Statistical Review of Treatment Admissions 2024

Research Division

National Dangerous Drugs Control Board

Introduction

This report presents an analytical overview of drug treatment admission data for the year 2024, generated through the Drug Abuse Monitoring System (DAMS), an online real-time reporting platform managed by the Research Division of the National Dangerous Drugs Control Board (NDDCB). DAMS serves as the national-level database for collecting standardized treatment admission records from both governmental and non-governmental treatment service providers across the country. These agencies submit data on a monthly basis using a prescribed data collection tool, ensuring consistency and reliability in the information gathered.

The data reported through DAMS encompass a wide range of variables, including the socio-demographic characteristics of individuals admitted for drug treatment, their patterns of drug use, associated behavioral factors, and key treatment-related details such as the type of facility and the method of treatment followed. As a comprehensive and centralized information system, DAMS enables the timely monitoring and evaluation of treatment trends in Sri Lanka. This report synthesizes and elaborates on the findings from the 2024 data set, offering insights into prevailing treatment dynamics, emerging patterns, and informing evidence-based policy and intervention planning.

Abstract

The total number of reported drug users who received treatment services in the year 2024 was 3,140. Of the total, the majority, 58.8%, received treatment through the community outreach services of the National Dangerous Drugs Control Board (NDDCB). This notable increase can be attributed to the implementation of several community-based treatment camp programmes, particularly in the Western Province, during the year. Additionally, 18.9% of drug users received treatment from the institutional Treatment and Rehabilitation Centre of the NDDCB, 12.9% from the Kandakadu Treatment and Rehabilitation Centre of the Bureau of Rehabilitation (BR), and 9.4% from non-governmental organizations (NGOs). The shift toward community-based support services significantly altered the representation of treatment types in the overall admission data.

Treatment and rehabilitation services are regulated and monitored by the National Dangerous Drugs Control Board under the provisions of Act No. 54 of 2007: the Drug Dependent Persons (Treatment and Rehabilitation) Act.

The majority of reported drug users in 2024 accessed treatment through community-level initiatives. Among the total treatment admissions, 31.2% were from the Gampaha District, and 77.6% of all admissions were recorded from the Western Province, highlighting the region's significant engagement with the expanded outreach treatment model.
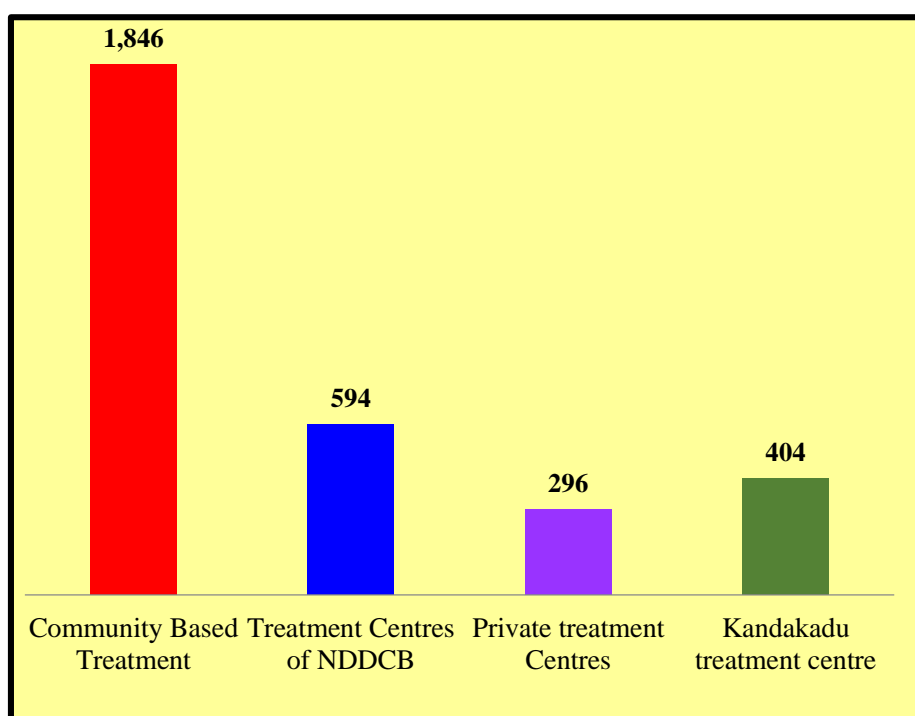
According to the reported data, 3,122 males and 18 females were admitted for treatment services in 2024. Regarding drug administration methods, 29.7% of users smoked drugs, 24.8% consumed them by eating or drinking, and 37.9% used the "Chinese method." The data further revealed that 1,624 (51.7%) of the drug users were single, while 1,099 (35%) were married. In terms of educational background, 1,236 individuals (39.4%) had studied from Grade 5 to 10, and 1,286 (40.9%) had completed the G.C.E. Ordinary Level examination.

