



SURIDIN

Suriname Drug Information Network

Annual National Report 2002

**December 30, 2002
Suriname**

This report is a compilation of material gathered from existing documents and reports on drug abuse, prevention and control in Suriname.

Many organizations dealing with relevant aspects on this matter have contributed to the report, including the private drug treatment and rehabilitation centers, the Bureau Alcohol en Drugs of the Psychiatric Center Suriname and the authorities responsible for drug control, of whom the Customs Office, The Military Police, the Narcotic Squad and the Judicial Department of the Ministry of Justice of Police.

The report also represents the proceedings of the First Network Meeting held in Paramaribo, on October 30, 2002, organized by the National Anti-Drug Council Suriname, and supported by the UNODC.

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For further access to information and resources on drug information systems visit the UNODC Global Assessment Programme on Drug Abuse (GAP) website at www.undcp.org, email gap@undcp.org, or contact: Demand Reduction Section, UNODC, P.O. Box 500, A-1400 Vienna, Austria.

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The National Report is produced by the National Anti-Drug Council Suriname (NAR) as part of the activities of the Special Service Agreement between the United Nations Office on Drugs and Crime (UNODC) and the NAR.

On several occasions, several reports, including the Multilateral Evaluation Mechanism, have recommended to set up a system that will enable the country to collect data, analyze and disseminate the information for internal and external use.

A national network is needed in order to contribute to the policy, monitoring and evaluation activities at all levels of drug prevention and control. It is observed that many sources exist in the country where relevant and specific information related to the source is kept in a certain format. Because of the lack of a national coordinating authority where all data can be brought together in one format for analysis, dissemination, and reporting, most of the existing information is not readily available and is only reported on request. There is indeed a great need for one consistent and uniform system for data collection, analysis, and reporting of information for internal and external use.

Much has been done in this regard, like the introduction of the ASICUDA system in the Customs Department, the introduction of CICDAT and SIDUC as supported by the comprehensive model of the Inter-American Observatory on Drugs and the regional efforts coordinated by the CAREC/DAESSP.

In October 2002, the NAR organized the first meeting with most of the active organizations in drug prevention and control, to discuss the need for a national network and to build support for a national drug information network in Suriname. This report, introducing the SURIDIN (Suriname Drug Information Network) in its initial phase is the result of the efforts of all the parties involved at the meeting.

The NAR would like to thank the UNODC, the OAS, the CAREC/DAESSP and the organizations and institutions in charge of the activities in drug prevention and drug control in Suriname for their participation and contribution to the first network meeting and their commitment to further participate in activities towards the setting up and improvement of SURIDIN.

Abbreviations

ARQ	Annual Report Questionnaire
BAD	Bureau Alcohol and Drugs
CARIDIN	Caribbean Drug Information Network
CAREC	Caribbean Epidemiology Centre
CARIFORUM	Caribbean Forum (Group of 15 independent Caribbean States)
CICAD	Inter-American Drug Control Commission
CICDAT	Uniform Statistical System on Control of Supply Data
DAEESP	Drug Abuse Epidemiological and Surveillance System Project
FACTF	Financial Action Task Force
GAP	Global Assessment Programme
HONLEA	Heads of National Drug Law Enforcement Agencies
IDECA	International Drug Enforcement Conference
NAR	National Anti-drug Council Suriname
NGO	Non-Governmental Organization
OAS	Organization of American States
SIDUC	Inter-American System of Uniform Drug-Use Data
SURIDIN	Suriname Drug Information Network
UNODC	United Nations Office on Drugs and Crime

Executive summary

The first meeting in preparation of the network, held in October 2002 in Paramaribo, was very important, both for the National Anti-Drug Council as well as for the organizations active in drug prevention and control. It proved to be a unique setting to learn about each other and to discuss about the common need for related information for their work.

The participating organizations agreed that there was a long perceived need to come together and exchange experiences and information, in order to pool resources and efforts. It was observed that the institutions have limited access to information and capacity to gather and disseminate. It turned out that a lot of data is already being collected. This ranges from the number of arrests to the type of clothing that the perpetrator was wearing, trafficking routes and methods and demographic data. Nevertheless, there is no communication between the agencies. There is also a great need within the institutions for resources, training and capacity building.

