

# **Republic of Suriname**



## **National Drug Master Plan 2011- 2015**

**MEMORANDUM REGARDING THE NATIONAL POLICY OF SURINAME WITH  
RESPECT TO ALL ASPECTS OF DRUG-RELATED PROBLEMS**

**National Anti-Drug Council  
Paramaribo  
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## List of abbreviations

AIDS	Acquired Immunodeficiency Syndrome
BAD	Bureau of Alcohol and Drugs
BDT	<i>Stichting Bureau voor Dak- en Thuislozen</i> The Foundation for Homeless and Desolate People
BID	<i>Bestrijding Internationale Drugssmokkel</i> Control of International Drug Smuggling
BLSE	Basic Life Skills Education
BOT	<i>Bijzonder Onderzoeksteam</i> Special Investigation Team
CARICOM	Caribbean Community
CBO	Community Based Organization
CSO	Civil Society Organization
CICAD	Inter-American Drug Abuse Control Commission
CFATF	Caribbean Financial Action Task Force
DDR	Drug Demand Reduction
DEA	Drug Enforcement Agency
DSR	Drug Supply Reduction
EU	European Union
FOT	<i>Financieel Onderzoeksteam</i> Financial Audit Team
HIV	Human Immunodeficiency Virus
HONLEA	Heads of National Drug Law Enforcement Agencies
INTERPOL	International Criminal Police Organization
KPS	<i>Korps Politie Suriname</i> Police Force Suriname
MDMA	3-4 methylenedioxymethamphetamine
MZ	<i>Medische Zending</i> Medical Mission
NAP	National Aids Program
NAR	Nationale Anti-Drugs Raad <i>National Anti-Drug Council</i>
NARCO	Anti-Narcotics Squad
NDMP	National Drug Master Plan

NGO	Non-Governmental Organization
NIU	Narcotics Intelligence Unit
OAS	Organization of American States
PCS	Psychiatric Center Suriname
RSA	Rapid Situation Assessment Study
SURENDU	Suriname Epidemiological Network on Drug Use
UNODC	United Nations Office on Drugs and Crime
WIN	<i>Welzijns Instelling Nickerie</i> Welfare Institution Nickerie
XTC	Methylenedioxyamphetamine

## Foreword

Drug-related crime and drug abuse are in theory an issue which threatens to continuously and radically cause an infringement on aforesaid matters and also has a negative impact on numerous other, not further indicated sectors. In Suriname, this problem, as is the case in other countries, is regarded as a serious threat for the welfare of the nation and is an impediment for the socio-economic development of the country.

In view of a structural approach of this issue, the Government of Suriname is formulating a national policy and approach in which the international treaty commitments of Suriname shall serve as a starting point whereby this policy shall be aimed at, among other things, making the community aware of the health risks and social threats related to drug abuse, primarily aimed at vulnerable groups such as youth and other risk groups. Also, this policy focuses on the discouragement of participation in drug related crime, in addition to diminishing drug crime.

The Government has put the National Anti-Drug Council (NAR) in charge of the preparation of a National Drug Master Plan (NDMP). The NDMP under consideration needs to be further worked out into national action plans in order to achieve an integrated approach on various levels with suitable strategies and available means.

Since approaching the drug problem impacts all aspects within society, an integral and multi-disciplinary chain approach is pursued in which, in addition to the various ministries, NGOs, community organizations (CBOs), trade and industry and the labor unions will also be involved which fulfill an important role in the **mobilization of the total community and which will be placed at the forefront in the fight against drugs. The existence of such a large group of partners therefore underlines** the importance of a good coordination.

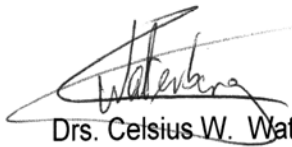
Within the scope of the implementation of this plan, international collaboration will be further intensified in order to place Suriname in the ranks of nations who have committed themselves to the fight against drugs and within this framework, strengthen and further form the already existing coalition. The goal herewith is: learning from each other, assist and strengthen each other.

On behalf of the Government of Suriname

The Minister of Health

The Minister of Justice & Police

De Minister van Volksgezondheid



Drs. Celsius W. Waterberg

De Minister van Justitie en Politie



Mr. Martin P. Misiedjan

## 1. Introduction

Drug use, drug trade and drug related crime are internationally regarded as great threats for the development of a society. Furthermore, illegal drugs are considered undermining factors for democracy and good governance. Drug use can in many cases be linked to poverty and crime. Also, drug use (including alcohol abuse) leads to a decrease in labor productivity, diminishing of the learning performance among youth, unemployment and disruption of family life. In addition, the use of drugs can lead to injuries, early death and an increased spreading of chronic diseases such as AIDS and tuberculosis as well as undermining of the user's spiritual and social health. The consequences of drug use not only have an impact on the user but also on his or her entire internal and external environment.

Despite all previously listed negative effects of drug abuse and drug crime, the fact remains that, as long as a demand in drugs continues to exist, there will be talk of illegal drug production and drug trade. Traditionally, the United States and West Europe were the markets for the South American cocaine. Currently, cheap cocaine is also available in our region causing our own youth to become dependent on this drug. In addition to cocaine, new drug trends manifested themselves in the nineties. Synthetic drugs as a methamphetamine and Methylenedioxyamphetamine (XTC) were introduced on the market. The Internet is also increasingly used as a medium for trade in precursors (chemical components used for making of drugs), chemicals and medicine with addictive side-effects. The international drug crime is increasingly spreading its tentacles and absorbed casinos, off-shore banks etc. Prostitution and human trafficking where other areas in which drug crime concerned itself with. The illegal trade in drugs led in many Latin – American countries to complete wars which are still sweeping the countries and also, there is talk in many of these countries, of a violence spiral which annually claims thousands of human lives.

Despite stringent measures and immense investments, drug smuggling in the region is far from being eradicated. On the contrary, crime and drug related crime obtained an entirely new face due to the strong processes of globalization. Criminal organizations have eagerly embraced the opportunities of globalization and are currently the subject of national and international concern of many countries. These countries are unable to independently control the forms of organized drug crime and its effects and are continuously seeking international mechanisms and/or bilateral or multilateral collaboration agreements.

In Suriname, the drug problem is an impression of the aforesaid and we can indeed talk about a less violent situation such as was the case in a few Caribbean and Latin American countries. It is also a fact that while Suriname, as a developing country focuses on socio-economic stability, it is being confronted by various forms of organized crime which demand special attention and approach.

### **1.1. The drug problem in Suriname**

As indicated previously, Suriname is not safeguarded against the drug issue. There is a large scale prevalence of both drug crime and legal and illegal drug use. The problem with regard to drugs in Suriname can be subdivided in 2 main components, namely drug crime and drug abuse. Drug crime specifically comprises of illegal trade, transit and money laundering and all other supporting actions of crime, the so-called "Supply" (supply, delivery) side. With regard to drug abuse, we can further subdivide these in the abuse of illegal and legal substances and the negative consequences resulting thereof for the individual user, his or her environment and society, the so-called "demand" (demand, need) side.



An overall picture of drug crime in Suriname shows that crime is usually concentrated on the following illegal substances: cocaine, marijuana, hashish, synthetic drug types such as XTC and other party drugs or related substances of the aforesaid drug types. Suriname, as of old, is not a drug producing country. Marijuana is, however, cultivated on a regular basis, especially in rural areas and is used for local trade and use. Local drug control units regularly destroy marijuana fields and confiscate amounts of marijuana.

Since the eighties of the last century, cocaine is visibly present in Suriname and drug crime is mostly concentrated around this type of drug. This is shown from the confiscated amounts of cocaine and the number of cocaine dependent persons. With the introduction of cocaine, the judicial authorities are also confronted with cocaine related crimes. It appears namely that international drug organizations have included Suriname in their network of input, transit and “*in corpore*” drug smuggling (*bolletjesslikkers*).

Due to increasingly stringent drug inspections, both in Suriname and in the European countries and the United States, an increasing amount of cocaine intended for transit enters the Surinamese market. Also, local payments to the Surinamese criminal organizations, sometimes through drug related ‘lending a helping hand’, contribute to the local availability of cocaine. Due to the increased availability of cocaine, there is a decrease of the consumption price which in turn, has increased the availability and has promoted the local use of cocaine.

The increase of a number of different nationalities involved at the import and export of drugs shows that a cross-border dimension is added to the drug problem. Statistical data of the Judicial Service and the Narcotics Squad of the Police Force of Suriname clearly show that there is talk of national successes in the fight against drugs and this also raises the assumption that there is a reduction of organized drug crime in Suriname.

The amounts of confiscated drugs in relation hereto, greatly decreased in the past years (see table 1 below) and a number of international criminal drug organizations have been dismantled.

<b>Table 1: Amounts of confiscated drugs in Suriname over the period 2006 till 2<sup>nd</sup> quarter 2010</b>				
Period	Cocaine (kg)	Marijuana (kg)	Hashish (kg)	XCT (pills)
2006	620.0	152.9	12.3	24
2007	206.3	131.0	2.2	3,154
2008	228.4	123.2	33.3	785
2009	380.4	187.2	4.9	0
2010 (till 2 <sup>nd</sup> quarter)	342,7	145,9	4,0	-

Source: Anti-Narcotics Squad – 2010

Although it seems that progress was made in the fight against drug crime, the conclusion can be drawn that there is no talk of elimination, as is testified by the recent large drug finds in countries abroad with clear indications that Suriname can be marked as a transit country.

Due to the geographic location of Suriname, we, together with other Caribbean countries, form a significant link between the cocaine producing and cocaine consuming countries. The cocaine is directly supplied from the region to Suriname by schooners, small airplanes and by land. The following issues still cause a disadvantage for Suriname in the fight against drug crime:

- A lack of sufficient control mechanisms in the hinterland, coastal area (even near Paramaribo) and in the Surinamese territorial waters;
- The strategic location of Suriname in the South American continent;
- The direct flight and boat connections with the Caribbean region (among others Curacao and Aruba) and Europe (primarily the Netherlands);
- Non-adequate and insufficient collaboration between the various investigation units;
- Outdated and incomplete legislation.

