I. INSTITUTIONAL BUILDING / NATIONAL ANTI-DRUG STRATEGY

Suriname has a Strategic Drug Master Plan, approved in 1998 by the Board of Ministers, which has been updated and modified for the policy period 2000-2005. This plan covers the areas of supply reduction, demand reduction, control measures and institutional framework. However, it does not cover the areas of alternative development and program evaluation.

The National Anti-Drug Council (NAR) appointed in January 1998 by the Ministry of Health, after approval by the Board of Ministers, is the national coordinating authority. Its mandate expired in January 2002 and has been extended to January 1st 2003. The NAR coordinates the activities in the areas of demand reduction, supply reduction, control measures, information and statistics relevant to the drug problem, planning of national anti-drug plan activities and coordination of international assistance.

A budget of US$57,500 for the year 2002 is allocated for the NAR and for the implementation of the national anti-drug plan which forms part of the Health Ministry.

Suriname ratified the Inter-American Convention against Corruption in June 2002, but has not signed the United Nations Convention against Transnational Organized Crime, and its three Protocols. Concerning the Inter-American Convention against the Illicit Manufacturing of and Trafficking in Firearms, Ammunition, Explosives and Other Related Materials (CIFTA), the country reports that its ratification is in process.

Suriname still does not have specific legislation on chemicals in accordance with international Conventions. In September 2001, an evaluation mission was conducted by UNDCP to evaluate the legislation on chemical precursors to combat illicit drug production. As a result, draft legislation according to international conventions and CICAD Model Regulations has been prepared for approval by the Parliament.

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Suriname has not developed or applied an integrated system for the collection, analysis and maintenance of drug-related statistics and other information. 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 International Drug Control Programme (UNDCP) Annual Report questionnaire.

The Government distributes available publications and materials to provide drug-related information to the general public through different public or private institutions such as the National Congressional Record / Official Gazette, libraries, schools/universities, press/media, targeted e-mail, publications and reports by the NAR. The Bureau of Alcohol and Drugs also operates a Documentation Center at the public ambulatory service.

RECOMMENDATIONS:

1. INCLUDE PROGRAM EVALUATION IN THE STRATEGIC DRUG MASTER PLAN.
3. SIGN AND RATIFY THE UNITED NATIONS CONVENTION AGAINST TRANSNATIONAL ORGANIZED CRIME AND ITS THREE PROTOCOLS.
II. DEMAND REDUCTION

Suriname reports that it has a Drug Demand Reduction Plan incorporated in the Strategic Master Plan that covers the prevention and treatment areas. This Plan is still to be approved. It does not cover the area of social reinsertion and aftercare, but incorporates the Declaration on the Guiding Principles of Demand Reduction and its Plan of Action adopted by the United Nations.

The budget for the national demand reduction strategy is part of the budget for the National Anti-Drug Council. The total resources allotted in 2001 were US$500 for research and US$1,500 for training. In 2002, US$1,000 was proposed for research and US$1,500 for training.

The country reports that it is implementing a national system of drug abuse prevention programs that target key populations such as students enrolled in primary and secondary school, workers and prisoners. The programs do not include community-based programs for youth outside the school system, street children, and working children. A project proposal for an Integrated Demand Reduction Program and another proposal for the Caribbean-wide Project on Drug Abuse Prevention and Child-oriented Policies were approved by the European Union and the OAS respectively. Both are to be implemented by the NAR in the course of 2002. In 2001, 52 teachers received training in drug abuse prevention.

No professional specialized training in drug abuse prevention, treatment or research is offered at the University level. The country does not carry out evaluations of prevention programs, nor does it conduct research on the impact of prevention programs or "best practices". It has no guidelines or regulations on standards of care for drug abuse treatment.

Suriname has one public ambulatory program and six private regional centers for treatment and rehabilitation, social reintegration and aftercare (including two new in 2002). There are no data available on people treated or seeking treatment. No study has been conducted to evaluate the effectiveness of treatment and rehabilitation programs. There is also no estimate for the prevalence of drug use in the general population. However, in 2000, Suriname conducted a 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. Regarding Environmental Tobacco Smoke (ETS) exposure, 6 in 10 students live in homes where others smoke and 7 in 10 students are exposed to smoke in public places.

In 2001, according to the data provided by the Bureau of Alcohol and drugs, the average age of first use of alcohol was 12 for males; tobacco was 10 for males and 12 for females; marihuana 12 for both; and, cocaine was 12 for males. There is no estimate of the percentage of high school students that perceive drug use as being harmful to their health and well-being.

