



Drug addiction & the rehabilitation process: A psycho-social study of drug offenders in Sri Lanka

¹ Samarakoon M, ² Wasantha HPC, ³ Dr. Wijewardhana BVN, ⁴ Senarathna P

¹ Professor in Sociology, Department of Sociology, University of Sri Jayewardenepura, Nugegoda, Sri Lanka

² Senior Lecturer, Sri Lanka Foundation Institute, Colombo, Sri Lanka

³ Senior Lecturer in Criminology, Department of Criminology & Criminal Justice, University of Sri Jayewardenepura, Nugegoda, Sri Lanka

⁴ Lecturer, Sri Lanka Foundation Institute, Colombo, Sri Lanka

Abstract

The impact of drug addiction is large and it has its consequences for families, health, education, crime and employment in any society. Unlike in any other issue at hand, drug misuse is penetrated into society from macro to micro level creating lots of social, psychological, economical and health hazards for the public. Individuals of long term drug addiction have to go through serious health hazards risking even their lives. On the other hand, the families of these individuals are experiencing serious psychological, social and economic hardships due to the addiction of their loved one. In this perspective, this study observes the nature of drug addiction and the rehabilitation process of the drug rehabilitation in Sri Lanka. The research problem of the study was to examine whether why drug addicts relapsing in the rehabilitation process. The study was based on both primary and secondary data. The primary data has been collected from two rehabilitation centers that conducted by government entity in Sri Lanka. Collection of data was an integral part of the study and consequently, numerous sources of data were used such as structured questionnaires, observations, interviews and informal discussions. Data interpretation was done using both qualitative and quantitative measures. It was observed that as a whole, the rehabilitation process is effective and the program has adopted the most mandatory features characterized in a successful in-house rehabilitation program. Though, Infrastructural facilities should be uplifted for both rehabilitees and the rehabilitation staff. Further facilities and trained counselors should be provided to address mental health issues of rehabilitees.

Keywords addiction, drugs, process, psycho-social study, rehabilitation

1. Introduction

Drug abuse endures to present a major communal health problem. Drug misuse and addiction are related with top-heavy costs to society in terms of illegitimate action, blowout of HIV infection and other illness medical expenditure, losses on and off the road, and distraction of native societies and relations. The shriek of drug misuse may create as an image of sustained individual danger. However, drug abuse unavoidably becomes a social issue when illegal activity is the only means of gaining moneys to provision the dependence, when innocent witnesses grieve the effects of drug associated offence or accidents, and when well-being assurance and health costs increase for everybody for drug abuse. On the other hand, the families of these individuals are experiencing serious psychological, social and economic hardships due to the addiction of their loved one.

Children coming from addicted parent(s) can go through several forms of child abuse. Such children are abandoned by their parent(s) physically and psychologically, lose their parental love and affection, and also economically victimized damaging education and other needs. The negative childhood in which they grow up eventually turn them to another abusive and psychologically troubled adult. It is apparent through many researchers conducted around the globe including Sri Lanka that most of the addicted individuals and the one's engaged in drugs trafficking have parents either addicted

and/or engaged in drug dealing. In this way there is a cyclic effect in the way individuals get addicted to drugs.

Recent discoveries of research are continuously raising their voices to warn against the close link between HIV/AIDS and drug abuse. As a result of injection drug use, there is a considerable increase of HIV/AIDS among the drug addicted population. Hepatitis C virus (HCV), which is known as a leading cause for liver disease is also recorded to be highly prevalent among the injection drug users. In the United States, an estimated 3.2 million people are chronically infected with HCV, with injection drug use being the main driver. Injection drug use, HIV, and HCV create a complicated tapestry of ailments that present a variety of challenges to healthcare providers. On the other hand, there is a close link between drug use and sexually transmitted diseases including HIV as drug use can lead individuals to engage in unsafe sexual relationships (U.S. Department of Health, Human Services National Institute of Health, 2012) ^[6] Drug abuse and crime rate are interlinked. According to a recent study conducted on this drugs and violence are seen as being related in three possible reasons. These can also be described as three possible models: the pharmacological, the economically compulsive, and the systematic that describe the link between drug use and criminal behavior. There are pharmacological effects of certain drugs as a result of intoxication and consequently, certain drugs are identified as undermining the judgment and

self-control of the individual, causing paranoid thoughts or distorting inhibitions and perceptions. In the economically compulsive model, drug users commit crimes in order to get money to buy drugs. Many people who have developed an addiction to expensive drugs such as heroin and crack/cocaine are unable to afford their habit and are committing crimes to buy drugs. According to systemic model crime among illegal drug users is linked to the drug market.