Background

This analytical report is based on data from the Drug Abuse Monitoring System (DAMS), focusing on individuals who received treatment in drug treatment facilities during the year 2024.

A total of 3,140 drug-dependent persons were reported from various drug treatment and rehabilitation centers in 2024. Of these, 594 individuals (18.9%) were reported from the treatment centers operated by the National Dangerous Drugs Control Board (NDDCB). A significant portion, 1,846 individuals (58.8%), received treatment through community-based treatment camps conducted by the NDDCB in collaboration with other government and private sector stakeholders. Additionally, 296 individuals (9.4%) were reported from non-governmental organizations (NGOs), and 404 individuals (12.9%) were reported from the Kandakadu Treatment and Rehabilitation Centre of the Bureau of Rehabilitation.

Figure 01: Distribution of treatment admissions

Source: Drug Abuse Monitoring System, 2024

1. Type of Admission

The distribution of admission types, as shown in Table 01, reveals that the majority of admissions (2,614) were voluntary, while 526 individuals were admitted through court referrals. The Government of Sri Lanka emphasizes and encourages treatment admissions on a voluntary basis, in line with national treatment standards and the rights of persons who use drugs. This approach aims to promote dignity, respect, and autonomy in the treatment process, while also enhancing the likelihood of sustained outcomes from rehabilitation programmes.

Table 01

Type of Admission	Number of persons	Percentage (%)
Voluntary	2,614	83.2%
Compulsory	526	16.8%
Total	3,140	100

2. Type of Treatment Facilities

Considering the type of treatment facilities utilized throughout the year 2024, the majority of individuals, 1,846 (58.8%), received treatment through community-based treatment camps conducted by the NDDCB in collaboration with other government and private stakeholders. Meanwhile, 1,294 individuals (41.2%) received in-house or institutional treatment services. Although community-based treatment accounted for a larger share of admissions in 2024, institutional care remains a key and frequently utilized component of the national drug treatment system, particularly for individuals requiring more structured and intensive rehabilitation support.
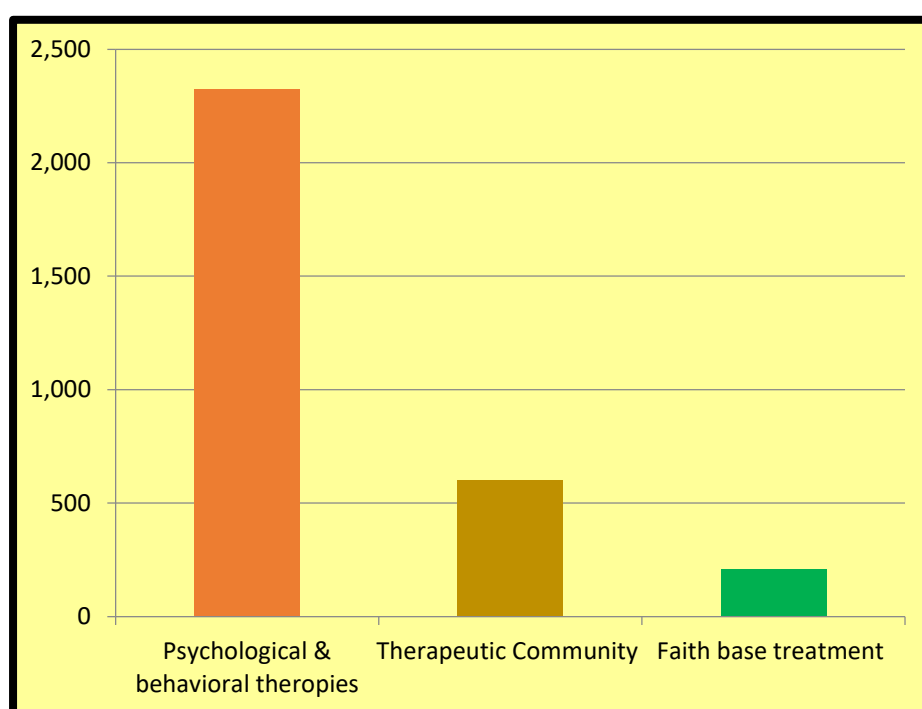
The Ministry of Health, Sri Lanka, also provides both residential and outpatient treatment services for individuals with Substance Use Disorders (SUD), under the supervision and interventions of consultant psychiatrists. These services are further supported by outreach and counseling components integrated into the broader healthcare framework. However, data from these health sector treatment services were not included in the National Drug Data Reporting

System during the reporting period. The National Dangerous Drugs Control Board (NDDCB) recognizes the importance of capturing this information and will take the necessary actions to incorporate data from the Ministry of Health into the national data reporting mechanism in the near future.

