

Appendix 1

Basic Socio- Economic Data

This information is taken from following Sources:

- (a) Sri Lanka Socio-Economic Data 2008 published by the Statistics Department of the Central Bank of Sri Lanka.
- (b) Statistical Pocket Book of the Democratic Socialist Republic of Sri Lanka, 2008 published by the Department of Census and Statistics, Colombo.

(1.) Geography :

(A)	Total Land area (Including Inland Waters)	65,610 sq. km.
(B)	Total Land Area (Excluding Inland water)	62,705 km.
(C)	Provincial Land Area (Excluding Inland Water)	Sq. Km.
	Central	5,575
	Eastern	9,361
	North Central	9,741
	Northern	8,290
	North-Western	7,506
	Sabaragamuwa	4,921
	Southern	5,383
	Uva	8,335
	Western	3,593

(2) Population

	1981 (census)	2007 (mid Year)
(a) Total	14,847,000	20,010,000
(b) Provincial :	1981 (census)	2007 (mid Year)
Central	2,009,000	2,599,000
Eastern	975,000	1,493,000
North Central	849,000	1,196,000
Northern	1,109,000	1,159,000
North-Western	1,704,000	2,276,000
Sabaragamuwa	1,482,000	2,417,000
Southern	1,883,000	1,888,000
Uva	914,000	1,275,000
Western	3,920,000	5,707,000

(c) **Growth Rate 1.2%**

(d) **Denity of Population per sq. km (a) 314**

(3) **Ethnicity (Census) 2001**

	%
Sinhalese	74.5
Sri lankan Tamils	11.9
Ceylon Moors	8.3
Indian Tamils	4.6
Others	0.7

(4) **Religion (Census 2001)**

Buddhist	76.7
Hindu	7.8
Muslims (Islam)	8.5
Christian (all)	6.1
Others	0.9

(5) **Sex**

Sex	1981 (Census)	2007 (Provincial)
Male	7,568,000	9,888,000
Female	7,279,000	10,122,000
Total	14,847,000	20,010,000

(6) **Age :
Age Group**

	1981 (Census)	2007 (Provincial)
0-14	5,227,000	5,331,000
15-24	3,130,000	3,792,000
25-34	240,100	3,062,000
35-44	1,537,000	2,851,000
45-54	1,149,000	2,301,000
Above 55	1,403,000	2,673,000

Demography & Social Indicators - SAARC Countries

	Sri Lanka	India	Pakistan	Bangladesh	Nepal	Bhutan	Maldives
Mid Year Population Min 2006	19.9	1118.0	156.8	138.8	25.9	0.6	0.3
Population Growth, % 2000-2005	1.3	1.6	1.9	1.3	2.3	2.3	1.5
Crude Birth Rate (per 1000) 2004	16	24	36	27	300	30	31
Crude Death Rate (per 1000) 2004	06	09	08	08	08	08	06
Infant Mortality Rate (per 1000) Live birth - 2005	12	56	79	54	56	65	33
Life Expectancy at Birth, Years 2005	75	64	65	64	63	65	68
Urban population % 2006	15.1	29.0	34.5	25.1	24.1	11.1	35.0
Literacy Rate % 1995-2005	90.7	61.0	49.9	47.5	48.6	47.0	96.3
Labour Force % Male 2005	68.1	55.1	72	89	80.6	81.3	73
Female	35.7	22.4	18.9	68	52.5	48.8	49.1

Appendix 2

Sri Lanka National Policy for the Prevention and Control of Drug Abuse

The Government of the Democratic Socialist Republic of Sri Lanka is conscious of the illicit production, trafficking and abuse of drugs in the country; adverse effects of drug use on health of drug dependents; the upsurge in drug related crime; the draining of human, natural and financial resources and the destruction of individuals, families and communities due to drug abuse.

Further, the government is fully aware of its international obligations, particularly those stemming from the Single Convention on Narcotics Drugs 1961, Convention on Psychotropic Substances 1971, and United Nations Convention Against Illicit Trafficking Narcotics Drugs and Psychotropic Substances 1988 ratified by the government.

The Government reaffirms its political will and determination to tackle the drug problem locally and internationally by reviewing the existing national policy, which was formulated more than a decade ago.

All institutions that come under government purview should adhere to this national drug policy. The concerned non-government agencies are expected to be active partners in the implementation of the government policy. Fulfilment of the social responsibilities of private sector institutions within the framework of this policy is also critical in drug prevention and control.

The overall goal of the government in relation to the drug problem is to reduce the drug supply and drug use to the barest minimum possibly by 2010. This goal will be pursued relentlessly by all drug law enforcement agencies; the government agencies directly involved in drug demand reduction including provincial and local administrations; other agencies which have a potential for contributing to the end objective and NGOs and private sector agencies.

The government will adopt a broad approach to drug abuse control within the context of human development, focusing particularly on the links between drug abuse and poverty reduction, crime prevention, and improving health.

The government believes that the most effective approach to the drug problem would comprise of a comprehensive, balanced and coordinated strategy. In such a strategy supply control and demand reduction will reinforce each other. A high sense of shared responsibility will be the norm.

The government institutions, NGOs, private sector and other agencies involved in implementing drug control strategies are expected to adhere to specific policy guidelines given below under each strategy.

1. Policy

The revised national policy is as follows.

