

ILLICIT DRUGS AND TREATMENT OF OFFENDERS IN SRI LANKA

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I. INTRODUCTION

On 20th November 2004, it was another day for the Capital of Colombo, in Sri Lanka. In the afternoon, there was widespread news throughout the country, that a High Court Judge was shot dead. The whole judiciary and the People of Sri Lanka were stunned by this news because this had never happened before.

SarathAmbepitiya was a Sri Lankan judge, serving as the Judge of the Colombo High Court when he was assassinated. The assassination, planned by a drug lord, Mohammed NiyasNaufer alias *PottaNaufer*, sentenced by the Judge, gripped the nation and forced the government to crack down on drug trafficking and organized crime.

He was shot dead by assassins at his home along with his bodyguard, Police Inspector UpaliBandara, on November 20, 2004. At the time of his death he was one of the most senior Judges of the High Court and was expected to be promoted to the Court of Appeal. The Chief Justice described Ambepitiya as "*the most fearless judicial officer we had. His death is a great loss to the judiciary*".

Later on, five men were indicted over the murder of Ambepitiya. This included the alleged mastermind, Mohammed NiyasNaufer alias *PottaNaufer* on charges of conspiracy to commit murder; and Sujith RohanaRupasinghe, SumindaNishantha, Udara Perera and Lasantha Kumara, who were alleged to have carried out the murder. On July 4, 2005, amid high security and following a three-month trial, a High Court Trial-at-Bar reached a unanimous verdict finding the five men guilty of murdering Ambepitiya and his bodyguard. All five were sentenced to death by hanging; this sentence was affirmed by the Supreme Court of Sri Lanka on appeal¹.

This assassination indicates the illicit drug trafficking in Sri Lanka is strong and lucrative. The culprits are in the mafia and ready to do anything to gain their profits and potential hindrances to be eliminated, so they assassinated the Drugs Court Judge in Colombo. With this background, the treatment of illicit drug offenders should be considered.

II. WHAT ARE ILLICIT DRUGS?

In Sri Lanka, illicit drugs are called "*Dangerous Drugs*". This regime is governed by several Ordinances and Acts and Gazettes of Parliament namely;

- Customs Ordinance No. 17 of 1869
- Poisons, Opium and Dangerous Drugs Ordinance No. 17 of 1929
- Cosmetics, Devices, and Drugs Act No. 27 of 1980
- Conventions against Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act No 1 of 2008
- Precursor Control Authority Regulations, Gazette Extraordinary 1653/7 May 10th 2010
- Tobacco Tax Act No. 8 of 1999
- Tobacco Tat Act Regulations, Gazette Extraordinary 1610/28 17th July 2009

In section 48 (1) of Poisons, Opium and Dangerous Drugs Ordinance No. 17 of 1929 defines the Danger

* Judge, Civil Appellate High Court of Galle, Sri Lanka.

¹ https://en.wikipedia.org/wiki/Sarath_Ambepitiya (accessed on 27-05-2018) and Supreme Court Judgement, *THE ATTORNEY-GENERAL v. POTTA NAUFER AND OTHERS (AMBEPITIYA MURDER CASE)* [2007] 2 SLR 144

Poisons, Opium and Dangerous Drugs Ordinance No. 17 of 1929, which says;

“(1) the drugs, substances, articles or preparations, specified for the time being in Groups A, B, C, D and E in Part I of the Third Schedule, shall be deemed to be dangerous drugs;”

Thus, the Poisons, Opium and Dangerous Drugs Ordinance of 1929 which has undergone many amendments, most recently in 1984 (Act no. 13) is the principal statutory enactment regulating poisons, opium and dangerous drugs in the country. Part I, third schedule of this ordinance provides a wide range of dangerous drugs which are not listed here. In the category B, is the most dangerous drugs are scheduled. This list includes heroin, cocaine, morphine or opium and various other illicit drugs. Other statutes with provisions relating to drugs include:

- The Penal Code (Ordinance no. 2 of 1983 as subsequently amended) in particular Chapter 14 which covers public health and safety.
- The Cosmetics, Devices and Drugs Act (Act no. 27 of 1980, as amended by Act no 38 of 1984) The Act regulates the manufacture, sale and distribution, labeling and advertising of all commercial drugs.
- The Ayurveda Act (Act no. 31 of 1961 as amended by Act no 5 of 1962) entitles ayurvedic physicians to obtain opium and ganja for manufacture of their medicinal preparations.
- The Customs Ordinance (Ordinance no. 17 of 1869, as subsequently amended) schedule B of this ordinance contains lists of substances with prohibitions and restrictions on both import & export.