If we take a close look at drug abuse, we, as mentioned previously, see a clear indication of illegal and legal abuse. Marijuana and 'blaka jonko' are the most used illegal drug types whilst among legal drug types solvents and inhalants follow after alcohol (NAR, 2007). In the past years, cannabis is frequently used in combination with other substances (PCS, figures of detox clinic 2008 – 2010).

In relation to drug use, there is talk of a significant relation between the easy availability and access to these substances and illegal drug use (NAR 2007). Also, marijuana is increasingly used among our youth while cocaine is primarily used among older age categories (35 - 45 years) (NAR 2007).

Consumption of popular mix drinks (alcohol mixed with sweet or flavored beverages) by young people seems to be regarded as innocent and use thereof is very popular among youth. What people do not understand is that mix drinks contain alcohol and can lead to stronger alcohol use and ultimately, dependence.

## **1.2. Status of national approach**

As depicted above, the rather complex drug problem in Suriname does not differ much with regard to its nature, from that of other countries but maybe indeed so in view of intensity if we, among other things, focus on the degree of violence. This problem has a negative impact, however, on macro -, meso - and micro level. It proves not only to be a local but also a regional and international problem.

The approach of the drug problem in Suriname therefore requires a coordinated, multidisciplinary effort, both from the viewpoint of legislation, investigation and maintenance of law and order as well as health care and socio-economic development. Collaboration of all government services and relevant social institutions and organizations is therefore more than necessary. International collaboration also proves more than essential in order to reduce this problem to controllable proportions.

Considering the activities in the past ten years, Suriname has proven in the past ten years that it is aware of the necessity of a structured approach of the drug problem: establishment of institutions for development and implementation of programs and entering into international collaborations and participation within regional and international organizations.

With the establishment of the NAR in 1998, a Strategic Drug Control Plan was formulated for a period of five years. In 2006, the first National Drug Master Plan (NDMP) s formulated which served as a basis for the national drug policy 2006 – 2010 of Suriname, at that time aimed at combating the supply, transit, trade and use of drugs. The NDMP comprised of various drug control strategies with the objective to control aforesaid aspects within the Surinamese society. Additionally, the NDMP pursued to underline a cross-border approach of Suriname whereby a connection is sought with regional and international drug policies. After expiry of the first NDMP, the national drug policy was once again established for the next five years in the NDMP 2011 – 2015 at issue.

### ***1.2.1. Coordination of policy***

The National Anti-Drug Council (NAR), administratively coming under the Ministry of Health, coordinates all national efforts for a strong approach of the drug problem. The Council is not an executor but rather a facilitating and policy-formulating institute. The pursuit is to achieve a society which becomes increasingly free from drug use, drug addiction, drug trade and drug crime. To achieve this goal, the focus was placed on the creation of a wide basis through involvement at the coordination, of relevant governmental institutions such as the Ministries of Health, Justice and Police, Education and Public Development as well as employers' organizations, non-governmental organizations in the field of prevention, treatment and care.

The Executive Office of the NAR (UBN) has as core task to assist the NAR in the following duties:

- support of the implementation of the National Drug Master Plan (NDMP);

- implementation of the tasks as established by the NAR;
- management of the Drug Observatory Institute for Suriname (SURENDU)

The main task of the SURENDU (Surinamese Epidemiologic Network in relation to Drugs) is to provide the NAR with information for policy formulation.

It regards a monitoring system primarily providing statistic information related to legal and illegal drugs and thereto related judicial aspects, through data collection and analysis. This data is primarily intended for policy development and planning purposes. A bottle-neck with SURENDU in the year 2011 was that due to a lack of capacity and optimal communication between the UBN, this institution does not yet function optimally.

The following results are pursued by the NAR:

- A drastic approach of drug consumption.
- The improvement of the availability of information on drug use and drug-related care.
- The reduction of drug-use related morbidity and mortality.
- Drastic reduction of the supply, transit and trade in drugs;
- Prosecution and trial of all drug related forms of crime;
- The approach of underlying factors of drug use.

In the period 2007 – 2010, the following studies in the area of drug prevalence and use were implemented and published on national level:

1. CICAD/NAR - Household Survey
2. NAR – Policy document based on the household survey
4. NAR – Drug use and community coherence
6. EU /DDRP- School Survey Suriname (VOJ grades 3 and 4) and students of VOS (grades 1 and 2).

In 2007, the guidelines for the residential care and treatment of drug addicts were approved by the Ministry of Health.

Also, the following important matters were realized on policy level, in the past period:

1. Set up, furnishing and strengthening of supporting institutions, whether or not with the help of donor funds;
2. Seek active connection to regional and international networks in the area of drug control and prevention;
3. Ratification of international conventions in the field of underlying assistance in criminal cases and the UN convention against the illegal transportation of narcotics and thereto related psychotropic substances;
4. Active participation within the Multi-lateral Evaluation Mechanism process, implemented by the OAS/CICAD and as much as possible acting up on the recommendations coming forth from this evaluation process.

Remarkable is that the coordination of policy and implementation of the 1<sup>st</sup> NDMP has not been optimal. The conclusion was drawn from the internal evaluation of the NAR in this regard, that this was, amongst other things, due to competence and agreement issues between primarily the two leading ministries, namely Justice and Police and Health. More specifically, this situation manifested itself due to amongst others the lack of a necessary, official higher authority of the NAR, in relation to other governmental bodies, lack of necessary financial means for implementation of the NDMP and a lack of expertise.

### **1.2.2. Prevention**

As indicated previously, prevention (“demand reduction”) is subdivided into primary prevention, secondary prevention and tertiary prevention (“treatment and care”). It is primarily the government which is engaged in prevention activities. In addition, Non-governmental Organizations (NGOs) form an indispensable link in the fight against drug use. In the course of the years, their share became increasingly significant and larger. Most NGOs in drug prevention and treatment function from a religious belief. Their activities span from information and prevention to shelter, treatment, follow-up care and re-integration.

### *Primary and secondary prevention*

In the field of primary and secondary drug prevention, the following organizations are currently active within the government:

*Bureau Alcohol en Drugs (BAD)*, a department of the Psychiatric Center Suriname (PCS) in charge of the prevention duties within the scope of drug and alcohol abuse, successfully fulfilled its term of reference within the scope of its services in the area of primary and secondary prevention with regard to:

- education, information, training upon request of schools, companies, community organizations (conduct “train the trainer” sessions, for example within the group of health workers active in the hinterland and police community managers.);
- conduct information activities on fairs and exhibitions in which youth also participate (primary prevention);
- counseling/coaching of ambulant clients with a drug problem (secondary prevention);
- psycho-education (internal) to Detox patients with regard to alcohol and drug use.

Additionally, BAD also offers ambulant aid to drug users who, upon indication from this department, can be referred to more specialist care within PCS.

The *Ministry of Education and Public Development* contributes with regard to prevention through learning courses designed by the Basic Life Skills Committee and the Curriculum Development department. These learning courses with regard to the use, abuse and trade of legal and illegal drugs are recently adapted to the latest developments in this regard. The Basic Life Skills Committee also conducts resilience training in the city and in the hinterland for CBOs, NGOs and GOs.

The *Narcotics Squad unit* of the Police Force Suriname has a small team of educators available. These employees provide information, primarily upon request, to schools.

Finally, community organization and NGOs are active that provide supporting and preventive services, often in relation to treatment services.

### *Treatment*

The Ministry of Health is primarily responsible for the treatment and care of drug dependents. A department of the Ministry of Health will be the first contact point (information center) and fulfills a directory and executory function. The Public Health Care Center (BOG) can herewith fulfill an initiating, monitoring and evaluating role. Apart from the PCS, NGOs, primarily based on religion, also play an important role at the treatment and re-integration of drug-dependent persons.

The treatment and care within the PCS consists of:

1. Ambulant Provisions (ambulant treatment and counseling/care via a psychiatrist, psychologist, counselor, addiction medical practitioner, nurses and social worker and information and education);
2. Clinical Provisions (Detoxification Clinic for Men and Women, clinical follow-up treatment after Detoxification for men and women and treatment unit for double diagnosis);
3. Follow-up care, relapse prevention, outreach, counseling at living and working.

The coordination of prevention is structured into zones. The Green zone (primary prevention), Yellow zone (secondary prevention) and the Red zone (tertiary prevention). The coordination of these zones takes place from the NAR and is the tool to be used for discussion through regular deliberations, of the problems, needs, goals, approach and results within the zones.

Till now, this coordination is not optimal and there is no adequate harmony and optimal collaboration between PCS and other institutions such as the NGOs. Also, there is room for improvement of the quality of the services offered and there is talk of a lack of relevant expertise. The PCS is also not as yet capable to expand the services, based on this need, to other areas such as detoxification of women. The NGOs within the Red zone are facing challenges, among others in



the area of: inadequate financing, inadequate management and a lack of expertise.

### ***1.2.3. Drug control and maintenance of law and order***

The control of drug trade, drug smuggling and all drug related crime come under the authority of the Attorney General as head of the Public Ministry, assisted by various services of the KPS, including the Anti-Narcotics Squad (ANB), the Narcotics Intelligence Unit (NIU), the Special Investigation Team (BOT), the Financial Investigation Team (FOT) and the Arrest Team (A-team) as well as Customs and the Military Police Force (KMP).

Control of drug crime is aimed at the confiscation and destruction of confiscated drugs, arrest and trial of the responsible parties and deprivation of illegally obtained profit from drug activities. Within this scope, the Public Ministry set in the process of deprivation of the proceeds from drug crime and thereto related crimes.

As of 2007, the “Jap team” was operational at J.A. Pengel airport, namely on the Mid-Atlantic flights to the Netherlands. On March 1, 2011, the Jap team which has a mixed compilation was replaced by a new team, the BID team consisting of members from primarily the Police Force Suriname.

Supervision on the registration of the import, transit and destination of chemicals and precursors is not taking place since no specific legislation is available for this. Currently, inspection is taking place based on the Customs legislation (Shipping Act and the Control Means Act).

