

10



Commemorating
a Decade of

Dedication

NATIONAL 
ADDICTIONS
MANAGEMENT SERVICE

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Names and identifying details have been changed to protect the privacy of individuals.

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DEPUTY GROUP
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GROUP (NHG)



Professor

Chua Hong Choon

When the National Addictions Management Service (NAMS) started operations in 2010, the team had an uphill task ahead of them. Traditionally, having an addiction – be it to drugs, gambling or alcohol – was perceived by the public as a weakness of character. The truth, however, is more complicated. A big part of the team's job was to demystify addictions by raising public awareness of addictions as a mental health condition, facilitating early detection and intervention, and enabling individuals to recover and lead purposeful lives.

Over the years, the NAMS team has made progress by implementing various programmes to this end. This includes four weekly psychoeducational support groups conducted in the evenings for individuals with addictions and their caregivers. NAMS has also collaborated with the National Council on Problem Gambling (NCPG) to set up a helpline and web chat services in 2007 and 2014 respectively. Since then, problem gamblers and affected family members, who are uncomfortable with face-to-face interaction, are offered an alternative avenue to speak to or text para-counsellors for professional advice. Besides this, NAMS also runs a variety of talks, courses and workshops to engage the public and professionals on addiction prevention, treatment and wellness.

Today, public awareness of addiction issues has improved. According to the second Singapore Mental Health Study conducted in 2016, individuals affected by alcohol abuse, the second most common mental health condition here, are seeking help sooner. Compared to the first study in 2010, treatment delay has shortened from 13 years to 4 years. Individuals with alcohol dependence sought professional help within a year after the start of associated symptoms.

This is an encouraging trend and testament to the team's hard work but there remains much to be done. Stigma continues to be an obstacle that impedes individuals with addiction issues from seeking treatment. The addiction landscape is also changing, with emerging challenges like New Psychoactive Substances (NPS) and behavioural addictions like gaming. This requires us to come up with new ways of doing things and forge stronger links with our community partners as we move ahead.

As NAMS celebrates its 10th anniversary, this book is a timely update on our development and achievements in the past decade. It also affirms the need for NAMS to look forward as we continue to grow and find new ways to manage addictions and advance care for our patients.

CHIEF EXECUTIVE
OFFICER
INSTITUTE OF MENTAL
HEALTH (IMH)



Associate Professor

Daniel Fung

Addiction is often viewed as a pejorative term that is better dealt with using other terminologies like reliance and dependence. In fact, if mental illness connotes violence and fear, then addiction would portray an image of negative and antisocial influence. The concept of addiction in Asia, particularly Singapore, conjures perceptions of draconian laws targeted at nefarious drug users and gangs. However, this is far from reality, as addiction has galvanised a group of dedicated professionals to step forward to establish the NAMS, which arises from our National Mental Health Blueprint (NMHB) and its predecessor, the Community Addictions Management Programme (CAMP).

Addiction management is an art that is practised by the professionals who served as case managers in Singapore's mental health service sector. The roles of these professionals were previously undertaken by trained counsellors who committed themselves to conducting support groups during odd hours with the altruistic objective of bringing together people with substance use disorders to support them in bettering their future. Since its inception, the National Addictions Management Service

(NAMS) has been cultivating a group of such peer support specialists to provide patients with addictions with purposeful assistance and care.

Separately, the scientific aspect of addiction seeks to understand how addictions arise, and how they can be managed. Like many chronic illnesses, addiction is essentially a neurobiological problem which is accentuated by environmental risks that perpetuate in a person's life. Where this is concerned, NAMS undertakes the research and development of evidence-based clinical services that are implementable nationally. Having accumulated a wealth of rewarding experience in addiction treatments, this book showcases the successful application of art and science in the addiction management achievements of NAMS.

The past 10 years does not culminate in the end of a journey but marks the onset of a continuous quest. With this, I would like to congratulate the various authors on their case successes thus far and wish them greater progress in future advancements.

A handwritten signature in black ink, appearing to read 'Daniel Fung'.

PROGRAMME DIRECTOR,
NATIONAL ADDICTIONS
MANAGEMENT SERVICE (NAMS)

INSTITUTE OF MENTAL HEALTH
(IMH)



Adjunct Associate Professor

Lee Cheng

The Institute of Mental Health (IMH) has always been playing an active role in treating and supporting patients with addictions. The institute used to have an inpatient unit, the Alcohol Treatment Centre (ATC) to manage patients with alcohol addiction in the 1990s. Subsequently in the early 2000s, a Community Addictions Management Programme (CAMP) was formed to manage all types of addictions in the community.

Following that in 2008, the National Addictions Management Service (NAMS) was officially formed to provide treatment with a national focus and oversight for the management of addiction disorders. NAMS went on to launch its full clinical services in 2010. It is timely that we pause to document our achievements over the past decade to facilitate our efforts to move on and address some of the challenges that are faced by patients with addictions on their road to recovery. It is important for all mental health professionals who work in the field of addiction psychiatry to focus beyond the symptoms and the course of the addiction disorder. They should strive to recognise the ability of these individuals to

live a fulfilled life while coping with their disorder. We must above all see the person for who he/she is and not the disorder per se.

This book provides an account of the addiction treatment journey in Singapore over the years and an inspiring account of the history of NAMS. Readers are given a chance to learn about the other services of NAMS, such as the helpline service, smoking cessation programmes, acupuncture services and the Community Alcohol Programme (CAP). Besides our thoughtfully designed programmes, collaborations and partnerships with our community partners also play a very important role in the holistic management of addiction disorders. We are honoured to have their continuous support in this purposeful journey.

On this note, I wish to commend the NAMS team for their effort in writing this book. Looking ahead, there is still a lot of work to be done and I believe the team at NAMS will continue to serve patients with full commitment.

EMERITUS CONSULTANT,
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Adjunct Professor

Wong Kim Eng

On 1 August 2008, the National Addictions Management Service (NAMS) was established at the Institute of Mental Health (IMH). Building upon existing practice, NAMS laid the framework to include the enhanced management of behavioural addictions, in particular pathological gambling as it was known then, or gambling disorder in today's definition. With impending plans to build two Integrated Resorts (IRs) in Singapore, NAMS partnered various community partners in anticipation of the opening of the country's very first two casinos within the resorts.


Throughout the years before the founding of NAMS, IMH was Singapore's only tertiary mental health institution, serving as the default provider of addictions management. IMH started out treating people with alcohol addiction and prescription medication addiction, and went on to assist people with illegal substance addiction. As IMH expanded on its clinical skill set, it altered its ward identity over the years to highlight its evolving role - from Alcohol

Treatment Programme (ATP), Alcohol Treatment Unit (ATU) and Alcohol Treatment Centre (ATC) to Community Addictions Management Programme (CAMP), and the current all-encompassing NAMS.

NAMS is helmed by a dedicated team of trained professionals, comprising addiction counsellors, social workers, psychologists, nurses and psychiatrists, who are capable of handling all kinds of addiction cases. It also forms effective and essential collaborations with community partners, government agencies, other restructured hospitals and caregivers to support its treatment programme.

Addictions management is a long and meandering journey, which involves various community involvement before recovery can be achieved. NAMS strives to help patients shorten this rehabilitation journey to realise the goal of early recovery.

A handwritten signature in black ink.



THE
History
OF
ADDICTION TREATMENT
IN SINGAPORE
AND
NATIONAL ADDICTIONS MANAGEMENT SERVICE
(NAMS)

Written by Adj Prof Wong Kim Eng & Mr Suresh Anantha

1990

Beginnings of Addiction Treatment in IMH

Addiction treatment in IMH began modestly in May 1990 with an outpatient Alcohol Treatment Programme (ATP) conducted at the Alcohol Dependency Clinic. The clinic was formerly located at the then Alexandra and Mandalay Day centres.

1993

Introduction of Inpatient Services

An increased demand for inpatient treatment gave rise to the set-up of a 38-bedded ward in 1993. With the introduction of a fledgling inpatient adult psychiatric treatment ward, the clinic was renamed the Alcohol Treatment Unit (ATU). Patients with alcohol issues were collectively managed at IMH Clinic B and the Alexandra Outpatient Clinic.



2001

Evolution of Treatment Services & Launch of BRIDGE Programme

The Alcohol Treatment Centre (ATC) evolved into Community Addictions Management Programme (CAMP) in April 2001. CAMP, which was funded by the Health Services Development Programme (HSDP) under the Ministry of Health (MOH), was set up to treat all types of addictions, including substance and behavioural addictions such as gambling disorder. CAMP started out offering mainly inpatient and outpatient treatments.

In December 2001, a novel day treatment programme called BRIDGE was conceived to link both treatment services. BRIDGE was a 20-day outpatient programme conducted from 10 am to 4 pm. The programme was conducted in a closed group setting, offering psychoeducation, skills development guidance, and peer support.

2005

Establishment of WE Centre for Addictions Recovery and Education (WE CARE)

Building on its progress, CAMP continued to innovate by setting up WE CARE in 2005 at the Alexandra Day Centre (ADC). The primary role of WE CARE was to serve as a drop-in centre for patients, where they could safely interact with one another and centre staff. Eventually, WE CARE grew to become WE CARE Community Services Limited, which is currently located at Kembangan-Chai Chee Community Hub.

2006

Review of Addiction Treatment Services & Launch of Gambling Addiction Management Through Education (GAME)

The 5-year HSDP funding for CAMP ceased in 2006, but it continued to function as an IMH programme. Notwithstanding, the groundwork laid down by CAMP paved the way for the advent of addiction treatment services with a national mandate to treat patients, train professionals, and provide advice to policymakers.

In preparation of the opening of two Integrated Resorts (IRs) on the island state in 2010, CAMP introduced various initiatives to provide support to gamblers, particularly if the number of help-seekers was to increase. An inaugural gambling-themed group programme, GAME was conducted in 2006 and continues its run till this day. Held in the evenings, the entire GAME programme is made up of eight psychoeducation group sessions, which are facilitated by a counsellor and assisted by a peer in recovery.



2007

Set Up of International Advisory Panel (IAP) & Launch of National Addiction Helplines

An IAP was jointly set up in 2007 by MOH and the former Ministry of Community Development, Youth and Sports (MCYS), currently the Ministry of Social and Family Development (MSF), to guide Singapore in the development of a national addictions treatment service with a focus on treating gambling disorders.

In July 2007, an addiction helpline was set up. The helpline had two phone lines with one for gambling support and the other offering assistance for other addictions. Qualified counsellors were rostered to answer calls on the helpline. They had received training on running a gambling helpline by GamCare, the largest problem gambling helpline service provider in the United Kingdom.

In December 2007, CAMP collaborated with the National Council on Problem Gambling (NCPG) to manage the National Problem Gambling Helpline Network. This was part of a national effort to streamline the National Problem Gambling Helpline management and enhance its services by providing phone-based counselling.

2008

Establishment of NAMS

NAMS was set up at IMH in August 2008 with the support of and funding by MOH to provide treatment for people with addictions. NAMS provides treatment and support for patients with addictions to drugs, alcohol, gambling, gaming and others.

2009

Continuing the Quest to Understand Addiction

NAMS has an important task to help deepen understanding of addiction in the local context. In 2009, a dedicated research unit was established to not only track important statistics for the service, but also to build competency in local knowledge of addiction in terms of local prevalence, impact, and treatment efficacy.

Over the years, the research team has published numerous papers, including a double-blind randomised controlled drug trial in 2012 on the effectiveness of Lofexidine in opioid detoxification. Other notable studies comprised the predictors of change in patients with alcohol and gambling disorders, offline and online gambling in Asian population, as well as cognitive impairment and decision-making capabilities of local alcohol and drug users.



TRACING OUR ROOTS

Addiction was not fully understood as a mental health condition for many years but the Institute of Mental Health (IMH) has been offering addiction treatment from as early as 1987. Since then, its addictions management programme has undergone significant transition over the years.

*Medical Director for Woodbridge Hospital, Dr Teo Seng Hock affirmed that persons with alcohol use disorders require psychiatric assistance for "...disoriented thinking, delirium and bizarre behaviour".**



* Straits Times, 23 Oct 1987, p. 15.