III. STATUTORY REGIME

Section 52 of the Poisons, Opium and Dangerous Drugs Ordinance states: *‘No person shall obtain or have in his possession any dangerous drug’*. This provision establishes that a dangerous drug is an illicit drug by prohibiting use. Hence, possession of dangerous drugs creates an offence. Section 52(2) creates an offence for illicit users of dangerous drugs.

Section 53 discusses the manufacturing of drugs. It strictly prohibits manufacturing or carrying on any process in the manufacture of any dangerous drug.

Section 54 of the Poisons, Opium and Dangerous Drugs Ordinance prohibits administering, selling, supplying, or procuring or offering to sell, supply, or procure any dangerous drug to or for any person, whether in Sri Lanka or elsewhere, or advertise any such drug for sale, except as permitted by, or otherwise than in accordance with, the provisions of the Ordinance and a licence in that behalf from the Director.

Section 54A establishes the death sentence or life imprisonments for manufacturing of heroin or cocaine or morphine or opium. Manufacture and trafficking are defined as follows:

“manufacture” in relation to a dangerous drug includes any process of producing such drug and the refining or transformation of one drug into another;

“traffick” means

(a) to sell, give, procure, store, administer, transport, send, deliver or distribute;

or

(b) to offer to do anything mentioned in paragraph (a)

Section 78 of the Ordinance imposes the penalty of other than a person guilty of an offence under section 54A. it says;

(a) on summary conviction by a Magistrate, to a fine not less than one thousand rupees and not exceeding ten thousand rupees or to imprisonment of either description for a period not exceeding five years or to both such fine and imprisonment;

(b) on conviction before the High Court, to a fine not less than ten thousand rupees and not exceeding

twenty-five thousand rupees or to imprisonment of either description for a period not less than six months and not exceeding seven years, or to both such fine and imprisonment”.

It is apparent that the penalties for drug offences now range from fines to death or life imprisonment. The penalty of death (which Sri Lankan courts have interpreted as non-mandatory) or life imprisonment accrues for manufacture of heroin, cocaine, morphine or opium and the trafficking, possession, import or export of a minimum amount of (a) 500 grams of heroin (b) 3 grams of morphine (c) 2 grams of cocaine or (d) 2 grams of heroin. Less severe offences including the regulatory ones warrant sentences of fines or imprisonment, the amount of the fine or the length of imprisonment depend on the quantity of drug, the gravity of the offence and the courts having jurisdiction. It should also be noted that no bail be granted on pending inquiry except for special circumstances².

IV. WHY SRI LANKA IS A HOT SPOT FOR ILLICIT DRUGS AND TRAFFICKING

The most significant drug problem is the trafficking of heroin from India for local consumption. In this regard, Sri Lanka serves as a transshipment hub for heroin trafficked into the country mainly from Indian locations. The reason being for this is the long-standing violence (Civil War) and political tension has diminished the ability of law enforcement to address drug trafficking concerns adequately. It was debated whether some powerful politicians are behind and involved in drug trafficking which handicaps the combating of drugs.

V. COMBATING THE DRUG MENACE

In Sri Lanka, the National Dangerous Drugs Control Board, (NDDCB) is the pioneer government institution which discharges its functions with an aim to eradicate the drug menace from Sri Lanka. Among the other functions, providing treatment to the drug dependants and rehabilitation of drug dependants are main roles of the NDDCB. Four treatment and rehabilitation centres are being conducted under the purview of the board throughout the country with greater focus in Colombo, Kandy, Galle and Gampaha Districts. Counselling service and residential treatment facilities are being provided for the drug addicts at these treatment centres.

In response to the growing drug problem in Sri Lanka in the 1970s, a National Narcotics Advisory Board was established by the government in 1973 to co-ordinate the control measures. This was an ad-hoc committee chaired by the deputy minister of Defence and consisting of representatives from various ministries, departments and NGOs. The authority of the board, as implied in its name, was advisory in function and scope.

