



THE EFFECTIVENESS OF A SELECTED REHABILITATION PROGRAMME IMPLEMENTED IN SRI LANKA IN PREVENTING YOUTH DRUG ADDICTION

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ABSTRACT

Youth drug addiction has become an alarming public health and social issue in Sri Lanka. Despite numerous rehabilitation initiatives, limited empirical evaluation exists regarding their effectiveness in preventing relapse and sustaining long-term recovery. This study evaluates the effectiveness of a selected rehabilitation programme implemented at the Awissawella Puwakpitiya Rehabilitation Centre in preventing drug relapse among youth. Using a mixed-method approach, both quantitative and qualitative data were collected from 40 rehabilitated youth, 5 staff members, and family representatives through questionnaires, interviews, and focus group discussions. Quantitative data were analyzed statistically, while qualitative data were examined thematically. The findings highlight that psychological counseling, family involvement, and aftercare services significantly contribute to relapse prevention, though resource constraints and social stigma hinder long-term recovery. Overall, 72.5% of the participants remained drug-free at least six months post-rehabilitation, indicating a moderate level of programme effectiveness. Recommendations include strengthening community-based aftercare systems, improving psycho-social support, and integrating policy-level coordination. This study contributes to evidence-based practices and policy making to enhance rehabilitation outcomes and promote a drug-free youth generation in Sri Lanka.

KEYWORDS: Youth, Drug, Addiction, Rehabilitation, Relapse Prevention

1.Introduction

Youth drug addiction is one of the most pressing social and health challenges in Sri Lanka. The rising number of young individuals involved in substance abuse has generated growing concern among policymakers, educators, and public health officials. Although several rehabilitation programmes have been introduced to address this issue, relapse rates remain high, raising questions about their effectiveness and sustainability.

According to the National Dangerous Drugs Control Board (NDDCB), the majority of new drug users in Sri Lanka are between 15 and 29 years of age, with an estimated 18,000 new cases reported in 2023—a 12% increase from the previous year. Similarly, recent studies (Fernando, 2021; NDDCB, 2023) indicate that synthetic drug use among youth is rapidly rising in both urban and semi-urban areas, reflecting a growing national crisis. These figures underscore the urgency of evaluating existing rehabilitation interventions to ensure that resources are effectively utilized to curb relapse and promote sustained recovery.

While rehabilitation efforts in Sri Lanka focus on detoxification, counseling, and reintegration, limited empirical evaluation has been conducted to measure long-term outcomes. This study seeks to evaluate the effectiveness of a selected rehabilitation programme in preventing youth drug relapse and promoting a drug-free lifestyle, using the Awissawella Puwakpitiya Rehabilitation Centre as a case study.

2. Research Problem Statement

Despite various rehabilitation efforts, youth drug addiction continues to rise in Sri Lanka. The absence of systematic evaluation of rehabilitation programmes has hindered understanding of their actual effectiveness. Without empirical evidence, it is challenging to identify successful practices, recognize weaknesses, and guide future improvements. This study addresses this gap by examining the effectiveness of a selected rehabilitation programme, focusing on relapse prevention and sustained behavioral change among rehabilitated youth.

3. Objectives of the Study

3.1. Main Objective

To evaluate the effectiveness of a selected rehabilitation programme implemented in Sri Lanka in preventing drug addiction and relapse among youth.

3.2. Specific Objectives

1. To assess the effectiveness of the selected rehabilitation programme in preventing drug relapse among youth.
2. To identify key strengths and weaknesses in the implementation of the programme.
3. To explore the role of psychological and social support services provided during rehabilitation.
4. To provide recommendations for improving the programme to better prevent youth drug addiction.

4. Research Questions

1. How effective is the selected rehabilitation programme in preventing drug relapse among youth in Sri Lanka?
2. What are the key strengths and weaknesses of the programme in its implementation?
3. How do psychological and social support services contribute to rehabilitation success?
4. What improvements can be made to enhance the programme's effectiveness?

