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MULTILATERAL EVALUATION MECHANISM (MEM)

*Evaluation Report on Drug Policies:
Measures of Prevention, Treatment, and
Recovery Support*

Suriname

Inter-American Drug Abuse Control Commission (CICAD)
Secretariat for Multidimensional Security (SMS)

2021



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**Evaluation Report on Drug Policies:
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EIGHTH EVALUATION ROUND

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PREFACE

The Multilateral Evaluation Mechanism (MEM), established by a mandate from the Second Summit of the Americas (Santiago, Chile - 1998), is a unique multilateral evaluation tool designed to measure the progress made and challenges faced by the member states of the Organization of American States (OAS) in implementing the Hemispheric Plan of Action on Drugs of the OAS Hemispheric Drug Strategy, currently in force.

The Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS) is the OAS specialized agency in charge of implementing this Mechanism.

The current MEM round is based on the objectives of the Hemispheric Plan of Action on Drugs 2021-2025 of the Hemispheric Drug Strategy 2020 and their respective priority actions. These documents take into account the recommendations of the outcome document of the United Nations General Assembly Special Session on the World Drug Problem (UNGASS 2016) and the United Nations 2030 Agenda on Sustainable Development, as well as cross-cutting issues, such as the gender perspective and human rights, cultural context, and social inclusion approaches, among others.

Seven evaluation rounds have been completed from 1998 to 2019 and, during 2020, the MEM Intergovernmental Working Group (IWG), composed of member state delegates, agreed on a new methodology for the eighth round, consisting of annual thematic evaluations with the support of independent technical consultants, as follows: 2021 – Measures for Prevention, Treatment, and Recovery Support; 2022 – Measures to Control and Counter the Illicit Cultivation, Production, Trafficking, and Distribution of Drugs, and to Address their Causes and Consequences; 2023 – Institutional Strengthening; Research, Information, Monitoring, and Evaluation; International Cooperation; and 2024 – Comprehensive Evaluation based on updated information from all thematic areas.

MEM evaluations are carried out based on information provided by the member states' National Coordinating Entities (NCEs), which is analyzed by the MEM Governmental Expert Group (GEG), composed of experts designated by the countries, who do not participate in their own country's evaluation, thus ensuring the transparency and impartiality of the process. The GEG is always supported by the group of independent technical consultants and the MEM Unit. The eighth round represents a more rigorous evaluation process, in which countries are requested to provide valid means of verification to support the information submitted and ensure compliance of each priority action.

Specifically, the GEG's work for the thematic assessment for the area of "Measures for Prevention, Treatment, and Recovery Support" was conducted during 2021, and covers the 2019 to 2021 period (unless otherwise specified). This work was adapted to the COVID-19 pandemic with the use of technology and virtual tools, as well as taking it into consideration in the evaluation assessments.

Finally, it should be noted that one of the main purposes of MEM evaluation reports is to serve as a useful diagnostic tool to identify opportunities for improvement in drug policies and strategies, both at the national and regional levels.

OBJECTIVE
1

ESTABLISH COMPREHENSIVE AND INTEGRATED DRUG DEMAND REDUCTION POLICIES WITH A PUBLIC HEALTH FOCUS, THAT ARE EVIDENCE-BASED, MULTIDISCIPLINARY, MULTISECTORAL, RESPECTFUL OF HUMAN RIGHTS, THAT CONSIDER THE GENDER PERSPECTIVE AND COMMUNITY¹, AND TAKE INTO ACCOUNT THE GUIDELINES AND/OR RECOMMENDATIONS OF SPECIALIZED INTERNATIONAL AND/OR REGIONAL ORGANIZATIONS.

Priority Action 1.1: Establish and/or update evidence-based programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery and related support services, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse, taking into account gender, age, community, and cultural context, and establish budgetary mechanisms for such programs.

Suriname has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery support and related support services, aimed at minimizing the adverse public health and social consequences of drug abuse.

Area	Policies/Programs
Health promotion	- "Nationaal Drugs Master Plan 2019 – 2023"
Prevention	
Early intervention	
Treatment	
Care	
Rehabilitation	
Social integration	
Recovery support	

These programs include gender, age, community, and cultural context approaches.