In the early 1980s the government, having realized the seriousness of the problem, and in keeping with the obligations imposed by the 1961 single convention on narcotic drugs, initiated the process of formulating a comprehensive national policy to reduce drug abuse, and to draft legislation for the establishment of a National Dangerous Drugs Control Board³. Thus, NDDCB is the main combating and rehabilitation agency in Sri Lanka.

VI. ARRESTS RELATING TO DRUG OFFENCES

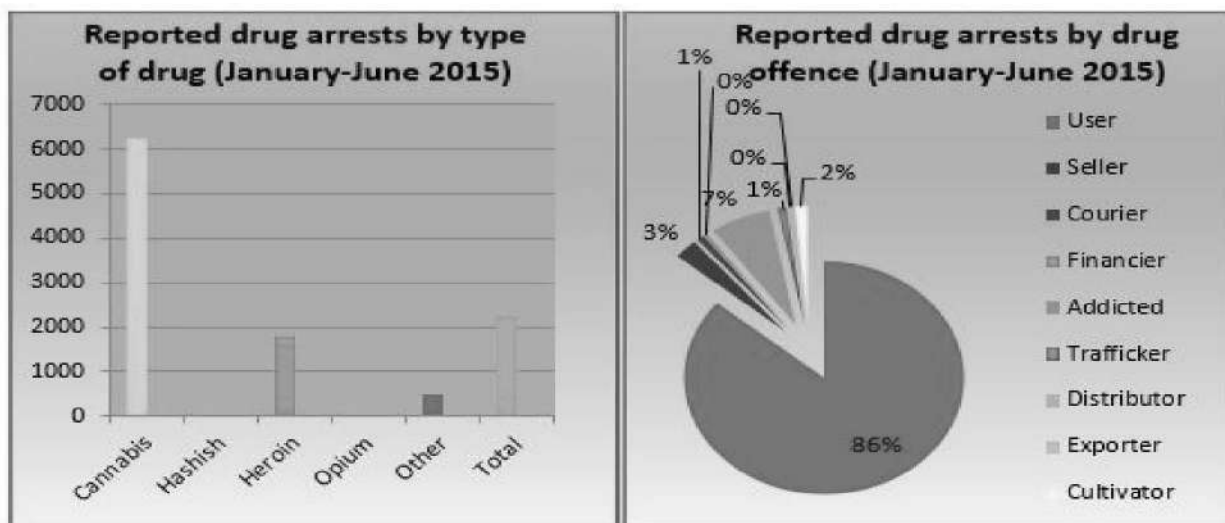
The total number of persons arrested for drug-related offences was 8,570 from January to June 2015. Of the persons arrested 1,795 were heroin users. 21% percent of the persons arrested were aged between 30 and 34 years.

Of the reported arrests, the majority (2,350) were arrested from Colombo District. When considering all arrests, 38% were from Western Province. Among the reported persons, 99% were male and 1% were female. Of the persons reported 5,732 (67%) were married and 2,804 (33%) single. Among the total drug-related arrestees, 58% had studied between year 5 and 10. The prevalence of drug related arrests per million

² Vide section 83(1) 'No person suspected or accused of an offence under section 54A or section 54B of this Ordinance shall be released on bail, except by the High Court in exceptional circumstances.'

³ <http://www.nddcb.gov.lk/aboutus.html>

population, based on 2012 provisional data of census among ethnic groups, Sinhalese were 476, Tamils 204, Moor 333, Malay 270 and Burgher were 261 during the first half of year 2015. The prevalence rate of drug-related arrests per million population among religions: Buddhists were 492, Hindus 211, Islamic 321 and Christians 235 during the first half of the year 2015⁴.



(Source <http://www.nddcb.gov.lk>)

The statistics show that cannabis is the mainly used drug and heroin takes second place. 86% are users, 1% are traffickers and 3% are sellers. It should be noted 7% are drug-addicted persons. These are the people who need rehabilitation. The 2017 and 2018 statics are not documented and published by NDDCB.

VII. TREATMENT OF ILLICIT DRUG USERS AND OFFENDERS

As previously discussed, the sentences are harsh on drug manufacturing and trafficking. Thus, they are subjected to mandatory custodial sentences. However, those in possession of illicit drugs as users will get treatment from rehabilitation in centres on a court order.