Country context of drug abused youth

When considering historical aspects, colonial powers regulated the use of opium as a revenue generation method. Since the independence in 1948, various measures have been taken to scale down the abuse of opium, cannabis and certain psychotropic substances in Sri Lanka in vein. In the wake of Sri Lanka's three decades long ethnic problem, there was a serious increase in the involvement of Sri Lankan nationals in smuggling drugs across national frontiers. The absence of a comprehensive national policy on drug abuse has been a major constraint on law enforcement and the development of interventions for education, treatment, rehabilitation and crop substitution.

Heroin is trafficked to Sri Lanka from India or local consumption and the country serves as a transshipment hub for heroin trafficked into the country from Indian locations. Long-standing violence and political tension has diminished the ability of law enforcement to address drug trafficking concerns adequately. It is estimated that there are currently about 45,000 regular users of heroin and about 600,000 users of cannabis in Sri Lanka. It is further estimated that between 1–2 % of heroin users are Injecting Drug Users (IDU) (United Nations office on Drugs and Crime, 2016) ^[6].

There is a considerable increase of youths addicted to drugs in Sri Lanka. Youths being the life-blood of the country's development are in a rapid addiction to drug use in the recent past. The following account is based on the information collected by the National Dangerous Drugs Control Board (NDDCB) in Sri Lanka and according to NDDCB reports the overall heroin related arrests among adolescents show an increase while there is a decline in cannabis related arrests. Those at the age 15 up to 19 accounted for 0.8% (29 arrests) of Cannabis related arrests in Sri Lanka in 2003. A declining trend was observed, in terms of percentage as well as in numbers, from previous years [2000, 2.2% (104 arrests); 2002, 1.0% (48 arrests)]. There were sixty eight adolescents (15 – 19 yrs.) (0.5%) among the heroin related arrests in 2003. This trend indicates an increase over the figures for the two previous years [2001, 0.2% (23 arrests); 2002, 0.4% (43 arrests)]. Those in 15-19 years age group constituted 1.4% (65 admissions) of all admissions for drug related disorders in various institutions around the country in the year 2003, and is a reduction compared to the figures from previous years [2001, 2.5 % (177 admissions); 2002, 2.5%, (145 admissions) (NDDCB 2004).

2. Research Problem

The research problem of the study was to examine whether

why drug addicts relapsing in the rehabilitation process

3. Objectives of the Research

The main objective of this research is to study Drug Addiction & the Rehabilitation Process in Sri Lanka. Basically this study attempted to study drug offenders from Psycho-social aspect and observed the nature of drug addiction and the rehabilitation process of the drug rehabilitation in Sri Lanka.

4. Methodology

The primary objective of this evaluation is to evaluate the rehabilitation process of the Drug Rehabilitation Center-Kandakadu functioning under the Bureau of Commissioner General Rehabilitation (BCGR). To accomplish this task, a several visit to rehabilitation centers located in Kandakadu and Senapura. Kandakadu visit was mainly conducted with the purpose of evaluating the basic infrastructure facilities available for rehabilitees and to observe how their psychosocial rehabilitation takes place along with psychological counseling. Collection of data was an integral part of the evaluation visit and consequently, numerous sources of data were used such as structured questionnaires, observations, interviews and informal discussions. Data interpretation was done using both qualitative and quantitative measures.

