**QUESTIONNAIRE**

**Contact Details**

Please provide your contact details in case we need to contact you in connection with this questionnaire. Note that this is optional.

|  |  |
| --- | --- |
|  | Member State  Observer State  Other (please specify) |
| Name of State  Name of Survey Respondent | Singapore |
| Email | Vera\_eu@mha.gov.sg |

**Background**

Within the framework of Human Rights Council resolution 51/21, the Special Rapporteur on the highest attainable standard of physical and mental health has identified health equity as a strategic priority, ranging from the underlying determinants of health to the need to eliminate structural and systemic barriers in accessing health care services, goods, and facilities, particularly among persons living under vulnerable or marginalised circumstances. In compliance with her mandate and in line with these priorities, the Special Rapporteur on the right to health has decided to devote her next thematic report to the Human Rights Council, to be held in June 2024 to the theme of “Drug policies and responses: a right to health framework on harm reduction”.

**Objectives of the report**

All persons are entitled to the enjoyment of the highest attainable standard of physical and mental health, which includes the underlying determinants of health and timely and appropriate health care. In the present report, the Special Rapporteur intends to explore the ways in which harm reduction intersects with the enjoyment of right to health and related human rights. Relying on the frameworks of the social and commercial,[[1]](#footnote-1) determinants of health, the Special Rapporteur will examine the laws, policies, and practices that give rise to the need for harm reduction, as well as the laws, policies, and practices that take a harm reduction approach, aiming to address the negative health, social, and legal outcomes in various contexts.

Harm reduction has been primarily developed in the context of drug use, including needle and syringe programs, supervised injection and drug use facilities, opioid substitution therapy, overdose prevention, and community outreach programs, as well as access to legal assistance, social services, housing, and adequate food. However, in this report, the Special Rapporteur will take a broadened view of harm reduction to examine how this approach can intersect with the right to health and related human rights in other realms, including but not limited to sex work, abortion, and safe sex.

The Special Rapporteur also intends consider harm reduction as key public health interventions for populations that are often stigmatised and discriminated against. She will explore how the laws, policies, and practices that give rise to the need for harm reduction can disproportionately impact certain people, such as those in situations of homelessness or poverty, persons who use drugs, sex workers, women, children, LGBTIQ+ persons, persons with disabilities, persons who are incarcerated or detained, migrants, Indigenous Peoples, Black persons, persons living with HIV or hepatitis, and persons living in rural areas. Taking an anti-coloniality and anti-racism approach, the Special Rapporteur will explore how in some contexts criminalisation and stigmatisation can serve as a legacy of colonialism and slavery.

**Definitions**

Most commonly, harm reduction refers to policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws.[[2]](#footnote-2) For the purposes of this report, the Special Rapporteur defines harm reduction in a broader sense, including the policies, programmes, and practices that aim to minimise the negative health, social, and legal impacts associated with various behaviours and related policies and laws, as exemplified above.

**Questionnaire**

The questionnaire can be downloaded below in English (original language), French and Spanish (unofficial translations). Responses can address some of the questions or all of them, as feasible or preferred.

* Download the questionnaire (WORD): English | Français | Español

# How and where to submit inputs

Inputs may be sent by e-mail by 15 November 2023.

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| --- | --- |
| **E-mail address** | ohchr-[srhealth@un.org](mailto:srhealth@un.org) |
| **E-mail subject line** | Contribution to HRC report - SR right to health |
| **Word limit** | 500 words per question |
| **File formats** | Word and PDF |
| **Accepted languages** | English, French, Spanish |

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# Treatment of inputs/comments received

# Please note that all responses will be published on the official webpage of the mandate of the Special Rapporteur by default.

# Key Questions

*You can choose to answer all or some of the questions below. (500 words limit per question).*

Inputs may be sent by e-mail **by 15 November 2023**.

1. While the concept of harm reduction has traditionally been applied to drug use, the Special Rapporteur is taking a broadened approach to harm reduction. What types of harm reduction policies, programmes, and practices are in place in your community, and what is their purpose or aim? How successful have they been at achieving that aim? Please provide data, as possible.

The world drug problem is a highly complex and multi-faceted issue that inflicts immense damage on the livelihood of communities, and affects the realisation of individuals’ right to health. The challenges posed by illicit and narcotic drugs present themselves in diverse settings and circumstances globally, which necessitates States to take tailored drug control approaches that best suit their own contexts.

Singapore adopts a harm prevention approach to tackling the drug problem, which we have found best serves our needs within our context. This approach focuses on comprehensive preventive drug education, evidence-informed and effective treatment and rehabilitation for abusers, and robust aftercare support.

