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# SRI LANKA

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## 1. EXECUTIVE SUMMARY

- Sri Lanka does not cultivate opium. There is illicit cultivation of cannabis. Seizure figures demonstrate that the number of arrests and court cases have both increased in the recent past.
- The single most significant drug problem is the trafficking of heroin from India for local consumption.
- Sri Lanka serves as a transshipment hub for heroin trafficked into the country mainly 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 IDUs.
- Sri Lanka is a low HIV-prevalence country. There appears to be little IDU in the country. National authorities are making efforts to ensure that this situation remains the case.
- There are rising levels of crime caused by army deserters and other criminal gangs (even before the anticipated formal demobilization of some troops which may only worsen the situation).
- With the ongoing peace process there is a risk that individuals with few skills to maintain a sustainable livelihood other than in a military or paramilitary setting may become involved in drug use or trafficking or other criminal activities.

## 2. MAJOR CHARACTERISTICS OF THE COUNTRY RELEVANT TO THE DRUG AND CRIME PROBLEM

Sri Lanka was one of the first developing nations to demonstrate the importance of investing in human resources and promoting gender equality. Educational achievements include primary education completion rates of nearly 100 percent. Sri Lanka's literacy rates – for adults and children – are on par with the more developed countries of the world. As a result, along with the Maldives, it features the highest human development rates in SAARC. These are attributes, which can be used to convey effective drug use preventive messages in the school context.

The social and economic cost of the conflict since 1983 has retarded the country's development potential. The overall impact of two decades of conflict on the country's public sector institutions and governance has not been determined.

## 3. DRUG SITUATION

### 3(a) Production and cultivation

Opium poppy is not grown in Sri Lanka. Cannabis is cultivated on a large scale in the provinces of eastern and southern Sri Lanka. A total quantity of 73,714 kg of cannabis was detected in the year 2003 compared with 25,834 kg in 2002 (NDDCB 2003). The Sri Lankan Excise department and the police have been conducting eradication campaigns periodically to curtail the cultivation of cannabis. The estimated land area under cannabis cultivation is 500 hectares (ARQ 2003).

### 3(b) Manufacture

There is no evidence of the ongoing illicit manufacture of drugs in Sri Lanka. In the early 1980s an attempt to manufacture heroin in Hikkaduwa was foiled by police and the laboratory destroyed (SRL 2002). Since the island produces no opium, the seizures in 2002 and 2003 of quantities of opium (see the table below) would therefore lend credence to the view that there are efforts underway to manufacture heroin on the island. More circumstantial evidence appeared in July 2004 in the form of unconfirmed press reports that opium was being smuggled to Sri Lanka for the purpose of manufacturing heroin.<sup>38</sup>

Sri Lanka also does not manufacture any precursors.

### 3(c) Trafficking

#### Seizures (in kg)

Drug	1997	1998	1999	2000	2001	2002	2003
Heroin	55	57	68	94	102	63	54
Cannabis herb	113,238	24,825	80,000	37,550	77,021	25,834	73,714
Hashish/cannabis resin	18	N/A	0.2	0	0	0	0
Opium				36.4	1.7	16.7	3.9
Cocaine					0.640		

Source: NDDCB 2003

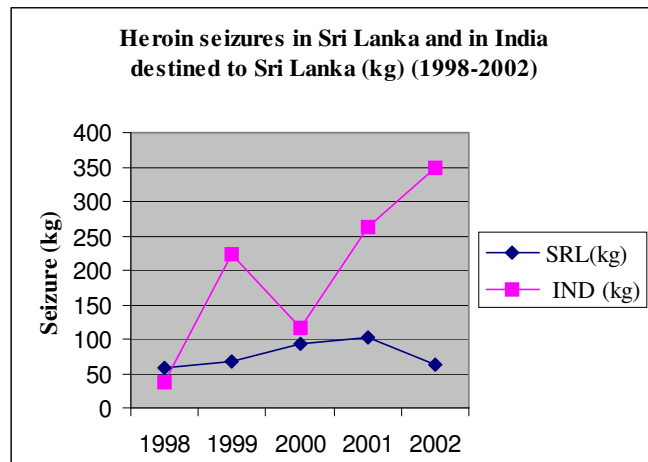
**Heroin:** Over the past decade, Sri Lanka has been used as a trans-shipment point for heroin from South West Asia and India to other destinations outside of the subcontinent. From even a cursory examination of the arrest and seizure statistics it is evident that, with only a fraction of the region's population and modest seizure volumes, Sri Lanka accounts for a disproportionately large number of arrests. Such arrests are heavily skewed towards heroin. To get a fuller picture of the trafficking patterns to and within Sri Lanka, seizures of heroin in the island country should be studied along with heroin seizures in India destined for Sri Lanka. This information is depicted in the figure below. On average, heroin seized in India which is destined for Sri Lanka is roughly 2-3 times the quantity of heroin seized in Sri Lanka itself. Using a rule of thumb for seizures which is commonplace among the law enforcement community (which assumes that seizures represent 10% of total trafficking), the

<sup>38</sup> "Lanka, Maldives emerge as opium distillation centres," *The New Indian Express*, Chennai, 13 July 2004.

total heroin smuggled into Sri Lanka can be estimated at around 3.5 tons per year. This would be considerably in excess of the requirements of drug-dependent persons in the country.