Suriname informs that there are no injecting drug users. There are no data to identify the morbidity or mortality associated with drug abuse. However, "ICD-10" coding system in the hospitals is used for reporting indirect or attributable drug related deaths.

V. CONCLUSIONS

In its response to the MEM questionnaire, Suriname reflected progress relative to 1999-2000 in the area of demand reduction and the organization of significant treatment coverage. At the same time, some of the recommendations from the First Evaluation Round 1999-2000 relating to ratification of international conventions appear to be stalled. It is therefore imperative that it comply with petitions to sign and/or ratify the relevant international instruments.

Suriname reports some constructive measures in the area of demand reduction and the organization of significant treatment coverage. At the same time, some of the recommendations from the First Evaluation Round 1999-2000 relating to ratification of international conventions appear to be stalled. It is therefore imperative that it comply with petitions to sign and/or ratify the relevant international instruments.

Suriname reports that it has approved in August 2002 specific legislation for the control of money laundering in accordance with international conventions. This legislation will enable Suriname to prevent money laundering by monitoring, controlling and investigating suspicious financial transactions and to conduct criminal investigations in cases where money has been derived from criminal activities.

The country has been evaluated by the Caribbean Financial Action Task Force (CFATF), which resulted in recommendations to be implemented by Suriname before October 2002. In September 2001, the Minister of Justice and Police installed the Anti-Money Laundering Commission. This commission has as its task to comply with the commitments that Suriname has made regarding the implementation of the recommendations in the CFATF 2000/2001 report.

RECOMMENDATIONS:

1. DEVELOP A SYSTEM TO COMPILE INFORMATION REGARDING THE NUMBER OF PERSONS CONVICTED FOR ILLICIT DRUG TRAFFICKING, CHARGED OR CONVICTED FOR ILLICIT DRUG POSSESSION.

2. ENACT LEGISLATION ON CORRUPTION IN ACCORDANCE WITH THE INTER-AMERICAN CONVENTION AGAINST CORRUPTION AS APPLICABLE.

3. REITERATE THE RECOMMENDATION FROM THE FIRST EVALUATION ROUND 1999-2000 TO CREATE A REGISTER OF PERSONS TRIED AND CONVICTED FOR ILLICIT MANUFACTURE AND ILLICIT TRAFFICKING OF FIREARMS AND AMMUNITION.

4. REITERATE THE RECOMMENDATION FROM THE FIRST EVALUATION ROUND 1999-2000 TO DEVELOP AND APPLY AN INTEGRATED SYSTEM FOR THE COLLECTION, ANALYSIS, AND MAINTENANCE OF STATISTICS AND DOCUMENTS.

5. REITERATE THE RECOMMENDATION FROM THE FIRST EVALUATION ROUND 1999-2000 TO ENACT SPECIFIC LEGISLATION ON CONTROL OF CHEMICAL SUBSTANCES IN ACCORDANCE WITH CICAD MODEL REGULATIONS.
Operational information exchange and collaboration among the national authorities responsible for controlling illicit drug trafficking are facilitated through interagency committee or joint forces/operations. On April 4, 2002 progress was made with the appointment by the Attorney General 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.

Suriname reports that from 2000 until the first quarter of 2002, it received 445 judicial cooperation requests of which 228 have been finalized. The country does not report how many of these 445 judicial cooperation requests were concerning illicit drug trafficking and which countries had made requests. In the same period, Suriname has made 175 requests.

As mentioned earlier, Suriname progressed in ratifying the Inter-American Convention against Corruption in 2002. The country informs that it does not have national legislation or regulations with respect to the issue of corruption.

B. Firearms and Ammunition

Suriname reports that the law on firearms and ammunition needs updating. The import of firearms and ammunition is subject to the regulations of import and export. The Customs department is in charge of administrative part of this. Suriname’s law and regulations require that the necessary import licenses or authorizations be issued, prior to authorizing entry of a shipment of firearms or ammunition in the country. The Attorney General is the authority to approve license for import/export. The administrative procedure for request of licenses is done by the Firearms department of the Ministry of Justice and Police. The information exchange and collaboration among them are exercised through interagency committees. The following elements are included in the scope of responsibilities of the above entities: issuance of import/export/in-transit licenses and authorizations, information exchange with relevant national entities in other countries, information exchange within the country among relevant national entities, cancellation of licenses and authorizations, record keeping, and confiscation or forfeiture of illegally trafficked firearms and ammunition.

