

# **DRUG POLICY AND HEALTH IN THE CZECH REPUBLIC**

*A Profile Prepared by the Drug Law and Health Policy Resource Network*

*11 November 2001*

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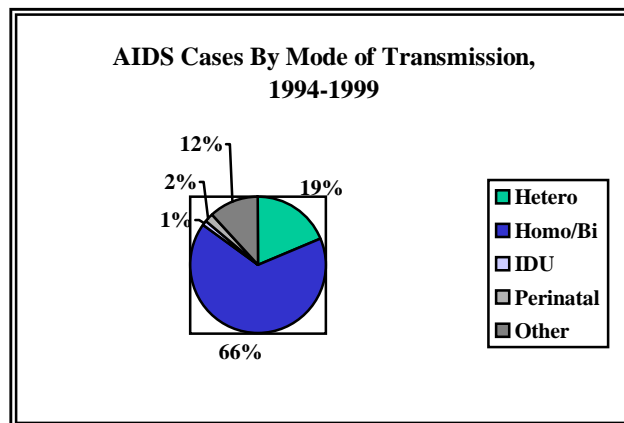
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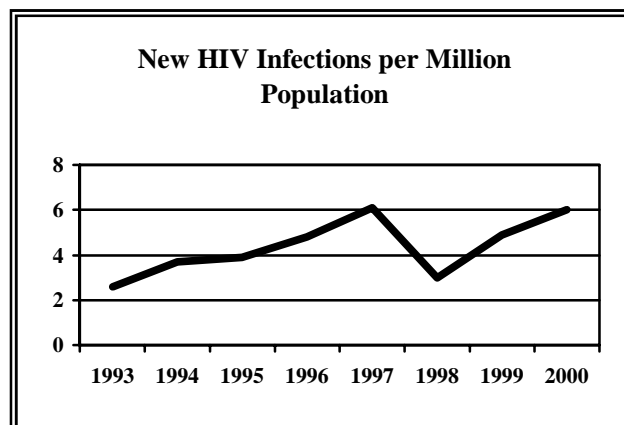
## Summary

### I. HIV/AIDS

The AIDS epidemic in the Czech Republic is concentrated in the homo/bisexual population and is rapidly spreading to the heterosexual population. The number of cases transmitted by IDU remains low, but this could be due to inadequate methods of tracking and testing incidents in injection drug users. New HIV infections have increased since 1998, after a significant drop in reported cases between 1997 and 1998. The epidemic is concentrated mainly in the big cities such as Prague and Brno, but has also spread to less populated areas. In the past years there has been a noted rise in cases in foreign citizens living in the Czech Republic, especially in the population of people from the Ukraine. (2)



Source: [http://www.unaids.org/hivaidsinfo/statistics/fact\\_sheets/pdfs/](http://www.unaids.org/hivaidsinfo/statistics/fact_sheets/pdfs/)

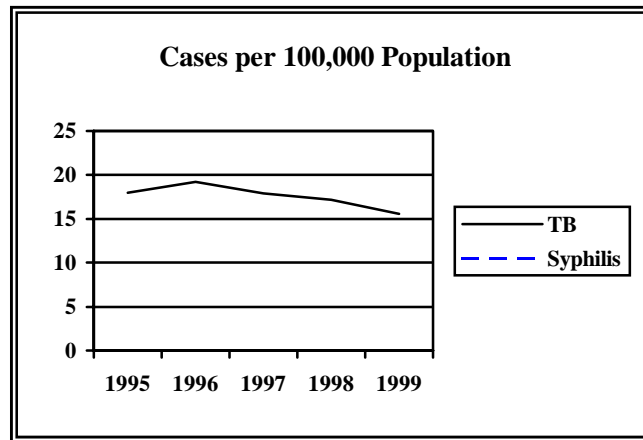


Source: Data from The European Center for the Epidemiological Monitoring of AIDS (2)

The stigma attached to being infected with HIV or AIDS in the Czech Republic is extreme. Those who live in less populated areas are forced to keep their illness a secret and access to treatment is limited. Others who live in cities, such as Prague, are able to remain anonymous, and treatment is more readily available, but the stigma is still present. Despite efforts by activist groups to teach tolerance to the younger generations, those infected with HIV/AIDS are consistently pushed out into the margins of society. (15)

## II. OTHER INFECTIOUS DISEASES

The rate of other infectious diseases associated with HIV/AIDS varies with the type of disease. Incidents of TB have decreased in the past five years, while the prevalence of Hepatitis B & C have both increased.