The total number of drug users reported from treatment facilities during the first quarter of 2016 was 419. Within the period, the number of drug users has increased by 39%, compared to that of 2015. 48% of the total reported drug users were from the government (NDDCB) treatment facilities, 42% was from the prison drug treatment and rehabilitation programme and 10% has reported from NGOs. The prisoner diversion programme changed in 2011 due to enactment of drug dependents (treatment and rehabilitation) act No. 54, 2007 to implement compulsory treatment facilities in Sri Lanka. Under the above act, an exclusive treatment programme has been designed for prisons for drug related offenders. The majority of reported drug users had received institutional treatment facilities and among the treatment admissions 47% was from Colombo district. When considered the entire treatment admissions, 65% was from Western Province.

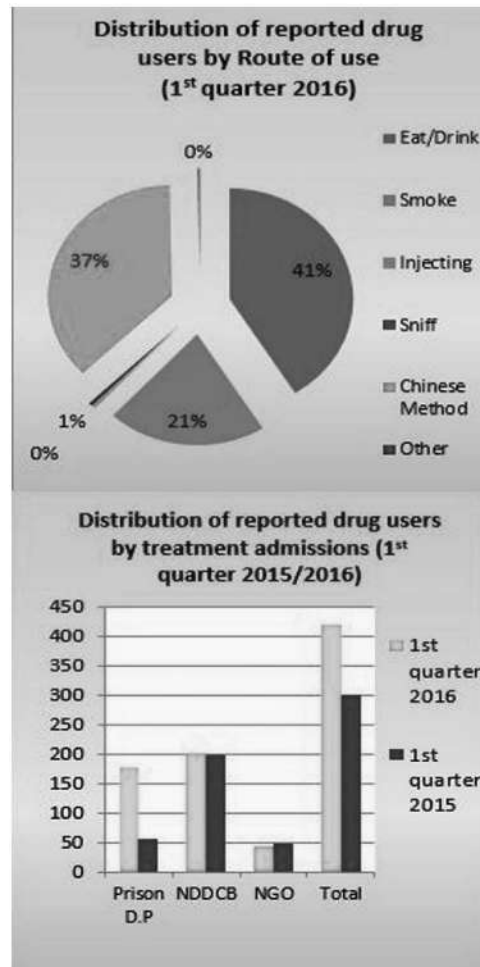
414 male drug users were admitted to the treatment during this period. The number of male drug users reported during this period had increased compared to the corresponding period of 2015. Only five females were obtained treatment during the period.

Among the total drug users, 37% had chased the drug and 41% reported eating or drinking it. 21% of the drug users smoke the drug. Of the persons reported 192 (46%) were single and 207 (49%) were married. Of the total 230 (55%) had studied between year 5 and 10.

The prevalence of drug users reported from treatment facilities per million population based on 2012 estimated of census, among the ethnic groups Sinhalese was 23, Tamil 10, Moor 19, Malay 23 and Burger 52

⁴ Statistical report on drug related arrests in Sri Lanka (DAMS arrest report) - Volume 49.

during the first quarter 2016. The prevalence rate of drug users per million population among Buddhists was 22, Hindu 7, Islamic 20 and the Christians 26 was represented during the corresponding quarter⁵.



(Source <http://www.nddcb.gov.lk>)

VIII. RATE OF ADDICTION

The Dangerous Drugs Control Board has said over 250,000 youth of Sri Lanka are addicted to drugs. The Chairman Professor Ravindra Fernando said close to 50,000 youth are found to be addicted to heroin alone. He also said that about 2,500 youth are annually subject to rehabilitation from drug addiction⁶. It is so pathetic that youths of the country have engulfed with drug menace. The youth are the future of the country and the reform and rehabilitation while combating the illicit drugs are essential.