However, there is no definitive or consistent information regarding the final destination of the ‘excess’ heroin trafficked into the country. Neither Indian nor Sri Lankan authorities appear to possess any evidence of heroin being smuggled out of Sri Lanka. There are no significant seizures of heroin exiting Sri Lanka, nor are there any major seizures of heroin sourced to Sri Lanka taking place elsewhere in the world.<sup>39</sup>

India routinely reports the trafficking of large-scale consignments of heroin from the southern part of that country into Sri Lanka via the Palk Straits. It is clear that heroin is smuggled from the Southern Indian coasts to Sri Lanka. For example, India’s NCB indicates that seizures in the Indo-Sri Lankan sector rose from 38kg (6% of total Indian seizures) during 1998 to 350 kg (37% of total Indian seizures) during 2002 (NCB 2002). According to this source, heroin is smuggled “Between southern India, especially southern Coromandel coast and the north western coast of Sri Lanka by sea, mainly by small country craft” (NCB 2002). Sri Lanka has limited interdiction capacity along this lengthy coastline since it possesses no coastguard.



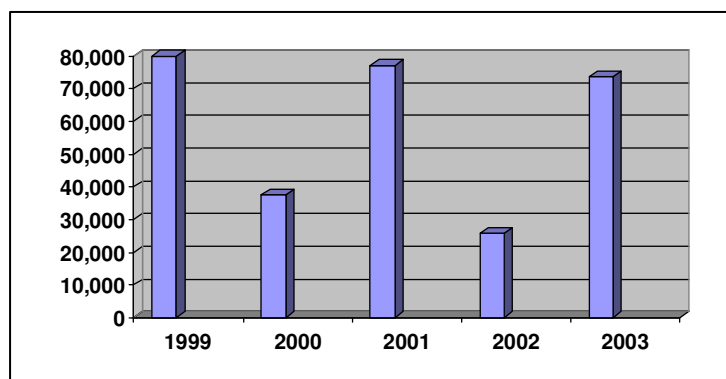
The Indian Directorate of Revenue Intelligence (DRI) has identified Sri Lanka as a transit point for smuggling of other narcotics in containerized cargo. This view seems to be confirmed by reports that 2.5 million amphetamine tablets and 31kg of heroin seized in Djibouti and Southampton respectively in 2001 were reported to have transited through Sri Lanka.

**Cannabis:** Cannabis is the only drug that is grown illicitly in the country. This occurs mostly in the dry zones of the country in the Eastern and the Southern provinces. The estimated land area under cannabis cultivation is 500 hectares. The estimated number of cannabis users in the country was 600,000. The quantity of cannabis seized island-wide was 73,774 kg and the number of cases in 2003 was 9,556, of which 3% involved women. The number of cases of cannabis related arrests had increased by 29% in 2003 compared with the number reported in 2002. The prevalence of cannabis-related arrests is put at 50 per 100,000 population (ARQ 2003).

Anecdotal, but undocumented, evidence supports the view that cannabis (hashish) is smuggled into Sri Lanka from Pakistan. But details regarding quantities or destinations of these consignments are unavailable.

<sup>39</sup> There is no information on the situation in areas under the control of the LTTE.

### Cannabis seized by law enforcement agencies from 1999-2003 (in kg)



Source: NDDCB 2004a.

### 3(d) Diversion of drugs and precursors

Opium is used in the Ayurveda<sup>40</sup> medical pharmacopoeia and the government makes it available for the preparation of Ayurvedic medication through the Ministry of Health and its local establishments. The government imported 279 kg of opium into Sri Lanka in 2003. Approximately 4 kg of illicit opium and 1 kg of morphine was also seized during that year. The illegal opium was seized from Puttalam and Mannar districts. This could reflect a resumption of drug smuggling between India and Sri Lanka using these old routes of smuggling with the return of peace.

Precursors required by various industries, pharmaceutical companies, laboratories and other establishments are imported into Sri Lanka (SRL Paper 2004).<sup>41</sup> The main precursors imported into the country in the past two years are sulphuric acid, potassium permanganate, hydrochloric acid, acetic anhydride, acetone, ethyl ether, methyl ethyl ketone, and toluene. None of these precursors are produced in the country.

As Sri Lanka does not manufacture any precursors, whatever substance is needed for use in the pharmaceutical or industrial sector must be imported. This makes the task of the regulating authorities easier, in that maintaining a record of imports is a fairly straightforward task. Anyone who intends to import any precursor into the country for a licit use has to do so by applying for an import permit under the Import and Exports Act No. 1 of 1969. The Ministry of Industries and the Ministry of Health are authorized to issue permits in respect of precursors required by them for manufacture of their respective products. Thus a record of

<sup>40</sup> Ayurveda ('Ayur' means life) is the Indian system of medicine derived from the Rig Vedas. The system is based on the imbalance of the three humors (derived from five elements: ether, air, fire, water, and earth); "vata" (combination of ether and air), "kapha" literally phlegm (combination of fire and water) and "pitta" (combination of water and earth). Ayurvedic medicines and practices (yoga exercises) are supposed to restore the balance between these humors; medicines are usually made of botanical preparations – opium being one such botanical ingredient. Opium, when used, dries up secretions (e.g., diarrhoea/dysentery) and is a potent pain reliever.

<sup>41</sup> References in this section are derived to a large extent from the Sri Lanka Country Paper, presented at the "Regional Seminar for Director's General/Heads of Narcotics Law Enforcement Agencies to Review UNGASS Goals on the Control of Precursor Chemicals", 3-4 August 2004, Islamabad, Pakistan (bibliographical reference: SRL Paper 2004).

precursors imported by them with the relevant quantities will be available with them (NDDCB 2003).

There have been no prosecutions for misuse of precursors within the country as at this date. The information received through pre-export notifications is shared with relevant agencies such as the Sri Lanka Customs, the Competent Authorities and the Department of Police.

### **Quantities of Table I Precursor Chemicals Imported and Exported from Sri Lanka in 2003**

Precursor chemical	Imports (Kg)	Exports (Kg)
Acetic anhydride	6.44	0
Ephedrine	557	0
Isosafrole	56	0
Piperonal	75	0
Potassium permanganate	25,339	0
Pseudoephedrine	187	0

Source: NDDCB 2004.