- a. Effective enforcement of law against production, smuggling, trafficking, sale, and use of illicit drugs.
- b. Effective monitoring of controlled imports, exports, distribution of drugs and precursor chemicals under control.

- c. Preventing the use of drugs and reducing the adverse consequences of drug abuse.
- d. Supporting regional and international initiatives related to drug abuse prevention and control.

2. Policy Outlines

Policy outlines should be considered as a guide to the implementing agencies, as a mechanism of intergration and coordination of different agencies working on same strategy, and a base for consultation.

2.1 Policy outline for Effective Enforcement of Law against Production, Smuggling, Trafficking, and use of Illicit drugs.

It is necessary to ensure vigorous enforcement of the law in order to reduce the illicit availability of drugs, eradicate drug related diseases, and to create an environment favourable to drug abuse prevention.

- (a) The health authorities will guarantee sufficient availability of narcotic drugs and psychotropic substances for valid medical use. At the same time the authorities will introduce effective measures to prevent their misuse and abuse.
- (b) The Department of Police as the main agency on drug law enforcement, in collaboration with the Department of Customs, Department of Excise, Sri Lanka Army, Navy and Air Force and other relevant agencies will target their efforts of minimizing drug trafficking and a availability of all illicit drugs at street level. The impact of drug law enforcement will be measured by the level of availability of drugs at street level.
- (c) The Department of Customs will have more effective drug detection and prevention systems at all entry points to the country, and will satisfy requirements of United Nations and SAARC treaties ratified by the government.
- (d) The National Dangerous Drugs Control Board will be effectively used by the law enforcement agencies to review and modify existisng laws & practices in order to develop an effective drug control system.
- (e) When drafting or modifying legislation, relevant model UN laws and UN/SAARC treaties ratified by the government will be given due consideration.
- (f) Human resource development in the area of drug control at all levels of law enforcement agencies will be recognized by the head of the agency concerned. Heads of law enforcement agencies will provide adequate training in detection, investigation, prosecution, and punishment to relevant personnel, and strengthen operational capabilities of their agencies. They should provide adequate resoures and facilitate maximum use of specialized personnel.
- (g) The law enforcement agencies and security forces will have their own codes of conduct in relation to possible drug abuse by employees of law enforcement agencies or members of armed forces within their institutional framework.
- (h) Proper appreciation and rewarding mechanisms will be introduced to staff of law enforcement agencies. Transfer schemes will be revised in order to prevent reassigning of trained and efficient officers to other divisions.

- (i) The judiciary and other relevant government institutions will take necessary steps to expedite the hearing of drug cases, to establish standard procedures for the safe handling and destruction of court productions of drugs, and to minimize the huge variations in sentencing practices.
- (j) The government Analyst's Department will be properly equipped with necessary equipment, required cadre and a training scheme. At the same time the Department will develop and utilize analytical facilities of other institutions for drug analysis.
- (k) Law enforcement agencies and other relevant government institutions will stop effectively cultivation, production and trafficking of cannabis.
- (l) The Department of Ayurveda with the assistance of law enforcement agencies will effectively stop illegal preparation of Ayurvedic productions containing cannabis and opium.

2.2 Policy Outline for Effective monitoring of imports, exports and distribution of drugs and precursor chemicals under control.

- (a) Under the international drug control treaties, competent National Authorities are empowered to issue certificates and authorizations for the import and export of narcotic drugs; and competent authorities empowered to regulate or enforce national controls over precursors and essential chemicals in accordance with the provisions of article 12 of the UN Convention against Illicit Traffic Narcotic Drugs and Psychotropic Substances of 1998 will satisfy all requirements of treaties effectively.
- (b) Relevant authorities will periodically review existing procedures, practices, regulations and laws in relation to import, export, storage and distribution of drugs and precursor chemicals under control.
- (c) Prevention of trafficking, diversion and misuse of precursor chemicals under control will be strengthened by licensing/approving authorities and law enforcement agencies together with other relevant agencies.

2.3 Policy Outline for Preventing the Use of Drugs and Reducing the Adverse Consequences of Drug Abuse.

2.3.1 Prevention, education and training

- (a) Licit drug use (licit tobacco products, licit alcohol products) should be discouraged at all levels. Relevant ministries/local government institutions or relevant authorities should discourage licit drug use in public buildings, and public places. All forms of drug promotion will also be discouraged.
- (b) Large establishments such as schools, universities, factories, security forces, police, workplaces, estates and hospitals will have their own institutional code of conduct in relation to drug abuse.
- (c) Factual and scientific information about drugs and drug abuse will be made available to educational institutions and libraries.
- (d) Degradation of drug use and crime will be the prevention policy followed by government and private media institutions.