Sources reporting Tuberculosis per 100,000 population show a substantial increase in incidents between 1995 and 1996, where rates jumped from 18 to 19.2. From 1996-1999 the reported cases experienced a decreasing trend, resulting in a rate of 15 cases per 100,000.

Statistics indicating the number of reported cases of syphilis were unavailable.

Statistics from the World Health organization point to an increase in both Hepatitis A and C between 1998 and 1999. Hepatitis A cases jumped from 904 to 933, and Hepatitis C cases went from 319 to 329. (3)

## III. INJECTION DRUG USE

**Drug Use.** There are approximately 16,000 drug addicts in the Czech Republic. Heroin is readily available. Cocaine is generally too expensive for Czech citizens, and Marijuana is the drug of choice for the younger generations. The use of ecstasy is reportedly increasing, and some Pervitine is produced, primarily for local consumption. The majority of heroin users have not completed secondary school. Use is especially

concentrated in Prague and Western Bohemia. Incidents in the general population have increased. (14)(4)

**Risk Behavior Information.** A rapid assessment conducted by UNDCP in 1995 revealed that out of a sample of 115 drug addicts who had not sought treatment, just under half named heroin as their drug of choice. Some surveyed had a permanent sex partner, and the results showed that women were more likely to be in a relationship with another drug user with whom they began to use drugs. Drug use and injection usually take place in the company of others, and needle sharing is common. The number of injectors who use clean needles appears to be increasing and clean needles are obtained from pharmacies, SEPs and, most commonly, from friends. Those using dirty needles most commonly scavenged them from hospital dumps and other “high-risk sources”. Sexual behaviour among addicts is high, and only a small percentage use condoms. About 1/5 of IDUs surveyed were sex workers. (10)

**Social Attitudes.** In 1996 it was reported by UNODCCP that, due to a greater freedom enjoyed by society post 1989, there was a rapid decline in respect for the authority of State institutions and a significant rise in antisocial and non-conformist behavior. (10)

From 1996-2001 there was a variation of attitudes towards illicit drug use. One study showed that the use and availability of heroin and pervitin decreased where there was an increase in the overall awareness of the harmful and anti-social effects. In the case of other drugs, including marijuana and ecstasy, this positive change did not take place.

A public opinion poll conducted by the Sociological Institute of the Academy of Science of the Czech Republic in 2001, after the introduction of the new code criminalizing the possession of small amounts of illicit drugs indicates the social attitudes towards the actual effectiveness of the code in reducing the number of both illicit drug users and dealers. The results of this survey indicated that the general population considers this new law inefficient in reducing the number of drug users and dealers. (14)

#### IV. LAW AND LAW ENFORCEMENT PRACTICES

In 1993, a new drug law was implemented. This code legalized the possession and use of drugs, but outlawed both production and distribution. The enforcement of this code proved to be problematic where law enforcement officials were unable to make a distinction between users and dealers, which more often than not were one in the same. Realizing the ineffectiveness of the 1993 law, a new law criminalizing possession of even a small quantity of narcotics was proposed in 1998. A Presidential veto of the code attacked the ambiguity of the term “small quantity,” but in 1999, the Czech Parliament overrode the veto; the new law went into effect in January of 1999. The enforcement of this code has been difficult due to the inability of the Parliament to determine exactly what quantity of drugs in possession constitutes a criminal offense. The Czech police have set an internal guideline, which was not legally binding, criminalizing the possession of at least .3 grams of Heroin. Judges were granted a discretionary power to determine what amount of drugs in possession was punishable. The lack of clear legal guidelines has led to inconsistent

sentencing practices. Since, the Czech Supreme State Attorney has issued limits on both the amount and type of drugs a person may possess without facing prosecution. (12)