IX. TREATMENT PROGRAMME

In taking treatments, a client needs to stay three months at the centre for residential treatment. After the residential period is over the client is required to enroll into the relapse prevention programme. Parents/guardians are required to assist the client's recovering process and help to cope with uncomfortable feelings. Wherever possible, the residential programme incorporates activities and experiences consistent with normal lifestyles. The clients will have a formal treatment programme during week days, less structured activities in evenings and on weekends. Daily activities include individual and group counselling sessions, educational programmes, care and maintenance of the centre, work projects such as landscaping,

⁵ Statistical report on drug dependents from treatment agencies (DAMS treatment report) - Volume 100 - 1st quarter 2016

⁶ <https://www.newsfirst.lk/2017/07/250000-youth-sri-lanka-addicted-drugs/> (accessed on 27-05-2018)

creative pursuits such as pottery, welding work, carpentry and drama, stress management activities like muscle relaxation, meditation and recreation. Television and newspapers are available for residents.

X. ABOUT CENTRES

The centre consists of counselling rooms, office buildings, vocational training units, kitchen and dining hall (s). Those are located in easily accessed and free locations. The centres provide basic but clean and hygienic accommodation, a balanced diet, in-door and out-door recreational facilities, a group of friendly and trained staff. The treatment programme consists of medical attention, counselling, behavioural therapy, vocational training, in-door and out-door recreational activities. The treatment needs of each person are assessed individually.

The centres are managed by a resident manager with a trained and well experienced counsellor, assistant counsellors and members of treatment staff who take care of the residents. The counsellor would personally talk to parents, spouses or guardians on admission of the client to the centre and would take them around to show the facilities provided at the centre. There is a monthly get-together at the centre for client’s parents, spouses or guardians.

Main Private Community Counselling Centres in Sri Lanka



“Siyapatha” Counseling Centre
 Old Ceylon Buddhist Congress Complex
 Bauddhaloka Mawatha
 Colombo 07
 Tel : 011 309 1394



Sri Lanka Maha Bodhi Counseling Centre
 Sri Lanka Maha Bodhi Society
 No. 130, Maligakanda Rd, Maradana
 Tel : 011 267 7626 / 011 493 5077⁷

⁷ <http://www.nddcb.gov.lk/aboutus.html>

XI. CASE STUDIES

The author of this document is working as a judge of Southern Province in Sri Lanka. Thus, his two case studies are based in Southern Province. One case was on imperative rehabilitation (Compulsory) and the other case study was on voluntary rehabilitation. It is understood that rehabilitation centres are divided into those run by the government and private-sector run facilities by NGOs⁸. This area is governed by the Drug Dependant Persons (Treatment and Rehabilitation) Act, No. 54 of 2007. The Act provides voluntary⁹ and compulsory treatment¹⁰ facilities in Sri Lanka. Under compulsory treatment, the person must be convicted for a drug-related offence. The section 10(4) said Act states as follows;

“Where a person is convicted and sentenced for any offence under the Poisons, Opium and Dangerous Drugs Ordinance (Chapter 214) and the Court convicting such person is satisfied by evidence on oath led before such Court that such person is a drug dependant person, the Court may, commit the person so convicted to a Treatment Centre for such period of time as may be determined by Court taking in to consideration the degree of dependence of such person. Such period of time may be extended on application made by the Director of the Treatment Centre to which such person is committed. The circumstances on which the extension is requested should be sufficient in the opinion of the Court to necessitate such extension”

XII. STORY OF SUDATH

Nanayakkarawasam Masachchi Sudath Dhammika, 36 years, is married and having one child. He and his wife run a fruit selling business in Sandarawala. The author interviewed him after release of undergoing the rehabilitation in Kandakaduwa Rehabilitation Centre which is situated in Polonnaruwa. According to Sudath he tried heroin to get sexual ecstasy. One of his friends told him that heroin gives a long lasting sexual pleasure, and it is a kind of treatment for premature ejaculation. His maiden taking of heroin was a bitter experience because he vomited after taking it. He said he had gone blank. But he said that at initial stages there was a prolonged sexual intimacy but it lasted two to three months. When he tried to stop the habit, he understood that he could not and he is addicted to heroin. He stole money from his own fruit stall. His wife was curious how the business was losing money. While on heroin, Sudath was caught by a Baddegama Police Official. He was convicted on 21-03-2016 by Baddegama Magistrate since he had no previous convictions only Rs. 10,000/= was fined. No rehabilitation was done this time. Sudath said when he came out after paying the fine, again, he could not stop the bad habit and the feeling was unbearable. His body was pleading for heroin all time. He said that sometimes he spent Rs.12, 000/= per day for heroin as 5mg heroin packet was Rs. 1000/= . His day to day family life was ruined and he got caught for second offence on 03-04-2017. Then he was charged for possession of heroin 20mg¹¹. This time, a full medical report was ordered and from the report, Sudath was identified as drug dependant. Thereafter, Sudath was sent for rehabilitation for 12 months at Kandakaduwa.