2010

Community Outreach & Training

Two casinos in the two IRs on the island began operation in 2010. Prior to their opening, the government introduced deterrent mechanisms to safeguard the public from potential gambling addiction, including casino exclusion orders and capability building in the community to assist individuals and families who may be harmed by gambling.

In line with the government's policy direction, the NCPG was set up under MSF to provide direction on gambling prevention, societal harms and safeguards. NAMS collaborated with NCPG to provide training for community-based agencies, in order to equip them to assist individuals and families effectively.

Towards this end, NAMS worked closely with NCPG to educate the public on the potential harms of gambling. With greater public education and awareness, more people were motivated to seek help earlier. The number of calls made to the helpline increased as the nation geared up for the opening of the casinos. Given the increase in helpline calls, six para-counsellors were added to operate the helpline full time from 2013 onwards.

A One-Stop Clinic

NAMS marked a major milestone in its history with the official opening of Specialist Outpatient Clinic C on 14 July 2010. The new clinic boasts a comfortable and more private setting aimed at providing an environment to encourage patients to come forward and seek help. It would function as a one-stop clinic with its own patient registration and pharmacy counters, consultation rooms, nursing treatment rooms, and therapy rooms for allied health professionals, including counsellors, psychologists, and social workers. NAMS Clinic was officially inaugurated by Professor Satku K, Director of Medical Services, MOH.

Raising Awareness about Gambling Disorder

NAMS published its first book "Don't Gamble Your Life Away: Help for Pathological Gamblers" in 2010. The nine-chapter long book depicted gambling disorder in detail and provided case studies as illustrations, providing advice and a list of useful community resources for gamblers and caregivers. The book is the first local publication on pathological gambling and is written for both professionals and laypersons.

2011

Clinic for Adolescents

Various adolescent services and projects aimed at young patients between 13 and 18 years of age were rebranded under the ReLive label in 2011. This was done to align all educational and publicity materials to project an image that is appealing to young people.

2013

Self-Help Workbook for Problem Gamblers & Creation of National Addictions Awareness Day (NAAD)

The NAMS website was revamped to include video presentations and an online gambling workbook in 2013. The public could go online and complete a gambling workbook, which allowed the user to administer a self-screening test for problem gambling, and work through various chapters that provided advice on lowering gambling risk and managing debts. The online gambling workbook was an avenue to reach out to problem gamblers who were not ready to seek treatment, but might hopefully reflect on their own gambling behaviours, thereby reducing risk of further harm to themselves and family members.

Concurrently in the same year, the creation of NAAD was inaugurated at the South West Community Development Council (CDC). NAAD was conceived to take place in the form of a roadshow that focused on addiction education. It would be conducted at a different CDC once every one to two years, so as to increase public awareness of addiction. Eventually, all five CDCs would get a chance to hold the roadshow. Various community partners were invited to attend and set up booths at the event to publicise their achievements. To date, NAAD had been held at four CDCs, of which the last one was at North East CDC in 2018.

2015

Set Up of Volunteer Management System

During the early CAMP years, recovering patients were hired as staff to tap on their personal experiences and recovery journeys to connect with existing patients. The tradition of getting patients-in-recovery involved in treatment services was continued even as NAMS grew and evolved. Stable patients who had been in recovery for at least two years were recruited as Peer Support Volunteers (PSV) to share their knowledge and experiences during Gambling Addiction Management Through Education (GAME) sessions. The practice was further internalised in 2015 through the set-up of a volunteer management system, which was developed to recruit, manage, train and provide regular supervision to PSVs.



2016

Evolution of BRIDGE & GAME

Over time, new gambling-related service groups were added to complement GAME. These included sessions of GAME-Family targeted at caregivers, and Gamblers Anonymous for GAME graduates, which were all conducted on Thursday evenings.

In 2016, service groups targeting patients recovering from substance use and their caregivers were revamped and enhanced. The remodelled groups rode on the foundation and early success of BRIDGE during the CAMP years and were duly referred to as BRIDGE (for patients) and BRIDGE- Family (for caregivers). BRIDGE differentiated itself from prior groups by leveraging on smart phone technology. Through a chat group administered by BRIDGE, group members were able to post meeting reminders and group activities updates.

2018

Bringing Home a Message of Hope and Recovery & Launch of CAP

NAMS produced another book "Hope in Adversity" in March 2018. Using the first-person narrative approach to recount personal stories, the book chronicled how patients and caregivers were able to bounce back and put their lives in order after overcoming years of adversity caused by addiction.

In April 2018, the Community Addiction Programme (CAP) was launched as a new service targeted at patients with alcohol use disorder who had frequent emergency room visits in a year. Applying the Assertive Community Treatment (ACT) approach, these patients were actively supervised with regular home visits, so as to reduce their hospitalisation likelihood and effectively manage them in the community.

Moving Forward

A major difficulty faced by most addiction centres in the world is the treatment gap, which could be as high as 90% or higher. However, Singapore has bucked the general trend in the last decade with the national treatment gap for alcohol abuse decreasing from 97% in 2010 to 81% in 2016, while treatment procrastination period for alcohol abuse shortened from 13 years in 2010 to 4 years in 2016¹.

On the same note, the life time prevalence of alcohol abuse has increased from 3.1% in 2010 to 4.1% in 2016, although alcohol dependence remained stable at 0.5%¹. In this aspect, plans are afoot to intensify efforts in preventive education, as well as early detection of alcohol and other addictions.

The research unit will also be embarking on studies that analyse the impact of technology on addictive behaviours, and the use of applications to manage urges and cravings.

The use of technology holds great promise for NAMS, as it examines the ways applications and teleconferencing can be used to bolster treatment.

Over the years, there has been many changes in the addiction landscape. Concerns about addictions have evolved to include the current addictive potential of technology, and newer designer drugs in the market. These developments not only present new challenges to the society, but further highlight the need for an organisation like NAMS. Much work remains to be done as NAMS seeks to continue in its journey to grow and innovate, and stay ahead of the game in treating addictions.



¹ Subramaniam M et al (2019). Tracking the mental health of a nation: prevalence and correlates of mental disorders in the second Singapore mental health study. *Epidemiology and Psychiatric Sciences*, 29, (e29), pp. 1-10. <https://doi.org/10.1017/S2045796019000179>



Reassuring Support

OUR SERVICES

Since its inception in 2008, the National Addictions Management Service (NAMS) has been the psychological pillar of patients, providing inpatient and outpatient services. Even after patients are discharged, support continues in the form of counselling and psychological therapy.

NAMS remains committed to be the reassuring force behind patients with addiction and mental health issues.

Written by
Dr Sandor Heng

Inpatient Services

In the past, detoxification (commonly referred to as “cold turkey”) often did not involve medical supervision and would be conducted in the community. In 2008, the NAMS ward was set up to provide inpatient treatment for individuals experiencing alcohol and drug addictions. It provides clinical management for patients who are undergoing detoxification, a process whereby individuals abruptly halt prolonged use of addictive substances resulting in withdrawal symptoms.



NAMS inpatient team

Since its inception, NAMS ward has been an avenue for individuals who are seeking inpatient detoxification treatment. The ward offers a carefully conceived inpatient programme that follows a medically-supervised detoxification regime. It can admit up to 26 patients with treatment being provided by a multidisciplinary team consisting of a psychiatrist, a team of nurses, and a team of allied health professionals made up of counsellors, a psychologist, and a medical social worker.

The NAMS Inpatient Programme (NIP) strives to stabilise patients' conditions by getting them to participate in rehabilitative activities, so as to minimise the risk of relapse after discharge. Rehabilitation involves customised individual case management and counselling through working together with community partners and patients' families wherever possible; conducting psychoeducation modules; and engaging patients through social and recreational activities. The programme also offers patients with other specialty services options, such as medical social work and psychological services. The NIP is outlined below:

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9.00am – 9.30am	Community Meeting	Community Meeting	Free Time	Community Meeting	Community Meeting
10.30am – 11.30am	Emotional Regulation Skills	Healthy Social Activities Outdoor / Indoor	Briefing by Community Partners	My Relapse Prevention Plan	Community Resources/ Understanding Sleep
12.00pm – 12.30pm	Lunch	Lunch	Lunch	Lunch	Lunch
12.30pm – 2.30pm	Personal Time	Personal Time	Personal Time	Personal Time	Personal Time
2.30pm – 3.00pm	Tea Break	Tea Break	Tea Break	Tea Break	Tea Break
3.30pm – 4.30pm	Understanding Recovery	Recovery & Work	Understanding Addiction	Healthy Social Activities Outdoor / Indoor	Healthy Activities - Karaoke
5.00pm – 5.30pm	Dinner	Dinner	Dinner	Dinner	Dinner

Over the years, NIP has evolved to meet the ever-changing needs of patients. Notable developments include: 1) introducing a gambling module to cater to patients suffering from gambling disorder, 2) expanding NIP activities beyond classroom settings with activities being conducted at various indoor and outdoor venues within the hospital, 3) strengthening ties with community partners to provide a wider range of resources that patients can tap on upon discharge, and 4) creating volunteer opportunities for former NAMS patients to help peers who are still in active treatment.



Patient appreciation lunch 2018

Other novel initiatives from NIP consist of the express detox pathway, which allows partners such as halfway houses and drop-in centres to refer their patients to NAMS for accelerated admissions. Subsequently, the patients can then return to their respective centres for step-down care and continual rehabilitation.

Another scheme is the Compliance Improvement Programme (CIP), which is specially created to better prepare and orientate patients for NIP. This programme is targeted at patients with issues during their previous admissions, who are observed to have discharged themselves prematurely, have frequent admission record, and had violated ward rules in the past.

At the end of the inpatient programme, patients will be assisted by the BRIDGE Recovery Support Group which was started to help patients integrate into the community. Returning to society and confronting reality can be intimidating for patients, especially for those who had multiple medical and psychosocial needs. They might not know where or how to seek help, and what resources are available for them to tap on. In this aspect, BRIDGE serves as a support network to connect patients with NAMS and their peers. It aims to promote discussion amongst group participants, enabling sharing of collective wisdom to foster a supporting environment.



Recovery medallion keychain

Moving forward, NAMS has plans to further improve its inpatient care model. With funding assistance from Ministry of Health (MOH), the NAMS ward will be upgrading its infrastructure to increase its capacity from 26 to 40 patients. The ward will be divided into two sections to segregate patients who are in different phases of treatment, so as to keep negative peer influence at bay to prevent undermining a patient's determination and progress.

OUR SERVICES

Inpatient Services

Furthermore, a significant number of patients would be struggling with co-occurring psychiatric conditions on admission, hence the segregation would better cater to patients' specific needs. The larger ward section would provide medical supervision for patients' detoxification needs and co-occurring psychiatric conditions; while the other smaller section would focus on rehabilitation, which involves an enhanced individual counselling process and intensive engagement of patients' families during the treatment process.

The new development would also provide opportunities to strengthen the peer support aspect of NIP, thereby promoting positive rather than negative peer influence.

With these plans in place, the NAMS ward and NIP will continue to progress over the years with the adoption of advances in the treatment of addictions. The treatment team has observed the apparent therapeutic value of a patient helping another along the recovery journey, bringing hope to both patients and professionals. It is this promising potential that has been keeping the NAMS ward culture alive.



NAMS ward facilities

OUR SERVICES

Outpatient Services

Written by
Mr Suresh Anantha &
Ms Jamie Susie Thomas

Outpatient Services

Specialist Outpatient Clinic C was set up to offer outpatient services, which include psychiatric consultation, psychological therapy, social work support, individual counselling, and group counselling. The clinic strongly encourages caregivers to participate in the treatment process where possible.

Clinic C is the starting point of most patients' treatment journey. Over here, treatment is provided by a multidisciplinary team of specialists who work together to ensure that holistic treatments are rendered to address the needs of patients. Weekly case discussions are also conducted to allow various professionals to contribute to a patient's treatment plan.



NAMS Specialist Outpatient Clinic C

TYPES OF ADDICTIONS

NAMS treats both substance and behavioural addictions. Substance addiction includes drug and alcohol use, while behavioural addiction constitutes excessive and dysfunctional habits like gambling, gaming, and sex.