5. Literature Review

Globally, youth drug addiction remains a critical challenge affecting individuals and societies alike. Research highlights that substance abuse among youth is often influenced by psychological stress, peer pressure, unemployment, and family dysfunction. Rehabilitation programmes in countries like Portugal and Switzerland have demonstrated success by adopting community-based and harm-reduction models emphasizing holistic care and reintegration (European Monitoring Centre for Drugs, 2020).

In the Sri Lankan context, the NDDCB operates several rehabilitation centers focusing on detoxification, counseling, and social reintegration. However, relapse rates remain high, often due to inadequate follow-up mechanisms, social stigma, and limited psycho social support. Few empirical evaluations exist to assess programme success in preventing relapse. Studies by Perera (2019) and Fernando (2021) emphasize the need for structured, evidence-based interventions to sustain recovery.

This study contributes to the existing body of knowledge by evaluating one rehabilitation center's programme, identifying factors contributing to or hindering effectiveness, and offering policy-relevant recommendations.

6.Methodology

6.1. Research Design

A mixed-method research design was employed, combining quantitative and qualitative approaches to obtain a holistic understanding of the programme's effectiveness.

6.2. Study Area

The study was conducted at the Awissawella Puwakpitiya Rehabilitation Centre in the Colombo District. This center provides comprehensive rehabilitation services to youth drug users, including psychological counseling, vocational training, and aftercare support.

6.3. Sampling and Participants

A purposive sampling technique was used. Participants included:

- 40 rehabilitated youth (questionnaires)
- 5 staff members (key informant interviews)
- 1 focus group discussion with family members

6.4. Data Collection Methods

- Questionnaires: Gathered quantitative data on relapse history, programme satisfaction, and support services.
- Interviews: Semi-structured interviews with staff and family members explored perceptions and experiences.
- Focus Group Discussion (FGD): Captured collective insights and improvement suggestions from rehabilitated youth.
- Document Review: Included relapse statistics and follow-up records from the rehabilitation center.

6.5. Data Analysis

- Quantitative data were analyzed using descriptive statistics (frequencies, percentages, cross-tabulations) via SPSS and Excel.
- Qualitative data were analyzed thematically to identify recurring patterns, experiences, and perceptions related to relapse prevention.

7. Results and Discussion

The analysis of data collected from 40 rehabilitated youth, 5 staff members, and one focus group discussion with family members at the Awissawella Puwakpitiya Rehabilitation Centre provides a multidimensional understanding of the programme's effectiveness. The discussion below integrates both quantitative and qualitative findings, guided by the study's objectives and research questions. The results are discussed under four major themes:

- (1) effectiveness in preventing relapse
- (2) programme strengths
- (3) weaknesses and challenges and
- (4) role of psychological and social support services.

The discussion is framed within the broader theoretical perspectives of social learning theory and the rehabilitation model of behavioral change.

7.1. Effectiveness in Preventing Relapse

Quantitative analysis based on responses from 40 rehabilitated youth indicates that the majority of participants remained drug-free for a significant period following rehabilitation. Table 1 illustrates relapse outcomes and satisfaction levels among participants.

Table 1: Relapse Status and Programme Satisfaction among Rehabilitated Youth (n = 40)

Indicator	Category	Frequency (n)	Percentage (%)
Current Drug Use Status	No relapse (drug-free)	29	72.5
	Relapsed once or more	7	17.5
	Uncertain/No response	4	10.0
Level of Satisfaction with Programme	Highly satisfied	25	62.5
	Moderately satisfied	10	25.0
	Dissatisfied	5	12.5

Source: Field Survey, 2025

The findings indicate that approximately 72.5% of participants remained abstinent from drugs at least six months after completing the programme, while only 17.5% experienced relapse. This relapse rate is notably lower than the national relapse rate reported by the National Dangerous Drugs Control Board (2023), which exceeds 30%. These results demonstrate a moderate to high level of programme effectiveness in relapse prevention.

