) | 0 |

Household size

| | Malay First-timers (a) | Malay Repeaters (b) |
|------------------------|---------------------------|------------------------|
| Two persons | 0 | 1 (2%) |
| Three persons | 2 (4%) | 5 (10%) |
| Four persons | 11 (22%) | 10 (20%) |
| Five persons | 12 (24%) | 11 (22%) |
| Six persons | 13 (26%) | 11 (22%) |
| Seven persons | 7 (14%) | 9 (18%) |
| Eight persons | 4 (8%) | 2 (4%) |
| Nine persons | 1 (2%) | 0 |
| More than nine persons | 0 | 1 (2%) |

Place where usually sleep at home

| | | |
|-------------|----------|----------|
| Bedroom | 32 (64%) | 24 (48%) |
| Living room | 18 (36%) | 25 (50%) |
| Other place | 0 | 1 (2%) |

X^2 for (a) & (b) = 1.70 d.f.=1 n.s. (with Yates' correction)

Table 7.4a Residential Stability

| | | Malay First-timers (a) | Malay Repeaters (b) |
|---|-----------------------|---|------------------------|
| Duration of stay in current home | Less than three years | 9 (18%) | 4 (8%) |
| | Three - four years | 8 (16%) | 11 (22%) |
| | Five - six years | 12 (24%) | 5 (10%) |
| | Seven - eight years | 8 (16%) | 10 (20%) |
| | Over eight years | 13 (26%) | 20 (40%) |
| TOTAL | | 50 (100%) | 50 (100%) |
| | | X^2 for (a&b) = 6.99 d.f.=4 n.s. | |
| Number of times family moved house during past ten years | None | 12 (24%) | 17 (34%) |
| | Once | 21 (42%) | 25 (50%) |
| | More than once | 17 (34%) | 8 (16%) |
| TOTAL | | 50 (100%) | 50 (100%) |
| | | X^2 for (a&b) = 4.45 d.f.=2 n.s. | |
| Family ever affected by compulsory resettlement | Yes | 27 (54%) | 23 (46%) |
| | No | 22 (44%) | 19 (38%) |
| | Not sure / don't know | 1 (2%) | 8 (16%) |
| TOTAL | | 50 (100%) | 50 (100%) |
| Excluding 'not sure/don't know' | | X^2 for (a&b) = .00 d.f.=1 (with Yates' correction) | |

Table 7.5a House and Luxury Items Available At Home

| | Malay First-timers (a) (N=50) | | Malay Repeaters (b) (N=50) | | X^2 (a&b) |
|-----------------------|-------------------------------------|----|----------------------------------|----|----------------|
| | Yes | No | Yes | No | |
| Colour television | 50 | 0 | 49 | 0 | # |
| Washing machine | 48 | 2 | 44 | 6 | # |
| Video cassette player | 45 | 5 | 46 | 4 | # |
| motor cycle | 12 | 38 | 7 | 43 | 1.04 df=1 n.s. |
| motor car | 7 | 43 | 5 | 45 | .09 df=1 n.s. |

X^2 with Yates' Correction)

Table 7.6a Whether Living With Parents

| | Malay First-timers (a) | Malay Repeaters (b) |
|-------------------------------|---------------------------|------------------------|
| Both Parents Living With Me | 29 (58%) | 26 (52%) |
| Only Father Living With Me | 2 (4%) | 6 (12%) |
| Only Mother Living With Me | 17 (34%) | 16 (32%) |
| Neither Parent Living With Me | 2 (4%) | 2 (4%) |
| TOTAL | 50 (100%) | 50 (100%) |

Table 7.7a Relationship With Father And Mother

With Father

| | Malay First-timers (a) | Malay Repeaters (b) |
|----------------|---|------------------------|
| Very Good | 1 (2%) | 6 (12%) |
| Good | 16 (32%) | 14 (28%) |
| Fair | 20 (40%) | 15 (30%) |
| Bad | 3 (6%) | 4 (8%) |
| Very Bad | 1 (2%) | 2 (4%) |
| NA | 9 (18%) | 9 (18%) |
| TOTAL | 50 (100%) | 50 (100%) |
| Excluding 'NA' | X ² for (a) & (b) = 1.36 d.f.=2 n.s. | |

With Mother

| | Malay First-timers (a) | Malay Repeaters (b) |
|--------------|---|------------------------|
| Very Good | 8 (16%) | 9 (18%) |
| Good | 31 (62%) | 23 (46%) |
| Fair | 8 (16%) | 14 (28%) |
| Bad | 0 | 3 (6%) |
| Very Bad | 0 | 0 |
| NA | 3 (6%) | 1 (2%) |
| TOTAL | 50 (100%) | 50 (100%) |
| | X ² for (a&b) = 5.84 d.f.=3 n.s. | |

Closer to father or mother

| | Malay First-timers (a) | Malay Repeaters (b) |
|---|--|------------------------|
| Closer to father | 6 (12%) | 4 (8%) |
| Closer to mother | 34 (68%) | 25 (50%) |
| Just as close to both father and mother | 2 (4%) | 15 (30%) |
| Not close to either father or mother | 0 | 4 (8%) |
| N.A. | 8 (16%) | 2 (4%) |
| TOTAL | 50 (100%) | 50 (100%) |
| | X ² for (a&b) = 19.31 d.f.=4 p<.001 | |

Table 7.8a First Person To Turn To For Help When Faced With A Personal Problem

| | Malay First-timers (a) | Malay Repeaters (b) |
|-------------------|------------------------------------|------------------------|
| Father | 5 (10%) | 2 (4%) |
| Mother | 19 (38%) | 17 (34%) |
| Brother or sister | 5 (10%) | 8 (16%) |
| Girlfriend | 3 (6%) | 2 (4%) |
| Friend | 6 (12%) | 5 (10%) |
| Counsellor | 0 | 1 (2%) |
| Others | 1 (2%) | 2 (4%) |
| No one | 11 (22%) | 13 (26%) |
| TOTAL | 50 (100%) | 50 (100%) |
| | X^2 for (a&b) = 1.64 d.f.=4 n.s. | |

Table 7.9a Frequency Of Parents' Quarrels

| | Malay First-timers (a) | Malay Repeaters (b) |
|---------------------|--------------------------------------|------------------------|
| Very Often | 9 (18%) | 7 (14%) |
| Often | 1 (2%) | 4 (8%) |
| Sometimes | 9 (18%) | 12 (24%) |
| Seldom | 21 (42%) | 12 (24%) |
| Not Sure/Don't Know | 10 (20%) | 15 (30%) |
| TOTAL | 50 (100%) | 50 (100%) |
| | X^2 for (a) & (b)=5.93 d.f.=4 n.s. | |

Table 7.10a.1 Family Togetherness Index

| | Malay First-timers (N=50) | | | | Malay Repeaters (N=50) | | | | X^2 |
|------------------------------|------------------------------|--------------------------|---------------------------|-------|---------------------------|--------------------------|---------------------------|-------|-----------|
| | Once a day or more | 2 - 6 times a week | Once a week or less | Never | Once a day or more | 2 - 6 times a week | Once a week or less | Never | |
| Have a meal together | 7 | 18 | 13 | 12 | 6 | 18 | 11 | 15 | .58 n.s. |
| Watch tv together | 25 | 18 | 6 | 1 | 14 | 15 | 14 | 7 | 11.08* |
| Go out together | 0 | 4 | 24 | 22 | 0 | 3 | 29 | 18 | .38 n.s. |
| Have a chit-chat together | 6 | 19 | 19 | 6 | 7 | 18 | 11 | 14 | 5.44 n.s. |
| Pray together | 2 | 6 | 5 | 37 | 1 | 6 | 4 | 39 | .05 n.s. |

* p<.05 d.f.=3

Table 7.10a.2 Mean Scores For Family Togetherness Index

| Malay First-timers (a) | | | Malay Repeaters (b) | | | t (a&b) |
|---------------------------|------|----|------------------------|------|----|---------|
| Mean | S.D. | N | Mean | S.D. | N | |
| 6.34 | 2.21 | 50 | 5.46 | 3.07 | 50 | 1.65* |

* p<.05 for one-tailed test

Table 7.11a Discipline exercised At Home

| | | Malay First-timers (a) | Malay Repeaters (b) |
|-----------------------------|------------------|---|------------------------|
| Discipline by father | Always Strict | 2 (4%) | 7 (14%) |
| | Sometimes Strict | 17 (34%) | 24 (48%) |
| | Always Lenient | 17 (34%) | 10 (20%) |
| | Erratic | 5 (10%) | 3 (6%) |
| | N.A. | 9 (18%) | 6 (12%) |
| TOTAL | | 50 (100%) | 50 (100%) |
| For 'strict' v. 'lenient' | | X^2 for (a&b) = 3.44 d.f.=1 n.s. (with Yates' correction) | |

| | | Malay First-timers (a) | Malay Repeaters (b) |
|-----------------------------|------------------|---|------------------------|
| Discipline by mother | Always Strict | 2 (4%) | 3 (6%) |
| | Sometimes Strict | 10 (20%) | 21 (42%) |
| | Always Lenient | 32 (64%) | 25 (50%) |
| | Erratic | 3 (6%) | 0 |
| | N.A. | 3 (6%) | 1 (2%) |
| TOTAL | | 50 (100%) | 50 (100%) |
| For 'strict' v. 'lenient' | | X^2 for (a&b) = 3.73 d.f.=1 n.s. (with Yates' correction) | |

| | | Malay First-timers (a) | Malay Repeaters (b) |
|-----------------------------------|-----------------------|--|------------------------|
| Discipline by both parents | Both are strict | 3 (6%) | 12 (24%) |
| | Only father is strict | 8 (16%) | 4 (8%) |
| | Only mother is strict | 6 (12%) | 4 (8%) |
| | Both are lenient | 26 (52%) | 25 (50%) |
| | N.A. | 7 (14%) | 5 (10%) |
| TOTAL | | 50 (100%) | 50 (100%) |
| | | X^2 for (a) & (b) = 7.49 d.f.=4 n.s. | |

Table 7.13a Parents' Knowledge And Approval Of Peers

| | | Malay First-timers (a) | Malay Repeaters (b) |
|---------------------------|---------------|------------------------------------|------------------------|
| Father knows | All of them | 6 (12%) | 5 (10%) |
| | Some of them | 22 (44%) | 18 (36%) |
| | None of them | 8 (16%) | 16 (32%) |
| | Not sure / NA | 14 (28%) | 11 (22%) |
| TOTAL | | 50 (100%) | 50 (100%) |
| | | X^2 for (a&b) = 3.52 d.f.=3 n.s. | |
| Mother knows | All of them | 7 (14%) | 6 (12%) |
| | Some of them | 33 (66%) | 31 (62%) |
| | None of them | 8 (16%) | 12 (24%) |
| | Not sure / NA | 2 (4%) | 1 (2%) |
| TOTAL | | 50 (100%) | 50 (100%) |
| Excluding 'Not sure / NA' | | X^2 for (a&b) = .93 d.f.=2 n.s. | |

| | | Malay First-timers (a) | Malay Repeaters (b) |
|------------------------|---------------|---|------------------------|
| Father approves | All of them | 6 (12%) | 6 (12%) |
| | Some of them | 12 (24%) | 11 (22%) |
| | Disapproves | 8 (16%) | 8 (16%) |
| | Indifferent | 3 (6%) | 1 (2%) |
| | Not sure/NA | 21 (42%) | 24 (48%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| | | X ² for (a&b) = 1.24 d.f.=4 n.s. | |
| Mother approves | All of them | 5 (10%) | 6 (12%) |
| | Some of them | 18 (36%) | 22 (44%) |
| | Disapproves | 13 (26%) | 6 (12%) |
| | Indifferent | 2 (4%) | 0 |
| | Not sure / NA | 12 (24%) | 16 (32%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| | | X ² for (a) & (b) = 5.64 d.f.=4 n.s. | |

Table 7.14a Whether Sought Permission Before Going Out

| | | Malay First-timers (a) | Malay Repeaters (b) |
|----------------------------|----------------------------------|--|------------------------|
| Father's Permission | Yes, all the time | 4 (8%) | 5 (10%) |
| | Yes, sometimes | 14 (28%) | 16 (32%) |
| | No | 20 (40%) | 20 (40%) |
| | N.A. | 12 (24%) | 9 (18%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| | | X ² for (a) & (b) = .67 d.f.=3 n.s. | |
| Mother's Permission | Yes, all the time | 3 (6.5%) | 10 (21.3%) |
| | Yes, sometimes | 25 (54.3%) | 19 (40.4%) |
| | No | 18 (39.1%) | 18 (38.3%) |
| | N.A. | 4 | 3 |
| | TOTAL Excluding 'N.A.' | 50 (99%) | 50 (100%) |
| | | X ² for (a&b) = 4.58 d.f.=2 n.s. () Percentages in parenthesis exclude 'N.A.' | |

Table 7.15a Other Family Drug Use

| | | Malay First-timers | Malay Repeaters |
|--|-----------------------|----------------------------------|-----------------|
| Any other member ever used drugs for non-medical reasons? | Yes | 24 (48%) | 23 (46%) |
| | No | 26 (52%) | 27 (54%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| | | X ² = .00 d.f.=1 n.s. | |
| Member(s) Involved | Brother | 13 (26%) | 12 (24%) |
| | Sister | 1 (2%) | 1 (2%) |
| | Cousin | 5 (10%) | 0 |
| | Uncle | 2 (4%) | 3 (6%) |
| | Any 2 members | 3 (6%) | 4 (8%) |
| | Any 3 members or more | 0 | 3 (6%) |
| | N.A./Undisclosed | 26 (52%) | 27 (54%) |
| | TOTAL | 50 (100%) | 50 (100%) |

Table 7.16a First Reactions Of Parents

| | Malay First-timers | Malay Repeaters |
|---|--------------------|------------------|
| They strongly disapproved and punished me | 5 (10%) | 10 (20%) |
| They somewhat disapproved and advised me to give up | 44 (88%) | 38 (76%) |
| They didn't mind me using drugs | 0 | 0 |
| They were indifferent | 0 | 1 (2%) |
| Others | 1 (2%) | 1 (2%) |
| TOTAL | 50 (100%) | 50 (100%) |

Table 8.1a Ethnic Pride

| | | Malay First-timers | Malay Repeaters |
|--|------------------|---|------------------|
| Feel proud to be a Malay | Very proud | 42 (84%) | 40 (80%) |
| | Somewhat proud | 8 (16%) | 8 (16%) |
| | Not proud at all | 0 | 2 (4%) |
| TOTAL | | 50 (100%) | 50 (100%) |
| Excluding 'Not proud at all' | | X ² = .00 d.f.=1 n.s. (with Yates' correction) | |
| Ever belonged to a Malay association or civic society | Yes | 1 (2%) | 3 (6%) |
| | No | 49 (98%) | 47 (94%) |
| TOTAL | | 50 (100%) | 50 (100%) |

