WE CARE
COMMUNITY SERVICES

October-December
2026

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Giving Hope
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WE CARE News



I Deserved to be Loved

APBAM 2026

Safe Harbour
A Space for Partners to Heal

ChariTrees

Mortality Rounds:
How They Improve Healthcare

...and more!



ASPIRE:

Addiction Support Programme for Inclusion, Recovery and Empowerment

Ten agencies are now working together to make it easier to get help and support for behavioural addictions. WE CARE Community Services is one of them, and it is training and supporting the other nine.

Behavioural addictions often stay hidden. They include excessive gaming, pornography consumption, and problematic cyber or social media use. They tend to surface only when relationships, studies, work or wellbeing begin to suffer.

The National Council of Social Service (NCSS) has now responded with ASPIRE, the addiction support programme for inclusion, recovery and empowerment.

It is a three-year partnership with 10 social service agencies - WE CARE Community Servies, Care Corner Counselling Centre, Counselling and Care Centre, Epworth Community Services, Fei Yue Community Services, PPIS Family Service Centre (West), REACH Community Services, SAGE Counselling Centre, Thye Hua Kwan Moral Charities and TOUCH Community Services - which aims to make help easier to reach.

Why it's needed

Social service agencies saw more than 780 new behavioural addiction cases in 2024. That is a 50 per cent rise from the over 520 new cases in 2020. NCSS identified this as an emerging unmet need in 2025.

Agencies told NCSS that years can pass between the onset of an addiction and treatment, because of shame, stigma and denial. They are also seeing younger clients, as early exposure to online behaviours is driven by the accessibility and anonymity of digital platforms.

ASPIRE also reflects WE CARE's own direction, and was one outcome of our Board's review of our

service gaps and long-term goals, and it supports our strategy to strengthen addiction treatment and recovery support in Singapore.

How ASPIRE works

One network. As WE CARE is joined by nine other agencies, there are now more places in the community to turn to. The agencies were chosen partly to widen access in the western region of Singapore.

Early intervention. NCSS worked with WE CARE to train the partner agencies in addiction counselling. At least four counsellors at each agency will be able to assess if someone has a behavioural addiction, refer them to the right support, and help clients recognise triggers and build coping skills.

Specialist support. WE CARE has two decades of experience in managing addictions. It will provide clinical supervision and take on referrals for the more complex cases.

Community of practice. NCSS will set up a network where agencies share cases and experiences and learn from one another.

The partnership will test triage, primary intervention and clear referral pathways. The goal is for people to get the right assessment and services earlier and with fewer hurdles.

Building The Sector's Capability

WE CARE has led a series of three-day workshops for partner agencies, covering the foundations of addiction counselling.

Practitioners who attend can book consultation sessions with WE CARE twice a week for guidance on more complex cases. WE CARE also runs case conferences for shared learning.

This adds to wider NCSS efforts. Over the past year, NCSS has run learning sessions for more than 350 policymakers, social service professionals and frontline practitioners. It has also released free e-learning modules on supporting youths with problematic social media use and gaming.

What Partners Are Saying

Mr Lim Shung Yar, Chief Executive Officer of NCSS, said: "Behavioural addictions often go unseen until they affect relationships, education, work, or wellbeing. NCSS is committed to strengthening the sector's response by bringing expertise closer to communities and better equip social service agencies to help people seek support earlier."

Ms Tham Yuen Han, Executive Director of WE CARE, said: "Addiction-related risk in Singapore is rising, and NCSS' initiative to strengthen frontline early intervention comes at a critical time. With two decades of specialised addiction experience, WE CARE is honoured to support agencies through training, consultation, and clinical guidance. Together, we can help more people receive prompt, evidence-based support."

To find out more about ASPIRE, please reach out to us at 3165 8017 or aspire@wecare.org.sg

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By ***Jat***

Jat *is on the WE CARE Comms team*



ChariTrees 2026

This festive season, WE CARE Community Services is proud to be one of the beneficiaries of ChariTrees 2026, shining a light on addiction recovery and the importance of community support in helping individuals and families rebuild their lives.

Established in 2011, ChariTrees is a signature annual fundraising initiative that brings together charities, corporate partners and the wider community to support meaningful causes. Over the years, it has evolved into a multi-charity platform, raising awareness and funds for diverse causes.

Returning with the theme 'Blossom of Hope', ChariTrees 2026 will take place from 20 November to 26 December 2026 at Marina Bay Waterfront, transforming the waterfront into a festive display of specially designed Christmas trees.

Each tree is sponsored by an individual or organisation in support of a participating charity, with the names of both the donor and beneficiary charity displayed alongside it. Beyond adding to the festive atmosphere, these trees represent the collective generosity of the community and the different causes being supported.

A Celebration of Hope

ChariTrees 2026 will officially launch with a Light-Up Ceremony on Friday, 20 November 2026, at 7pm, at Marina Bay Waterfront. The event will be graced by Mr Jeffrey Siow, Minister for Transport and Second Minister for Finance, as Guest of Honour.

WE CARE will take the stage with performances by our very own Healing Beats drumming group and the Warblers choir.

Made up of staff, volunteers and beneficiaries, both groups reflect WE CARE's commitment to fostering connection and building a supportive community. Through music, participants have the opportunity to develop friendships, build confidence and share meaningful experiences together.

We look forward to showcasing their talents at this year's event.

Lighting the Way to Recovery

For someone struggling with addiction, recovery is about more than overcoming dependency. It is about rebuilding relationships, regaining confidence, rediscovering purpose and finding the courage to begin again.

At WE CARE, we believe that no one should have to walk this journey alone. Through counselling, group programmes and family support, we provide individuals and their loved ones with the guidance, encouragement and community they need to navigate the road to recovery.

Our participation in ChariTrees 2026 is more than an opportunity to raise funds. It is a chance to bring



greater awareness to addiction recovery, celebrate the resilience of those on this journey and remind the wider community that everyone deserves compassion, dignity and the opportunity for a fresh start.

Keeping the Light of Hope Burning

While the lights of ChariTrees will shine throughout the festive season, the impact of the community's generosity extends far beyond Christmas.

As part of this initiative, WE CARE continues to welcome individuals and organisations who wish to support our work through Christmas tree sponsorships or donations of any amount.

Every contribution helps sustain our counselling services, recovery programmes and family support initiatives for individuals and families affected by addiction.

The ChariTrees fundraising campaign will remain open until 31 December 2026, with eligible donations receiving a 50% matching grant from Tote Board and the Government under the Enhanced Fundraising Grant.

Scan the QR code below to donate:





Writing to 40 Inmates Every Day:
Seth's Recovery Story

His third and last cat was called Seth. It was also the name he uses to "reframe" his life.

When Seth was in DRC, a pen friend who wrote to him spoke about a healing space for persons recovering from addiction. This fried JC recommended him to go there. He asked others if they knew of this place. The responses he got were positive. And so, upon his release, he came to WE CARE to "experience the space for myself."

He has thrived in the environment at WE CARE.

Seth enjoys the lunch meetings, and is also active in activities, particularly that involve movement, such as Mindful Movement, and yoga, and the Amazing Race, a signature WE CARE fundraiser. His interest in movement comes from his background in dance. He has always looked at movement as an "alternate way of expression", and as a form of entertainment. These days he has come to appreciate the somatic benefits of movement and as a form of therapy for those working through mental health issues. It is an area he wants to explore more fully, potentially working as a facilitator to help those in need of his services. "A lot of people who have mental health problems, they isolate. They just keep to themselves. They should be moving around."

His interest in dance began at age 12. He was fascinated with Michael Jackson, and later with his sister Janet, not just over their music but also by their ability to dance. But his professional training began when he was in university, at the age of 22, and ranged from classical Indian to contemporary forms like hip hop. From then on, until he was the age of 35, he was a professional dancer, and besides dancing, he also came up with the choreography for his performances.

When asked if dance is something that he misses, Seth admits that he actually does not. He is happy to watch dance performances, and appreciates "the development of dance, not just in Singapore, but in South-east Asia. There is so much beautiful choreography."