The Czech Charter of Fundamental Rights and Freedoms provides citizens the right to health care, including the right to free medical care and medical aids under conditions set by law. In 1988, the law defining Methodological Directives to ensure a uniform procedure for prevention of AIDS was passed. This law lays down the procedures for compulsory notification of all detected cases of AIDS, ARC, PGL and HIV positive persons and also the prohibition on HIV/AIDS positive blood donors. In addition, special procedures for screening high risk populations were set forth, and the importance of educating health workers was emphasized.

#### **Law on the Books**

Methadone replacement therapy is legal for heroin addicts (4)

The possession of narcotic drugs can be a crime. Police are authorized to arrest and prosecute those found possessing a small quantity of illicit drugs.

#### **Actual practice**

As of 1996 there were no methadone programs in the country, although negotiations were underway to introduce pilot schemes. (10) *The current status of these programs is unavailable.*

The enforcement of this law is difficult as there is no definite definition of “small quantity” of drugs.

### **V. PUBLIC HEALTH INTERVENTIONS**

**Harm Reduction Programs Generally.** Anti-drug policy emphasizes interdiction and criminal penalties against both drug traffickers and, to a lesser extent, drug users. In October of 2000, the Czech government approved a “National Drug Strategy, 2001-2004,” which will guide Czech anti-narcotic efforts in the coming years. At the same time, the government approved a new “Strategy for the Fight Against Organized Crime,” which includes several anti-narcotic components. Needle-Exchange programs are available. Health Experts believe that the NEPs have greatly reduced the spread of HIV/AIDS among drug users. (4)

**Drug Treatment.** No information available.

### **VI. ECONOMIC AND SOCIAL INDICATORS**

The Transparency Corruption Perceptions Index (CPI) ranks countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. In 2001 The Czech Republic was ranked 47 of 91 countries, with a score of 3.9 of a possible 10.

(7)

The Human Development Index value is a composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living. The Czech Republic rated 36/174. (1)

The GINI index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. The GINI index of zero equals perfect equality, while an index of 100 implies perfect inequality. The GINI index for the most recent reported year for The Czech Republic was 25.4 in 1996. (11)

Unemployment refers to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country. The Czech Republic's unemployment rate in 1998 was 7.3%. (11)

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. In 1999, the GDP *per capita* in the Czech Republic was \$11,700. The same year, the GDP (purchasing power parity) reached \$120.8 billion. (13)

# DRUG POLICY AND HEALTH IN THE CZECH REPUBLIC

*A Profile Prepared by the Drug Law and Health Policy Resource Network*

## Full Report

### I. INTRODUCTION

The Drug Law and Health Policy Resource Network is an international research collaboration designed to improve data collection and policy analysis on drug policy and health in the countries of Eastern Europe and the Former Soviet Union. The information in this report was gathered by staff at Temple University's Beasley School of Law and the University of Connecticut Health Sciences Center. It will be augmented by further research in 2002 by network collaborators in the study region.

This Report presents available information in six domains: HIV/AIDS, other infectious diseases, injection drug use, law and law enforcement practices, public health interventions, and economic and social indicators. It concludes that the Czech Republic is in the early stages of a serious HIV epidemic driven primarily by sexual intercourse. With sufficient external support and dramatic internal changes in drug policy and law enforcement practice, a public health effort against HIV and other blood-borne diseases could be successful.

### II. HIV/AIDS

Accurate and complete data on HIV in the Czech Republic are not available. The data presented here are from a variety of sources and may not entirely agree. These data generally do not represent HIV incidence, and depend heavily upon patterns of HIV testing and reporting that remain very incomplete in the most severely affected countries. HIV infection is defined as an individual with HIV infection confirmed by a laboratory according to country definitions and requirements. AIDS cases are reported according to a uniform AIDS case definition originally published in 1982 and revised in 1985, 1987 and for adults and adolescents (age >13) in 1993. The 1993 European AIDS surveillance case definition differs from that used in the United States in that it does not include CD4 lymphocyte criteria.