Table 8.2a Mean Scores For Perception of Economic Performance Of Own Ethnic Group (Malay First-timers vs Malay Repeaters)

| | Malay First-timers | | | Malay Repeaters | | | t |
|--|--------------------|------|----|-----------------|------|----|-----------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Compared to the Chinese | 1.24 | .52 | 46 | 1.33 | .70 | 39 | -.71 n.s. |
| Compared to the Indians | 3.81 | .93 | 43 | 3.43 | 1.07 | 37 | 1.71 n.s. |
| Much worse off than (1)---Much better off than (5) | | | | | | | |
| n.s. p=not significant two-tailed test | | | | | | | |
| N excludes "Not sure/don't know" | | | | | | | |

Table 8.4a Importance Of Traditional Values

| | Malay First-timers (N=50) | | | | Malay Repeaters (N=50) | | | | X ² | d.f. | p= |
|------------------------------|---------------------------|------------|----------|----------|------------------------|------------|----------|----------|----------------|------|------|
| | Very Impt | Quite Impt | Not Impt | Not Sure | Very Impt | Quite Impt | Not Impt | Not Sure | | | |
| To respect your elders | 35 | 13 | 2 | 0 | 43 | 7 | 0 | 0 | 1.84@ | 1 | n.s. |
| To have many friends | 9 | 16 | 24 | 1 | 16 | 24 | 9 | 1 | 10.38 | 2 | .01 |
| To be good to neighbours | 21 | 20 | 9 | 0 | 29 | 18 | 3 | 0 | 4.39 | 2 | n.s. |
| To be courteous at all times | 22 | 21 | 7 | 0 | 37 | 11 | 1 | 1 | 5.60@ | 1 | .05 |
| To have a "kampong spirit" | 17 | 23 | 9 | 1 | 13 | 14 | 16 | 7 | 4.31 | 2 | n.s. |
| To have a religion | 43 | 6 | 1 | 0 | 46 | 3 | 0 | 1 | # | - | - |
| To work hard | 36 | 12 | 1 | 1 | 41 | 9 | 0 | 0 | .36@ | 1 | n.s. |
| To get married | 26 | 18 | 6 | 0 | 28 | 13 | 5 | 4 | .81 | 2 | n.s. |
| To plan ahead | 36 | 10 | 4 | 0 | 40 | 3 | 3 | 4 | 2.79@ | 1 | n.s. |

@ With Yates' correction
 # Cells with E.F.<5 exceed 20%

Table 8.5a Religiosity

| Frequency Of Prayer | | | |
|----------------------------|--------------------------------------|-----------------------------------|----------------------------|
| | Malay First-timers (N=50) | Malay Repeaters (N=50) | |
| More than once a day | 4 (8%) | 3 (6%) | $X^2 = 11.24$ d.f.=3 p<.05 |
| Once a day | 7 (14%) | 4 (8%) | |
| Two to six times a week | 11 (22%) | 2 (4%) | |
| Once a week | 5 (10%) | 3 (6%) | |
| Less than once a week | 9 (18%) | 11 (22%) | |
| Never | 14 (28%) | 27 (54%) | |

| Frequency Of Attendance In Mosque | | | |
|--|--------------------------------------|-----------------------------------|--------------------------|
| | Malay First-timers (N=50) | Malay Repeaters (N=50) | |
| Once a week or more | 14 (28%) | 8 (16%) | $X^2 = 7.38$ d.f.=4 n.s. |
| Two to three times a month | 9 (18%) | 5 (10%) | |
| Once a month | 3 (6%) | 1 (2%) | |
| Less than once a month | 10 (20%) | 10 (20%) | |
| Never | 14 (28%) | 26 (52%) | |

| Attendance At Religious Classes | | | |
|--|--------------------------------------|-----------------------------------|--------------------------|
| | Malay First-timers (N=50) | Malay Repeaters (N=50) | |
| More than two years | 8 (16%) | 8 (16%) | $X^2 = 6.25$ d.f.=4 n.s. |
| One to two years | 17 (34%) | 13 (26%) | |
| Six months to less than one year | 8 (16%) | 6 (12%) | |
| Less than six months | 11 (22%) | 7 (14%) | |
| Never attended | 6 (12%) | 16 (32%) | |

| Ever Performed The Haj | | | |
|---------------------------------------|--------------------------------------|-----------------------------------|--|
| | Malay First-timers (N=50) | Malay Repeaters (N=50) | |
| Yes | 1 (2%) | 0 | $X^2 = 3.36$ d.f.=1 n.s. (with Yates' correction) |
| No, but will do at least once in life | 37 (74%) | 28 (56%) | |
| No, has no plan | 12 (24%) | 22 (44%) | |
| TOTAL | 50 (100%) | 50 (100%) | |

Importance Of Islam In Daily Life

| | Malay First-timers | Malay Repeaters | |
|-----------------|---------------------------|------------------------|---|
| Very important | 39 (78%) | 42 (84%) | $X^2 = .26$ d.f.=1 n.s. (with Yates' correction) |
| Quite important | 11 (22%) | 8 (16%) | |
| Not Important | 0 | 0 | |
| Total | 50 (100%) | 50 (100%) | |

Table 8.6.1a Mean Scores For Religious Observance Index For Malay Drug Abusers

| | First-timers | Repeaters | |
|-------------|---------------------|------------------|-----------------------|
| Mean | 12.96 | 10.73 | $t=2.11$ d.f.=97** |
| S.D. | 4.82 | 5.63 | |
| N | 50 | 49 | |

** p<.01 one-tailed test

Table 8.6.2a Frequency Of Observance Of Religious Activities

| | Malay First-timers (N=50) | | | | Malay Repeaters (N=50) | | | | X ² |
|------------------------------|------------------------------|----------------|--------|-------|---------------------------|----------------|--------|-------|----------------|
| | Always | Some- times | Seldom | Never | Always | Some- times | Seldom | Never | |
| Fast during Ramadan | 10 | 18 | 12 | 10 | 8 | 16 | 11 | 15 | 1.38n.s. |
| Read the Holy Koran | 1 | 7 | 11 | 31 | 1 | 10 | 12 | 27 | .79n.s. |
| Go mosque on Fridays | 13 | 12 | 13 | 12 | 6 | 13 | 10 | 21 | 5.46n.s. |
| Celebrate Prophet's birthday | 20 | 7 | 3 | 20 | 3 | 12 | 4 | 30 | 16.0 *** |
| Celebrate Hari Raya Puasa | 49 | 0 | 0 | 1 | 10 | 4 | 5 | 1 | # |
| Celebrate Hari Raya Haji | 49 | 0 | 0 | 1 | 28 | 11 | 9 | 2 | # |
| Celebrate Muslim New Year | 22 | 6 | 1 | 31 | 6 | 7 | 9 | 28 | 8.63* |
| Celebrate Israk & Mikraj | 4 | 7 | 4 | 35 | 2 | 8 | 10 | 30 | 3.00n.s. |
| Celebrate Malam Nisfu | 2 | 3 | 4 | 41 | 2 | 5 | 7 | 36 | 1.48n.s. |

• 1 Malay Repeater did not respond to this item
 * p<.05 d.f. = 3
 *** p<.001 d.f.=2
 # Cells with E.F. <5 exceed 20%

Table 8.7a Ethnic cultural Retention

| | | Malay First-timers (a) | Malay Repeaters (b) |
|---|--------------|---------------------------|------------------------|
| Speak Own Language At Home | Very Often | 45 (90%) | 48 (96%) |
| | Sometimes | 5 (10%) | 0 |
| | Seldom | 0 | 1 (2%) |
| | Never | 0 | 1 (2%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| Read own language papers | Very Often | 29 (58%) | 39 (78%) |
| | Sometimes | 9 (18%) | 3 (6%) |
| | Seldom | 5 (10%) | 3 (6%) |
| | Never | 7 (14%) | 5 (10%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| X ² for (a&b) = 5.30 d.f.=3 n.s. | | | |
| Listen To Own Ethnic Pop Music | Very Often | 4 (8%) | 3 (6%) |
| | Sometimes | 8 (16%) | 14 (28%) |
| | Seldom | 13 (26%) | 15 (30%) |
| | Never | 25 (50%) | 18 (36%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| X ² for (a&b) = 2.14 d.f.=2 n.s. | | | |
| Listen To Own Ethnic song | Very Often | 41 (82%) | 36 (72%) |
| | Sometimes | 7 (14%) | 12 (24%) |
| | Seldom | 1 (2%) | 2 (4%) |
| | Never | 1 (2%) | 0 |
| | TOTAL | 50 (100%) | 50 (100%) |
| For 'Very often' v. 'sometimes' X ² for (a) & (b) = 1.05 d.f.=1 n.s. (with Yates correction) | | | |
| Watch own ethnic programme on tv | Very Often | 25 (50%) | 24 (48%) |
| | Sometimes | 19 (38%) | 19 (38%) |
| | Seldom | 5 (10%) | 6 (12%) |
| | Never | 1 (2%) | 1 (2%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| Excluding 'Never' X ² for (a&b) = .11 d.f.=2 n.s. | | | |

| | | | |
|--|------------|-----------|-----------|
| Take part in own cultural dance or martial art | Very Often | 1 (2%) | 0 |
| | Sometimes | 0 | 0 |
| | Seldom | 1 (2%) | 0 |
| | Never | 48 (96%) | 50 (100%) |
| | TOTAL | 50 (100%) | 50 (100%) |

| | | | |
|---|------------|---|-----------|
| Wear own traditional dress during festive occasions | Very Often | 12 (24%) | 5 (10%) |
| | Sometimes | 29 (58%) | 19 (38%) |
| | Seldom | 4 (8%) | 13 (26%) |
| | Never | 5 (10%) | 13 (26%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| | | X ₂ for (a&b) = 13.29 d.f.=3 p<.01 | |

| | | | |
|---|------------|---|-----------|
| Perform customary salutation during Hari Raya Puasa ("minta ma'af") | Very Often | 48 (96%) | 34 (68%) |
| | Sometimes | 1 (2%) | 10 (20%) |
| | Seldom | 0 | 4 (8%) |
| | Never | 1 (2%) | 2 (4%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| For 'Very often' v. 'Sometimes' | | X ² for (a&b) = 11.65 d.f.=1 p<.001 (with Yates' correction) | |

Table 8.8a Activities That Violate Cultural And/or Religious Norms

| | Malay First-timers (N=50) | Malay Repeaters (N=50) |
|--------------------------------------|------------------------------|---------------------------|
| Ever Accepted Alcohol Or Beer | | |
| Yes, Several Times | 48 (96%) | 44 (88%) |
| Yes, Once Or Twice Only | 1 (2%) | 5 (10%) |
| No, Never | 1 (2%) | 1 (2%) |
| Ever Attempted Suicide | | |
| Never | 49 (98%) | 45 (90%) |
| Yes, once only | 1 (2%) | 3 (6%) |
| Yes, two times | 0 | 1 (2%) |
| Yes, three times | 0 | 1 (2%) |
| TOTAL | 50 (100%) | 50 (100%) |

| | Yes | No | Yes | No | X ² * | D.F. | P<. |
|------------------------------------|-----|----|-----|----|------------------|------|------|
| Ever Taken Pork | 11 | 39 | 7 | 43 | .61 | 1 | n.s. |
| Ever Gambled | 36 | 14 | 38 | 12 | .52 | 1 | n.s. |
| Had Sex Before Or Outside Marriage | 37 | 13 | 44 | 6 | 2.34 | 1 | n.s. |
| Worked In A Chinese Funeral Band | 4 | 46 | 3 | 47 | # | - | - |
| Visited A Prostitute | 18 | 32 | 23 | 27 | .66 | 1 | n.s. |

* All with Yates Correction
Cells with E.F.<5 exceed 20%

Table 8.9a Mean Scores in Attitudes Towards Heroin and Ganja For Malay Drug Abusers

| | First-timers | | | Repeaters | | | t |
|---|--------------|------|----|-----------|------|----|----------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Attitude Towards Heroin | 4.1 | .93 | 50 | 4.16 | .87 | 50 | -.33n.s. |
| Attitude Towards Ganja Positive(5)---Negative(1) | 4.04 | .9 | 50 | 3.62 | .81 | 50 | 2.46** |

** p<.01 one-tailed test

Table 9.1a Mean Age For Significant Life Events For Malay Drug Abusers

| | First-timers | | | Repeaters | | | t |
|--------------------------------|--------------|------|----|-----------|------|----|----------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Age left school | 15.3 | 1.82 | 50 | 14.3 | 2.2 | 50 | 2.33* |
| Age when first got married | | | | | | | |
| Age gained first full-time job | 16.8 | 1.93 | 44 | 16.1 | 1.96 | 43 | 1.52n.s. |
| Age gained first part-time job | 15.4 | 1.96 | 37 | 15.6 | 2.9 | 30 | -.37n.s. |

* p<.05 two-tailed test

Table 9.2a Educational History

| | First-timers (a) | Repeaters (b) |
|---|---|------------------|
| Highest Educational Level Attained | | |
| No formal education | 0 | 0 |
| Attended primary education | 21 (42%) | 27 (54%) |
| Attended some secondary education | 13 (26%) | 16 (32%) |
| Attended National Trade Certificate (NTC) | 12 (24%) | 5 (10%) |
| Attended 'N' level | 1 (2%) | 2 (4%) |
| Attended 'O' level | 3 (6%) | 0 |
| Attended 'A' level | 0 | 0 |
| TOTAL | 50 (100%) | 50 (100%) |
| | X ² for (a) & (b) = 4.61 d.f.=3 n.s. | |

Highest Educational Level Hope To Achieve

| | First-timers (a) | Repeaters (b) |
|---|---|------------------|
| No plan/not interested in further studies | 17 (34%) | 20 (40%) |
| Complete primary education or vocational training | 14 (28%) | 9 (18%) |
| Complete secondary education | 10 (20%) | 13 (26%) |
| Complete some post secondary education | 2 (4%) | 8 (16%) |
| Others | 3 (6%) | 0 |
| Not sure | 4 (8%) | 0 |
| TOTAL | 50 (100%) | 50 (100%) |
| Excluding 'Not sure' | X ² for (a) & (b) = 3.49 d.f.=3 n.s. | |

