
Status of Residential Treatment Centres Offering Addiction Counselling for Persons Living with Alcohol Use Disorders in Sri Lanka

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Abstract

Residential treatment centres are well known to provide services for persons living with alcohol use disorders (AUD). The interventions of their treatment packages are not always evidence based. There have been no efforts to test the effectiveness of such addiction counselling packages offered in Sri Lanka. Paving the way to such efforts, this study aimed to describe the treatment packages offered by addiction counselling-based residential AUD treatment centres in Sri Lanka. The list of existing treatment centres was compiled using information from the National Dangerous Drug Control Board (NDDCB), web search, and word of mouth. An authorised person from each centre was interviewed using a structured interview. Addiction counselling centres in Sri Lanka are required to be registered with the NDDCB, and 17 such centres had been registered in 2023. They provide treatment for various addictions including alcohol, tobacco, drugs, and gambling. Only 9 (52.69%) centres provide services for AUD. Seven (78%) of these centres are owned by private parties and 5 (56%) of them are located in the Western Province. Four (44%) such centres accept involuntary clients through court referrals. Many centres utilise non-evidence-based intervention such as forced abstinence. Three (33%) centres did not report collecting data to evaluate the effectiveness of their programme. The non-governmental sector contributes heavily to the provision of residential addiction counselling in Sri Lanka. These centres are concentrated in the Western Province. The science behind these interventions, and their success, safety, and legality need a closer look.

Keywords: Addictions, alcohol use disorder, counselling, residential treatment, Sri Lanka

Introduction

Over 2.4 million people died due to alcohol use related conditions, alcohol use disorders (AUD), according to the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2019 (Murray et al., 2020). The approximate prevalence of those who are at high risk of developing AUD in Sri Lanka is 2.5%, 5.2% among males and 0.02% among females (Katulanda et al., 2014).

Treatments available for persons living with AUD are multifaceted according to the content of interventions and their mode of delivery. Content wise, the major 2 categories are pharmacological

treatments and psychological/ behavioural interventions (Witkiewitz et al., 2019). The psychological/ behavioural interventions are delivered in various contexts, such as individual Vs. group, and outpatient Vs. residential (European Monitoring Centre for Drugs and Drug Addiction, 2014; Witkiewitz et al., 2019). Residential treatment centres offering addiction counselling, despite the limited scientific evidence of the efficacy of such packages of interventions, may provide individual evidence-based interventions, such as cognitive behaviour therapy (CBT) for alcohol, and, also, non-evidence-based ones, such as enforced abstinence or religious practices. An attempt was made to describe the treatment packages offered by addiction counselling-based residential AUD treatment centres in Sri Lanka paving the way to future studies on the efficacy/ effectiveness of them.

Methods

The list of the existing individual treatment centres was compiled based on information obtained from the National Dangerous Drug Control Board (NDDCB), web search, and word of mouth. Attempts were made to contact an authorised person from each treatment centre to conduct a structured interview, preferably in person, or via telephone when practically impossible. The interview covered areas of the administration of the centre, treatment modalities offered, referral process, follow up, and measures of effectiveness of treatment. The findings are described without an independent attempt to verify the details reported by the authorised person from each centre.

Results

Treatment and rehabilitation division of the NDDCB

Private and designated residential addiction counselling centres are required to be registered with the NDDCB. The Treatment and Rehabilitation Division of the NDDCB itself runs 4 such centres. Out of these 4 centres only 1 centre, Methsevana Youth Prevention, Treatment and Rehabilitation Centre at Peradeniya, accommodates clients living with AUD. Although registration with the NDDCB is a pre-requisite to operate a residential AUD treatment centre in Sri Lanka, there were numerous, at least 3 identified by this study, alcohol and drug residential treatment centres that are not registered as such. There were 17 centres registered with the NDDCB, in the year 2023, to provide addiction counselling with a residential component. Out of the 17 registered centres, only 9 (52.9%) provide addiction counselling services for clients with Alcohol use disorder (AUD). Six centres (35.3%) provide treatment and rehabilitation services for tobacco. All centres provide services for methamphetamine and heroin use (Figure 1 & 2).

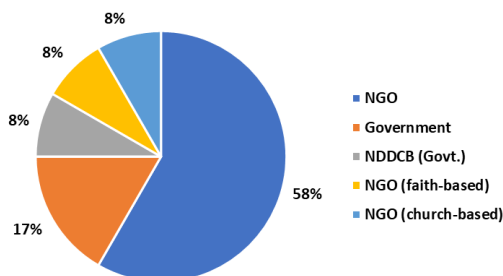


Figure 1: Composition of treatment centres in Sri Lanka

Registered individual treatment centres providing services for AUD

The ownership and location details of the 9 AUD treatment centres are listed in table 1. Four (44%) centres accepted involuntary clients in addition to self-presenting voluntary clients through court referrals for treatment. There was no indication that the treatment centres that received involuntary clients through courts were properly authorised to carry out any restrictive practices on them such as not allowing to leave the facility for a period of time. All centres claimed they follow their clients up, while 3 (33%) of them did not report collecting data to evaluate the effectiveness of their programme.

