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Compulsory Drug Detention Centres in Sri Lanka

This briefing summarises some of the key findings of the report "Broken System: Drug Control, Detention and Treatment of People Who Use Drugs in Sri Lanka" related to compulsory drug detention and rehabilitation. For the full report and more resources, visit https://www.hri.global/drug-control-sri-lanka.

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Sri Lanka is one of many countries that have adopted a punitive approach to drug control, with law enforcement and the military playing a significant role, including in drug treatment and prevention.

COMPULSORY DRUG DETENTION CENTRES

The Drug Dependant Persons (Treatment and Rehabilitation) Act (hereinafter Treatment and Rehabilitation Act) regulates drug treatment at both state-run and private rehabilitation centres in the country. The Treatment and Rehabilitation Act mandates the Ministry of Defence, which is the ministry under whose purview the National Dangerous Drug Control Board (NDDCB) is placed, to adopt regulations on the standards to which treatment centres must adhere. This raises concerns on the expertise of the said Ministry to regulate medical treatment.

Drug 'rehabilitation' in public and private centres is centred around abstinence-based detoxification combined with physical labour to make the person 'drug-free'.

Harm Reduction International's *Global State of Harm Reduction 2020* found that harm reduction interventions, including opioid agonist therapy, needle and syringe exchange programmes, and peer distribution of naloxone, are not available in Sri Lanka.

In 2019, the NDDCB reported that 1,735 persons had reportedly voluntarily sought drug rehabilitation and treatment, while 1,564 were referred to compulsory treatment by court order. This accounted for respectively 48% and 43% of the total number of people receiving drug treatment in that year. The statistics also mention 9% of persons under the category of 'other'; with no further explanation provided in the report.

COMPULSORY TREATMENT

The Treatment and Rehabilitation Act allows courts to order persons to be sent for compulsory treatment. Unless specifically requested, such persons are sent to state centres run by the NDDCB or to centres under the purview of the Bureau of the Commissioner General for Rehabilitation (BCGR) and managed by the army. Upon receipt of information that a person is a 'habitual user of dangerous drugs and has since become a drug dependent person', police can arbitrarily arrest that person and present them to a medical officer. If after a basic medical examination the person is deemed as 'drug dependent', they are produced before a Magistrate, who can impose compulsory treatment. Persons who are convicted of drug offences may also be transferred to one of the ten prisons designed to implement compulsory drug treatment at the discretion of the Superintendent of Prisons of the institution at which they are held if the Superintendent (who normally has no medical expertise) is of the view that a prisoner is 'dependent on drugs' and requires treatment.

The period of rehabilitation is most often decided by the court, with possibility of an extension upon the recommendation of the Director of the centre.

VOLUNTARY TREATMENT

Anyone who undergoes drug treatment without a court order is considered as voluntarily accessing treatment. In practice, many people who use drugs are coerced or pressured to enrol in drug treatment by their families with the help of law enforcement. Moreover, in countries where drug use is criminalised, drug rehabilitation is treated as an alternative to avoid imprisonment, and no harm reduction service is available; in this context, 'consent' to seek drug 'rehabilitation' cannot be construed as fully free and informed, and therefore the 'treatment' undergone cannot be deemed voluntary.

According to the NDDCB website, there are two types of voluntary residential programmes: one for a total period of two months and another for two weeks. Reportedly, treatment at the centres involves counselling, behavioural therapy, vocational training, indoor and outdoor recreational activities, with evidence-based individualised treatment notably absent in the programme. The person or their family bear the cost of the treatment.

APPROACHES TO TREATMENT

Of the total number of people receiving drug treatment in 2019, 80% received treatment at state-run facilities (NDDCB rehabilitation centres, prisons, or another centre under the purview of the Bureau of the BCGR), and the rest received treatment in private rehabilitation centres, mostly run by NGOs or faith-based organisations. Only 19 female rehabilitees, or less than 1% of the total number, reported to have received treatment in 2019. More than 90% of the rehabilitees fall under the age of twenty years and above, with 8,2% were between the ages of fifteen and nineteen, and six persons admitted for treatment were reportedly between one and fourteen years old.