Table 9.3a Employment History

| | Malay First-timers | Malay Repeaters |
|---|--|------------------|
| Employment Status At Admission | | |
| Unemployed | 5 (10%) | 10 (20%) |
| Full-time national service | 17 (34%) | 10 (20%) |
| Unskilled/sales/Odd job worker | 23 (46%) | 26 (52%) |
| Skilled worker | 3 (6%) | 2 (4%) |
| Others | 2 (4%) | 2 (4%) |
| TOTAL | 50 (100%) | 50 (100%) |
| | $X^2 = 3.78$ d.f.=3 n.s. | |
| Monthly Gross Pay For Last Job | | |
| Below \$700 | 21 (43.8%) | 26 (52%) |
| \$700 - <\$800 | 11 (22.9%) | 5 (10%) |
| \$800 - <\$900 | 6 (12.5%) | 10 (20%) |
| \$900 - <\$1000 | 6 (12.5%) | 5 (10%) |
| \$1000 and above | 4 (8.3%) | 1 (2%) |
| Not Applicable | 0 | 3 (6%) |
| TOTAL | 48 (100%) | 50 (100%) |
| Excluding 'Not Applicable' | $X^2 = 5.66$ d.f.=4 n.s. | |
| Duration Of Last Job | | |
| Less than 1 month | 1 (2%) | 10 (20%) |
| 1 - 6 months | 30 (60%) | 26 (52%) |
| 7 - 12 months | 8 (16%) | 8 (16%) |
| Above 12 months | 11 (22%) | 3 (6%) |
| N.A. | 0 | 3 (6%) |
| TOTAL | 50 (100%) | 50 (100%) |
| Excluding 'N.A.' | X^2 for (a) & (b) = 12.14 d.f.=3 p<.01 | |
| | Malay First-timers | Malay Repeaters |
| Proportion of gross pay saved up per month | | |
| Nil | 36 (72%) | 33 (66%) |
| Up to 10% | 7 (14%) | 9 (18%) |
| Up to 25% | 7 (14%) | 5 (10%) |
| More than 25% | 0 | 0 |
| Not applicable | 0 | 3 (6%) |
| TOTAL | 50 (100%) | 50 (100%) |
| Excluding 'Not applicable' | X^2 for (a) & (b) = .62 d.f.=2 n.s. | |
| Reasons for leaving last job | | |
| Unhappy with working conditions | 5 (10%) | 10 (20%) |
| Interpersonal problems | 2 (4%) | 1 (2%) |
| Enlisted for national service | 12 (24%) | 4 (8%) |
| Arrested for drug or criminal offence | 23 (46%) | 28 (56%) |
| Others | 8 (16%) | 4 (8%) |
| Not applicable | 0 | 3 (6%) |
| TOTAL | 50 (100%) | 50 (100%) |
| Excluding 'Not applicable' | X^2 for (a) & (b) = 6.63 d.f.=3 n.s. | |

**Table 9.4a Mean Hours Spent on Leisure and Household Activities
(Malay First-timers vs Malay Repeaters)**

| | First-timers | | | Repeaters | | | t |
|---|--------------|------|----|-----------|------|----|-----------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Watching television or video | 3.8 | 1.6 | 50 | 3.12 | 1.47 | 50 | 2.21* |
| Listening to the radio or cassette tape | 3.8 | 2.3 | 50 | 3.2 | 2.3 | 50 | 1.12n.s. |
| Playing any musical instrument | .52 | .86 | 50 | .46 | .79 | 50 | .36n.s. |
| Doing household chores | .46 | .71 | 50 | .48 | .84 | 50 | -.13n.s. |
| Playing a sport or game | 1.08 | 1.07 | 50 | .88 | 1.14 | 50 | .91n.s. |
| Reading a newspaper, magazine or book | .62 | .53 | 50 | .78 | .55 | 50 | -1.49n.s. |
| Chit-chatting with friends | 2.9 | 1.9 | 50 | 2.46 | 2.16 | 50 | 1.08n.s. |
| Other leisure activities | .18 | .69 | 50 | .18 | .66 | 50 | .00n.s. |

* p<.05 two-tailed test

Table 9.5a Frequency Of Listening To Music

| | | Malay First-timers (a) | Malay Repeaters (b) | (c) |
|---------------------------------|------------|---|------------------------|-----|
| Western Rock Music | Very Often | 29 (58%) | 31 (62%) | |
| | Sometimes | 16 (32%) | 10 (20%) | |
| | Seldom | 4 (8%) | 3 (6%) | |
| | Never | 1 (2%) | 6 (12%) | |
| | TOTAL | 50 (100%) | 50 (100%) | |
| | | X ² for (a) & (b) = 2.59 d.f.=2 n.s. | | |
| Own Ethnic Pop Music | Very Often | 38 (76%) | 38 (76%) | |
| | Sometimes | 10 (20%) | 9 (18%) | |
| | Seldom | 1 (2%) | 3 (6%) | |
| | Never | 1 (2%) | 0 | |
| | TOTAL | 50 (100%) | 50 (100%) | |
| For 'Very often' v. 'Sometimes' | | X ² for (a) & (b) = .00 d.f.=1 n.s. (with Yates' correction) | | |
| Own ethnic folk music | Very Often | 4 (8%) | 3 (6%) | |
| | Sometimes | 8 (16%) | 14 (28%) | |
| | Seldom | 13 (26%) | 15 (30%) | |
| | Never | 25 (50%) | 18 (36%) | |
| | TOTAL | 50 (100%) | 50 (100%) | |
| | | X ² for (a&b) = 2.14 d.f.=2 n.s. | | |
| Classical music | Very Often | 0 | 1 (2%) | |
| | Sometimes | 3 (6%) | 0 | |
| | Seldom | 6 (12%) | 11 (22%) | |
| | Never | 41 (82%) | 38 (76%) | |
| | TOTAL | 50 (100%) | 50 (100%) | |
| Jazz or blues | Very Often | 10 (20%) | 8 (16%) | |
| | Sometimes | 14 (28%) | 16 (32%) | |
| | Seldom | 8 (16%) | 14 (28%) | |
| | Never | 18 (36%) | 12 (24%) | |
| | TOTAL | 50 (100%) | 50 (100%) | |
| | | X ₁ = 3.19 d.f.=3 n.s. | | |

Table 9.6a Places visited During Free Time

| | Malay First-timers (N=50) | | | | Malay Repeaters (N=50) | | | | X2 |
|--------------------------------|------------------------------|---------------------------|----------------------------|--------------|---------------------------|---------------------------|----------------------------|--------------|----------|
| | Once a week or more | 2 - 3 times a month | Once a month or less | Never/ NA | Once a week or more | 2 - 3 times a month | Once a month or less | Never/ NA | |
| Friend's house | 27 | 8 | 7 | 8 | 27 | 7 | 11 | 5 | 1.65n.s. |
| Girlfriend's house | 13 | 3 | 4 | 30 | 11 | 3 | 9 | 27 | 2.25n.s. |
| Shopping centre | 18 | 20 | 12 | 0 | 14 | 15 | 19 | 2 | 4.79n.s. |
| Cinema | 6 | 10 | 21 | 13 | 8 | 7 | 21 | 14 | .85n.s. |
| hawker centre/ foodcourt | 33 | 9 | 7 | 1 | 24 | 14 | 7 | 5 | 5.17n.s. |
| Coffee shop | 33 | 2 | 9 | 6 | 28 | 8 | 13 | 1 | 8.31* |
| Sarabat stall | 12 | 3 | 3 | 32 | 11 | 7 | 11 | 21 | 8.50* |
| Discotheque/ karaoke lounge | 13 | 13 | 8 | 16 | 8 | 9 | 16 | 17 | 4.61n.s. |
| Night-club | 0 | 2 | 6 | 42 | 1 | 2 | 13 | 34 | # |
| Hotel lounge | 1 | 0 | 3 | 46 | 0 | 2 | 3 | 45 | # |
| Billiard saloon | 12 | 9 | 11 | 18 | 7 | 1 | 8 | 34 | 13.11** |
| Video-game parlour | 8 | 5 | 6 | 31 | 1 | 7 | 9 | 33 | 6.44n.s. |
| Seaside / beach | 7 | 12 | 27 | 4 | 8 | 9 | 25 | 8 | 1.91n.s. |
| Public Park | 4 | 3 | 12 | 31 | 4 | 7 | 10 | 29 | 1.85n.s. |
| Community centre | 13 | 3 | 7 | 27 | 7 | 3 | 14 | 26 | 4.15n.s. |
| Library | 2 | 1 | 6 | 41 | 0 | 3 | 6 | 41 | # |
| HDB void deck | 31 | 4 | 6 | 9 | 30 | 5 | 6 | 9 | .13n.s. |
| Johor Bahru | 4 | 8 | 25 | 13 | 1 | 5 | 14 | 30 | 12.32** |

* p<.05 d.f.=3

** p<.01 d.f.=3

Table 9.7a Experiences During The Past Ten Years

| | Malay First-timers | | | Malay Repeaters | | | X ² * | d.f. | p< |
|--|--------------------|----|----|-----------------|----|----|------------------|------|------|
| | Yes | No | N | Yes | No | N | | | |
| Fostered out to another family | 18 | 32 | 50 | 4 | 46 | 50 | 9.85 | 1 | .01 |
| Sent to a boys' home or institution | 22 | 28 | 50 | 26 | 24 | 50 | .36 | 1 | n.s. |
| Physically abused by parents | 30 | 20 | 50 | 13 | 37 | 50 | 10.44 | 1 | .01 |
| Played truant in school | 45 | 5 | 50 | 42 | 8 | 50 | .35 | 1 | n.s. |
| Expelled or suspended from school | 4 | 46 | 50 | 8 | 41 | 49 | .92 | 1 | n.s. |
| Left home for more than 24 hours without permission | 44 | 6 | 50 | 40 | 10 | 50 | .67 | 1 | n.s. |
| Sexually abused | 0 | 50 | 50 | 4 | 45 | 49 | # | | |
| Arrested by police | 37 | 13 | 50 | 37 | 13 | 50 | .00 | 1 | n.s. |
| Charged for offences against persons | 7 | 43 | 50 | 3 | 47 | 50 | 1.00 | 1 | n.s. |
| Charged for offences against property | 28 | 22 | 50 | 28 | 22 | 50 | .00 | 1 | n.s. |
| Charged for ANOL | 17 | 19 | 36 | 12 | 18 | 30 | .12 | 1 | n.s. |
| Had sex before or outside marriage | 37 | 13 | 50 | 44 | 6 | 50 | 2.34 | 1 | n.s. |
| Worked as a golf caddie | 18 | 32 | 50 | 22 | 28 | 50 | .38 | 1 | n.s. |
| Worked in a chinese funeral band | 4 | 46 | 50 | 3 | 47 | 50 | # | | |
| Visited a prostitute | 18 | 32 | 50 | 23 | 27 | 50 | .66 | 1 | n.s. |

* All with Yates' corrections

Table 9.8a Mean Scores For Delinquency Index

| | Malay First-timers | Malay Repeaters | |
|-------|--------------------|-----------------|--------------|
| Mean# | 8.04 | 8.06 | |
| S.D. | .93 | 1.27 | t= -.10 n.s. |
| Total | 50 | 49 | d.f.= 87.85 |

No Delinquency (5) --- High delinquency (10)

Table 9.9a Criminal Antecedents of Malay Drug Abusers

| | First-timers | | | Repeaters | | | t |
|---------------------------------|--------------|------|----|-----------|------|----|--------|
| | Mean | S.D. | N | Mean | S.D. | N | |
| Mean number of crimes convicted | 1.96 | 2.61 | 50 | 1.34 | 1.53 | 50 | 1.45ns |

n.s. not significant one-tailed test

Table 9.10a Characteristics Of Peer Groups

| | | Malay First-timers (a) | Malay Repeaters (b) |
|---------------------------------------|----------------------------------|--|------------------------|
| Associate Most Frequently With | Neighbourhood Friends | 26 (52%) | 30 (60%) |
| | School Mates | 9 (18%) | 4 (8%) |
| | Work Colleagues | 9 (18%) | 10 (20%) |
| | Relatives | 3 (6%) | 2 (4%) |
| | Others | 3 (6%) | 4 (8%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| | | X^2 for (a) & (b) = 2.26 d.f.=3 n.s. | |
| Number of peer members | One - two | 4 (8%) | 5 (10%) |
| | Three - four | 7 (14%) | 19 (38%) |
| | Five - six | 11 (22%) | 7 (14%) |
| | Seven - eight | 7 (14%) | 0 |
| | Nine - ten | 2 (4%) | 2 (4%) |
| | Over ten | 19 (38%) | 17 (34%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| | | X^2 for (a&b) = 11.10 d.f.=4 p<.05 | |
| ethnic composition of peers | All are of same ethnicity | 0 | 0 |
| | Most are of same ethnicity | 27 (54%) | 29 (58%) |
| | About half are of same ethnicity | 20 (40%) | 13 (26%) |
| | Few are of same ethnicity | 1 (2%) | 7 (14%) |
| | None is of same ethnicity | 2 (4%) | 1 (2%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| | | X^2 for (a&b) = 1.63 d.f.=1 n.s. | |

Table 9.12a Peer Group Activities

| | Malay First-timers (N=50) | | | | Malay Repeaters (N=50) | | | | X ² | d.f. | Significance Level |
|---------------------------------|------------------------------|------|------|---------------|---------------------------|------|------|---------------|----------------|------|-----------------------|
| | All | Some | None | Don't Know | All | Some | None | Don't Know | | | |
| Smoking | 36 | 14 | 0 | 0 | 42 | 8 | 0 | 0 | 1.46@ | 1 | n.s. |
| Gambling | 13 | 25 | 3 | 9 | 9 | 29 | 5 | 7 | 1.02 | 2 | n.s. |
| Taking drugs non-medical use | 14 | 29 | 5 | 2 | 16 | 30 | 2 | 2 | .97 | 2 | n.s. |
| Secret Societies | 0 | 9 | 20 | 21 | 1 | 13 | 23 | 13 | 3.17 | 2 | n.s. |
| Selling drugs | 0 | 14 | 23 | 13 | 3 | 21 | 12 | 14 | 6.13 | 2 | .05 |
| Stealing or Burglary | 0 | 16 | 12 | 22 | 1 | 17 | 18 | 14 | 3.10 | 2 | n.s. |
| Robbery | 0 | 12 | 18 | 20 | 1 | 10 | 23 | 16 | 1.10 | 2 | n.s. |

@ with Yates' correction

Table 10.2a Sources Of Help Sought (Other Than DRCs) For Drug Problem

| | Malay First-timers (N=50) | Malay Repeaters (N=50) |
|-------------------------------|------------------------------|---------------------------|
| A GP or medical doctor | 12 (24%) | 5 (10%) |
| A bomoh or traditional healer | 0 | 2 (4%) |
| A religious leader or imam | 0 | 2 (4%) |
| Self treatment | 2 (4%) | 13 (26%) |
| Never sought help | 28 (56%) | 28 (56%) |
| Others | 8 (16%) | 0 |
| TOTAL | 50 (100%) | 50 (100%) |

Table 10.3a Experiences In Drug Rehabilitation Centres (DRCs)

| | | Malay First-timers | Malay Repeaters |
|---|------------------------|--|------------------|
| Desire to receive help | Yes, very much | 31 (62%) | 37 (74%) |
| | Yes, somewhat | 11 (22%) | 7 (14%) |
| | No | 6 (12%) | 6 (12%) |
| | Unsure | 2 (4%) | 0 |
| | TOTAL | 50 (100%) | 50 (100%) |
| | | $X^2 = 1.70$ d.f.=2 n.s. | |
| Encountered any problems | Yes | 4 (8%) | 11 (22%) |
| | No | 46 (92%) | 39 (78%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| | | $X^2 = 2.82$ d.f.=1 n.s. (with Yates' correction) | |
| Received punishment for misbehaviour | Yes | 1 (2%) | 12 (24%) |
| | No | 49 (98%) | 38 (76%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| | | $X^2 = 8.84$ d.f.=1 p<.01 (with Yates' correction) | |
| Frequency of family visit | Once a week or more | 3 (6.4%) | 0 |
| | 2 - 3 times a month | 31 (66%) | 20 (40%) |
| | Once a month or less | 8 (17%) | 25 (50%) |
| | Never | 5 (10.6%) | 5 (10%) |
| | TOTAL | 47 (100%) | 50 (100%) |
| | | $X^2 = 12.31$ d.f.=2 p<.01 | |
| Assigned a counsellor | Yes | 40 (80.3%) | 40 (80%) |
| | No | 8 (16.7%) | 10 (20%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| | | $X^2 = .03$ d.f.=1 n.s. (with Yates' correction) | |
| Counsellor of same ethnic group | Yes | 30 (62.5%) | 28 (56%) |
| | No | 10 (20.8%) | 12 (24%) |
| | Do not have counsellor | 8 (16.7%) | 10 (20%) |
| | TOTAL | 50 (100%) | 50 (100%) |
| | | $X^2 = .43$ d.f.=2 n.s. | |