Within the scope of drug control, the Ministry of Justice and Police also entered into collaboration agreements in bilateral and multilateral regard. (See full overview in annex).

The weak links of drug control and maintenance of law and order are still the fact that there is talk of infiltration and corruption within drug control services, a lack of necessary materials and expertise, not far-reaching competences from the Public Prosecutor based on existing legislation and optimal communication and collaboration from the various government drug control services.

#### **1.2.4. Legislation**

To be able to effectively control drug crime, the Act of February 12, 1998 (S.B.1998 no.14), including the establishment of the Act on Narcotics (Narcotics Act), was passed.

The Act of September 5, 2002, regarding Money Laundering gives further attention to the following through various state resolutions:

- amendment of the Criminal Code, the Penal Regulation Code and the Economic Delict Act;
- making punishable of money laundering;
- the protection of threatened witnesses;
- the establishment of general stipulations on the penalization of legal persons;
- the penalization of offences committed in organized association;
- provisions regarding international legal aid;
- report of unusual transactions related to service;
- identification duty of service providers;
- change of the amount of the penal fines as established in currently effective legal regulations.

For an effective and professional approach of drug crime, the law proposal *Special Criminal Investigation Competences*, in which provisions were made for, among others, the observation, infiltration, listening in on phone calls and supervised delivery, needs to be presented to the National Assembly for approval.

#### **1.2.5. International collaboration**

Within the framework of international collaboration, the relevant institutions maintain contacts with, among others, the Organization of American States

(OAS), Inter-American Drug Abuse Control Commission (CICAD), United Nations Office on Drugs and Crime (UNODC), International Narcotics Control Board (INCB), European Commission (EC) and CARICOM. Since December 2010, Suriname holds the position of chairman of CICAD whilst Suriname has a seat in the executor committee within the renewed initiative of the “EU – LAC Drug Demand Reduction Partnership”.

The contacts with CICAD resulted in a few projects such as set up of an automated data management system for the Public Ministry, the Focus Assessment Study on Drug Use and Risk Behaviors amongst Prisoners, set up of the Drug Supply Information Network and the national survey on drug use among the population.

Bi-annually, Suriname has a reporting duty towards CICAD through the *Multilateral Evaluation Mechanism (MEM)*. The MEM is an instrument developed to assess the progress of the member countries of the OAS in the fight against drugs. The evaluation of the countries takes place bi-annually. Based on the evaluation, recommendations are made for strengthening of the national drug policy.

In addition to relations with international organizations, the Ministry of Justice and Police also entered into relations on bilateral level with countries in the region and in Europe. In this regard can be mentioned, relations with Curacao and Aruba, America, French Guiana, Brazil, Colombia and the Netherlands.

In October 2006, an *International Drug Conference* was held on the initiative of the Ministry of Justice and Police which resulting in the approval of the “*Paramaribo Declaration*”.

## 2. The National Anti-Drug Policy

As previously indicated, the drug problem is very complex both on the control side as on the prevention side. Despite the fact that the drug problem is a global problem, the fact remains that the issue, if viewed more specifically, has its own nature in different countries and regions. This also applies to Suriname as outlined above which shows that despite the influences of internationalization of drug crime, the Surinamese situation differs considerably from that of other Caribbean and Latin American countries or in Europe when it regards the degree of violence, production of illegal drugs as well as the forms of drug abuse.

The national drug policy of Suriname for 2011 – 2015 is established within the current NDMP and has as its general goal, *the pursuit of achieving a society which is increasingly free from drug use, drug addiction, drug trade and drug crime*. The activities in this regard are therefore *aimed at combating the supply, transit, trade and use of drugs*. This policy is not static but dynamic and there is talk of an integral and holistic approach since it was shown that the problem comprised of multiple elements within the components of drug crime and drug abuse which are usually interdependent and can therefore influence each other positively or negatively. It is within this policy framework that the following goals are formulated:

1. Taking organizational and infrastructural measures for strengthening of institutions in charge of tackling the drug problem and for an effective coordination of the implementation of the NDMP on national level;
2. The development and implementation of relevant legislation regarding drug control, including the mobilization of support in the development of legislation for control of drug related criminal activities;
3. Taking measures for a drastic reduction of the drug supply in Suriname and transit of drugs via Suriname;
4. Taking measures for an effective reduction of the drug demand whereby drug prevention takes in an important place;

5. Taking special welfare measures in relation to vulnerable groups such as homeless people, commercial sex workers and gold diggers;
6. Taking measures for measuring and possible prevention of the association between drug use and HIV/AIDS;
7. Taking measures for promotion of the regional, continental and international collaboration in drug prevention and drug control.

It is a proven fact that no country is able to solve its own drug problem in isolation and on a national level and within this scope, realize its established goals. For this reason, the various countries and regions have formed coalitions, directed by their established national policy and goals, to seek association with institutions created by these countries themselves. One of these institutes is the CICAD within the OAS. The CICAD has also formulated regional policy and strategies with regard to drug control. Within the scope of its own national anti-drug policy, Suriname sought association with the policy of the CICAD, namely the Hemispheric Drug strategy of the CICAD, passed at the 47<sup>th</sup> Regular Session, in May 2010. For the drug policy of Suriname for the coming period, the following principles of the CICAD strategy are essential:

1. Full attunement with international laws and the Universal Declaration of Human Rights, with consideration of the principles sovereignty and territorial integrity of the countries, non-intervention in the internal affairs of the countries, fundamental freedoms, inherent human dignity and equal rights and mutual respect among countries.
2. Take into consideration, the impact of the global drug problem on poverty.
3. Gender issues need to be considered.
4. Member states must allocate the means for an effective implementation of their national drug policy and maintaining a proper balance between activities in the area of 'demand reduction' and 'supply reduction'.
5. Collaboration must be based on collective and coordinated efforts to tackle the global drug problem
6. Participation of the social midfield is of great importance.

The following areas, deemed significant by this Strategy, also apply as priority area for national policy, namely:

*Institutional strengthening:* set up and/or strengthening of national drug authorities for the coordination of an effective planning and implementation of the national drug policy.

*Demand Reduction.* The policy in this area should include as essential elements, the selective and indicated prevention, early intervention, treatment, rehabilitation and related rehabilitation services for promotion of health and welfare of individuals, families and communities and diminishing the unwanted consequences of drug use.

*Supply Reduction:* it is essential herewith to adopt and/or improve the mechanisms necessary for the collection and analysis of information for evaluations for benefit of policy development in this regard.

*Control measures:* Supply reduction programs should focus on prevention of the illegal production both synthetic and plant based drugs, including the adoption of suitable local supervision on precursors, measures for tackling international trade in precursor chemicals, in conformity with the framework established by the UN drug conventions and criminal measures aimed at prevention of the production and transport of these substances.

*International collaboration:* re-affirmation of the principles of collaboration incorporated within the international instruments for dealing with the global drug problem through actions which could guarantee the compliance and effectiveness thereof. The importance of ratification and adoption of and compliance to the various conventions in this regard. Furthermore, partnerships, on a bilateral level, between Suriname and other countries, as well as between Surinamese and other foreign institutions. Active participation in multi-lateral and bi-lateral collaboration agreements is herewith more than essential.

## **2.1. National coordination, Monitoring and Evaluation**

As outlined above, the Government of Suriname pursues an integral and holistic policy in relation to the control of drug crime and drug abuse. Where necessary, the activities on the demand side are attuned to the activities and data on the supply side.

The necessary structures for further development and implementation of the policy as well as the coordination and monitoring of policy starting points are already available and operational. In particular the NAR and various executor services, fall under this policy. Coordination of this policy, which is integral and holistic, should be optimal.

For this purpose, the existing coordination structure will be adapted by putting the formal competence of coordination and monitoring with the Cabinet of the President. This will take care of an improved collaboration between the various departments and services and will contribute to an improved efficiency and effectiveness. The NAR remains responsible for the coordination and monitoring, currently mandated by Presidential resolution and with reporting duty to the Cabinet of the President. There is talk of two levels, namely one with original competence and another with a delegated competence. For further efficiency and effectiveness, the accountability within the NAR was adapted. The NAR remains under chairmanship of the Ministry of Health whilst the sub-chairmanship will be put with the Ministry of Justice and Police.

The Executive Office of the NAR will also be professionalized and will be structured in such a way that it will be adequately able to interpret the coordination and monitoring function of the NAR. The members of the NAR are also coordinators of the work groups. The other members of the work groups (not being a member of the Board) are staff employees of the institutes represented in this regard in the NAR and other relevant institutions with an almost daily responsibility to carry out and monitor the approved policy of the NAR (within their subsector policy area).

The compilation will look as follows: Ministry of Health, Ministry of Justice and Police (KPS), Public Prosecutor, Ministry of Education and Public Development, Ministry of Youth and Sports, Psychiatric Center Suriname, 1 NGO representative from both the treatment and prevention side.

Also, the coordination will be focused on realization of the following matters:

- Adequate attunement and optimal collaboration between various organization;
- Pursue facilitation and strengthening of the executive organizations for realization of more effectiveness, efficiency and professionalization;
- Scientific approach of issues and formulation of solutions in collaboration with the ADEK University of Suriname (UvS) and other scientific institutions, national and international;
- Further professionalization of the own organization;
- Adequate operationalization of the Drug Observatory Institute (SURENDU), in collaboration with the University of Suriname.

Monitoring and evaluation of the implementation of the NDMP will, first and foremost, take place from the NAR based on the contextual NDMP and relevant action plan and the thereto related activities and projected results. Within each calendar year, an evaluation will take place of the implementation of this plan after which the NAR can render advice to the institutions and the Government so that there can be talk of timely steering. Among others will be verified whether the various institutions have complied with the agreements made such as formulation of annual plans and specific plans *c.q.* projects to interpret the identified priorities within their respective work areas or institutes.