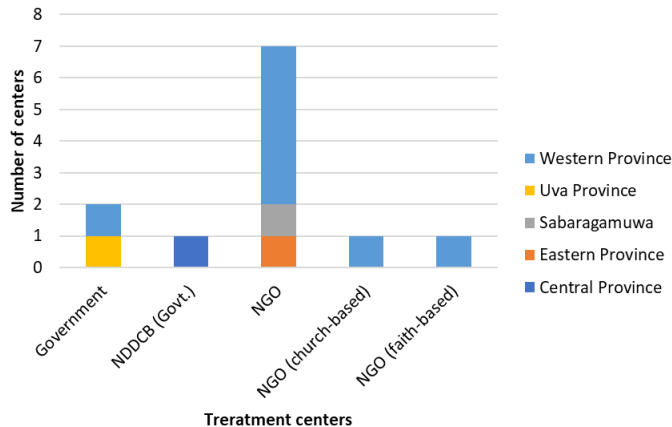


Figure 2: Availability of treatment centres across different provinces

Table 1: Ownership and location details of treatment centres providing AUD counselling

| Treatment Centre | Ownership | Location | Province |
|-------------------------------|---|-------------|-----------------------|
| 1. Methsevana | Governmental/NDDCB | Peradeniya | Central Province |
| 2. Samadhi | Governmental/ Provincial Council | Hali-Ela | Uva Province |
| 3. Mithuru Mithuro | Non-governmental | Pelmadulla | Sabaragamuwa Province |
| 4. Vimochana | Non-governmental | Batticaloa | Eastern Province |
| 5. Powerhouse | Non-governmental | Bandaragama | Western Province |
| 6. Bethesda Punarjeewa | Non-governmental | Kochchikade | Western Province |
| 7. Mel Medura (Sumithrayo) | Non-governmental | Colombo 07 | Western Province |
| 8. Miduma | Non-governmental | Enderamulla | Western Province |
| 9. Jayaviru Samadhi | Governmental/Department of Social Services | Awissawella | Western Province |

Description of each centre with regards to administration of the centre, treatment modalities offered, referral process, follow up, and measures of effectiveness of treatment are provided below.

1. Methsevana Youth Prevention, Treatment and Rehabilitation Centre

Methsevana Centre is an NDDCB-owned treatment centre managed by a staff of 10. All of them are degree holders in psychology / sociology, and they have received additional training provided by the NDDCB. The centre caters to all substance addictions. A pre-counselling session assesses the client for withdrawal effects. Methsevana has structured educational sessions, group counselling, and individual counselling. More than 300 clients have received treatment over the past 2 years. They are either involuntary, referred by the courts, or voluntary, self-referred. Typical duration of treatment is 3 months. Methsevana follows up with their clients and their families via phone calls. The research unit of the NDDCB audits the success of the programme.

2. Samadhi Rehabilitation Centre – Hali-Ela, Uva Province.

Samadhi Centre is a government-owned treatment centre having 5 staff members, all of whom are degree-holders. The centre caters to all substance addictions. The centre provides a psychological approach, while clients, who are referred by the local governmental hospitals, are allowed to utilise pharmacological treatments that had been already prescribed to them. More than 100 clients have received treatment over the past 2 years. All of them were hospital referrals and may be reviewed again by the medical staff of local hospitals if needed. The typical duration of treatment is 3 months. Clients are followed up by a counselling service. Data related to the success of treatment and follow-up is maintained by the Uva Provincial Council. According to the administration, the success rate of treatment is satisfactory.

3. Mithuru Mithuro Drug Rehabilitation Centre

Mithuru Mithuro Centre is a non-governmental treatment centre managed by a staff of 5, all of whom are degree- or diploma-qualified. They also receive a special training upon induction to their positions. The centre caters to all substance addictions. The centre provides a holistic approach, including psychological and medical input, within the therapeutic community model. Clients undergo a 15-day detoxification programme before entering the primary treatment programme. Then they get an opportunity to participate in leadership, meditation, educational, and personal development sessions. More than 500 clients have received treatment over the past 2 years. All of them are voluntary self-referrals. The typical duration of treatment is 12 months. Clients are followed up via WhatsApp groups for up to 2 to 3 years to provide support, including job assistance and relapse prevention. According to the observations of the administration the treatment programme is successful.

4. Vimochana Rehabilitation Centre

Vimochana Centre is a non-governmental treatment centre comprised of six staff members. They are all either degree- or diploma-qualified and have also received a special training. This training is provided by a resource person who is a Canadian citizen. The centre caters to all substance addictions. The centre provides both medical and psychosocial input, which includes cognitive behaviour therapy (CBT), Alcoholics Anonymous (AA) type input, psychotherapy, medications, and additional educational sessions. More than 120 clients have received treatment over the past 2 years, who were either court- or self- referrals. The typical duration of residential treatment is 1 month. Clients are followed up through AA meetings and supportive sessions, if necessary, on the Zoom platform. According to the administration, the data and feedback from the treatment programme say it is successful.