The evaluation commenced with background reading and discussions about the general rehabilitation process taking place in the BCGR. Later, an observation visit was paid to the rehabilitation center located in Kandakadu. Staff of the BCGR was the main source of information and general discussions with several officers were held to get a wider picture of the rehabilitation process. Later on a structured questionnaire was distributed among the rehabilitees in a scale prepared with five options given. In addition, several Groups Discussion with several officers who are in charge of the whole process, were held with the counseling and non-counseling staff of the rehabilitation center. Further, few parents and family members were interviewed in order to get their views about the rehabilitation in which their loved one is a part of and the history of his/her drug addiction. Personal remarks of rehabilitees were anonymously collected as an additional way of getting accurate information other than the questionnaire. The responses to the questionnaire were statistically evaluated using Microsoft Excel for statistical analysis. More over background research was done through reading on the subject matter: drug abuse and the rehabilitation of drug abuse.

The questionnaire consists of 36 items in which each item can be responded with the best option in a five scale: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree. The questionnaire was administered using Sinhala Language for both writing and explanation. Further, rehabilitees were encouraged to write their thoughts once the questionnaire is over with administration with the purpose of getting information in the form of personal essays. The major purpose of this free writing was to get their genuine emotions and feelings about the rehabilitation process that they are subjected to go through.

The questionnaire was planned to evaluate the rehabilitate process on several grounds such as:

1. General welfare of the rehabilitees (infrastructure, facilities available, location of the center and weather of the area)
2. Mental Health Issues among Rehabilitees
3. General outline of the counseling program
4. General outline of the rehabilitation program as a whole
5. General view of the meditation programme

Interviews are basic fact-finding interactions where one individual asks questions while another responds. By conducting interviews, researchers obtain a clearer understanding of an individual’s background and experience. Use of this method provided us to get an understanding about the contextual facts about the general outline of the rehabilitation program and their rationale.

Two Focused group interviews were conducted with the participation of 4- 6 participants each and these participants were selected from the staff that providing rehabilitation work. These interviews were focused mainly on to their experiences of working at Kandakadu rehabilitation center with individuals addicted to drugs and their informal findings in general with many years of working. The interviews were tape recorded and taken down as notes.

1. Attitudes of the counseling staff towards the rehabilitation of the individuals drug abuse
2. Attitudes of the non-counseling staff towards rehabilitation of the individuals of drug abuse
3. Quality and the professionalism of the counseling services given to rehabilitees.
4. How far the psychological rehabilitation is supported by environmental and infrastructural facilities available in the center.
5. Training needs of the staff in order to cater for the rehabilitation process.

5. Findings and Discussions

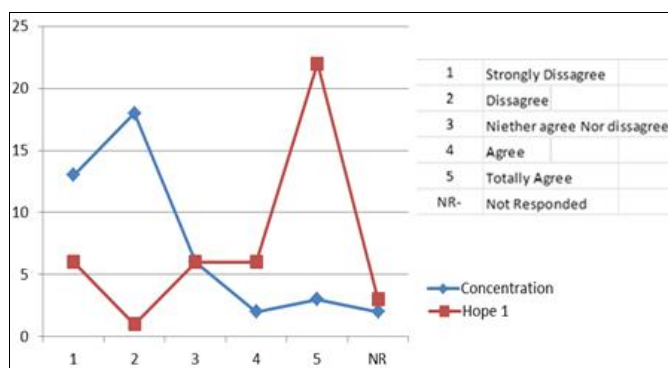


Fig 1: Harsh Environmental Conditions and Lack of Infrastructural Facilities as a Disadvantage

Negative behaviors and attitudes displayed by the rehabilitees will further be accelerated by harsh environmental conditions and lack of infrastructural facilities available in the center. It was observed that many rehabilitees have developed skin rashes due to the harsh sunlight and the dust. According to statistics, 43% of rehabilitees (out of 164 respondents) have

shown the signs of sleep difficulties and 84% of participants are undergoing problems with adaptation to the new environment. Here, sleep difficulties experienced by rehabilitees can be interpreted in two ways: one way would be due to environmental conditions and lack of infrastructure and the second could be a mark of their mental illness. In fact many of the counseling and administrative staff pointed out about their difficulty in executing activities under extreme hot weather condition and poor infrastructural facilities.