Asked how he got into drugs, he says that two events took place that presaged his introduction to substance. One was his mother's passing – she tragically took her own life when he was in his twenties. The other was the breakdown of his first romantic relationship.

Instead of dealing with his grief and his breakup, he turned to substance. It was his psychiatrist who later helped him to unpack his issues and made him realise that drugs was what he had used to cope with the situation he found himself in.

He took some time before he was reconciled himself with his grief. He adds that as the elder of two sons, he has always been considered the more expressive one. He would grieve openly, cry, and talk about the loss of his mother, whereas his sibling is quieter. Still, in spite of his outward grieving, internally he had not processed his feelings.

In contrast, he was worried that his brother, who did not easily express his feelings, would be unable to resolve his grief. He was glad when he found out that his brother had in fact processed his feelings with his wife, talking it out and sharing his sense of loss with her.

At this time, he was also exploring drag and pole dancing and when he first appeared, his performance made others sit up and notice. He sensed the envy and spite within the small community, and he felt the pressure of having to maintain his level of performance. To boost his confidence, he began to use drugs before going on stage. The illusion of ability and strength however did not last, and before long, the drugtaking began to affect his performance.

By the end of 2026, Seth would have achieved a year of sobriety. And he will be eligible for his first Finisher Award in Jan 2027.

Crediting his counsellor with empowering him and acting as his reality check, Seth is now in the process of applying for a Masters degree in Counselling from SUSS. His other hero at WE CARE is coach Melanie who conducts somatic movement sessions. She has given him a fresh perspective on movement, and the role it can play in helping those with mental health issues.

His message to those who are contemplating giving up drugs. “You must have complete clarity that you don’t just want to stop using, that you want to recover. Sobriety and recovery are 2 separate matters.”

He advocates that recovering persons should reflect and work on themselves and their habits, and how they live their lives. Otherwise once they face stresses and challenges, relapse will happen.

Inspired by the pen friend who first wrote to him, Seth has in turn started communicating via e-letters to inmates since January 2026. By now, he corresponds with 40 persons a day. Some were introduced by the ones he writes to regularly, and others who do not get any e-letters at all were recommended to him. Apart from the connections that he is making, it’s a way of giving back by rendering a purposeful service to inmates.

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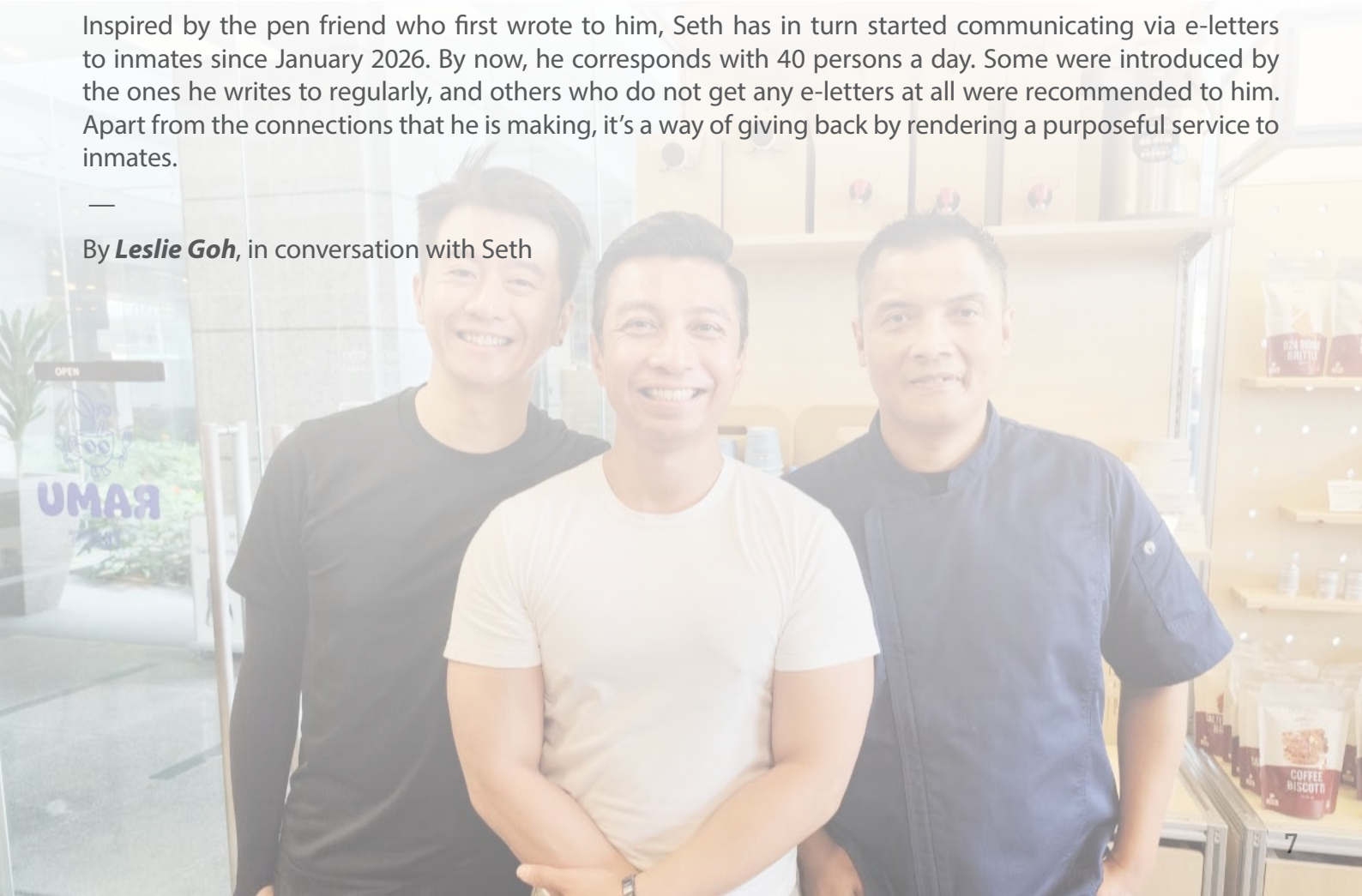
By ***Leslie Goh***, in conversation with Seth





WE CARE at APBAM 2026:
A Recap

From 3 to 4 September 2026, the **Asia Pacific Behavioural & Addictions Medicine Conference (APBAM)** returned to the One Farrer Hotel, Singapore, bringing together clinicians, researchers, policymakers and service providers from across the region. This year's theme, "Emerging Trends in Addictions and Mental Health," spotlighted neuroscience, trauma-informed care, digital mental health and the growing role of peer support in recovery.

WE CARE Community Services was proud to be a Gold Sponsor of APBAM 2026. Over the two days of the conference, we hosted a booth where our team spoke to attendees about our drop-in centre, counselling services, and support group meetings – sharing how a community-based, peer-supported model complements clinical treatment in recovery.

We were in good company. The exhibition floor featured booths from private rehabilitation centres and treatment providers from around the region, all there to share resources and connect with the wider addiction medicine community.

One of the best parts of APBAM is always the people. It was great catching up with familiar faces from the industry we've crossed paths with over the years, while also meeting new ones – counsellors, clinicians and advocates who were just as eager to exchange ideas and learn from each other's work. These conversations, on top of the formal sessions, are where a lot of real knowledge-sharing happens.

On the second day of the conference, Thomas Koh, Centre Manager and Counsellor at WE CARE Community Services, took the stage for his session titled "Same Road, Different Shoes: Harnessing The Power of Lived Experience in Addiction Recovery."

Thomas spoke about the power of peer support in recovery, and why spaces like WE CARE's drop-in centre matter so much – they give people in recovery somewhere to spend the hours between clinical sessions, surrounded by others who understand what they're going through. He also shared a bit of his own recovery story, grounding the talk in lived experience rather than just theory.

APBAM 2026 also welcomed Dr Anna Lembke, Stanford University addiction psychiatrist and best-selling author of Dopamine Nation, as one of its keynote speakers. Her session on the neuroscience of dopamine and modern addiction – from substances to scrolling, gaming and shopping – was a major draw for the conference, and a reminder of how far-reaching addiction science has become in an increasingly digital world.