### **Quantities of Table II Precursor Chemicals Imported and Exported from Sri Lanka in 2003**

Precursor chemical	Imports (Kg)	Exports (Kg)
Acetone	1,523,517	2,012
Ethyl ether	19,726	0
Hydrochloric acid	1,392,362	4,554
Sulphuric acid	2,656,199	9,215
Methyl ethyl ketone	726,447	0
Toluene	4,226,112	0
Piperidine	1	0

Source: NDDCB 2004.

## **3(e) Drug prices**

The average street price per kilogram of heroin in 2003 was 2.45 million Sri Lankan rupees (SL rupees) (equivalent to approximately US\$24,500) for locals and it was SL rupees 3.1 million for foreigners (approximately US\$30,100). The street price of heroin had increased by a fifth for the locals and nearly a third for the foreigners in 2003 compared with that of 2002. The average di-acetyl morphine content, also known as the purity<sup>42</sup>, of street level heroin in Sri Lanka was 44% in 2003, representing a decrease by 2% on the average purity level in 2002.

The price per kilogram of cannabis was Sri Lanka Rupees 1,500 (approximately US\$15) for locals and Rupees 2,000 for foreigners (approximately US\$20). The price of cannabis showed no increase for locals while there was a 5% increase for foreigners.

The average street price of illicit opium per kilogram for locals was SL rupees 500,000 (approximately US\$5,000) and for foreigners SL rupees 800,000 (approximately US\$8,000) during 2003. The price has increased by 1% for locals and none for foreigners compared to 2002.

<sup>42</sup> Caffeine, diazepam, glucose, lactose, strychnine and acetaminophen are the commonly used adulterants of street heroin available in Sri Lanka.

### 3(f) Demand

Sri Lanka has a long history of drug use. Traditionally – and not unlike most countries in the region – cannabis, opium and alcohol have been the drugs of choice. Cannabis and opium were often part of indigenous medicinal preparations. Alcohol is the most prevalent drug used in Sri Lanka (Reid and Costigan 2002).

In the 1920s, it was believed there were between 60,000 - 68,000 opium users in the country. Until the middle of the twentieth century government medical officers distributed opium to registered opium users. Detoxification of opiate addicts using methadone during the 1970s was also reported. In the early 1980s, it was estimated there were between 10,000 - 15,000 opium users in Sri Lanka (UNODC ROSA 1998a).

In the late 1970s and early 1980s, evidence began to emerge of a close link between drug smuggling, arms smuggling and applications for asylum. Reports started to emerge of heroin becoming a drug of choice. It was also reported that members of certain groups were becoming part of an international smuggling operation, the proceeds of which were being used to supply arms (Jayasuriya 1995). Since the early 1980s Sri Lanka has had to face a growing problem of drug abuse (mainly heroin) among its youth, originally introduced – according to the NDDCB – by tourists.

A survey (Mendis 1985) was carried out on the records of the University Psychiatry Unit of the General Hospital at Colombo during the early 1980s. It studied 100 heroin addicts who were treated in the Psychiatry Unit from January 1983 to March 1984. Most subjects inhaled heroin, and the average amount consumed was 340 mg per day. The majority of them had used heroin for a period of less than one year, while 9 per cent had used it for more than two years. All the addicts in the study were males. Only 6 per cent were older than 34 years; 5 per cent were unemployed at the time they started using heroin; 67 per cent were single; and 93 per cent had left school before the tenth grade.

Reid and Costigan estimated that there were between 240,000 - 300,000 drug users in Sri Lanka at the turn of the century, out of which about 2% are IDUs (Reid and Costigan 2002). The most common way to take heroin in Sri Lanka is by ‘chasing the dragon’ known locally as the ‘Chinese way’. Some cases of injecting have been detected but the number is too small to identify a trend.

In 2000,<sup>43</sup> treatment admissions showed the following profile: the majority were heroin users (88%); the route of use was the ‘Chinese’ method (67%) and smoking (25%); many were aged between 20-29 years (39%); nearly all were male (98%); over half were single (52%); and educational levels were generally low, with 12% having below five years and 22% between five and eight years of schooling. In 1996 there were 1,816 people admitted for treatment as a result of heroin; by the year 2000 this number had increased to 3,550 (NDDCB 2000).

It has been suggested that the low prevalence of injecting may be a result of the high level purity of heroin that is available on the market and that the desired effect may be obtained simply by ‘chasing’. However, during times when heroin is scarce, some drug users are

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<sup>43</sup> In 2000, the following sources accounted for the total: 2,164 (government); 24 (private); 47 (NGOs); 5 (law enforcement agencies) and 289 (prisons). Of these, 2,250 persons had received institutional care at the NDDCB Treatment Centres, 160 Ayurvedic treatments, 86 allopathic treatments and 1 homeopathic.

reported to switch to injecting, and then mostly pharmaceutical drugs are used (Reid and Costigan 2002). Without giving a specific timeframe, Reid and Costigan (2002) also report other recent studies in which the prevalence of injecting among heroin users had increased from 1% to 13% in a span of 4 years.

Reid and Costigan (2002) based on their review of secondary data, reported that the majority of heroin users are 20 to 35 years old, generally from urban areas and predominantly young men. High-risk groups include manual labourers, street vendors, taxi drivers, commercial sex workers and tourist industry workers in Colombo. Heroin users have been found to generally come from a higher socio-economic stratum than the poor of the society and most live at home with their families (Reid and Costigan 2002).