3. Treatment Methods

Individuals who received treatment were further classified based on the specific treatment methods used. The data show that the majority, 74% (2,323 individuals), received psychological and behavioral therapies. In addition, the Therapeutic Community model was used for 608 individuals, while 209 individuals received faith-based treatment. A specific and structured short-term treatment plan, incorporating psychological interventions, motivational enhancement, and relapse prevention strategies, was implemented in the community-based treatment camps conducted in the Western Province. These interventions were followed by an aftercare programme delivered through the outreach network, ensuring continued support and reintegration into the community.

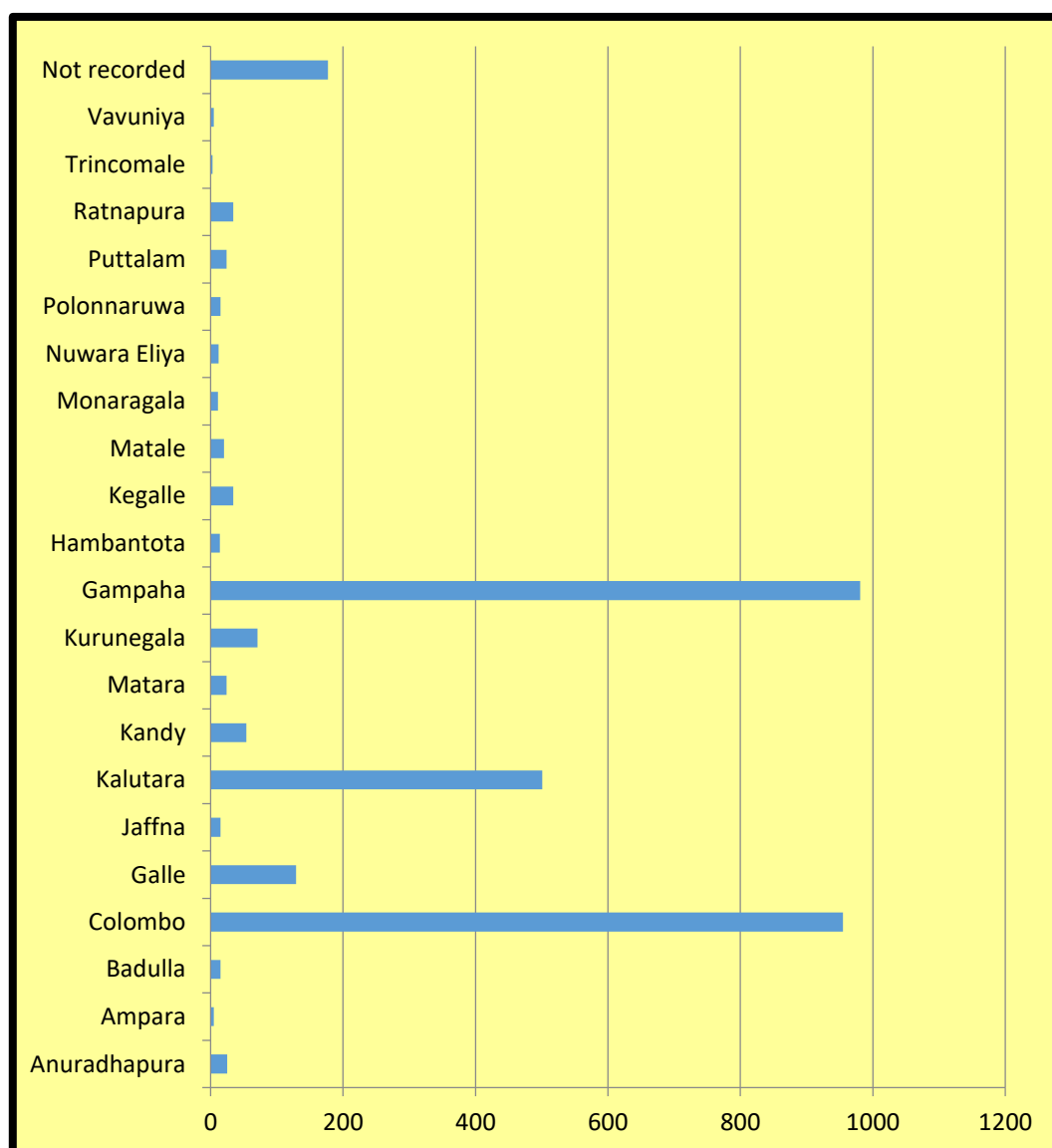**Figure 02: Distribution of treatment methods**