## **2.2. Prevention**

The national strategy in relation to prevention for the period 2011 - 2015 is incorporated in the *National Drug Prevention Plan* (NDPP) and policy plans of the PCS. This strategy is an integral approach initiated and coordinated by the



government whereby optimally equipped services, apply *evidence-based* interventions within primary, secondary and tertiary drug prevention and know that they are supported by all relevant government services, trade and industry and the NGOs. In view of the vision, namely the pursuit of a drug-free society, the ultimate long-term goal is to considerably reduce the consequences of drug use, directly or indirectly, on mankind and society. The objectives are herewith:

- The structured planning, coordination and execution (having executed) of national prevention activities, mobilization and substantial strengthening of all government services, appointed for this purpose. NAR is herewith the independent body which takes in a coordinating, supporting and advisory role through a wide and active representation from the government, trade and industry and the NGO sector;
- Steering towards a more fundamental approach of drug prevention through reduction of the risk factors and substantial attention and improvement of the protective factors through:
  - o Oriented attention for improvement of the social and economic circumstances (employment, youth shelter and counseling, social coaching in socially underprivileged neighborhoods)
  - o In addition to awareness campaigns, steering of behavioral change and attitude education (for ex.: learning to make choices, in addition to transfer of knowledge)
- Promotion of a healthy life style and increase of the resilience of specific groups.
- Realization of legislation for support or otherwise regulation of primary prevention and curative care. This legislation regards, among others:
  - Accelerated treatment and implementation of current law proposals, among others in the area of Drug Treatment Court and legislation, special criminal investigation authorities and simultaneously, the accelerated shelter capacity of the care centers in conformity with the expected increase.
  - Drugs on the work floor; integral policy for the work place.
  - Standardization and transparency within curative care.

- Media regulation; regulation of alcohol and tobacco advertisements.
- Law on sale of stimulants and legislation in the area of sales around sports centers and events.
- Guidelines for collection, analysis and spreading of quantitative and qualitative information on drug and drug use in order to bring the prevention efforts in line with the actual situation.

### ***2.2.1. Target groups and sub strategies of prevention policy***

In the broadest sense, the target group for integral prevention policy is the society as a whole. This society, directly or indirectly, comes in contact with the wide supply of legal and illegal drugs. Segmentation within this large and very diverse target group is essential to be able to link the prevention activities as best possible to the specific characteristics and circumstances of each sub group. For goal-oriented prevention activities, the following division is usually maintained:

#### ***Youth***

This group can be further subdivided into youth of school age, early drop outs and unemployed youth. Schoolgoing youth is accessible via formal education. Through learning programs, education, access to actual information ((library and/or multimedia centre) and using peers as role models a continuous contribution can be made to increasing the knowledge, change of attitude and promotion of responsible behavior. The development of specific programs based on survey results, is urgently needed.

#### ***Labor market***

Drug use has a negative influence on the labor productivity and disrupts the normal labor relations. Within our labor market, a few larger private and state companies are already conducting a goal-oriented anti drug policy. Components of this policy are, among others, raising awareness, offering testing and coaching of employees and development of adoption of an anti drug policy.

The approach of drugs on the work floor, however, demands more attention compared to the current separate efforts of individual work areas. It is therefore necessary to arrive at a national prevention policy for the work floor, via the Ministry of this sector, trade and industry and the labor unions.

### ***Relatives and families***

Up till now, Suriname has no governmental or NGO institution available with the central duty of coaching and counseling of families. Churches and social institutions, in and outside the government, offer ad hoc shelter to families in need or members thereof. A structural support and coaching for the family as an institute of initial educational environment is not yet available. In view of a fundamental approach of drug prevention, this coaching duty towards the family will have to be formally interpreted by the government.

### ***Risk and vulnerable groups (MARPS - Most At Risk Populations)***

In addition to the youth group which is not accessible, the commercial sex workers and prisoners are also categorized within our society as risk or vulnerable groups that need special attention within the drug prevention policy.

The strategy for this group of vulnerable persons is to distinctly illustrated, through quantitative and qualitative survey, the problem and needs among these risk and vulnerable groups (among prisoners and sexual workers) to, subsequently, develop a goal-oriented policy and offer tailor-made care aimed at rehabilitation and re-integration.

Nationally, “*The Technical Working Group (TWG) on Preventing Crime by Focusing on Vulnerable Youth and At Risk Populations*” is endorsed. TWG recommends the development of ‘cross-cutting’, comprehensive and regional approach methods in relation to crime prevention with special attention on risky youth. The United States and the Caribbean region indicated crime prevention as an important element of the *Caribbean Basin Security Initiative* (CBSI). With regard to the national prevention policy, the programs proposed within the TWG will also be included:

- Formal and informal education initiatives, sports and cultural programs for youth;
- Effective training opportunities and employment;
- Civil participation for public development and safety;
- Judicial reform of Youth policy for increase of alternatives for detention;
- Programs for reduction of the need or demand of drugs.

### **2.2.2. Treatment and Care**

Drug dependence is not solely a biological and psychological problem. It is also a social problem. It is also evident that drug dependence is more recently qualified as a chronic disease and that this can lead to other chronic diseases. With the solution of this problem, a bio-psychosocial approach should be applied whereby the individual in question, the family and the social environment play an important role.

Treatment and care of drug dependent people demands expertise and professionalism if we wish to be successful. There should be talk of the application of various methods with a visible effect.

As applies to the approach of drug crime, namely the formation of national and international coalitions, similarly applies to the approach related to treatment and care. The exchange of knowledge and expertise on practical applications and effective solutions should be the main starting point at the formation of coalitions.

The PCS as the Surinamese organization with most expertise on biological and psychological level and the NGOs with their experience with regard to re-integration of drug dependent persons will have to work towards eradication of the established shortcomings with regard to the need for specific services from the society. Adequately structured collaboration whereby there is talk of complimentary service is more than a necessity. Where there is a need for facilitation of these organizations to arrive at qualitative services, the NAR will also fulfill an effective role.

#### ***Treatment and care within PCS***

PCS starts out from the bio-psycho-social model of addiction. Drug-related disease is a complex and progressive psychiatric syndrome, resulting in loss of autonomy in the area of emotion, thought and actions. Depending on the means used, a progressive infringement of the general health situation is currently also taking place.

The PCS pursues to offer ambulant treatment as much as possible, in the coming five years; in addition, the institution will pursue short-stay admittance of persons. The PCS will collaborate closely with the NGOs (such as treatment centers with religious background, WIN Foundation, Bureau for the Homeless (BDT), and others in the area of medical psychiatric screening, chain care en promotion of expertise. Clients detoxified by the PCS will be able to move on more easily to NGO's or vice versa for further treatment and coaching.

### ***Treatment and care from Non Governmental Organizations***

Non Governmental Organizations (NGOs) form an indispensable chain in the fight against drug use. In the course of years, their share became increasingly significant and larger. Most NGOs in the field of treatment and care start out from religious believes. Their activities span from information and prevention to shelter, treatment, follow-up care and re-integration. The coming years, efforts will be made towards further professionalization and institutional strengthening of all involved non-governmental organizations.

### ***Drug Treatment Court***

It is a known fact that the approach of the drug user and his or her drug problem is also based on another level in addition to maintenance of law and order, namely treatment and care and this should therefore be decriminalized. Within this scope, efforts are made towards the introduction of a *Drug Treatment Court* which offers drug dependent suspects or convicted persons the alternative possibility to be admitted in a treatment center. The Drug Treatment Court will be introduced as a pilot project after approval of the law proposal "shelter for criminally prosecuted drug addicts", in close collaboration between the Ministry of Health and the Ministry of Justice and Police. Drug dependent persons have to appear for this special court if they have committed punishable offences whereby they get the opportunity to choose treatment and re-integration instead of sitting out their time in prison or in a police detention cell.

In the coming years, the PCS will par excellence, be the center for the treatment and coaching of drug dependent persons who committed a simple punishable offence and who are following treatment and coaching via the drug treatment court instead of a freedom depriving punishment. In this regard, the PCS offers

the following services to this target group: counseling, reporting to psychiatrist/psychologist and other counselors (weekly to the court), detoxification (clinical), follow-up treatment during 6 months to one year, follow-up care (home visits), work and living counseling.

### **2.3. Drug control and maintenance of law and order**

The Ministry of Justice and Police has formulated the internal security of the State and maintenance of public law and order, prevention of infringements thereof and protection of persons and goods, as one of its duties within its Policy Plan over the year 2011. For implementation of this duty, an integral and structural safety policy will be applied within the total territory of Suriname based on the chain approach and also, international collaboration for strengthening of the international maintenance of law and order will be intensified.

The various individual services in the area of the fight against drug trade and maintenance of law and order were successful despite the scarcely available means. These services need further capacity development and coordination.

The activities in the coming period will be aimed at the development of techniques within the Public Prosecutor for benefit of an improved professional approach of drug crime. Specific legislation for supervision on and registration of input, transit and destination of chemicals and precursors will be developed in this regard. Currently, an inspection is taking place based on the Customs Act (Shipping Act and Means for Control Act).

With the help of the media, national awareness will be created c.q. increased through distribution of information for benefit of investigation and trial of drug delicts. The cooperation of the community in relation to the investigation of illegal substances and arrest of drug dealers is of crucial importance. Further, structuring of the possibility to do anonymous reports so that citizens can safely pass information on to the police. An important strengthening of the maintenance of law and order may arise from the community itself. Examples hereof are “Know

your clients” and “Know your customers” campaigns whereby suspicious actions, possibly linked to drugs, can be identified at an early stage.

As previously pointed out, the government, on the one hand, is making efforts towards decriminalization of drug users (“victim theory”). On the other hand, there is an intention to give more stringent punishment to drug smugglers and drug dealers (“offender theory”).

In the past decennia, Suriname passed through an accelerated development in the area of drug control. Legislation in this regard is adapted to the requirements of the international treaties joined by Suriname. We should herewith not only consider legislation directly involved with drugs but also thereto related crime. The legislation in this regard must be adapted to the *UN Convention against Transnational Organized Crime* and the *Protocol against the Smuggling of Migrants by Land, Sea and Air*, the *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*.