Sudath says that it was a blessing in disguise; though he had to separate from the family, he managed to reform and come back to society as a worthy person. He said the first six months was for rehabilitation and second 6 months for training. He said that at Kandakaduwa Rehabilitation Centre, he learned masonry. He said while he was in the camp, his wife developed the fruit stall and he is doing masonry and has no bad habits. He said that now he is completely out of bad habit thanks to rehabilitation.

⁸ By the Section 3 of Drug Dependant Persons (Treatment and Rehabilitation) Act, No. 54 of 2007

⁹ By the Section 9 of Drug Dependant Persons (Treatment and Rehabilitation) Act, No. 54 of 2007

¹⁰ By the Section 10 of Drug Dependant Persons (Treatment and Rehabilitation) Act, No. 54 of 2007

¹¹ Extracted details from case record No. 94185 (B/172/2017).



(Sudath's fruit stall)



(The author was interviewing Sudath while he was working (applying potty, it is evident that masonry training of Kandakaduwa has changed Sudath's life))

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Sudath was completely rehabilitated. He was rehabilitated at Kandakaduwa Camp which is run by the Bureau of the Commissioner General of Rehabilitation under the patronage of the Ministry of Prison Reforms, Rehabilitation, Resettlement and Hindu Religious Affairs. According to the sources, drug addicted persons mainly undergo rehabilitation at Kandakadu Centre in Polonnaruwa. It is a rehabilitation centre of youth addicted to drugs at a secure residential facility. It is a place for those who are convicted and remanded for drug abuse, drug trading and possession. These individuals will be subjected to the rehabilitation programme according to their levels of education, social and economic backgrounds. They will be put through psychological therapy that will assist them to gradually get rid of their addiction. Through the variation of the environment and a conducive surrounding, and the continued medical therapy, it is expected that these individuals will within the stipulated timeframe be able to rid themselves of their addiction. The following training and courses are given at Kandakaduwa¹².

DETAILS OF VOCATIONAL TRAINING PROGRAMMES

- Plumbing Course
- Carpentry Course (Building)
- Carpentry Course (Furniture)
- Computer Course
- House Wiring Course
- Masonry Course
- Aluminium Fabrication Course
- Welding Course

DETAILS OF VOCATIONAL ORIENTATION TRAINING PROGRAMMES

- Dhamma Anuradha Meditation Programme
- Brahma Kumaris Yoga Centre Meditation Programmes
- Aesthetics/Drama Therapy Programmes
- Spiritual Development Programme
- Sports Activities
- Leadership and Personal Development Programme
- Language Training (Sinhala, Tamil & English)
- Counselling & Mentorship Programme
- Mental Health Programme
- Yoga Programme
- Bakery Products
- Footwear Manufacturing Training Programmes
- Bag Manufacturing Training Programmes
- Leather Goods Manufacturing Training Programme
- Food Technology
- Precast Components Manufacturing Training
- Self-Employment Development
- Animal Products
- Coconut Cell Products

It is seen huge rehabilitation is done under this institution. The following are the details:

Details of Reintegrated Drug Offenders as at February 2017¹³
Reintegrated Drugs Offenders-District Wise

S/N	District	Less than 20	21-30	31-40	41-50	Above 50	Not Known	Total
1	Colombo	02	142	290	184	91	11	720
2	Gampaha	04	164	140	43	20	04	357