Table 10.4a.1 Whether DRC Activities Are Helpful By Ethnicity Of Inmates

| | Malay First-timers | | | | | Malay Repeaters | | | | | X ² |
|--------------------------|--------------------|------------------|----------------|-------------|----|-----------------|------------------|----------------|-------------|----|----------------|
| | Very Helpful | Somewhat Helpful | Little Helpful | Not Helpful | N | Very Helpful | Somewhat Helpful | Little Helpful | Not Helpful | N | |
| Ind counselling | 28 | 11 | 3 | 4 | 46 | 19 | 14 | 11 | 6 | 50 | 6.90n.s. |
| Grp counselling | 20 | 16 | 6 | 4 | 46 | 13 | 17 | 14 | 6 | 50 | 4.96n.s. |
| Religious svc | 35 | 8 | 3 | 1 | 47 | 39 | 5 | 2 | 2 | 48 | # |
| Parents' visit | 39 | 2 | 4 | 2 | 47 | 34 | 11 | 4 | 1 | 50 | 6.42* |
| Work therapy | 0 | 0 | 0 | 33 | 33 | 13 | 17 | 0 | 5 | 35 | # |
| Flag raising | 17 | 9 | 10 | 11 | 47 | 17 | 13 | 8 | 12 | 50 | .90n.s. |
| Footdrill | 20 | 18 | 8 | 3 | 49 | 9 | 19 | 17 | 4 | 49 | 7.32* |
| Physical tryg recreation | 31 | 14 | 4 | 0 | 49 | 23 | 20 | 6 | 1 | 50 | 3.05n.s. |
| | 0 | 0 | 2 | 31 | 33 | 15 | 23 | 6 | 4 | 48 | # |

* d.f.=2 p<.05

Cells with E.F. <5 exceed 20%

Table 10.4a.2. Mean Scores For Helpfulness Of DRC Services For Malay Drug Abusers

| | First-timers | Repeaters | |
|-------|--------------|-----------|---------|
| Mean# | 16.63 | 14.93 | |
| S.D. | 3.47 | 3.69 | t=2.18* |
| N | 41 | 43 | d.f.=82 |

* p <.05 two-tailed test
3 (Not Helpful)---21 (very Helpful)

Malay Abusers vs Chinese Abusers

| | Malay First-timers | | | Malay Repeaters | | | t |
|--------------------------------|--------------------|------|----|-----------------|------|----|-----------|
| | Mean# | S.D. | N | Mean# | S.D. | N | |
| Individual Counselling | 2.54 | .74 | 43 | 2.09 | .92 | 46 | 2.54* |
| Group Counselling | 2.23 | .86 | 44 | 1.85 | .91 | 47 | 2.03* |
| Religious Service | 2.70 | .59 | 46 | 2.75 | .64 | 47 | -.38 n.s. |
| Parents' Visit | 2.72 | .72 | 46 | 2.56 | .73 | 50 | 1.06 n.s. |
| Flag Raising Ceremony | 1.68 | 1.20 | 47 | 1.81 | 1.14 | 47 | -.53 n.s. |
| Footdrill | 2.12 | .90 | 49 | 1.67 | .88 | 49 | 2.50 * |
| Physical Training | 2.55 | .65 | 49 | 2.30 | .76 | 50 | 1.76 n.s. |
| Overall DRC Activities Index## | 16.63 | 3.47 | 41 | 14.93 | 3.69 | 43 | 2.18* |

Not Helpful (0)---Very Helpful (3)
Not Helpful (3)---Very Helpful (21)
* p <.05 two-tailed test
n.s. Not significant (two-tailed test)

Table 10.3a Body Tattoo

| | | | |
|---|-----|-----------|-----------|
| Any tattoo on body | Yes | 21 (42%) | 34 (68%) |
| | No | 29 (58%) | 16 (32%) |
| TOTAL | | 50 (100%) | 50 (100%) |
| X ₂ = 5.82 d.f.=1 p<.05 (with Yates' correction) | | | |

| | Malay First-timers | Malay Repeaters |
|-----------------------------|--------------------|-----------------|
| When tattoo was done | | |
| In the DRC | 0 | 5 (10%) |
| Outside the DRC | 21 (42%) | 24 (48%) |
| Both in and outside the DRC | 0 | 5 (10%) |
| Notapplicable | 29 (58%) | 16 (32%) |
| TOTAL | 50 (100%) | 50 (100%) |

Table 10.7a Malay Abusers' Preference for A Counsellor/ Supervision Officer Of The Same Ethnic Group

Preference For A Malay Counsellor

| | Malay First-timers | Malay Repeaters |
|--------------------------------------|--------------------------|-----------------|
| Much prefer a Malay counsellor | 31 (63.3%) | 32 (64%) |
| Rather prefer a Malay counsellor | 8 (16.3%) | 4 (8%) |
| No preference | 6 (12.2%) | 10 (20%) |
| Rather prefer a non-Malay counsellor | 3 (6.1%) | 3 (6%) |
| Much prefer a non-Malay counsellor | 1 (2%) | 1 (2%) |
| TOTAL | 49 (99.9%) | 50 (100%) |
| | $X^2 = 2.34$ d.f.=3 n.s. | |

Preference for A Malay Supervision Officer (SO)

| | Malay First-timers | Malay Repeaters |
|------------------------------|--|-----------------|
| Much prefer a Malay SO | 26 (52%) | 18 (36%) |
| Rather prefer a Malay SO | 9 (18%) | 6 (12%) |
| No preference | 10 (20%) | 23 (46%) |
| Rather prefer a non-Malay SO | 3 (6%) | 1 (2%) |
| Much prefer a non-Malay SO | 2 (4%) | 2 (4%) |
| TOTAL | 50 (100%) | 50 (100%) |
| | $X^2 = 4.13$ d.f.=1 p<.05 (with Yates' correction) | |

Table 10.8a Most Immediate Plan After Leaving DRC

| | Malay First-timers | Malay Repeaters |
|--|--------------------|-----------------|
| Go back to school or enrol in a course | 5 (10%) | 4 (8%) |
| Look for or return to a job | 26 (52%) | 30 (60%) |
| Enlist for national service | 14 (28%) | 5 (10%) |
| Get married | 2 (4%) | 5 (10%) |
| No plan | 1 (2%) | 6 (12%) |
| Others | 2 (4%) | 0 |
| TOTAL | 50 (100%) | 50 (100%) |

Table 10.9a Like To Stay In A Half-way House On Discharge From DRC

| | Malay First-timers | Malay Repeaters |
|-----------------------|--------------------|-----------------|
| Yes | 4 (8%) | 1 (2%) |
| No | 45 (90%) | 42 (84%) |
| Not sure / don't know | 1 (2%) | 7 (14%) |
| TOTAL | 50 (100%) | 50 (100%) |

Table 10.12a Mean Scores For Self-Evaluation Of Likelihood Of Relapse For Malay First Timers And Repeaters

| | First Timers | | | Repeaters | | | t |
|--------------------|--------------|------|----|-----------|------|----|----------|
| | Mean# | S.D. | N | Mean# | S.D. | N | |
| Malay Drug Abusers | 2.52 | .74 | 50 | 2.66 | .75 | 50 | -.95n.s. |

n.s. p=not significant two-tailed test
#Definitely No (1)---Definitely Yes (5)

APPENDIX III
ADDITIONAL INFORMATION (TABLES)

Best Copy Available

Variable Print Quality

TEXT BOUND INTO

THE SPINE

PAGE

NUMBERING

AS ORIGINAL

Table 7.8.1 Family Activities Scale

| | Malay Abusers (N=100) | | | | Malay Non-abusers (N=100) | | | | X ² |
|---------------------------|--------------------------|--------------------------|---------------------------|-------|------------------------------|--------------------------|---------------------------|-------|----------------|
| | Once a day or more | 2 - 6 times a week | Once a week or less | Never | Once a day or more | 2 - 6 times a week | Once a week or less | Never | |
| Have a meal together | 13 | 36 | 24 | 27 | 22 | 41 | 31 | 6 | 16.89*** |
| Watch tv together | 39 | 33 | 20 | 8 | 45 | 34 | 19 | 2 | 4.07ns |
| Go out together | 0 | 7 | 53 | 40 | 5 | 9 | 70 | 16 | 17.89*** |
| Have a chit-chat together | 13 | 37 | 30 | 20 | 42 | 32 | 23 | 3 | 29.14**** |
| Pray together | 3 | 12 | 9 | 76 | 21 | 17 | 26 | 36 | 36.90**** |

*** p<.001 d.f.=3
**** p<.0000 d.f.=3

| | Malay Abusers (N=100) | | | | Chinese Abusers (N=100) | | | | X ² |
|---------------------------|--------------------------|--------------------------|---------------------------|-------|----------------------------|--------------------------|---------------------------|-------|----------------|
| | Once a day or more | 2 - 6 times a week | Once a week or less | Never | Once a day or more | 2 - 6 times a week | Once a week or less | Never | |
| Have a meal together | 13 | 36 | 24 | 27 | 16 | 36 | 25 | 23 | .65ns |
| Watch tv together | 39 | 33 | 20 | 8 | 27 | 36 | 27 | 10 | 3.58ns |
| Go out together | 0 | 7 | 53 | 40 | 4 | 4 | 38 | 54 | 9.38* |
| Have a chit-chat together | 13 | 37 | 30 | 20 | 22 | 28 | 31 | 19 | 3.60ns |
| Pray together | 3 | 12 | 9 | 76 | 2 | 2 | 12 | 84 | 8.17* |

* p<.05 d.f.=3

Table 8.2 Perception Of Economic Performance Of Own Ethnic Group

| | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|--|--|--------------------------|------------------------|
| Compared to the Chinese/Indians | | | |
| Much better off than | 0 | 2 | 69 |
| Somewhat better off than | 0 | 2 | 5 |
| No difference | 7 | 20 | 7 |
| Somewhat worse off than | 10 | 55 | 1 |
| Much worse off than | 68 | 16 | 1 |
| Not sure/don't know | 15 | 5 | 17 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | X ² for (a) & (b) = 78.6 d.f.=4 p <.0000 | | |
| | X ² for (a) & (c) = 146.6 d.f.=5 p <.0000 | | |

| | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|--------------------------------|--|--------------------------|------------------------|
| Compared to the Indians | | | |
| Much better off than | 16 | 15 | 59 |
| Somewhat better off than | 32 | 20 | 13 |
| No difference | 21 | 43 | 6 |
| Somewhat worse off than | 9 | 11 | 3 |
| Much worse off than | 2 | 0 | 1 |
| Not sure/don't know | 20 | 11 | 18 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | X ² for (a) & (b) = 15.18 d.f.=5 p <.01 | | |
| | X ² for (a) & (c) = 44.45 d.f.=5 p <.0000 | | |

Table 8.8.1 Attitudes Towards Heroin And Ganja

| | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|---|---|--------------------------|------------------------|
| Towards Heroin | | | |
| It is a greivous sin and against my religion | 0 | 53 | 1 |
| It is wrong because it is harmful | 4 | 47 | 12 |
| It is alright on special occasions | 22 | 0 | 15 |
| It is ok if you can afford it | 31 | 0 | 36 |
| It is enjoyable and I'll take it at any costs | 43 | 0 | 36 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | X ² for (a) & (b) = 185.26 d.f.=4 p <.0000 | | |
| | X ² for (a) & (c) = 7.08 d.f.=3 n.s. | | |

| | Malay Abusers (a) | Malay Non-abusers (b) | Chinese Abusers (c) |
|---|---|--------------------------|------------------------|
| Towards Ganja | | | |
| It is a greivous sin and against my religion | 0 | 48 | 1 |
| It is wrong because it is harmful | 1 | 51 | 6 |
| It is alright on special occasions | 45 | 1 | 29 |
| It is ok if you can afford it | 24 | 0 | 34 |
| It is enjoyable and I'll take it at any costs | 30 | 0 | 30 |
| TOTAL | 100 (100%) | 100 (100%) | 100 (100%) |
| | X ² for (a) & (b) = 192.16 d.f.=4 p <.0000 | | |
| | X ² for (a) & (c) = 9.68 d.f.=3 p <.05 | | |

Table 10.4.1 Whether DRC Services Are Helpful By Ethnicity Of Inmates

| | Malay Abusers | | | | | Chinese Abusers | | | | | N | x ² |
|-----------------|---------------|------------------|----------------|-------------|----|-----------------|------------------|----------------|-------------|----|-------|----------------|
| | Very Helpful | Somewhat Helpful | Little Helpful | Not Helpful | N | Very Helpful | Somewhat Helpful | Little Helpful | Not Helpful | N | | |
| Ind counselling | 47 | 25 | 14 | 3 | 89 | 30 | 29 | 16 | 7 | 82 | 5.51 | |
| Grp counselling | 33 | 33 | 20 | 5 | 91 | 16 | 29 | 18 | 15 | 78 | 10.32 | |
| Religious svc | 74 | 13 | 5 | 1 | 93 | 26 | 30 | 13 | 13 | 82 | 43.08 | |
| Parents' visit | 73 | 13 | 8 | 2 | 96 | 49 | 27 | 13 | 6 | 95 | 12.81 | |
| Work therapy | 13 | 17 | 0 | 3 | 33 | 12 | 24 | 12 | 7 | 55 | 9.96 | |
| Flag raising | 34 | 22 | 18 | 20 | 94 | 2 | 12 | 13 | 60 | 87 | 52.0 | |
| Footdrill | 29 | 37 | 25 | 7 | 98 | 7 | 22 | 12 | 48 | 89 | 52.08 | |
| Physical trg | 54 | 34 | 10 | 1 | 99 | 17 | 32 | 24 | 20 | 93 | 42.15 | |
| recreation | 15 | 23 | 8 | 2 | 48 | 11 | 25 | 13 | 15 | 64 | 9.74 | |

* p<.05 d.f.=3
 ** p<.01 d.f.=3
 **** p<.0000 d.f.=3n

Table 10.7.1 Preference For A Counsellor/Supervision Officer (SO) Of Same Ethnic Group

| Counsellor | Malay Abusers | Chinese Abusers |
|--|-----------------------------------|-------------------|
| Much prefer a counsellor of same ethnic group | 63 (63.6%) | 68 |
| Rather prefer a counsellor of same ethnic group | 12 (12.1%) | 9 |
| No preference | 16 (16.2%) | 21 |
| Rather prefer a counsellor of another ethnic group | 6 (6.1%) | 2 |
| Much prefer a counsellor of another ethnic group | 2 (2.0%) | 0 |
| TOTAL | 99 (100%) | 100 (100%) |
| | X ² = 4.30 d.f.=2 n.s. | |

| Supervision Officer (SO) | Malay Abusers | Chinese Abusers |
|--|------------------------------------|-------------------|
| Much prefer a SO of same ethnic group | 44 | 67 |
| Rather prefer a SO of same ethnic group | 15 | 8 |
| No preference | 33 | 24 |
| Rather prefer a SO of another ethnic group | 4 | 1 |
| Much prefer a SO of another ethnic group | 4 | 0 |
| TOTAL | 100 (100%) | 100 (100%) |
| | X ² = 8.78 d.f.=2 p<.05 | |