**Overall Data.** The Estimated prevalence of HIV/AIDS in adults (age 15 – 49) at the end of 1999 was 2,200 cases. Adult (age 15 – 49) prevalence rate at the end of 1999 was 0.04 %. Estimated AIDS deaths, adults and children, 1999: < 100. The Estimated number of adults and children who have died of AIDS since the beginning of the epidemic is approximately 89 cumulative deaths. (1)

**Data from The European Center for the Epidemiological Monitoring of AIDS (2)**

Year	Reported AIDS cases		Reported New HIV infections		Homo/bi Contact #		Injection Drug Use #		Heterosexual Contact #		Perinatal Transmission #	
	#	Rate/ Million	#	Rate/ Million	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS
1993	-	-	-	-	-	-	-	-	-	-	-	-
1994	12	1.2	38	3.7	-	-	-	-	-	-	-	-
1995	13	1.3	40	3.9	-	-	-	-	-	-	-	-
1996	19	1.8	50	4.8	31	12	1	0	16	6	0	0
1997	20	1.9	63	6.1	32	15	3	0	25	4	1	0
1998	8	0.8	31	3.0	15	6	5	0	9	1	0	0
1999	16	1.6	50	4.9	18	9	1	0	23	6	1	0
2000	13	1.3	57	6.0	25	8	4	0	21	3	1	0
Total	151		520		273	99	22	2	155	29	3	0

**Additional Demographics.** The available statistical information on the prevalence of HIV/AIDS as represented in the chart above is incomplete. However, the estimated prevalence of HIV/AIDS in the Czech is still relatively low. This may be due to inadequacies in the testing and reporting process, or due to the unwillingness for certain high risk groups to be tested. The epidemiological situation for HIV/AIDS appears to be stable. Heterosexual transmission is increasing and accounts for 37.5% of all registered HIV cases. The cumulative figure for heterosexual HIV rose to 31.3% in 2000. The number of HIV-infected women is increasing and accounts for 20.2% of all registered HIV cases. The rate of HIV-infected pregnant women has also increased to 7.1% of all HIV infected women. The first two cases of mother to child HIV transmission were reported in the years of 1997 and 1999. Statistics indicate that HIV is slowly penetrating to the sub-population of injection drug users at a current rate of 4.2% of all reported cases, yet the actual number of cases of HIV in this group is most likely much higher. No HIV infection has been reported in blood donors since 1995. This is most likely due to extremely strict regulations, promulgated in 1988, governing the blood donation process. The number of HIV infections registered in foreigners from Eastern Europe, especially the Ukraine, is increasing. This may be attributed to directives, which specify the screening for persons at special risk, including foreign students, airline personnel and persons returning from stays of more than six months in countries with a high concentration of HIV/AIDS. (1)

The HIV/AIDS epidemic at the present time appears to be concentrated primarily in urban areas, including Prague and Brno, and Western Bohemia. More detailed information on regional distribution was unavailable. (1)

**Stigma and Social Attitudes Towards HIV/AIDS.** At the start of the spread of HIV/AIDS in the Czech Republic, in the late 1980s, the stigma attached to HIV/AIDS was extraordinarily high. After the epidemic had been officially recognized, there developed a policy of treating the disease with fear and disgust. In the late 1980's a case was

successfully brought against a homosexual man who had been accused of deliberately spreading the disease. The authorities tried to make an example of him, and he was brought into the courtroom by police wearing rubber gloves to show how “dirty and disgusting” he was. The outcome of this incident pushed the gay community further underground and there was a significant drop in people who were willing to be tested.

