

New SANA Read!

From Treatment to Collective Recovery: Collaborative Learning and Action in Building Recovery-Oriented Systems of Care

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The designation of the Singapore Anti-Narcotics Association (SANA) as the Host Organisation for the impending formalisation of the International Society of Substance Use Professionals (ISSUP) Singapore National Chapter marks a critical strategic milestone in our strive towards achieving a drug-free Singapore. This alignment moves beyond simple administrative cooperation, representing an integration of global, evidence-based practices with a strong, community-centred local mission. This 'thinkpiece' examines how this partnership interweaves the core concepts of Drug Demand Reduction (DDR), Recovery Capital, and Recovery-Oriented Systems of Care (ROSC), thereby giving robust, professional meaning to SANA's vision for aftercare and reintegration.

The Foundational Link: Drug Demand Reduction and Professional Capacity

2. Singapore's long-standing zero-tolerance stance is fundamentally underpinned by comprehensive strategies for Drug Demand Reduction (DDR). DDR is recognised globally as a sophisticated, multi-faceted public health and security imperative encompassing all efforts to reduce the use of illicit substances through prevention, treatment, and community reintegration, rather than solely supply suppression (United Nations Office on Drugs and Crime [UNODC], 2018).

The efficacy of a nation's DDR framework is directly proportional to the professionalism and ethical competence of its workforce, which, as promoted by the International Society of Substance Use Professionals (ISSUP), encompasses a wide range of individuals including practitioners, researchers, students, volunteers, policymakers, and educators working across the substance use prevention, treatment, and recovery support continuum.



3. SANA's mission to "educate the community on the harms of drug abuse, provide support for persons-in-recovery towards desistance, and advocate for a drug-free society" represents a commitment to reducing and eventually removing drug demand towards a drug-free Singapore. The central challenge remains: how can the substantial investment allocated to prevention and treatment initiatives be optimised to ensure sustained, positive long-term outcomes, thereby preventing a degradation of returns over time? This critical question points directly to the necessity of establishing robust Recovery-Oriented Systems of Care (ROSC) and focusing professional efforts on building Recovery Capital.

3. The challenge of optimising substantial investment in Drug Demand Reduction (DDR) hinges on a fundamental shift in focus: moving past the singular milestone of episodic treatment completion towards the continuity and quality of long-term recovery support. While prevention and acute treatment are indispensable for addressing the initial need, their long-term value diminishes significantly if individuals lack the sustained resources and systemic support needed to maintain sobriety and successfully reintegrate into the community.

4. Therefore, to ensure that the considerable resources allocated to DDR initiatives yield sustained, positive outcomes and prevent a degradation of returns over time, efforts must be strategically channelled into building robust Recovery-Oriented Systems of Care (ROSC) and bolstering individual Recovery Capital through high-quality, continuous aftercare.

To ensure sustained outcomes, there is a need to:

- **Prioritise workforce competence:** Investment must guarantee that practitioners, volunteers, educators, peer supporters, and recovery ambassadors are trained in evidence-based, ethical methodologies, that align with global standards. Competent human capital, or the skills, knowledge and experience of individuals or groups that are transferable and adaptable, is the most crucial factor in determining therapeutic success.
- **Transition to ROSC:** Prevention and treatment must be conceptualised not as endpoints, but as coordinated components within a Recovery-Oriented System of Care (ROSC). This continuous system ensures resources are available for the long haul, preventing gaps in support that often lead to relapse and negate prior investments.
- **Measure Recovery Capital:** Success should be measured by the increase in an individual's Recovery Capital—their personal, social, and environmental assets dovetailed to the Recovery Systems of Care. This metric demonstrates that the investment is not just yielding temporary abstinence, but lasting individual resilience and community integration. Investment should be specifically channelled into programmes that enhance vocational skills, secure housing, promote family stability, and combat social stigma.

In essence, sustained, positive long-term outcomes are ensured when investment moves beyond merely treating the illness to actively building the capacity for wellness and belonging within a supportive, professional ecosystem.

ISSUP Singapore National Chapter

5. The establishment of the ISSUP Chapter is specifically designed to address this critical need by:

- **Standardisation:** Providing a conduit for the adoption of internationally recognised standards, such as the Universal Treatment Curriculum (UTC) and the Universal Prevention Curriculum (UPC), which are endorsed by global bodies.
- **Continuous Development:** Ensuring that SANA's extensive network of staff, volunteers, peer leaders, student ambassadors and family caregivers are equipped with contemporary, ethical, and evidence-based methodologies.

This drive towards evidence-based continuous learning elevates the quality of DDR services, transforming aftercare from an ancillary community service into a structured, expert-led component of the national strategy.

Recovery Capital: The Metric of Sustained Success

6. Effective aftercare and reintegration require metrics that extend beyond simple abstinence. This necessity is met by the construct of Recovery Capital. Recovery Capital is defined as the sum of personal, social, and cultural resources that an individual can mobilise to initiate and sustain recovery from substance use disorders (Granfield & Cloud, 2001). It is a dynamic resource pool that directly influences the probability of successful, long-term recovery.

Recovery Capital is typically categorised into three interconnected components: Personal Recovery Capital, encompassing internal (intraindividual) recovery assets for human growth, health, tangible resources, skills, and self-efficacy; Social Recovery Capital, which involves external (interindividual) resources like supportive family, friends, and community networks; and Community Recovery Capital, which pertains to broader community attitudes and values that actively support recovery and mitigate stigma (Bowen & Hennessy, 2025). Building and enhancing these three forms of capital is fundamental to fostering the long-term resilience and successful reintegration of individuals post-treatment.