Overall, APBAM 2026 was a valuable two days of learning, sponsorship and community-building – and we're already looking forward to the next one.

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*By **Jat***

***Jat** is on the WE CARE Comms team*





Built with His Own Hands:
Brendan's story

For 15 years, Brendan's life ran on a timetable someone else wrote.

As a civil servant, he knew where he had to be, what was expected of him, and who answered to whom. Orders went down, reports went up. You do this for me, I sign off on that for you. It was neat, predictable and, in its own way, comforting.

What he didn't realise was that the same ledger had quietly followed him home.

"My friends were all my colleagues," he tells me. "The relationship was very clear-cut. You listen to me, I listen to you." Friendships were present, but connection became an exchange. And when he went looking for the things every person wants – company, closeness, a little happiness – he went looking the only way he knew how: as a transaction.

The Shortcut

It started with party drugs – which is ironic, because Brendan was never much of a partygoer to begin with. But after his growing acquaintance with substance, he only went to parties if there were drugs. Without them, he had nothing to say and no reason to be there. "If you ask me to go disco with no drugs, I won't go," he admits.

The substance offered something his regimented life never had – an exit. After a stressful day or week, it helped him to forget. It let him be loud, uninhibited, popular. "That was a Brendan I didn't recognise," he says. "And I liked that person. That was the Brendan I wanted to be."

It was quick, instant and, as he believed then, came with "no hangover". He could party through the night and still run 10 kilometres the next morning. In his mind, addiction was something that happened to other people. "I can function the next day," he kept telling himself, "so what's wrong?"

The logic that served him so well for so long soon turned on him, and the double life eventually collapsed into a single one. He lost his job, his lodging and the genuine friends he had started borrowing money from and lying to.

For about a year and a half, he lived as a "full-time drug addict", carrying his life around in a luggage bag. "I had no money for food," he recalls, "but somehow, there was always money for drugs."

He calls it "a time of my life that wasn't mine."

A Product of Environment

It would be easy to see Brendan's story as one of bad choices. But listening to him, it is clear that much of it wasn't chosen at all – at least, not consciously.

It is the "nurture" half of the old nature-versus-nurture debate, and it applies to many people struggling with addiction. We are shaped by the environments we grow up and live in. It is part of the reason addiction tends to run in families. A parent's addiction does not genetically guarantee that their child will follow, but it often builds a home where certain behaviours are normal, accepted, even expected – and the child learns to see the world through that lens.

For Brendan, the lens was transactional. Fifteen years of it had wired him to see people for what they could provide. "I made them an object of desire," he admits. "I pinned my whole life on one person. It was unfair for me to demand that much."

His first arrest came at 36 – "relatively late," he says, with a wry smile. Several stints in incarceration followed. Each time he came out, he did what he thought recovery meant: avoidance. Avoid the old friends, avoid the triggers, change your environment and live a different life. It held for two years at most.

"I was living a different life," he says, "but that Brendan was still there. The Brendan who likes to escape. The Brendan who likes to avoid." When work stress returned, so did he.

Seeing Is Believing

What changed after his most recent incarceration was who he was sitting next to.

Through WE CARE, Brendan found his way into 12-step meetings and, for the first time, spent more time around the old-timers – people who had stayed clean for years, some for decades, and who had spent similarly long periods incarcerated.

Before then, recovery had been a concept a counsellor talked about. Now it had faces.

"When I first came to WE CARE in 2021, I only saw people like me, quite fresh," he says. "I rarely met the people who were recovering for a long time." Seeing them with his own eyes was the difference.

He has since become a regular, and a convert. No two meetings are ever the same, he says, and there is always something to learn. He compares it, with typical humour, to bubble tea: "The bubble tea I buy today and tomorrow is the same bubble tea. But every meeting, every interaction, is never the same."

More than anything, he values the introspection. It's something he spent a lot of time doing while he was locked up, but never really found the impetus to act on. In the room, he says things he typically would not say or think outside it – and in saying them, he gets to look at himself honestly. "When I share, I am reflecting on myself. Not about my problems, but how I can do better."

Awareness, One Small Step at a Time

That word – awareness – comes up repeatedly in our conversation. Brendan now sees, clearly, the link between his actions and what happens in his life.

He used to brand himself: selfish, unkind, a procrastinator. "We lock ourselves in that box," he says, and unknowingly behave in a way that keeps us locked in that box – a self-fulfilling prophecy.

Now, instead of labels, he looks at moments. When was I unkind? What did I do next? "I will always be quick-tempered," he says. "But it's how I react to the situation that defines me."

Even his smoking has become a practice ground. He hasn't quit, but he notices – the cigarette after a meal, the one he walks to without thinking – and swaps a smoke break for a coffee break where he can. Small, deliberate choices.

He no longer describes himself as an addict trying to recover. "Now I'm a full-blown addict who wants to recover," he says. "Trying and wanting are different."

A Life of His Own Making

Today, Brendan works as a farm operator at an indoor farm, growing microgreens for restaurants. Eight months in, he enjoys that he gets to work with living things. "You nurture them, you find ways to make them better," he says – and it is hard not to hear an echo of his own journey in that.

He reflects that his old life was, in many ways, given to him – the routine, the rank, the friends who came with the job. Perhaps that is why it never quite worked.

The life he has now is built with his own hands, through his own choices.

"By coming, by being present, I want to be here," he says. "This life is more precious than the one before."

In July 2026, Brendan received his one-year award at the WE CARE Finisher Awards. He also emceed a short segment – and brought the house down. Anyone who has spent five minutes with him knows he has a natural flair for the stage: quick, warm and genuinely funny. The shy man who once needed substances to be the life of the party had the whole room laughing, entirely on his own.

It is a quiet irony of his story. Everything he craved in active addiction – real connections, real happiness, peace – he is slowly finding in recovery. Not through a shortcut, and not as a transaction, but in a community where friendship asks for nothing back except that everyone keeps showing up.

—

By ***Brendan*** and ***Jat***

Jat *is on the WE CARE Comms team*



No One Ever Relapses in a Counselling Session

It's 5pm at the WE CARE drop-in centre, and art – the last activity scheduled for the day – has ended. Most of the beneficiaries have left the centre except for three who are sitting in the pantry, sharing a pizza from the Pizza Hut across the road, deep in conversation. It may not seem like much, but that is recovery.

For another beneficiary, once the last activity in the drop-in centre is over, he begins his journey from Eunos (where WE CARE is located) to Queenstown. He has just enough time for a quick bite before the support group meeting he's attending starts at 730 pm. After spending the entire day in the drop-in centre, he's a little exhausted, but he still puts up with the rush hour crowd on the MRT because he knows the support group meeting will help. This too, is recovery.

To those looking in from the outside, the scenes above will not look like much. What typically comes to mind when they think of recovery is counselling sessions and maybe a few visits to the psychiatrist.

In actuality, recovery is both – clinical treatment as well as day-to-day activities outside of clinical sessions. Recovery is what a person does the entire day, and not just for an hour a day.

What Does Recovery Ask of a Person?

Recovery involves an entire change of lifestyle – a change of habits, a change of how you spend your free time, a change in the people you associate with. A complete overhaul of priorities. But why?

One of the main reasons is that by the time someone finds their way to WE CARE, their whole life would revolve around their addiction. It doesn't matter if it's alcohol, drugs, gambling or pornography – almost every activity is focused on either engaging in their addiction or finding ways and means to get to their addiction.

In recovery, these activities that once served them now become triggers which need to be managed (or removed) and are almost always balked at.

The compulsive gambler who is used to betting on football is asked to stop watching live football matches. The alcoholic is told to alter his route home so he doesn't walk past the convenience store he used to get two cans of Tiger beer from every day. The person addicted to meth is required to stop spending time with the circle of friends he's had since he was 14 years old.