Priority Action 1.2: Develop, strengthen, and/or implement, as appropriate, coordination mechanisms for collecting, analyzing, and disseminating information on drug use prevention, treatment, rehabilitation, recovery, and social reintegration service availability, utilization, and outcomes, for the general public and different target populations, with support, as needed, from civil society, academic and research institutions, as appropriate.

Suriname develops, strengthens, and implements coordination mechanisms for the collection, analysis, and dissemination of and access to information on drug use treatment, rehabilitation,

¹ Community includes ethnicity, among others.

recovery, and social integration services. However, the country does not have coordination mechanisms for prevention.

Priority Action 1.3: Carry out impact, process, and outcome evaluations of demand reduction programs.

Suriname has monitoring instruments for drug demand reduction programs.

The country has not carried out impact, process, or outcome evaluations of its drug demand reduction programs.

Priority Action 1.4: Develop and/or implement, as appropriate, coordination mechanisms with civil society, academic and research institutions, and other stakeholders to support the development and implementation of demand reduction programs.

Suriname does not develop or implement coordination mechanisms to support the development or implementation of demand reduction programs, allowing for the participation of or coordination with civil society or other stakeholders.

Priority Action 1.5: Promote national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in that regard, promote nationally recognized standards by member states on drug use preventions and/or the "International Standards on Drug Use Prevention," and the "International Standards for the Treatment of Drug Use Disorders," both developed jointly by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC).

Suriname promotes treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach. However, does not promote national standards for prevention programs. Suriname also does not promote national standards recognized by member states, the "International Standards on Drug Use Prevention", or the "International Standards on Treatment of Drug Use Disorders," both developed jointly by WHO and UNODC.

OBJECTIVE
2

ESTABLISH OR STRENGTHEN AN INTEGRATED SYSTEM OF EVIDENCE-BASED UNIVERSAL, SELECTIVE, AND INDICATED DRUG USE PREVENTION PROGRAMS THAT PRIORITIZE AT-RISK POPULATIONS,² AS WELL AS ENVIRONMENTAL PREVENTION, THAT INCORPORATE A HUMAN RIGHTS, GENDER, AGE, AND MULTICULTURAL PERSPECTIVE.

Priority Action 2.1: Develop and implement evidence-based drug use prevention strategies and/or programs in the school, family, work, and community settings.

Priority Action 2.4: Implement selective prevention programs aimed at at-risk populations, in particular at children, adolescents, youth, and women.

Priority Action 2.5: Develop and strengthen indicated prevention programs aimed at individuals at increased risk of developing substance use disorders.

Suriname implements the following prevention strategies or programs:

Population group	Estimated Coverage		Strategy / program	Type of program
	Target population	Coverage rate		
School children and university students:				
• Elementary/primary	69088 – 866	1.12 %	I am a Special	Selective / Indicated
• Junior high & high school (secondary school)	34940 – 403	1.15%	I am a Special	Selective / Indicated
Street Population:				
• Adults	1500 – 250	16.6%	Hands of hope	Selective / Indicated
Gender:				
• Women	194300 – 325	0.16%	Hands of Hope	Selective / Indicated
• Men	2218900 – 75	0.03%	Hands of Hope	Selective / Indicated
LGBTIQ+	5100 – 10	0.19%	Hands of hope	Selective / Indicated
Migrants and refugees	5054 – 430	8.5%	Hands of Hope	Selective / Indicated
Others: Sex workers and homeless addicts	3600 – 545	15.1%	Hand of Hope	Selective / Indicated

The country does not develop universal prevention strategies and/or programs, nor does it implement specific programs for the following population groups: pre-school, university/tertiary education; boys/girls and youths in street situations; family; community; indigenous people; individuals in the workplace or incarcerated individuals.

² At-risk populations may include: women, children, adolescents, LGBTIQ+ persons, people who use drugs, prison population, indigenous groups, migrants, homeless individuals, and other socially disadvantaged groups.

Priority Action 2.2: Develop and strengthen situational assessments to identify specific needs, risk, and protective factors of each target population of drug use prevention programs.

Suriname has not carried out or strengthened situational assessments to identify the specific needs, risk, or protective factors of each target population for drug use prevention programs.

Priority Action 2.3: Promote the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards on Drug Use Prevention,” developed jointly by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC).