After 1989 and the Velvet Revolution, the spread of HIV became more rampant and there was more opportunity to educate and inform people of the disease. The government has since become fairly good about allocating cash to the small community of infected people, who now have increased access to health care. However, the progressive action of the government is not representative of popular opinion, which still views the AIDS/HIV infection with a high level of fear. (15)

### III. OTHER INFECTIOUS DISEASES

The spread of HIV is related in important ways to the incidence of other infectious diseases. Unsterile injection drug use is a risk factor not only for HIV, but also Hepatitis. Incarceration in many countries in this region is a risk factor for tuberculosis. Sexually transmitted diseases may increase the likelihood of HIV transmission during sex.

**Summary of Situation.** Sources reporting Tuberculosis, per 100,000 population, show a substantial increase in incidents between 1995 and 1996, where rates jumped from 18 to 19.2. From 1996-1999 the reported cases experienced a decreasing trend, resulting in a rate of 15 cases per 100,000. Statistics indicating the number of reported cases of syphilis were unavailable. Statistics from the World Health organization point to an increase in both Hepatitis A and C between 1998 and 1999. Hepatitis A cases jumped from 904 to 933, and Hepatitis C cases went from 319 to 329. (3)

Data from (3)

Year	TB		Syphilis	Hepatitis A	Hepatitis B	Hepatitis C
	#	Rate/ 100,000	Rate/ 100,000	#	#	#
1993	-	-	-	-	-	-
1994	-	-	-	-	-	-
1995	1851	18.0	-	-	-	-
1996	1969	19.2	-	-	-	-
1997	1834	17.9	-	-	-	-
1998	1758	17.2	-	-	904	319
1999	1605	15.6	-	-	933	328
2000	-	-	-	-	-	-

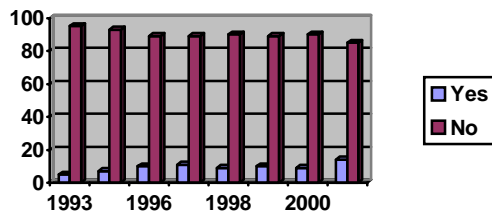
#### IV. INJECTION DRUG USE

This section reports available information about drug use levels, trends and risk behaviors, as well as social attitudes about drug use and information about the problem of drug overdose. Drug treatment and other interventions to reduce the morbidity and mortality of drug use are discussed in section V below. Data about drug use come primarily from unofficial sources, including more or less rigorous rapid assessments, consultant reports and the news media.

**Trends in Drug Use.** There are approximately 16,000 drug addicts in the Czech Republic. Heroin is readily available. Cocaine is generally too expensive for Czech citizens, thus the market is focused on tourists. Marijuana is the drug of choice for the younger generations. The use of ecstasy is reportedly increasing, particularly among university students. Some Pervitine is produced, primarily for local consumption. A report conducted by UNDCP in 1995 indicated that at that time, 20% of boys and 15% of girls in secondary schools have used drugs. The majority of heroin users have not completed secondary school. Use is especially concentrated in Prague and Western Bohemia. Incidents in the general population have increased.

The following table represents a survey conducted by the Public Opinion Research Center in 2001 to track the amount of illicit drug use by teenagers. A survey of 100 teens was conducted every January between 1993 and 2001. The answers “don’t know” complete the 100% calculation in the table. From the table below it is easily noted that there was no significant reduction of drug use after the promulgation of the new law in 1999, which made the possession of small quantities of narcotics a crime; in fact, use increased between the years of 1999 and 2000.

**Experiences of Drug Use 1993-2000**

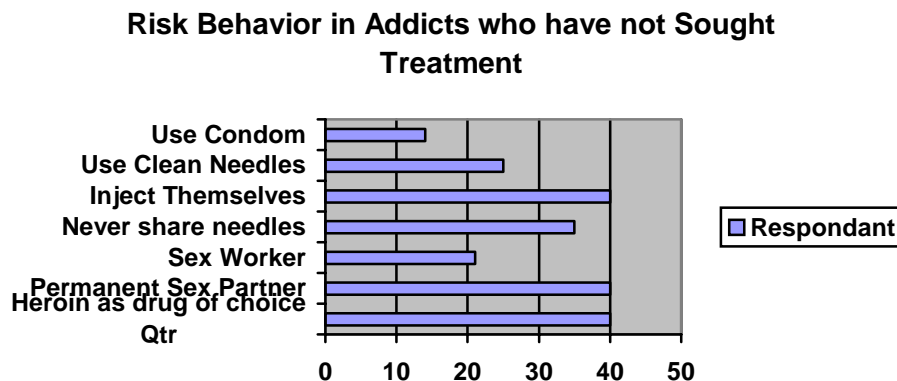


Source: Institute for Postgraduate Studies in the National Health Sector, Prague (POD); Impact Analysis Project of New Drug Legislation, 2001