NAMS outpatient team

NAMS MULTIDISCIPLINARY TEAM

Psychiatrists

Psychiatrists diagnose and assume primary charge of patients. They will periodically assess their patients' mental health, diagnose, and prescribe medication when appropriate. Psychiatrists will also monitor and manage physical ailments caused by patients' addictive disorders. For serious or chronic medical problems, patients will be referred to general hospitals for further evaluation.

Nurses

NAMS' nurses will orientate patients to the services offered by the centre and document baseline health data, such as blood pressure, during patients' first appointment visits. Nurses also perform blood and urine tests as instructed by the doctors, and monitor patients who are reportedly unwell in the clinic.



Outpatient consultation with doctor

Counsellors

A primary counsellor will be assigned to all patients. The counsellor's role is to help and motivate the patient. They are in charge of working with patients to reflect on their addictive habits and make meaningful changes, while navigating high-risk situations that could lead to relapses. The counsellor also functions as a case manager to help patients seek out services that they might need. Besides individual counselling, they also facilitate support groups for patients and caregivers.

Psychologists

Psychologists offer support to some patients who may require additional psychotherapy for co-existing mental health disorders. Psychological assistance is available at Clinic C by appointment. Our psychologists are also entrusted to conduct various assessments and tests to assist the doctor in formulating a diagnosis, as well as determine a course of treatment.

Medical Social Workers

Medical social workers lend a hand to patients who require financial assistance, or who have accommodation and housing needs. They also assist patients with childcare and elderly care needs, and domestic violence issues. Our medical social workers will assess patients' social needs and refer them to relevant resources.



Pharmacists

Pharmacists offer assistance at the pharmacy in Clinic C, administering medications that are commonly prescribed by doctors for managing mental health conditions, withdrawal symptoms, and cravings.

EVENING SUPPORT GROUPS

Clinic C conducts weekly evening support groups for patients and caregivers. These group sessions are scheduled to allow patients and caregivers to attend their own support groups separately on the same day in different rooms. Support groups that are catered to patients are closed to the public for safety and confidentiality reasons, while those for caregivers are open to the public. The various support groups are outlined below:

- **BRIDGE** is a support group for patients recovering from substance use disorder. Besides the regular weekly sessions, group members are also encouraged to organise and participate in healthy recreational activities organised by the group.
- **BRIDGE-Family** serves caregivers and family members. Caregivers can learn how to help a family member with substance addiction issues, receive support from other caregivers, and practise self-care.
- **Gambling Addiction Management through Education (GAME)** is a series of eight psychoeducational and skill-based sessions conducted in a group format. GAME educates patients about gambling disorder, and encourages members to support one another through their personal recovery journeys.
- **GAME-Family** is targeted at caregivers and family members. Just like GAME, this is also an eight-session psychoeducational support group that covers similar topics. GAME-Family teaches caregivers how to better support the recovery process of a patient with gambling addiction, while taking better care of themselves and other family members.

Written by
Mr SB. Viknesan

Counselling Services

NAMS counsellors and psychologists offer individual and group counselling as part of the rehabilitative process. Through adopting an integrated approach, the centre aims to provide a one-stop holistic solution for patients with addiction and mental health issues. Patient-centred therapy models, which takes patients' needs into careful consideration, are implemented.



Counselling session in the clinic

Cognitive Behavioural Therapy (CBT)

CBT involves structured and manualised interventions. Extensive research has shown that combining CBT with pharmacotherapy is more effective than practising either one on its own. This is particularly so in the treatment of addiction and other co-occurring issues. CBT views psychological and emotional problems as arising from negative and pessimistic thinking, which in turn impact emotions and influence actions and behaviours.

By helping patients to reframe pessimistic thinking or reality distortion, more functional and positive thoughts can then result, which will in turn have a positive impact on their behaviours, emotions and physiology. A patient with addiction who has learnt to adopt a more positive approach towards his problems, will feel reduced urge to turn to addictive habits as a means to cope with negative emotions. The clinician strives to understand the factors that perpetuate a patient's problem, and determine appropriate areas to focus on during the addiction treatment process.

Motivational Interviewing (MI)

MI refers to a non-judgemental and non-confrontational counselling approach to engage patients who are resistant to changes. It focuses on the present and works on engaging patients' intrinsic motivations to change behaviours that are inconsistent with their personal values or goals. This is achieved by increasing patients' awareness of the negative impact that could arise from their current behaviours.

MI encourages patients to think differently about their actions and consider what could be achieved through behavioural changes. The process forges a collaborative relationship between the therapist and the patient. NAMS counsellors work together with patients to come up with customised treatment plans that reflect their current stages of change.

Group Therapy

Group therapy is a behavioural therapy commonly offered as part of addiction treatment in inpatient and outpatient rehabilitation. Patients can benefit from interacting with other recovering patients. NAMS runs groups for people in recovery from addiction and their families, adopting an integrated approach that combines psychoeducation with process-related treatments.

Group therapy can be as effective as individual therapy. In fact, some patients benefit more from group support than individual therapy because effective change can happen within a social context of peers in recovery. In this aspect, group therapy offers rewarding benefits for patients recovering from addiction, which include reduced isolation and opportunity for members to witness the recovery of their peers.



Group therapy



OUR SERVICES
Counselling Services

According to distinguished American existential psychiatrist, Irvin Yalom, therapeutic benefits of group therapy for patients include:

Enhancing self-esteem and confidence as a result of helping others with similar challenges.	Developing a sense of hope knowing that recovery from addiction is possible through listening to other more experienced members who have been in long recovery processes.	Experiencing cathartic and therapeutic feelings as a result of the sharing process.
Promoting self-understanding of an individual's addiction struggles.	Being able to identify with one another's shared experiences of addiction.	Receiving positive peer support and pressure that encourages patients to abstain from addictions.
Learning to cope with addiction and related problems through others' personal experiences.	Ability to be exposed to a familial experience complete with support and nurturing that may be lacking in patients' lives.	Having the opportunity to learn or improve social skills and new ways to talk about feelings, observations and concerns.



OUR SERVICES
Counselling Services

NAMS organises support groups like BRIDGE for substance addiction patients and GAME for patients with gambling addiction. Addiction is not just an individual's struggle but also a family issue that has a rippling effect on the patient's relationship with their loved ones. With this in mind, NAMS developed support groups intended for families, such as BRIDGE-Family and GAME-Family.

It takes a multidisciplinary clinical team to work together with patients and their families to reduce the chances of a relapse. After their treatment processes, the counsellors also link patients with community agencies to further their aftercare on a more long-term basis.

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OTHER SERVICES

Over the years, the National Addictions Management Service (NAMS) has made much progress in its role as an addiction treatment centre. NAMS' suite of offerings has expanded along with its expertise and experience accumulated from its journey with hundreds of patients with addiction disorders in their path to recovery.

Today, NAMS continues in its relentless quest to bring comfort to patients and their families, making them realise there is life after addiction.

Written by
Dr Melvyn Zhang

Adolescent Services

As the demographics of persons with substance use addiction changes over time and contemporary behavioural addictions like Internet addiction/gaming disorder begin to surface, NAMS saw the need to set up a dedicated service for youths and adolescents to address these issues. In 2008, a clinic for adolescents known as ReLive was officially launched.

ReLive is staffed by a multidisciplinary team comprising counsellors who have had experiences working with and counselling children and adolescents, psychologists, family therapist, nurses, social worker and psychiatrist. The ReLive team provides outpatient assessment and counselling intervention for youths who are affected by addictive conditions, ranging from substance addiction to behavioural disorder.

On a patient's first visit, the youth will be jointly assessed by a psychiatrist and a counsellor to determine the extent of addiction and presence of coexisting psychiatric illness (if any). The counselling team will then work with the patient in developing a treatment plan to achieve the intended recovery goals. Although engagement with the youth is imperative to achieving effective recovery, the clinic also actively involves their primary caregivers, as it is widely recognised that parents play a crucial role in helping their loved ones along their abstinence journey. Caregiver engagement is done through psychoeducation and discussing with the patient's parents about their child's development needs to help them set appropriate expectations and boundaries.

In 2015, the clinic partnered the Central Narcotics Bureau (CNB) to launch the Anti-Drug Counselling and Engagement (ACE) programme, which became the mainstay of the clinic's outpatient programmes. This structured rehabilitation programme helps to support youths who are at risk from developing an addictive disorder.

Besides this, the clinic also works closely with the internal Department of Developmental Psychiatry, and others from



NAMS adolescent team



the Response, Early intervention and Assessment in Community Mental Health (REACH) and Early Psychosis Intervention Programme (EPIP) to support youths with substance and behavioural issues. To better facilitate these collaborations, monthly multidisciplinary meetings are set up for all teams to come together and discuss about complex cases. In this aspect, the clinic has also pioneered an Internet addiction and gaming disorder camp named World of Wellness (WOW). The camp seeks to enhance the existing clinical suite of services catering to adolescents with behavioural addictions.

Since inception, the clinic has been very active in its youth outreach efforts. Working together with the Ministry of Education (MOE), the clinic has been engaging various schools through providing educational talks on Internet gaming, as well as youths and addictions. The clinic also regularly contributes to the CNB toolkit, which seeks to educate the general public on youth addiction issues; as well as cooperates with community partners to manage challenging cases. Other outreach efforts include supporting NAMS and other organisations through the set-up of roadshow booths to raise awareness of youth addiction issues.



"Beyond the Label Fest 2019" – NAMS booth



Written by
Dr Charles Mak

Community Addictions Programme (CAP)

Community Addictions Programme (CAP)



CAP team discussion

According to the Singapore Mental Health Study conducted in 2016, alcohol abuse is one of the top three mental disorders in Singapore with a lifetime prevalence of 4.1%. In fact, alcohol abusers are amongst the top three groups of patients who are frequently present at the emergency services. According to Singapore Civil Defence Force (SCDF) data, alcohol abusers make up a large fraction of their top 20 ambulance users.

A relatively small subgroup of alcohol misuse patients known as alcohol-related frequent attenders (ARFAs) are responsible for the significant emergency service burden. ARFAs do not receive addiction treatment, but instead have multiple high frequency admissions to the emergency ward due to alcohol misuse repercussions, such as injuries from falls and/or fights, alcohol intoxication and even loneliness or despair. ARFAs tend to have significant physical, mental and social problems, which contribute to their perpetually poor commitment to addiction treatment programme. This ultimately leads to a diverted but inappropriate strain on other aspects of the healthcare system, such as longer waiting time for other needy patients at the emergency ward and fewer inpatient beds available.

Rightfully, patients with alcohol misuse issues should seek addiction treatment at institutes like NAMS Specialist Outpatient Clinic C. However, the National Institute for Health and Care Excellence (NICE) estimates that only a minority of 6% dependent drinkers actively seek treatment, while 75% of those who do drop out by their fourth session.

In April 2018, NAMS embarked on a pilot programme, CAP to address this problem. CAP is essentially an Assertive Community Treatment (ACT) for alcohol use disorders. Comprising a small team of allied health staff who are led by a psychiatrist, the ACT model of care has been widely applied in overseas institutes and proven to be highly effective in reducing emergency service misuse by the ARFA population.

In contrast to conventional clinic-based addiction intervention, benefits of ACT for alcohol use disorder include:

- Engaging patients assertively through consultations with them in the home or community contexts.
- Adopting a flexible treatment approach to focus on patients' individual goals.
- Providing holistic care that addresses patients' physical and mental health concerns and social needs.
- Enhancing case management and care coordination by collaborating closely with external services and agencies.
- Deploying a shared care approach with an emphasis on multidisciplinary team discussions.

Community Addictions Programme (CAP)

ARFAs, defined as patients with six or more alcohol-related emergency ward visits to any hospital in Singapore over a period of 12 months, were eligible for the CAP pilot programme. The programme aimed to reduce alcohol dependent patients' alcohol-related emergency ward visits, as well as improve their psychosocial and occupational conditions along with overall health. ARFA patients were administered six months of alcohol ACT in accordance to an intensive follow-up schedule that commenced with weekly community visits.