- (e) Proper counselling facilities should be available in each and every school above primary level.
- (f) All educational institutions (schools, technical colleges, universities), youth services institutions and other youth organizations will have programmes to improve decision - making skills, spirituality and moral values to reduce risk taking behaviour of the young.
- (g) Non-drug specific approaches to prevention will be encouraged.
- (h) Capacity building of provincial authorities in drug prevention is a priority. Each provincial council will have a drug prevention task force in operation.
- (i) Community level government officers, Particularly health staff, Social Service officers, Probation officers, and Samurdhi staff, Selected NGO staff, Community leaders including religious leaders and volunteers will be given a proper training in drug prevention including basic counselling skills.
Medical faculties/ Medical colleges will provide sufficient training in drug dependence to medical students.
- (k) Technical and other assistance will be provided to NGO's, community organizations, and service organizations to enable them to make a greater contribution.
- (l) Epidemiological, social and scientific research on all aspects of drug abuse will be encouraged.
- (m) Drug prevention programmes will include HIV/AIDS prevention components and encourage voluntary testing.
- (n) Media institutions will be encouraged to have their own codes conduct on drug abuse related issues

2.3.2 *Treatment and rehabilitation of drug dependents*

- (a) Drug dependents will be required to seek treatment services. Central government, provincial councils and local government will ensure that sufficient counselling and treatment services(residential treatment, community based treatment and other) are available for drug dependents, and their families, in their respective areas.
- (b) Remand/ safe custody facilities, prisons and other correctional facilities should have counselling and treatment facilities, for drug dependents.
- (c) No single type of therapy is appropriate for all drug dependents. Therefore, offering different types of treatment, acceptable to the government, will be encouraged.
- (d) Counselling (individual and/or group) and other behavioural therapies are critical components of effective treatment for drug dependents. All types of treatment will include sufficient presence of such components.
- (e) To be more effective, medical interventions will be combined with counselling and other behavioural therapies, Medical facilities, which provide treatment for drug dependents, will be encouraged to include counselling and behavioural therapeutic elements into the treatment programme. Private medical practitioners will also be required to follow the same principle.

- (f) All treatment programmes should be humane, cost-effective and affordable in the long run to both services providers and to clients. In this perspective, community and family based treatment interventions will be encouraged.
- (g) Aftercare and rehabilitation components will be a must for all treatment interventions. Services to family members of the drug dependent persons will be encouraged.
- (h) Treatment programmes will perform assessments for HIV/AIDS, other sexually transmitted diseases (STD) hepatitis, B and C, and tuberculosis. They will provide counselling to help patients modify or change behaviours that place themselves or others at risk of infection.
- (i) Treatment providers will be encouraged to exercise gender balance in providing treatment. Attention will be drawn of government institutions responsible for women's development and women's organizations of NGO sector and other interested organizations in this connection.
- (j) Drug users and ex-users will be treated as far as possible as normal people with responsibilities and obligations.
- (k) Capacity building of NGOs to engage in treatment and rehabilitation of drug dependents will be encouraged.
- (l) The NDDCB will monitor the treatment services provided by government sector agencies, private sector, NGOs and others.

2.4 Policy outline for Supporting Regional and International Initiatives

It is accepted that no country can tackle its drug problem in isolation. The government will encourage that relevant agencies to actively engage in formal international, cooperation through bilateral, regional and international collaboration.

- (a) All institution concerned will support, assist, and participate adequately in regional and international initiatives recognized by the government.
- (b) Regional and international co-operation will also be encouraged through NGOs which have regional/international collaborative mechanisms.

3. The Role of the National Dangerous Drugs Control Board

- 3.1 As per mandate given by the National Dangerous Drugs Control Board Act. No. 11 of 1984, the Board will monitor and review the Sri Lanka National Policy for the Prevention and Control of Drug Abuse. The Board will function as the national focal point and coordinate the drug control activities of all relevant organizations.
- 3.2 To uphold the role to be played by the Board, it will be emphasized by articulating and advocating evidence-based policies and strategies, catalysing change and enhancing partnerships, managing information, conducting research, setting and validating norms and standards, and developing and testing new technologies, tools and guidelines.
- 3.3 To make the widening role viable, the Board will secure necessary funds from the government and other sources, and encourage partnerships of government, private and NGO sectors.

4. Principal Stakeholders

The following officers/institutions will be instrumental in implementing the National Policy effectively at national level.

01. Secretary (Ministry of Education)
02. Commander of Army
03. Commander of Navy
04. Commander of Air Force
05. Inspector General of Police
06. Provincial Chief Secretaries
07. Attorney General
08. Divisional Secretaries
09. Government Analyst
10. Legal Draftman
11. Director General of Health Services
12. Director General of Customs
13. Commissioner of Excise
14. Commissioner General of Prisons
15. Director General of Public Enterprises
16. Director National Budget
17. Commissioner of Ayurveda
18. Commissioner General of Labour
19. Director General of Social Services
20. Director General Samurdhi
21. Commissioner General of Probation and child care
22. Provincial Directors of Health Services
23. Director, HIV/AIDS Control Programme
24. Controller of Imports and Exports
25. Director UN (Ministry of Foreign Affairs)
26. Director SAARC (Ministry of Foreign Affairs)
27. Director General, Plantation Housing & Social Welfare Trust
28. Director, Medical Supplies Division
29. Director Information
30. Chairman of NYSC
31. Director, Police Narcotics Bureau
32. Federation of NGOs Against Drug Abuse
33. Employers Federation of Ceylon
34. Private Sector Organizations

The Principal stakeholders will liaise closely with the National Dangerous Drugs Control Board in the effective implementation of the National Policy.

Appendix 3

Sri Lanka Legislation pertaining to Drugs

(1) Laws Regulating and Controlling Drugs

The Poisons, Opium and Dangerous Drugs Ordinance of 1935 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.