#### **2.4. Legislation**

At the basis of a successful and effective control of drugs lies an adequate and applicable legislation. With the enactment of laws and their implementation regulations in relation to drug control, protocols and procedures also need to be made effective which increase the practicability. Aid from national and international donors is herewith definitely desired. Maintaining the priorities with regard to approval from DNA and enactment of the law proposal regarding supervision on chemicals and precursors, this is due to the rise of the synthetic drug industry. Approval is also required from legislation regarding Special Investigation Competence and penalization of terrorism and financing thereof. An effective control system needs to be established so that supervision will be possible on the compliance of legal stipulations.

The necessary training will have to be formulated for implementation of the control system. In this regard, close collaboration will be necessary with the Pharmaceutical Inspection of the Ministry of Health and the relevant institutes for maintenance of law and order. With the development and implementation of drug

crime related legislation, the control mechanism which should safeguard compliance of these laws also needs to be considered. Also, sharpening will have to take place of the supervision on service providers that are legally compelled to report illegal transactions.

The recommendations made by the CFATF, as comprised in the national report on Suriname of 2009 and aimed, among others, at strengthening of the regime for control of '*money laundering*' and financing of terrorism will receive special attention. Through planning, objectives and time lines will be established together with stakeholders from the public and private sector for implementation of the recommendations made.

## **2.5. International collaboration**

International collaboration is the key to increase of the success at efforts to control the supply and use of drugs. In this view, a closer collaboration with regional and international organizations is of eminent significance for Suriname.

With an intensive international collaboration, the following starting points need to be considered.

1. identification and elimination of new trends in transport routes of drugs, money and carriers;
2. investigation and interception of drugs and illegally obtained capital;
3. identification and dismantlement of international criminal organizations;
4. specification of the sustainability of research and data processing for policy;
5. education of "evidence based practices" for prevention;
6. availability of additional expertise and funds for prevention and supply.

The previous can only be possible if the relevant governmental services will collaborate closely and intensively. The necessity of this collaboration already exists since a number of years and is expressed through treaties especially signed with a focus on the prevention and control of illegal drug trade. On global level, the judicial basis is established in about three treaties of the United Nations, namely the Singular Treaty regarding narcotics of 1961, as amended by



Protocol 1972, the Treaty regarding Psychotropic Substances of 1971 and the Treaty of the United Nations with regard to the illicit trade (smuggling) of narcotics and psychotropic substances 1988.

In addition to these instruments, Suriname, in the past period, signed a few supplementary bilateral and multilateral treaties and MOUs. Various strategic institutions such as NAR and PCS signed collaboration agreements within the prevention sphere for a more effective and sustainable goal-oriented prevention hereby science forms an important basis.

Furthermore, with regard to drug control, the collaboration will be intensified between the drug producing countries in the region (including Columbia and Venezuela), neighboring countries (Guyana, French Guiana and Brazil) and the consumption countries in Europe. We should also not lose sight of the collaboration between CARICOM and VSA. In cases in which these treaties fail to form a basis, bilateral collaborations will have to be established on the level of the Police and Public Prosecutor, whether or not through mediation of the Ministry of Foreign Affairs. Active participation of Suriname in regional and international organizations such as CICAD, IDEC, CFATF, CARTAC, EU – LAC, will increase the possibilities for exchange of knowledge and information and create a better network position.

The international collaboration will, among others, have to be focused on exchange of information on police level at the identification of criminal networks and on international criminal prosecution collaboration, including extradition of suspects, carry out parallel investigations, legal aid in criminal cases, transfer and adoption of respectively criminal prosecution and implementation of criminal judgments and confiscation of proceeds of criminal acts. Also, exchange of expertise on prevention level, in particular in relation to treatment and care.

In addition, we should not lose sight of the institutional aid and strengthening of the Public Prosecutor, Police Force Suriname, Customs, NAR, PCS and the NGOs.

Another important aspect is the formation and maintenance of international police, customs and justice networks so that coordination in the investigation and prosecution can take place in an efficient manner with consideration of everyone's national right and that the instruments necessary for offering the indicated treaties are put to use in an optimal manner. This demands an optimal national coordination in the area of the information system and compliance and reporting with regard to international legislation (so-called "compliance"). This also demands embedding of these obligations within an integral national policy with time lines, action items and task accountability as well as the appointment of national, sound and competent "Focal Points" that should be primarily accessible and available. After all, high requirements are established for partners, with regard to international collaboration such as integrity and professionalism.

### **3. Execution of the National Anti-drug Policy**

As indicated previously in this document, the following are amongst others incorporated within the national policy of Suriname; the Hemispheric Strategy on Drugs 2011-2015 & supplementary Draft Action Plan of OAS - CICAD. This since Suriname, as a CICAD member, intends to use the principles and guidelines as included in this plan without losing sight of the actual problems. With the implementation thereof, sufficient attention should be given to both the prevention component as well as the supply component. Also, the approach should be that in addition to concrete governmental initiatives from own funds, NGOs should also be facilitated by the government so as to help give meaning to the activities included in this plan.

#### **3.1 Policy starting points**

For a successful implementation of the drug policy in Suriname, the following policy starting points are maintained:

- a. The drug policy will have the nature of a national policy and shall form an integral part of the total development policy of Suriname in short and (mid) long term.
- b. The government, within its competence, will reserve know-how, material, equipment and financial means for an adequate implementation of the drug policy.
- c. At implementation of the drug policy, the national authority over the entire Surinamese territory shall apply, among others through involvement of all national governmental components equipped with legal authorities.
- d. Within the community, a wide basis will be created for the effective execution of the drug policy.
- e. The Draft Hemispheric Strategy & Action Plan on Drugs 2011-2015 of the OAS – CICAD, will form the basis for implementation of the national policy.
- f. Suriname will make itself susceptible to assistance of national and international donors at the implementation of the drug policy.

### **3.2. Implementation strategy**

The implementation of the sub components of the NDMP will take place as much as possible in project form via the involved executive institutions whereby the project formulation will be based on the actual problem definition, definition of the objective, the plan of approach, an activity plan, time planning and the efforts of the institutions in charge of the implementation of the plan. The activity plan of this NDMP will therefore further be adapted and detailed in this regard. Through central coordination of the NAR, this institution will fulfill a facilitating role at the formulation of the project and the pursuit will be to prevent overlapping and adhoc initiatives which have little or no positive effect on a specific problem of the whole.

Each project will be separately budgeted whereby the government as well as the independent organizations will, within their competence, reserve funds and means so as to make the implementation of the project possible. The option of assistance from national or international donors will be incorporated.

Per project, parameters and criteria will be specified for monitoring and evaluation of project activities and measuring of project results.

All projects will be monitored by the NAR, in collaboration with the project group c.q. the work group in charge of the implementation of the project in question. All projects will be implemented in coherence with and in relation to each other, in order to increase the efficiency and effectiveness and restrict energy losses to a minimum.

The establishment of the effect and results of the interim and final implementation of the NDMP will take place through a structural, annual survey whereby the ADEK University of Suriname will fulfill an important role. The university will also fulfill an important role in other surveys that should take place at the implementation of this NDMP.

### **3.3. Action plan for implementation**

With regard to the implementation of the policy, as established within this NDMP, the following phases and relevant actions need to be completed:

#### Adoption of the NDMP

1. Following the official adoption of the NDMP by the government, this document will be dispersed among all relevant national stakeholders. Also, a few presentations will be conducted to the relevant groups.

#### Organization of implementation

2. In collaboration with relevant stakeholders, facilitations will be made towards the NAR, in areas where such is still lacking, and detailed annual plans will be developed by stakeholders involved in which the activities, time schemes and budgets necessary for implementation of the various NDMP components are worked out.
3. Within each prioritized policy area in which the activities are carried out, a work group will be formed which will be in charge of the actual monitoring of the activities in question. The work groups will have a multi-disciplinary compilation consisting of experts from the government, NGOs and private institutions operating within a particular policy.

#### Implementation of activities (see annex 1)

4. The planned activities will be implemented based on the priorities and in mutual logical coherence by the relevant institutions. Where necessary, projects will be implemented in collaboration.

#### Financing

5. The government will reserve funds both for coordination, evaluation and monitoring as for the specific projects and reserve funds for financing and implementation of the established policy.

6. Potential donors will also be approached for financing and support of projects within the framework of the national drug policy of Suriname.
7. Recommendations from international organizations based on multilateral evaluation of the international drug policy will be implemented if nationally relevant and necessary

### 3.4. Budget

The total budget needed for implementation of the NDMP is a rough estimate of the various budgets belonging to the areas of interventions for the period of 2011 - 2015. As much as possible, the financial means will be obtained from own national efforts. In addition, possibilities for international assistance will be used to collect sufficient means for realization of the NDMP goals. The available means will be provided via the implementing institutions responsible for the relevant whole or sub intervention area.