By the end of the 12-month CAP pilot programme, 14 patients had received alcohol ACT. The intervention led to a significant 45% reduction in emergency service misuse. Outcome evaluation using the Christchurch Inventory for Substance-misuse Services (CISS) tool presented positive results. Patients displayed significantly reduced alcohol misuse issues, reflecting an improvement in their psychosocial and occupational state, as well as health. The successful outcome of the CAP pilot programme is currently being documented with the intention of being published for research purposes.

Currently, NAMS is embarking on a Ministry of Health (MOH)-funded collaboration with the Unit for Pre-Hospital Emergency Care (UPEC) to further develop the CAP pilot model. This programme aims to develop and house similar alcohol ACT teams in four restructured hospitals over the course of four years. Restructured hospitals will be equipped to address the ARFA burden at their respective emergency wards, while the CAP team will focus on addressing Institute of Mental Health (IMH)'s needs.

Reflections by a CAP Team Member

"Being in an entirely new service and utilising an ACT approach involved a steep learning curve, which allowed me to deepen my knowledge and skills in working with patients in the community. The ARFAs that CAP work with often have existing medical issues due to their extended periods of heavy alcohol consumption. They may also face many psychosocial issues, such as financial problems, unemployment, family rejection, homelessness, and being in an unhealthy and unsafe social environment. Unfortunately, they often either drop out of treatment or do not want to engage in any supportive services.

As such, one of the initial main challenges was learning how to engage and work with patients to address their multitude of problems, which revolved around their alcohol misuse. We had to first stabilise and address their immediate needs before we could improve their psychosocial well-being. I learnt that building a strong therapeutic alliance was one of the means to achieve this."

Written by
Dr Lambert Low

Smoking Cessation Programme

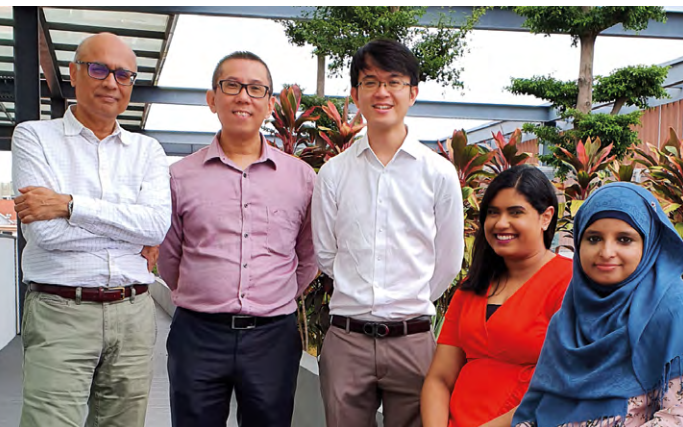
Smoking Cessation Programme

Smokers traditionally have access to nicotine replacement therapy (NRT), which they can purchase over the counter at outpatient pharmacies. However, NRT may not be suitable for some smokers or the quantities that they are using may be inadequate, hence rendering it ineffective. Additionally, it is also important for smokers who are on NRT to receive regular behavioural interventions, in order to increase their chances of quitting smoking successfully, but this aspect is often missing in their treatment. In 2017, NAMS established the Smoking Cessation Programme (SCP), a one-stop centre for the management of nicotine addiction, to fill this current service void. Since its inception, NAMS has had more than 170 referrals of which 19% are adolescents.

SCP's target population is Singapore youths as they tend to form persistent smoking habits, should they pick up smoking at a young age. As such, it is vital to help youths who smoke to quit early, so as to prevent them from being hooked onto smoking. In this aspect, youth counselling requires a different approach and proficiency from counselling adults because the reasons youths smoke differ from adults.

NAMS offers a suite of smoking cessation treatment services, which are run by a multidisciplinary team of doctors, pharmacists, counsellors, medical social workers, operations and outreach staff. Besides NRT, NAMS also offers pharmacological treatment with the use of medications such as bupropion and varenicline. Where heavy smokers are concerned, combination therapy that involves both NRT and medications is explored for better results.

Besides medications and NRT, an important aspect of treatment is regular behavioural support through counselling. Counselling employs various techniques to help smokers manage stress, deal with withdrawal symptoms, cope with peer pressure, as well as manage nicotine addiction. SCP counsellors use motivational



NAMS smoking cessation team

Smoking Cessation Programme (SCP)

interviewing techniques to help smokers undergo the process of behavioural change to quit smoking. Where alternative therapies are concerned, NAMS has two licensed acupuncturists, who are trained in addiction treatment and acupuncture to provide acupuncture as an adjunct treatment for smoking cessation.

Besides helping regular smokers quit smoking, NAMS also caters to smokers with chronic medical or psychiatric ailments. Regular counselling and subsequent follow-up sessions are scheduled to ensure that ex-smokers remain abstinent from smoking. Through a holistic assessment that involves recording expired carbon monoxide readings and conducting the Fagerstrom's Test for Nicotine Dependence (FTND), NAMS monitors ex-smokers' abstinence outcomes. The centre has experience with helping heavy-smoking patients who smoked up to 100 sticks of cigarettes a day. With the right help, quitting smoking is possible even if you have struggled for years.



Smoking cessation poster



Written by
Dr Guo Song

Acupuncture in Management of Addictive Disorders

Acupuncture in Management of Addictive Disorders

In late 2013, NAMS started an acupuncture clinic for addiction treatment. Experience suggests that acupuncture could potentially be an effective tool to help patients cope with some addiction symptoms as part of a holistic addiction treatment.

NAMS administers acupuncture as an adjunct treatment, hence patients are advised to continue the standard treatment plan provided by the multidisciplinary team for their addictions. Acupuncture treatment can start during the acute withdrawal or maintenance phase as a means to relieve patients of acute or protracted withdrawal symptoms and reduce substance dependence or addictive behaviours, such as gambling or compulsive sexual behaviour. This is a low-risk treatment which has very mild side effects.

In order to effectively combine western medicine and Traditional Chinese Medicine (TCM) in the management of addiction, the diagnosis and acupoints are determined by the addiction acupuncturists at the NAMS Acupuncture Clinic. The clinic's acupuncturists, who are trained in addiction psychiatry and TCM acupuncture, will work out the acupoints based on the psychiatric diagnosis and TCM assessment together with the attending doctor.

In general, there are 10 to 20 acupoints in total, which are grouped into two categories, namely fixed points and ad hoc points. Fixed points include the points that are believed to improve Qi flow in the brain such as Zusanli (足三里) and Baihui (百会). Other fixed points include the auricular points that have been proven by the National Acupuncture Detoxification Association (NADA) to be effective for addiction treatment. Separately, the ad hoc points are selected based on the patients' complaints at the moment when they are visiting the clinic, such as body pain or poor sleep.



Acupuncture in Management of Addictive Disorders

Patients are advised to go through an acupuncture programme consisting of six to ten sessions with each session being around 45 minutes – 10 minutes for needling, 30 minutes for needle retention and 5 minutes for needle removal. During treatment, patients will lie supine on a couch in a quiet cubicle. For patients with no prior acupuncture treatment experience, fewer number of needles will be applied for the first session to allow them to get used to the tingling needle sensation. Patients are advised to consume some food before acupuncture sessions to prevent fainting during treatment.

Individuals who have blood coagulation issues or are undergoing treatment with blood thinners should not undergo acupuncture treatment, as with active epilepsy patients. However, Hepatitis B and C, as well as HIV patients should not be excluded from the treatment, although acupuncturists should follow proper sanitary procedures and needle disposal practice for infection control where these patients are concerned.

Acupuncture treatment can potentially help patients cope with sleep problems and pain. Acupuncture treatment can also motivate patients to be more engaged in a programme that combines medication with counselling.



Acupuncture consultation

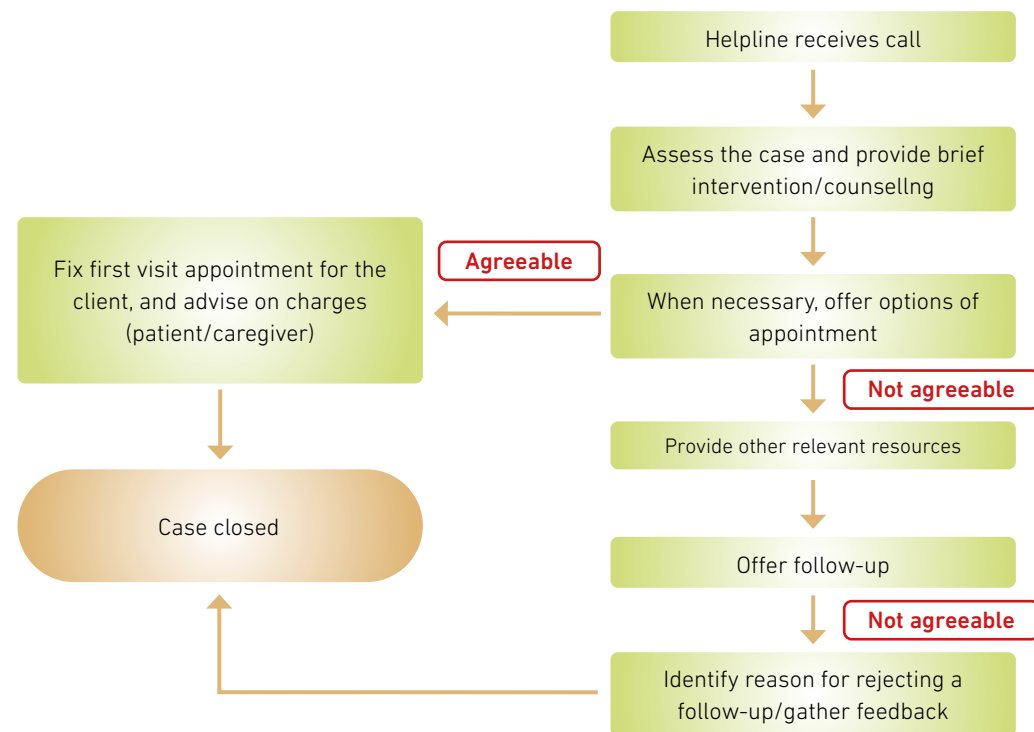
Written by
Ms Nur Kazimah Othman

Helpline Services

In 2007, two addiction helplines were set up, namely the National Problem Gambling Helpline and All Addictions Helpline. Operating 15 hours a day even on weekends and public holidays, these helplines are manned by a team of trained para-counsellors. With a mission to support callers in a responsive, motivating and effective manner, NAMS' helplines support callers through brief tele-counselling sessions and advise on suitable treatment services, while helping callers schedule appointments to visit NAMS.

Over the phone, para-counsellors also provide psychoeducation and coping strategies to help callers anticipate distressing situations that they may face in the future. They encourage callers to seek professional help where deemed necessary. In the event that callers refuse to seek help, a follow-up call plan will be suggested to callers who need further support.

The helplines are openly accessible to the public, particularly targeting individuals with addiction issues and their caregivers, though not exclusively. Contact information of the helplines are available on the NAMS website. Interested individuals may choose to reach out by calling in or submitting an online enquiry.



The process diagram illustrates the flowchart of call management. Each call is handled according to the care management structure to ensure that callers receive the most appropriate and thorough support. Para-counsellors will assess each caller's needs carefully and analyse his/her situation before administering brief intervention and a care plan.