There is a variety of data that is already being gathered by all institutions, for their own purposes, for their own system and in their own formats. The obstacles faced are:

- There is no coordination of activities, no resources to set up the coordination, no uniformity in data collection and lack of trained personnel and of equipment.
- There is no inventory or national overview of what data is needed.
- There is no structural reporting of core data to a central analysis and disseminating authority. Reporting is done on a request basis only.
- The dissemination of available data needs to be improved. To improve this data there is a great need for uniformity of data collection, equipment, training, and exchange methods of data between the agencies.

The establishment of a national and regional information system would assist with capacity building at local level to collect data that can guide demand and supply reduction activities, but also to improve national, regional and global reporting on drug trends.

The organizations support the intention to work together towards a national drug information network for Suriname, called the SURIDIN (Suriname Drug Information Network). Follow up meetings in this setting are needed to agree on the needed data, the reporting format and the reporting frequency. These organizations will together set up and improve the SURIDIN.

The participants agreed that the NAR should be in charge as the coordinating authority in this effort: to receive the data from the several sources and to analyze these and put together in approved formats, to be reported on a regular basis. External support will be needed to assist with the setting up of this body.

The participating agencies should develop and agree a standard form for data collection, train the field workers, especially in data collection, periodically reporting to the NAR and exchange and compare the recorded data.

It was recommended to:

- Gather the data from the diverse sources in one format, analyze it and disseminate the data to policy makers, program planners, practitioners, researchers, and the public, so that it is useful in all their needs.
- Develop an integrated system for the collection, exchange and comparison of data.
- Implement training for personnel involved in drug abuse prevention

The short term planning includes:

- Follow-up meeting with all parties involved to agree on the needed data, the available data, the reporting format and the reporting frequency.
- Appoint/establish a central body to be put in charge of central data gathering, analysis, and dissemination.
- Set up formal communication links with the organizations involved.
- Inventory of training needs in drug prevention and drug control organizations
- Train relevant partners including teachers and other prevention and drug control workers in data collection, analysis and reporting
- Exchange of information between public and private prevention organizations
- Perform Prevalence studies in high-risk groups, and other studies such as within the SIDUC system.

Introduction

General Overview

The Republic of Suriname covers 163,820 km² along South America's northeast coast. It borders French Guyana in the east, Guyana in the west, and Brazil in the south. The country has a tropical climate, with an annual average temperature of 28° C.

Suriname is governed as a parliamentary democracy, in which legislative power rests with the National Assembly's 51 elected members.

The country is divided into 10 administrative districts that are subdivided into 62 regions. GDP growth rates dropped from 7% in 1995 to 2% in 1998. In 2000, it was estimated that between 50% and 75% of the population lived below the poverty line.

The ethnic composition of Suriname's population is 35% Creole, 35% East Indian, 16% Indonesian, 8% Maroon, 3% Amerindian, 2% Chinese and 1% European, Lebanese and others. Suriname's economy continues to depend on the bauxite, timber, and rice sector.

The Government of Suriname has ratified the illegal drug treaties of the United Nations (1961, 1971 and 1988) by which the Government has committed itself to the forbidding and making punishable of the use of a great deal of drugs for non-medical purposes, such as the possession and use of marijuana, cocaine and heroine.

With the assistance of the UNODC, a new legislation on illegal drugs was drafted and approved by the National Assembly, in 1998. Adaptation and completion of the old legislation from 1955 has, for the greater part, to do with the fight against the (international) trade and trafficking.

The national policy of the Government of Suriname with regard to drug control is contained in the Strategic Drug Master Plan of the Republic of Suriname (July 1997), which has been updated and modified for the policy period 2000-2005.

This document deals with the supply reduction (especially the legislation and tracking down and the prosecution in relation to the trade and trafficking of drugs) as well as demand reduction (drug prevention, treatment, and rehabilitation). Also, attention is being paid to the national policy structure and the international cooperation.

With the policy document, the government aims at an integrated and coherent policy that serves as starting point and source for all the sectors relevant to drugs. Following four policy objectives are formulated in the document:

- To take measures to visibly decrease the supply of drugs into Suriname and the trafficking of drugs through Suriname.
- To take measures to reduce the demand for drugs effectively.
- To take measures to fight the side effects of the drug problem.
- To take organizational and infra-structural measures to strengthen the institutions in charge with dealing with the drug problem.

These policy objectives can only be reached with the support of an underlying information network. As mentioned before, this network would be the primary source of data to be analyzed

and disseminated for policy and monitoring purposes and to measure the changes in drug demand and supply reduction.