Source: Drug Abuse Monitoring System, 2024

4. Treatment Admissions by District and Province

Based on the number of individuals who received treatment, the highest number was reported from the Gampaha District, with 981 persons (31.2%). Other notable districts include Colombo (955), Kalutara (501), Kurunegala (71), Kandy (54), Puttalam (24), and Kegalle (34).

When categorized by province, 77.6% of the individuals who received treatment were from the Western Province, followed by 5.4% from the Southern Province and 3.1% from the North Western Province. A detailed breakdown is provided below.

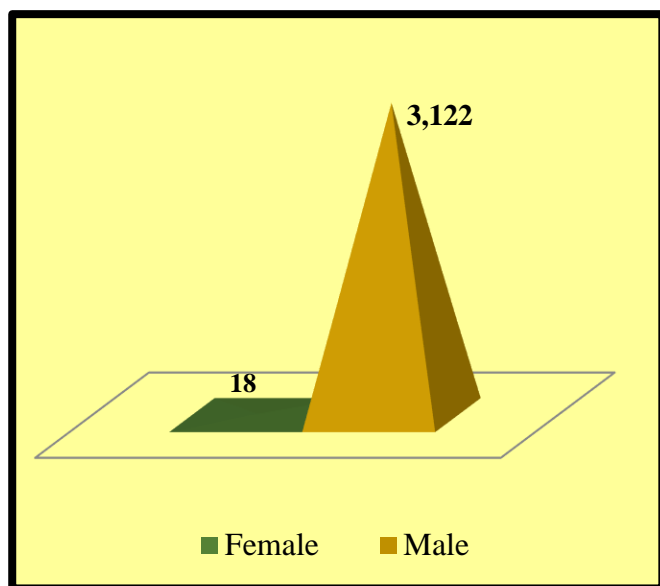**Figure 03: Distribution of treatment admissions by districts**

Source: Drug Abuse Monitoring System, 2024

5. Gender distribution of treatment admissions

Out of the total treatment admissions in 2024, 99.4% (3,122 individuals) were male, while only 18 individuals (0.6%) were female drug users.

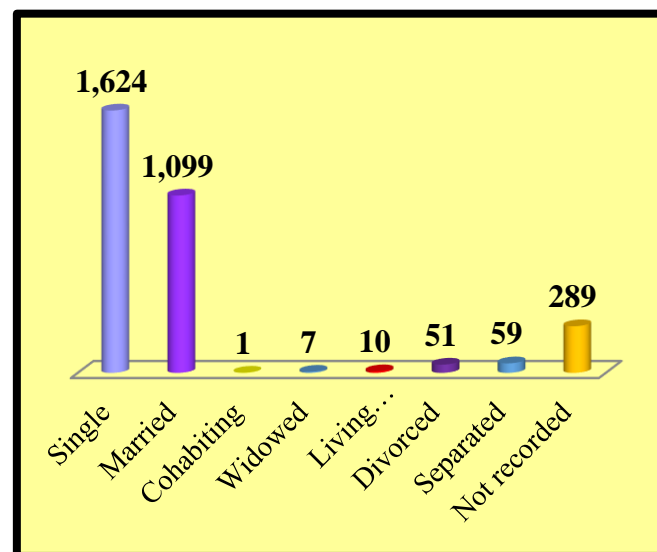**Figure 04: Distribution of treatment admissions by gender**

Source: Drug Abuse Monitoring System, 2024

6. Marital Status

Individuals who received treatment were further classified based on their marital status. The data shows that 51.7% (1,624 individuals) were single, while 35% (1,099 individuals) were married. Additionally, 51 individuals were divorced, 59 were separated, and 10 were living together.

