

## **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 revised national policy consists of the following strategies.

- a. Effective monitoring of imports, exports, distribution of drugs and precursor chemicals under control.
- b. Effective enforcement of law against production, smuggling, trafficking, sale, and use of illicit drugs.
- c. Preventing the use of drugs and reducing the adverse consequences of drug abuse.
- d. Supporting regional and international initiatives.

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 possible 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 broader 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.

## 2. Policy Outlines

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

### **2.1 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 in Narcotic Drugs and Psychotropic Substances of 1988 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.

## **2.2 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, deter 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.

(c) 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 at minimizing drug trafficking and 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.

(d) 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.

(e) The National Dangerous Drugs Control Board will be effectively used by the law enforcement agencies to review and modify existing laws and practices in order to develop an effective drug control system.

(f) When drafting or modifying legislation, relevant model UN laws and UN/SAARC treaties ratified by the government will be given due consideration.

(g) 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 resources and facilitate maximum use of specialized personnel.

(h) 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.

(i) Proper appreciation and rewarding mechanisms will be introduced to staff of law enforcement agencies. Transfer schemes will be revised

in order to prevent transfer of trained and efficient officers to other divisions.

(j) 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.

(k) 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.

(l) Law enforcement agencies and other relevant government institutions will stop cultivation, production and trafficking of cannabis.

(m) The Department of Ayurveda with the assistance of law enforcement agencies will effectively stop illegal preparation of Ayurvedic productions containing cannabis and opium.

### **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 from 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.

(j) Medical faculties/medical colleges will provide sufficient training in drug dependence to medical students.

(k) Technical and other assistance will be provided to NGOs, 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 of 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 governments 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 service 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 the relevant agencies to actively engage in formal international cooperation through bilateral, regional and international collaboration.

(a) All institutions 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. Inspector General of Police
02. Director General of Customs
03. Commissioner General of Excise
04. Director General of Health Services
05. Provincial Directors of Health Services
06. Director, HIV/AIDS Control Programme
07. Secretary (Ministry of Education)
08. Commissioner General of Prisons
09. Director General of Public Enterprises
10. Director National Budget
11. Director Information
12. Commissioner General of Labour
13. Chairman of NYSC

14. Government Analyst
15. Attorney General
16. Legal Draftsman
17. Commissioner of Ayurveda
18. Commander of Army
19. Commander of Navy
20. Commander of Air Force
21. Director, Medical Supplies Division
22. Director, Police Narcotics Bureau
23. Director General of Social Services
24. Director General, Plantation Housing & Social Welfare Trust
25. Director UN (Ministry of Foreign Affairs)
26. Director SAARC (Ministry of Foreign Affairs)
27. Controller of Imports and Exports
28. Federation of NGOs Against Drug Abuse
29. Employers Federation of Ceylon
30. Private Sector Organizations

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