Suriname has ratified all relevant anti-drug agreements and conventions, and has entered into a bilateral formal cooperation with Guyana, Brazil, Venezuela and Columbia to fight the international drug problem. In addition, Suriname maintains with various countries informal contacts on police matters. The agreement on legal assistance with the Netherlands is already approved and being implemented.

To strengthen the drug control apparatus in Suriname, a letter of agreement was signed with the United States of America. Suriname has adopted the recommendations of IDEC, HONLEA, CICAD, UNODC and FACTF for regional drug control.

The fight against drugs is primarily the task of the Narcotics Squad of the Suriname Police Corps, Customs, and the Military Police Corps. We cannot speak of a healthy co-operation, and harmonization of each other's activities does not take place. Incidental cooperation and collaboration, however, does take place in concrete cases which have a penal character, and which have to be investigated under the supervision of the Public Prosecutor.

Within the "Suri-Storm" operation, it is indicated that under the central supervision of the Attorney General it is possible to create a good cooperation between the several services in charge with the detection and prosecution of the criminal acts.

The preventive and rehabilitation policy is up to now insufficiently formulated. Insofar as we can speak of formulation of this policy, this has been done by institutions, which occupy themselves with this matter, without this policy being sanctioned by the Government or the Ministry of Health. There are also several organizations, which occupy themselves with prevention, although their activities are insufficiently harmonized, while many of these organizations lack the expertise and even the means to execute a sound preventive and/or rehabilitation program.

Most stakeholders in governmental agencies and NGOs have been working in the field of drug prevention for many years and have, therefore, acquired a lot of experience, professionalism, and knowledge. Especially compared to many other Caribbean countries, the involvement of professionals in drug demand reduction in Suriname is characterized by continuity. This is important with respect to the implementation and the sustainability of the project.

NGOs, especially "foundations" ("stichtingen"), are flourishing in Suriname. In some cases, these NGOs are closely linked to governmental agencies. The amount of NGOs working in the drug prevention field is probably typically for the Surinamese situation. This should be judged positively, since in many cases NGOs are far better equipped to implement activities in the area of drug prevention than governmental organizations. Having said that, many stakeholders require not only good working relationships between the government and the NGOs, but a good co-operation and co-ordination between all parties involved as well

Hardly any research has been done on the nature and extent of drug use in Suriname. More reliable information is desperately needed for the development of effective interventions. If policy relevant information is lacking, interventions can only focus on non-using groups (mostly school students) and not on specific risk groups or current drug users.

The main restraint for the implementation of primary prevention activities is financial resources. The Bureau Alcohol and Drugs (BAD) has experience in drug education in schools and community based prevention. Apparently, these interventions were quite successful, but it is, however, clear that these interventions were not implemented on a scale that is necessary to have an impact on drug use among school students and in communities.

Currently there are 6, mostly faith based NGOs with in-patient facilities or are about to start their activities. It is estimated that there will be room for 160 clients in treatment facilities shortly. Given the number of people living in Suriname and compared to other Caribbean countries, 160 beds seem to be a substantial amount.

The increase in the number of facilities might indicate that there was indeed a need for more treatment. However, given the absence of a system to assess the demand for treatment, it is impossible to judge whether or not there is currently a need for another treatment facility, managed for the Government by the BAD.

Given the increase of the number of treatment providers, the quality of treatment should be subject of attention. The impression is that improvements are possible. The treatment centers have an urgent need for training, equipment, and accommodation.

Interventions focusing on tertiary prevention are lacking.

The Network

The Caribbean Drug Information Network (CARIDIN) extends to the 15 CARIFORUM countries and the Dutch and British Caribbean Overseas Countries and Territories. Information on both licit and illicit substances is collected from various sources as outlined below. Each island, through its National Drug Councils establishes a National Drug Information Network (NDIN), which collects information that feeds into CARIDIN. Both the regional and national network seeks to collect and disseminate information so as to inform policy makers and the general public. The network, which is made up of all institutions that collect information on substances, will play a major role in the demand and supply reduction efforts of the Caribbean.

SURIDIN will be an integrated part of the regional network CARIDIN. It will act as the national focal point for the CARIDIN to ensure the continuity of activities such as data collection, represent the country in regional technical meetings, prepare, and disseminate national reports. The general purpose of the network is to contribute to the elimination or reduction of drug abuse and its health and social consequences, and recognize that effective strategies need to be built on a sound evidence base. The role of the network is to provide this information and engage in a dialogue with policy makers on its implications for programming.