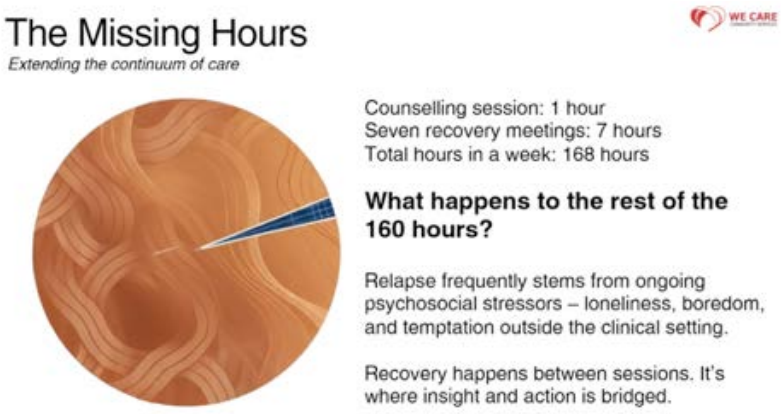
These are just some examples, but they give you an idea about what recovery is asking for.

If you want a life without addiction, then the way you spend your day cannot involve addiction. In a way, it's addition by subtraction.



A Breakdown of the Week

During his segment at APBAM (Asia Pacific Behavioural and Addiction Medicine) Conference 2026 titled Same Road, Different Shoes: Harnessing The Power of Lived Experience in Addiction Recovery, Thomas Koh spoke about this breakdown and the importance of "filling the gaps".



After deducting the time spent in counselling and recovery meetings, as well as an average of 8 hours of sleep a day, there are still 104 hours a week that someone in recovery needs to fill with healthier pursuits.

The crux of why filling the gaps is important is because it is during these gaps – especially during a lonely Friday night when the person is reminiscing about the fun they had at a club on bygone Friday nights – that relapses take place.

It's when boredom hits the hardest. It's when the monsters come out to play, and when the risk is highest.

No one ever relapses in a counselling session.

It's About Providing a Space for the Magic to Happen

For some, yes, pure abstinence from the addictive behaviour is enough. But for a lot of the people that come to WE CARE, things need to change completely. Which is why our counsellors recommend, where suitable, that a client participates in drop-in centre activities, group counselling and support group meetings.

It is through and in between these activities – for example, the half an hour between the daily lunch time support group meeting and SMART Recovery – that connections are made and strengthened, and positive peer influence and peer support can work their magic.

Peer support is hugely important, because it shows the newcomer that recovery is possible. To quote Thomas:

Clinicians provide diagnostic clarity. Peers reduce shame.

Clinicians teach coping strategies. Peers demonstrate that those strategies actually work.

Clinicians manage risks. Peers model recovery in ordinary life.

Clinicians teach the road map. Peers are proof that the destination exists.

—

By ***Jat***

Jat *is on the WE CARE Comms team*



When a Strange Item Appears in Your Shopping Bag

When Joanne found an unknown item in her shopping bag early this year, she panicked.

She had rummaged through her bags after receiving a call from the police asking if she had been at a particular store a week back.

With the shocking finding, fear overcame her when she realised that she had absolutely no recollection how the object had ended there.

She told her lawyer that a similar incident had taken place some time back. They advised her to reach out to WE CARE.

It was a difficult time for her before she started seeing her counsellor. There were occasions when she blacked out, episodes of memory loss, and general confusion and frustration with what was happening to her. “It was so bad because things were not within my control, moments when I couldn’t be accounted for.”

The first time something like this happens, people will forgive and give you a second chance, she explains. But how many times can you claim you don’t know why a strange item appears in your possession? Before suspicions are raised and questions are asked.

She feared going out.

I just couldn’t afford to have another incident happening during this period of time, she adds.

It took her a few counselling sessions before she understood that there were background issues that had led to these incidents. Stressors that had built up over time, beginning in her younger days. It’s not just something that I did, but there are issues that made me come to this stage, she says.

One core issue that emerged from her sessions was anxiety. When this spikes, she tends to shut down, dissociating for a few minutes. In her own way, her body learns to cope by sparing her from an overload of stress.

While her legal issues are now resolved and put behind her, and she is glad to be given a clean slate, she is "working even harder to make sure that this won't happen again." She continues to work on her issues with her counsellor, putting in conscious effort to be mindfully aware of her mental state, her surroundings and her emotions. She shares that it can be mentally exhausting, "I cannot let the anxiety take over to the point where I cannot switch off. If the day is a bad day, I will actually choose to stay home."

From her school days, Joanne has always been interested in arts and crafts. She currently runs her own business – conducting workshops, teaching crafting skills and putting together creative art kits.

But her love for arts and crafts has also turned out to be a double-edged sword.

Writing proposals, sticking to deadlines, sourcing materials for art kits, and teaching art sessions can also be a source of stress. One way she has dealt with this is to slow down her pace, in order to "re-learn to love arts and crafts again, instead of feeling that it is a job." As part of her attempt to reset, she has spent a month re-designing her website, to focus on the enjoyment from doing arts and crafts, and to re-ignite her passion.

Asked about support from her family, she shares that her husband is more old school and "does not really recognise the value of counselling." Her daughter however has been a source of inspiration. "Growing up, she faced some challenges in school, and I sent her for counselling. It really helped her."

She is the main source of support for Joanne. She understands what I am going through and doesn't push me. She makes it a point to let me know she is there if I need her.

Joanne is working on communicating better with her husband as well as her own parents. Working hard to untie my little knots is how she puts it. It is at times an uphill task with her parents, as she feels they can be judgemental, and consider Joanne's issues to be something she needs to resolve on her own.



Another direction that Joanne is taking is to collaborate with more charities, so she can give back to the community. Many are not well-resourced or aware that art activities need not be expensive. On this front, she has expressed an interest to work with WE CARE.

Joanne's daughter too is aware of the importance of mental health. She intends to study Psychology to help others, especially children. The stance of both mother and daughter is that mental health is not something that is shameful or unacceptable.

Sometimes we do things unconsciously because we are not well. The important thing is to be able to talk about them and get help, Joanne shares.

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By ***Leslie***, *in conversation with* ***Joanne***



10 Questions with Zach

1. **What was the moment you decided to ask for help?**

   I was tired of going through the same cycle in life and knew I needed to make a change.

2. **What's one thing people often get wrong about addiction?**

   People think it's simply a choice. Addiction is a struggle that needs support and understanding.

3. **Which part of Project SAFE surprised you most?**
   (SAFE is Support for Recovering Addicts and Their Families through Empowerment, an initiative spearheaded by NCSS in collaboration with Singapore Prison Service to treat inmates who have drug issues)

   How much support and encouragement I received from people who understood what I was going through.

4. **What would you say to someone thinking about reaching out**?

   Don't wait. Asking for help is not weakness; it's the first step towards change.

5. Best meal you've had since starting recovery, and where?

A simple home-cooked meal with people I care about. It felt good to enjoy food and the moment.

6. Small daily routine you look forward to?

Having my morning coffee and taking a few quiet minutes for myself.

7. Recovery theme song?

Fix You by Coldplay

8. New routine you started after recovery?

Going for long walks and cycling.

9. Favourite memory from WE CARE?

The friendships I've made and the moments where everyone comes together and supports one another

10. One improvement to WE CARE with unlimited funds?

Create a bigger space with more activities, training and opportunities for people in recovery.

—

Zach *came to WE CARE as part of Project SAFE and despite having finished his programme, remains a regular presence at WE CARE, always with food and snacks in tow. He also volunteers on cook-in Thursdays and participates in activities. In his free time, Zach likes giving back to others what was given to him freely – a second shot in life.*



Mortality Rounds:
Why We Need Them and How They Improve Healthcare

One of my favourite cartoon characters once said, "Your story may not have such a happy beginning, but that doesn't make you who you are. It is the rest of your story, who you choose to be, that defines you." Simple as these words may seem, I have often found myself returning to them throughout my work as a counsellor.

Many people who seek counselling did not have the beginnings they deserved. Some grew up in homes marked by neglect, violence, loss, or instability. Others encountered experiences that gradually eroded their sense of hope, confidence, or belonging. Yet what continues to inspire me is witnessing the remarkable ways people strive to reshape their lives. They return after difficult periods. They challenge long-held beliefs about themselves. They take small but courageous steps towards healing and growth.

In many ways, counselling is about helping people recognise that while their past may influence them, it does not have to define them.