Qualitative interviews supported these findings. Most participants described improved self-awareness, better emotional regulation, and increased confidence to resist peer pressure. One respondent stated,

“I learned to recognize when I was getting stressed or tempted. Before, I would take drugs to forget my problems, but now I know how to control myself.”

Such testimonies reflect the psychological empowerment achieved through the programme’s structured counseling and therapeutic sessions.

7.2. Strengths of the Programme

The programme’s structure demonstrates several notable strengths. Firstly, psychological counseling emerged as the most influential component, with 85% of participants reporting that it had significantly improved their emotional stability and decision-making. Staff interviews confirmed that individual and group counseling sessions are conducted regularly by trained professionals, focusing on emotional regulation, relapse triggers, and self-esteem building.

Secondly, vocational training and life skills development were identified as major strengths. Participants were trained in practical skills such as carpentry, tailoring, and computing, which increased their employability and self-confidence upon reintegration into society. This component reflects a rehabilitative philosophy consistent with social reintegration theory, emphasizing the importance of providing youth with meaningful social roles after rehabilitation.

Thirdly, peer support and structured routines played a crucial role in maintaining discipline and accountability. Focus group discussions revealed that participants benefited from shared experiences and mutual motivation within the rehabilitation environment. One participant commented, *“When I saw others improving, it gave me hope that I could also recover.”* This peer-based reinforcement supports Bandura’s (1977) social learning theory, which posits that behavioral change is strengthened through observation and modeling of positive behaviors.

Lastly, the staff's dedication and empathy were consistently praised by participants and family members. The supportive relationship between staff and residents created a sense of trust and safety, fostering positive therapeutic engagement.

7.3. Weaknesses and Challenges of the Programme

Despite its strengths, several weaknesses and structural challenges limit the programme's overall effectiveness. A significant limitation identified by both staff and participants was the absence of a structured aftercare and monitoring system. Once youth are discharged, the center provides minimal follow-up, leaving individuals vulnerable to relapse. About 60% of respondents indicated they received little or no contact from the center after completing the programme. This finding echoes concerns raised in prior Sri Lankan research (Perera, 2019) that relapse often occurs during the reintegration phase due to weak social support mechanisms.

Another challenge involves resource constraints and staffing shortages. Staff members reported that high caseloads and limited funding reduce the time available for individualized counseling and follow-up. The lack of adequate financial and human resources restricts the program's capacity to provide holistic care, particularly in rural outreach and family counseling services.

Furthermore, social stigma continues to impede rehabilitation success. Many youths expressed that their communities and even families were hesitant to accept them after rehabilitation, creating a sense of isolation that often led to discouragement. This aligns with global literature (WHO, 2022), which identifies stigma and social rejection as major barriers to sustainable recovery.

Finally, inter-agency coordination was found to be weak. The program operates largely within the rehabilitation center without strong linkages to external stakeholders such as local health clinics, employers, and social service agencies. Strengthening such partnerships is crucial to ensuring continuity of care and long-term reintegration.

7.4. Role of Psychological and Social Support Services

The integration of psychological and social support emerged as a central determinant of the programme's success. Counseling services addressed emotional and cognitive dimensions of addiction, while social support components targeted reintegration and community adaptation. Participants who received consistent counseling and family therapy reported significantly lower relapse tendencies.

Family involvement was another critical factor influencing outcomes. Family members in the focus group emphasized that communication, understanding, and emotional support

were vital in preventing relapse. One parent expressed, *“Earlier we blamed him; now we understand his struggle. The family sessions taught us how to help instead of judge.”* This finding illustrates that rehabilitation should not be viewed as an isolated institutional process but rather as a family and community-oriented effort.

Moreover, the presence of peer-led support networks within the center fostered accountability and mutual assistance. These interactions created a rehabilitative culture emphasizing empathy and shared responsibility. Such peer mechanisms reflect international best practices, where participatory rehabilitation enhances both self-efficacy and motivation (Fernando, 2021).