The members for the network include researchers as well as representatives of agencies that work with drug abusers, such as public health, private and other medical institutions, law enforcement agencies, drug abuse treatment programs.

In most cases, network members are those who have access to information or know where such information is available. They meet once or twice a year, and bring their information to the meeting to be reviewed, compared and discussed by the other members of the agencies.

As discussed earlier, there will be one focal point for data collection for the country as a whole and that will also be responsible for preparing a national report and presenting this in the regional forum. Policy makers and others who have little time to review information can easily use standardization of reporting and reports. With standardization, comparisons can be made across data sets and across time.

The short-term actions mentioned above will contribute to timely actions in order to start up and improve SURIDIN.

Overview of drug situation and trends

Drug abuse

Marijuana, according to a timetable, is the oldest and most used drug in Suriname. It is used throughout all layers of the population, and lies in fact and financially within the reach of the users. Recently, according to police reports, an increase was seen in the presence and use of marijuana in Paramaribo. In the interior of Suriname, marijuana is still grown unhampered on a large scale. This marijuana is trafficked by the inhabitants of the interior in Paramaribo, where the trafficking takes place in small as well as large quantities. In numerous public places, on street corners and in houses, user quantities are sold. Especially youths are guilty of such use.

In the eighties, a trend became apparent of a visible presence of cocaine in Surinamese society, which was evident from the seizure of small quantities of cocaine from drug suspects. Drug-related crime also came to the attention of the police.

It soon appeared that Surinamese territory was used for the import and transit of cocaine. Foreign drug organizations had expanded their drug network to Suriname aided by Surinamese partners. The cocaine was supplied from Columbia and Bolivia either directly and/or through Brazil to Suriname by means of Brazilian schooners and aircrafts, which landed in the interior of Suriname. The earlier mentioned favorable circumstances for the foreign drug organizations in Suriname, the possibilities of protection, the inadequate control of the Surinamese waters and the interior, and the strategic position of Suriname on the South American continent, with direct connections to Europe by air and by sea, more in particular with the Netherlands, made Suriname a drug transit state by excellence. Suriname formed together with other Caribbean countries an important link between the drug producing and the drug-consuming countries.

Of course, the effects of this transit trade have left their mark. As the cocaine trade is also paid by cocaine, Suriname is also confronted with Surinamese drug organizations. The presence of cocaine in Suriname led to a lower threshold for the use of cocaine in Suriname, the roughening of criminality, and the increase of drug-related crime.

Suriname could not respond adequately to this new drug problem, because its powers were not sufficient to deal with this problem, and moreover, a national anti-drug policy that had to address

the drug policy was lacking. Suriname itself did not have a view of the actual size of the drug problem in Suriname, and often had to be "informed" by the foreign press.

The transport or transit of cocaine via Suriname takes mainly place to Europe, i.e. the Netherlands. As a result of the direct connections which exist between the international airports of Suriname and the Netherlands, and the sea connections between Paramaribo and other sea ports in the Netherlands and Europe, the cocaine can be easily shipped between tons of traditional Surinamese cargo, which is loaded in almost every aircraft and or vessel destined for the Netherlands.

At this moment, a well functioning control system is lacking at the airport. There are no modern detectors to detect the drugs in the freight.

Considering the fact that with these transports already large quantities of drugs were seized in Suriname and abroad, the drug organizations are now looking for other drug routes and transportation methods. The routes Paramaribo - French Guyana - Paris - the Netherlands, or Paramaribo - Antilles - the Netherlands, or Paramaribo - England - the Netherlands etc. are already known.

The transportation methods become increasingly professional, as attempts are made to withdraw the drugs from the detection possibilities of the law-enforcement authorities.

Due to the abundance of cocaine in Suriname, the use of this drug is now also within the reach of many who can afford to pay for it. The cocaine variety "crack", which is cheaper and more dangerous, has also been introduced in Surinamese society, especially on the user market.

The fight against drugs is presently the task of the Narcotics Squad of the Suriname Police Corps, Customs, and the Military Police Corps. We cannot speak of a healthy co-operation, and harmonization of each other's activities does not take place. Incidental cooperation and collaboration, however, does take place in concrete cases which have a penal character, and which have to be investigated under the supervision of the Public Prosecutor.

The Narcotics Squad has so far not succeeded in fighting the actual drug organizations.

The drug control culture is influenced by fear and insecurity of the law enforcement officers, while threats with physical and psychological violence from crime organizations are regularly addressed to the law enforcement officers.