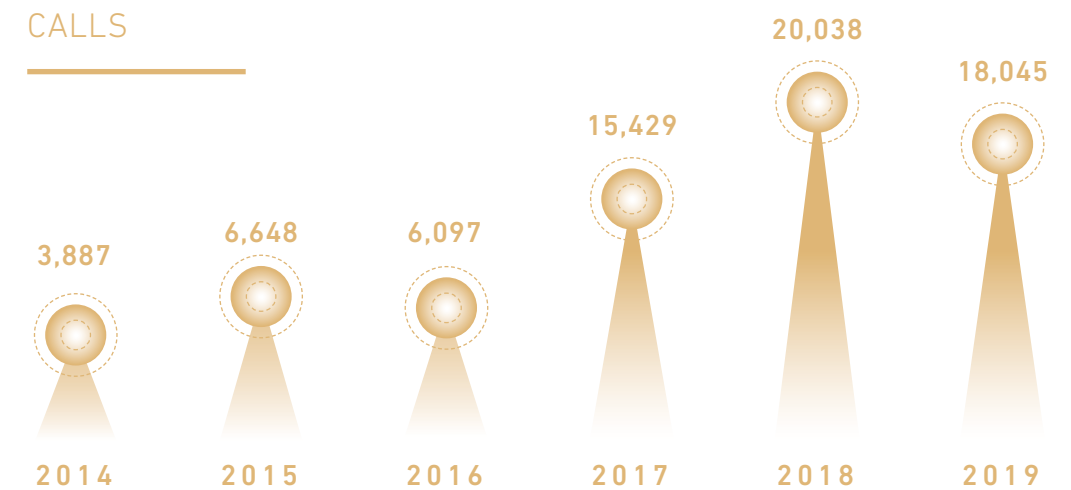
The helplines offer people looking for help with an avenue to talk about their challenges and struggles, which they may find hard to open up to friends and family. Those who need help can have access to the helplines which are readily available to help them feel reassured and well-supported. In return, para-counsellors derive satisfaction from being able to assist these callers even without initiating any face-to-face interaction.

Ultimately, the helplines also strive to provide continuity care for NAMS patients. Working alongside the doctors, psychologists, counsellors, and medical social workers, the para-counsellors endeavour to complement the patients' needs beyond their clinical treatment plans.



Our helpline services

CALLS





RESEARCH

The National Addictions Management Service (NAMS) designs treatment programmes based on data and research. The centre believes in evidence-based care as it tracks effectiveness of treatments using data analysis. Research enables NAMS to find the missing links to help patients battle relapse.

NAMS' research endeavours are reiterations of its commitment towards addiction treatment.

Written by
Ms Charis Ng

Data Collection & Research

As part of the comprehensive treatment services offered by NAMS, patients' therapy progress is tracked by the Treatment Outcome Monitoring (TOM) programme. TOM is a standard procedure for all adult and adolescent patients who have voluntarily sought treatment at NAMS for substance, gambling, and behavioural addictions.

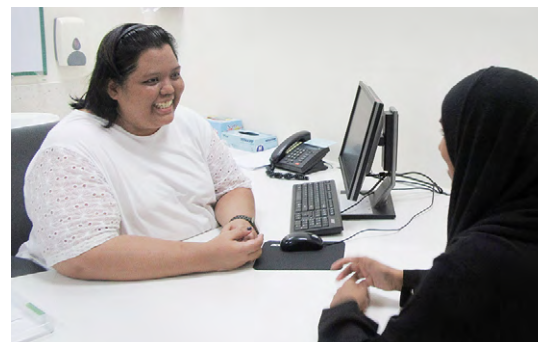
Data is collected over three distinct time points, specifically during the first visit (baseline), 1-month and 3-month after treatment. These are done either through scheduled clinic visits or telephone. Information gathered include patients' demographics, clinical characteristics, addiction/symptom severity, quality of life and treatment satisfaction. NAMS uses this information to determine predictors of outcome, relapse and abstinence rates, as well as other possible information that may be useful in enhancing understanding of patients with addictions for use in the future formulation of treatment services.

Aside from data collection, NAMS also has a research unit that was set up with the aim of promoting evidence-based care for patients and other affected individuals by studying addiction and its related problems. The team carries out projects which can be grouped under three main categories:

1. EPIDEMIOLOGY AND POLICY RESEARCH

Epidemiological studies help in understanding the patterns, progression and consequences of addiction. It also serves as a surveillance tool for substance abuse in the community by predicting or reporting potentially new trends. Epidemiological studies can provide important evidence to support policy-making. Some epidemiological studies that NAMS has embarked on consist of examining the pattern of benzodiazepine use, studying the demographics and clinical profile of gambling patients, treatment outcome and cognitive predictors of problem drinking.

Separately, policy research helps to revise, revisit or develop policy options for resolving specific problems. These projects enable NAMS to work hand-in-hand with the government and other institutions in Singapore. Such research will give evidence-based knowledge and constructive ideas on key issues which the policy-makers may wish to address. Some important work by NAMS include commissioned studies by the Ministry of Social and Family Development (MSF) on the characteristics of online gambling and its associated detrimental effects, as well as with the Ministry of Home Affairs (MHA) on the psychosocial impact of cannabis use.



TOM session

2. NEW IMPLEMENTABLE RESEARCH

New implementable research boundaries encompass clinical trials and new technologies. Implementable research studies can improve the quality of lives by delivering the best available intervention effectively at a lower cost. They bring science directly from bench to bedside and to a person's day-to-day life. One such study was a clinical trial conducted in NAMS to examine the safety and efficacy of lofexidine for the treatment of opioid withdrawal syndrome.



Data collection

3. OTHERS

This category of projects includes new initiatives, or projects that have either emerged through collaboration, or will complement other categories of research like cost-effectiveness studies and biology of addiction. In addition, NAMS has also conducted a systematic review on attention bias in individuals with addictive disorders, and a scoping review on Internet addiction and gaming disorders in Southeast Asia.



NAMS Research & TOM team



Contributed by
Ms Charis Ng

2010

Socio-demographic profile and psychiatric comorbidity of subjects with pathological gambling

Winslow, M., Subramaniam, M., Qiu, S., & Lee, A.
Annals Academy of Medicine, Singapore, 39(2), pp. 122-128

Monthly take-home Methadone maintenance regime for elderly opium-dependent users in Singapore

Guo, S., Winslow, M., Manning, V., & Thane, K.
Annals Academy of Medicine, Singapore, 39(6), pp. 453-459

2011

Are the demographic and clinical features of pathological gamblers seeking treatment in Singapore changing?

Lee, K.M., Guo, S., Manning, V., Thane, K., & Wong, K.E.
Singapore Medical Journal, 52(6), pp. 428-431

Stress-coping morbidity among family members of addiction patients in Singapore

Lee, K.M.T., Manning, V., Teoh, H.C., Winslow, M., Lee, A., Subramaniam, M., Guo, S., & Wong, K.E.
Drug and Alcohol Review, 30(4), pp. 441-447
<https://doi.org/10.1111/j.1465-3362.2011.00301.x>

An exploration of quality of life and its predictors in patients with addiction disorders: Gambling, alcohol and drugs

Manning, V., Gomez, B., Guo, S., Low, Y.D., Koh, P.K., & Wong, K.E.
International Journal of Mental Health Addiction, 10(4), pp. 551-562
<https://doi.org/10.1007/s11469-011-9349-y>

2013

Treatment outcome and its predictors among Asian problem drinkers

Manning, V., Gomez, B., Koh, P.K., Ng, A., Guo, S., Kandasami, G., & Wong, K.E.
Drug and Alcohol Review, 32(2), pp. 178-186
<https://doi.org/10.1111/j.1465-3362.2012.00518.x>

Executive functioning in Asian pathological gamblers

Manning, V., Teoh, H.C., Guo, S., Wong, K.E., & Li, T.
International Gambling Studies, 13(3), pp. 403-416
<https://doi.org/10.1080/14459795.2013.829516>

2014

Predictors of treatment outcome among Asian pathological gamblers (PGs): Clinical, behavioral, demographic, and treatment process factors

Guo, S., Manning, V., Thane, K.K.W., Ng, A., Abidin, E., & Wong, K.E.
Journal of Gambling Studies, 30(1), pp. 89-103
<https://doi.org/10.1007/s10899-012-9328-7>

Causative agents of substance induced psychotic disorder amongst inpatients and outpatients of a South East Asian tertiary addictions management service

Low, L.T.K., & Wong, K.E.
Journal of Addictive Behaviors, Therapy & Rehabilitation, 3(4)
<https://doi.org/10.4172/2324-9005.1000129>

Pathological gamblers in Singapore: Treatment response at 3 months

Manning, V., Ng, A., Koh, P.K., Guo, S., Kandasami, G., & Wong, K.E.
Journal of Addiction Medicine, 8(6), pp. 462-469
<https://doi.org/10.1097/ADM.0000000000000082>

2015

Burden of blood transmitted infections in substance users admitted for inpatient treatment in Singapore and the associated factors

Kinson, R.M., Guo, S., Wan, Y.M., Manning, V., Teoh, H.C., & Wong, K.E.
Singapore Medical Journal, 56(2), pp. 87-91
<https://doi.org/10.11622/smedj.2014199>

Suicidal ideation and lifetime attempts in substance and gambling disorders

Manning, V., Koh, P.K., Yang, Y., Ng, A., Guo, S., Kandasami, G., & Wong, K.E.
Psychiatry Research, 225(3), pp. 706-709
<https://doi.org/10.1016/j.psychres.2014.11.011>

Comorbid physical and mental illnesses among pathological gamblers: Results from a population based study in Singapore

Subramaniam, M., Abidin, E., Vaingankar, J.A., Wong, K.E., & Chong, S.A.
Psychiatry Research, 227(2-3), pp. 198-205
<https://doi.org/10.1016/j.psychres.2015.03.033>

Gambling in Singapore: An overview of history, research, treatment and policy

Winslow, M., Cheok, C., & Subramaniam, M.
Addiction, 110(9), pp. 1383-1387
<https://doi.org/10.1111/add.12931>

2016

Internet based personalised feedback interventions for gamblers in Singapore: First results

Zhang, M.W.B., Yi, Y., & Cheok, C.C.S.
Technology and Health Care, 24(2), pp. 177-183. <https://doi.org/10.3233/THC-151117>

Screening for cognitive impairment in Asian substance-dependent patients: MMSE versus MoCA

Manning, V., Gomez, B., Guo, S., Wong, K.E., Assam, P.N. & Chan, E.S.
International Archives of Addiction Research and Medicine, 2(2), p.19
<https://doi.org/doi.org/10.23937/2474-3631/1510019>

Gambling Symptom Assessment Scale among treatment-seeking adults in Singapore

Ong, H.S.R., Peh, C., Asharani, P.V., & Guo, S.
International Gambling Studies, 16(3), pp. 442-454
<https://doi.org/10.1080/14459795.2016.1223149>

Differential risk factors associated with adolescent addictive disorders: A comparison between substance use disorders and Internet/gaming addiction

Ong, R.H.S., Peh, C.X., & Guo, S.
International Journal of Mental Health and Addiction, 14(6), pp. 993-1002
<https://doi.org/10.1007/s11469-016-9676-0>

2017

A review of gambling studies with a Singaporean clinical population from 2009 to 2013

Tan, L., Song, G., & Soon, C.C.
MOJ Addiction Medicine & Therapy, 3(4), p.42
<https://doi.org/10.15406/mojamt.2017.03.00042>

Profile of adolescents seeking treatment for excessive computer gaming at an addiction treatment service in Singapore

Wei, M.W.C., Le, H.K., Gomez, B., Koh, P.K., & Guo, S.
Australian & New Zealand Journal of Psychiatry, 51(6), pp. 634-635
<https://doi.org/10.1177/0004867416676368>

Violence, delinquent behaviors, and drug use disorders among adolescents from an addiction-treatment sample

Koh, P., Peh, C., Cheok, C., & Guo, S.
Journal of Child & Adolescent Substance Abuse, 26(6), pp. 463-471
<https://doi.org/10.1080/1067828X.2017.1354792>

Adverse childhood experiences and illicit drug use in adolescents: Findings from a national addictions treatment population in Singapore

Gomez, B., Peh, C.X., Cheok, C., & Guo, S.
Journal of Substance Use, 23(1), pp. 86-91
<https://doi.org/10.1080/14659891.2017.1348558>

2018

Recent advances in attention bias modification for substance addictions

Zhang, M.W., Ying, J.B., Song, G., Fung, D.S.S., & Smith, H.E.
International Journal of Environmental Research and Public Health, 15(4), p.676
<https://doi.org/10.3390/ijerph15040676>

Online gambling among treatment-seeking patients in Singapore: A cross-sectional study