Suriname does not promote the exchange of research findings, experiences, or best practices to improve the effectiveness of prevention programs, that take into consideration the "International Standards on Drug Use Prevention," jointly developed by WHO and UNODC.

OBJECTIVE

3

ESTABLISH AND STRENGTHEN, AS APPROPRIATE, NATIONAL CARE, TREATMENT, REHABILITATION, RECOVERY, AND SOCIAL INTEGRATION SYSTEMS FOR PEOPLE WHO USE DRUGS, THAT ARE INTEGRATED WITH HEALTH SYSTEMS, AND THAT RESPECT HUMAN RIGHTS, AND OFFER GENDER-SPECIFIC SERVICES, AND THAT, TO THE EXTENT POSSIBLE, ARE DESIGNED AND ADMINISTERED IN ACCORDANCE WITH INTERNATIONALLY ACCEPTED QUALITY STANDARDS.

Priority Action 3.1: Implement and strengthen comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care network, and/or social protection, taking into account the “International Standards on Treatment of Drug Use Disorders” and the Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users, issued by the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and the Joint United Nations Program on HIV/AIDS (UNAIDS).

Suriname has the following comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care and social protection network: early intervention (brief intervention, counseling), crisis intervention, diverse treatment modalities, dual pathology (co-morbidity) and social integration and services related to recovery support. These programs and services take into account gender, human rights, and public health approaches.

The country takes into account gender in their programs and services. The Loving Hands Foundation started with a focus on the problem of women and children as victims due to drug problem in the home and family, the community and other vulnerable groups. All faith-based treatment centers only provide services to men. The Psychiatric Hospital provides ambulant service to both genders.

Suriname’s programs and services take into account the "International Standards for the Treatment of Drug Use Disorders" of the WHO and UNODC. Upon request of the National Anti-drugs Council to the Ministry of Health, the Monitoring and Evaluation Commission has been installed and this commission has begun with its work. The inspection nursing care and nursing professions and the Executive Office of the National Anti-drugs Council are always included in the group.

The country does not take into account the use of the “Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users,” issued by WHO, UNODC, and UNAIDS.

Priority Action 3.2: Monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities, taking into account the gender perspective, age, and cultural context, as appropriate.

Suriname implements mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities.

These mechanisms take into account the gender and human rights approaches, age, and cultural context during the evaluation and monitoring of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities, through the Standard 1 of the Standards for inpatient care of drug addicts. Also, the constitutional rights and all rights of the client resulting from other relevant national and international regulations and legislation are respected.

Priority Action 3.3: Promote measures to protect the rights of persons in treatment.

Suriname has mechanisms to protect the rights of persons in treatment programs and services, through the Standard 1 of the Standards for Inpatient Care of Drug Addicts. Also, the constitutional rights and all rights of the client resulting from other relevant national and international regulations and legislation are respected.

These mechanisms have protocols to protect the confidentiality of the information provided by those receiving these services and include the process of providing adequate information about treatment and informed consent.

Priority Action 3.4: Promote and offer alternative means for providing early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs, as an alternative to criminal prosecution and/or imprisonment.

Suriname does not have early intervention, care, treatment, rehabilitation, recovery, or social integration alternatives for criminal offenders who use drugs.

Priority Action 3.5: Establish early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals.

Suriname does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration services for incarcerated individuals who use drugs.

Priority Action 3.6: Design and implement cooperation mechanisms with social and community actors that provide social and community support services in order to contribute to social integration of people who use drugs, particularly at-risk populations, in an ongoing, sustainable, and recovery-oriented manner.

Suriname does not implement any cooperation mechanism with social or community actors that provide social and community support services, which contribute to the social integration of people who use drugs.

Priority Action 3.7: Promote regional and international cooperation and share best practices in increasing access to and availability of evidence-based treatment and recovery services, including access to naloxone and other medicines used in the treatment of substance use disorder.

Suriname promotes regional and international cooperation and shares best practices in increasing access to and availability of evidence-based treatment and recovery services, including access to naloxone and other medicines used in the treatment of substance use disorders.

Priority Action 3.8: Promote measures to address the stigma and social marginalization associated with substance use disorders, which may deter individuals from seeking, accessing, and/or completing demand reduction services.