In addition, serious attempts are made by members of the crime organizations to infiltrate in important and sensitive services of the police, while on the other hand attempts are made to affect the integrity of law enforcement officers and of law enforcement in general, by means of subtle bribing techniques and accusations.

Information on drug consumption

Drug Treatment

The drug treatment facilities have their own program and independent data record and collection systems. Drug users can go for ambulant treatment to the government owned psychiatric center and non-governmental (free of charge), faith based and private owned in-patient treatment centers (symbolic or fixed monetary contribution).

The treatment methods involve education, counseling and information, bring back discipline in the daily life, and social education. The programs focus on what drugs their clients are using and how these drugs are used. Those seeking treatment enter the facility upon request of their family, or law enforcement (by court order), prison evangelization, media or self-motivated.

Suriname has one public ambulatory program and six private regional centers for treatment and rehabilitation, social reintegration and aftercare. There is only preliminary data available on people treated or seeking treatment (see table 1 and 2). No study has been conducted to evaluate the effectiveness of treatment and rehabilitation programs.

In 2001, according to the data provided by the Bureau of Alcohol and drugs, the average age of first use of alcohol was 12 year for males; for tobacco it was 10 year for males and 12 year for females; for marijuana it was 12 year for both, and for cocaine it was 12 year for males. There are no injecting drug users and there is no data to identify the morbidity or mortality associated with drug abuse.

The treatment facilities saw the advantage of their participation in the network because this will bring them to a better understanding of how data regarding drug use is recorded and collected. It can also help them access additional resources to understand the drug situation in their community.

Law Enforcement

Suriname has not developed or applied an integrated system for the collection, analysis, and maintenance of drug-related statistics and other information. The CICDAT that was introduced some years ago has not been adapted to the changed needs and does currently not respond to the needs.

The Government gathers and reports drug related statistics from periodic reports requested from relevant authorities to the International Narcotics Control Board (INCB) and the United Nations Office on Drugs and Crime (UNODC) Annual Report Questionnaire.

Different entities are responsible for the exchange of internal operational information and for collaboration with similar regulatory agencies in other countries. In the year 2000, Suriname reported 4 drug seizures totaling 61,500 tablets of ecstasy. There were no reports on seizures of ecstasy in 2001-2002.

Operational information exchange and collaboration among the national authorities responsible for controlling illicit drug trafficking are facilitated through interagency committees or joint forces/operations. On April 4, 2002 the Attorney General was appointed in charge of the National Coordination Commission of Suriname (NCCS) with representatives from the Police Corps, the Military Police, the Marine and the Customs Department. The NCCS functions as the unit to receive, analyze and disseminate information regarding movement of drugs through waterways and the air. This unit is also part of the regional network for the countries in the Caribbean.

No information is available regarding the number of persons arrested, tried or convicted for illicit trafficking of firearms and ammunition. Suriname has approved in August 2002 specific legislation for the control of money laundering in accordance with international conventions.

Public Health Reports of Infectious Diseases

In Suriname, the primary method of spreading HIV is through heterosexual contact. When we look at the correlation HIV/Drug Abuse, there are distinctive patterns that surface. According to these patterns, we can distinguish between direct and indirect transmission of HIV as a result of Drug Abuse. Direct transmission entails sharing of needles, thus blood products. Indirect transmission is a result of hallucination, the subconscious state that one gets into, thus one cannot account for his/her actions. We notice that the latter generally occurs at raves. It is believed that there is a reciprocal relationship between drug use and (unsafe) sex practices.

As regards direct transmission, it is save to say that in Suriname the use of needles for blood exams etc. at e.g. the Red Cross and in hospitals is quite save. There are in fact no cases reported of people getting infected by HIV through intravenous tapping of blood at the Red Cross. Suriname has no reports of injecting drug users.

There are several factors displayed among persons that are high-risk groups for HIV and Drugs Abuse in Suriname. Some of these are:

- In both cases, the primary target group is adolescent boys, between the ages of 15 to 24.
- Both can be the result of socio-economic factors.
- Both are the result of deviant behavior and thus both require attitude change.
- In both cases, the individual's choice is important.

It may be of essence to know that change of risk factors also includes education and monitoring of peer groups. In order to decrease the incidence of HIV and Drugs Abuse, we need to focus on a change of behavior and guard against creating resistance to prevention information.

Survey data

There is no standard data collection and reporting system.