No information is available regarding the number of persons arrested, tried or convicted for illicit trafficking of firearms and ammunition during the period under evaluation.

Neither is information provided relative to the titles and relevant articles of the national law and/or regulations that establish administrative control that prevent the diversion of firearms and ammunition, the type of sanctions in cases of non-compliance and the number of sanctions imposed for the indicated period.

For the year 2001, 2 revolvers and 1 pistol have been confiscated in relation to arrests for illicit drug trafficking offenses. Suriname has a system that maintains a record of the importation, exportation and in-transit of firearms and ammunition. The record keeping is not computerized.

The Judicial Department is the national entity responsible for the exchange of information and for collaboration with similar agencies in other countries regarding the control of firearms and ammunition and the type of information shared.

Suriname indicates that no information is available relative to the number of requests for information concerning shipments of firearms and ammunition made or received, in accordance with international agreements during the period under review, and the number of replies providing the information requested.

RECOMMENDATIONS:

1. APPROVE THE DRUG DEMAND REDUCTION PLAN.
2. IMPLEMENT SPECIALIZED TRAINING FOR PERSONNEL INVOLVED IN DRUG ABUSE PREVENTION.
3. REITERATE THE RECOMMENDATION FROM THE FIRST EVALUATION ROUND 1999-2000 TO ESTABLISH GUIDELINES ON MINIMUM STANDARDS OF CARE FOR DRUG TREATMENT.
4. CONDUCT RESEARCH ON THE USE OF DRUGS IN THE GENERAL POPULATION.
5. REITERATE THE RECOMMENDATION FROM THE FIRST EVALUATION ROUND 1999-2000 TO EVALUATE TREATMENT, REHABILITATION AND PREVENTION PROGRAMS.

III. SUPPLY REDUCTION

A. Drug Production and Alternative Development

Suriname indicates that the total planted area of marijuana was 2 fields in 2000 and 12 fields in 2001. The country reports that although the number of fields shows an increase, the number of plants shows a decrease. The potential production area of raw material for 2000-2002 is 10 ha., and the potential production of marijuana is 110 tons for the same three-year period. Eradication is carried out by fumigation. Suriname informs that 12 fields were eradicated in 2000 and 15 has. in 2001, using two different measurements for reporting illicit crops. No indoor cultivation was reported in the country. Suriname has no alternative development program. During the course of 2002, CICAD received two different replies regarding the equivalence of fields and hectares.

B. Supply Production and Control of Pharmaceutical Products/Chemical Substances

The Pharmaceutical Inspection of the Ministry of Health is the main authority responsible for controlling and preventing the diversion of pharmaceutical products. All pharmaceutical products listed in the international conventions are under control. The following are included in the scope of its responsibilities: import/export control, license control, inspection/investigation, regulatory control, administrative sanctions, registry of licenses including pharmacies.

Regarding controlled chemical substances, the responsibility is shared by the Customs Department, Ministry of Finance and the Ministry of Agriculture, Animal Husbandry and Fisheries.

The State Drug Supply Company, a parastatal institute, monitors and regulates the use and distribution of pharmaceutical products by health professionals. The following elements are included: prescription requirements, distribution through pharmacies, monitoring distribution or purchases, inspection/investigation, administrative sanctions and registry of license.

Suriname indicates some means to facilitate operational information exchange and collaboration among national authorities responsible for the control of pharmaceutical products and controlled chemical substances. Nevertheless there is no formal mechanism in place to evaluate the effectiveness of these means because of a weak work structure.

Different entities are responsible for the exchange of internal operational information and for collaboration with similar regulatory agencies in other countries.
Suriname has established penal but no civil or administrative sanctions against the diversion of pharmaceutical products. Regarding controlled chemical substances, there are no sanctions. The country did not issue or receive any pre-export notifications for controlled chemical substances in the last three years.

Suriname reports 4 seizures totaling 61,500 tablets of ecstasy in the year 2000, and reports no seizures of ecstasy in 2001-2002. Incineration is the method used to dispose of seized pharmaceutical products.

RECOMMENDATIONS:
1. ESTABLISH IMPROVED MECHANISMS TO ERADICATE ILLICIT CULTIVATION AND PREVENT ITS INCREASE.
2. ESTABLISH A FORMAL MECHANISM TO EVALUATE THE EFFECTIVENESS OF THE NATIONAL AUTHORITIES RESPONSIBLE FOR THE CONTROL OF PHARMACEUTICAL PRODUCTS AND CONTROLLED CHEMICAL SUBSTANCES.
3. UTILIZE THE INTERNATIONAL MEASUREMENT SYSTEM FOR REPORTING AREAS OF ILLICIT CROPS.