Mental Health Issues among Rehabilitees

Statistics, observations and interviews show that a considerable amount of rehabilitees are experiencing the signs of mental health problems. Some of the key areas that denote the aspects of individual mental health would be the person’s quality of sleep, negative thoughts along with hopelessness and concentration difficulties. When considering these aspects, we found that 43% of rehabilitees undergo sleep difficulties. In a questionnaire which is administered among 43 participants, 72% of them have difficulties in concentration, and 35% - 39% of them have shown the signs of hopelessness in their general outlook of life and the rehabilitation program.

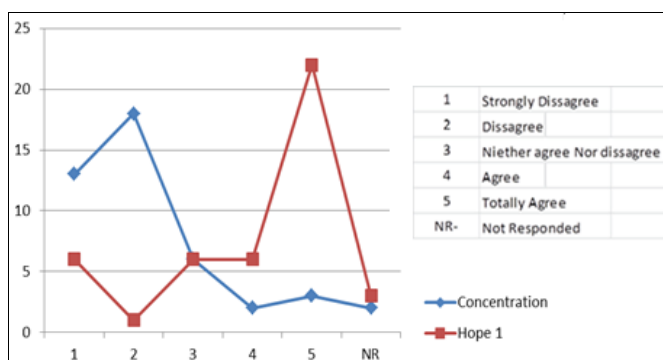


Fig 3: General view of rehabilitation program

In addition, there were lots of remarks mentioned in their personal writings and interviews about the program in the general situation of life that some participants have shown the signs of depression and low mood. With such conditions, their hopelessness in life in general can even lead them for suicidal attempts. Usually suicidal ideation and hopelessness can go hand in hand. When there is a mental health condition present along with an addiction, addressing the addiction issue alone is not advisable. In fact, negative and vulnerable emotional statuses have a high tendency to get worse with the harsh environmental conditions, lack of facilities and loneliness (as they live away from their loved ones).

Lack of Love and Kindness Make Emotional Wounds Much More Painful

It was observed through the interviews we had with rehabilitees and their personal writings provided to us that there are individuals who are going through various types of emotional pains and traumas. Many of them are struggling with their bad childhood experiences and thoughts about their loved ones at home. It is important that these types of individuals should be handled with care and they are high in

need of love, affection, kindness and understanding. In most of the time, participants affirm that they can ensure a caring relationship with their own counselor, yet they find no sign of understanding from other staff members in the center. This is quite unfortunate and highly damaging the whole rehabilitation process as everyone in staff should have an understanding about the importance of showing love and care for rehabilitees in their journey to recovery.

Emotional and Physical Distance from loved-ones Creates Emotional Distress

Rehabilitees in Kandakadu are not allowed to visit their home while their stay in the center. However, they are given opportunities to meet their family members once a month at the center and each one is getting one chance to make a telephone call once a week. Under these conditions, it was observed that many rehabilitees suffer thinking about their homes. Some have developed suspicious mentalities about their married or romantic partners that they might have forgotten them. Some are worrying about their children whose mother has left the family while the rehabilitee is in the prison and later in Kandakadu. When an individual worries over an emotional stress, it is difficult to get any productive recovery from an addiction and these individuals need extra care, love and understanding about their situations from the external world. By increasing the number of meetings with family members and regular updates on their family issues can reduce the emotional distress of these rehabilitees into some extent. On the other hand, it was observed that on certain situations, the drug dealers of rehabilitees back home are taking care of their families in their absence. This is a mark that there are high chances that rehabilitees will be addicted to drugs again once they are back to society.

Environmental conditions play an important role in deciding a person’s physical and psychological status. When considering the 164 rehabilitees who participated in giving information to our questionnaire on Orientation and Agriculture program, 84% of participants have undergone the difficulty of adapting to the new environment. 57% of them are happy with the medical treatment given to them at the beginning and 76% of them are quite satisfied with the support given by rehabilitation staff and other inmates in order to adapt to the new environment. The combination of the two: satisfied medical care and the moral support received from the staff and fellow rehabilitees, is a positive sign for the rehabilitation program to begin. 70% of them like to engage in agricultural activities as the program begins and that is marked as a successful way of struggling with their withdrawal symptoms. 65% of participants have stated that engaging in agricultural activities is quite relaxing for their minds.