That perhaps explains why the loss of a client can feel particularly profound. As clinicians, we are privileged to witness chapters of a person's life that few others ever see. We are invited into their struggles, fears, aspirations, and moments of vulnerability. Alongside pain, we witness resilience, humour, determination, and hope. When a life ends, we grieve not only the person but also the possibilities that will never come to pass.

Yet grief is only one part of what follows a client's death. Within healthcare, loss also invites reflection, learning, and a collective effort to better understand a person's journey. One way this occurs is through mortality rounds.

Following the death of a client or patient, healthcare teams may come together in a mortality round to reflect on the care that was provided. These meetings are sometimes misunderstood as opportunities to identify mistakes or assign blame. Rather, their purpose is to review what was known at different points in time, consider the decisions that were made, and reflect on the many factors that may have influenced the outcome. Ultimately, they are intended to promote learning, strengthen practice, and improve future care.

Each healthcare professional encounters only part of a person's story. A mortality round brings those perspectives together, creating a fuller picture of the individual's experiences, needs, and circumstances.

Through this process, we acknowledge both what was known and what remained unseen. It is an exercise in humility, recognising that even our most comprehensive understanding is often incomplete.

For me, these meetings are not about asking, "Who is responsible?" Rather, they invite us to ask, "What can we understand more deeply?" and "How can we continue to improve the care we provide?"

Healthcare professionals are sometimes perceived as detached, yet the reality is often quite different. Many clinicians carry a deep sense of responsibility for those entrusted to their care. When a client dies, reflection is not simply a professional obligation; it is often a deeply personal one as well.

Mortality rounds provide a way to channel that responsibility into learning, allowing teams to identify opportunities for improvement so that future clients may benefit from what has been learned. In this sense, the process is not only about looking back but also about looking forward.

There is another, quieter form of reflection that many clinicians carry but seldom discuss openly. When a client dies, our thoughts often drift beyond the clinical notes and case formulations. We remember the person: their personality, their humour, the stories they shared, the hopes they held for the future, and the challenges they worked tirelessly to overcome.

I sometimes find myself recalling moments that might appear insignificant to others but remain deeply meaningful to me. I remember one client who arrived at a session with his hair dyed bright red. He had previously spoken about wanting to do it as part of a personal bucket list, something he had always wanted to try but never quite felt confident enough to do. When he finally did it, he came in smiling, eager to show me the result.

It was a simple moment, yet it represented something much larger: a willingness to embrace life, take a chance, and become a little more of himself.

These are often the memories that endure. Not diagnoses, risk assessments, or treatment plans, but the moments that reveal a person's individuality, courage, and humanity.

A person's life is not defined solely by its ending. It is shaped by the relationships they nurtured, the lives they touched, the courage they demonstrated, and the moments of connection they shared with others. Every life carries meaning beyond its final chapter.

Perhaps that is what counselling is truly about. We may not have the power to rewrite someone's entire story, nor can we determine how every life unfolds. What remains with us are the moments in between, the conversations, the silences, and the quiet acts of trust that are often unspoken but deeply felt.

I often reflect on how a person's influence continues in ways we may never fully understand. The kindness they offered, the lessons they shared, and the connections they nurtured ripple outward long after they are gone. As a counsellor, I have come to appreciate that there is comfort in knowing that, for a time, someone was truly heard, deeply understood, and accompanied through part of their journey.

In the end, what remains is not closure but connection, the quiet imprint of one life woven into the lives of others.

—

*By **Betty Azizah Lee***

***Betty** is a counsellor who finds purpose in helping others navigate challenges, build resilience, and lead meaningful lives. She enjoys travelling, andn values the opportunities it provides to learn from diverse people, cultures, and experiences.*



I Believe I Deserve to be Loved

In our Jul-Sep newsletter, we ran the self-written story of a beneficiary 把遮仔, ***The Boy Who Carries an Umbrella****. We now present the English translation of that Chinese-written account. The first half of the translation is presented by* ***Khoo Chee Suan*** *and the second, by* ***Kelly Chen****.*

I Am Worthy of Love

Many people assume that those who abuse drugs are depraved, weak-willed or simply chasing thrills. But if you could spare a moment to hear my story, you might find the truth runs deeper than that.

Mine is a story woven with loneliness, despair, longing, and an unlikely courage that surfaced through the struggle.

I am still on the road to recovery. It has not been easy — but this journey has brought me face to face with who I truly am. And in that journey, I have begun to believe something I once thought was not meant for me: that I too deserve a bright future.

More Than A Decade Lost to Meth

My first encounter with meth was in the workplace, where its use was common enough that I thought little of it. No one told me that one decision would quietly pull me into a descent I was not prepared for.

In the beginning, meth made me feel alive and confident. It blurred the edges of life. Work-related pressures, low mood, and loneliness fell away magically.

It was only much later that I understood I had been fooling myself. Meth was never a solution. It was a mask — and beneath it, every problem remained, untouched and waiting.

For more than ten years, my life swung between hope and despair. I told myself I was chasing pleasure. What I was really doing was running from the emptiness I had never learned to sit with.

A Lonely Childhood, a Hunger to be Seen

It took me a long time to speak about my childhood. I do not wish to place blame on my family — I believe I am responsible for the choices I have made. But I cannot deny that those early years left a mark on me that I carried far into adulthood.

From a young age, I craved validation. I worked hard in school, and later at my job, always striving to meet the expectations of those around me. Everything I did was quietly driven by the hope of hearing two simple things: “You have done well” or “I am proud of you.”



That longing was never truly met. Over time, I began to build my sense of worth on how others saw me — and without realising it, I made myself small. I anticipated what people needed, avoided conflict, and said yes when I meant no. Slowly, I lost sight of who I actually was. I became a people-pleaser.

The loneliness deepened as I got older. People say adulthood brings clarity and freedom. It was not like that for me. I buried myself in work. I had friends. From the outside, life looked full — but inside, I felt profoundly alone.

I did not know what I wanted. I did not know what I was living for.

Meth offered what felt like an answer to the emptiness. In those moments, the troubles faded and I felt, for the first time, like I was simply allowed to exist as I was. It felt like relief. It felt like belonging.

But everything has a price.

The Darkest Days of COVID

The COVID lockdown touched everyone's life in some way — mine was no exception.

Years of meth use had taken a heavy toll on my body. I was sent to the Drug Rehabilitation Centre (DRC) for the first time, to undergo mandatory treatment.

To many, that might read as rock bottom. To me, it was the first in a long time that I was made to stop and take stock. No drugs, no distractions, no escaping into something else. Just me, and everything I had spent years running from.

For the first time, I had to face what I had buried.

5 Months Sober

Lately, the dreams have been coming. In these dreams, I found myself using again — surrounded by familiar faces from that former life, searching for drugs, injecting. What unsettled me most was how real it felt — the rush, the smell, all of it vivid and convincing. Waking up took a moment. And when reality settled back in, two things arrived at once: relief, and a quiet dread.

The relief did not hold. The dreams were growing more frequent, and that frightened me in a way I couldn't easily shake. I was afraid my mind was beginning to treat what I had left behind as something ordinary again.

I went looking for answers. What I found was unexpected — this was normal. These experiences, known as "drug dreams" or "using dreams", are a recognised part of the recovery process, usually not a sign of relapse.

That knowledge loosened something in me.

But the fear I carried is not about the dreams themselves. It is about what comes after waking — the impulse to reach out to people from that life, or the sudden, urgent need to find drugs. If that moment ever comes, I know what I will do. I will call my counsellor, my support group, my family. I will not face it alone.

The First Time I Truly Reflected

After leaving rehab, I remained drug-free for several years. I truly believed that I had fully recovered.

But five years later, I relapsed.

That experience left me deeply disappointed in myself. I kept asking myself:

What was I really trying to escape from?

I blamed myself constantly and felt that all of my efforts had been wasted.

Later, I came to understand that recovery was never meant to be a straight line. Falling does not mean failure. What truly matters is whether we are willing to get back up after we fall.

Looking back now, I realize that I was carrying an enormous amount of pressure during that period of my life. Years of accumulated emotions, conflicts within my family relationships, and wounds deep inside me that had never truly healed caused me to lose my balance once again.