IV. CONTROL MEASURES
A. Illicit Drug Trafficking

Suriname reports that the drug situation has worsened over the last year and informs that Colombian and Brazilian criminals are mainly involved in the storage of large amounts of cocaine for transit to Brazil and the transshipment of ecstasy tablets from the Netherlands to the USA with close cooperation with local Surinamese criminals.

The country informs that drugs are flown in from Central America, through Brazil or through Venezuela and Guyana to illegal airstrips in the deep interior of the country. Recently the counter-narcotic units managed to confiscate four airplanes, which were used for the transshipment of cocaine from Colombia.

The method of trafficking small quantities by swallowing of drugs balls is being overtaken by smuggling of large quantities in baggage or on the body. The "ecstasy" trafficking route has been identified as follows: Netherlands-Suriname-USA. Suriname has identified the lack of sufficient air or costal monitoring, and the utilization of school children as mules and messengers for traffickers as factors that have facilitated these new trends.

Suriname has provided the following data regarding the number of seizures by law enforcement agencies and quantities of drug seized for the period 2000-2002. However, given that the data are incomplete, an accurate analysis is not possible.

### NUMBER OF DRUG SEIZURES BY LAW ENFORCEMENT AGENCIES

<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cocaine Base</td>
<td>84</td>
<td>58</td>
<td>11</td>
</tr>
<tr>
<td>Crack Cocaine</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Leaf Cannabis (grass)</td>
<td>46</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>Cannabis Resin (hashish)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hashish Oil (liquid cannabis)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>MDMA (Ecstasy)</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

### QUANTITIES OF DRUGS SEIZED BY LAW ENFORCEMENT AGENCIES

<table>
<thead>
<tr>
<th>Type of Drugs</th>
<th>Unit</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>gram</td>
<td>20.4</td>
<td>20.4</td>
<td>20.4</td>
</tr>
<tr>
<td>Cocaine Base</td>
<td>kilogram</td>
<td>212</td>
<td>2,253</td>
<td>4,648</td>
</tr>
<tr>
<td>Leaf Cannabis (grass)</td>
<td>kilogram</td>
<td>108</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>Hashish Oil (liquid cannabis)</td>
<td>gram</td>
<td>314</td>
<td>216.7</td>
<td>216.7</td>
</tr>
<tr>
<td>MDMA (Ecstasy)</td>
<td>tablets</td>
<td>61,272</td>
<td>61,272</td>
<td>61,272</td>
</tr>
</tbody>
</table>

The number of persons arrested and/or charged for illicit drug trafficking or illicit drug possession has diminished, as the following tables indicate:

### ILLICIT DRUG TRAFFICKING - NUMBER OF PERSONS ARRESTED

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>215</td>
<td>90</td>
<td>22</td>
</tr>
<tr>
<td>2001</td>
<td>265</td>
<td>161</td>
<td>12</td>
</tr>
<tr>
<td>2002</td>
<td>560</td>
<td>359</td>
<td>70</td>
</tr>
</tbody>
</table>

The country does not provide information regarding the number of persons convicted for illicit drug trafficking, charged or convicted for illicit drug possession, or illicit drug possession for personal use. Suriname reports that there is no system in place to register this detailed information. The figures given reflect only the arrests that were reported to the Narcotic Squad. Small quantities for personal use are not reported to the aforementioned entity.
Suriname has established penal but no civil or administrative sanctions against the diversion of pharmaceutical products. Regarding controlled chemical substances, there are no sanctions. The country did not issue or receive any pre-export notifications for controlled chemical substances in the last three years.

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RECOMMENDATIONS:

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Suriname informs that there are no injecting drug users. There are no data to identify the morbidity or mortality associated with drug abuse. However, “ICD-10” coding system in the hospitals is used for reporting indirect or attributable drug related deaths.

V. CONCLUSIONS

In its response to the MEM questionnaire, Suriname reflected progress relative to 1999-2000 in the area of demand reduction and the organization of significant treatment coverage. At the same time, some of the recommendations from the First Evaluation Round 1999-2000 relating to ratification of international conventions appear to be stalled. It is therefore imperative that it comply with petitions to sign and/or ratify the relevant international instruments.

Suriname reports some constructive measures in the area of demand reduction and the organization of significant treatment coverage. At the same time, some of the recommendations from the First Evaluation Round 1999-2000 relating to ratification of international conventions appear to be stalled. It is therefore imperative that it comply with petitions to sign and/or ratify the relevant international instruments.

