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A Reflection on the "Noya Yuthu Thana" Workshop: Addressing Drug Addiction Among School Children in Sri Lanka

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Introduction

The escalating drug addiction crisis among school-aged children in Sri Lanka represents a significant threat to the nation's future [1]. According to recent data, approximately 13% of school children are addicted to drugs, with alarming statistics showing that drug-related offences account for a significant portion of juvenile incarceration [3]

In this reflection, I will critically analyze my experience at the "Noya Yuthu Thana" (The location you should avoid) workshop, addressing this burning issue. As Deputy Director of Colombo East Base Hospital (CEBH) and Registrar of Medical Administration, my participation in this workshop provided valuable insights into the current state of drug addiction among schoolchildren and potential strategies for intervention.

Description

The "Noya Yuthu Thana" workshop was organized through a collaborative effort between the Health Promotion Unit, CEBH, Lions Club, and Senannayaka Aramya Trust at Madampe, in partnership with the Prison Department. The distinguished guest speaker, Lion Jagath Chandan Weerasinghe, Commissioner of Prisons, added significant credibility to the event.

The workshop took place in the hospital hall, with approximately 200 participants, including students from four surrounding schools, accompanied by their teachers. Although the session was scheduled for 8:00 a.m., it started at 9:00 a.m. due to the delayed arrival of some school groups.

The three-hour session featured Commissioner Weerasinghe sharing his experiences, statistics, personal anecdotes, and case studies highlighting the severity of drug addiction among Sri Lankan school children. Though my ambition is observational, I actively participated in the sessions throughout the period. As of March 2025, Sri Lanka's prison population was 29,743, significantly exceeding the 12,000-accommodation capacity, with drug-related offences accounting for 69.2% of

Table 01: ***Demographic Statistics (Educational Levels) of imprisoned schoolchildren***

Education Level	Female	Male	Total	Percentage (%)
No Education	0480	00321	00801	02
1-5 years	0681	15435	16116	12
6-8 years	1147	26355	27502	20
9-10 years	1824	47214	49038	36
O/Ls	1504	31452	32956	24
A/Ls	475	08761	09236	07
Degree	027	00238	00265	00

incarcerations. A particularly alarming statistic revealed that approximately 230,982 schoolchildren in the Colombo district alone (about 13% of the total school population) are severely drug addicted. The commissioner presented demographic data on prisoners' education levels and age distribution (Table 01).

Feelings

The workshop evoked a strong emotional response from me, particularly upon learning that 813 school children were labelled as Inmates Requiring Care (IRCs), with over 95% due to drug addiction, causing deep sadness and concern. The statistic that 230,982 school children in the Colombo district are strongly addicted to drugs struck me as devastating, initially prompting my disbelief, followed by fear for our country's future. The overall realisation that 13% of school children nationwide are affected by drug addiction left me feeling overwhelmed by the magnitude of the problem.

The commissioner's presentation of two specific cases deeply affected me. The first involved a boy who reported his friends' pressure to smoke cigarettes in grade 8 to his teacher, but his concerns were dismissed due to the teacher's workload. Consequently, he succumbed to peer pressure, started smoking, became addicted to drugs, and ultimately received a 10-year prison sentence. The commissioner's discovery of this talented young man singing in "Bussa Prison" led him to win the "SIRASA Super Session 07 competition," highlighting the derailed tragic potential. I was filled with frustration and a sense of systemic failure, emphasizing the crucial impact of timely intervention that was absent.

The second case about a respected school principal's son, who's known for his drug addiction prevention work, yet is unable to save his child, evoked a complex mix of empathy and helplessness in me. The stark irony underscored the insidious nature of drug addiction and the inadequacy of current preventative approaches. The emotional impact of these narratives was evident in the audience's tearful silence. As a healthcare professional, I felt a heightened sense of responsibility and was left emotionally drained, but was motivated to advocate for more comprehensive preventative measures.

Evaluation

The selection of Commissioner Weerasinghe as the main speaker was a strategic advantage due to his direct experience with incarcerated youth, lending credibility to his presentation. The case studies presentation was particularly impactful and memorable, as it humanized the statistics through individual stories, creating an emotional connection that resonated deeply. This narrative-based approach [6] suggests it significantly increases empathy and awareness about drug addiction. The profound emotional response from the audience (silence and tears) further demonstrated the effectiveness of this approach.

The workshop's focus on prevention, while highlighting punishment severity, marked a positive shift in addressing drug addiction, supported by recent research [4]. By emphasizing the early intervention by teachers, parents, social leaders, and community members, it fostered a more holistic understanding of addiction prevention.

The workshop had limitations, including a delayed start that shortened discussion time and the absence of question-and-answer sessions, potentially limiting participant engagement. Another limitation was the relative lack of student voices and active participation.

Although the workshop attracted approximately 200 participants drawn from four neighboring educational institutions, comprising younger students, it appears to lack the requisite maturity to critically engage with the complex sociopsychological and health-related consequences of substance abuse. To optimize the efficacy of such initiatives, it is recommended that future iterations prioritize senior secondary students, particularly those at the Ordinary Level (OL) and Advanced Level (AL). It enables them to internalize preventive messaging and contextualize the long-term societal ramifications of addiction. Thereby, more meaningful behavioral insights and foster informed decision-making, amplifying its potential to yield sustainable, positive impacts on public health and social well-being in Sri Lanka.