STATE-RUN REHABILITATION CENTRES

NDDCB CENTRES

There are four drug rehabilitation centres within the purview of the NDDCB, in Talangama, Galle, Nittambuwa and Kandy, which accommodate both voluntary and court-ordered residents. They also function as outreach centres for non-residential persons who have a drug dependence to be able to access counselling.

Upon admission, no psychological evaluation is conducted. Harm reduction as well as evidence-based individualised treatment are notably absent from the treatment provided at the centres. The daily programmes are mandatory, including for those who are experiencing withdrawal symptoms. This non-scientific approach to treatment also reflects the NDDCB's erroneous belief that drug dependence is rooted in "weaknesses in the individual personality", which is attributed to factors such as "birth inabilities, nature of family, society, environment and economic factors."

There is no meaningful access to mental health counselling, contributing to the high incidence of self-harm at treatment centres. Visits by doctors are limited to when strictly required due to the belief that such visits would encourage residents to get pharmaceutical drugs from the doctors. During the withdrawal period, doctors are summoned if persons experience health complications that require medical treatment, but no substitution or other medication is provided to ease the symptoms.

> The UN Special Rapporteur on Torture has found that withdrawal symptoms "can cause severe pain and suffering if not alleviated by appropriate medical treatment", and concluded that denying medical treatment "or absence of access to medical care in custodial situations" to deal with such symptoms "may constitute cruel, inhuman or degrading treatment or punishment and is therefore prohibited under international human rights law."

REHABILITATION CENTRES UNDER BCGR

There are two centres within the purview of the Ministry of Justice's Bureau of Commissioner General Rehabilitation (BCGR): Kandakadu Drug Treatment Centre (KDC), and Senapura Vocational Training Centre, both run by the army. Persons who are sentenced to compulsory drug rehabilitation for one year by courts as an alternative to imprisonment are admitted to KDC for six months and thereafter sent to Senapura Vocational Training Centre for other six months.

Both centres were converted from rehabilitation centres for alleged Liberation Tigers of Tamil Eelam (LTTE) combatants to drug rehabilitation centres in 2013, and continue to be managed by military personnel. This is reflected in the approach followed at the centres, where people must follow 'military rules'. The 'rehabilitation' programmes include manual labour, religious and spiritual programmes, sports, and leadership/mentoring training. For instance, at KDC, persons are required to undergo 'agro-therapy', such as farming and agricultural activities, as a way to "break their drug habit" – another non-evidence based approach to treatment.

People in these centres experience violence, ill-treatment and human rights violations throughout their stay.

Violence and ill-treatment are reported as part of punishment or for no apparent reason. Any mistakes or disobedience can result in being beaten up, hit with wires, being forced to do push-ups or other forms of exercise. In one particular case, a person involved in a fight was punished by being handcuffed to a tree for three days, during which he had to remain standing the entire time and was released only to eat and use the bathroom. Food and water were brought to him, and he was not allowed to sleep.

> In its 2017 report following a country visit to Sri Lanka, the UN Working Group on Arbitrary Detention reported that these centres are more "akin to prisons" as persons are not allowed to leave and are obliged to wear uniforms, "barbed wire fences surround the centre, heavily armed army personnel with military uniforms patrol the boundaries", and fixed schedules for activities are followed. Accommodation areas are secured using locks, and confinement is used as a disciplinary measure for persons engaged in 'violent behaviour'.

REHABILITATION IN PRISON

Persons who undergo drug 'rehabilitation' in prison have no access to harm reduction services nor medical support to mitigate withdrawal symptoms. It is also important to highlight that prison authorities have no training or expertise in dealing with people experiencing withdrawal symptoms, and reportedly resort to force as the primary means of managing them, which has led to injury and even death.

PRIVATE REHABILITATION CENTRES

Private drug rehabilitation centres are regulated by the NDDCB, which is mandated to issue a license for a private facility to operate. Private centres usually admit persons voluntarily for treatment, and typically require the payment of a fee. In practice, many of the residents were coerced or tricked by their families into entering the centres, and have no freedom to leave as they wish.