However, the fact that 43% of rehabilitees suffer sleep difficulties should be taken serious as sufficient sleep is an essential component for a person’s physical and psychological well-being. Even though, the majority of respondents have given their feedback on the program in a positive manner, there is nearly half of the total number of participants have given negative feedback about the program. Therefore, it is important to pay attention on these areas in order to improve the effectiveness of the program.

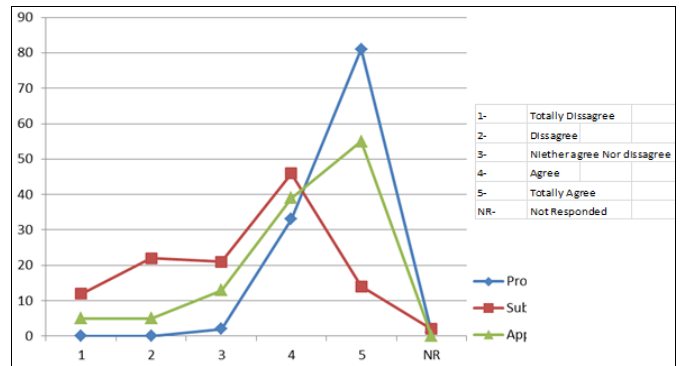


Fig 3: Anti-Drug Campaign Program

Anti-Drug Campaign Program commences during the second months of the rehabilitation program and for this program, participants’ feedback is quite positive. Out of 117 of total number of participants, 97% have scored for the productivity of the program. 51% of the total number believes that the subject matter taught in the program is quite sufficient and simple enough to understand. 80% have admitted that knowledge about the harmful effects of drugs can have a great preventing role in their future possible relapses. This in fact, is a very positive remark of individuals who are going through a rehabilitation process. Individual willingness and positive attitude to the change is essential for the therapeutic rehabilitation process and it is the very first step in a journey to recovery. Also, the data shows another important aspect of individual drug addiction- awareness programs do play an effective role as a preventive mechanism.

The total numbers of participants who have given their responses through the questionnaire is 86 and out of them 86% of the participants have preferred group counseling, 49% have preferred individual counseling and 79% of respondents have admitted that they have a healthy rapport with their counselors

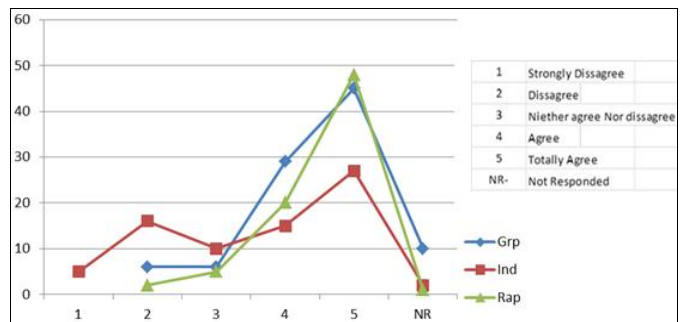


Fig 4: Attitudes about the counselling

Observation shows that the majority of counselors who are engaged in the counselling work are the staff of the BCGR and there are few counselors appointed as civil individuals from another organization. Almost all the BCGR counselors have received at least several months of counseling training to work with rehabilitees. The counselors coming from outside have their bachelor Degrees in Psychology and have undergone special trainings to work with drug addicted individuals. It

was observed through the verbal responses provided during the interview that some rehabilitees preferred more to work with civil counselors over the BCGR counseling staff.

Once rehabilitees finish their first 6 months of rehabilitation at Kandakadu they will be moving for their vocational training at Senapura. It was observed that there are no counselors available in Senapura and individuals who need counseling should wait for about 2-3 weeks for a counselor to visit Senapura from Kandakadu. There are occasions when some rehabilitees have the requirement to continue with psychotherapy even after their 6 months at Kandakadu, yet once they moved to Senapura they will meet their counselors only once in 2 to 3 weeks as their former counselor is not available in Senapura. This type of situations should be avoided as the regular psychotherapy is essential for a complete recovery of the rehabilitation.