¹² <http://www.bcgr.gov.lk/programsdrugaddicts.php>, accessed on 07-08-2018

¹³ http://www.bcgr.gov.lk/reintegrated_drugs.php accessed on 07-08-2018

RESOURCE MATERIAL SERIES No. 107

3	Kalutara	01	25	50	22	10	04	112
4	Kurunegala	01	37	31	09	01	02	81
5	Puttalam	02	26	18	03	02	01	52
6	Anuradhapura	-	13	15	06	-	-	34
7	Galle	-	12	06	03	02	-	23
8	Kandy	-	09	16	-	01	-	26
9	Kegalle	-	13	04	-	01	-	18
10	Hambantota	-	07	14	02	01	-	23
11	Ratnapura	-	04	01	05	01	01	12
12	Polonnaruwa	-	05	01	02	-	-	08
13	Trincomale	-	-	01	03	03	-	07
14	Badulla	-	-	01	05	-	-	06
15	Ampara	-	01	02	-	02	-	05
16	Matara	-	02	01	-	01	01	05
17	Monaragala	-	01	-	-	-	-	01
18	Nuwara Eliya	-	01	01	-	-	-	02
	Total		462	592	287	135	24	1510

Employment Summary of Monitored Drug Offenders

S/N	Details	Total
1	Monitored	492
2	Unemployment	71
3	Labour	97
4	Masonry	35
5	Fisheries	12
6	Foreign Employment	17
7	Self Employment	24
8	Farming	01
9	Carpentry	05
10	Private Sector	25
11	Painter	14
12	Mechanic	20
13	Driver	32
14	Security Sector	08

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15	Small Business	27
16	Jailed/Unknown Residencies/Others	104

Apart from that, the author also examined the detection details of Galle Police Division in Southern Province. The details are as follows;

Period of 01.01.2018 to 30.06.2018 on illicit Drug detections in Galle Police Division.¹⁴

Ref. No:	Police Station	Indian Hemp cases (Ganga/Kansa)	Heroin cases
01	Galle	238	362
02	Hikkaduwa	132	48
03	Rathgama	82	58
04	Habour	62	56
05	Habaraduwa	102	62
06	Ahangama	28	22
07	Imaduwa	22	06
08	Akmeemana	46	67
09	Waduramba	12	05
10	Poddala	32	22
11	Yakkalamulla	08	-
12	Udugama	15	-
13	Nagoda	22	07
14	Hiniduma	46	-
15	Neluwa	19	-
	Total	866	715

This table shows though the rehabilitation is done, on the other hand, the addiction is also growing drastically.

XIII. PLIGHT OF NON-DETECTION OF DRUG OFFENDERS

Drug addiction is a jealous mistress; it always demands money. Thus, if offenders are safe in society, it is obvious the crime rate will increase. It ranges from Murder to minor thefts. Rehabilitation is the only solution to curb the increasing tendency towards drug addiction. To initiate rehabilitation, all Judges were directed by the Secretary to the Judicial Service Commission to send the convicts for drug cases for rehabilitation at Kandakadu Centre¹⁵ for a maximum period of one-year mandatory rehabilitation. During rehabilitation the courts are empowered to call progress reports of the detainees/offenders. It is seen that this mechanism is doing well as Baddegama Magistrate ordered 71 illicit drug users for rehabilitation at Kandakadu in the first half of this year (2018)¹⁶. The Officers in charge of Baddegama, Nagoda, Thelikada, Poddala and Wanduraba

¹⁴ Extracted from field notes of the author.

¹⁵ Vide JSC Circular No 382

Police station say that the crime rate has rapidly come down due to rehabilitation of illicit drug users in a timely manner¹⁷.

XIV. VOLUNTARY REHABILITATION

The Author visited the voluntary rehabilitation camp in Unawatuna which is run by National Dangerous Drug Control Board. The Manager of the Prevention, Treatment and Rehabilitation Center of Unawatuna informed the Rehabilitation is based on following methods;

- Therapies of re-examining past experiences
- Rational emotional therapy
- Role-play therapy
- Reversal therapy
- Life skill development therapy
- Motivational therapy
- Psychoanalysis
- Affect therapy
- Self-esteem building therapy
- Self-confidence building therapy

The Rehabilitators should undergo a daily routine according to a time table. The duration for rehabilitation is two months which is not sufficient according to the Manageress of the Centre. It is observed therefore no detainees were sent through the courts as the short period of rehabilitation was given. Thus, this institution is mainly for voluntary rehabilitation. The author interviewed one detainee who came for voluntary rehabilitation at the Unawatuna Centre.