(14)(4)

**Risk Behavior.** A rapid assessment conducted by UNDCP in 1995 revealed that, out of a sample of 115 drug addicts who had not sought treatment, 40% named heroin their drug of choice. Another 40% of those surveyed had a permanent sex partner. Women were more likely to be in a relationship with another drug user with whom they began to use drugs. Drug use and injection usually take place in the company of others, and needle sharing is common, only 35% of IDUs claim to never share needles. 40% of IDUs inject themselves, but had been initiated into injecting by another user. The number of injectors who use clean needles appears to be increasing from an earlier rate of 10% to the 1995 rate of 25%. Clean needles were obtained from pharmacies, SEP and most commonly from friends; however, those using dirty needles most commonly scavenged them from hospital dumps and other “high-risk sources”. Sexual behaviour among addicts is high, with only 14% of IDUs surveyed consistently using condoms. 21% of IDUs surveyed were sex workers.

(10)



In 1996, it was reported by UNODCCP that due to a greater freedom enjoyed by society post 1989, resulted in a rapid decline in respect for the authority of State institutions and a significant rise in antisocial and non-conformist behavior.

(10)

**Drug Traffic.** A U.S. State Department International Narcotic Control Report from 1999 reported the following:

The Czech Republic remains a transshipment point mainly for heroin from Turkey traveling the traditional Balkan route to Western Europe, and Nigerian marijuana destined for central and northern Europe. In 1999, with Italy’s tightening of border controls to stem the flow of Kosovar refugees, Czech authorities encountered a significant increase in Kosovar-Albanians trafficking heroin through Czech borders. Colombian and other Latin American cocaine trafficking has continued. Cocaine is too expensive for most Czech consumers and is used mainly Western “drug tourists” who transit Czech territory destined for Scandinavia. Crack cocaine is found in small quantity in the Czech Republic. There are indications of an emerging trend of amphetamine smuggling to the United States through the Czech Republic. Czech authorities are abating illicit drug production by small domestic labs, and intercepting precursor chemicals (most recently from Ukraine), which are diverted from legitimate domestic pharmaceutical production.

(4)

**Social Attitudes Towards Drug Users.** In 1996 it was reported by UNODCCP that, due to a greater freedom enjoyed by society post-1989, there was a rapid decline in respect for the authority of State institutions and a significant rise in antisocial and non-conformist behavior. (10)

From 1996-2001 there was a variation of attitudes towards illicit drug use. One study showed that the use and availability of heroin and pervitin decreased where there was an increase in the overall awareness of the harmful and anti-social effects. In the case of other drugs, including marijuana and ecstasy, this positive change did not take place. (14)

The stigma attached to being infected with HIV or AIDS in the Czech Republic is extreme. Those who live in less populated areas are forced to keep their illness a secret and access to treatment is limited. Others who live in cities, such as Prague, are able to remain anonymous, and treatment is more readily available, but the stigma is still present. Despite efforts by activist groups to teach tolerance to the younger generations, those infected with HIV/AIDS are consistently pushed out into the margins of society. (15)

**Drug Overdoses.** No information available.

## V. LAWS AND LAW ENFORCEMENT PRACTICES

### A. Drug Law

This section describes what is known about both the drug-related laws on the books and the way these laws are enforced. The section covers syringe access, drug possession, drug treatment, drug trafficking, and the handling of drug arrestees and prisoners within the criminal justice system. It also lists the international drug-related instruments to which the country is a signatory.