The period of treatment depends on the policy at each centre, although on average, people stay between a few months and one year. There is a notable pattern of former residents working as staff members at private rehabilitation centres, or establishing a new centre after their release. However, these centres do not seem to reflect the principles of community-based treatment.

REHABILITATION AT FAITH-BASED CENTRES

'Rehabilitation' at faith-based centres is based on abstinence, along with certain spiritual and religious exercises and group activities, where, for example, residents are required to write confessions and read them out loud in front of a mirror as a way to "heal them." Just like state-run rehabilitation centres, faith-based centres also commonly adopt a system of punishments. These range from sitting at the back of the room, facing the wall and "reflecting on their actions"; and violence and ill-treatment. People who have undergone treatment in these centres reported being slapped for breaking the rules or being beaten up if they ask their family to release them.

CENTRES MANAGED BY CIVIL-SOCIETY ORGANISATIONS

Some non-governmental organisations also provide residential abstinence-based treatment. Similar to other facilities, the daily schedule at these centres involves waking up early and participating in a number of daily activities. However, it is reported that there is no structured rehabilitation programme or counselling undertaken routinely. In many centres, there is no medical assistance provided to residents who are experiencing withdrawal symptoms.

TREATMENT OUTCOME AND POST-RELEASE

> In its 2021 report on arbitrary detention in the context of drug policies, the UN Working Group on Arbitrary Detention emphasised the lack of evidence that "practices at compulsory drug detention centres result in successful treatment of drug dependent persons. Relapse rates upon release are extremely high. This is in contrast to relatively low relapse rates experienced by drug dependent individuals who voluntarily take part in evidence-based treatment provided by health professionals trained in managing drug dependence on an outpatient basis."

In its 2015 study on the effectiveness of treatment centres, the NDDCB reported that 64% of the sample group resumed consuming drugs following the conclusion of the treatment programme, indicating a high rate of relapse. A similar report published by the NDDCB in 2018 found that

of the 170 persons interviewed, 123 began using drugs again after compulsory state-mandated treatment. These findings clearly indicate the ineffectiveness of mandatory treatment in achieving its stated objective of ending drug use. This is confirmed by persons interviewed for the report.

The lack of post-release support also emerges from the report. According to a NDDCB report, in the study sample, post-release follow-up was undertaken only for 45% of clients. Some centres adopt a 'relapse prevention programme', which translated into having an outreach officer following up with the person for a maximum period of around three months post-release. This is done via home visits, and reports of the visits are sent to the treatment centre. Those who are deemed to be 'not doing well' or needing support will be referred to day counselling at a treatment centre.

REFERENCES

1. Harm Reduction International (2020), Global State of Harm Reduction 2020. London: Harm Reduction International
2. Section 10 of the Act requires an Officer-in-Charge of a police station who receives information (from anyone) that "any person is a habitual user of dangerous drugs and has since become a drug dependant person" to take steps to present the person for a medical examination to a Medical Officer.
3. Drug Dependant Persons (Treatment and Rehabilitation) Act. 2007. Section 10 (2)
4. Research Division, NDDCB, "Statistical Report on Drug Dependents Reported from Treatment Centres' - Drug Abuse Monitoring System VOL 115". 2020. https://drive.google.com/file/d/1ksJLa9pN9g6jjwiMjZDeL1pg8JYIXs_x/view
5. Ibid, page 7
6. Ibid, page 8
7. http://www.nddcb.gov.lk/Docs/research/Quick%20survey%20on%20the%20effectiveness%20of%20the.pdf
8. "Details of Training Programmes". 2020. Bcgr.Lk. https://bcgr.gov.lk/programsdrugaddicts.php.
9. "National Dangerous Drugs Control Board – Annual Report and Accounts 2015". 2016. Parliament.Lk. page 25 https://www.parliament.lk/uploads/documents/paperspresented/annual-report-national-dangerous-drugs-control-board-2015.pdf.
10. http://www.nddcb.gov.lk/Docs/research/Quick%20survey%20on%20the%20effectiveness%20of%20the.pdf