Other statues with provisions relating to drugs include :

- i) **The Penal Code** (Ordinance No. 2 of 1983 as subsequently amended) in particular Chapter 14 which covers public health and safely.
- ii) **The Cosmetics, Devices and Drugs Act** (Act No. 27 of 1980, as amended by Act No. 38 of 1984) The Act regulates manufacture, sale, distribution, labelling and advertising of all commercial drugs.
- iii) **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.
- iv) **The Customs Ordinance** (Ordinance 17 of 1869, imposes prohibitions and restrictions of both import and export of substens prohibited under the Poisons opium and Dengerous Drugs ordinance;
- v) **Drug Dependent Persons** (Internal and Rehabilittation) Act, No 54 of 2007
- vi) **Conventions Against Illicit Trafficking**
In narcotic drugs and psychotropic substances act. No. 1 of 2008

(2) Drug Related Acts or Behaviours Considered as Crimes

The standard drug associated arrests are for trafficking, sale and possession. Under the Poisons, Opium and Dangerous Drugs Ordinance acts considerd crimes include possession, consumption and manufacture of illicit drugs (including any process in producing, refining or transforming them.) Also it is a crime to sell, give, obtaine, procure, store, administer, transport, send, deliver, distribute, traffic, import or export such drugs and aid or abrt in the commission of such offences.

(3) Punishments

The penalites for drug offences now range from fines to death or life imprisonment. The penalty of death or life imprisonment accrues for manufacture of heroin, cocaine, morphine, or opium and the trafficking, possessions, import or export of a minimum amount of (a) 500 grammes of opium (b) 3 grammes morphine (c) 2 grammes of cocaine or (d) 2 grammes 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 depends on the quantity of drug, the gravity of the offence and the courts having jurisdiction.

Appendix - 4

Official Drug Control in Sri Lanka

Drug Control Agencies : The agencies actively involved in enforcement are the Police, Customs and Excise Departments, while the Ministry of Health oversees the entry of controlled substance into the country. The National Dangerous Drugs Control Board formulates national policy and plays its role in supporting and co-ordinating the efforts of various drug control agencies while modifying policy to meet the changing needs of drug control efforts.

i) Police - The Police is vested with more powers than other agencies under existing law with regard to illegal drugs. The police is the premier enforcement agency handling drug law enforcement. This is carried out through the 401 police stations in the Island which have drug law enforcement, as part of their responsibilities.

The Police Narcotics Bureau (PNB), a specialized central unit, is headed by a director and co-ordinates drug enforcement functions of all police stations. The PNB also investigates major drug cases, responds to international requests in regard to drug law enforcement and is a repository of statistics. The PNB is also involved in training of drug law enforcement officers both within the police and in allied agencies. They also use trained drug detector dogs and also undertake some public awareness and preventive education programmes.

ii) Customs - The Customs Department, headed by a Director General Controls exit and entry points in the island. Drugs which are prohibited or restricted from import or export under the Poisons, Opium and Dangerous Drugs Ordinance are also prohibited or restricted from import or export under the Customs Ordinance. The Customs has Baggage Division under a director and in response to the increasing problem the Customs have a Preventive Division under a director with a specialised Narcotics Unit which works in close liaison with the PNB who handle the case once the detection is made.

iii) Excise - This Department headed by a Commissioner is vested with powers under the Poisons, Opium and Dangerous Drugs ordinance [Section 77 (3)] and the Code of Criminal Procedure Act, No. 15 of 1979 [Section 136 (b)] to undertake drug law enforcement and they have a specialised unit for this purpose which co-ordinates the efforts of the other units which are spread throughout the country and work in close collaboration with other drug law enforcement agencies.

iv) Ministry of Health - The Health Ministry which enforces the Cosmetics, Devices and Drugs Act, imports all legal requirements of narcotic substance and methylphenidate for medical and scientific purposes through the Director, Medical supplies Division under the ultimate authority of the Director General of Health Services (DGHS). Other psychotropics are imported by the State Pharmaceutical Corporation or other private licensed importers (about 25 in number) who receive their licenses through the Director, Medical Technology and supplies Division acting on behalf of the DGHS and under whose immediate purview the Medical Supplies Division falls. The Minister of Health is empowered to make regulations for the purposes of giving effect to the Provisions of the Poisons Opium and Dangerous Drugs and Ordinance.

v) **Courts** - Both magistrates and high courts hear drug related cases under the existing law. However, the sentences passed vary considerably and no research has been done to find out the rationale of sentences handed out. Though no express provision exists in the current law, occasionally a court is seen to direct youthful offenders to seek treatment and rehabilitation in place of incarceration.

vi) **Correctional Institutions** - The prisons system, under a Commissioner, represents a passive enforcement, coming into effect only once a suspect is convicted. Their statistics indicate that those imprisoned for narcotics offences now comprise the single largest category of the total inmates 39% in 2008.

vii) **National Dangerous Drugs Control Board (NDDCB)** - is the national institution charged with the formulation and review of a national policy on drugs. In view of its role in treatment and rehabilitation and preventive education the NDDCB, a statutory Board and headed by a chairman, is not directly involved with day to day enforcement activities. However, enforcement is co-ordinated by the NDDCB through its Sub-Committee on Enforcement.