Figure 05: Distribution of admissions by marital status

Source: Drug Abuse Monitoring System, 2024

7. Age

Substance abuse continues to be a growing global socio-medical issue, particularly among young and adolescent males. As shown in Figure 06, the highest proportion of treatment admissions in 2024 was recorded among individuals aged 20–29 years, accounting for 37.4% (1,173) of total admissions.
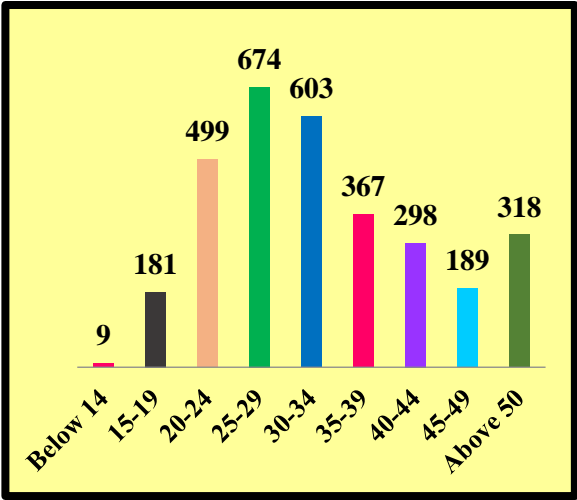
This trend is consistent with findings from previous studies conducted by the National Dangerous Drugs Control Board. Other notable age groups include 30–34 years (19.2%, 603 individuals), 35–39 years (11.7%, 367 individuals), and 40–44 years (9.5%, 298 individuals).

It is also significant that nine individuals were reported in the 01–14 age group, highlighting

early exposure and the need for age-appropriate preventive interventions.

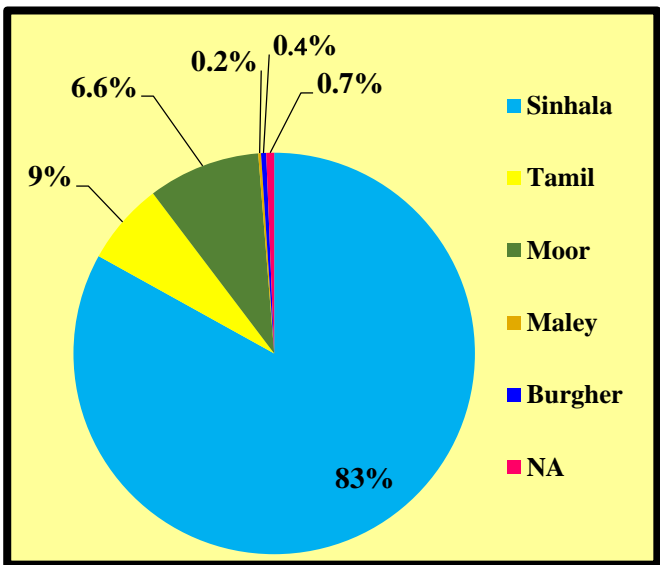**Figure 06: Distribution of treatment admissions by Age**

Source: Drug Abuse Monitoring System, 2024

8. Ethnicity

According to the recorded persons by ethnicity wise, 2,608 (83.0%) were Sinhalese, 284 (9.0%) were Moors, 208 (6.6%) were Tamils, and 07 (0.2%) of them were Malay. More details are shown in figure 07.

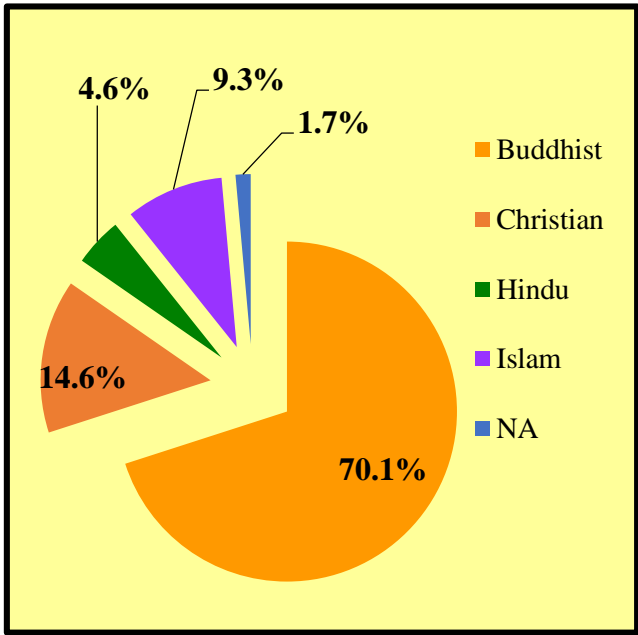**Figure 07: Distribution of treatment admissions by ethnicity**

Source: Drug Abuse Monitoring System, 2024

9. Religion

According to the data shown in figure 08, majority, 2,199 (70.1%) of the clients were Buddhists. 459 (14.6%) Christians, 292 (9.3%) Islam and 145 (4.6%) Hindu.