For those who consume drugs and have no other concurrent criminal offences, they are directed to attend mandatory rehabilitation either in the community or in a Drug Rehabilitation Centre (DRC), depending on their risks and needs. Those placed on community rehabilitation attend counselling and casework provided by an appointed service provider, together with urine supervision. Individuals committed to a DRC first undergo evidence-informed treatment and rehabilitation programmes based on their assessed risks and needs, which are guided by local research as well as best practices from correctional programmes globally. These include psychology-based correctional programmes to address underlying thinking patterns related to substance abuse and addiction, as well as enrichment programmes in life skills and employability skills, with the support of in-house psychologists and Correctional Rehabilitation Specialists.

To facilitate the smooth reintegration of drug abusers into the community, aftercare support and supervision are provided under various community-based programmes to cater to diverse needs and individual profiles. A holistic support structure is in place to assist them, including formulation of case management plans by the Singapore Prison Service (SPS)’s Reintegration Officers and Correctional Rehabilitation Specialists as well as job placement and career guidance support by Yellow Ribbon Singapore (YRSG).[[3]](#footnote-3)

The two-year recidivism rate for drug abusers released from DRC remains low and stable, at 26.1%, for the 2020 release cohort. Our harm prevention approach has worked well for us in our fight against drugs.

1. How do legal frameworks affect the harm reduction policies, programmes, and practices (whether related to drug use or otherwise) that are available in your community, country, or region? Are there laws or policies that either facilitate or serve as a barrier to adopting or implementing certain harm reduction policies, programmes, and practices? Aside from legal and regulatory barriers, are there other obstacles in place? Please provide specific examples.

The primary anti-drug legislation in Singapore is the Misuse of Drugs Act 1975 (MDA), which is complemented by a host of other legislations (e.g., the Criminal Procedure Code for investigative powers, Evidence Act etc.).

The MDA provides the Director of the Central Narcotics Bureau (CNB, Singapore’s drug enforcement agency) with powers to subject an abuser to rehabilitation either in the community or in a DRC, and the administration of the DRC and management of persons committed in a DRC.

The type of rehabilitation programmes and support that an abuser receives is informed by evidence and research. Over the years, SPS and YRSG have stepped up support for abusers. Abusers are also given skills training and work programmes. In 2014, the Mandatory Aftercare Scheme was introduced for offenders with a higher risk of relapse, where they are given compulsory structured programmes after they complete detention.

1. How does the jurisdiction in place in your region/country/state approach the criminalisation (or decriminalisation) of drug use? Please provide disaggregated data, including but not limited to gender, age, race/ethnicity, status of poverty, sexual orientation and the number of persons deprived of liberty for drug possession or consumption.

In Singapore, drug abusers who do not face other concurrent criminal charges will be channeled to the relevant rehabilitation pathways (see answer to Qn 1). This group of abusers may also include those who have minor consumption-related offences like possession of drug-taking utensils or possession of small quantities of drugs. An abuser channeled to the rehabilitation pathway will not have a criminal record.

Our figures for the last 5 years based on total number of drug abusers and their sex are as follows:

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| --- | --- | --- | --- | --- | --- |
| **Total number of drug abusers** | 2018 | 2019 | 2020 | 2021 | 2022 |
| New | 1364 | 1460 | 1151 | 936 | 802 |
| Repeat | 2075 | 2066 | 1905 | 1793 | 2024 |
| Total | 3439 | 3526 | 3056 | 2729 | 2826 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Breakdown by their sex** | 2018 | 2019 | 2020 | 2021 | 2022 |
| Male | 2853 | 2966 | 2527 | 2289 | 2418 |
| Female | 586 | 560 | 529 | 440 | 408 |

1. Beyond reducing the adverse health, social, and legal consequences of drug use, what other areas can benefit from harm reduction policies, programmes, and practices in furtherance of the right to health and related human rights? Examples may include, but are not limited to, the decriminalisation of sex work, the decriminalization of abortion, and safe sex programmes.

N.A.

1. What type of harm reduction policies, programmes, and practices, as well as mental health and other support (e.g., housing, legal, social, educational, and economic), are available for people who use drugs in the community, institutions, or detention facilities? Please share examples of the impact of criminalisation, discrimination, stereotypes and stigma on the different groups of the population e.g., persons in situation of homelessness, migration, or poverty, sex workers, women, children, LGBTIQ+ persons, persons who are detained or incarcerated, persons with disabilities, Indigenous Peoples, Black persons, persons affected by HIV or hepatitis, and persons living in rural areas, etc.).

As part of the harm prevention model, Singapore’s rehabilitation and re-integration approach is guided by evidence-informed practices in corrections literature such as the Risk-Need-Responsivity model, Good Lives model, and Desistance approach. The SPS is the correctional agency with the mandate to provide safe custody and rehabilitation for drug abusers.

Singapore adopts a whole-of-society approach to rehabilitation. We work with community partners to provide employability skills and vocational training, job support, and counselling, to aid ex-drug abusers in their reintegration to society. The programmes aim to build their human capital and develop workplace-positive attitudes and mindsets. Eligible individuals can also pursue academic upgrading while undergoing their mandatory treatment and rehabilitation.