Suriname does not promote measures to address the stigma and social marginalization associated with substance use disorders.

OBJECTIVE

4

FOSTER ONGOING TRAINING AND CERTIFICATION OF PREVENTION, TREATMENT, AND REHABILITATION SERVICE PROVIDERS.

Priority Action 4.1: Implement ongoing competency-based training mechanisms, in collaboration with academic institutions and other specialized organizations.

Suriname does not implement ongoing competency-based training in the areas of prevention, treatment, or rehabilitation.

The country participates in the following prevention training programs offered by specialized international organizations:

International organizations	Training programs	Name of program	Approaches taken into account
Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD) 2 nd online	Prevention	The Public Health Approach to Drug Policy	Public health
COPOLAD 2 nd online	Prevention	Use of Alcohol and other Drugs: Evidence-Based Prevention"	Public health
COPOLAD 2 nd online	Prevention	1st OAS Caribbean Youth Forum on Drug Use Prevention training	Public health

Suriname does not participate in treatment or rehabilitation training programs offered by specialized international organizations.

Priority Action 4.2: Develop and utilize criteria for certification of drug use prevention, treatment, rehabilitation, and social integration service providers that recognize tiered (e.g. basic, intermediate, and advanced) levels and/or specialized competencies (e.g. Co-occurring substance use and mental health disorder credentials).

Suriname does not certify personnel working in prevention, treatment, rehabilitation, or social integration services.

Priority Action 4.3: Conduct a situational assessment to identify training needs of prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration service providers.

Suriname carries out situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration

programs.

Priority Action 4.4: Develop specialized programs in response to training needs identified by the situational assessment.

Suriname does not develop specialized programs in response to training needs identified by situational assessments.

OBJECTIVE
5

ESTABLISH AND/OR STRENGTHEN GOVERNMENT INSTITUTIONAL CAPACITIES TO REGULATE, ENABLE, ACCREDIT, AND SUPERVISE PREVENTION PROGRAMS AND CARE, TREATMENT, REHABILITATION, AND REINTEGRATION SERVICES.

Priority Action 5.1: Establish and implement regulatory measures that include quality criteria for the accreditation of prevention programs and care and treatment services.

Suriname does not have regulatory measures for accrediting prevention programs or an accreditation process for care or treatment services.

The country does not use CICAD’s Indispensable Criteria for the opening and operating of drug use disorders treatment centers, but rather uses the Standards for Inpatient Care of Drug Addicts and the ‘Law Care Facilities 2014’ guidelines.

Priority Action 5.2: Establish supervisory mechanisms to ensure that prevention programs and public and private treatment services meet the standards of international quality criteria recognized by the member states.

Suriname does not have supervisory mechanisms to ensure that the standards of international quality criteria of prevention services are met.

The country has the supervisory mechanisms to ensure that the standards of international quality criteria of the public and private treatment and rehabilitation services are met.

With regard to actions taken with public and private treatment and rehabilitation services not meeting the standards of international quality criteria, first a fine is imposed to the center, then a suspension and finally dismissal from the register for residential treatment.

Priority Action 5.3: Assessment, at the national, regional, and local levels, of the needs and supply of primary care, treatment, and reintegration services.

Suriname has not conducted an assessment at a national, regional, or local levels to determine the needs regarding primary care, treatment, or reintegration services.

EVALUATIVE SUMMARY

Objective 1

Establish comprehensive and integrated drug demand reduction policies with a public health focus, that are evidence-based, multidisciplinary, multisectoral, respectful of human rights, that consider the gender perspective, community and take into account the guidelines and/or recommendations of specialized international and/or regional organizations.

CICAD notes that Suriname has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery support. These programs include the gender, age, community, and cultural context approaches. CICAD also notes that Suriname develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on treatment, rehabilitation, recovery, and social reintegration services, but observes that it does not have such mechanisms with respect to prevention services. In addition, CICAD notes that Suriname has monitoring instruments for drug demand reduction programs but has not conducted impact, process, or outcome evaluations of its drug demand reduction programs. CICAD also notes with concern that Suriname does not develop or implement coordination mechanisms to support the development or implementation of drug demand reduction programs with the participation of or coordination with civil society or other stakeholders. Furthermore, CICAD observes that Suriname promotes national treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach but does not promote national standards for prevention programs. Suriname does not promote national standards recognized by member states, the "International Standards on Drug Use Prevention," or the "International Standards on Treatment of Drug Use Disorders," both developed jointly by WHO and UNODC.