In Sri Lanka, a Rapid Prevalence Survey (NDDCB 2002) was conducted using the snowballing technique in 18 cities representing all the provinces of the country. A total of 6,664 heroin users were identified. The highest percentage of heroin users (86%) was in the age group 21 – 40 years. A large majority of these were literate (94%) and a large number were unskilled labourers (47%). Most of them had been introduced to heroin by a friend (79%). Almost half (48%) were married. Almost one-third had been using heroin for 6-10 years. All heroin users were multiple-substance users. About 47% of them also used sedatives in case of heroin non-availability, and about 40% consumed cannabis. About 36% reported having sought treatment earlier, most (73%) had sought treatment from a private hospital or practitioner.

The most recent figures on drug use in Sri Lanka come from the NDDCB. 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 about 1% of heroin users are IDUs (NDDCB 2004a).

In 2002, out of 4,107 patients<sup>44</sup> admitted for drug abuse treatment at various government and non-government treatment centers at Sri Lanka (NDDCB 2003), 50% were heroin users, 15% were cannabis users and 10% were alcohol users. IDUs comprised 0.5% of the total admissions. Most (65%) of drug users were in the age group 20-35 years. About 56% were single and 7% had never been to school. Drug users were proportionally distributed among all ethnic and religious groups in Sri Lanka (NDDCB 2003).

In the year 2003, 4,664 individuals were treated for drug dependence at various treatment centres across Sri Lanka. The prevalence of drug dependents that received treatment was 24 per 100,000 inhabitants in 2003. Four out of five drug dependents followed residential institutional type drug treatment programmes. Two-thirds were treated at the NDDCB treatment facilities. Nearly one-third followed prison drug treatment programmes. Almost two-thirds of the persons were aged between 20 and 35 years. Among the heroin users, chasers (Chinese method) were the majority followed by those who smoked and sniffed. Heroin injectors constituted only 1% of heroin users (NDDCB 2004a).

In Sri Lanka, rehabilitation and reformation of convicted offenders and their re-integration into society with the support of the community is one of the goals of the Sri Lanka prison system. Among the convicted prisoners at present, 45 per cent are there for drug-related

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<sup>44</sup> In 2002, the following sources accounted for the total: 2,482 (government); 1,155 (private); 0 (NGOs); 0 (law enforcement agencies) and 451 (prisons). Of these, 3,125 persons had received institutional care at the NDDCB Treatment Centres, 2 Ayurvedic treatments, 442 allopathic treatments and 1 homeopathic

offences, the largest category. Drug dependence is viewed to have a strong correlation with property crimes such as burglaries and theft in the country.

There are also isolated reports of the limited abuse of cocaine and ecstasy by a few foreigners and affluent locals in Colombo, although the drug is not easily available in the market. The estimated demand for heroin in Sri Lanka is approximately 763 kg per year. According to the reported data, the percentage of injecting drug users is less than 1% (NDDCB 2004a).

### **3(g) Costs and consequences**

The relationship between illicit drugs, dealing in arms and terrorism is known in the Sri Lankan context (Jayasuriya 1995). With the ongoing peace process there is a risk that individuals with few skills to maintain a sustainable livelihood other than in a military or paramilitary setting may become involved in drug use or trafficking or other criminal activities.

Reid and Costigan (2002) reported that IDUs in Sri Lanka were having sex with multiple partners, that sharing needles and syringes was relatively common and that the IDUs of Sri Lanka were at high risk of an HIV/AIDS epidemic.<sup>45</sup> In Sri Lanka, HIV transmission by injecting drug use has yet to be seen. Unlike in India, Bangladesh and Nepal, injecting drug users have not been specifically identified as a vulnerable population to test for HIV. This may explain why HIV infections have not been found in this group.

### **3(h) Money laundering**

Provisions regarding money-laundering offences have been included in the revision of the 1990 Narcotics Control Act. The Money Laundering Act was passed in 2002.

Sri Lanka does not appear to be a major centre for money laundering. There are strict bank secrecy laws under which the Government of Sri Lanka is required to obtain a court order to obtain banking information of bank customers. A system of remittances exists (resembling the Hawala) for the repatriation of money and can be used to facilitate money laundering (INCSR 2003).

## **4. CRIME SITUATION**

### **4a. Main characteristics**

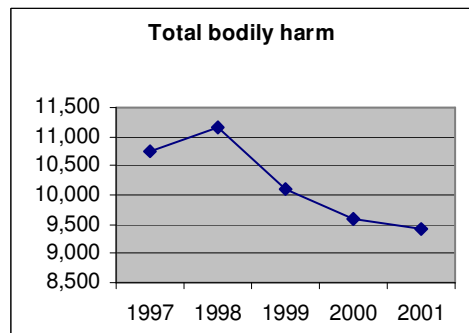
Considering the population of the country which is about 20 million, the crime rate is 283 (per 100,000 population).

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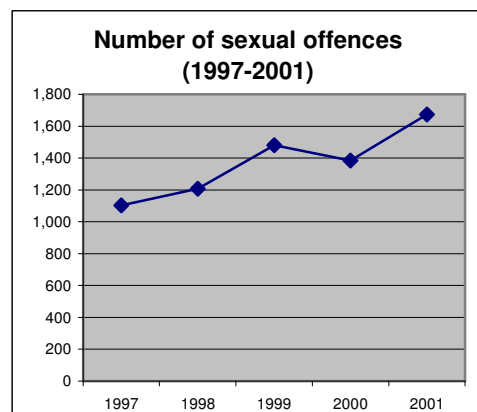
<sup>45</sup> There is an unusually high male-to-female ratio of HIV sero-positivity (1.4 : 1). It has been observed that the natural history of the HIV/AIDS epidemic witnesses a much higher proportion of males among HIV-positive people far exceeding that of females in the early stages of the epidemic. A relatively higher proportion of HIV-positive females would seem to indicate that the epidemic has spread to the general population. One cause of this could be the fact that many females from Sri Lanka work abroad (especially in the Middle East) and are tested as part of their emigration requirements. In reality probably far more males are HIV positive.