Appendix 5

Sri Lanka Reports to UN Drug Control Agencies (INCB/CND)

1. Monthly

- (a) **From DND/SDS:** Significant Drug Seizures.

2. Quarterly

- (a) **Form A** (Previously A/S) : Statistics of Imports and Exports of Narcotic Drugs.
- (b) **Form A/P:** Statistics of Imports and Exports of Psychotropic Substance listed in Schedule II of the 1971 Convention.

- 3. (c) **Form B** - Part one; Estimates - Requirements of Narcotics Drugs
Part Two; Estimates - Opium Production
Part Three; Estimates - Cultivation of Poppy other than for Opium
Part Four; Estimates - Manufacture of Synthetic Drugs

- (d) **Form B/P :** Medical and Scientific Requirements for Substances included in Schedule II of the 1971 Convention of Psychotropic substances.

4. Annual

- (a) **Form C:** (Previously C/S) : Statistics on the Production, Manufacture, Consumption, stock and seizures of narcotic drugs
- (b) **Form D:** Information - substances Frequently used in illicit Manufacture of Narcotics and Psychotropics
- (c) **Form P:** Statistics in Psychotropic Substances
- (d) **Annual Reports Questionnaire :** (Form E)

Part I : Legislative Administrative and Social Measures

Part II : Drug Abuse

Section 1: Extent, patterns and trends of abuse

Section 2: Education, Work Place, Leisure time

Section 3: Treatment and rehabilitation

Part III : Illicit Traffic

Appendix 6

International Drug Conventions

Sri Lanka has acceded to the following international drug conventions. These conventions and their major features are as follows.

1. 1961 Single Convention on Narcotic Drugs Accession on 11.7.1963

This convention lists narcotic substances under international control and their preparations, into four schedules, subject to varying degrees of control. Periodic updating of the lists of substances under control is effected by the International Narcotics Control Board (“Yellow List”)

2. 1972 Protocol Amending the single Convention on Narcotic Drugs. Accession on 22.06.1981

3. 1971 Convention on Psychotropic Substances Accession on 22.02.1993

This convention lists psychotropic substances under international control into four schedules subject to varying degree of control. Periodic updating is done by the International Narcotics Control Board (“Green List”)

4. 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substance Ratified 18.06.1991

Appendix 7

Dates significant to Drug Abuse Control with Special Reference to Sri Lanka (denoted*)

- Per 1500's * Opium and Cannabis used in traditional Ayurvedic medicinal preparations, and possibly also abused.
- 1505-1657 * Portuguese occupation in Sri Lanka - restriction of opium availability was considered one way of manipulating country.
- 1658 * Dutch Occupation of Sri Lanka begins.
- 1675 * Dutch issue proclamation prohibiting public trafficking in, among others, salt and Opium.
- 1745 * Opium society was set up to be the sole trader in Opium in the Dutch Empire.
- 1796 * British Regulation of Sri Lanka begins.
- 1829 * British enact Regulation No. 4 encouraging cultivation of Opium Poppy.
- 1867 * British enact Ordinance No. 19 - restricting un-licensed use of Opium and Bhang.
- 1869 * Customs Ordinance (No. 17 as subsequently amended) comes into effect and contains prohibition and restriction on import and export.
- 1883 * Penal code (Ordinance No.2 ,as subsequently amended) chapter 14 covers public health and safety and relates to drugs and other poisonous substances.
- 1893 * 27, 803 Sri Lankans sign a memorandum to put before the Legislative Assembly calling Calling Upon the government to take action to reduce increasing numbers of Opium users.
- 1897 * The Bill passed doubling the duty on Opium and prohibiting import of Bhang & Ganja.
- 1905 * Ordinance No. 17 Prohibits cultivation and sale of Indian Hemp (Cannabis)
- 1909 * The first International conference on Narcotic drugs (the Opium Commission) brings together 13 nations in Shanghai, China and leads to the signing of the first drug control treaty.
- 1910 * Ordinance No. 5 prohibits sale and possession of Bhang and Ganja, the government to be the sole importer and distributor of Opium which was to be supplied only to registered persons with registered consumers to be phased out with time.
- 1912 * International Opium, Convention ratified at the Hague, Netherlands putting in to effect the groundwork of the 1909 Shanghai treaty.
- 1920 * League of Nations (predecessor to the United Nations) was formed giving a foundation to international drug control treaties. An advisory committee on Opium and other dangerous drugs was established.