That was when I finally understood that simply stopping drug use does not automatically mean true recovery.

WE CARE Changed My Life

After leaving rehab for the second time, I encountered a major turning point in my life — WE CARE Community Services.

For the first time, I experienced what genuine acceptance felt like. There was no judgment. No labels. Only understanding and support. With the help of my counsellor, I began to rediscover who I was.

Gradually, I came to understand that addiction was never only about drugs. What I truly needed to face were the deeper struggles hidden beneath the addiction itself: loneliness, low self-worth, fear of rejection, emotions that had been suppressed for years, and wounds left behind by the past.

If these deeper issues remain unaddressed, relapse can still happen even after someone stops using drugs.

True recovery is learning how to live peacefully with those wounds, rather than continuing to run from them.

Recovery Is a Lifelong Lesson

Over the years, I have learned several very important things.

First, learn how to face your emotions.

Many relapses do not happen because someone wants to use drugs again. They happen because people do not know how to deal with stress, anger, loneliness, and anxiety.

Second, build a support system.

No one can recover entirely through willpower alone. Family, partners, friends, counselors, and support groups all play an important role.

Third, stay away from high-risk environments.

Especially during the early stages of recovery, it is important to avoid returning to old social circles connected to drug use.

Fourth, maintain a healthy routine.

Sleep, exercise, and healthy eating may seem simple, but they are an important foundation for recovery.

Fifth, pay attention to warning signs of relapse.

When emotions remain low for a prolonged period, when sleep problems continue, when you begin isolating yourself, or when you start rationalizing drug use, it is important to seek help as soon as possible.

I Am Still on My Journey

If I could say one thing to my younger self today, I would say:

"You do not need to prove your worth by pleasing other people, and you do not need drugs to escape from pain. You have always been worthy of love."

Today, I do not believe that I have fully succeeded, because recovery has never been a destination. It is a choice that needs to be made every single day.

But unlike before, I am now willing to face myself, willing to accept help, and willing to believe in the future.

My story is not a perfect ending. It is simply a real testimony — a story about falling, struggling, growing, and standing up again.

And if you are struggling in the darkness right now, I want to tell you this: Change does not always begin with success.

Many times, it simply begins with being willing to ask for help. No matter how lost or hopeless things may feel right now, please do not give up on yourself.

As long as you are willing to take that first step, there is still hope.

—

Chee Suan *is currently completing her practicum at WE CARE as part of her Master of Counselling Studies at SUSS. She is deeply grateful for the opportunity to work alongside the staff, volunteers and clients at the centre. She looks forward to continuing to learn and grow through this journey.*

Kelly Chen *is a counsellor and mental health educator. She is committed to promoting mental health literacy and reducing stigma through education, counselling and lived stories.*

Safe Harbour:
A Space Where Partners Can Heal

"Sometimes, I wished I had never discovered those Telegram messages on his phone."

I still remember that fateful night when I happened to glance at his phone after a notification popped up.

The message was short and seemingly harmless: "Ok sure, see u tonight."

But something about it didn't sit right with me.

A few painful conversations later, and my whole world came crashing down.

My husband of five years, and the father of my children, had been paying for sexual services.

For the partner on the receiving end, a discovery like this can be devastating. Alongside the shock may come grief, anger, confusion and self-doubt. There may also be questions that seem to have no easy answers.

"How am I going to tell the kids about this?"
"Am I not good enough?"
"How will I face our friends and family?"

These were just some of the many questions that invaded my thoughts each night as I lay alone in our matrimonial bed, waiting for exhaustion to take over so I could find some momentary relief from the trauma of betrayal.

Eventually, I confided in a close friend because I could no longer pretend that time alone would heal the wound.

Talking about it helped. But it also brought more questions — and with them, a tangle of confusion, conflicting perspectives and emotions.

For many partners, the challenge is not only dealing with the hurt but also trying to make sense of what has happened.

What does this mean for our relationship?
Can I trust my partner again?
What am I supposed to do now?

And sometimes, what a person needs is not another opinion, but a space where they can simply be heard.

A space where they do not have to explain why they are hurting.

A space where others understand because they have walked through something similar.



A SPACE TO BE HEARD

Discovering that your spouse has been struggling with compulsive sexual behaviours, such as compulsive pornography use or repeated infidelity, can leave partners feeling isolated and overwhelmed.

While friends and family can offer support, it can also be difficult to talk openly about something so personal and painful. Partners may find themselves navigating not only the hurt of betrayal, but also questions about their relationship, self-worth, and future.

This is where a structured and confidential support space can make all the difference.

Safe Harbour is an 8-week support group for adults whose spouse or partner is experiencing compulsive sexual behaviours.

Whether the discovery happened recently or some time ago does not matter – the issues remain vital and very real.

The group provides an opportunity to journey alongside others who have experienced similar challenges, in a space where they can process their emotions, gain a better understanding of compulsive behaviours and develop practical ways to cope with the difficult days and sleepless nights.

What can participants expect?

- A safe and confidential space with others who understand
- Support in processing the emotions that can come with betrayal
- Creative and expressive activities to help make sense of their experiences
- Practical tools for coping and staying steady through difficult moments
- Greater understanding of compulsive sexual behaviours

The group meets for **1.5 hours per session**, in person at WE CARE, over eight weeks.

Fees are **SGD 30 per session**. Payment details will be confirmed when a place is offered. If finances are a concern, participants are encouraged to let us know upon registration.

As a closed group with a small number of participants, members are encouraged to commit to attending all eight sessions so that the group can develop a sense of trust and safety over the course of the programme.

What is shared in the group stays in the group. All information shared within the group will be kept confidential.



YOU DO NOT HAVE TO CARRY THIS ALONE

For someone who has spent nights lying awake with questions that seem to have no answers, finding a space where those questions can be spoken aloud can be an important first step.

Healing does not necessarily begin with having all the answers.

Sometimes, it begins with knowing that you are not the only one carrying the hurt.

Safe Harbour seeks to offer that space — a place where partners can be heard, supported and understood as they begin to make sense of their own journey.

Here are some early comments from the inaugural session held on 28 Sep:

> *"It was my first time in such a small group, with an interesting mix of people. But honestly, I feel hopeful. The session was pretty short, so I can't really give much feedback yet. Still, I'm looking forward to the upcoming sessions and being able to participate more fully in this journey."*
>
> *"I'm happy to connect with others and find support along this journey."*
>
> *"Ii used the 'Hope' activity from our last session as a journal entry last night. I think it was a timely reminder that my hope can be just for myself, rather than centered on my relationship with my husband."*

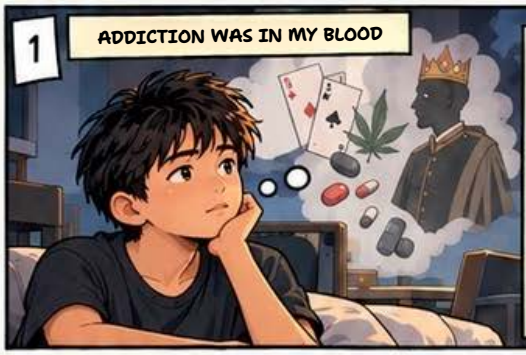
Details for the next intake will be announced soon.

If you need more information about this support group, contact **8391 3023** or email **help@wecare.org.sg**

I AM AN ADDICT, BORN AND RAISED

A A RECOVERY STORY BY JAT

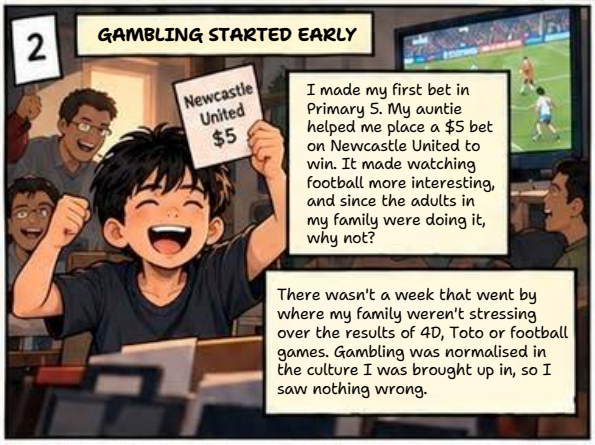
1 ADDICTION WAS IN MY BLOOD



From a very young age I was aware that addiction was in my blood, and I thought since those were the cards I was dealt, I'd just have to learn how to live as an addict.