The Bureau Alcohol and Drugs, the only government institution, is in charge of ambulatory services to addicted persons and their families. The data collected and available is minimal. There is no uniformity in data collection between the private organizations and there is no exchange of data between the organizations.

In 2000, Suriname conducted the Global Youth Tobacco Survey, which revealed that 20% of students currently smoke some form of tobacco; 16% currently smoke cigarettes; 8% currently use some other form of tobacco.

In 2002 a study was done under secondary school students, as developed and supported by the CAREC and OAS/CICAD. Preliminary results show that about 37% of all students started using drugs out of curiosity, while 27% did it because of personal problems. It also turns out that 28% of the 2,507 surveyed students mention among other things better school results as a reason for using drugs. (It would be of great interest to know if this motive is linked to a particular drug) Only 9% start using drugs because of tough behavior. The final report is expected to be received soon.

Existing data sources

There is no centralized system for data gathering with regard to drug prevention and control. The institutions involved do have some information, which is available in a scattered and non-uniform format. Exchange of information is rarely practiced. However, there is some data available at the level of the individual organizations that can be requested and received. With some effort, and the cooperation of these organizations, it will be possible to work together with these organizations towards uniform data formats to be reported on a structural basis.

The NAR receives information from the organizations (Judicial Department, Customs Department, Narcotic Squad, BAD, Private treatment facilities), only when requested, for specific reports or purposes. The information is not in a standard format as requested, making it almost impossible to make comparisons.

Treatment data

As mentioned before, there is no structural collection of data from the several organizations active in drug prevention and treatment. A start has been made with the introduction of simple and uniform registration forms for these organizations to be registered with the Bureau of Alcohol and Drugs.

As preliminary data shows, the average length of stay in the private drug treatment facilities is between 18 and 24 months. One of the private centers reports the following information on its clients:

Table 1: Clients admitted for treatment in “Victory Outreach” 2001 and 2002

Drug use	2001		2002		In treatment 2001	Finished treatment 2002
	M	F	M	F		
Heroin	7	1	5	1	2	1
Cocaine	63	6	36	7	12	10
Heroin + Cocaine	5	0	3	0	2	1
Alcohol	2	0	1	0	0	0
Total	77	7	45	8	16	12

The only government facility, the Bureau Alcohol and Drugs, provides ambulatory treatment and counseling services for alcohol and drug abuse. Clinical and medical treatment of clients is provided by the Psychiatric Center Suriname.

Following is an overview of the clients seen in 2001.

Table 2: Clients visited the BAD in 2001, by age group and gender, for type of drug.

Age group	Alcohol		Tobacco		Marijuana		Cocaine		Combination		Glue		Gambling	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
12													1	
13 - 15								1						
16 - 20					3	1								
21 - 25			1		2				1					
26 - 30									2					
31 - 40	5						3	1	4					
41 - 50	8				1		2						1	1
51 - 60							1							
60 plus	1													
Total	14	0	1	0	6	1	7	1	7	0	0	1	1	1
Total	M	F												
	36	4												

Arrest and Seizure data

The following data is available with regard to the number of seizures by law enforcement agencies and quantities of drug seized, in the period 2000-2002.

Table 3: Number of drug seizures from various law enforcement agencies by drug type

Number of cases concerning	2000*	2001**
Cocaine	157	86
Marijuana	64	57
Ecstasy	4	0
Hashish	3	3
Heroin	2	0

Source: Judicial Department, Police Corps Suriname

* From April – December 2000

** From January – September 2001

Table 3 shows a decrease in the number of cases related to drug trafficking, as compared between April 2000 and October 2001. It can be concluded that the number of cases concerned

with Marijuana also shows a decrease. An acceptable explanation for this trend may be that because of depletion of the financial resources needed for equipment for counter activities (infrastructure, materials, human resources) these activities are postponed or not implemented. Other reasons might be the shift of concentration from Marijuana to Cocaine (Marijuana is being brought out of the taboo situation) and probably the de-motivation with the law enforcement officers in drug offences.

Looking at the amounts of drugs seized, however, one can conclude that these amounts are larger per seizure.