7.5. Comparative Analysis and Theoretical Implications

When compared to global rehabilitation models, the Awissawella Puwakpitiya programme demonstrates several components consistent with evidence-based approaches, such as individualized counseling, skill development, and community reintegration. However, its limited focus on aftercare contrasts with international models like those in Portugal and Switzerland, which prioritize continuous monitoring and social inclusion post-rehabilitation (EMCDDA, 2020).

The findings also resonate with social capital theory, emphasizing that recovery is sustained when individuals have supportive networks of trust, reciprocity, and belonging. In this context, the lack of community-based support represents a critical gap that undermines long-term recovery efforts.

8. Summary of Key Findings

The analysis reveals that the rehabilitation programme demonstrates moderate effectiveness, with more than two-thirds of participants maintaining sobriety following treatment. The core strengths of the programme lie in its integrated psychosocial approach particularly the provision of psychological counseling, peer support networks, vocational training, and the commitment of professional staff. These elements collectively contribute to the development of coping strategies, self-efficacy, and reintegration readiness among rehabilitated youth.

Nevertheless, the study identifies several critical weaknesses that constrain the sustainability of recovery outcomes. These include the absence of structured aftercare mechanisms, resource limitations, and enduring social stigma faced by recovering individuals. Such challenges weaken the continuity of care and increase vulnerability to relapse once participants leave institutional settings.

Importantly, the findings underscore that psychological and social support systems play a decisive role in relapse prevention. However, their long-term impact depends on the availability of consistent post-rehabilitation engagement and community-based reinforcement.

9. Conclusion and Recommendations

9.1. Conclusion

The findings of this study indicate that the selected rehabilitation programme exhibits moderate effectiveness in preventing relapse and promoting sustainable recovery among youth affected by substance use in Sri Lanka. The programme's success can be primarily attributed to its psychological counseling services, structured daily routines, and vocational training opportunities, which collectively foster behavioral transformation and enhance self-regulation among participants.

However, several limitations continue to undermine the long-term success of the rehabilitation process. The absence of systematic aftercare mechanisms, insufficient resource allocation, and persistent social stigma hinder full reintegration into the community. These structural and societal challenges suggest that while the institutional rehabilitation model provides an essential foundation for recovery, it remains insufficient in ensuring long-term sobriety without ongoing community and familial support.

In essence, the study highlights the importance of a comprehensive and continuum-based approach to rehabilitation—one that bridges the gap between institutional treatment and community reintegration. Future rehabilitation efforts should therefore move beyond short-term interventions and prioritize sustained psychosocial, familial, and economic empowerment to ensure relapse prevention and social reintegration.

9.2. Recommendations

Based on the empirical findings and analysis, the following recommendations are proposed to strengthen rehabilitation practices and outcomes:

- **Establish Community-Based Aftercare and Follow-Up Systems:**
Develop structured post-rehabilitation monitoring and outreach programmes that provide continuous emotional, social, and professional support for recovered youth. Community rehabilitation centers and local NGOs could play a central role in coordinating these services.
- **Integrate Family Counseling and Support into Rehabilitation:**
Incorporate family-based interventions to rebuild trust, improve communication, and create a supportive home environment conducive to recovery. Family

counseling should be a mandatory and ongoing component of the rehabilitation process.

- **Enhance Vocational and Life Skills Training:** Strengthen skills development and employment linkage programmes to promote economic independence, reduce idleness, and minimize relapse risks. Partnerships with private sector organizations can provide practical training and job placement opportunities.
- **Increase Investment in Human and Institutional Resources:** Allocate greater funding for the recruitment and professional development of counselors, social workers, and therapists. Improved facilities and staff training will ensure high-quality service delivery and individualized care.
- **Implement Regular Evaluation and Policy Review:** Establish a national mechanism for periodic monitoring and evaluation of rehabilitation centers to ensure accountability, effectiveness, and consistency across programmes. Evidence-based findings should inform policy formulation and strategic planning.

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