Zhang, M., Yang, Y., Guo, S., Cheok, C., Wong, K.E., & Kandasami, G.
International Journal of Environmental Research and Public Health, 15(4), p.832
<https://doi.org/10.3390/ijerph15040832>

A systematic review of attention biases in opioid, cannabis, stimulant use disorders

Zhang, M., Ying, J., Wing, T., Song, G., Fung, D.S.S., & Smith, H.
International Journal of Environmental Research and Public Health, 15(6), p.1138
<https://doi.org/10.3390/ijerph15061138>

ADHD symptoms in pathological and problem gamblers in Singapore

Mak, C., Tan, K.K., & Guo, S.
International Journal of Environmental Research and Public Health, 15(7), p.1307
<https://doi.org/10.3390/ijerph15071307>

Lofexidine versus Diazepam for the treatment of opioid withdrawal syndrome: A double-blind randomized clinical trial in Singapore

Song, G., Manning, V., Yang, Y., Koh, P.K., Chan, E., de Souza, N.N., Assam, P.N., Sultana, R., Wijesinghe, R., Pangjaya, J., Kandasami, G., Cheok, C., Lee, K.M., & Wong, K.E.
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Cognitive biases in cannabis, opioid, and stimulant disorders: A systematic review

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Frontiers in Psychiatry, 9, p.376
<https://doi.org/10.3389/fpsy.2018.00376>

Correlates of non-medical prescription drug misuse among a treatment-seeking population: A comparison with illicit drug users

Asharani P.V., Abidin, E., Tan, J.W., Subramaniam, M., Cheok, C., & Song, G.
International Journal of Environmental Research and Public Health, 15(9), p.1978
<https://doi.org/10.3390/ijerph15091978>

2019

Utilisation patterns of Helpline and Web-Chat services among gamblers in Singapore

Asharani, P.V.N., Amron, S., Ng, R.S.K., Varghese, S., & Cheok, C.C.S.
Singapore Medical Journal, 60(4), pp. 164-167
<https://doi.org/10.11622/smedj.2019053>

Nicotine dependence treatment: Provision of a dedicated programme by the National Addictions Management Service

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Singapore Medical Journal, 61(11), pp. 566-568
<https://doi.org/10.11622/smedj.2019053>

Unnatural death among treatment seeking substance users in Singapore: A retrospective study

Asharani P.V., Tan, J.W., Karuwetil, M.Z., Cheong, A., Cheok, C., & Kandasami, G.
International Journal of Environmental Research and Public Health, 16(15), p.2743
<https://doi.org/10.3390/ijerph16152743>

A smartphone attention bias app for individuals with addictive disorders: Feasibility and acceptability study

Zhang, M., Ying, J., Amron, S.B., Mahreen, Z., Song, G., Fung, D. S. S., & Smith, H. E.
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Co-designing a mobile gamified attention bias modification intervention for substance use disorder: Participatory research study

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Making sense of negative findings from mobile attention bias modification interventions for individuals with addictive disorders: Quantitative feasibility study

Zhang, M., Ying, J., Amron, S.B., Mahreen, Z., Guo, S., Fung, D.S.S., & Smith, H.E.
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Addiction is a complex subject matter that requires multidisciplinary expertise to address it correctly. Through meaningful exchanges, the National Addictions Management Service (NAMS) compiles knowledge from different institutions and integrates its findings to advance the centre's treatment programmes.

By partnering strategic organisations, NAMS reaches out to the public with purposeful awareness education that shapes constructive perceptions.

OUTREACH, PARTNERSHIP
& COLLABORATION

Written by
Mr Clement Tan

Overseas Study Trips

Overseas Study Trips

During its initial years, NAMS assisted the Ministry of Health (MOH) in setting up an International Advisory Panel (IAP) consisting of global experts in various fields of addiction treatments and studies. The IAP's function was to advise MOH on various modes of addiction treatment in Singapore, while supporting NAMS in its service development effort.

In addition, NAMS also organised teams to venture on overseas study trips to countries, such as Hong Kong and India, to learn about the different treatments that these countries offered to patients with addiction issues. Over the past few years, NAMS has coordinated three overseas study trips to keep abreast of the latest developments in the areas of inpatient rehabilitation treatment, as well as Internet gaming and substance addictions.

In December 2017, a team was sent to The Cabin Chiang Mai in Thailand, which is widely recognised as a medical tourism location for international patients. Patients who seek treatment here typically suffer from substance and behavioural addictions, as well as psychological disorders. They offer both short-term and long-term inpatient care treatments which are usually administered over a period of 90 days.

During the trip, the team visited three sites at The Cabin Chiang Mai, which included: (1) separate medical detoxification and rehabilitation amenities situated in a lush and scenic location far away from the city, (2) an elephant rehabilitation camp which provides an opportunity for their patients to connect with nature, and (3) in-house aftercare facility located in the heart of the Chiang Mai city. It was refreshing to observe how The Cabin delivers holistic care by integrating both conventional psychosocial approaches (e.g., individual therapy, group therapy and support group) with alternative approaches (e.g., Thai massage, physical exercise and animal therapy).

Over the years, The Cabin has developed a variety of treatment plans to suit their patients' needs, ranging from an intensive rehabilitation programme to an aftercare facility known as the Sober House, so as to facilitate their assimilation back into society. They have also developed outpatient care and support in the forms of specially formulated Intensive Outpatient Programmes (IOPs), as well as individual and group online therapies.

At The Cabin Chiang Mai, staff teams of administrators and clinicians were observed to work closely with various recovering individuals to achieve identified treatment goals. This is identical to NAMS' target objective as the centre strives to develop an all-inclusive team made up of professionals and recovering individuals, who work together to provide optimal care for patients.



NAMS presentation at ICBA 2019

Overseas Study Trips

Further on in November 2018, the team conducted a study trip to South Korea to learn more about Internet, gaming and smartphone addictions among youths. During this trip, the team toured three sites, comprising: (1) the "I Will Centre" at Boramae in Seoul, a government-funded initiative formed to address youth Internet and smartphone addictions, (2) the Catholic University of Korea, and (3) the National Centre for Mental Health (NCMH).

During the trip, NCMH invited the team to speak at their symposium where members presented on the emerging phenomena of mental health issues related to online device use in Singapore. The talk received much interest from the Korean attendees and generated insightful discussions. The team also learnt from one of the Korean presenters about the Brain Awareness for Recovery Initiative (BARI), which was developed by the Laureate Institute of Brain Research in the United States to help patients with substance use disorders. Developers of BARI compiled a booklet entitled "Brain First Aid Therapy" to explore the various dimensions of substance addiction, such as negative valence, positive valence, cognitive systems, social processes, and arousal and modulatory systems. The booklet was translated into Korean language and made freely available to the public.

In June 2019, a team from NAMS and MOH conducted a study trip to Tokyo to study about the management and treatment of addictions in Japan. During this trip, the team explored three sites, namely: (1) the local government-funded Yokohama Mental Health and Welfare Centre, which provides consultation, support, outreach, training and rehabilitation services for the community; (2) Ministry of Health, Labour and Welfare (MHLW); and (3) National Hospital Organisation Kurihama Medical and Addiction Centre, which serves as the main mental health and addiction centre in Japan.

During the trip, the team also presented at the International Conference on Behavioural Addictions (ICBA), which is an annual symposium of the International Society for the Study of Behavioural Addictions (ISSBA). The team's presentation revolved around behavioural addiction and was titled "Globally growing issues – needs for innovation in prevention and research". This particular study trip gave the team an excellent opportunity to interact with experts in the field of behavioural addiction and stay informed on the latest developments in this sector.

Moving forward, NAMS will continue to be acquainted with developments and findings in the area of addiction treatment, while adapting the centre's service programmes and treatment methods to stay relevant locally and internationally.



Group photo taken with delegates in South Korea



Group photo taken with delegates in Japan

Written by
Ms Widyawati Amir

Community Outreach & Training

Community Outreach & Training

Community Outreach Programme

NAMS conducts regular community outreach programmes to achieve three main objectives, which involve reaching out to communal groups that are likely to require its services, educating the public, and raising public awareness about addiction issues.

The centre makes every effort to ensure treatment, information and support are readily available to the public. Through community collaborations, NAMS engages various stakeholders to help create a healthier addiction-free society. The examples below are just some of the many partnerships that NAMS formed in its journey to shape meaningful experiences for people with addiction struggles, while prescribing them the necessary treatment.



Community Outreach & Training

COMMUNITY PARTNERSHIP

NAMS works closely with various community stakeholders, such as healthcare providers, government entities, halfway houses, Social Service Agencies (SSAs) and other local organisations, to make addiction treatment more accessible to the public. NAMS supports its community partners by offering medical assistance, organising information-sharing sessions and implementing other initiatives to complement them in their outreach efforts.

→ Previous Partners

Some of the agencies and healthcare providers previously partnered with NAMS include:

Singapore Armed Forces (SAF)

NAMS extended treatment services to SAF full-time national servicemen (NSFs) who have drug dependence history to equip them with skills to prevent relapses.

Club HEAL (Hope, Empowerment, Acceptance and Love)

Club HEAL aims to assist and empower persons with mental health issues to regain confidence in themselves, and others in their journey towards community reintegration. NAMS provided on-site counselling at the club's Bukit Batok branch to increase awareness of addiction treatment amongst residents.

Khoo Teck Puat Hospital (KTPH)

NAMS offered on-site screening services at KTPH as part of intervention efforts for the hospital's patients who displayed some forms of addiction in addition to their health issues.



→ Current Partners

The following is a brief description of NAMS' existing partnerships:

Family Justice Courts (FJC)

The FJC participated in Project PAVE (Centre for Promoting Alternatives to Violence) in 1999 to join the cause against interpersonal violence through empowering applicants and providing counselling for Personal Protection Order (PPO) respondents with substance addiction problems. Besides addressing the issue of family violence, the intervention aims to help respondents overcome their addictions. Respondents who are ordered to participate in this programme will be referred to attend mandatory counselling at NAMS Specialist Outpatient Clinic C.

Ministry of Social and Family Development (MSF)

Since 2010, NAMS has been commissioned by MSF to provide addiction management services for adolescents residing in MSF juvenile homes, namely the Singapore Boys' Home and the Singapore Girls' Home. As adolescents experience unique developmental issues, they tend to be generally more vulnerable to substance abuse. In view of this, early intervention is pertinent to prevent and alleviate the potential consequences of addiction. In this aspect, NAMS provides services such as individual and group counselling, case management, and psychoeducation. Through these efforts, NAMS seeks to educate adolescents on the effects and consequences of substance and behavioural addictions, as well as impart relevant coping skills to help them maintain abstinence even after they have been released from the homes.

Credit Counselling Singapore (CCS)

In 2015, NAMS started a partnership with CCS to help their clients curb unhealthy spending habits through assigning an on-site counsellor to CCS. The counsellor actively reviews CCS' clients who attribute addiction as one of their debt causes, in order to determine the appropriate interventions during the single therapy session to manage clients' behavioural addiction. Separately, clients who are compulsive gamblers are referred to attend further counselling at NAMS Specialist Outpatient Clinic C.

State Courts

In March 2016, NAMS forged a collaboration with the State Courts, which resulted in NAMS receiving referrals from the court under the Court-directed Pre-Sentencing Protocol (CPSP). CPSP is a regime where the sentencing of an offender is deferred, so that he or she may undergo treatment to address the underlying issues of his/her offending. This initiative is intended to lower reoffending rate by addressing underlying issues related to alcohol and other addictions. However, before referrals can be placed in the programme, they need to go through a pre-sentence assessment at NAMS. Once admitted into the programme, the court and NAMS will liaise closely to monitor referrals' progress.

Foundation of Rotary Clubs Singapore Family Service Centre (FRCS FSC)

In October 2016, NAMS stationed one counsellor at the FSC located in Clementi to offer community-based counselling services to residents living in the western region of Singapore. As demand increases, NAMS is exploring opportunities to advance the collaboration with FRCS FSC by helping the centre build up its own counselling capabilities. NAMS is working towards equipping the centre's caseworkers with counselling capabilities through training and regular supervision, so as to reach out to more individuals who may need counselling support.