Objective 2

Establish or strengthen an integrated system of evidence-based universal, selective, and indicated drug use prevention programs that prioritize at-risk populations, as well as environmental prevention, that incorporate a human rights, gender, age, and multicultural perspective.

CICAD notes that Suriname carries out drug use selective and indicated prevention programs in various population groups. However, CICAD views with concern that the Suriname does not conduct universal programs or programs that specifically cover other important population groups. Moreover, CICAD notes with concern that Suriname has not conducted situational assessments to identify the specific needs, risk, or protective factors of each target population for drug use prevention programs. In addition, CICAD notes that Suriname does not promote the exchange of research findings, experiences, or best practices to improve the effectiveness of prevention programs, taking into consideration the "International Standards on Drug Use Prevention," developed jointly by WHO and UNODC.

Objective 3

Establish and strengthen, as appropriate, national care, treatment, rehabilitation, recovery, and social integration systems for people who use drugs, that are integrated with health systems, and that respect human rights, and offer gender-specific services, and that, to the extent possible, are designed and administered in accordance with internationally accepted quality standards.

CICAD notes that Suriname has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health and/or social protection network, which take into consideration the gender, human rights, and public health approaches. CICAD also notes that Suriname takes into account the "International Standards for the Treatment of Drug Use Disorders" of WHO and UNODC but does not use of the "Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users," issued by WHO, UNODC, and UNAIDS. In addition, CICAD observes that Suriname implements mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs, as well as comprehensive public and private facilities. These mechanisms take into account human rights, age, and cultural context approaches. Furthermore, CICAD notes with satisfaction that Suriname has mechanisms to protect the rights of persons in treatment programs and services, these mechanisms have protocols to protect the confidentiality of information provided by people receiving these services, including the process of providing adequate information about treatment and informed consent. On the other hand, CICAD notes with concern that Suriname does not have alternative early intervention, care, treatment, rehabilitation, recovery, or social integration services for criminal offenders who use drugs. Moreover, CICAD notes with concern that Suriname does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration programs for incarcerated individuals who use drugs. In addition, CICAD observes that Suriname does not implement cooperation mechanisms with social or community actors that provide social and community support services that contribute to the social integration of drug users. However, CICAD views with satisfaction that Suriname promotes regional and international cooperation and shares best practices to increase access and availability of evidence-based treatment and recovery services, including access to naloxone and other medications used in the treatment of substance use disorders. Additionally, CICAD views with concern that Suriname does not promote measures to address the stigma and social marginalization associated with substance use disorders.

Objective 4

Foster ongoing training and certification of prevention, treatment, and rehabilitation service providers.

CICAD notes that Suriname does not implement ongoing competency-based training in the areas of prevention, treatment, or rehabilitation. Nevertheless, CICAD notes that Suriname participates in prevention programs offered by specialized international organizations but does not participate in treatment or rehabilitation programs. On the other hand, CICAD views with concern

that Suriname does not certify personnel working in prevention, treatment, rehabilitation, or social integration services. In addition, CICAD notes that Suriname has conducted situational assessments to identify training needs for personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration programs, but the country has not developed specialized programs in response to training needs identified by situational assessments.

Objective 5

Establish and/or strengthen government institutional capacities to regulate, enable, accredit, and supervise prevention programs and care, treatment, rehabilitation, and reintegration services.

CICAD notes that Suriname does not have regulatory measures in place to accredit prevention programs, or an accreditation process for care or treatment services. CICAD also notes that the country does not use CICAD's Indispensable Criteria for the opening and operation of drug use disorder treatment centers. CICAD further observes that Suriname does not have supervisory mechanisms to ensure compliance with international quality standards in prevention programs; however, Suriname does have such mechanisms for public and private treatment and rehabilitation services. On the other hand, CICAD notes with concern that Suriname has not conducted an assessment at the national, regional, or local levels to determine the needs for care, treatment, or reintegration services.



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