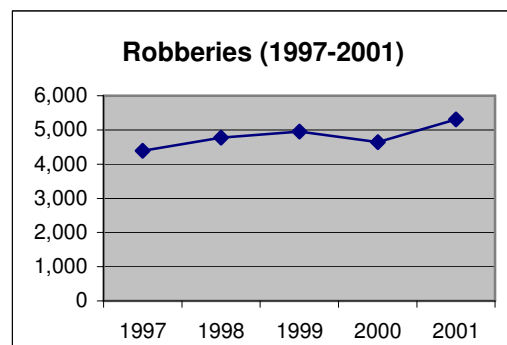
**Homicide, attempted homicide and other forms of bodily harm:** Since 1988, there has been a decline in offences involving bodily harm to others such as homicide, attempts to commit homicide and grievous bodily harm. However, the first six months of 2002 showed a significant increase in such offences. Crime rate of homicides is about 9 per 100,000 population.



**Sexual offences:** Contrary to other offences, sexual offences including rape, incest and unnatural offences (a term used in the legal parlance in South Asia to refer to homosexuality and bestiality, etc.) and sexual abuse have been steadily rising in Sri Lanka. These offences have been rising at an average of 11% during the past few years. Incidence of rape is about 6.1 per hundred thousand of the population compared to 1.6 in India.



**Robberies:** Robberies also appear to be on the rise although the increase is not as high as sexual offences. Robberies have been growing at an average rate of 5% per annum. The rate of robberies is about 22 per hundred thousand population.



## 4(b) Trends

There is evidence of a significant increase in criminal acts in the post-conflict situation. This may call for the integration and training of ex-combatants and deserters into civil society. There has been no comprehensive crime survey in the country.

## 4(c) Issues of specific concern

### Organized Crime

There are rising levels of crime caused by army deserters and other criminal gangs (even before the anticipated formal demobilization of some troops which may only worsen the situation).

### Trafficking in Human Beings

Sri Lanka is one of the primary sending countries of young female domestic workers to the Gulf countries. Many are trafficked; often they end up in conditions which leave them vulnerable to sexual abuse. On the island itself, young people of both sexes are coerced into involvement in the sex trade involving paedophile tourists.<sup>46</sup>

<sup>46</sup> A recent study by the International Labour Organization (ILO) referred to earlier work concluding that in 1998 there were 30,000 children who are sexually exploited in Sri Lanka (ILO 2002).

The National Child Protection Agency (NCPA) has instituted a Cyber Watch Project to monitor suspicious chat rooms and has conducted sting operations on this basis (TIP 2004). The Sri Lankan Penal Code specifically criminalizes trafficking in human beings. The government provides medical and counselling services for the victims of trafficking. The NCPA runs campaigns including public awareness on the issue of human trafficking.

Despite agreeing to an Action Plan for Children Affected by War with the Sri Lankan government, the Liberation Tigers of Tamil Elam (LTTE) have continued to force children to serve as child soldiers or to perform forced labour. As of the end of 2003, UNICEF had documented cases of over 1,300 children below the age of 18 years serving in the ranks of the LTTE. Over 700 of these children had been recruited in 2003 alone (UNICEF 2004).

### **Corruption**

In 1994, the government established a permanent commission to investigate charges of bribery and corruption against public officials.

According to the Transparency International Corruption Perception Index in 2003, Sri Lanka scored 3.4 and was ranked 66<sup>th</sup> in terms of the level of perceived corruption (TI 2003). In 2004 its score was 3.5 and rank 67.

In the first comparative study of corruption in South Asia examining what users of key public services actually experience, respondents in Sri Lanka considered the police to be the most corrupt public agency, followed by health and education (TI 2002).

## **5. POLICY – DRUGS**

### **5(a) National drug control framework**

#### **Convention Adherence**

Sri Lanka is a signatory to all three UN Conventions on drug abuse and trafficking, namely Single Convention on Narcotic Drugs 1961, Convention on Psychotropic Substances 1971 and United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988.

The strategies envisaged in the UN Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control and Global Programme of Action have been incorporated in the national policy for the Prevention and the Control of Drug Abuse.

#### **Legislation**

Legislation pertaining to drug control in Sri Lanka is the poisons, opium and dangerous drugs act, the penal code, cosmetic, devices and drugs act, customs ordinance and indigenous medical act.

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 statutes with provisions relating to drugs include:

- **The Penal Code** (Ordinance no. 2 of 1983 as subsequently amended) in particular Chapter 14, which covers public health and safety.
- **The Cosmetics, Devices and Drugs Act** (Act No. 27 of 1980, as amended by Act No. 38 of 1984). The Act regulates the manufacture, sale, distribution, labelling and advertising of all commercial drugs.
- **The Ayurveda Act** (Act No. 31 of 1961 as amended by Act No. 5 of 1962) entitles ayurvedic physicians to obtain opium and cannabis for manufacture of their medicinal preparations.
- **The Customs Ordinance** (Ordinance No. 17 of 1869, imposes prohibitions and restrictions of both import and export of substances prohibited under the Poisons Opium and Dangerous Drugs Ordinance).

In Sri Lanka, draft legislation that would allow limited and controlled cultivation of cannabis for use by the estimated 16,000 locally registered Ayurvedic practitioners is currently under discussion. At present, the practitioners use powdered cannabis processed from seized cannabis and sold to them by the Ayurvedic Drugs Corporation. As the use of powdered cannabis does not conform to traditional methods, the proposed legislation would allow the Commissioner of Ayurveda of the Department of Ayurveda of Sri Lanka to grow cannabis in one central location, after having estimated the quantities required and taking into account the necessary protection and control measures (INCB 2004).