Central Narcotics Bureau (CNB)

Launched in 2016, the Anti-drug Counselling and Engagement (ACE) programme is a joint initiative between NAMS and CNB. This early intervention programme is targeted at youths who are exposed to substance abuse risks, by organising workshops for their parents/caregivers to educate them on ways to manage and support these affected youths.

PUBLIC EDUCATION

In 2015, NAMS established an education arm known as the Addiction Recovery College (ARC), which serves as an important source of information for the community to develop a learning culture and engage professionals along with the public on addiction prevention, treatment and wellness issues.

For this purpose, NAMS customises specific applied curriculum and in-house training sessions for addiction professionals and practitioners. Training revolves around addiction treatment methods and skill-based therapies used in addiction counselling. It is conducted in conjunction with various government agencies, such as Ministry of Home Affairs (MHA), MSF, Ministry of Education (MOE) and Ministry of Defence (MINDEF); as well as other key partners like the Singapore Turf Club (STC), Singapore Pools Pte Ltd, HomeTeamNS, Singapore Anti-Narcotics Association (SANA), CCS, Resorts World Sentosa (RWS) and other SSAs.

Besides this, NAMS also conducts a range of courses, workshops and training to provide addiction resources for the public, as well as patients and their families, so as to help them cope with stressors in life and learn to manage their behaviour before they spiral out of control.



Basic motivational interviewing (MI) course



ARC in-house workshop

By promoting communal understanding of addiction, ARC strives to extend holistic care to patients with addictions and their families. Recovery from addiction is made possible by combining an individual's determination with medical treatment and professional counselling. Positive support and care from families, employers, colleagues and friends play an important part too. Through the ARC set-up and its various stakeholder partnerships, NAMS seeks to reach out to more patients with addictions to help them quit addiction and embark on a purposeful life journey.

ARC in-house workshops, which are open to the public, explores an array of addiction and psychological-related topics, including:

- Understanding addiction
- Understanding Internet and gaming addiction
- Understanding gambling addiction
- Addiction and mental health
- Alcohol and youth
- Women, addiction and recovery
- Helping families of people with addictions
- Motivational interviewing
- Group facilitation
- Stress and anger management

PUBLIC AWARENESS

NAMS is constantly looking for new ways to raise public awareness of addiction and eliminate prejudice against patients with addictions and their families. The centre is actively educating community members about addiction through different mediums like producing collateral and educational videos, organising conferences and contests, as well as running roadshows and awareness events.



Workshop conducted for National Council on Problem Gambling via video conferencing



→ National Addictions Awareness Day (NAAD)



Launch of NAAD 2013

In 2013, NAMS started the NAAD initiative as part of its continuous effort to raise public awareness of addictions. NAAD aims to:

- Create a national platform to observe addiction awareness.
- Leverage on NAMS' partners, the media and public events to raise addictions awareness amongst the general public, in particular Singapore residents.
- Work towards eliminating prejudice against people with addiction issues through public education.
- Encourage people with addiction struggles to seek help.



Tour of event booth



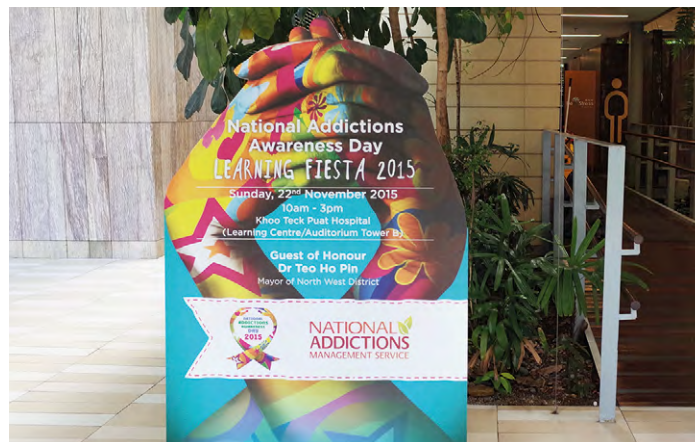
Bus advertising for NAAD 2014

Community Outreach & Training

The inaugural NAAD was a one-day outdoor event to educate the public and reach out to the community. Besides partnering various relevant key community stakeholders and government agencies which are involved in addiction therapy, NAMS also planned to expand the scale of NAAD to an annual event by collaborating with the Community Development Councils (CDCs).



NAAD 2014



NAAD 2015

NAAD is organised with a focus on addiction prevention, emphasising on early detection and intervention. It is an avenue for NAMS to narrow the addiction treatment gap which reflects the difference between the number of people who need treatment and those who actually receive it. As part of a multipronged approach to public education, NAMS conducted a series of awareness talks, workshops and roadshows for community partners, schools, Institutes of Higher Learning (IHLs), and other external agencies to help these entities gain knowledge and build capabilities in addiction-related areas.

Where individuals are concerned, NAMS structures its outreach efforts to cater to tech-savvy youths. An official Facebook page named "More to Life SG" was set up in September 2014, where engaging nuggets of information are regularly posted to raise awareness of addiction.

Concurrently, ARC which was launched during NAAD, also serves as a public awareness tool with the objective of conducting workshops and training on addiction prevention, treatment and wellness issues for the public and professionals.

During NAAD 2018, NAMS collaborated with the North East Community Development Council (NECDC) to spread the message of hope and recovery to the community through a series of activities, including publishing an inspiring book of recovery stories penned by the NAMS team to mark the centre's 10th anniversary.

Community Outreach & Training

NAAD 2018 featured a panel discussion between local celebrities and a NAMS counsellor. Ms Irene Ang, actress and founder of FLY entertainment, and local artiste Mr Rafaat Hamzah were amongst the personalities who shared their own substance abuse experiences, while NAMS counsellor William Teo talked about his own recovery from drug addiction and how he used his experience to help others.

Talented singing duo Jack and Rai performed the official NAAD song "It's Not Too Late" which they specially composed to encourage persons with addiction issues to take the first step towards recovery, while local celebrity Nat Ho and social media influencer Mong Chin showed their support for the cause by posting on their social media pages.

Interactive and informative booths were also set up to engage the community and acquaint them with the services and programmes available for individuals with addiction problems. The booths were managed by NAMS' community partners, such as Central Narcotics Bureau (CNB), Health Promotion Board (HPB), National Council on Problem Gambling (NCPG), Singapore Anti-Narcotics Association (SANA), Credit Counselling Singapore (CCS), WE CARE Community Services Limited, Narcotics Anonymous, Alcohol Anonymous and TOUCH Community Services. These collaborations have amplified NAMS' efforts to reach out to the community, especially the joint partnership with CDCs which served as a primary channel for NAMS to connect with corporate and community organisations and also provided NAMS with a pool of volunteers.



Book launch at NAAD 2018



NAAD 2018



Besides NAAD 2018, NAMS and NECDC also co-organised a series of talks on addiction-related topics for Tampines residents, such as problem gambling, substance abuse risks, cyber addiction, smoking cessation, and managing stress, anger and insomnia.

In early 2020, NAMS took part in the 2020 National Council Against Drug Abuse (NCADA) media campaign to encourage youths and the public to approach addiction in an open and upfront manner, while exploring the challenges faced by youths in today's liberal landscape. The campaign featured youth-related online activities and Singapore's first interactive short film with an anti-drug theme entitled "High".

"High" was screened at the Institute of Technical Education (ITE) College Central and Singapore Polytechnic in January 2020 to a total audience of 5,162 students. Each film screening was followed by safe zone discussions during which students were encouraged to share their thoughts on the film's theme on drugs.

NAMS was invited to facilitate the safe zone discussions held at the Singapore Polytechnic. NAMS panellists, which comprised peer support specialist Mr Thomas Koh, senior clinical psychologist Dr Sandor Heng, and senior consultant Dr Guo Song, addressed the students' questions about the medical and social aspects of drug abuse. Separately, Mr Thomas Koh and senior counsellor Mr Samuel Chua interacted with students at ITE College Central, giving them advice on how to help friends and family members who are battling drug addiction.

The stories and experiences shared by the ITE and Singapore Polytechnic students revealed that an increasing number of youths form their opinions on drug abuse through pop culture, though many are resolute that they will not try drugs because of health reasons and the potential impact of drugs on their family and loved ones. Students also discussed factors which they thought could lead someone to abuse drugs, such as peer pressure, boredom and curiosity.



Written by
Ms Widyawati Amir

Exchange Visits

Exchange Visits

Apart from educating the local community on the various aspects of addiction in Singapore, NAMS also collaborates with some community partners to offer learning opportunities in the form of exchange visits for overseas organisations and medical professionals to stay updated on the latest trends and addiction treatment practised in Singapore. These visits are carried out by foreign healthcare counterparts with the objective of learning about best practices, which the delegates can implement to manage addiction effectively in their respective countries. During these visits, delegates are given a tour of the centre and introduced to its comprehensive suite of services and treatments, as well as the research studies carried out on addiction.



Students from South Korea's Sahmyook University visiting Woodbridge Museum



Delegates from Japan

Exchange Visits

Over the years, NAMS has hosted various delegations from Japan, Korea and Thailand to share with them its organisation culture and practices, treatment programmes, research initiatives and training capabilities. NAMS also conducted training for addiction care students from South Korea's Sahmyook University and Choonhae College of Health Sciences. These exchange trips were sponsored by the Korean Ministry of Education as part of an initiative for distinguished healthcare specialty colleges and universities to gain insights into other countries' medical advances and systems.

These exchange visits have promoted rewarding knowledge sharing between NAMS and visiting delegates. Moving forward, NAMS hopes to have more interactions with foreign institutions to foster an enriching learning culture.



Delegates from South Korea visiting NAMS ward



Delegates from Thailand





Reaffirming Our Commitment

The National Addictions Management Service (NAMS) has built up a meaningful network of partners in its journey to battle addiction. These partners do not only work with NAMS but also have vested interest in the centre's patients as their respective organisational goals dictate.

With these valuable partnerships in place, NAMS is even more confident of forging ahead to provide treatment for people with addictions.

Written by
Dr Gomathinayagam Kandasami

CHIEF, DEPARTMENT OF
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INSTITUTE OF MENTAL
HEALTH (IMH)



G. Kandasami

Dr Gomathinayagam Kandasami

NAMS is the national treatment centre which provides addiction treatment for individuals with addiction issues. Housed within IMH, the centre is run by a dynamic team which is forward-looking and innovative. It is constantly modifying its clinical and operational processes to incorporate the latest therapy advancement to render suitable treatments for patients. Over the past decade, NAMS has treated hundreds of patients with substance and behavioural addiction problems. These individuals face lifelong risks of developing mental health issues, such as depression, anxiety and psychosis, which may significantly impact their lives. Treating patients with comorbid mental health conditions is a challenge that requires seamless coordination across multiple entities, such as medical organisations, legal institutions, housing agencies and other social service groups.

Within the centre's group of patients, ageing clients with heroin addiction specifically continue to pose a major concern because of their unsuccessful attempts to overcome their drug dependence. These individuals find it difficult to maintain a stable recovery journey as their deeply ingrained addiction habits could have taken a huge toll on their lives. Where illicit drugs are concerned, one major challenge is the emergence of new synthetic drugs and recreational stimulants, which are often picked up by youths.

Issues faced by drug dependent individuals are not unique. Alcohol dependent individuals are also exposed to numerous chronic diseases and conditions, such as cancer, cardiovascular conditions and digestive diseases. As with drug dependent individuals, alcohol dependent patients also do not seek help readily, hence it is important to establish accessible support systems to reach out to them.

Besides the conventional substance misuse conditions, behavioural addiction disorders linked to online games, the Internet and social media are increasing causes for concern as technology pervades our lives. As this field of addiction is relatively new, more research needs to be carried out to gain a better scientific understanding of such disorders for the purpose of establishing evidence-based treatment facilities.

Where addiction is concerned, peer support forms a crucial aspect of the recovery process. The centre works closely with recovering patients and trains them to perform supportive roles to help other struggling peers.