<b>Intervention area</b>	<b>Amount (SRD X 1000)</b>	<b>Amount (USD X 1000)</b>
National coordination and monitoring of the implementation of the National Drug Master Plan	1,137.50	350
Development and implementation of relevant legislation in the area of drug control and drug related crime	162.50	50
Control of supply and transit of drugs and maintenance of law and order	8,125	2,500
Reduction of drug demand and strengthening of care and treatment of drug addicts (primary and secondary)	3,250	1,000
Reduction of drug demand and strengthening of care and treatment of drug addicts (tertiary)	6,500	2,000
Special provisions for addicted homeless persons and commercial sex workers	325	100
Correlation between drug use and HIV/AIDS	22.75	7
Regional, continental and international collaboration at drug control	325	100
<b>Total</b>	<b>19,847.75</b>	<b>6,107</b>

## ANNEXES

### 1: Overview of activities NDMP 2011 – 2015

#### Intervention area 1

#### **National coordination, monitoring and evaluation**

*Organizational and infrastructural measures for strengthening of institutions in charge of the approach of the drug problem and the effective coordination of the implementation of the National Drug Master Plan.*

<b>Goal</b>	<b>Activities</b>	<b>Expected results</b>	<b>Responsible institutions</b>	<b>Verification sources</b>
Efficient coordination of the integral implementation of the NDMP with guaranteed political and social assistance	<ul style="list-style-type: none"> <li>- Adoption of the NDMP by Board of Ministers.</li> <li>- Formulate annual plans for implementation of the NDMP.</li> <li>- Approach potential donors for implementation of the Plan.</li> <li>- Quarterly monitoring of the implementation of the NDMP.</li> <li>- Implementation of the recommendations of the MEM and other international organizations.</li> <li>- Strengthening and expansion of the Executory Bureau of NAR.</li> <li>- Evaluation and regrouping of operating DDR and DSR networks.</li> <li>- Safeguarding of financial means for implementation of the NDMP</li> <li>- Revitalization of SURENDU</li> <li>- Semi-annual compilation of the SURENDU report</li> <li>- Conduct reporting</li> </ul>	<ul style="list-style-type: none"> <li>- Financing of the implementation of the NDMP, realized per 2015.</li> <li>- All institutions within scope of the implementation of the NDMP strengthened within their capacity by 2015.</li> <li>- Plans, projects and programs within scope of the NDMP (supply and demand) formulated and successfully implemented per 2015.</li> <li>- NAR (incl. bureau) restructured per 2011.</li> </ul>	<ul style="list-style-type: none"> <li>- NAR</li> <li>- Cabinet of the President</li> <li>- All other involved stakeholders with regard to the NDMP</li> <li>- International and regional institutions</li> <li>- International financiers (bilateral &amp; multilateral)</li> </ul>	<ul style="list-style-type: none"> <li>- NAR reports</li> <li>- SURENDU reports</li> <li>- DDR and DSR reports</li> <li>- Network meetings</li> <li>- Program and project reports</li> </ul>

## **Intervention area 2**

### **Legislation and treaties**

*Development and implementation of relevant legislation regarding drug control including mobilization of support for the development of legislation to fight against drug related criminal activities*

<b>Goal</b>	<b>Activities</b>	<b>Expected results</b>	<b>Responsible institutions</b>	<b>Verification sources</b>
Development, modernization and implementation of legislation for approach of drug problem.	<ul style="list-style-type: none"> <li>- Regular evaluation and, where necessary, adapt legislation in the area of:               <ul style="list-style-type: none"> <li>- narcotics</li> <li>- control of money laundring</li> <li>- drug related crime</li> <li>- protection of witnesses</li> <li>- penalization of legal persons</li> <li>- control of organized crime and criminal organizations</li> </ul> </li> <li>- Evaluation and where necessary, adaptation of international legal aid treaties.</li> <li>- Protocol and procedures established for implementation for increase of the practicability of laws and implementing regulations.</li> <li>- Approval and putting into effect of the law proposal regarding the supervision on chemicals and precursors.</li> <li>- Approval of the legislation regarding special investigation authorities and penalization of terrorism and financing thereof.</li> </ul>	<ul style="list-style-type: none"> <li>- All necessary legislation &amp; amendment of laws in the area of drug control approved by DNA per 2014.</li> <li>- Necessary protocols and procedures for effective implementation of laws formulated and approved 2014.</li> <li>- Through legislation, DTC established per 2012.</li> <li>- Approved legislation regarding control on chemicals and precursors per 2012.</li> <li>- Implementation plan regarding recommendations of CFATF formulated and in implementation per 2012.</li> <li>- Necessary treaties ratified and approved by DNA per 2015.</li> <li>- Legislation approved by DNA with regard to special investigation authorities</li> </ul>	<ul style="list-style-type: none"> <li>- NAR</li> <li>- Ministry of Justice and Police</li> <li>- DNA</li> </ul>	<ul style="list-style-type: none"> <li>- NAR reports</li> <li>- SURENDU reports</li> <li>- DDR and DSR reports of network meetings</li> <li>- Relevant modernized laws</li> <li>- DNA archive</li> </ul>



	<ul style="list-style-type: none"><li>- Training for implementation of the control system in collaboration with the Pharmaceutical Inspection and relevant law and order maintaining institutions.</li><li>- Planning meetings with stakeholders from the public and private sector for establishment of goals and timelines for the implementation of the recommendations with regard to CFATF.</li></ul>	and penalization of terrorism and financing thereof per 2015.		
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### **Intervention area 3**

#### **Drug control and maintenance of law and order**

<i>Taking measures for a visible reduction of the drug supply and transit of drugs via Suriname, including the improvement of law enforcement in this regard.</i>				
<b>Goal</b>	<b>Activities</b>	<b>Expected results</b>	<b>Responsible institutions</b>	<b>Verification sources</b>
More effective investigation and confiscation of drugs, chemicals and precursors.	<ul style="list-style-type: none"> <li>- Development of techniques within the Public Ministry for benefit of a professional approach of drug crime.</li> <li>- Specific legislation for supervision on and registration of import, transit and allocation of chemicals and precursors.</li> <li>- Initiation of community and media campaigns on the effects of drug use.</li> <li>- Via information dissemination, increase national awareness of the significance of investigation and penalization of drug delicts.</li> <li>- Further regulation of the possibility created to do anonymous reports so that citizens can pass information on the police in a reasonably safe manner</li> <li>- Training of accusers and lawyers in drug related cases</li> <li>- Establish an institution for conducting supervision on precursors</li> <li>- Conduct research regarding supply reduction.</li> </ul>	<ul style="list-style-type: none"> <li>- Considerable percentage reduction of the transit, trade &amp; production of drugs, on national level per 2015</li> <li>- Lawyers and officials of justice trained in drug related matters per 2014.</li> <li>- Sufficient statistics regarding confiscated drugs available, prematurely and per 2015.</li> <li>- Government officials involved in import, export and control of means, training in identification of illegal substances and chemicals intended for the production of drugs per 2013.</li> <li>- Minimally 1 conducted scientific study per 2015.</li> </ul>	<ul style="list-style-type: none"> <li>- Cabinet of the President</li> <li>- NAR</li> <li>- Ministry of Justice and Police</li> <li>- Ministry of Defense</li> <li>- Ministry of Health</li> <li>- ADEK UvS</li> </ul>	<ul style="list-style-type: none"> <li>- NAR reports</li> <li>- Drugs supply Reduction reports</li> <li>- Reports of Police and Justice, Defense and Finance</li> <li>- Police statistics about amounts of confiscated drugs</li> </ul>

#### **Intervention area 4**

#### **Reduction of drug demand and strengthening of the sector treatment and care**

<i>Taking measures for an effective drug demand reduction whereby drug prevention takes in an important place.</i>				
<b>Goal</b>	<b>Activities</b>	<b>Expected results</b>	<b>Responsible institutions</b>	<b>Verification sources</b>
<p><b>Primary prevention</b> (Measures in the field of education related to drugs)</p> <p>Increase of the awareness within society related to drugs and teaching skills to be able to say no to drugs.</p>	<ul style="list-style-type: none"> <li>- Mobilization of public and private media, labor organizations, religious organizations, NGOs, CSOs for collaboration and taking primary responsibility at awareness of illegal drug use</li> <li>- Support of the Ministry of Education (Basic Life Skills Education) for education of school youth on drugs and the harmful consequences thereof.</li> <li>- The improvement of drug education to extracurricular youth.</li> <li>- National campaigns for putting toleration of the use of some drugs by society, up for discussion.</li> <li>- Give special attention to drug use among working class in collaboration with governmental, business, employers' en employees' organizations.</li> <li>- Execution of research regarding demand reduction.</li> </ul>	<ul style="list-style-type: none"> <li>- Considerable percentage reduction (20%) of the use of drugs and alcohol per 2015.</li> <li>- Sufficient statistics available regarding drug prevalence, prematurely and per 2015.</li> <li>- Minimally 3 published results of implemented scientific studies per 2015.</li> </ul>	<ul style="list-style-type: none"> <li>- NAR</li> <li>- PCS (BAD/Outpatient clinic Treatment and Care of drug addicts)</li> <li>- Basic Life Skills Committee</li> <li>- MINOV</li> <li>- Ministry of Youth and Sports</li> <li>- ADEK UvS</li> <li>- Kick the Habit Foundation</li> <li>- Media</li> <li>- Youth and community organizations</li> <li>- Youth Parliament</li> <li>- Province and district boards</li> <li>- Min of ATM</li> <li>- Employees and employers' Organizations.</li> </ul>	<ul style="list-style-type: none"> <li>- NAR reports</li> <li>- DDR and DSR reports of network meetings</li> <li>- Training reports of BAD</li> <li>- Reports of MINOV and Basic Life Skills Committee</li> </ul>

**Intervention area 4**

**Reduction of drug demand and strengthening of treatment and care of drug addicts (continued)**

<i>Taking measures for an effective reduction of drug demand whereby drug prevention takes in an important place</i>				
<b>Goal</b>	<b>Activities</b>	<b>Expected results</b>	<b>Responsible institutions</b>	<b>Verification sources</b>
<p><b>Secondary prevention</b> (early detection and social interventions)</p> <p>The society, in particular teachers, nursing personnel, police, shop-owners etc., are trained in their duties and how to approach the negative influence of drug use.</p>	<ul style="list-style-type: none"> <li>- Increase of the awareness of society that individuals, groups and the society as a whole, can have a non-tolerance attitude towards drug use without losing sight of the individual</li> <li>- Training of police, nurses, shop-owners, in awareness of detection of drug users.</li> <li>- Providing knowledge and skills to teachers to identify students with drug and alcohol problems and to help or refer them.</li> <li>- Establishment of a drug telephone help line.</li> <li>- Execution of research regarding demand reduction.</li> </ul>	<ul style="list-style-type: none"> <li>- Considerable percentage reduction (20%) of the use of drugs and alcohol per 2015.</li> <li>- Sufficient statistics regarding drugs prevalence prematurely available and per 2015</li> <li>- At least 3 published results of executed scientific studies per 2015.</li> </ul>	<ul style="list-style-type: none"> <li>- NAR</li> <li>- Media</li> <li>- BAD</li> <li>- PCS</li> <li>- Police</li> <li>- COVAB</li> <li>- RGD</li> <li>- Medical Mission</li> <li>- Ministry of Youth &amp; Sports</li> <li>- MINOV</li> <li>- ADEK UvS</li> <li>- Judiciary Child Protection</li> <li>- Basic Life Skills Committee</li> </ul>	<ul style="list-style-type: none"> <li>- NAR reports</li> <li>- DDR and DSR reports of network meetings</li> <li>- Training reports of BAD and reports Basic Life Skills Committee</li> <li>- SURENDU data</li> </ul>