### **Institutions**

In Sri Lanka at present, the Ministry of Public Security, Law and Order has overall responsibility for counter narcotics and demand reduction activities. The National Dangerous Drugs Control Board (NDDCB) is in charge of overseeing and coordinating all drug control activities of law enforcement and prevention, treatment and rehabilitation through a number of agencies. In 1984 the government created the National Dangerous Drugs Control Board (NDDCB) under the Ministry of Defence. The Board is made up of representatives from the Ministry of Education, Ministry of Health, Department of Police, Department of Customs, Government Analyst, Department of Ayurveda and Ministry of Finance. The representation of various ministries and departments on the Board provides for the formulation of coordinated action, with its enforcement sub-committee coordinating the action of all enforcement agencies.

The Board is responsible for coordination of the implementation action based on the policies and guidelines approved by government. Those policies and strategies are outlined in the Sri Lanka National Policy for the Prevention and Control of Drug Abuse and the Master Plan for Drug Control in Sri Lanka. The government strategies are based on enforcement; preventive action; treatment and rehabilitation; and international and regional cooperation.

The national coordinating body for HIV/AIDS is the National AIDS Committee. It is a multi-sectoral body comprising different government ministries and institutions and some key NGOs.

The **Ministry of Health** endorsed a national AIDS plan in 1994. HIV/AIDS policies allow needle exchange and substitution programmes. The Ministry enforces the Cosmetics, Devices and Drugs Act. It imports all legal requirements of narcotic substances and methyl phenidate for medical and scientific purposes through the Director, Medical Supplies Division under the ultimate authority of the Director General of Health Services (DGHS). Other psychotropic substances are imported by the State Pharmaceutical Corporation or other private licenses 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 Ordinance.

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 324 police stations across the islands, which have drug law enforcement as part of their responsibilities. In the past, the political tension and security imperatives resulting from the civil war required the police to divert resources otherwise intended for counter-narcotics efforts into other security matters. This is no longer the case. The **Police Narcotics Bureau (PNB)**, a specialized central unit of approximately 170 officers, is headed by a director and coordinates drug enforcement functions of all police stations. The PNB also investigates major drug cases, responds to international requests with regard to drug law enforcement and is a repository of statistics. The PNB also uses trained drug detector dogs and undertakes some public awareness and preventive education programmes.

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 a Baggage Division under a director and in response to the increasing problem the customs have a Preventive Division under a director with a specialized Narcotics Unit, which works in close liaison with the PNB who handle the case once the detection is made.

The **Excise** department is headed by a Commissioner General and 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 specialized unit for this purpose which coordinates the efforts of the other units which are spread throughout the country and work in close collaboration with other drug law enforcement agencies.

### **National Policy**

The National Dangerous Drugs Control Board formulates and reviews national policy and plays its role in supporting and coordinating the efforts of various drug control agencies while modifying policy to meet the changing needs of drug control efforts.

## 5(b) Licit control (drugs and precursors)

Sri Lankan police, excise and customs are the three Government departments entrusted with responsibility for preventing the production, distribution and smuggling of all narcotic drugs. The responsibility of interdiction of the entry and exit of all narcotic drugs and psychotropic substances as well as the monitoring of precursors is entrusted to the Sri Lankan Customs.

The National Dangerous Drugs Control Board (NDDCB) receives pre-shipment notifications of intended shipments of precursor chemicals for verification of the legitimacy of transactions. Sri Lanka does not manufacture any precursor chemicals. However, a considerable amount of chemicals listed in Tables I and II are imported for legitimate industries. Under the NDDCB, a Sub-Committee on precursors comprising representatives of various related Government agencies has made recommendations to bring a few of the listed precursors under import control.

Sri Lanka established a limited regime for the regulation of precursors as far back as 1984, even before the 1988 Convention. The Poisons, Opium and Dangerous drugs amendment Act, No. 13 of 1984 introduced a new section 79A, which makes it an offence for any person to have in their possession an acetylating substance, unless they prove that they are licensed or authorized to possess such substance or that such acetylating substance is in their possession for a lawful purpose.<sup>47</sup> As a result of this 1984 regime, acetic anhydride was controlled under the law of Sri Lanka.

**Compliance with Article 12 of the 1988 Convention:** Article 12 of the 1988 Convention requires that all national authorities empowered to control, regulate or enforce precursors and chemicals be listed. Sri Lanka has complied with this requirement and has nominated the Director-General of Health Services as the Competent Authority for the purposes of such Article. As a result, there exists an authority additional to the Customs Department and the Department of Imports and Export Control Department, which is aware of the import of precursors into the country. However, the authority so nominated is not empowered by law to monitor, or in any way control, the use of such substances.

The Legislation Sub-Committee of the NDDCB which was mandated to look into the laws available in Sri Lanka on the use of precursors was of the opinion that the Law which was being introduced to implement the 1988 Convention was very clear on its position on the use of precursors. It made the use of any of the substances set out in Table I or Table II of the Convention an offence only if it was used for the manufacture of a narcotic drug or psychotropic substance. Therefore the legal position was that any licit use of the precursors was permitted. The Legislation Sub-Committee however is considering the need for legislation to regularize and monitor the procedure regarding imports of precursors and their use within the country.

Sri Lanka is now in the process of enacting legislation to give effect to the 1988 treaty obligations. The Draft Law states that the use of the substances listed in Table I and Table II (precursors) of the Convention, for the manufacture of any narcotic drug or psychotropic substance will be illegal, and will constitute an offence under Sri Lankan law. The draft law in section 2 provides for punishment for the commission of the offences specified in the

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<sup>47</sup> "Acetylating substance" is described as a substance that can introduce one or more acetyl groups into another substance by a chemical process.

Convention and which are set out in the Schedule to the Draft Act, a term of imprisonment for a minimum period of ten years and to a maximum of fifteen years.