By hosting the ISSUP Singapore National Chapter, SANA gains access to international frameworks for assessing, monitoring, and strategically intervening to maximise Recovery Capital. This integration ensures that every professional interaction is deliberately focused on strengthening the internal and external resources that facilitate sustained wellness, aligning local aftercare efforts with globally validated models of recovery.

Architecture for the Long-Term: Recovery Systems of Care

7. The sustainability of recovery for a significant population requires more than the efforts of a single organisation; it demands a coordinated ecosystem. This concept is encapsulated in the Recovery-Oriented Systems of Care (ROSC) model. A ROSC is an organised, coordinated network of community-based services and supports that are person-centred and designed to meet the ongoing needs of individuals in recovery for as long as they require assistance (Substance Abuse and Mental Health Services Administration [SAMHSA], 2010).

The ISSUP Chapter, hosted by SANA, serves as a crucial backbone organisation for developing and professionalising Singapore's ROSC:

- **Coordination and Continuity:** The Chapter can facilitate standardisation across various stakeholders—government agencies, clinical partners, and community groups—ensuring seamless transitions across the DDR continuum, from acute treatment to long-term community reintegration. The continuity of care is vital to prevent the erosion of previously accumulated Recovery Capital.
- **Diverse Pathways:** A core principle of ROSC is the recognition of multiple pathways to recovery. By drawing on the international expertise of ISSUP, SANA can better integrate diverse, evidence-based approaches, including peer-led support and culturally sensitive interventions, moving beyond a single model of care.
- **Ethical Oversight:** Professionalisation, a key deliverable of the ISSUP Chapter, includes establishing and upholding ethical guidelines. This oversight is paramount for maintaining trust within the ROSC, ensuring that vulnerable individuals receive services that are both effective and ethically sound.

Through this systemic approach, the partnership transforms the environment within which recovery occurs. It ensures that the enhancement of Recovery Capital is not left to chance but is structurally supported by a professional, integrated Recovery-Oriented System of Care.

Interweaving Concepts: The Meaning of the Effort

8. The pursuit of a drug-free society in Singapore is the overarching national vision. The SANA-ISSUP partnership provides the professional and structural means to operationalise this vision effectively.

The core effort lies in the continuous enhancement of the professional workforce. By equipping professionals and volunteers with the latest global knowledge (ISSUP), they can more effectively build the Recovery Capital of their clients. This, in turn, strengthens the resilience of the community network (ROSC), making the entire aftercare system a more effective and sustainable component of DDR.

The final stages of establishing the ISSUP Singapore National Chapter thus represent a commitment not only to global standards but to a sophisticated understanding of the recovery process itself. This strategic alliance ensures that Singapore's vigilance against drug abuse is complemented by an expert, compassionate, and evidence-based system for aftercare and reintegration, solidifying the nation's capacity to realise its vision of a drug-free future.

An Open Invitation: Building a Unified Front for Recovery

9. The designation of SANA as the Host Organisation for the ISSUP Singapore National Chapter is not merely an institutional achievement; it is a strategic step toward unifying and strengthening Singapore's entire ecosystem of support. The Chapter is designed to serve as the nation's central convening body for all stakeholders dedicated to achieving a drug-free society and supporting individuals in recovery. SANA, through the ISSUP platform, extends an invitation to a diverse range of organisations and initiatives to formally join this network. This includes large and small agencies from various social service sectors, private organisations committed to corporate social responsibility and employment support, educational institutions involved in prevention and research, and vital ground-up initiatives. By drawing in such a broad spectrum of partners, the Chapter ensures that the emerging Recovery-Oriented Systems of Care (ROSC) is comprehensive, well-coordinated, and reflects the core ROSC principle of involving multiple stakeholders. This collaborative approach, underpinned by global standards, is critical to ensuring that the enhancement of Recovery Capital is structurally supported across all facets of community life, making the aftercare system a more effective component of Drug Demand Reduction (DDR).

Professional Growth: Join the ISSUP Network

10. For every individual working or volunteering across the substance use prevention, treatment, and recovery support continuum—including practitioners, researchers, students, volunteers, policymakers, and educators—the ISSUP Singapore National Chapter represents an invaluable opportunity for continuous professional advancement. The efficacy of Singapore's DDR framework depends directly on your professional and ethical competence. By joining the ISSUP network as a member, you gain immediate access to shared global resources, including internationally recognised standards such as the *Universal Treatment Curriculum (UTC)* and the *Universal Prevention Curriculum (UPC)*. Membership facilitates critical networking opportunities, enabling you to learn,

share expertise, and collaborate with a global community of experts. This engagement ensures you remain equipped with contemporary, evidence-based methodologies, directly contributing to the quality of services and safeguarding the long-term success of persons-in-recovery. We strongly encourage all dedicated members of this essential workforce to become ISSUP members and invest in their continuous professional development, thereby reinforcing the nation's capacity to build resilience and foster lasting positive outcomes.

Call to Action

11. Professionals, researchers, and partners across the sector—including practitioners, volunteers, educators, social service agencies, educational institutions, and corporate partners—are warmly invited to express their interest in joining the forthcoming ISSUP Singapore Chapter. This Chapter aims to contribute significantly to building Singapore's Recovery-Oriented Systems of Care (ROSC).

Individuals can immediately gain access to global resources, such as the Universal Treatment Curriculum, professional networking, and evidence-based tools that strengthen Recovery Capital, by registering directly as a member of the global ISSUP community at www.issup.net.

For those who intend to join the local Singapore Chapter upon its formalisation, please email rafiz@sana.org.sg today to register your interest. By uniting, we can advance a drug-free Singapore through collaborative expertise and sustained care.

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