Despite the limitations, the workshop successfully achieved its primary objective of

raising awareness about drug addiction among school children and creating a sense of urgency to motivate preventative action among participants.

Analysis

The workshop highlighted several crucial factors driving drug addiction among Sri Lankan school children. Firstly, it highlighted the failure of early intervention mechanisms within schools, exemplified by the case of a boy whose concerns were dismissed by his teacher, emphasizing the importance of responsive support systems within educational institutions. This aligns with findings [4], which indicated that effective school-based early intervention programs could reduce drug experimentation among adolescents by up to 40%.

Peer pressure was highlighted as a significant factor in initiating drug use [9], whose research in Sri Lanka indicated that 67% of adolescent drug users reported their initial exposure to substances was through peers. The absence of effective peer resistance skills training in schools creates vulnerability among students who lack the confidence to resist negative influences. programs that incorporate peer resistance training show significantly better outcomes in preventing substance use initiation than those focusing solely on information provision [6].

The demographic data (Table 02) showed that the largest population (36%) of incarcerated had 9-10 years of education, highlighting early to mid-secondary school as a crucial time for intervention [4], which found that substance use among Sri Lankan adolescents typically begins between ages 13-16 (grades 8 – 11). Therefore, targeted prevention efforts during this developmental stage are essential.

The case of the principal's son highlighted another critical aspect: the 'prevention-implementation gap' where knowledge of preventative strategies doesn't always translate into effective action, even for those who understand them - the principal's inability to prevent his own son's addiction. This gap occurs due to emotional, cultural, or contextual barriers hindering the application of theoretical knowledge in reality [7].

The fact 13% of school children nationwide are affected by drug addiction highlights the inadequacy of the current prevention strategies. According to Bandara et al. (2023), effective prevention requires a comprehensive approach addressing risk factors at multiple levels (individual, family, school, and community). The emotional impact of the workshop's case studies demonstrates the power of narrative in creating awareness and motivation for change.

The workshop's inclusion of too many younger students (n=200 from four schools) limited critical engagement with substance abuse's multifaceted health and sociopsychological consequences. Prioritizing senior OL/AL cohorts, whose cognitive maturity aligns with such interventions, would amplify preventive internalization and long-term societal well-being in t Sri Lankan community.

Table 02: ***Statistics of incarcerated individuals depend on their age groups***

Age (Years)	Female	Male	Total	Percentage (%)
<16	067	0015	00082	00
17-22	8712	0352	09064	07
23-30	3629	1378	33007	24
31-40	43402	2010	45412	33
41-50	29061	1376	30437	22
51-60	14124	0683	14807	11
61-70	4248	0265	04512	03

Conclusion

Reflecting on this experience has deepened my understanding of the drug addiction crisis among Sri Lankan youth. My key realizations include: drug addiction in schoolchildren is a complex issue influenced by systemic factors beyond individual choice, such as inadequate early intervention, peer pressure, and gaps in prevention. Case studies highlighted how seemingly minor incidents can escalate without timely intervention, emphasizing the crucial role of responsive support systems in schools and communities and the importance of early identification by teachers and parents.

I recognized that the knowledge of prevention doesn't guarantee effective implementation. Demographic data identified that mid-secondary school, which falls between grades 8 – 11as a critical intervention period. The limitations of punitive approaches were noted, advocating for a more compassionate, health-oriented approach. The power of personal narratives in creating empathy and motivating change was also significant.

Action Plan

Based on this reflection, I developed a comprehensive action plan to effectively address drug addiction among school children (Table 03).

Table 03: **Proposed Action plan to address drug addiction prevention among School Children**

Title of the Program	Duration	Description
Develop a Teacher Training Program	03 months	Collaborate with specialists and educational psychologists to create a comprehensive training program, etc. Role playing, drama.
Student, Peer Support Networks	02 months	School principals and department authorities to implement peer support programs where selected students are trained to recognize warning signs of addiction.
Create a Parent Education Series	01 month	Arrange a series of workshops for parents that address effective communication about drugs, recognition of warning signs, and strategies for supporting their children through peer pressure situations.
Advocate for Policy Changes	02-03 months	I will engage with educational policymakers to advocate for the integration of evidence-based drug prevention programs into the national curriculum, particularly targeting grades 8-11
Develop Community Resource Networks	01 year	I will work to establish networks connecting schools, healthcare providers, community organizations, and rehabilitation services to create comprehensive support systems and a holistic approach for at-risk youth.
Secure Funding and Resources	04 months	I will identify and apply for grants and funding opportunities to support these initiatives, including government allocations, international aid organizations, and private sector partnerships focused on youth development.
Implement Monitoring & Evaluation Mechanisms	01 year	Develop tools to track the effectiveness of these interventions, including pre- and post-intervention surveys, focus groups with students and teachers, and tracking of referral and treatment rates.

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