Aesthetic and Sport Interests of Rehabilitees.

There is a great enthusiasm and interest among rehabilitees for aesthetic entertainment methods such as movies and music. The key areas analyzed are rehabilitees interest in music, movies, and sport activities. Out of 157 participants, 85% show an extreme interest in movies and music, 82% enjoy sport activity in the evening and 71% prefer to have entertaining programs after dinner. This should be considered positively as involvement with aesthetic and sport activities provides many benefits for individuals who are going through addiction and mental health issues. Particularly, art therapy that consists of aesthetic activities is identified to have numerous therapeutic benefits for individuals suffering from mental health conditions such as abuse and trauma.

Program for Spiritual Development

Rehabilitation population is multi ethnic and there are members from several religions such as Buddhists, Christians & Catholics, Muslims and Hindus. There are shrines and temples build in the center at primary levels providing facilities for anyone to perform their religious rites and rituals. The meditation program is mainly facilitated by resource persons of Brahma Kumari Meditation Center. In addition, there are special programs during poya days for Buddhists and any volunteer who likes to participate.

The intention is to get an overall evaluation of the effectiveness of the spiritual development program provided for rehabilitees. Spirituality stems mostly from religious faith and intoxication caused by drugs have been discarded from many religions as it destroys the mindfulness of the individual. Out of 45 participants 73% have agreed that their religious faith is increased since they came to the center. Human beings, by nature are attachment seeking and in vulnerable situations, they tend to hold on to a spiritual figure, such as god. However, spirituality does not mean performing rites. It signifies the mental preparation for the clarity of mind. The most required aspect of mindfulness is meditation and for mediation, psychological and physical preparedness is vital. 60% of rehabilitees are reported to suffer at least one physical ailment when they meditate and 72% of them show difficulties in concentration. 69% of the participants experience peace of mind during meditation. However, about 31% of participants have not responded positively for their participation at the

meditation program and 69% of participants have responded that they like resource persons who are conducting meditation program.

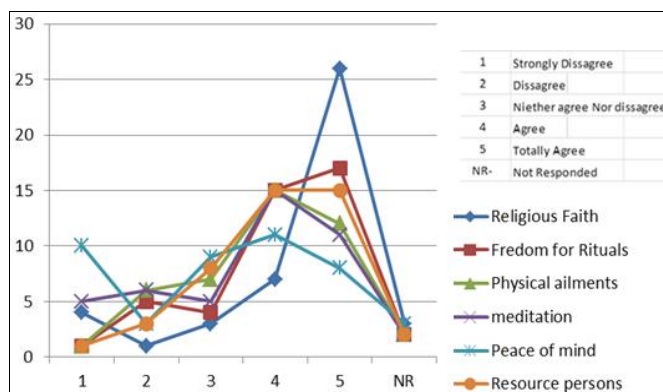


Fig 5: Responses about the meditation Programme

6. Conclusion and Recommendations

It is important to note that the service rendered by BCGR staff in Kandakadu and Senapura should be highly appreciated in terms of rehabilitating individuals addicted to drugs in Sri Lanka. As a whole, the rehabilitation process is effective and it meets the expectations of organizational goals and objectives. The program has adopted the most mandatory features characterized in a successful in-house rehabilitation program. However, consideration of the following recommendations based on our observations would be highly beneficial in order to strengthen the effectiveness of the rehabilitation program.

1. Infrastructural facilities should be uplifted for both rehabilitees and the rehabilitation staff. In this regards facilities for sleeping quarters, lecture halls and library facilities and bath rooms should be further improved. Mechanism should be taken to combat against harsh environmental conditions such as installments of air conditioners to use during less rainy seasons in sleeping quarters and lecture halls.
2. Further facilities and trained counselors should be provided to address mental health issues of rehabilitees. There should be qualified counselors available both in Kandakadu and Senapura to ensure continuous and regular psychotherapy sessions.
3. A proper room allocation should be provided for individuals seeking individual counseling. These rooms should be facilitated with good quality infrastructure which is suitable for environmental conditions.
4. Counseling Staff should be provided with further trainings and skills in psychotherapy in a rehabilitation setting.
5. In order to create the caring and understanding rehabilitation setting a general training knowledge on counseling skills should be provided for the administrative staff in Kandakadu and Senapura rehabilitation centers.
6. Aesthetic techniques and sources of entertainments should be further facilitated to the curriculum of the rehabilitees in order to minimize their emotional distress.
7. There should be a mechanism to have a relationship with

family members as a way of securing the family systems of rehabilitees. In this regard, family therapy sessions should be included to ensure the psychosocial well-being of the rehabilitees' immediate family members.