**Intervention area 4**

**Reduction of drug demand and strengthening of treatment and care of drug addicts (continued)**

<i>Taking measures for effective reduction of the drug demand whereby drug prevention takes in an important place</i>				
<b>Goal</b>	<b>Activities</b>	<b>Expected results</b>	<b>Responsible institutions</b>	<b>Verification sources</b>
<p><b>Tertiary prevention</b> (Treatment, re-integration and follow-up care)</p> <p>Administrative and practical re-organization of drug treatment and re-integration programs and monitoring of treatment standards so that the quality of care can be increased and the need can be fulfilled.</p>	<ul style="list-style-type: none"> <li>- Expansion of treatment facilities for special groups</li> <li>- Registration of treatment programs for drug dependent persons</li> <li>- Establishment and monitoring of minimum standards for drug dependent persons.</li> <li>- Establishment and maintenance of follow-up care and self-help groups in treatment centers for re-integration of drug dependent persons</li> <li>- Annual training and refresher courses for practitioners.</li> <li>- Legal possibilities to compel drug dependent persons to undergo help programs (Drug Treatment Court).</li> <li>- Registration of support groups/self-help groups at acknowledged drug and alcohol treatment centers for benefit of ex-addicted persons who received treatment.</li> <li>- Execution of research regarding demand reduction.</li> </ul>	<ul style="list-style-type: none"> <li>- Percentage reduction (20%) of relapse of clients who received treatment and increase of successful re-integration of clients who received treatment and increase of successful re-integration of clients who received treatment, per 2015.</li> <li>- Institutions within treatment and care sector institutionally strengthened and quality of service increased per 2014.</li> <li>- Operational DTC per 2012.</li> <li>- Women Detox operational per 2012</li> <li>- Sufficient statistics regarding treatment and care available prematurely and per 2015.</li> <li>- At least 3 published results of executed scientific studies per 2015.</li> </ul>	<ul style="list-style-type: none"> <li>- NAR</li> <li>- Ministry of Health</li> <li>- PCS</li> <li>- NGOs within treatment and care sector</li> <li>- Judicial Child Protection</li> <li>- Ministry of Justice and Police</li> <li>- ADEK UvS</li> </ul>	<ul style="list-style-type: none"> <li>- NAR reports</li> <li>- DDR and DSR reports of network meetings</li> <li>- Training reports of BAD</li> <li>- Training reports of PCS and NGO treatment centers</li> <li>- Central registration of clients under treatment</li> <li>- SURENDU data</li> </ul>

**Intervention area 5**

**Special provisions for drug dependent homeless persons and commercial sex workers**

<i>Taking special provisional measures related to vulnerable groups such as street drug users and commercial sex workers (harm reduction)</i>				
<b>Goal</b>	<b>Activities</b>	<b>Expected results</b>	<b>Responsible institutions</b>	<b>Verification sources</b>
Treatment and reintegration of special risk groups including drug dependent homeless and desolate people and commercial sex workers.	<ul style="list-style-type: none"> <li>- Establishment of low-barrier shelter facilities for homeless and desolate people and commercial sex workers.</li> <li>- Registration of homeless and desolate people by BDT Foundation</li> <li>- Provide drug information intuned to commercial sex workers.</li> <li>- Training of co-workers of shelter organizations for drug dependent homeless and desolate people and commercial sex workers in drug prevention and treatment.</li> <li>- Setting up campaigns in collaboration with all involved organizations (NAP, Rachab Foundation etc.) to point out the risks and consequences of drug use.</li> </ul>	<ul style="list-style-type: none"> <li>- Considerable percentage reduction of the use of drugs and alcohol per 2015.</li> <li>- Percentage reduction of the relapse of treated clients and increase of succesfull reintegration of treated clients per 2015.</li> </ul>	<ul style="list-style-type: none"> <li>- NAR</li> <li>- PCS</li> <li>- NGOs involved in the treatment of drug dependent people and commercial sex workers</li> </ul>	<ul style="list-style-type: none"> <li>- NAR reports</li> <li>- DDR reports of network meetings</li> <li>- Training reports of PCS, BDT Foundation and Rachab Foundation</li> <li>- Central register for BDT Foundation and clients of Rachab Foundation</li> </ul>

**Intervention area 6**

**Relation between drug use and HIV/AIDS**

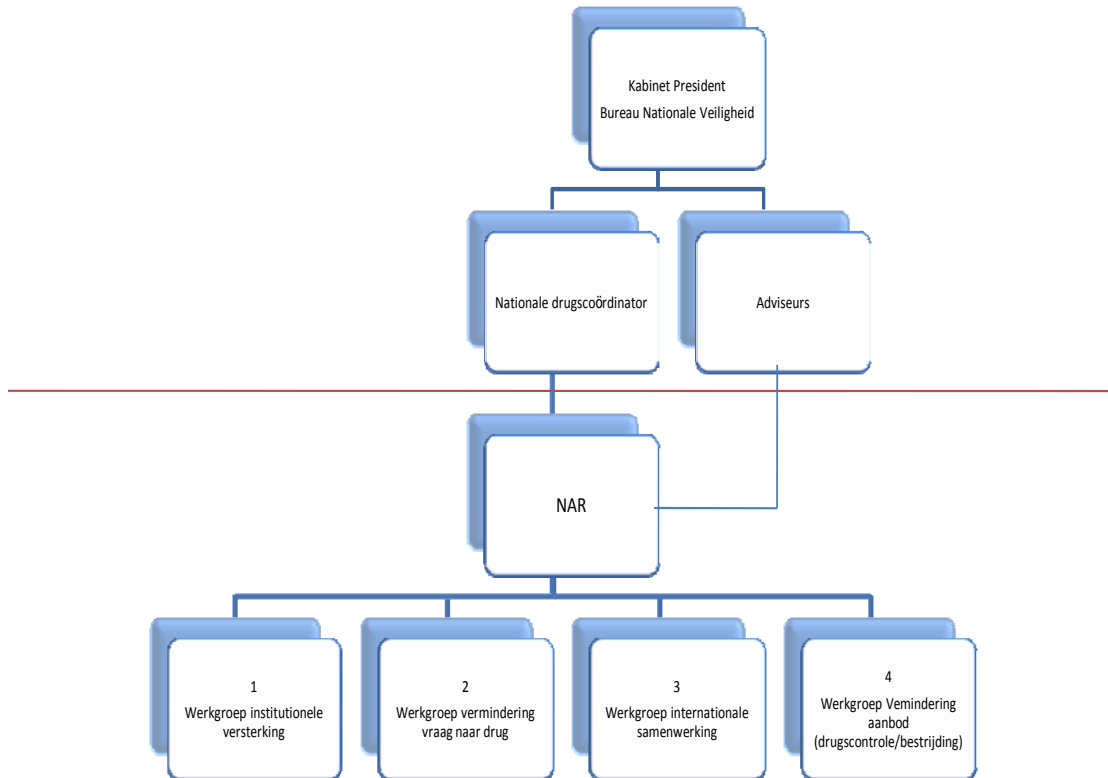
<i>Taking measures to be able to measure and control the correlation between alcohol and drug use (AAD) and HIV and AIDS</i>				
<b>Goal</b>	<b>Activities</b>	<b>Expected results</b>	<b>Responsible institutions</b>	<b>Verification sources</b>
Control of spreading of HIV through making the society aware of the correlation between AAD and HIV	<ul style="list-style-type: none"> <li>- Collection of qualitative and quantitative information on the relation between drug use and HIV.</li> <li>- Give attention to the relation between drug use and HIV in all e AIDS information campaigns.</li> <li>- Warn people against risks that may be involved in having unsafe sex as a consequence of drug use.</li> <li>- Introduction of the buddy system among youth if there is talk of alcohol and drug use.</li> <li>- Execution of research related to demand reduction.</li> </ul>	<ul style="list-style-type: none"> <li>- Data available regarding the correlation between drug use and HIV and AIDS per 2013</li> </ul>	<ul style="list-style-type: none"> <li>- NAR</li> <li>- PCS</li> <li>- NGOs involved in treatment of drug of drug dependent persons</li> <li>- NAP</li> <li>- RGD</li> <li>- Medical Mission</li> <li>- BDT Foundation</li> <li>- Rachab Foundation</li> <li>- WIN Foundation</li> <li>- ADEK UvS</li> </ul>	<ul style="list-style-type: none"> <li>- NAR reports</li> <li>- DDR reports of network meetings</li> <li>- Annual reports of the NAP</li> </ul>