**Syringe Access/Needle Exchange Law.** No information available.

**Syringe Access/Needle Exchange-Practices.** Harm reduction programs report that the "more prohibitive national drug law and more repressive police actions are pushing drug users further underground, hampering the project's outreach efforts..." One group, Struzeni Podane Ruce reports that "Harm reduction programs are supported by the city of Brno and the Czech government but...[t]here is concern that the new, harsh national criminal law regarding drugs may deter drug users from establishing contact with the center and other organizations that work with drug users." (13)

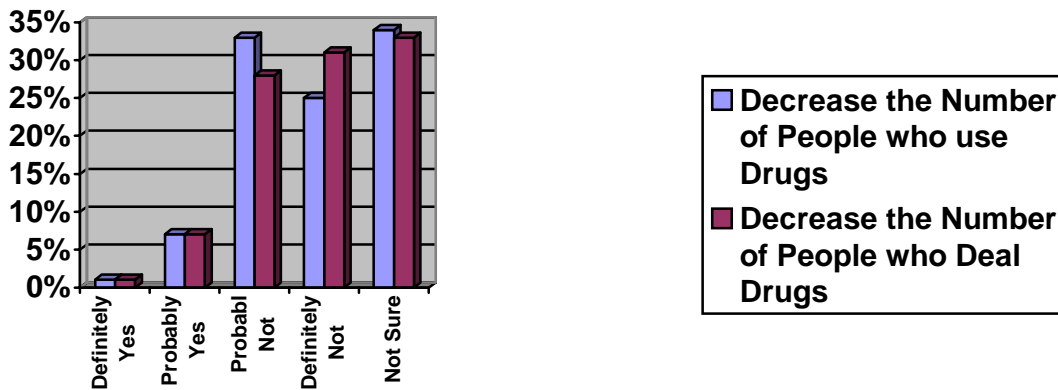
**Drug Possession –Law.** In 1993, a new drug law was implemented. This code legalized the possession and use of drugs, but outlawed both production and distribution. The enforcement of this code proved to be problematic where law enforcement officials were unable to make a distinction between users and dealers, which, more often than not, were one and the same. Realizing the ineffectiveness of the 1993 law, a new law

criminalizing possession of even a small quantity of narcotics was proposed in 1998. A Presidential veto of the code attacked the ambiguity of the term “small quantity,” but in 1999, the Czech Parliament overrode the veto; the new law went into effect in January of 1999. The enforcement of this code has been difficult due to the inability of the Parliament to determine exactly what quantity of drugs in possession constitutes a criminal offense. The Czech police have set an internal guideline, which was not legally binding, criminalizing the possession of at least .3 grams of heroin. Judges were granted a discretionary power to determine what amount of drugs in possession was punishable. The lack of clear legal guidelines has led to inconsistent sentencing practices. The Czech Supreme State Attorney has issued limits on both the amount and type of drugs a person may possess without facing prosecution. (12)

**Drug Possession Law –Practice.** From 1996-2001 there was a variation of attitudes towards illicit drug use. One study showed that the use and availability of heroin and pervitin decreased where there was an increase in the overall awareness of the harmful and anti-social effects. In the case of other drugs, including marijuana and ecstasy, this positive change did not take place.

A public opinion poll conducted by the Sociological Institute of the Academy of Science of the Czech Republic in 2001, after the introduction of the new code criminalizing the possession of small amounts of illicit drugs, indicates the social attitudes towards the actual effectiveness of the code in reducing the number of both illicit drug users and dealers. The results of this survey indicated that the general population considers this new law inefficient in reducing the number of drug users and dealers. (14)

### Efficiency of the Drug Law



Source: Institute for Postgraduate Studies in the National Health Sector, Prague (POD); Impact Analysis Project of New Drug Legislation, 2001

**Drug Treatment -Law.** Methadone replacement therapy is legal for heroine addicts. (4)

**Compulsory treatment practices.** No information available.

**Drug Trafficking Law.** The Czech National Anti-Drug Center (NADC) and its Customs partner are among the most effective Czech law enforcement units. (4)