YRSG assists drug abusers to secure jobs prior to their release. As of 2023, there are currently over 6,000 employers registered with YRSG.

Ex-abusers are subjected to community supervision undertaken by the CNB upon the completion of their rehabilitation. This builds on information shared by the SPS and provides ex-abusers with continuous and holistic support to overcome the challenges of drug relapse.

This approach is further supported with the SPS’s concept of throughcare, where continuous, coordinated, and integrated efforts to address the risk and needs of drug offenders are followed through into the community upon their release. Singapore’s throughcare model has allowed us to rehabilitate abusers more effectively and achieve better outcomes, as substantiated by the decrease in the recidivism rate for drug abusers released from the Drug Rehabilitation Centres (DRCs), which has dropped from 67.4% for the 1996 release cohort to 26.1% for the 2020 release cohort.

1. Are there alternative measures to institutionalisation or detention? For example, are there outpatient or inpatient facilities available in your country for people using drugs? Please provide additional details (are they compulsory, voluntary; number available in urban and rural areas; entity in charge; type of support provided and type of staff working in these facilities/centres)?

Singapore adopts a calibrated approach to distinguish between abusers who only consume drugs and those who currently commit other criminal offences (see answers to Qn 1). Adult drug abusers who do not face other concurrent criminal charges will be channelled to the relevant rehabilitation pathways. First time low-risk adult abusers are placed on the Enhanced Direct Supervision Order (EDSO), a non-custodial supervision order without the need for them to be placed in the DRC. The EDSO includes compulsory casework and counselling components which are delivered by social workers.

At the DRC, all drug abusers have daily access to professional medical and psychiatric treatment, including the necessary specialist/emergency follow-up. Post-release, the SPS also refers released drug abusers with outstanding medical issues to hospitals to provide the necessary medical follow-up based on the clinical assessment of the physician and information available in the national healthcare system.

Drug abusers may be allowed to serve part of their rehabilitation in the community under community-based programmes, as part of a step-down approach in facilitating their reintegration journey. Case management support is provided, where case managers or reintegration officers continue to support drug abusers in addressing their reintegration needs. If required, drug abusers also receive employment assistance and referrals to social support agencies for financial or housing assistance. The SPS also works with various NGOs like Singapore Anti-Narcotics Association, Singapore After-Care Association, and religious Social Service Agencies to provide continual prosocial support and engagement for drug abusers after their release.

1. Please provide examples of harm reduction policies, programmes, and practices adopted or implemented with international cooperation or through foreign assistance in your country, as well as their impact on different groups within the population. What types of challenges can arise from reliance on foreign assistance? Please also provide examples focusing on the need for, and impact of, harm reduction policies, programmes, and practices on different groups of the population (e.g., persons in situation of homelessness, migration, or poverty, sex workers, women, children, LGBTIQ+ persons, persons who are detained or incarcerated, persons with disabilities, Indigenous Peoples, Black persons, persons affected by HIV or hepatitis, and persons living in rural areas, etc.).

N.A.

1. Are there programmes of research and innovation related to harm reduction from a right to health perspective (e.g., needle and syringe programmes, supervised injection and drug use facilities, opioid substitution therapy, and others beyond the area of drug use), including outreach and education programmes, in your community, country, or region? Please provide good practices and examples.

In Singapore, these programmes are provided to drug abusers at the onset of their rehabilitation. They include motivational primers and psychology-based correctional programmes to equip them with knowledge and skills to desist from drugs and/ or criminal offending, family programmes to rebuild relationships with their families, as well as befriending and religious programmes.

The Community Supervision is an initiative by CNB to strengthen the supervision regime. It builds on information and work done by SPS to provide them with continuous and holistic support to overcome the challenge of drug relapse.

Building on increasing support from the community, the SPS collaborates with community partners, social service agencies, halfway houses, religious organisations, employers, and volunteers to provide a holistic range of services for drug abuser rehabilitation (see answers to Q5 and 6).

To further strengthen the eco-system of pro-social support to help rehabilitated abusers stay away from drugs, the SPS worked with more than 50 community partners and agencies to set up the Desistor Network (DN) in April 2023, a new initiative that aims to support ex-offenders’ desistance and aid in their successful reintegration into the community, including through providing opportunities for mentorship, training programmes, and peer support.

1. See: [www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health](http://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health) [↑](#footnote-ref-1)
2. See also: <https://undocs.org/Home/Mobile?FinalSymbol=A%2F65%2F255&Language=E&DeviceType=Desktop&LangRequested=False>, para. 50. [↑](#footnote-ref-2)
3. Yellow Ribbon Singapore (YRSG) is a statutory board under Singapore’s Ministry of Home Affairs that aims to galvanise society to uplift offenders through skills and career development, and to co-create opportunities for their successful reintegration and contribution back to society. [↑](#footnote-ref-3)