APPENDIX IV
LIST OF ABBREVIATIONS USED

LIST OF ABBREVIATIONS

| | |
|---------|--|
| CNB | Central Narcotics Bureau |
| DRC | Drug Rehabilitation Centre |
| DRS | Day Release Scheme |
| DSI | Direct Social Intervention Programme |
| ECP | Exit Counselling Programme |
| EMS | Electronic Monitoring System |
| HDB | Housing and Development Board |
| ICP | Intensive Counselling Programme |
| LSD | Lysergic Acid Diethylamide |
| MENDAKI | Council for the Education of Muslim Children |
| MHA | Ministry of Home Affairs |
| MX | Methaqualone |
| PAP | People's Action Party |
| SAF | Singapore Armed Forces |
| SANA | Singapore Anti-Narcotics Association |
| SCORE | Singapore Corporation for Rehabilitative Enterprises |
| ST | Straits Times |
| STWOE | Straits Times Weekly Overseas Edition |
| SUNT | Sunday Times |
| TPRP | Three Phase Rehabilitation Programme |
| VAO | Volunteer Aftercare Officer |

APPENDIX V

**LIST OF DRUGS COMMONLY ABUSED
BY MALAY DRUG ABUSERS**

LIST OF DRUGS COMMONLY ABUSED BY MALAY DRUG ABUSERS

| Brand Name | Type of Drugs | Licit Uses | Mode of Use | Known Side Effects |
|--------------------------|----------------------|--|--|--|
| Upjohn and Erimin | Sedative | Short term treatment of insomnia, frequent nighttime awakening or waking too early in the morning. | Oral | <p>Physical: Drowsiness, Nausea, poor muscle co-ordination, blurred vision, headache, cramps, rapid heartbeat.</p> <p>Psychological: 'High' Feeling, nervousness, depression, confusion, temporary memory loss.</p> |
| Rochie 2/30 | Tranquiliser | <ul style="list-style-type: none"> - Relieves anxiety and tension - Treats insomnia or sleep disorder | Oral (often abused with alcohol to achieve 'high'.) | Lethargy, constipation, depression, poor concentration, blurred speech, nervousness, changes in sex drive, coma. |
| Valium (diazepam) | Barbiturate | Relieves symptoms of anxiety, tension, fatigue or agitation. | Oral | Confusion, depression, lethargy, headache, disorientation, tremor, slurred speech, nausea, constipation, dry mouth, inability to control urination, changes in sex drive, irregular menstrual cycle, changes in heart rhythm, lowered blood pressure, blurred vision, nervousness, inability to sleep. |
| Amytal | Sedative | <ul style="list-style-type: none"> - Daytime sedation, - sedation before surgery - sleeping medication - control of convulsive disorders | Oral | <p>Minor: Drowsiness, lethargy, dizziness, hangover, nausea, diarrhoea.</p> <p>Major include anaemia and yellowing of the skin and eyes.</p> |
| Methamphetamine | Amphetamine | <ul style="list-style-type: none"> - Used to treat narcolepsy - also used to treat abnormal behaviour in children e.g attention deficit disorder. - can also function as an appetite suppressant. | Oral | <p>Minor: Abdominal cramps, constipation, diarrhoea, dizziness, dry mouth, false sense of well-being, insomnia, nausea,</p> |

loss of appetite,
overstimulation, restlessn
vomiting.

Major

Blurred vision, confusion,
fatigue, headaches,
impotence, mental
depression, palpitations,
rah, sweating, tremors,
tightness in the chest,
uncoordinated movement

Heroin

opiate

Mainlining (or injection),
by smoking.

Slow and shallow breathi
clammy skin, coma,
pupils constricted,
blood pressure decreased,
constipation, temperature
reduced, reflexes
diminished.

Ganja (marijuana)

cannabis

Often by smoking,
sometimes eaten.

Heart rate increased,
blood pressure decreased,
increased appetite,
euphoria, anxiety,
disoriented behaviour.

APPENDIX VI

**LIST OF DRUG REHABILITATION CENTRES (DRCs)
(INCLUDING SAF DETENTION BARRACKS)**

**APPENDIX VI LIST OF DRUG REHABILITATION CENTRES (INCLUDING SAF
DETENTION BARRACKS) INCLUDED IN STUDY**

| Name of Institution | Category | Number of Heroin Abusers Aged 16 - 24* | | |
|---|---|--|------------|------------|
| | | Malay | Chinese | Total |
| Pasir Panjang Drug and Inhalant Abuse DRC | Selected first-timers (ECP eligible) and inhalant abusers | 10 | 0 | 10 |
| Khalsa Crescent DRC | First-timers (Non ECP) and second-timers | 260 | 62 | 322 |
| Selarang Park DRC | Third-timers | 330 | 62 | 392 |
| Sembawang DRC | Fourth-timers and reception centre for all cases | 114 | 15 | 129 |
| Jalan Awan DRC | Fourth-timers and above | 4 | 0 | 4 |
| Llyod Leas Centre | Inmates under Day Release Scheme | 21 | 3 | 24 |
| SAF Detention Barracks** | First-timers (SAF) *** | 26 | 35 | 61 |
| | Total | 765 | 177 | 942 |
| | Number selected for samples | 100 | 100 | 200 |
| | % selected | 13.1 | 56.5 | 21.2 |

* Refers only to male heroin abusers aged 16 - 24 as on 1st February 1993.

** The SAF Detention Barracks was gazetted as an approved institution for the treatment and rehabilitation of drug abusers.

*** As a matter of policy, only first-timers in the SAF are treated and rehabilitated in the SAFDB; repeaters are sent to Changi Prison for three years as part of the SAF's deterrent policy. However prior drug conviction or DRC admission before national service enlistment are disregarded for the purpose of this classification.

APPENDIX VII

**AGENCIES PROVIDING SERVICES FOR MALAY/MUSLIM
DRUG ABUSERS IN SINGAPORE AND EX-ABUSERS**

AGENCIES PROVIDING SERVICES FOR MALAY MUSLIM DRUG ABUSERS AND EX-ABUSERS IN SINGAPORE

| AGENCY | STATED OBJECTIVES | SERVICES OFFERED |
|--|--|---|
| Central Council of Malay Cultural Organisations (Majlis Pusat Pertubonan-Pertubonan Melayu Singapura) | Established in 1969 with the aim of improving the living standards of the Malays, in particular in the fields of education, welfare, culture, sports, youth work and religion. | <ol style="list-style-type: none"> 1. Provides counselling to Malay drug addicts through the Malay Counselling Services of the Singapore Anti-Narcotics Assn. 2. Provides financial assistance to needy families and students. |
| Islamic Theological Association of Singapore (Pertapis) | <p>Founded in 1969. Its specific aims are:</p> <ol style="list-style-type: none"> 1. To organise education for the young and old. 2. To organise and provide bursaries to students who are poor. 3. To organise welfare activities that benefit the community in general. | <ol style="list-style-type: none"> 1. Halfway house for ex-drug addicts. 2. Kindergarten and Childcare Centre. 3. Home for children. 4. Home for the Aged. 5. Shelter for women including unwed mothers. 6. Home for juveniles. 7. Assistance to the poor and needy. 8. Computer Centre. 9. Counselling Centre. 10. Unit (Marriage). 11. Legal Clinic. 12. Befriender Services. |
| Islamic Theological Association of Singapore (Perintis Halfway House) | To rehabilitate ex-drug addicts by providing aftercare services. | <ol style="list-style-type: none"> 1. Religious Classes 2. Group Counselling 3. Narcotics Anonymous Groups 4. Alcoholism Education 5. Family Counselling 6. Family Support Group 7. Young People's Meeting 8. Sports Recreation (Gymnasium, Takraw & Soccer) 9. Musical Recreation 10. Picnics and Outings 11. Vocational Training 12. Academic & Professional Classes. |
| Singapore Pakistan League | | <ol style="list-style-type: none"> 1. Provides financial assistance for destitute Pakistani women on an <i>ad hoc</i> basis. 2. Provides counselling for distressed women. 3. Provides counselling for drug abusers. |
| Singapore Anti-Narcotics Association | Founded in 1972 with the aim of eradicating the evils of drug abuse, abuse of solvents and other substances in co-operation with the relevant Government departments and voluntary organisations. | <ol style="list-style-type: none"> 1. Educates the public in general and in particular the juvenile population on the attendant perils of the abuse of drugs, solvents and other substances. 2. Collects and disseminates information and opinions on the dangers of drug dependence, abuse of drugs and other substances. 3. Provides counselling and aftercare service to drug consumers, abusers of drugs, solvents and other substances. 4. Conducts preventive education programmes against drug and inhalant abuse. |

AGENCIES PROVIDING SERVICES TO NON-MALAYS

| AGENCY | STATED OBJECTIVES | SERVICES OFFERED |
|---|--|--|
| Agape Counselling and Training Centre | <ol style="list-style-type: none"> 1. To operate Christian half-way house. 2. To provide counselling and care to ex-drug addicts, ex-prisoners and youths-on-the-fringe. 3. To provide vocational training. 4. To provide family counselling to the families of the target groups. 5. To promote Christian worship. | <ol style="list-style-type: none"> 1. Drug Rehabilitation services. 2. Youth Counselling. 3. Family Counselling. |
| Breakthrough Missions | <p>Founded in 1983 to provide shelter and aftercare help to ex-drug addicts to enable them to break away from their life-controlling problems and re-establish themselves into family and society.</p> | <ol style="list-style-type: none"> 1. Spiritual counselling. 2. Daily workshop. 3. Night Bible Studies. 4. Music lessons. 5. Recreation. 6. Vocational Training. |
| Central Sikh Gurdwara Board | | <ol style="list-style-type: none"> 1. Provides legal counselling. 2. Gives scholarships to needy students. 3. Runs tuition class. 4. Provides aftercare services for ex-drug abusers. 5. Provides medical counselling on Sundays. |
| Child Guidance Clinic (Ministry of Health) | <p>To provide assessment, diagnosis and rehabilitation of children with emotional and behavioural problems, conducted by a multi-disciplinary team of psychiatrists, psychologists, social workers and teachers.</p> | <ol style="list-style-type: none"> 1. Drug therapy. 2. Play therapy or psychotherapy. 3. Counselling for parents. 4. Behaviour, Family and Marital therapy. 5. Remedial services by specialist teacher. 6. Consultative services for agencies and schools. 7. In-patient treatment. |
| AND | | |
| Child Psychiatric Clinic (Institute of Health) | | |
| Good Shepherd Crisis Centre | <p>To provide temporary (between 6 -12 months) shelter for women and girls, care and counselling for those facing moral dangers, suicidal tendencies and depression.</p> | <p>Services include:</p> <ol style="list-style-type: none"> 1. Counselling and aftercare to help ex-drug addicts and ex-prisoners adjust to social environment. 2. Referral centre for those in need of social service. |
| The Helping Hand | <p>A Christian halfway house founded in 1987 to rehabilitate drug addicts through an 8 month programme.</p> | <ol style="list-style-type: none"> 1. Morning & evening devotions. 2. Bible classes. 3. Work therapy. 4. Recreational activities. 5. Skills development and academic programmes. |
| The Hiding Place | <p>Founded in 1978 to provide aftercare and guidance to ex-drug addicts and ex-convicts. Its specific aims are:</p> <ol style="list-style-type: none"> 1. To preach the gospel to the outcasts in society. 2. To see to the transformation of a drug addict. 3. To provide residential care. 4. To provide employment. 5. To offer aftercare service. | <p>Services include:</p> <ol style="list-style-type: none"> 1. Counselling and aftercare for ex-addicts and ex-convicts to help them readjust to life. 2. Residential care for those prepared to undertake the one-year rehabilitation programme. |
| Marymount Vocational Centre | <p>Founded in Singapore in 1939 to provide shelter for girls and women who needed rehabilitation due to family, social or behavioural problems.</p> | <ol style="list-style-type: none"> 1. Residential care for the rehabilitation and protection of girls facing physical and sexual abuse of from families struggling with alcohol, drug abuse or psychiatric disabilities. 2. Temporary shelter for girls in time of family crisis. 3. Pre-Teenagers' Programme for those between 9-12 years old. |

| | | |
|--|---|--|
| Renewal Self-Development Centre | Established in 1992 as a halfway house to help ex-addicts readjust to society through a one-year residential programme. | To impart Christian teachings to the residents, in particular the concept of community involvement. |
| Singapore American Community Action Council | Formed in 1973 with the aim of combating drug usage and associate problems within the American community in Singapore. The body is a social service organisation providing general mental health and drug abuse prevention programmes. | <ol style="list-style-type: none"> 1. Provides counselling. 2. Organises mental health courses and drug abuse prevention programmes. 3. Runs sport and leisure activities for the American Community. |
| Sri Sathya Sai Society, Singapore | | <ol style="list-style-type: none"> 1. Provides food and financial counselling for needy individuals and families. 2. Provides counselling services. 3. Befriends and provides personal grooming for female residents of Woodlands Home for the Aged. 4. Provides counselling for ex-drug addicts.. |
| Teen Challenge | <p>Set up in 1976 to provide aftercare residential facilities for ex-drug addicts. Its specific aims are:</p> <ol style="list-style-type: none"> 1. To introduce Christian teachings to young people with problems of drug addiction, alcohol, juvenile, delinquency, and other related social origins. 2. To help these young people secure employment through systematic re-education. 3. To restore family relationships by providing ministry to residents' family members. 4. To provide public information to guide other young people. 5. To work together with the Singapore Anti-Narcotics Association through the Christian Counselling Service in the care of former drug addicts in Aftercare Hostels. | <ol style="list-style-type: none"> 1. Men's Aftercare Programme: a one-year residential programme for ex-drug addicts and alcoholics. 2. Teenage Care Programme: a one-year residential programme for inhalant abusers, juvenile delinquents and troubled teenagers. 3. Crisis Care programme: a short-term (up to 3 weeks) crisis intervention for youth. 4. Crisis Hotline: telephone counselling for ex-drug abusers, teenagers and members of affected families. |
| The Turning Point | <p>Set up in 1990 as a halfway house to help women with drug problems (esp. heroin). Its specific objectives are:</p> <ol style="list-style-type: none"> 1. To promote social concern among Christians for female addicts and their families. 2. To operate a non-profit making halfway house for female ex-addicts. | <p>- Residential programme for women and girls who have no suitable place to live after they leave the Government Drug Rehabilitation Centre, or who are in danger of resuming the habit.</p> <p>- Resident spend the first 3 months in the Home following vocational and counselling services. In the second three months, residents go out to work but return for evening activities and accommodation.</p> |

. 1.