- 1927 * Bill tabled and passed in 1929 as Poisons, Opium and Dangerous Drugs Ordinance No. 17 but not proclaimed on anticipating difficulties in implementation.
- 1935 * Poisons, Opium and Dangerous Drugs Ordinance amended. (No.43) comes into effect in 1936.
- 1939 * Poisons, Opium and Dangerous Drugs Ordinance amended.
- 1941 * Poisons, Opium and Dangerous Drugs Ordinance amended.
- 1946 * The 1946 protocol transferred to the United Nations the functions previously exercised by the League of Nations.
- * League of Nations Advisory committee on Opium and other dangerous drugs was replaced by the commission of narcotic Drugs (CND) under the Economic and Social Commission of the United Nations. (ECOSOC)
- 1948 * Sri Lanka gains Independence (February 4th)
- 1949 * Food and Drugs Act comes in to effect.
- 1952 * Poisons, Opium and Dangerous Drug Ordinance amended.
- 1953 * Poisons Opium and Dangerous Drug Ordinance amended. UN Convention limits licit production - of opium, to 7 countries.
- 1955 * Poisons Opium and Dangerous Drug Ordinance amended.
- 1961 * Ayurveda Act (No. 31) come into effect.
- * UN single convention on Narcotic Drugs comes into - effect. Sri Lanka a signatory. International Narcotics Control Board (INCB) was set up by UN.
- 1962 * Amendment to Ayurveda Act (No. 5)
- 1971 * UN Convention on Psychotropic Substances. Sri Lanka participated but is not a signatory.
- 1972 * Protocol amending UN single Convention comes into effect. Sri Lanka is a Signatory to the protocol.
- 1973 * Colombo Plan Drug Advisory Programme was set up. The Colombo Plan Bureau holds a meeting in Colombo on “ Narcotics and Drug Abuse Problems in Sri Lanka.”
- * National Narcotics Advisory Board (NNAB) was set up as an advisory body chaired by Deputy Minister of Defence and with a membership composed of representatives from government department engaged in drug control and prevention activities.
- * Police Narcotics Bureau was established.
- * Police Narcotics Bureau and Colombo Plan Jointly sponsor the first meeting at national level to discuss narcotics and drug abuse problems.

- 1975 * Persons with Opium dependency come for treatment to Sri Lankan hospitals for the first time.
- 1979 * Sri Lanka hosts HONLEA (Heads of narcotics Law Enforcement Agencies) Conference in Colombo.
- * First International NGO Conference held in Jakarta, Indonesia, the idea for the IFNGO was first advanced.
- 1980 * Cosmetics Devices and Drugs Act (No. 27) repeals 1949 Food and Drugs Act.
- 1981 * IFNGO (International Federation of Non Government Organizations for the prevention of Drugs and substance Abuse) was officially established through the Kuala Lumpur declaration, Malaysia.
- 1982 * The Second Resource Person Educational Seminar on Alcoholism and Drug dependence organized by the Sri Lankan National Association on Alcohol and Drug dependence in Collaboration with the Colombo Plan Bureau on April 4th.
- * Several addicts die when Opium supply is contaminated with arsenic.
- 1983 * INCB annual report states that Sri Lanka is a transit country for opiates from India and Middle East and Cannabis resin from Nepal and Middle East. Heroin abuse in initial stages is also reported as having been detected.
- 1984 * National Dangerous Drugs Control Board Act. No. 11 enacted and the Board (created giving effect to the provisions of Article 35 of the Single Convention) becomes operational on 9th April 1984 under the Ministry of Defence.
- * Seminar on Drug Abuse Control for high Court judges organized by the NDDCB in collaboration with the Judicial Services Commission, on June 28th in Colombo.
- * Cosmetics Devices and Drugs Act amended (No. 38)
- * Poisons, Opium and Drugs Act amended (No. 13)
- 1984 - 1987 * Sri Lanka Serves as a member of the UN Commission on Narcotic Drugs.
- 1985 * Sri Lanka hosts the HONLEA Conference for the second time.
- * United Nations Fund for Drug Abuse Control (UNFDAC) begins to provide assistance to Sri Lanka in Drug law enforcement.
- * Secretary General of UN Address the Economic and Social Council on May 24th and propose that a world Conference be convened at the ministerial level in 1987 to deal with all aspects of drug abuse.
- * Second sub - regional meeting on Improvement of Communications organized by the UN Division of Narcotics Drugs in collaboration with the NDDCB in Colombo 25-26th July.
- * The preventive Division of the Sri Lanka Customs set up a Narcotics Branch.

- 1986 * NDDCB Act amended (No. 41 which enlarged the membership of the Board)
- * A Narcotics Division with all - Island Jurisdiction is created within the Excise Department in February.
- * INCB annual report states that Sri Lanka nationals initially required as drug couriers for opiates from near and middle east have established links with international criminal networks.
- 1987 * FONGOADA (Federation on Non Government Organizations Against Drug Abuse) is setup on January 26th in Sri Lanka as an umbrella organization to represent NGQ's working in the drug abuse field on the advise of the NGO - sub-committee of the NDDCB.
- * International Conference on drug abuse and Illite trafficking convened in Vienna June 17-26 was attended by 138 States (Including Sri lanka) as well as many inter governmental and regional organizations. Nearly 200 NGO's and various programma and entities of the UN system. Two main documents emerged;
- (1) A unanimously adopted Declaration, and
 - (2) The Comprehensive Multi disciplinary Out line (CMO) of future activities in Drug Abuse Control.
- * "Navadiganthaya" (New Horizons), the first residential treatment facility for the treatment and rehabilitation of drug abusers, begun by the "Sumithrayo" (an NGO the local chapter of Befrienders International officially declared open on August 22nd).
- * International Organization of Good Templars (LOGT, an international NGO) set up the Alcohol and Drug Information Centre (ADIC) in Sri lanka, .
- * NDDCB/UNFDAC/WHO project of Prevention and Treatment problems Related to the Abuse of Drugs a three year Project, with provision for extension begins in March.
- * NDDCB/UNDP/WHO project, on developing a Drug Abuse Monitoring System with provision for extension begins in September.
- 1988 * Sri Lanka participates in drafting of United Nations Convention Against Illicit trafficking in Narcotic Drugs Psychotropic substances (Vienna) Adopted on 19th December and signed by all the 106 nations (including Sri Lanka) who participated in the plenipotentiary meetings.
- 1989 * IFNGO conferred NGO - Consultative - Category 11 - International by UN-ECOSOC.
- * A Police Narcotics Bureau Units is set up at Colombo International Airport at Katunayake on 17th April.
- * Seminar on Drug Abuse Control for Judicial Officers organized by the Judicial service Commission in Collaboration with the - NDDCB on October 1st in Sri Lanka.