It's like when someone is born into royalty. They might not want to be king but along the way they grew into that role.

2 GAMBLING STARTED EARLY



I made my first bet in Primary 5. My auntie helped me place a $5 bet on Newcastle United to win. It made watching football more interesting, and since the adults in my family were doing it, why not?

There wasn't a week that went by where my family weren't stressing over the results of 4D, Toto or football games. Gambling was normalised in the culture I was brought up in, so I saw nothing wrong.

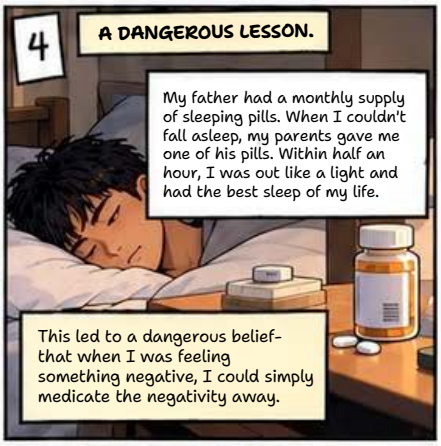
3 THEN CAME DRUGS



I had my first drug when I was 15. At the time I didn't think much of it - it was a rite of passage and I was happy to be in on it.

Soon after trying my first joint of marijuana, I was given my first sleeping pill to help me sleep before school the next day.

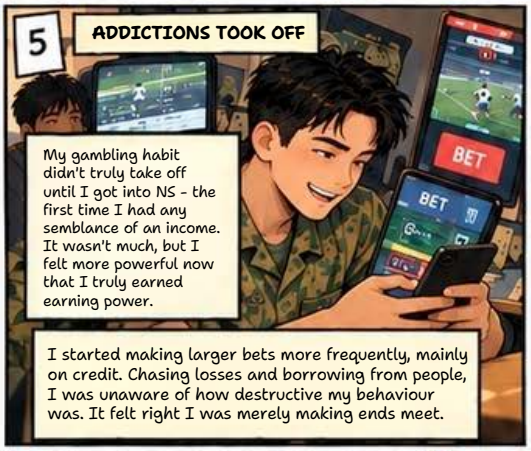
4 A DANGEROUS LESSON.



My father had a monthly supply of sleeping pills. When I couldn't fall asleep, my parents gave me one of his pills. Within half an hour, I was out like a light and had the best sleep of my life.

This led to a dangerous belief- that when I was feeling something negative, I could simply medicate the negativity away.

5 ADDICTIONS TOOK OFF



My gambling habit didn't truly take off until I got into NS - the first time I had any semblance of an income. It wasn't much, but I felt more powerful now that I truly earned earning power.

I started making larger bets more frequently, mainly on credit. Chasing losses and borrowing from people, I was unaware of how destructive my behaviour was. It felt right I was merely making ends meet.

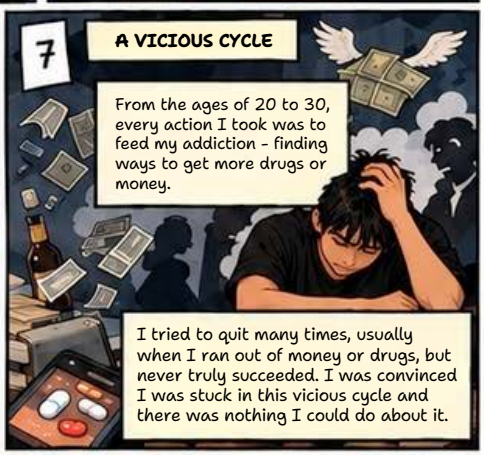
6 ESCAPING WITH SUBSTANCES



After the sleeping pills, whenever the opportunity to use drugs arose, I took it. This extended to alcohol, and carried on for the next 5 years.

Coupling the trauma from a dysfunctional family and friends who also gambled, used drugs and drank, my addictions became the centre of my universe.

7 A VICIOUS CYCLE



From the ages of 20 to 30, every action I took was to feed my addiction - finding ways to get more drugs or money.

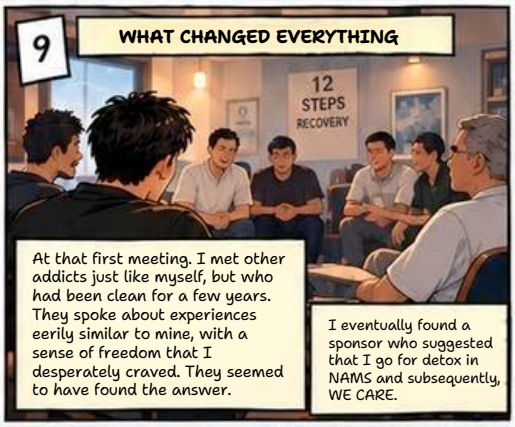
I tried to quit many times, usually when I ran out of money or drugs, but never truly succeeded. I was convinced I was stuck in this vicious cycle and there was nothing I could do about it.

8 A CHANCE MEETING



A few months before I turned 30, I had a chance meeting with an old secondary school friend. He gave me the basic facts and asked me to go to a 12-Step meeting, saying that more would be revealed.

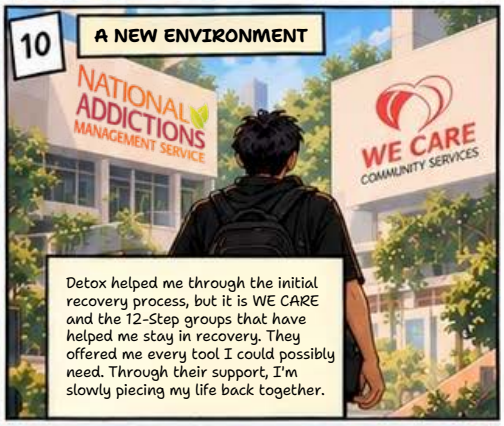
9 WHAT CHANGED EVERYTHING



At that first meeting. I met other addicts just like myself, but who had been clean for a few years. They spoke about experiences eerily similar to mine, with a sense of freedom that I desperately craved. They seemed to have found the answer.

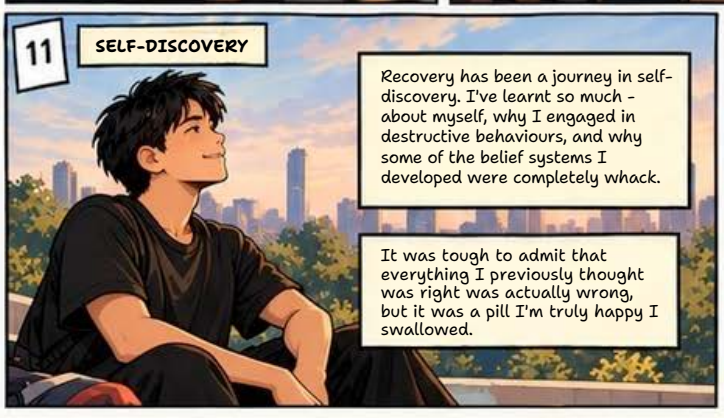
I eventually found a sponsor who suggested that I go for detox in NAMS and subsequently, WE CARE.

10 A NEW ENVIRONMENT



Detox helped me through the initial recovery process, but it is WE CARE and the 12-Step groups that have helped me stay in recovery. They offered me every tool I could possibly need. Through their support, I'm slowly piecing my life back together.

11 SELF-DISCOVERY



Recovery has been a journey in self-discovery. I've learnt so much - about myself, why I engaged in destructive behaviours, and why some of the belief systems I developed were completely whack.

It was tough to admit that everything I previously thought was right was actually wrong, but it was a pill I'm truly happy I swallowed.

12 TODAY-GRATEFUL, HOPEFUL, ALIVE.



I have finally found true recovery. I have changed my environment from a completely toxic one to one that I feel safe in. I'm grateful for this new life, and for the opportunity to stay clean, support others, and keep moving forward.