5. Powerhouse Rehabilitation Centre

Powerhouse Centre is a non-governmental treatment centre comprised of 6 staff members. All of them are certificate-holders and are recruited to follow the NDDCB course in addiction counselling upon initiation. The centre caters to all substance addictions. Powerhouse provides a holistic approach and follows a faith-based recovery approach. Clients are admitted to the centre immediately after seeking help. In the initial 12 days, the clients are housed in a "cell" until the withdrawal symptoms go away. Then they engage in activities such as morning prayers, exercises, group counselling, individual counselling, and educational sessions. There are no evidence-based treatment modalities used in this centre. More than 100 clients have received treatment in the past 2 years, and all are voluntary referrals. The typical duration of treatment is 4 months. Clients are followed up through visits to their homes. No data is kept for the purpose of auditing the success of the treatment programme as per the interview.

6. Bethesda Punarjeeva Treatment and Rehabilitation Centre

Bethesda Punarjeeva Centre is a non-governmental treatment centre comprised of 11 staff members. All of them are ex-clients who had been addicted to substance use and now having recovered through the treatment programme. They do not receive any specific training. The centre caters to all substance addictions. The centre is said to provide a holistic approach, however there is no evidence-based treatment modality utilised. More than 4,000 clients have received treatment over the past 2 years. They were either court- or self- referrals. The typical duration of the treatment programme is 3 to 6 months. Clients are followed up through a recovery group that regularly checks on individuals. The group operates through the local church to build a relationship between clients and religion. The success of the programme is not evaluated using recorded data.

7. Mel Medura (Sumithrayo)

Mel Medura is a non-governmental treatment centre comprised of 5 volunteer counsellors and 3 full time staff counsellors. The centre caters to all substance addictions. The centre provides only psychological counselling and utilises evidence-based treatment modalities such as CBT, motivational interviewing (MI), and art therapy. Although historically Mel Medura had a residential treatment component, current programme is set entirely in the outpatient setting. More than 178 clients have received treatment over the past 2 years. All of them were self-referrals. The typical duration of treatment is 2 years. Clients are followed up mainly by phone. Additionally, they conduct day care sessions as well for follow up. The success of the programme is evaluated based on client feedback.

8. Miduma Rehabilitation Centre

Miduma Centre is a non-governmental treatment centre comprised of 6 staff members who may undergo training provided by the NDDCB. The centre caters to all substance addictions, and also to other types of addictions such as gambling. The centre only provides psychological counselling and follows a therapeutic community approach. They do not utilise any evidence-based modalities. More than 350 clients have received treatment in the past 2 years. All of them were through self-referrals. The typical duration of treatment is 9 months. Clients are followed up via getting them down to the centre on the 3rd Sunday of the month after leaving the programme to discuss any obstacles they may be facing. The success of the programme is assessed using data and client feedback.

9. Jayaviru Samadhi Rehabilitation Centre

Jayaviru Samadhi Centre is a government-owned treatment centre comprised of 7 staff members, and 3 of them hold diplomas. The centre caters to all substance addictions, and also to other types of addictions such as gambling. The centre only provides psychological counselling. Upon admission, clients have their heads shaven and are not allowed to have any contact with their family for 1 month. The withdrawal symptoms are managed using “water therapy”. Other therapeutic activities include lectures, meditations, relaxation exercises, yoga, role play, music therapy, group counselling, individual counselling, and family counselling. More than 200 clients have received treatment over the past 2 years, who were either court- or self-referrals. The typical duration of treatment is 6 months. Clients are followed up by a counsellor from the Office of the Divisional Secretariat.

Discussion

The NDDCB regulates the residential treatment programmes for addictions, while simultaneously running some of the services. Although there are 17 centres registered in Sri Lanka to provide residential addiction counselling, there are only 9 such centres that cater to people with AUD. Of them, 7 (78%) are owned by the non-governmental sector, and are concentrated in the Western Province. The staff providing addiction counselling varied from psychologists and senior counsellors to lay persons or ex-clients. Their qualifications varied from having degrees and diplomas in psychology, counselling, and related fields to having undergone successful treatment for addictions themselves. The content of the addiction counselling in the majority of the centres were not evidence based and lacks a scientific approach, while some could be identified as clearly unscientific, or unethical, and sometimes potentially illegal. The evidence-based addiction counselling interventions adopted by some centres included CBT, MI, and AA. The main limitation of this study is the lack of independent verification of the data reported by each study centre.

Conclusions and recommendations

The residential treatment centres that cater to people living with AUD are mostly clustered in the Western Province and are mostly privately owned. The science behind their interventions, and success, safety, and legality, of these interventions, need a closer look. Further research testing the effectiveness of these packages of interventions are needed. Policymakers and other relevant stakeholders may utilise the findings of this study as a preliminary source of the overall landscape of residential AUD treatment centres in Sri Lanka in planning AUD treatment services and further development of such services.

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