Table 4: Quantity of drugs seized 2000 - 2001

Amounts seized	2000 *	2001 **	Total
Cocaine (kilogram)	146.3	1,360	1,506.3
Marijuana (kilogram)	269.7	18.7	288.4
Ecstasy (tablets)	61,500	0	61,500
Hashish (gram)	5	1	6
Heroin (gram)	4	209	213

* From April – December 2000

** From January – September 2001

Source: Judicial Department, Police Corps Suriname

Looking into detail, there are 3 big seizures: April 2000: 221 kg of Marijuana
 March 2001: 1,147 kg of Cocaine
 June 2001: 78 kg of Cocaine

When we leave these three cases out of consideration, we see that cocaine remains the most important drug being seized. The quantities show an increasing trend in the 2nd and 3rd quarter of 2001. Thus, we see a decrease in number of arrests (see table 6), but an increase in the total amounts seized. This leads us to a possible conclusion that traffickers are using other methods for trafficking than the “traditional” swallowing of drug “sausages”. The traditional swallowing is seen as less productive than other methods, where larger quantities can be moved for less expenses and risks. The quantities of Marijuana seized are of neglectable trend.

Looking at the method of trafficking, we see that swallowing is the most popular way to traffic cocaine in 2000. But this method is less popular in 2001, showing a decreasing trend. This can be explained by the decrease of popularity for swallowing drug “sausages”, being a primitive way to move small quantities of cocaine. Traffickers are looking at more efficient methods, to move larger quantities (table 5).

The use of baggage/bags and clothing as hiding place remains stable.

Table 5: Methods of drug trafficking

Method	April – Dec. 2000	Jan – Sept. 2001	Total
Swallowed	92	44	136
Bag/baggage	45	46	91
Clothing	53	51	104
Body Pack	6		6
House ??	5		5
Swallowed + Bag	3		3
Parcel	2		2
Aircraft	1		1

Source: Judicial Department, Police Corps Suriname

It is observed that some traffickers are paid in kind for their services. These quantities are brought on the streets, leading to a sharp decline of the street prices for drugs. One single dose of crack can be bought on the streets for under one US\$. There is no information available on the purity of the drugs. The number of persons arrested and/or charged for illicit drug trafficking or illicit drug possession has decreased, as the following tables indicate:

Table 6: Persons arrested for illicit drug trafficking and possession

Offence	2000	2001	2002
Illicit drug trafficking			
Number of persons arrested	215	90	22
Number of persons charged	265	161	12
Illicit drug possession	560	359	70
Number of persons arrested			

There is no information available, regarding the number of persons convicted for drug trafficking, charged or convicted for illicit drug possessions, or illicit drug possessions for personal use.

Prison system

Suriname has 3 detention centers in total. These are mixed and all inclusive from remand to maximum security. The total capacity is 748 males, 40 females and 50 juveniles.

The current occupancy is 734 males, 39 females and 47 juveniles. No data is available on drug-related offenses at the prison.

Every police office has lock up facilities for arrested persons. There are 5 major police cells in several locations in Paramaribo. These cells are intended to lock up arrestees for a maximum period of 42 days. However, in times of lack of space in one of the three prisons, these cells are also used as prison cells. The occupancy rate for the prisons is normal, but the police cells are tremendously overcrowded. The total maximum capacity for these prison cells is 395 persons. The actual capacity is 722 persons of which 219 persons are sentenced. As of June 2001, 161 persons connected to drugs offences, were held in the police cells.

Qualitative data

Key informant surveys

There are reports that drug dealers often recruit children for trafficking activities. It is also reported that children are administered drugs (by their parents or caretakers) and left at public entertainment places where these kids are involved in sexual activities. Formal reports are not available, but can be obtained by the Juvenile Crime Department of the Police. Since this is a highly sensitive issue, it is almost impossible to obtain any detailed information. This department will be involved in a later stage in the SURIDIN activities.

One other recent symptom is the “sex for drugs” business where addicted persons engage in sexual encounters to fulfill their need for drugs. Others report the need for drugs in order to be able to engage in commercial sex, in order to survive the hardships of life.

Focus Groups

There are no official reports on focus assessments dealing with the issue of drugs. It is known however, that community workers do have some information on drug abuse in their communities. Community workers have been trained in dealing with drug addicted members in the community. There is no structural collaboration with these community workers.

School surveys would only be mentioned under the heading surveys, as they do not belong to the methodological category of in depth interviews.

The Institute for Social Scientific Study, a department of the University of Suriname, has finished the preliminary analysis of the Drug use Survey under Secondary School Students, as developed and supported by the DAESSP/OAS. The final report is expected to be received soon.

Following is a brief overview of the results of the survey:

About 37% of all students started using drugs out of curiosity, while 27% did it because of personal problems. It also turns out that 28% of the 2,507 surveyed students mention, among other things, better school results as a reason for using drugs. Only 9% start using drugs because of tough behavior.