APPENDIX VIII

GLOSSARY

GLOSSARY

| | |
|----------------------|--|
| abang-abang | elder brother; also used to address an |
| older male | |
| adat | custom |
| benci | hatred |
| bimbing | guide or lead |
| blur | look 'blank' or not knowing what to do |
| ganja | marijuana |
| gian | craving (for drugs), in Hokkien |
| gotong-royong | co-operation, mutual help |
| grass | ganja or marijuana |
| haj | Muslim pilgrimage to Mecca |
| jagan tepikan mereka | do not isolate them |
| kampong | a village |
| kasihan | pity |
| kenduri | ritual feast to mark a personal or |
| religious | occasion |
| malu | 'loose face' |
| manja | indulge or pamper with affection |
| sakit | sick; used to describe withdrawal |
| symptoms | |
| semangat perkampong | kampong spirit |
| sombong | proud or arrogant |
| songkok | a cap usually made of velvet |
| sudah biasa | common |
| Syariah Court | Muslim Court which deals mainly with |
| family matters | such as marriages and |
| divorce | |
| tangkap sur | experience 'high' or 'kick' |

APPENDIX IX
QUESTIONNAIRE 1 : COMMUNITY, CULTURE
AND DRUG USE SURVEY 1993

COMMUNITY, CULTURE AND DRUG USE SURVEY 1993

QUESTIONNAIRE

INTRODUCTION

Type of Respondent [/] Respondent No [/ /]

Date of Interview: _____ Venue: _____

Time of interview: From _____ To _____

Interviewed by: _____

Instructions: Please put a tick [/] in the box against the item which best describes your own case, situation or view. In some cases, you may tick more than one box. Where no boxes are provided, please answer the question in your own words. Unless otherwise stated, DRC respondents are to refer to the period of one year before their current admission into the DRC.

A. BACKGROUND INFORMATION

1. Age

- Below 16..... [] 1
- 16 - 17..... [] 2
- 18 - 19..... [] 3
- 20 - 21..... [] 4
- 22 - 23..... [] 5
- 24 - 25..... [] 6
- Over 25 (Age in years: _____)..... [] 7

2. Ethnic Group

- Chinese (indicate if Peranakan: Yes/No)..... [] 1
- Malay..... [] 2
- Indian..... [] 3
- Others (Specify: _____)..... [] 4

3. Country of birth

- Singapore..... [] 1
- Malaysia..... [] 2
- Indonesia..... [] 3
- China..... [] 4
- Others (Specify: _____)..... [] 5

4. Religion

- Buddhism..... [] 1
- Taoism..... [] 2
- Islam..... [] 3
- Roman Catholicism..... [] 4
- Christianity (Protestant)..... [] 5
- Others (Specify: _____)..... [] 6

5. Present marital status

- Single.....[]1 (skip to Q.9)
 Married.....[]2
 Widowed.....[]3
 Divorced.....[]4
 Separated.....[]5
6. If married or previously married, what was your age (in years) when you first got married? [/]
7. How many times were you married?
- Once.....[]1
 Twice (2 times).....[]2
 More than twice (Specify number: _____).....[]3
8. How many children do you have from your current marriage? [/]
9. National Service status
- Not yet called up for NS.....[]1 (skip to Q.11)
 Completed full-time NS.....[]2
 Completed part-time NS.....[]3
 Still serving full-time NS.....[]4
 Still serving part-time NS.....[]5
 Others (Specify: _____).....[]6
10. Where do/did you serve your NS? (Go to Q.12)
- In the Singapore Armed Forces.....[]1
 In the Singapore Police Force.....[]2
 In the Singapore Civil Defence Force.....[]3
 Others (Specify: _____).....[]4
11. Why were you not called up for NS?
- Still below age for enlistment.....[]1
 Exempted on medical grounds.....[]2
 Exempted on hardship grounds.....[]3
 Don't know.....[]4
 Others (Specify: _____).....[]5

B. HOUSEHOLD AND FAMILY FEATURES

12. What type of housing do you live in?
- Private flat / apartment.....[]1
 Terraced house.....[]2
 Semi-detached house.....[]3
 Bungalow.....[]4
 HDB / SIT flat.....[]5
 Attap or zinc-roofed house.....[]6
 Shop house.....[]7
 Others (Specify _____).....[]8
13. How many rooms (including living rooms) are there in

your house or flat?

- One room.....[]1
- Two rooms.....[]2
- Three rooms.....[]3
- Four rooms.....[]4
- Five rooms.....[]5
- More than five rooms.....[]6

14. How many persons are there (excluding yourself) living in your house or flat?

- One other person.....[]1
- Two other persons.....[]2
- Three other persons.....[]3
- Four other persons.....[]4
- Five other persons.....[]5
- Six other persons.....[]6
- Seven other persons.....[]7
- Eight other persons.....[]8
- More than eight other persons (Specify: _____)....[]9

15. Where do you usually sleep at night in your house or flat?

- Bedroom.....[]1
- Living room.....[]2
- Kitchen.....[]3
- Other place (Specify: _____).....[]4

16. With how many persons do you share your bedroom or other sleeping place mentioned in Q15 above? [/]

17. Does your family own or rent the house or flat where you presently live?

- Own.....[]1
- Rent.....[]2
- Not sure / don't know.....[]3
- Others (Specify: _____).....[]4

18. Are both your natural parents living with you in the same house or flat?

- Both father and mother living with me.....[]1
- Only father living with me.....[]2
- Only mother living with me.....[]3
- Neither of them living with me.....[]4

19. What is the postal district of your house or flat?
[/ / /]

20. Which of the following items are there in your house

or flat?

| | <u>Yes</u> | <u>No</u> |
|-----------------------|------------|-----------|
| Colour television | []1 | []2 |
| Washing machine | []1 | []2 |
| video cassette player | []1 | []2 |
| motor cycle | []1 | []2 |
| motor car | []1 | []2 |

21. How long have you been living in this house or flat?

| | |
|--------------------------|------|
| Less than one year..... | []1 |
| one - two years..... | []2 |
| three - four years..... | []3 |
| five - six years..... | []4 |
| seven - eight years..... | []5 |
| nine - ten years..... | []6 |
| Over ten years..... | []7 |

22. How many times has your family moved house during the past ten years?

| | |
|---------------------------|------|
| None..... | []1 |
| Once..... | []2 |
| Twice (two times)..... | []3 |
| Three times..... | []4 |
| Four times..... | []5 |
| Five times..... | []6 |
| More than five times..... | []7 |

23. Was your family ever affected by the government (HDB/HUDC/URA) resettlement programme?

| | |
|----------------------------|------|
| Yes..... | []1 |
| No..... | []2 |
| Not sure / Don't know..... | []3 |

24. Have you ever been fostered out to a relative or another family?

| | |
|--------------------------------|------|
| Yes, once only..... | []1 |
| Yes, twice..... | []2 |
| Yes, three times..... | []3 |
| Yes, four times..... | []4 |
| Yes, more than four times..... | []5 |
| No, never..... | []6 |
| Not sure / don't know..... | []7 |

25. Now please tell me something about your parents. Where were your parents born?

| | <u>Father</u> | <u>Mother</u> |
|----------------|---------------|---------------|
| Singapore..... | []1 | []1 |
| Malaysia..... | []2 | []2 |
| Indonesia..... | []3 | []3 |
| China..... | []4 | []4 |

| | | |
|------------------------|------|------|
| India..... | []5 | []5 |
| Others (Specify:_____) | []6 | []6 |

26. Parents' ethnic group

| | <u>Father</u> | <u>Mother</u> |
|------------------------|---------------|---------------|
| Chinese..... | []1 | []1 |
| Malay..... | []2 | []2 |
| Indian..... | []3 | []3 |
| Others (Specify:_____) | []4 | []4 |

27. Parents' religion

| | <u>Father</u> | <u>Mother</u> |
|--------------------------------|---------------|---------------|
| Buddhism..... | []1 | []1 |
| Taoism..... | []2 | []2 |
| Islam..... | []3 | []3 |
| Hinduism..... | []4 | []4 |
| Roman Catholicism..... | []5 | []5 |
| Christianity (protestant)..... | []6 | []6 |
| Others (Specify:_____) | []7 | []7 |

28. Parents' age

| | <u>Father</u> | <u>Mother</u> |
|---------------|---------------|---------------|
| Under 36..... | []1 | []1 |
| 36 - 40..... | []2 | []2 |
| 41 - 45..... | []3 | []3 |
| 46 - 50..... | []4 | []4 |
| 51 - 55..... | []5 | []5 |
| 56 - 60..... | []6 | []6 |
| Over 60..... | []7 | []7 |

29. What was the highest educational level attained by your parents?

| | <u>Father</u> | <u>Mother</u> |
|-------------------------------------|---------------|---------------|
| No formal education..... | []1 | []1 |
| Attended primary education..... | []2 | []2 |
| Attended some secondary education.. | []3 | []3 |
| Attended 'O' level..... | []4 | []4 |
| Attended 'A' level..... | []5 | []5 |
| Attended diploma / degree course... | []6 | []6 |
| Others (Specify:_____) | []7 | []7 |

30. What was the language medium of your parents' highest schooling?

| | <u>Father</u> | <u>Mother</u> |
|------------------------------------|---------------|---------------|
| English..... | []1 | []1 |
| Malay..... | []2 | []2 |
| Others (Specify:_____) | []3 | []3 |
| No schooling / not applicable..... | []4 | []4 |

31. What is the current occupational status of your'

parents?

| | <u>Father</u> | <u>Mother</u> |
|-----------------------------------|---------------|---------------|
| Unemployed / housewife..... | []1 | []1 |
| Odd job worker..... | []2 | []2 |
| Unskilled worker..... | []3 | []3 |
| Skilled worker..... | []4 | []4 |
| Sales worker..... | []5 | []5 |
| Clerical worker..... | []6 | []6 |
| Executive / managerial staff..... | []7 | []7 |
| Professional staff..... | []8 | []8 |
| Others (Specify: _____)..... | []9 | []9 |

32. What is the combined monthly gross income (approximate) of your family?

| | |
|-----------------------|-------|
| Below \$500..... | []1 |
| \$500 - <\$800..... | []2 |
| \$800 - <\$1100..... | []3 |
| \$1100 - <\$1400..... | []4 |
| \$1400 - <\$1700..... | []5 |
| \$1700 - <\$2000..... | []6 |
| \$2000 - <\$2300..... | []7 |
| \$2300 - <\$2600..... | []8 |
| \$2600 - <\$2900..... | []9 |
| \$2900 and above..... | []10 |

33. What position do you hold among your brothers and sisters?

| | |
|-----------------|------|
| Eldest..... | []1 |
| Middle..... | []2 |
| Youngest..... | []3 |
| Only child..... | []4 |

34. How would you describe your relationship with your father and mother?

| | <u>Father</u> | <u>Mother</u> |
|---------------------|---------------|---------------|
| Very good..... | []1 | []1 |
| Good..... | []2 | []2 |
| Fair..... | []3 | []3 |
| Bad..... | []4 | []4 |
| Very bad..... | []5 | []5 |
| Not applicable..... | []6 | []6 |

35. Are you closer to your father or mother?

| | |
|--|------|
| Closer to father..... | []1 |
| Closer to mother..... | []2 |
| Just as close to both father and mother..... | []3 |
| Not close to either father or mother..... | []4 |
| Not applicable..... | []5 |

36. Husbands and wives sometimes quarrel with each other.

How often do / did your parents quarrel?

- Very often..... []1
- often..... []2
- Sometimes..... []3
- seldom..... []4
- Not sure / don't know..... []5

37. How would you describe the discipline exercised by your parents at home?

- | | <u>Father</u> | <u>Mother</u> |
|-----------------------|---------------|---------------|
| Always strict..... | []1 | []1 |
| Sometimes strict..... | []2 | []2 |
| Always lenient..... | []3 | []3 |
| Erratic..... | []4 | []4 |
| Not applicable..... | []5 | []5 |

38. Do you seek permission from your parents when you wish to go out?

- | | <u>Father</u> | <u>Mother</u> |
|------------------------|---------------|---------------|
| Yes, all the time..... | []1 | []1 |
| Yes, sometimes..... | []2 | []2 |
| No..... | []3 | []3 |
| Not applicable..... | []4 | []4 |

39. How often do you do the following with your family?

- | | <u>Once a</u>
<u>day or</u>
<u>more</u> | <u>2 - 6</u>
<u>times</u>
<u>a week</u> | <u>Once a</u>
<u>week</u>
<u>or less</u> | <u>Never</u> |
|---|---|---|--|--------------|
| 1. Have a meal together... | []1 | []2 | []3 | []4 |
| 2. Watch television together..... | []1 | []2 | []3 | []4 |
| 3. Go out together..... | []1 | []2 | []3 | []4 |
| 4. Have a chit-chat with your family..... | []1 | []2 | []2 | []4 |
| 5. Pray together at home.. | []1 | []2 | []3 | []4 |

C. LIFESTYLE AND CULTURAL PATTERNS

40. On the average, roughly how many hours per day do / did you spend on the following leisure activities?

- | | <u>No of hours</u> |
|--|--------------------|
| 1. Watch television or video..... | () |
| 2. Listen to the radio or cassette tape..... | () |
| 3. Play any musical instrument..... | () |
| 4. Do household chores..... | () |
| 5. Play a sport or game..... | () |
| 6. Read a newspaper, magazine or book..... | () |
| 7. Chit-chat with friends (not on phone).... | () |

8. Others (Specify: _____) ()

41. How often do / did you visit the following places during your free time?

| | <u>Once a week or more</u> | <u>2 - 3 times month</u> | <u>Once a month Or less</u> | <u>Never/ NA</u> |
|---|----------------------------|--------------------------|-----------------------------|------------------|
| 1. Friend's house..... | []1 | []2 | []3 | [] |
| 2. Girlfriend's house.... | []1 | []2 | []3 | []4 |
| 3. A shopping centre..... | []1 | []2 | []3 | []4 |
| 4. A cinema..... | []1 | []2 | []3 | []4 |
| 5. A hawker centre/ foodcourt..... | []1 | []2 | []3 | []4 |
| 6. A coffee shop..... | []1 | []2 | []3 | []4 |
| 7. A sarabat stall..... | []1 | []2 | []3 | []4 |
| 8. A discotheque/karaoke lounge..... | []1 | []2 | []3 | []4 |
| 9. A nightclub..... | []1 | []2 | []3 | []4 |
| 10. A hotel lounge..... | []1 | []2 | []3 | []4 |
| 11. A billiard saloon..... | []1 | []2 | []3 | []4 |
| 12. A video-game parlour.. | []1 | []2 | []3 | []4 |
| 13. A seaside resort/beach | []1 | []2 | []3 | []4 |
| 14. A park..... | []1 | []2 | []3 | []4 |
| 15. A community centre.... | []1 | []2 | []3 | []4 |
| 16. A library..... | []1 | []2 | []3 | []4 |
| 17. A void deck (HDB)..... | []1 | []2 | []3 | []4 |
| 18. Johor Bahru..... | []1 | []2 | []3 | []4 |
| 19. Other parts of Penin- sula Malaysia..... | []1 | []2 | []3 | []4 |

42. How often do you listen to the following kind of music?

| | <u>Very Often</u> | <u>Some-times</u> | <u>Seldom</u> | <u>Never</u> |
|----------------------------|-------------------|-------------------|---------------|--------------|
| Western rock music | []1 | []2 | []3 | []4 |
| Malay pop music..... | []1 | []2 | []3 | []4 |
| Classical music..... | []1 | []2 | []3 | []4 |
| Jazz / Blues..... | []1 | []2 | []3 | []4 |
| Malay folk music..... | []1 | []2 | []3 | []4 |
| Others (Specify: _____) .. | []1 | []2 | []3 | []4 |