Figure 08: Distribution of treatment admissions by religion
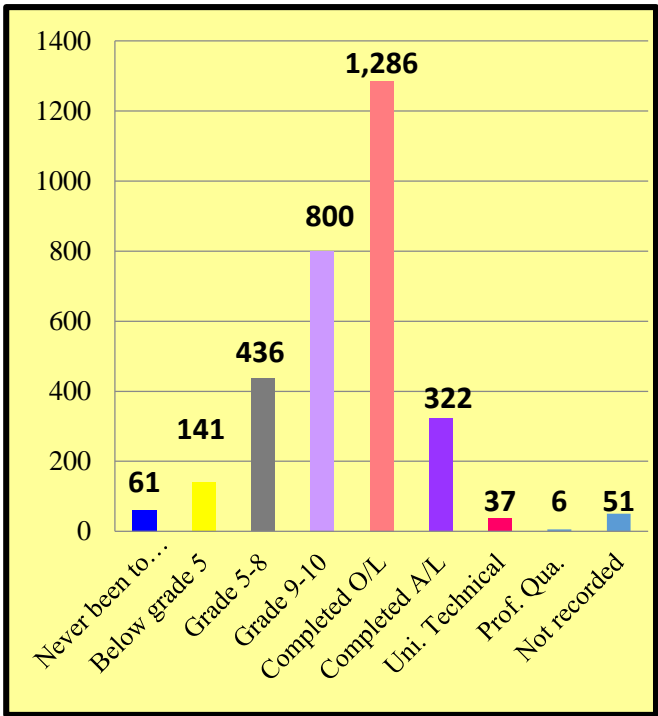

Source: Drug Abuse Monitoring System, 2024

10. Educational Status

The educational background of individuals who received treatment indicates that 43.9% (1,377 individuals) had education up to Grade 10, while 1.9% (61 individuals) had never attended school. In contrast, 40.9% (1,286) had completed the G.C.E. Ordinary Level (O/L), 10.3% (322) had completed the G.C.E. Advanced Level (A/L), and 37 individuals had university or technical education.

However, it is important to note that these figures may not fully represent the educational profile of

all individuals with substance use disorders (SUD). We cannot conclude that all individuals with SUD come from lower educational backgrounds. Due to social status and stigma, some individuals particularly those with higher education levels may seek assistance from private sector counselling and treatment services, which are not captured in this data.

Figure 09: Distribution of treatment admissions by education
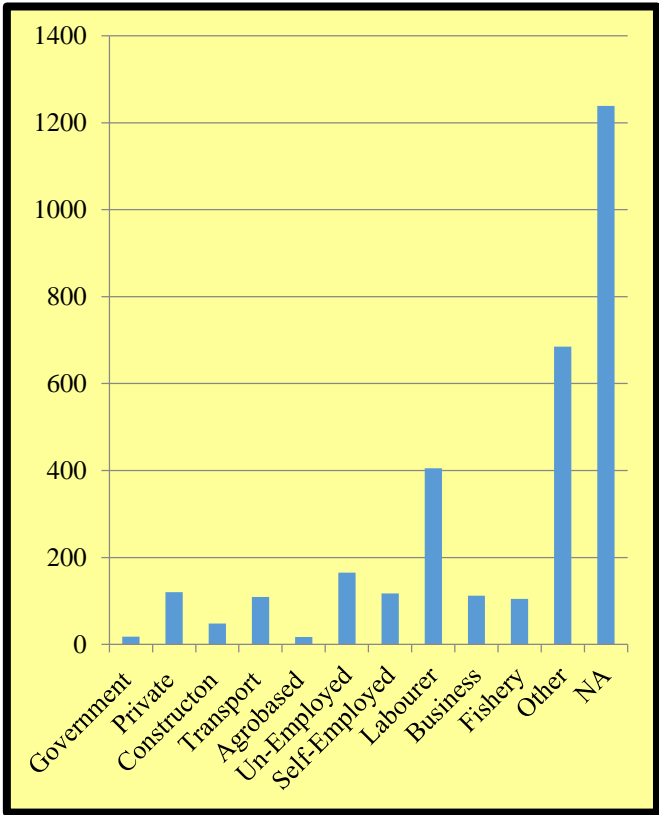

Source: Drug Abuse Monitoring System, 2024

11. Employment

The distribution of individuals receiving treatment in 2024 by occupation is as follows: 405 were laborers, 109 were drivers or transport workers, and 112 were businessmen. Additionally, 165 were unemployed, 117 were self-employed, 105 were fishermen, 48 were

employed in the construction sector, and 18 were from the government sector.