**Cooperation with chemical industry:** A Precursor Control Coordinating Committee exists. It consists of representatives of the main government agencies concerned and the private sector appointed by the NDDCB.<sup>48</sup> The involved agencies are as follows: the Police Narcotics Bureau, the Ministry of Industries, the Department of Customs, the Department of Excise, the Ministry of Health, the Department of Imports and Export Control, the Private Sector and National Dangerous Drugs Control Board.

## **5(c) Supply reduction**

The NDDCB is not vested with executive authority to carry out enforcement. Drug law enforcement action is therefore principally in the hands of the National Police. Within the police service a separate Narcotics Bureau undertakes anti-drugs operations and collates intelligence, but only from police sources. It also houses the **SAARC Drug Offences Monitoring Desk (SDOMD)**. The excise department also conducts enforcement operations at street level and makes several hundred arrests each year. It is also active in eradicating cannabis plantations. The customs department is confined to ports and airports and is required to pass drugs detections to the police for further investigation. Both the customs and the excise departments maintain independent intelligence gathering systems.

The enforcement strategy is vigorous in order to reduce the illicit availability of drugs, to deter drug related crime and disease and create an environment favourable to drug abuse prevention.

The penalties for drug offences now range from fines to death or life imprisonment. The penalty of death or life imprisonment accrues for the manufacture of heroin, cocaine, morphine or opium and the trafficking, possession, import or export of a minimum amount of (a) 500 grammes of opium (b) 3 grammes of 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.

## **5(d) Demand reduction**

In the Sri Lankan National Policy for the Prevention and Control of Drug Abuse (NDDCB 2004), a multi-pronged approach has been employed. The major components are preventive education and public awareness, treatment rehabilitation and after-care; and international and regional co-operation.

The government's strategy on preventive education and public awareness has been to recognize that prevention is more efficient and cost-effective than either enforcement or treatment. It is expected to facilitate better use of all opportunities for the prevention of drug use and to constantly evaluate effectiveness of different prevention philosophies and

<sup>48</sup> Recent initiatives on precursor control commenced in early 1997 with a National Precursor Control Policy Formulation Workshop held in Colombo in collaboration with the UNODC Regional Precursor Control Project and the chemical trade and industry in Sri Lanka. Subsequent to this workshop a number of training programmes were conducted and a large number of officials of both the government and private sector were trained. A set of guiding principles was developed and adopted.

strategies. While developing and refining strategies, the need to make preventive responses internally consistent, comprehensive, participatory and directed not only to short-term goals is recognized.

The government's record on demand reduction is regarded as among the best in South Asia. Many initiatives in this area are funded by the Sri Lanka-based Colombo Plan whose Drug Advisory Programme receives funding from the US.

The treatment strategy is to integrate detoxification, treatment, rehabilitation and after-care facilitating the integration of former drug dependants into society. 'Treatment' is seen as a field, which is open to everyone to contribute to, according to their capabilities, rather than the exclusive territory of 'specialists'. Approaches will be aimed at generating optimism, increasing control that people have over their lives, and demystifying the recovery process or growth. The government believes that no country can tackle its drug problem in isolation. Relevant government agencies and NGOs are encouraged to actively engage in formal international cooperation through bilateral, regional and international collaboration.

There are four government treatment centres in Sri Lanka with a total capacity of 143 beds in total. These centres are dedicated to de-addiction. The prison department introduced a specific programme for drug dependents through the "Prisoner Diversion Scheme" in collaboration with NDDCB and the UNDCP in 1995. Today, the programme is implemented in 9 out of 62 prisons throughout the country. Although Sri Lanka's prison population is relatively low (110 prisoners per 100,000 inhabitants), 48% of prisoners are in remand and there is a 90% excess of prisoners over official prison capacity (ICPS 2004). This is a risk factor for spreading HIV/AIDS and other contiguous diseases. The Sri Lanka Federation of Non-Governmental Organizations Against Drug Abuse (SLFONGOADA) serves as an umbrella organization for the active network of NGOs in drug demand reduction in Sri Lanka.

A regional workshop (Mittal 2002) for prison officials on treatment and rehabilitation of drug dependents in prisons was organized by NDDCB with assistance from UNODC in October 2002 in Sri Lanka. It recommended, *inter alia*, that remand prisoners have a right for treatment and rehabilitation services. An institutional framework should be created for treatment and rehabilitation of drug users in the prisons. Any available resources for this purpose should be identified and used. Community mobilization in this connection is necessary. Care, support and aftercare for drug dependent prisoners are required. Technical experts and resource persons should be exchanged within the region.

### **5(e) Money laundering control measures**

Money laundering provisions are being integrated in the comprehensive amendments to the drug laws.

### **5(f) International cooperation**

The National Dangerous Drugs Control Board (NDDCB) has displayed a special interest in supporting drug control efforts, and has provided support to the visits of consultants for sub-regional programme development, as well as hosting study tours.

The Board co-ordinates with UN agencies<sup>49</sup>, the Colombo Plan Bureau and various government and non-government agencies in the areas of drug demand reduction and supply reduction.

The Board has been successful in helping the coordination of law enforcement and regulatory authorities in the country. A dialogue on enforcement and related issues was maintained between the Board and law enforcement institutions and regulatory bodies on a continuous basis through its sub-committees, namely the Sub Committee on Law Enforcement and the Precursor Regulation Coordinating Committee. The involved agencies are the Attorney-General's Department, the Excise Commissioner's Department, Sri Lanka Customs, the Ministry of Industrial Development, the Police Narcotics Bureau, the Ministry of Health, the Department of Prisons, the Import and Export Control Department, the Legal Draftsman's Department, the Government Analyst, the Ministry of justice.