- * IFNGO's 11th Conference is held in Colombo, from 12-17th November.
- * SAARC (South Asian Association for Regional Cooperation) designated 1989 the year for combating Drug Abuse and Trafficking in Drugs.
- 1991 * Sri Lanka ratified the 1988 UN convention against Illicit Traffic in Narcotic Drugs & Psychotropic Substances.
- * Sri Lanka ratified the SAARC Convention On Narcotics Drugs and Psychotropic Substances SAARC Meeting of Representatives of Drug Law Enforcement Agencies Towards making Exchange of Information More Effective, 25 - 27th March in Colombo.
- * 6th Meeting of the SAARC Technical Committee on the prevention of Drug Trafficking and Drug Abuse 10-11th June in Colombo.
- * Seminar on "Towards Better Enforcement of the Drug laws" for High Court Judges organized by the judicial service Commission in collaboration with NDDCB on 27th December in Colombo.
- 1992 * 7th Meeting of the SAARC Technical Committee on the Prevention of Drug Trafficking and Drug Abuse 15-17th June in Colombo.
- 1993 * Sri Lanka acceded to the UN convention on Psychotropic Substances 1971. NDDCB in collaboration with the UNDCP formulated a master plan for drug control in Sri Lanka.
- * SAARC Workshop on New Prevention Approaches to Education, treatment & rehabilitation 6-9th October in Colombo. Organized by the NDDCB in collaboration with the Ministry of Foreign Affairs.
- * SAARC Workshop on Preventive Education, treatment & rehabilitation 6-9th October in Colombo.
- * Meeting of Law Enforcement Officers monitoring the member Countries of SAARC drug offences Monitoring Desk (S.D.O.M.D.) 29-30th December, in Colombo.
- 1994 * SAARC Advanced Training Course for Law Enforcement Officers 27-30th September in Colombo.
- 1995 * SAARC Workshop on Preventive Education with Emphasis on Curriculum development for school 29-31st March in Colombo.
- 1997 * National Precursor Control Policy Formulation Workshop 17-18th February in Colombo.
- 1998 * Regional Conference on Precursor Control Legislation Awareness for South Asia 6-9th July in Colombo.
- * Appointed a Precursor Control Co-ordinating Committee to the National Drugs Control Board
- 1999 * Training workshop on Precursor Control for Operational staff from India and Sri Lanka, 26-30th April in Colombo
- * Training workshop on Precursor Control for field personnel from India and Sri Lanka, 21-25th June in Colombo

- * Consultative meeting of National Drugs and Precursor Testing Laboratory and enforcement officials in SAARC countries, 3rd-6th August in Colombo.
- 2000
- * The 43rd Session of the Commission on Narcotic Drugs, Vienna 6-15th March
 - * The 18th IFNGO Biennial Conference, Brisbane, Australia, 3rd-6th July.
 - * 24th meeting of Heads of National Drug Law Enforcement Agencies (HONLEA) Asia and the Pacific, Myanmar, 14-17th November
 - * UNDCP regional workshop on Precursor Control for SAARC Countries Kathmandu, Nepal, 13-15th December.
- 2001
- * The 44th Session of the Commission Narcotic Drugs, Vienna 19-29 March 25th meeting of Heads of National Drug Law Enforcement Agencies (HONLEA) Asia and the Pacific Myanmar, Australia, 15-18th October
 - * UNDCP regional workshop on Precursor control for SAARC Countries Kathmandu, Nepal, 17-19th January.
 - * UNDCP, SAARC workshop for Policy formulation in the area of Precursor control, Kathmandu, Nepal, 17-18th August.
 - * Workshop on formulation of a National Drug Treatment Policy Colombo, 20th October.
 - * First meeting of the SAARC Coordinating Group of Drug Low Enforcement Agencies at SAARC secretarial, Kathmandu, 2-3rd May.
- 2002
- * Workshop on the Development of a National Strategic Plan to reduce the impact of Drug Abuse 4th May Colombo (Sponsored by WHO)
 - * Seminar for judicial offences - 13th July BMICH Colombo.
 - * Sub - Regional Workshop on Quality assurance of Treatment services for Drug Dependents, 29-30th, August Negambo, Sri Lanka (UNDCP/NDDCB Project)
 - * UNDCP/ROSA Precursor Control Project for SAARC Countries sub regional Trainers programme, 29th July - 2nd August, Colombo.
 - * Joint meeting of the SAARC Drug offences Monitoring Desk (SDOMD) and the Drug Liaison officers of the SAARC Countries on Exchange of Information in Colloberation with the Ministry of Foreign Affairs, 3-4th October, Colombo.
 - * Sub - regional workshop for prison officials on Treatment and Rehabilitation Drug Dependents in prisons, 18-21st October Kalutara, Sri Lanka. (UNDCP/ NDDCB Project)
- 2003
- * The 46th Session of the Commission Narcotic Drugs, (CND) 8th-15th April Vienna.
 - * 28th IFNGO Conference 11-15th August, Colombo.
 - * Inter Country Workshop Plan community based projects on Prevention of Harm from substance Abuse 2-4th December, Myanmar.