It is important to recognize that individuals with substance use disorders (SUD) are also reported from a wide range of other professional categories, both from the government and private sectors. Many of these individuals seek assistance through outreach officers or attend outpatient treatment services offered by government hospitals and private counselling centers. Furthermore, some branches of the armed forces maintain internal treatment facilities for their members, which may not be reflected in general treatment data.

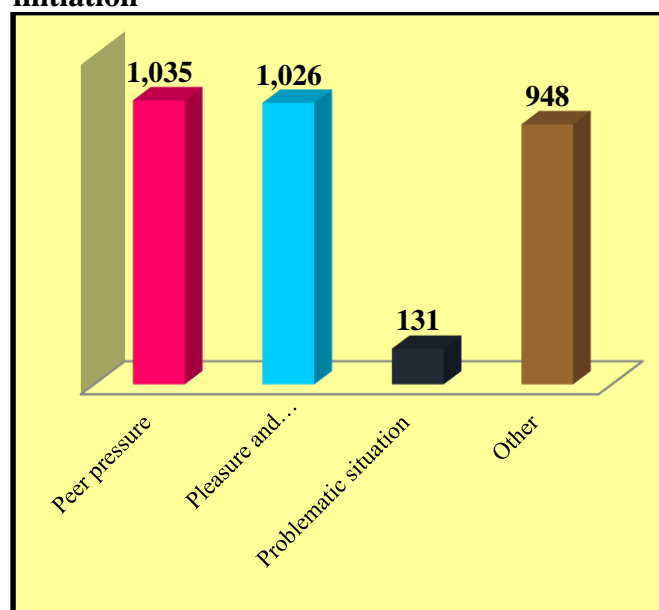**Figure 10: Distribution of treatment admissions by employment**

Source: Drug Abuse Monitoring System, 2024

12. Influencing factors for drug initiation

Research currently suggests a Considerable number of factors that may contribute to the initiation of drug use. SUD persons who are reported to the treatment services have related them factors which effected to their Drug initiation.

Majority (1,035) had initiated drug use due to peer pressure. In addition to that (1,026) persons were recorded for pleasure and entertainment and (131) persons were initiate drug use due to problematic situations. All figures are given below.

Figure 11: influencing factors for drug initiation

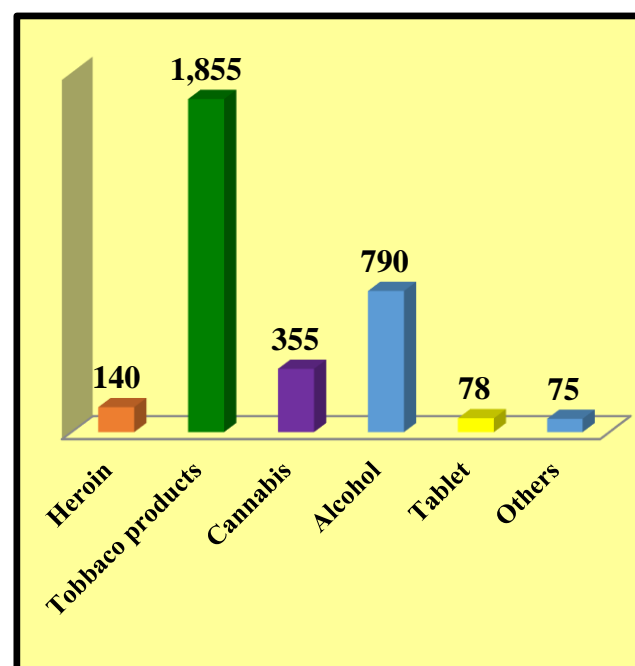Source: Drug Abuse Monitoring System, 2024

13. Primary Drug Use Among Dependents

According to the figures on primary drug use, the majority of individuals (1,855) reported using tobacco products as their primary substance.

Among the total dependents, 140 used heroin, 790 used alcohol, and 355 used cannabis as their primary drug of choice.

It is important to note that methamphetamine does not appear as a primary drug category, indicating that it is generally not the first substance used during an individual's lifetime. In contrast, heroin and cannabis are considered gateway drugs, often initiating the progression to other substance use.