43. Nowadays, how often do you engage in the following?

| | <u>Very Often</u> | <u>Some-times</u> | <u>Seldom</u> | <u>Never</u> |
|---|-------------------|-------------------|---------------|--------------|
| 1. Speak Malay at home..... | []1 | []2 | []3 | []4 |
| 2. Read a Malay language newspaper..... | []1 | []2 | []3 | []4 |
| 3. Listen to Malay songs.... | []1 | []2 | []3 | []4 |
| 4. Watch Malay programmes on television..... | []1 | []2 | []3 | []4 |
| 5. Take part in Malay dance. | []1 | []2 | []3 | []4 |

6. Wear a traditional Malay dress during festive occasions.....[]1 []2 []3 []4
7. Perform the "minta ma'af" during Hari Raya Puasa...[]1 []2 []3 []4

44. How important do you regard Islam in your daily life?

- Very important.....[]1
 Quite important.....[]2
 Not important.....[]3
 Not sure.....[]4

45. How often do / did you visit a mosque for prayer or religious service?

- More than once a week.....[]1
 Once a week.....[]2
 Two to three times a month.....[]3
 Once a month.....[]4
 Less than once a month.....[]5
 Never.....[]6

46. How frequently do / did you say your prayers?

- More than once a day.....[]1
 Once a day.....[]2
 Two to six times a week.....[]3
 Once a week.....[]4
 Less than once a week.....[]5
 Never.....[]6

47. How long have you attended religious classes in your life?

- More than five years.....[]1
 Three to Four years.....[]2
 One to two years.....[]3
 Six months to one year.....[]4
 Less than six months.....[]5
 Never attended.....[]6

48. Nowadays, how often do you observe the following religious activities?

- | | <u>Always</u> | <u>Some-</u>
<u>times</u> | <u>Seldom</u> | <u>Never</u> |
|--|---------------|------------------------------|---------------|--------------|
| 1. Fast during the month of Ramadan..... | []1 | []2 | []3 | []4 |
| 2. Read the Holy Koran..... | []1 | []2 | []3 | []4 |
| 3. Go to mosque on Fridays. | []1 | []2 | []3 | []4 |
| 4. Celebrate Prophet's birthday..... | []1 | []2 | []3 | []4 |
| 5. Celebrate Hari Raya | | | | |

- Puasa.....[]1 []2 []3 []4
- 6. Celebrate Hari Raya Haji[]1 []2 []3 []4
- 7. Celebrate Muslim New Year.....[]1 []2 []3 []4
- 8. Celebrate Israk & Mikraj[]1 []2 []3 []4
- 9. Celebrate Nisfu night...[]1 []2 []3 []4

49. Have you ever accepted a beer or other alcoholic beverage (eg. wine, liquor, etc.)?

- Yes, several times.....[]1
- Yes, once or twice only.....[]2
- No, never.....[]3

50. Have you ever tasted pork (not by accident)?

- Yes.....[]1
- No.....[]2

51. Have you ever been involved in a gambling session where money was involved?

- Yes.....[]1
- No.....[]2

52. Have you performed the Haj to Mecca?

- Yes, more than once.....[]1
- Yes, once only.....[]2
- No, but will do at least once.....[]3
- No, but will do more than once.....[]4
- No, has no plan.....[]5

53. Nowadays, how important are the following values to you?

- | | <u>Very</u>
<u>impt</u> | <u>Quite</u>
<u>impt</u> | <u>Not</u>
<u>impt</u> | <u>Not</u>
<u>sure/</u> |
|---------------------------------|----------------------------|-----------------------------|---------------------------|----------------------------|
| 1. To respect your elders..... | []1 | []2 | []3 | []4 |
| 2. To have many friends..... | []1 | []2 | []3 | []4 |
| 3. To be good to neighbours.... | []1 | []2 | []3 | []4 |
| 4. To be courteous at all times | []1 | []2 | []3 | []4 |
| 5. To have a "kampong spirit".. | []1 | []2 | []3 | []4 |
| 6. To have a religion..... | []1 | []2 | []3 | []4 |
| 7. To work hard..... | []1 | []2 | []3 | []4 |
| 8. To get married..... | []1 | []2 | []3 | []4 |
| 9. To plan ahead..... | []1 | []2 | []3 | []4 |

54. Who do / did you associate with most frequently?

- Neighbourhood friends.....[]1
- School mates.....[]2
- Work colleagues.....[]3
- Relatives.....[]4
- Others (Specify: _____).....[]5

55. How many of them are / were there?

One - two.....[]1
 Three - four.....[]2
 Five - six.....[]3
 Seven - eight.....[]4
 Nine - ten.....[]5
 Over ten.....[]6

56. Are / were most of them of the same ethnic group as yourself (ie. Malays)?

All are Malays.....[]1
 Most are Malays.....[]2
 About half are Malays; half others.....[]3
 Few are Malays.....[]4
 None is a Malay.....[]5
 No close friends.....[]6

57. Do / did your parents know of them?

| | <u>Father</u> | <u>Mother</u> |
|----------------------------------|---------------|---------------|
| Yes, all of them.....[]1 | []1 | []2 |
| Yes, some of them.....[]2 | []2 | []2 |
| No.....[]3 | []3 | []2 |
| Not sure/not applicable.....[]4 | []4 | []2 |

58. Do / did you parents approve of them?

| | <u>Father</u> | <u>Mother</u> |
|----------------------------------|---------------|---------------|
| Approve all.....[]1 | []1 | []2 |
| Approve some.....[]1 | []1 | []2 |
| Disapprove.....[]1 | []1 | []2 |
| Indifferent.....[]1 | []1 | []2 |
| Not sure/not applicable.....[]1 | []1 | []2 |

59. How many of them are / were involved in the following activities?

| | <u>All</u> | <u>Some</u> | <u>None</u> | <u>Don't Know</u> |
|--|------------|-------------|-------------|-------------------|
| 1. Smoking.....[]1 | []1 | []2 | []3 | []4 |
| 2. Gambling.....[]1 | []1 | []2 | []3 | []4 |
| 3. Taking drugs for non-medical use.....[]1 | []1 | []2 | []3 | []4 |
| 4. Secret societies.....[]1 | []1 | []2 | []3 | []4 |
| 5. Selling drugs.....[]1 | []1 | []2 | []3 | []4 |
| 6. Stealing or burglary....[]1 | []1 | []2 | []3 | []4 |
| 7. Robbery.....[]1 | []1 | []2 | []3 | []4 |

D. PERSONAL HISTORY

60. I would now like to ask something about yourself. This is to allow us to make comparisons between people of different backgrounds. What is your highest educational level attained?

- No formal education..... [] 1
- Attended primary education..... [] 2
- Attended some secondary education..... [] 3
- Attended 'O' level..... [] 4
- Attended 'A' level..... [] 5
- Others (Specify: _____)..... [] 6

61. Language medium of education:

- English..... [] 1
- Malay..... [] 2
- Others (Specify: _____)..... [] 3
- No schooling / not applicable..... [] 4

62. What was your age (in years) when you left school?
[/]

63. What is the highest level of education that you hope to achieve?

- No plan / not interested in further studies..... [] 1
- Complete primary education..... [] 2
- Complete some secondary education..... [] 3
- Complete vocational / trade training..... [] 4
- Complete 'O' level..... [] 5
- Complete 'A' level..... [] 6
- Complete diploma / degree..... [] 7
- Others (Specify: _____)..... [] 8

64. Why did you leave school at that time?

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Could not cope with school work.... | [] 1 | [] 2 |
| 2. Parents wanted me to leave school.. | [] 1 | [] 2 |
| 3. Had lost interest in studies..... | [] 1 | [] 2 |
| 4. Had financial difficulty..... | [] 1 | [] 2 |
| 5. Was expelled from school..... | [] 1 | [] 2 |
| 6. Others (Specify: _____) .. | [] 1 | [] 2 |

65. What is / was your employment status?

- Unemployed..... [] 1
- Full-time student..... [] 2
- Full-time national serviceman..... [] 3
- Odd job worker..... [] 4
- Sales worker..... [] 5
- Unskilled worker..... [] 6
- Skilled worker..... [] 7
- Clerical worker..... [] 8

- Executive or managerial staff..... [] 19
- Professional staff..... [] 10
- Others (Specify: _____)..... [] 11

Actual job title: _____

66. At what age (in years) did you first gain full-time or part-time paid employment?

| | <u>Age</u> | <u>Job Title</u> |
|--------------------------|------------|------------------|
| First full-time job..... | [/] | _____ |
| First part-time job..... | [/] | _____ |

67. How long did you stay in your last job?

- Less than 1 month..... [] 1
- 1 to 6 months..... [] 2
- 7 to 12 months..... [] 3
- 13 to 18 months..... [] 4
- 19 to 24 months..... [] 5
- More than 24 months..... [] 6

68. Why did you leave your last job? (If more than one reason, please indicate 1, 2, 3 etc to show the order of importance)

- Unhappy with pay..... [] 1
- Unhappy with bosses / supervisors..... [] 2
- Can't get along with colleagues..... [] 3
- Too far to travel..... [] 4
- Too hard work..... [] 5
- No prospects..... [] 6
- Enlisted for NS..... [] 7
- Dismissed from service..... [] 8
- Arrested for drug use..... [] 9
- Arrested for criminal offence..... [] 10
- Others (Specify: _____)..... [] 11
- Not applicable..... [] 12

69. What is / was your monthly gross pay for your current job? (DRC inmates to refer to last job)

- Below \$200..... [] 1
- \$200 - <\$300..... [] 2
- \$300 - <\$400..... [] 3
- \$400 - <\$500..... [] 4
- \$500 - <\$600..... [] 5
- \$600 - <\$700..... [] 6
- \$700 - <\$800..... [] 7
- \$800 - <\$900..... [] 8
- \$900 - <\$1000..... [] 9
- \$1000 and above..... [] 10
- Not applicable..... [] 11

70. How much of your monthly gross pay do you save up?

- Nil.....[]1
- Up to 10%.....[]2
- Up to a quarter (25%).....[]3
- Up to half (50%).....[]4
- More than half.....[]5
- All.....[]6

71. During the past 10 years, have you ever had the following experiences?

- | | <u>Yes</u> | <u>No</u> | <u>DK/NA</u> |
|--|------------|-----------|--------------|
| 1. Fostered out to another family.. | []1 | []2 | []3 |
| 2. Sent to a Boys' Home or other institution..... | []1 | []2 | []3 |
| 3. Parents physically abused you... | []1 | []2 | []3 |
| 4. Played truant in school..... | []1 | []2 | []3 |
| 5. Expelled or suspended from school..... | []1 | []2 | []3 |
| 6. Left home for more than 24 hrs without permission..... | []1 | []2 | []3 |
| 7. Made to have sexual activity that you did not really want.... | []1 | []2 | []3 |
| 8. Arrested by police (other than for a drug offence)..... | []1 | []2 | []3 |
| 9. Charged for offences against persons..... | []1 | []2 | []3 |
| 10. Charged for offences against property..... | []1 | []2 | []3 |
| 11. Charged for AWOL (NS)..... | []1 | []2 | []3 |
| 12. Had sex before or outside marriage..... | []1 | []2 | []3 |
| 13. Worked as a golf caddie..... | []1 | []2 | []3 |
| 14. Worked in a Chinese funeral band | []1 | []2 | []3 |
| 15. Visited a prostitute..... | []1 | []2 | []3 |

72. Do you feel proud to be a Malay?

- Very proud.....[]1
- Somewhat proud.....[]2
- Not proud at all.....[]3

73. Have you ever belonged to a Malay association or civic society?

- Yes.....[]1
- No (Skip to Q75).....[]2

74. If yes, please state which one(s).

75. Compared to the Chinese and Indian communities, are the Malays doing better or worse in earning a living in Singapore?

| | <u>Chinese</u> | <u>Indian</u> |
|-------------------------------|----------------|---------------|
| Much better off than..... | [] 1 | [] 1 |
| Somewhat better off than..... | [] 2 | [] 2 |
| No difference..... | [] 3 | [] 3 |
| Somewhat worse off than..... | [] 4 | [] 4 |
| Much worse off than..... | [] 5 | [] 5 |
| Not sure / don't know..... | [] 6 | [] 6 |

76. If you have a personal problem, who would you first turn to for help?

| | |
|---------------------------------------|--------|
| Father..... | [] 1 |
| Mother..... | [] 2 |
| Older brother or sister..... | [] 3 |
| Girlfriend..... | [] 4 |
| teacher..... | [] 5 |
| Imam..... | [] 6 |
| Friend..... | [] 7 |
| Counsellor / Counselling hotline..... | [] 8 |
| Others (Specify: _____)..... | [] 9 |
| No one..... | [] 10 |

77. Some people who have problems they cannot resolve think of killing themselves. Have you ever attempted suicide?

| | |
|---------------------------------|-------|
| Never..... | [] 1 |
| Yes, once only..... | [] 2 |
| Yes, two times..... | [] 3 |
| Yes, three times..... | [] 4 |
| Yes, more than three times..... | [] 5 |

E. DRUG USE EXPERIENCE

78. Have you ever smoked cigarettes?

| | |
|-----------------------|-------|
| Yes..... | [] 1 |
| No (Skip to Q81)..... | [] 2 |

79. At what age (in years) did you smoke your first cigarette? [/]

80. Who gave you your first cigarette?

| | |
|------------------------------|-------|
| Father..... | [] 1 |
| Mother..... | [] 2 |
| Brother or sister..... | [] 3 |
| Friend..... | [] 4 |
| Classmate..... | [] 5 |
| Work colleague..... | [] 6 |
| Self bought..... | [] 7 |
| Others (Specify: _____)..... | [] 8 |

81. Which of the following statements best describes your attitude towards heroin and ganja use?
- | | <u>Heroin</u> | <u>Ganja</u> |
|--|---------------|--------------|
| It is a grievous sin and against my religion..... | []1 | []1 |
| It is wrong because it is harmful..... | []2 | []2 |
| It is alright on special occasions..... | []3 | []3 |
| It is ok if you can afford it..... | []4 | []4 |
| It is enjoyable and I'll take it at any costs..... | []5 | []5 |
82. Have you ever taken heroin or ganja for non-medical reasons?
- | | <u>Heroin</u> | <u>Ganja</u> |
|--------------------------|---------------|--------------|
| Yes (Answer Q83-99)..... | []1 | []1 |
| No (Skip to Q100)..... | []1 | []2 |
83. What was your age (in years) when you used drugs (eg. heroin, ganja, etc.) for the very first time?
[/]
84. Which drug was it?
- | | |
|----------------------------------|------|
| Heroin..... | []1 |
| Morphine..... | []2 |
| Ganja (Marijuana, Cannabis)..... | []3 |
| Opium..... | []4 |
| MX pill (methaqualone)..... | []5 |
| LSD..... | []6 |
| Cocaine..... | []7 |
| Others (Specify: _____)..... | []8 |
85. What was your age (in years) when you tried heroin for the very first time?
[/]
86. How did you feel when you had that very first puff or snort or shot or dose of heroin?
- | | |
|--|------|
| I had a pleasant feeling..... | []1 |
| I didn't like it..... | []2 |
| I had both pleasant and unpleasant feelings..... | []3 |
| I felt no effects..... | []4 |
| Others (Specify: _____)..... | []5 |
87. Who gave you the first puff or snort or shot or dose of heroin?
- | | |
|---------------------------------|------|
| Neighbourhood friend | []1 |
| School friend | []2 |
| Girlfriend or wife..... | []3 |
| Work colleague..... | []4 |
| Brother..... | []5 |
| Stranger / pusher / dealer..... | []6 |
| Others (Specify: _____)..... | []7 |