The Government is a signatory to the 1990 SAARC Convention on Narcotic Drugs and Psychotropic Substances.

## 6. POLICY – CRIME

Criminal Justice System: Although Sri Lanka's colonial heritage fostered a tradition of judicial freedoms, this autonomy has been compromised since independence by constitutional changes designed to limit the courts' control over the president and by the chief executive's power to declare states of emergency. In addition, parliament's willingness to approve legislation, such as the 1979 Prevention of Terrorism Act, vested the government in the late 1980s with broad powers to deal with subversives, or those deemed subversive, in an essentially extralegal manner. Under the constitution, the highest court is the Supreme Court, headed by a chief justice and between six and ten associate justices. The president appoints Supreme and High Court justices. Superior Court justices can be removed on grounds of incompetence or misdemeanour by a majority of Parliament, whereas only a judicial service commission consisting of Supreme Court justices can remove High Court justices. The Supreme Court has the power of judicial review; it can determine whether an act of parliament is consistent with the principles of the Constitution and whether a referendum must be taken on a proposal, such as the 1982 extension of Parliament's life by six years. It is also the final court of appeal for all criminal or civil cases.

Legislation: The passage of the Penal Code, Ordinance Number 2 of 1883, marked an important stage in the island's transition from Roman Dutch to British law. Despite the wide variety of amendments to the code, it remained substantially unchanged, and established a humane and unambiguous foundation for criminal justice. Crimes are divided into a number of categories that include offences against the human body, property, and reputation; various types of forgery, counterfeit, and fraud; offences against public tranquillity, health, safety, justice, and the holding of elections; and offences against the state and the armed forces. The code provides for different types of punishment: death by hanging, rigorous imprisonment (with hard labour), simple imprisonment, forfeiture of property, and fine. In cases of

<sup>49</sup> The three-year joint project with UNODC on strengthening selected demand reduction programmes in Sri Lanka, to strengthen achievements of demand reduction work of the Board commenced. The project has UNODC inputs of US\$287,000. The project commenced in December 1999. The immediate objectives of the project were (i) to strengthen the Drug Abuse Monitoring System (ii) to improve outreach prevention for high-risk groups and (iii) to improve the quality of treatment services.



imprisonment, the Penal Code specifies a maximum sentence permissible for each offence, leaving the specific punishment to the discretion of the judge. Imprisonment for any single offence may not exceed twenty years. The death penalty is limited to cases involving offences against the state (usually of open warfare), murder, abetment of suicide, mutiny, and giving false evidence that leads to the conviction and execution of an innocent person. If the offender is under eighteen years of age or pregnant, extended imprisonment is substituted for a death sentence.

Crime Control Institutions: The Police Force functions under the Ministry of Internal Affairs. A Minister appointed as the Minister of Internal Affairs holds the Internal Affairs Portfolio. The command and control structure of the Police Force today is divided into two parts. The Inspector General of Police at Police Headquarters, at the apex is the Chief Executive of the Force. The two structures are (a) Functional Command and (b) Territorial Command. The Criminal Investigation Department (CID), which undertakes Investigations on the orders of the Inspector General of Police, reports directly to the Inspector General of Police. It functions under a Deputy Inspector General of Police.

Functional Command (FC): The FC provides expertise, logistical and other specialized support to the Territorial Units as well as the Para-Military units in order for them to function effectively. At present there are 36 units under the Functional Command, each headed by a Director of the rank of Senior Superintendent of Police or Superintendent of Police, while five Senior Deputy Inspector Generals of Police (SDIG) supervise them.

Territorial Command (TC): At present, there are 331 Police Stations, which are graded into six categories, namely A1, A2, A3, B, C and D. Each of these police stations is in charge of a Police Officer of the rank of Chief Inspector of Police, Inspector of Police, or Sub-Inspector of Police, according to their grading.

Police stations are further grouped into 110 territorial districts and an Assistant Superintendent of Police heads each of these districts. These Districts, in turn, are grouped into 35 Police Divisions and each Division is in-charge of a Senior Superintendent of Police / Superintendent of Police. To obtain better command and control, a Deputy Inspector General (DIG) of Police is in-charge of a Province, which has several Police Divisions under its command. There is a total of nine Administrative Provinces. Considering the workload involved, the Western Province is divided into three Ranges while the Northern Province is divided into two. Each Range is in charge of a Deputy Inspector General of Police (DIG).

The Special Task Force is the Para-military arm of the Sri Lanka Police, deployed essentially for counter-terrorist and counter-insurgency operations within the country. They are also deployed in the close protection Units providing security for key installations.

Convention Adherence: Sri Lanka is a signatory to the Transnational Organized Crime Convention of 2002 as well as two of the three related Protocols (human trafficking and migrants). It is also a signatory to the 2003 Corruption Convention.

## 7. TERRORISM

The main source of activity linked to terrorism in Sri Lanka, is the Tamil secessionist campaign which is led by the Liberation Tigers of Tamil Eelam (LTTE), although, a number of militant Tamil organisations have operated in Sri Lanka with the aim of creating a separate state in the east and north of the island through military means. Currently, however, a ceasefire signed between the Government of Sri Lanka and the LTTE is holding.

The major pieces of legislation in place which cover terrorism are: (a) the Suppression of Unlawful Acts against the Safety of Maritime Navigation Act, 2000, (b) the Prevention of Hostage Taking Act, 2000, (c) the Emergency Regulations No. 1 of 1989; (d) the Law of Compulsory Conscription; (e) the Prevention of Terrorism (Temporary Provisions) Act No. 48 of 1979 and (f) the Public Security Ordinance (Ordinance No. 25 of 1947).

**Convention adherence:** Sri Lanka is a party to ten of the 12 international terrorism conventions, including the 1999 International Convention for the Suppression of the Financing of Terrorism.