The survey is part of a larger regional research program among students in the 13 - 17 year age group and was done in 115 secondary schools in Suriname.

Ethnographic studies

There is no information available on this topic, except for the results out of the Drug use Survey under Secondary School Students. The final report is being awaited.

Future directions

Priority areas for future development are identified and should be followed-up for further improvement of the network. The NAR, in the absence of an officially appointed responsible body, will be in charge of further guidance. Following fields and activities can be identified:

Overall development of SURIDIN

Short term

- Follow-up on preliminary meetings to concretize network.
- Involve additional stakeholders identified.
- Complete basis data set about these organizations.
- Formally appoint SURIDIN network members.
- Organize national conference with OID/OAS, UNODC, CARIDIN/DAESSP to streamline national efforts towards one SURIDIN.

Mid term

- Inventory of available data per organization.
- Inventory of needed information per organization and per reporting level.
- Develop reporting forms for organizations.

Long term

- Develop system for data collection, analysis and dissemination
- Feedback to reporting organizations and other organizations needing information.
- Maintain communication between the network agencies.
- Coordination between information sources in the country
- Provision of necessary material and information ahead of time
- Provision of equipment and technology
- Secure Funding
- Set up and maintain communication between the agency and the government

Drug demand reduction

Short term

- Formal registration of all drug treatment and rehabilitation centers
- Set up data base of these organizations
- Set up formal communication links with these organizations.

Mid term

- Receive minimal data set on periodic basis from these organizations
- Feedback to these organizations in order to increase and improve data reporting.

Long term

- Institutional strengthening of the organizations, including support with equipment and training in order to facilitate their ability to gather and report data.
- Implement a national system of drug abuse prevention programs that target key populations such as youth outside the school system, street children, and working children.
- Compile a drug prevention program for the community and education and the risk groups.
- Conduct research on the use of drugs in specific age groups and focus groups.
- Advice the community on matters of drug use

Drug control

Short term

- Inventory of drug control organizations and set up basic information set on these organizations
- Inventory of available data at these organizations
- Inventory of needed data by these organizations and external organizations

Medium term

- Develop a system to compile information regarding the number of persons convicted for illicit drug trafficking, charged or convicted for illicit drug possession.
- Number of drug users in contact with police
- Number of police arrests and seizures

Long term

- Maintain formal and periodic reporting system for drug control information set.

Training and education

Short term

- Inventory of training needs in drug prevention and drug control organizations.

Mid term

- Inventory of available training possibilities on national and regional level

Long term

- Training of drug control personnel, Narco-Intelligence Unit and the Task Force
- Training of personnel involved in drug abuse prevention

Data and research

Short term

- Inventory of needed data (see above)
- Inventory of surveys needed

Mid term

- Surveys to gather data on
 - a. Treatment data: Number of admissions, type of drug used, frequency and quantity by age and gender.
 - b. Number of admissions to the psychiatric hospital with drug related psychiatric disorders by drug type, age and gender
 - c. Number of police arrests and seizures related to drugs, drug prices and purity by age and gender
 - d. Number of drug users in contact with treatment services (including pattern of drug use by age and gender)
 - e. Number of inmates admitted to the prison with a their primary problem related to drug use

Long term

Further consolidate the establishment of a drug information network to support an integrated Drug Information System.

Ensure regular network meetings and the steering committee to oversee the development of the network and to undertake the administration of the network, coordination of data collection, data analysis and data dissemination.

Conclusions and recommendations

Conclusions

Drug information systems provide a multi-disciplinary platform for the sharing and discussion of drug consumption data and greatly enhance the capacity to develop data collection and the accurate interpretation of trends. It also provides a bridge to guide policy and the implementation of demand reduction activities.

Suriname has reflected progress in the area of demand reduction and the organization of significant treatment coverage.

The increase in transit and the presence of drugs in the country constitute the basis for the need to develop and strengthen the communication between all agencies working in this area.

Recommendations

1. Develop and apply an integrated system for the collection, analysis, and maintenance of statistics and documents.
2. Implement specialized training for personnel involved in drug abuse prevention.
3. Conduct research on the use of drugs in the general population. Special attention to be paid at new trends in drug use and drug trafficking, especially the use of XTC pills and glue sniffing.
4. Evaluate treatment, rehabilitation and prevention programs.
5. Develop a system to compile information regarding the number of persons convicted for illicit drug trafficking, charged or convicted for illicit drug possessions.

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Appendices

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