Mudalige Rananath Gunawardene of Tewatta Road, Ragama, 31 years old, married, worked in the Middle East and had earned a considerable amount of money. When he returned home, he started working as a Medical Representative. His addiction to heroin started due to peer pressure and on the destined day, he went to a funeral home for a sleep over. He had a chance to use heroin which was given by a friend who came to the funeral home. First he vomited but later on his body demanded to take heroin. He spent Rs 3000/= per day and he borrowed money to buy heroin. Then, his wife realized the change of behaviour of her husband and questioned him. Then, he told her that he was addicted to heroin. After a long discussion, they decided to undergo rehabilitation in Unawatuna.



(Images of Unavatuwna Centre)

Rananath says that he is confident that he could escape the addiction. In the meantime, the author inquired the Magistrate of Galle and he said that he is personally against the forceful rehabilitation as it is

¹⁶ The author refers the Hon Judge's Report dated 20-07-2018 in this regard.

¹⁷ Separate Police Reports were sent to the author through the Magistrate of Baddegama confirming the deduction of crime rate.

against the human rights of the prisoners. It is seen that the Section 10 of Drug Dependant Persons (Treatment and Rehabilitation) Act, No. 54 of 2007 imposes a burden on the court for mandatory rehabilitation, yet some judges are reluctant to implement those provisions stating it is unconstitutional. However, the author inquired prison authorities and they say they have informal programmes outside the prison for rehabilitation. The author noted that repeat offenders can be found in the prison for drug addiction.



(Author questioned a drug addicted and convicted prisoner and he said he is not undergoing rehabilitation which is unfair by him and society wise)

XV. CONCLUSION

Sri Lanka's experience in dealing with drugs of abuse and with the drug abuse problem is unique in many ways. From the sixteenth century until the middle of the twentieth century, the colonial powers regulated the use of opium as a revenue earning measure. Since independence was achieved in 1948, various measures have been taken to scale down the abuse of opium, cannabis and certain psychotropic substances, but not all these efforts have been successful. In the wake of thirty years of ethnic problems (LTTE civil war), there has been an increase in the involvement of Sri Lankan nationals in smuggling drugs across national frontiers. The absence of a comprehensive national policy on drug abuse has been a major constraint on law enforcement and the development of interventions for education, treatment, rehabilitation and crop substitution. Sri Lanka is fortunate to have a rich tradition of networks of non-governmental organizations and religious institutions, and these can be mobilized to discourage and rehabilitate the use of intoxicating drugs and alcohol¹⁸.

Mostly the offenders and victims of drug users are youth of the country. The Royal Park Murder case¹⁹ gives ample opportunity to rethink how horrendous the addiction of drugs is. The sale of drugs to youngsters who frequent night clubs in Sri Lanka has led to many violent crimes. The Royal Park murder is one such instance where a young girl died at the hands of her boyfriend in a most brutal manner. The trial court sentenced the culprit to 12 years' imprisonment but on appeal it was converted to the death sentence. Both offenders and the victim were youngsters. The senseless murder of Bharatha Lakshman Premachandra, former Member of Parliament, and Director General of Trade Union Affairs on the streets of Mulleriyawa has been attributed to a feud that erupted due to a conflict of opinion on the drug trade as has been reported recently in the media. The culprit, Duminda Silva, Member of Parliament, is sentenced to death.

In a spiritual manner, drug dealing is one of the greatest sins. Whether a dealer, distributor or user, the repercussions are severe and unthinkable. By using drugs the mind becomes unsound and lunatic. It is said as a result of drug addiction, one's next birth, if born as a human, will be a lunatic with no conscious mind. Lord Buddha has said that the sin follows the sinner as the cartwheel follows the bull tied to the cart. There is no

¹⁸ Jayasuriya DC., Med Law. 1995; 14(1-2): 37-43., PMID: 766674

¹⁹ <http://www.thesundayleader.lk/archive/20060730/spotlight.htm> (accessed on 29-05-2018)

escape, whatsoever in this world or the next to the wrongdoer, who will face punishment inevitably²⁰.

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- Tobacco Tax Act No. 8 of 1999 Tobacco Tax Act Regulations, Gazette Extraordinary 1610/28 17th July 2009

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²⁰ *Dhammapada*, CHAPTER I., THE TWIN-VERSES. 1st stanza, Oxford, the Clarendon Press [1881] Vol. X of The Sacred Books of the East "If a man speaks or acts with an evil thought, pain follows him, as the wheel follows the foot of the ox that draws the carriage."