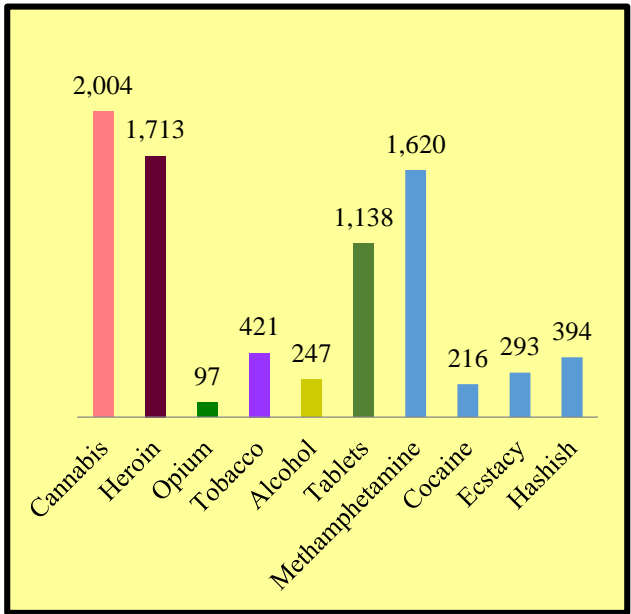**Figure 12: Distribution of treatment admissions by primary drug**

Source: Drug Abuse Monitoring System, 2024

14. Drug Use Profiles of Individuals Receiving Treatment

Data indicates that most clients receiving treatment were multiple drug users. Among them, 421 used tobacco, 1,713 used heroin, 1620 used

Methamphetamine and 2,004 used cannabis. The number of clients using alcohol, prescription tablets, and opium was 247, 1,138, and 97, respectively.

Figure 13: Distribution of clients by Drug use

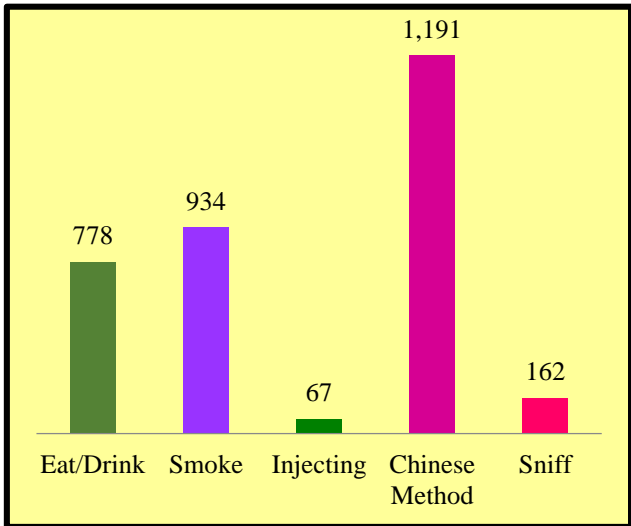

Source: Drug Abuse Monitoring System, 2024

15. Methods of Drug Consumption Among Treatment Clients

According to the reported data, clients used multiple methods for drug consumption. Among them, 29.7% (934 individuals) smoked the drug, 24.8% (778) ingested it orally (eating or drinking), 37.9% (1,191) used the Chinese method, 5.2% (162) used drug-sniffing, and 2.1% (67) injected the drug.

The presence of injection drug use (IDU) among treatment admissions underscores the urgent need for targeted interventions and comprehensive health-based screening services for individuals with substance use disorders (SUD). In particular, HIV screening and awareness programs should be strengthened to reduce the risk of HIV transmission and promote early diagnosis and treatment among this vulnerable population.

Figure 14: Distribution of treatment admissions by route of use

Source: Drug Abuse Monitoring System, 2024

16. Substances leading to the treatment admissions

Treatment services in 2024 recorded a significant number of admissions categorized by the type of substance used. Heroin accounted for the highest number, with 1,100 individuals seeking treatment, indicating its continued dominance in substance dependency cases. Methamphetamine (Ice) followed closely as the second most common substance, with 860 admissions, reflecting a growing concern over the rise in synthetic drug use.

Cannabis was also a notable contributor, with 593 admissions, underscoring its persistent role in treatment demand. Additionally, alcohol use led

to 354 admissions, highlighting its ongoing relevance as a substance of concern, despite its legal status.

When comparing these treatment admission trends with arrest statistics for the year 2024, it is evident that methamphetamine-related cases have risen to a level comparable to heroin cases in both categories. This reflects a significant increase in the use and impact of methamphetamine, underscoring the urgent need for targeted interventions and substance-specific treatment approaches to address the evolving drug use patterns in the country.

17. Nature of Drug-Related Offences Among Persons with Substance Use Disorders

Incidents have been reported where individuals with substance use disorders were found to have engaged in drug-related offences involving various types of drugs. Among those who received treatment, 184 individuals were reported to have been involved in drug selling. Additionally, 1,888 individuals were arrested for drug possession at some point during their lifetime.