Other internal measures should be acknowledged as they have made it possible to establish security and surveillance mechanisms with a view towards the control of demand reduction and drug supply. CICAD also recognizes the important steps taken by Suriname with the recent adoption of legislation on money laundering.

It is noted with concern that in 2001 very few resources were allocated in the national budget and from foreign sources to the fight against drugs.

The country reports that it is implementing a national system of drug abuse prevention programs that target key populations such as students enrolled in primary and secondary school, workers and prisoners. The programs do not include community-based programs for youth outside the school system, street children, and working children. A project proposal for an Integrated Demand Reduction Program and another proposal for the Caribbean-wide Project on Drug Abuse Prevention and Child-oriented Policies were approved by the European Union and the OAS respectively. Both are to be implemented by the NAR in the course of 2002. In 2001, 52 teachers received training in drug abuse prevention.

No professional specialized training in drug abuse prevention, treatment or research is offered at the University level. The country does not carry out evaluations of prevention programs, nor does it conduct research on the impact of prevention programs or “best practices”. It has no guidelines or regulations on standards of care for drug abuse treatment.

Suriname has one public ambulatory program and six private regional centers for treatment and rehabilitation, social reintegration and aftercare (including two new in 2002). There are no data available on people treated or seeking treatment. No study has been conducted to evaluate the effectiveness of treatment and rehabilitation programs. There is also no estimate for the prevalence of drug use in the general population. However, in 2000, Suriname conducted a 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. Regarding Environmental Tobacco Smoke (ETS) exposure, 6 in 10 students live in homes where others smoke and 7 in 10 students are exposed to smoke in public places.

In 2001, according to the data provided by the Bureau of Alcohol and drugs, the average age of first use of alcohol was 12 for males; tobacco was 10 for males and 12 for females; marijuana 12 for both; and, cocaine was 12 for males. There is no estimate of the percentage of high school students that perceive drug use as being harmful to their health and wellbeing.

Suriname informs that there are no injecting drug users. There are no data to identify the morbidity or mortality associated with drug abuse. However, “ICD-10” coding system in the hospitals is used for reporting indirect or attributable drug related deaths.

C. Money Laundering

Suriname reports that it has approved in August 2002 specific legislation for the control of money laundering in accordance with international conventions. This legislation will enable Suriname to prevent money laundering by monitoring, controlling and investigating suspicious financial transactions and to conduct criminal investigations in cases where money has been derived from criminal activities.

The country has been evaluated by the Caribbean Financial Action Task Force (CFATF), which resulted in recommendations to be implemented by Suriname before October 2002. In September 2001, the Minister of Justice and Police installed the Anti-Money Laundering Commission. This commission has as its task to comply with the commitments that Suriname has made regarding the implementation of the recommendations in the CFATF 2000/2001 report.

RECOMMENDATIONS:

1. DEVELOP A SYSTEM TO COMPILE INFORMATION REGARDING THE NUMBER OF PERSONS CONVICTED FOR ILLICIT DRUG TRAFFICKING, CHARGED OR CONVICTED FOR ILLICIT DRUG POSSESSION.
2. ENACT LEGISLATION ON CORRUPTION IN ACCORDANCE WITH THE INTER-AMERICAN CONVENTION AGAINST CORRUPTION AS APPLICABLE.
3. REITERATE THE RECOMMENDATION FROM THE FIRST EVALUATION ROUND 1999-2000 TO CREATE A REGISTER OF PERSONS TRIED AND CONVICTED FOR ILLICIT MANUFACTURE AND ILLICIT TRAFFICKING OF FIREARMS AND AMMUNITION.
I. INSTITUTIONAL BUILDING / NATIONAL ANTI-DRUG STRATEGY

Suriname has a Strategic Drug Master Plan, approved in 1998 by the Board of Ministers, which has been updated and modified for the policy period 2000-2005. This plan covers the areas of supply reduction, demand reduction, control measures and institutional framework. However, it does not cover the areas of alternative development and program evaluation.

The National Anti-Drug Council (NAR) appointed in January 1998 by the Ministry of Health, after approval by the Board of Ministers, is the national coordinating authority. Its mandate expired in January 2002 and has been extended to January 1st 2003. The NAR coordinates the activities in the areas of demand reduction, supply reduction, control measures, information and statistics relevant to the drug problem, planning of national anti-drug plan activities and coordination of international assistance.