As the centre continues to devote itself towards the treatment of addiction conditions, it anticipates multiple challenges ahead, which include:

- Attracting medical talents to join this field of study.
- Empowering allied health staff to enable them to effectively carry out their functions.
- Advocating support for recovering patients.
- Modifying existing communication channels with other rehabilitation agencies for closer collaborations.
- Promoting and motivating youths to abstain from addictive habits and seek help early (if necessary).
- Working closely with gastroenterologists from other restructured hospitals to improve the physical health of substance dependent patients and eradicate hepatitis C infection in the community.
- Eliminate prejudice against individuals with substance use disorder.

Since 2010, NAMS has been serving Singapore by offering dedicated addiction treatment programmes for the nation. As the centre journeys on into its second decade of service, it will continue to keep up with its efforts to evolve and stay relevant to the emerging addiction landscape by tapping on its wealth of experience and resources. Through continuous research development, outreach initiatives and training activities, the centre will persist in its cause to fulfil its role as a national addiction treatment centre. The centre will also work towards creating a better society by collaborating with various government agencies and social organisations, as it helps struggling patients and their loved ones chart meaningful recovery quests.



The Editorial Team



The Editorial Team

FRONT ROW: (L to R)
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Mr Clement Tan, Mr SB. Viknesan, Ms Charis Ng, Ms Nur Kazimah Othman (Absent)



Photo Credit:
Nurse Clinician, Mr Yao Qi

ACKNOWLEDGEMENTS & RESOURCES

Resources

Contributed by
Ms Adilla A. Jalil

FOR MENTAL HEALTH CONDITIONS

Clarity Singapore

Clarity Singapore is a Catholic charity that serves persons with mental health conditions and helps them lead meaningful lives through support, therapy and acceptance.

Tel: 6757 7990
Website: www.clarity-singapore.org

Club HEAL (Hope, Empowerment, Acceptance and Love)

Club HEAL was formed in 2012 by a group of like-minded individuals who have a strong passion in helping people with mental illness and their family members lead a fulfilling and stigma-free life. A charity that promotes the healing and recovery of people with mental health challenges by inspiring hope, empowering lives, fostering acceptance and spreading love. Services provided by Club HEAL includes day rehabilitative services, counselling, home visits, public education, support groups and volunteer training.

A registered Charitable Organization with an approved Institution of Public Character (IPC) status, Club HEAL is a member of the National Council of Social Service (NCSS) and a part of the Community Mental Health Intervention Teams (COMIT) and Community Resource Engagement and Support Team (CREST) programmes under the Ministry of Health (MOH).

Operating Hours: Mondays to Fridays: 9am – 5pm
Tel: 6899 3463 (office hours)
Website: www.clubheal.org.sg

Singapore Association for Mental Health (SAMH)

SAMH is a social service agency that promotes health awareness in the community through rehabilitating and reintegrating persons with mental illness into society. Some of the services that SAMH provides include counselling services, case management, art therapy classes, vocational training sessions, employment placement assistance, community mental health education and support group coordination.

Tel: 1800 283 7019
Website: www.samhealth.org.sg

FOR SUBSTANCE ABUSE AND RELATED ISSUES

Singapore Anti-Narcotics Association (SANA)

SANA is a social service agency that works closely with community, corporate and government agencies to prevent drug abuse by raising awareness of the dangers of substance abuse. Through engagement efforts, the organisation provides counselling and aftercare for individuals with substance abuse problems, where necessary. SANA also equips caregivers and counsellors with the skills to help those in recovery to reintegrate into society and lead purposeful lives.

Tel: 6732 1122
Website: www.sana.org.sg

FOR ONLINE ADDICTION AND RELATED ISSUES

TOUCH Cyber Wellness (TCW)

TOUCH Cyber Wellness (TCW) is a service of non-profit organisation, TOUCH Community Services. An award-winning and leading pioneer in the field of cyber wellness and new media literacy, TCW has spearheaded efforts to reach out to 360 schools and more than 1.6 million children, youths, parents, educators and counsellors. Through mentoring and advocacy, TCW has engaged Singapore youths to address social and behavioural issues of excessive cyber usage. It delivers a range of pre and post intervention programmes that instil the principles of good digital citizenship in the community.

Tel: 6730 9520
Website: www.touchcyberwellness.org.sg

FOR GAMBLING AND RELATED ISSUES

Credit Counselling Singapore (CCS)

Credit Counselling Singapore is a not-for-profit social service agency that assists individuals and small business owners address an unsecured debt problem through providing information, financial counselling, and where suitable, facilitating debt repayment arrangement through our debt management programmes. CCS also conducts financial literacy programmes towards developing better credit and debt management skills.

Tel: 6 2255 227 (6 CALL CCS)
Email: enquiry@ccs.org.sg
Website: www.ccs.org.sg

National Council on Problem Gambling (NCPG)

NCPG is a council comprising 18 professional members with expertise in psychiatry and psychology, social services, counselling, legal, rehabilitative, as well as religious services. Appointed by the Government as part of Singapore's national framework to address problem gambling, the Council advises the Government on gambling-related concerns, conducts research, coordinates efforts to raise public awareness of problem gambling, as well as provides prevention and treatment services for problem gamblers and their families.

Tel: 6354 8154
Hotline: 1800 6 668 668
Website: www.ncpg.org.sg

FOR FINANCIAL ASSISTANCE

Social Service Offices (SSOs)

Individuals and families who require financial assistance to meet their daily needs can approach one of the Ministry of Social and Family Development's (MSF) 24 Social Service Offices (SSOs). The SSOs can also help connect clients with other forms of assistance e.g. employment or family services, for clients who require these services.

ComCare Call hotline: 1800 222 0000
Website: www.msf.gov.sg/ssolocator

FOR EMPLOYMENT ASSISTANCE

Industrial Services Co-operative Society (ISCOS)

Established in 1989, Industrial & Services Co-operative Society Ltd (ISCOS) helps ex-offenders reintegrate into society. They offer programmes and services to enhance the skills level of members and connect them with supportive employers and provide social support through peer groups. Through their charity arm ISCOS ReGen Fund, there are programmes aiming at strengthening families of reformed offenders and extending academic assistance to their children to prevent intergenerational offending.

Tel: 6743 7885
Website: www.iscos.org.sg / www.irf.org.sg

Workforce Singapore (WSG)

WSG is a statutory board under the Ministry of Manpower (MOM) that promotes the development, competitiveness, inclusiveness and employability of all levels of the workforce. Its key mission is to enable Singaporeans to meet their career aspirations, take on quality jobs at different stages of life and help enterprises be competitive and manpower-lean.

Tel: 6883 5885
Website: www.ssg-wsg.gov.sg



ACKNOWLEDGEMENTS & RESOURCES

Resources

FOR SUPPORT SERVICES, CASE MANAGEMENT, COUNSELLING AND OTHER SERVICES

Brahm Centre

Brahm Centre is a registered charity that promotes healthier and happier living with scientific mindfulness programmes. The centre organises free weekly health education by medical experts and allied health professionals for the public. They also offer counselling and psychotherapy services.

Tel: 6908 2122 / 6786 0800 / 6741 1131
Email: info@brahmcentre.com
Website: www.brahmcentre.com

Family Service Centres (FSC)

Family Service Centres (FSCs) are based in the community to provide help and support to individuals and families in need. They are staffed by social service professionals. Working closely with these individuals and families, FSCs help them to better cope with their personal, social and emotional challenges in their lives.

There are 48 FSCs located in HDB towns around Singapore.

Tel: 1800 222 0000
Website: www.msf.gov.sg/dfcs/familyservice/default.aspx

PAVE Integrated Services for Individual and Family Protection Specialist Centre (ISIFPSC)

PAVE is an integrated service for family violence and child protection. PAVE provides services for persons who abuse, survivors and vulnerable family members such as children and the elderly in dealing with violence.

Tel: 6555 0390
Email: intake@pave.org.sg
Website: www.pave.org.sg

Foundation of Rotary Clubs Singapore Family Service Centre (FRCS FSC)

The FRCS Family Service Centre has a dedicated team of staff who are professionally trained to support individuals and families in need, helping them manage their social and emotional difficulties, strengthen their relationships and build up their resilience.

Tel: 6779 9488
Website: www.frscfsc.sg

Samaritans of Singapore (SOS)

Samaritans of Singapore (SOS) is dedicated to providing confidential emotional support to individuals facing a crisis, thinking about suicide or affected by suicide. SOS is a secular non-profit organisation comprising full-time staff and volunteers. Our services include specialized counselling, support for those affected by the suicide of someone they know, referrals, training and workshops, outreach, and more.

24-hour Hotline: 1-767
CAREmail: pat@sos.org.sg
Website: www.sos.org.sg
Text messaging: https://m.me/SamaritansOfSingapore

Singapore After-Care Association (SACA)

SACA is a key aftercare agency that provides welfare and rehabilitation services for discharged offenders and their families. It assists affected individuals and their families to cope with problems arising from the offending behaviour and incarceration.

Tel: 6294 2350 / 6294 2763
Email: enquiries@saca.org.sg
Website: www.saca.org.sg

Singapore Children's Society

Singapore Children's Society protects and nurtures children and youth of all races and religions. In 2019, the Society reached out to 66,966 children, youth and families in need. Established in 1952, its services have evolved to meet the changing needs of children.

Today, Children's Society operates 12 service centres islandwide, offering services in the four categories of vulnerable: Children and Youth Services, Family Services, and Research and Advocacy.

Tel: 6273 2010
Website: www.childrensociety.org.sg

TOUCH Community Services

Since 1992, TOUCH Community Services has served people of all ages, races and religions to see sustainable change and transformation in their lives. It believes in the worth and potential of every child, youth at-risk, family in need, senior and person with special or healthcare needs to grow, participate and contribute in the community. The heartbeat of TOUCH is to activate potential, build independence, connect people, and deliver impact by developing sustainable solutions in society.

Tel: 6377 0122
Website: www.touch.org.sg

WE CARE Community Services

WE CARE Community Services is an addiction recovery centre funded by charity that provides support and treatment programmes for all forms of addiction, including drugs, alcohol, gambling, sex, porn, Internet and various other compulsive behaviours. They welcome persons who need help in managing their addictive disorders, and offer support to their family members and significant others.

Tel: 3165 8017
Website: www.wecare.org.sg

Aftercare Support (Halfway Houses)

Halfway houses are transitional homes that provide structured counselling, rehabilitation, and case management services for individuals who are recovering from substance abuse in the community, ensuring continuity of care to address their reintegration needs. Many such individuals may also have a history of being incarcerated. These halfway houses serve as safe shelters, offering its residents social and emotional support, while imparting life skills and guiding them to live a purposeful life within the community.

Breakthrough Missions

Tel: 6479 7756 / 6479 7734
Website: www.breakthroughmissions.org.sg

Green Haven

Tel: 6565 6880
Website: www.sbws.org.sg

HCSA Highpoint

Tel: 6440 2444
Website: www.hcsa.org.sg

HEB-Ashram

Tel: 6753 9730
Website: www.Heb.org.sg/HEB-Ashram.aspx

The Helping Hand

Tel: 6283 2204
Website: www.thehelpinghand.org.sg

The Hiding Place

Tel: 6483 5348
Website: www.hidingplace.com.sg

Jamiyah Halfway House (Darul Islah)

Tel: 6776 9101
Website: Jhh.jamiyah.org.sg

The New Charis Mission

Tel: 6483 3707
Website: www.thenewcharismission.org.sg

PERTAPIS Halfway House

Tel: 6746 4752
Website: www.pertapis.org.sg

Teen Challenge Singapore

Tel: 6793 8816 / 6793 7933 / 6793 8817
Website: www.teenchallenge.org.sg

The Turning Point

Tel: 6257 8364
Website: www.theturningpoint.org.sg

Watchman's Home Enterprise Pte Ltd

Tel: 9790 2060
Website: watchmanhome.sg



NATIONAL ADDICTIONS MANAGEMENT SERVICE
Buangkok Green Medical Park
10 Buangkok View
Singapore 539747

Email: nams@imh.com.sg
All Addictions Helpline: 6-RECOVER (6-732 6837)
National Problem Gambling Helpline: 1800-666 8668
Webchat Service

www.nams.sg