88. Did the following reasons for drug taking apply to you during your first and subsequent heroin use?

| | <u>FIRST</u> | | <u>SUBSEQUENT</u> | |
|--|--------------|-----------|-------------------|-----------|
| | <u>Yes</u> | <u>No</u> | <u>Yes</u> | <u>No</u> |
| 1. To satisfy my curiosity.. | []1 | []2 | []1 | []2 |
| 2. To be accepted by my friends..... | []1 | []2 | []1 | []2 |
| 3. To get high or feel good. | []1 | []2 | []1 | []2 |
| 4. To increase my appreciation of music..... | []1 | []2 | []1 | []2 |
| 5. To enjoy myself..... | []1 | []2 | []1 | []2 |
| 6. To forget my problems.... | []1 | []2 | []1 | []2 |
| 7. To fill my boredom..... | []1 | []2 | []1 | []2 |
| 8. To relax or reduce tensions..... | []1 | []2 | []1 | []2 |
| 9. To improve my sexual satisfaction..... | []1 | []2 | []1 | []2 |
| 10. To impress someone..... | []1 | []2 | []1 | []2 |
| 11. To satisfy an urge..... | []1 | []2 | []1 | []2 |
| 12. To avoid withdrawal discomfort..... | []1 | []2 | []1 | []2 |
| 13. To try something new..... | []1 | []2 | []1 | []2 |
| 14. Others (Specify: _____)..... | []1 | []2 | []1 | []2 |

89. Apart from heroin and ganja, what other drugs have you been using?

| | <u>Yes</u> | <u>No</u> |
|---------------------------------|------------|-----------|
| 1. Morphine..... | []1 | []2 |
| 2. Opium..... | []1 | []2 |
| 3. MX pill (Methaqualone)..... | []1 | []2 |
| 4. LSD..... | []1 | []2 |
| 5. Cocaine..... | []1 | []2 |
| 6. Others (Specify: _____)..... | []1 | []2 |

90. When you were taking heroin, what methods did you use?

| | <u>Yes</u> | <u>No</u> |
|-----------------------------------|------------|-----------|
| 1. Smoking spiked cigarettes..... | []1 | []2 |
| 2. Chasing the dragon..... | []1 | []2 |
| 3. Intravenous injection..... | []1 | []2 |
| 4. Swallowing..... | []1 | []2 |
| 5. Others (Specify: _____)..... | []1 | []2 |

91. Did you usually take heroin alone or with other people?

| | |
|---|------|
| Always alone..... | []1 |
| Always with others..... | []2 |
| Sometimes alone, sometimes with others..... | []3 |

92. Where did your heroin-taking most frequently take place?

- At home..... []1
- Friend's home..... []2
- Relative's home..... []3
- HDB void deck or staircase..... []4
- Hawker centre or coffee shop..... []5
- Coffee house or discotheque or nightclub..... []6
- Deserted beach or park..... []7
- Public toilet..... []8
- Others (Specify: _____)..... []9

93. From whom did you mostly get your heroin from?

- Neighbourhood friend..... []1
- School friend..... []2
- Girlfriend or wife..... []3
- Work colleague..... []4
- Brother..... []5
- Stranger / pusher / dealer..... []6
- Others (Specify: _____)..... []7

94. When you began using heroin frequently, how much on the average did you spend on heroin each week?

- Less than \$20..... []1
- \$20 - <\$50..... []2
- \$50 - <\$80..... []3
- \$80 - <\$110..... []4
- \$110 - <\$140..... []5
- \$140 - <\$170..... []6
- \$170 - <\$200..... []7
- \$200 and above..... []8

95. How did you obtain money to pay for your heroin then?

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Personal savings..... []1 | []1 | []2 |
| 2. Pay / salary..... []1 | []1 | []2 |
| 3. Asked / borrowed from parents..... []1 | []1 | []2 |
| 4. Borrowed from friends..... []1 | []1 | []2 |
| 5. Asked / borrowed from wife or girlfriend..... []1 | []1 | []2 |
| 6. Borrowed from loan sharks..... []1 | []1 | []2 |
| 7. Stole from family..... []1 | []1 | []2 |
| 8. Shoplifting..... []1 | []1 | []2 |
| 9. House burglary..... []1 | []1 | []2 |
| 10. Robbery..... []1 | []1 | []2 |
| 11. Sold drugs..... []1 | []1 | []2 |
| 12. Others (Specify: _____)..... []1 | []1 | []2 |

96. How did your parents react when they first found out that you were using heroin?

- They strongly disapproved and punished me.....[]1
- They somewhat disapproved and advised me to give up.....[]2
- They didn't mind me using drugs.....[]3
- They were indifferent.....[]4
- Others (Specify: _____)....[]5

97. Has any other member of your family ever used drugs for non-medical reasons?

- Yes.....[]1
- No (Skip to Q99).....[]2

98. If Yes, please indicate which one(s): _____

99. People on drugs experience different things. At the time when you were using heroin on a regular basis, did any of the following things apply to you? (Go to Q101)

| | <u>Yes</u> | <u>No</u> | <u>NA</u> |
|--|------------|-----------|-----------|
| 1. Could not concentrate on my job or school work..... | []1 | []2 | []3 |
| 2. Lost interest in girlfriend or spouse..... | []1 | []2 | []3 |
| 3. Lost interest in family..... | []1 | []2 | []3 |
| 4. Felt anxious most of the time | []1 | []2 | []3 |
| 5. Always thinking of ways to obtain drugs..... | []1 | []2 | []3 |
| 6. Living in constant fear of being discovered..... | []1 | []2 | []3 |
| 7. Dropped out of school..... | []1 | []2 | []3 |
| 8. Lost my job..... | []1 | []2 | []3 |
| 9. Couldn't get along with parents..... | []1 | []2 | []3 |
| 10. Stopped going to mosque..... | []1 | []2 | []3 |
| 11. Some friends avoided me..... | []1 | []2 | []3 |
| 12. Others (Specify: _____)..... | []1 | []2 | []3 |

100. If you had not ever tried heroin before, what reasons do you attribute for this?

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Heroin abuse is harmful..... | []1 | []2 |
| 2. Afraid of being arrested..... | []1 | []2 |
| 3. Afraid my parents will come to know about it..... | []1 | []2 |
| 4. Afraid of contracting AIDS..... | []1 | []2 |
| 5. Don't know how to use heroin..... | []1 | []2 |
| 6. Not interested in heroin..... | []1 | []2 |
| 7. It's against my religion..... | []1 | []2 |
| 8. Never been offered heroin..... | []1 | []2 |
| 9. Others (Specify: _____)..... | []1 | []2 |

101. Have you ever tried sniffing glue, thinner or other solvents?

Yes [] 1
No (Skip to Q103) [] 2

102. If Yes, did you sniff glue, thinner or other solvents before or after you started using heroin?

Before using heroin [] 1
After using heroin [] 2
At about the same time [] 3
Can't recall [] 4

103. If No, can you tell me the reasons for not sniffing glue, thinner or other solvents?

| | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Glue sniffing is harmful..... | [] 1 | [] 2 |
| 2. Afraid of being arrested..... | [] 1 | [] 2 |
| 3. Afraid my parents will come to know of it..... | [] 1 | [] 2 |
| 4. Not interested..... | [] 1 | [] 2 |
| 5. It's against my religion..... | [] 1 | [] 2 |
| 6. It doesn't give enough 'high'..... | [] 1 | [] 2 |
| 7. Never occurred to me..... | [] 1 | [] 2 |
| 8. Others (Specify: _____)..... | [] 1 | [] 2 |

104. Have you heard of AIDS?

Yes [] 1
No [] 2

105. Do you think that heroin use can lead to AIDS?

Yes [] 1
No [] 2
Don't know / Not sure [] 3

THANK YOU VERY MUCH FOR YOUR COOPERATION.

APPENDIX X
QUESTIONNAIRE 2 :
SUPPLEMENTARY QUESTIONS
FOR DRC INMATES

SUPPLEMENTARY QUESTIONS FOR DRC INMATES

1. How long have you been receiving treatment and rehabilitation in the DRC? (For repeat cases, please use the latest DRC admission)

- Less than 1 month..... []1
- 1 month - 3 months..... []2
- 4 months - 6 months..... []3
- 7 months - 12 months..... []4
- 13 months - 18 months..... []5
- 19 months - 24 months..... []6
- Over 24 months..... []7

2. Do you wish to be helped to quit drug (heroin) abuse?

- Yes, very much..... []1
- Yes, somewhat..... []2
- No..... []3
- Unsure..... []4

3. Do you find the following activities in DRC helpful to you?

| | <u>Very</u> <u>Helpful</u> | <u>Somewhat</u> <u>Helpful</u> | <u>Little</u> <u>Helpful</u> | <u>Not</u> <u>Helpful</u> | <u>NA</u> |
|-----------------------------------|-------------------------------|-----------------------------------|---------------------------------|------------------------------|-----------|
| 1. Ind Counselling... | []1 | []2 | []3 | []4 | []5 |
| 2. Grp Counselling... | []1 | []2 | []3 | []4 | []5 |
| 3. Religious service. | []1 | []2 | []3 | []4 | []5 |
| 4. Parents' visit.... | []1 | []2 | []3 | []4 | []5 |
| 5. Work therapy..... | []1 | []2 | []3 | []4 | []5 |
| 6. Self-help group... | []1 | []2 | []3 | []4 | []5 |
| 7. Flag raising | []1 | []2 | []3 | []4 | []5 |
| 8. Academic classes.. | []1 | []2 | []3 | []4 | []5 |
| 9. Footdrill..... | []1 | []2 | []3 | []4 | []5 |
| 10. Physical training. | []1 | []2 | []3 | []4 | []5 |
| 11. Recreation..... | []1 | []2 | []3 | []4 | []5 |
| 12. Community service. | []1 | []2 | []3 | []4 | []5 |
| 13. Others (Specify: _____...) | []1 | []2 | []3 | []4 | []5 |

4. Have you encountered any problems in the DRC during the past one year?

- Yes..... []1
- No (Skip to Q6)..... []2

5. If yes, what problems did you encounter? (Please explain)

6. Have you been punished for any misbehaviour or offences committed in the DRC during the past one year?

- Yes..... []1
- No (Skip to Q8)..... []2

7. If yes, what offence(s) were you punished for? (please explain)

8. How frequently does your family visit you in the DRC?

- Once a week or more..... []1
- Two to Three times a month..... []2
- Once a month or less..... []3
- Never..... []4
- No family..... []5

9. Do you have a Malay counsellor?

- Yes..... []1
- No..... []2
- Don't have a counsellor..... []3

10. Do you prefer a Malay or non-Malay counsellor?

- Much prefer a Malay counsellor..... []1
- Rather prefer a Malay counsellor..... []2
- No preference..... []3
- Rather prefer a non-Malay counsellor..... []4
- Much prefer a non-Malay counsellor..... []5

11. Other than a DRC, who else did you go to seek treatment?

- A GP / doctor..... []1
- A bomoh / traditional healer..... []2
- A religious leader / imam..... []3
- Self treatment..... []4
- Never sought help..... []5
- Others (Specify: _____)..... []1

12. Is this your first time in a DRC?

- Yes (Skip to Q16)..... []1
- No..... []2

13. Number of previous admissions to a DRC? [/]

14. What problems did you face when you were last released from a DRC?

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Lost my previous job..... []1 | []1 | []2 |
| 2. Unable to get a job..... []1 | []1 | []2 |
| 3. Family rejected me..... []1 | []1 | []2 |
| 4. My girlfriend left me..... []1 | []1 | []2 |
| 5. Most of friends stayed away..... []1 | []1 | []2 |
| 6. My colleagues looked down upon me..... []1 | []1 | []2 |
| 7. Had no place to live..... []1 | []1 | []2 |
| 8. Others (Specify:.....)..... []1 | []1 | []2 |

15. How long was it from the time you last left a DRC and when you returned to heroin use?

- Less than 1 week.....[]1
- 1 - 2 weeks.....[]2
- 3 - 4 weeks.....[]3
- 5 - 6 weeks.....[]4
- 7 - 8 weeks.....[]5
- Others (Specify: _____).....[]6

16. Do you think that you will go back to heroin when you leave the DRC?

- Definitely yes.....[]1
- Possibly yes.....[]2
- Not sure / don't know.....[]3
- Possibly no.....[]4
- Definitely no.....[]5

17. What is your most immediate plan when you leave the DRC?

- Go back to school.....[]1
- Enrol in a course.....[]2
- Look for a job.....[]3
- Return to my job.....[]4
- Enlist for national service.....[]5
- Get married.....[]6
- No plan / don't know.....[]7
- Others (Specify: _____).....[]8

18. Do you have a tattoo on your body?

- Yes.....[]1
- No (Skip to Q21).....[]2

19. If yes, did you have it done whilst in the DRC or outside?

- In DRC.....[]1
- Outside DRC.....[]2
- Both in DRC and outside DRC.....[]3
- Not applicable.....[]4

20. Why did you have a tattoo done on your body?

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. To look nice / fashionable..... | []1 | []2 |
| 2. To be like the other inmates..... | []1 | []2 |
| 3. To avoid trouble with other inmates..... | []1 | []2 |
| 4. To escape boredom..... | []1 | []2 |
| 5. Others (Specify: _____)..... | []1 | []2 |
| 6. Not applicable..... | []1 | []2 |

21. Do you prefer a Malay or non-Malay Supervision Officer when you leave the DRC?

- Much prefer a Malay Supervision Officer.....[]1
- Rather prefer a Malay Supervision Officer.....[]2
- No preference.....[]3
- Rather prefer a non-Malay Supervision Office.....[]4
- Much prefer a non-Malay Supervision Officer.....[]5

22. Where will you be living upon your release from the DRC?

- 1. Parents' home.....[]1
- 2. Own home.....[]2
- 3. Wife's home.....[]3
- 4. Girlfriend's home.....[]4
- 5. Friend's home.....[]5
- 6. Halfway House.....[]6
- 7. Don't know.....[]7
- 8. Others (Specify: _____).....[]8

23. Would you like to stay in a half-way house when you leave the DRC?

- Yes.....[]1
- No (Skip Q24).....[]2
- Not sure / don't know (Skip Q24).....[]3

24. If yes, which of the following half-way houses do you most prefer?

- 1. Agape Counselling & Training Centre.....[]1
- 2. Breakthrough Mission.....[]2
- 3. Helping Hand.....[]3
- 4. Hiding Place.....[]4
- 5. Perintis.....[]5
- 6. Teen Challenge.....[]6
- 7. The Turning Point.....[]7
- 8. Others (Specify: _____).....[]8

THANK YOU VERY MUCH.

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