8. It is recommended to strengthen the follow-up process of rehabilitees once they leave the center for a longer period of time in order to minimize the number of relapses. It should also be considered to have additional Group therapy sessions for individuals who have completed the rehabilitation and reintegrated with society.
9. Additional, measures should be taken for individual who are unable to find a suitable living upon their reintegration to the society. In this regard, broadening the scope of vocational trainings given to rehabilitees is important to ensure a better employment. It is recommended to have a mechanism to direct rehabilitated individuals for employment as some of them find it difficult to go back to their older jobs due to the taboo attached to drug addiction in society.
10. It is very important to provide additional measures to uplift the psychosocial well-being of the BCGR staff that provides psychosocial rehabilitation and administrative support to the rehabilitation program. In this regard, their living quarters at the center should be provided with more facilities and there should be opportunities to have a relaxed atmosphere.

7. References

1. AA. A Sociological Perspective on Drugs and Drug Use. In E. Goode, *Drugs in American Society* (p. Chapter 1). New York, 1972.
2. American Psychiatric Association (APA). *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: APA, 2005.
3. Barton R. Psychosocial Rehabilitation Services in Community Support Systems: A Review of Outcomes and Policy Recommendations. *Psychiatric Services*, 1999, 50.
4. Fong Chan, Julie Chronister, Chase A, Allen, Denise E, Catalano, Eun-Jeong Lee. Foundations of Rehabilitation Counselling. In *Directions of Rehabilitation Counseling*, 2004, 1-11.
5. Graves KL, Leigh BC. The Relationship of Substance Use to Sexual Activity among Young Adults in the United States. *Family Planning Perspectives*, 1995; 27:18-22.
6. Senanayake BDT. *Handbook of Drug Abuse Information*. Retrieved November 28 from National Dangerous Drugs Control Board: https://drive.google.com/file/d/0B2UYE_KxIUuaU3VDVHhlmZyOGM/view, 2016.
7. United Nations office on Drugs and Crime. United Nations office on Drugs and Crime. Retrieved 28, 2016, from Sri Lanka: https://www.unodc.org/pdf/india/publications/south_AsiaRegional_Profile_Sept_2005/13_srilanka.pdf, 2016
8. Senaratna, B, Wijewardana B. Risk behaviour of street children in Colombo. *Ceylon Medical Journal*. DOI: <http://doi.org/10.4038/cmj.v57i3.4047>. 2012; 57(3):106-11.
9. Wijewardhana BVN. Youth Ganging and Gang membership: Characteristics of formation in gang culture and what sustains them on the urban Sri Lanka, *International Journal of Social Science and Technology* ISSN. www.ijssr.com/data/frontImages/1_August_2017.pdf. 2017; 2(4):2415-6566.
10. Wijewardhana BVN. The Co-relationship between Inter-gang conflicts for longitudinal expansion and retain their identification in an urban context, *International Journal of Humanities and Social Science Research* ISSN: Impact Factor: RJIF 5.22 www.socialsciencejournal.in; 2; www.socialsciencejournal.in/download/399/3-9-16-624.pdf. 2017; 3(9) 2455-2070
11. Wijewardhana BVN. The Impact of Urban Youth Ganging on Anti-Social Behavior: A Criminological Study in Colombo City of Sri Lanka, Thesis submitted to the Faculty of Graduate Studies, University of Sri Jayewardenepura for the award of the Degree of Doctor of Philosophy in Criminology. <http://dr.lib.sjp.ac.lk/handle/123456789/5130>, 2015.
12. World Health Organization; the World Bank. *World Report on Disability*. Malta: WHO, 2012.