A budget of US$57,500 for the year 2002 is allocated for the NAR and for the implementation of the national anti-drug plan which forms part of the Health Ministry.

Suriname ratified the Inter-American Convention against Corruption in June 2002, but has not signed the United Nations Convention against Transnational Organized Crime, and its three Protocols. Concerning the Inter-American Convention against the Illicit Manufacturing of and Trafficking in Firearms, Ammunition, Explosives and Other Related Materials (CIFTA), the country reports that its ratification is in process.

Suriname still does not have specific legislation on chemicals in accordance with international Conventions. In September 2001, an evaluation mission was conducted by UNDCP to evaluate the legislation on chemical precursors to combat illicit drug production. As a result, draft legislation according to international conventions and CICAD Model Regulations has been prepared for approval by the Parliament.

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The Government distributes available publications and materials to provide drug-related information to the general public through different public or private institutions such as the National Congressional Record / Official Gazette, libraries, schools/universities, press/media, targeted e-mail, publications and reports by the NAR. The Bureau of Alcohol and Drugs also operates a Documentation Center at the public ambulatory service.

RECOMMENDATIONS:

1. INCLUDE PROGRAM EVALUATION IN THE STRATEGIC DRUG MASTER PLAN.
3. SIGN AND RATIFY THE UNITED NATIONS CONVENTION AGAINST TRANSNATIONAL ORGANIZED CRIME AND ITS THREE PROTOCOLS.

SUMMARY OF RECOMMENDATIONS

1. INCLUDE PROGRAM EVALUATION IN THE STRATEGIC DRUG MASTER PLAN.
3. SIGN AND RATIFY THE UNITED NATIONS CONVENTION AGAINST TRANSNATIONAL ORGANIZED CRIME AND ITS THREE PROTOCOLS.
4. REITERATE THE RECOMMENDATION FROM THE FIRST EVALUATION ROUND 1999-2000 TO ENACT SPECIFIC LEGISLATION ON CONTROL OF CHEMICAL SUBSTANCES IN ACCORDANCE WITH CICAD MODEL REGULATIONS.
5. REITERATE THE RECOMMENDATION FROM THE FIRST EVALUATION ROUND 1999-2000 TO DEVELOP AND APPLY AN INTEGRATED SYSTEM FOR THE COLLECTION, ANALYSIS, AND MAINTENANCE OF STATISTICS AND DOCUMENTS.
6. APPROVE THE DRUG DEMAND REDUCTION PLAN.
7. IMPLEMENT SPECIALIZED TRAINING FOR PERSONNEL INVOLVED IN DRUG ABUSE PREVENTION.
8. REITERATE THE RECOMMENDATION FROM THE FIRST EVALUATION ROUND 1999-2000 TO ESTABLISH GUIDELINES ON MINIMUM STANDARDS OF CARE FOR DRUG TREATMENT.
9. CONDUCT RESEARCH ON THE USE OF DRUGS IN THE GENERAL POPULATION.
10. REITERATE THE RECOMMENDATION FROM THE FIRST EVALUATION ROUND 1999-2000 TO EVALUATE TREATMENT, REHABILITATION AND PREVENTION PROGRAMS.
11. ESTABLISH IMPROVED MECHANISMS TO ERADICATE ILLICIT CULTIVATION AND PREVENT ITS INCREASE.
12. ESTABLISH A FORMAL MECHANISM TO EVALUATE THE EFFECTIVENESS OF THE NATIONAL AUTHORITIES RESPONSIBLE FOR THE CONTROL OF PHARMACEUTICAL PRODUCTS AND CONTROLLED CHEMICAL SUBSTANCES.
13. UTILIZE THE INTERNATIONAL MEASUREMENT SYSTEM FOR REPORTING AREAS OF ILLICIT CROPS.
14. DEVELOP A SYSTEM TO COMPILE INFORMATION REGARDING THE NUMBER OF PERSONS CONVICTED FOR ILLICIT DRUG TRAFFICKING, CHARGED OR CONVICTED FOR ILLICIT DRUG POSSESSION.
15. ENACT LEGISLATION ON CORRUPTION IN ACCORDANCE WITH THE INTER-AMERICAN CONVENTION AGAINST CORRUPTION AS APPLICABLE.
16. REITERATE THE RECOMMENDATION FROM THE FIRST EVALUATION ROUND 1999-2000 TO CREATE A REGISTER OF PERSONS TRIED AND CONVICTED FOR THE ILLICIT MANUFACTURE AND ILLICIT TRAFFICKING OF FIREARMS AND AMMUNITION.