**Intervention area 7**  
**International Collaboration**

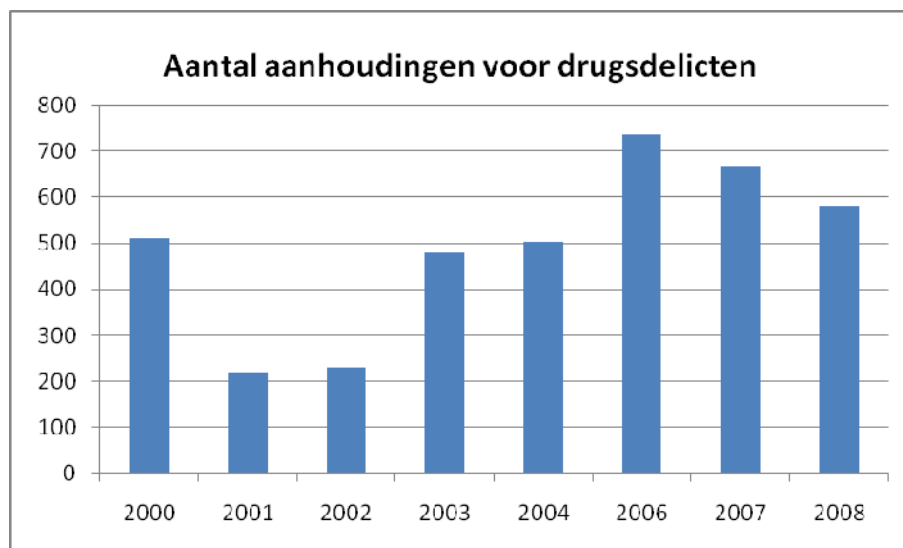
<i>Taking measures for promotion of regional, continental and international collaboration in drug prevention and control.</i>				
<b>Goal</b>	<b>Activities</b>	<b>Expected results</b>	<b>Responsible institutions</b>	<b>Verification sources</b>
Improvement of the regional, continental and international collaboration at drug prevention and control.	<ul style="list-style-type: none"> <li>- Promotion and facilitation of drug control activities on regional, continental and international level</li> <li>- Protection of regional and international maintenance of law and order and judicial collaboration at drug control and thereto related issues.</li> <li>- Collaboration on regional, continental and global level at drug control activities.</li> <li>- Improvement of the communication on international activities and meetings for promotion of optimal participation of Suriname.</li> <li>- Intensification of contact with international organizations such as CICAD/OAS, INCB, UNODC, CARICOM, INTERPOL, HONLEA/VN and CFATF and others.</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- More effective methods are known and applied and data is available with regard to drug demand and drug supply reduction per 2015.</li> <li>- More successful and more effective approach at control of drug crime per 2015.</li> <li>- Increase of participation of Suriname in international collaborations 2015.</li> <li>- New partnerships signed, treaties ratified per 2015</li> </ul>	<ul style="list-style-type: none"> <li>- Cabinet of the President</li> <li>- NAR</li> <li>- Ministry of Foreign Affairs</li> <li>- Ministry of Justice and Police</li> <li>- Ministry of Health</li> <li>- PCS</li> <li>- Public Ministry</li> <li>- KPS</li> <li>- NGOs</li> </ul>	<ul style="list-style-type: none"> <li>- NAR reports</li> <li>- KPS reports</li> <li>- Reports to OAS (CICAD-MEM), CARICOM and UNODC</li> <li>- SURENDU data.</li> </ul>



## 2: Organization Chart National Drug Control



### 3: Arrests of drug related delicts



SOURCE: Criminal Information Service KPS/ANTI-NARCOTICS SQUAD - 2010

#### 4:Diagnosis addictive Detox PCS

	Per Oct. 2, 2007	2008	2009	Till Oct.18, 2010
Alcohol	6	19	25	25
Alcohol and marijuana	0	4	3	1
Alcohol and cocaine	2	13	6	6
Alcohol + cocaine + marijuana	0	1	5	2
Marijuana	0	3	8	4
Marijuana and cocaine	0	4	8	7
Cocaine	9	33	29	16
Heroin	1	2	0	1
Heroin and cocaine	0	1	1	3
Total number admitted	18	80	85	65

*[Info: Detox Center PCS]*

## 5: Registered Homeless People

2006	2007	2008	2009
352	386	435	515

*(Source: Center for Homeless People Foundation (BDT))*

## 6: International conventions and agreements

Suriname has ratified the following international treaties:

- The Inter-American Convention against the Illicit Manufacturing of, and Trafficking in Firearms, Ammunition, Explosives and other related Materials (CIFTA) (1997);
- The Inter-American Convention against Corruption (1996);
- The Inter-American Convention on Mutual Assistance in Criminal Matters (1992);
- The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988);
- The United Nations Single Convention on Narcotic Drugs, 1961 as amended by the 1972 Protocol;
- The United Nations Convention on Psychotropic Substances (1971);
- The United Nations Convention against Transnational Organized Crime (2000);
- The Inter-American Convention on Mutual Assistance in Criminal Matters, 23 May 1992 (tacitly approved on January 16, 2008)

The following Protocols pertaining to the UN Convention against Transnational Organized Crime were approved in December 2009 by the Board of Ministers and are currently with the DNA for approval:

- Protocol against Smuggling of Migrants by Land, Sea and Air
- Protocol to prevent, suppress and punish Trafficking in Persons, Especially Women and Children
- Protocol against the Illicit Manufacturing of and Trafficking in Firearms, their Parts and Components and Ammunition.

Suriname is not a participant in the United Nations Convention against Corruption (2003); the treaty was presented at the DNA since March 21, 2009 for approval. Suriname is also not a participant in the United Nations Convention Against Terrorism.

Within Caricom context, Suriname is a participant in:

1. The Agreement of the Regional Justice Protection Programme (April 2006)
2. Treaty on security assistance among Caricom member states (26 April 2006).
3. Caribbean Treaty on Mutual Legal Assistance in Serious Criminal Matters (MLAT) 6 July 2005;

4. Draft act including approval of the agreement for establishment of the CARICOM implementation agency for crime and security (IMPACS); tacitly approved on April 19, 2007;
5. CARICOM Maritime and Airspace Security Cooperation Agreement (signed July 4, 2007);
6. CARICOM Arrest warrant treaty (signed July 4, 2007)
7. Draft act including approval of the treaty on security assistance among CARICOM member states (published on April 26, 2007).
8. Treaty on Security Assistance among CARICOM Member States (April 19, 2007);

In addition, Suriname signed the following bilateral conventions:

1. Convention between the Government of the Republic of Suriname and the Government of the Federative Republic of Brazil regarding mutual Judicial Support in Criminal Cases (tacitly approved on April 19, 2006);
2. Convention regarding transfer of sentenced persons between the Government of the Republic of Suriname and the Government of the Federative Republic of Brazil (SB 2006 no 51);
3. Extradition convention between the Government of the Republic of Suriname and the Government of the Federative Republic of Brazil (approved on April 19, 2006);
4. De overeenkomst tussen de Republiek Suriname en de Republiek Frankrijk inzake samenwerking van de politie aan weerszijden van de grens (ondertekend op 29 juni 2006);
5. Agreement between the Government of the Republic of France regarding reduction of illegal residence of persons (signed on November 30, 2004);
6. Declaration of intent between Suriname and France regarding Regional Border-crossing Collaboration in the area of Civil Security and assistance to persons (signed on January 12, 2010);
7. Finance agreement between Suriname and France regarding institutional support for national security of Suriname (April 20, 2010);

8. Draft act including approval of the agreement between the Government of the United Kingdom of Great Britain and the Government of the Republic of Suriname regarding transfer of sentenced persons (signed on June 29, 2002);
9. Draft act including approval of the entry of the Republic of Suriname to the European Convention of the transfer of sentenced persons (approved on May 29, 2007);
- 10 Agreement between the Government of the Republic of Suriname and the Government of the Federative Republic of Brazil for the Prevention, Control and Suppression of the Illicit Production, Traffic and Consumption of Narcotics and Psychotropic Substances (SB 1989 no 111);
- 11 Agreement between the Government of the Republic of Suriname and the Government of the Republic of Colombia regarding the prevalence of consumption, suppression of and trade in narcotics and psychotropic substances (signed on November 11, 1993);
- 12 Agreement between the Government of the Republic of Suriname and the Government of the Republic of Guyana regarding the prevalence if the consumption, suppression and control illicit production of and trade in narcotics and psychotropic substances (SB 1992 no 56);
- 13 Protocol between Suriname and Guyana (October 22, 1998);
- 14 Agreed minutes of the 2<sup>nd</sup> meeting of the sub- committee of the Suriname/Guyana border Committee, held in Paramaribo, (25 May 2002);
- 15 Agreed minutes of the 4<sup>th</sup> Joint Meeting of the Sub-Commission of Suriname/Guyana border commission, Paramaribo (10 March 2003);
- 16 Agreement between the Government of the Republic of Suriname and the Government of the Republic of Venezuela regarding the prevalence of the consumption, suppression and control of the illegal production of and trade in narcotics and psychotropic substances (VB 1990 no. 10);
- 17 Draft act including approval of the agreement regarding drug control and maintenance of law and order between the Government of the Republic of Suriname and the Government of the United States of America (SB 2002 no. 26);

- 18 Agreement between Suriname and the Netherlands regarding extradition and legal aid in criminal cases (VB no.16 – trb. 1983 no.8);
- 19 Basic Agreement on the Scientific and Technical Cooperation between the Government of the Republic of Suriname and the Government of the Federative Republic of Brazil for implementation of the project: *Technical training for repression of organized crime*. Signed on September 10, 2009);
- 20 Agreement regarding drug control between the Government of the Republic of Suriname and the Government of the United States of America (approved on March 7, 2002);
- 21 Agreement between the Government of the Republic of Suriname and the Government of the Kingdom of Great Britain and North Ireland regarding the transfer of sentenced persons (tacitly approved on October 21, 2004);
- 22 Agreement between Suriname and the Netherlands for expansion of the Legal Aid Convention (approved on January 16, 2008);
- 23 European Convention on the Transfer of Sentenced Persons (Strasbourg, March 21, 1983) (explicit approval on May 29, 2007).



## Reference documents

- Criminaliteitsbeeld Analyse 2007 – 2008, Ministry of Justice and Police
- Draft Hemispheric Action Plan on Drugs 2011 – 2014, OAS/CICAD 2011
- Drug Control Master Plan 2010 – 2014 Pakistan, Government of Pakistan, Ministry of Narcotics Control/Anti Narcotics Force 2010
- Hemispheric Drug Strategy, OAS/CICAD 2010
- Het Nationaal Drugs Preventieplan 2011 – 2014, Ministry of Health/NAR 2011
- How to Develop a National Drug Policy, A guide for Policymakers Practitioners and Stakeholders, OAS/CICAD & CARICOM
- Nationaal Drugs Masterplan 2006 – 2010, Ministry of Health/NAR 2006
- Prevention Plan National Perspective Care and Treatment of Drug Addicts, PCS
- Outpatient clinic Care and Treatment of Drug Addicts, PCS 2008
- Revitalization Care and Treatment of Drug Addicts PCS, PCS 2011