- 2004 * 47th Session of the Commission Narcotic Drugs, 15-22nd March 2004, Vienna.
- * 28th Meeting of the Heads of the National Drug Law Enforcement Agencies (HONLEA) Asia and the Pacific 28th November - 3rd December 2004, Bangkok.
- * Asian Recovery Symposium 31th August - 3rd September 2004 Patta - Thailand
- * International Conference on Asian Cities Against Drugs 3rd - 7th October 2004 Melaka, Malaysia.
- * 111 Asia Youth Congress 16th - 19th November, Singapore
- 2005 * 48th Session of the Commission on Narcotic Drugs, 7th-14th March 2005 Vienna.
- 2006 * 49th Session of the Commission Narcotic Drugs, 13th-17th March 2006 Vienna.
- * 3rd Meeting of the Co-ordination Group of SAARC Drug Law Enforcement, 11th - 12th August, 2006, Kathmandu.
- * Workshop on Drug use Among young people in SAARC member state, 22nd - 23rd November 2006, Malay
- * Launched the revised Sri Lanka National Policy for the prevention and control of Drug Abuse in the presidential secretariat 26th June 2006.
- 2007 * 50th Session of the Commission on Narcotic Drugs, 12th-16th March 2007 Vienna.
- * 31st Meeting of the Heads of the National Drug Law Enforcement Agencies (HONLEA) 13th - 16th November, Bangkok.
- * Drug Dependant Persons (Treatment and Rehabilitation) Act. No. 54 of 2007 enacted.
- * 22nd IFNGO World Conference 14th -18th May 2007, China.
- 2008 * 51st Session of the Commission Narcotic Drugs, 10th-14th March 2008 Vienna.
- * The 1st Meeting Colombo Plan Drug Adversary Programme / Drug Focal Point Need Assessment and Policy Development 7th - 10th June 2008, Maldives.
- * 32nd Meeting of the Heads of the National Drug Law Enforcement Agencies (HONLEA) 11th - 14th November, 2008, Bangkok.
- * Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances Act. No. 1 of 2008 enacted.

Appendix 8

Services of the National Dangerous Drugs Control Board (NDDCB)



1. Preventive Education and Training

To obtain preventive education and training services, please contact the Preventive Education and Training Division. Tel. 2868794-6

2. Free Treatment and Rehabilitation Services

Treatment and Rehabilitation Services are available at the following 03 centers free of charge, every day of the year. Services for female drug users are available at “Navadiganthaya” Treatment & Rehabilitation centre at Nittambuwa.

Seth Sevana
173/2, Shanthi Mawatha
Talangama
Koswatta
Tel/Fax : 011-2788090

Meth Sevana
Mampitiya Watta
Handessa
Kandy
Tel/Fax : 081-2315504

Mith Sevana
Unawatuna
Galle
Tel/Fax : 091-2224443



3. Treatment and Rehabilitation Services on Cost-Sharing Basis (Alcohol & Heroin)

Treatment and Rehabilitation Services are available on cost-sharing basis for Heroin and Alcohol dependents at Navadiganthaya. Please call between 9.00 a.m. - 4.00 p.m. any day of the week including holidays.

Navadiganthaya
Urapola,
Nittambuwa.
Tel/Fax : 033-2283060



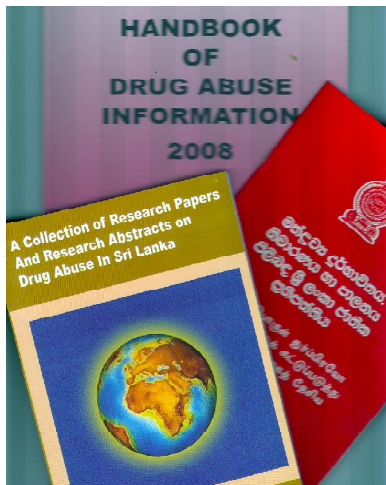
Fees

The full cost of the residential programme is not charged from the client. A percentage of the cost is provided by the NDDCB and a portion of the cost should be paid by the client. The cost depends on the accommodation type and the duration of the stay.

4. Research & Publication

Information available on drug related research, publications and drug abuse statistics in Sri Lanka and worldwide.

Tel : 011-2868794-6



5. Laboratory Services

Laboratory Services including urine analysis for drugs are available for the public & private sector at the Narcotics Laboratory for a fee. For further information please contact the Narcotic Laboratory.

Tel : 2868794-6

6. Library

The specialised reference library has a good collection of books, magazines and other literature on drug. Please contact the librarian for the use of library facilities.

7. Provincial Drug Prevention, Treatment and Rehabilitation Programme

The main objective of the programme is to strengthen the capacity of provincial administration and civil society organizations in drug prevention, treatment and rehabilitation activities in the provinces. As a strategy provincial task forces have been established under the leadership Provincial Secretaries in eight provinces to achieve the objective of the programme.