Comic by Scott
Scott is on the Ops team at WE CARE



The Youngest in the Room

An 19-year-old in recovery is almost unheard of.

"19-year-old" and "recovery" are not words you'd normally put in the same sentence, unless it's "When I was an 19-year-old, I had no idea about recovery." Not for Wade.

Wade came to WE CARE just before the Kpods and vaping crisis hit Singapore. He came in with the typical characteristics of an 19-year-old thrust into an unfamiliar environment filled with adults: quiet, wary, shy. He was one of the first few people struggling with Kpods to walk through WE CARE's doors.

While that was the start of his journey at WE CARE, it was not smooth sailing at first.

One evening, as I was finishing my workout in the gym at WE CARE, he drifted up to me and admitted that he had relapsed the day before. He was visibly defeated, and I told him what I tell every person who confesses to a relapse:

"At least you're here."

That was more than a year ago. There haven't been any relapses since, and he's recently celebrated a year of sobriety.

Spiralling Out of Sight

Wade struggled with two addictions: gambling and drugs. Peer pressure led him to gambling at 15, and drugs at 17. After experimenting with substances like methamphetamine, he finally landed on etomidate (Kpods) as his drug of choice.

As it often does, the social habit quickly became a solo habit. Within months he was isolating at home, spending $100–$200 daily on Kpods. This period is a blur, he tells me, as he would take his first puff before even getting out of bed. He'd spend the whole day vaping, trying to escape from issues he felt were eating him up from the inside.

He could not even get through a full meal, was often violent, and frequently passed out around the house from vaping too much. His family witnessed his slow descent but weren't sure how to help. "They were hoping it was just a phase."

Speak to enough families affected by addiction, and you'll find that this is a recurring theme: they know the person is struggling, but don't know what to do.

Planting the Seeds of Recovery

Things at home eventually reached a breaking point, and Wade's sister asked him to get into the car. She did not tell him where they were going, he tells me, but he got in anyway. The destination turned out to be the detox ward at NAMS (National Addictions Management Service).

Wade's stay in the detox ward lasted three days, though the full prescribed programme is three weeks, and he relapsed almost immediately after discharge. This first attempt at recovery was not entirely fruitless, as something had taken root.

It did not take long before Wade checked himself into NAMS again. This time, it was his choice. This time, he stayed for the entire three weeks.

So then, what changed?

An internal "switch" had gone off, and something finally clicked in his head. Amid the vapours of etomidate, he came to his own conclusion that he could not continue living the way he was, and that change was desperately needed.

Too Young to Be Here?

On the advice of those at NAMS, Wade made his way to WE CARE after he was discharged.

On top of dealing with some consequences of his actions during active addiction, he also had to battle the feeling of not belonging, both at WE CARE and in the 12-step groups he started attending.

In these settings, the majority are 25 and up, and very rarely 19. When Wade saw this, he immediately wondered whether his issues "weren't bad enough" and whether he "still had time to have fun".

He trudged on, and says there was a significant perspective shift around the sixth month of recovery. It made him realise that the age difference was superficial, and that the shared lived experience of addiction transcended age.

He acknowledges that for every young person who recovers, there are thousands who remain unaware or unwilling to seek help. Entering recovery at such a young age, amid so many life changes, is exceptionally difficult, and that isn't lost on him.

His youth is no longer an obstacle in his recovery. Instead, it has become a form of motivation. Among those in recovery, he has one of the longest runways, with decades of sober life ahead of him.

Growing Up

A year of sobriety will do wonders for your life. Wade's mess from active addiction has mostly been cleaned up, and stability and serenity have become his new baseline.

It has come with a fair share of tough decisions. Among them: cutting off his old circle of friends entirely and giving up activities he used to enjoy, like clubbing and drinking. (As I interviewed him, I kept flashing back to my own life. At 19 to 20, I was at the height of my clubbing career, and giving that up would have been unthinkable.)

There is an air of maturity about him, something that was sorely missing when I first sat down with him after he joined WE CARE. It's a maturity that is well earned from the countless activities and support group meetings he's attended. As the 12-step saying goes, it works if you work it.

A year on, Wade also finds himself in a stable relationship. He tells me that his partner operates on the same frequency and makes him a better person. That's all we can ask for in a partner, right?

Having worked at WE CARE for about three years now, I've had the honour of witnessing many people find their feet in recovery and, ultimately, in life. Some stories stay with me longer, and Wade's is one of them, partly because of how far he's come at such a young age.

Wade's plans are simple for now: finish national service, then go back to studying. Beyond that, he's taking it one day at a time, like everyone else in the room.

Not long ago, Wade walked up to me defeated, admitting he had relapsed. More than a year later, at 20, he's still here.



PAST EVENT HIGHLIGHTS



APBAM 2026



Bowling Good Time



MINDS Together



NUS (CAPT) CE Fest



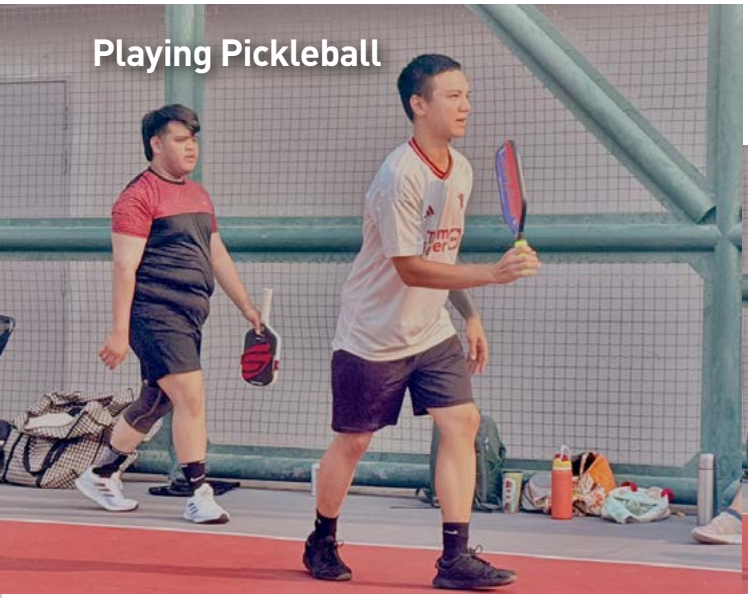




UAS-NAFA Mental Health Day



MOCA Mental Health Festival 2026


Playing Pickleball





Project Obscura X WE CARE Photography Exhibition



Transforming Lives. Restoring Families.

Counselling | Therapy Programme | Drop-in Centre | Recovery Support Groups | Events & Activities

WE CARE
COMMUNITY SERVICES

We are located at:

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E-mail: help@wecare.org.sg
WhatsApp: 8391 3023
Telegram: 9664 0967



Help is just a phone call away
If you have a problem with addiction, or if you know someone who has issues, call us at **3165 8017** or email **help@wecare.org.sg**

The first step in getting better is to ask for help

About This Publication

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The views of the writers may not reflect the views of the centre

WE CARE aims to be the leading community hub of addiction recovery in Singapore.

We treat all forms of addictions, including alcohol, drugs, pornography, sex, gaming, internet and compulsive behaviours like shoplifting.

Our core services are:
- Counselling for recovering addicts and their families
- Educational and therapy programmes
- A drop-in centre
- A hub for recovery support groups
- Community outreach

For more information on what we do, please go to: **www.wecare.org.sg**

Counselling sessions are private and confidential.

WE CARE needs your help.

WE CARE Community Services Ltd is a registered charity.

We provide treatment for all forms of addictions and our services are open to persons of all races, cultures and religion.

To fund our programmes and services, we depend mainly on donations from individuals and corporations.

Your support enables us to provide quality care to individuals and families affected by addictions and compulsive behaviours.

As we are an approved Institution of Public Character (IPC), donations to **WE CARE** are tax deductible.

To make a donation:
Write a cheque payable to **"WE CARE Community Services Limited"**. Alternatively, go online to make a donation at:

- Giving.sg/we-care-community-services-limited; or
- Wecare.give.asia