**Drug Treatment Regulation-Law.** No information available.

**Drug Treatment Regulation-Practices.** No information available.

**Criminal Justice System –Law.** No information available.

**Criminal Justice System-Practices.** No information available.

**Status of International Drug conventions.** The country is a party to the following international drug agreements.

- Party to the 1988 UN Drug Convention
- The United States –Czech Mutual Legal Assistance Treaty (MLAT)
- Czech concluded a Customs Mutual Legal Assistance Agreement (CMAA) (2000)
- Party to the World Customs Organizations International Convention on Mutual Administrative Assistance for the Prevention, Investigation, and Repression of Customs Offenses (Nairobi Convention), Annex X on Assistance in Narcotics Cases.

(4)

## **B. Public Health and Human Rights Law**

This section describes what is known about public health and human rights law on the books, as well as the way these laws are enforced. It covers the rights to healthcare, privacy, reportability and antidiscrimination generally and for HIV/AIDS patients. It also lists the international human rights instruments to which the country is a signatory.

**Right to Health Care/HIV Treatment Law.** The Czech Charter of Fundamental Rights and Freedoms provides citizens the right to health care, including the right to free medical care and medical aids under conditions set by law. In 1988, the law defining Methodological Directives to ensure a uniform procedure for prevention of AIDS was passed. This law lays down the procedures for compulsory notification of all detected cases of AIDS, ARC, PGL and HIV positive persons and also the prohibition on HIV/AIDS positive blood donors. In addition, special procedures for screening high risk populations were set forth, and the importance of educating health workers was emphasized.

Under article 68 of the Constitution of 1997, everyone has the right to have his or her health protected. This includes equal access to health care services, financed from public funds, which are ensured by public authorities to citizens, irrespective of their material situation. Public authorities are required to ensure special health care to children,

pregnant women, handicapped people and persons of advanced age. Further, more public authorities are required to combat epidemic illnesses and prevent the negative health consequences of degradation of the environment.

**Right to health care generally/ Right to HIV Treatment –Practice.** No information available.

**Reportability of HIV, AIDS, HCV, HBV – Law and Practice.** Diagnosed HIV infections are registered in a national database using the name for identification (excluding those tested anonymously). A switch to anonymous reporting is being planned.

**HIV Testing Provisions–Law and Practice.** IDU are screened systematically in treatment centers, outpatient clinics or residential homes. All other groups are tested on a voluntary basis. (4)

**Anti-Discrimination Provisions – Law and Practice.** No information available.

**Privacy Generally and HIV in Particular–Law.** No information available.

**Privacy Generally and HIV in Particular –Practice.** No information available.

**Criminal Penalties for Exposing/Transmitting HIV.** No information available.

**Criminalization of Prostitution –Law and Practice.** No information available.

**Criminalization of Homosexuality –Law and Practice.** No information available.

**Status of International Human Rights Conventions.** The following is the status of Poland in relation to the major international human rights instruments:

- International Covenant on Economic, Social and Cultural Rights (CESCR): **signed 1/1/93**
- International Covenant on Civil and Political Rights (CCPR): **signed 2/22/93**
- International Covenant on Civil and Political Rights, Optional Protocol (CCPR-OP1): **signed 2/22/93**
- International Covenant on Civil and Political Rights, Second Optional Protocol (CCPR-OP2-DP): **not signed**
- International Convention on the Elimination of All Forms of Racial Discrimination (CERD): **signed 2/22/93**
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): **signed 2/22/93**
- Convention on the Elimination of All Forms of Discrimination Against Women, Optional Protocol (CEDAW-OP): **signed 2/27/01**
- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT): **signed 1/1/93**

## VI. PUBLIC HEALTH INTERVENTIONS

This section provides information on interventions to reduce HIV transmission and other health problems among drug users, the availability of drug treatment, and HIV prevention programs.

### A. Interventions to Reduce Disease and Other Injuries Associated With Drug Use

**Summary of Government Position and Activities.** No information available.

**Needle Exchange Programs/Availability.** No information available.

### B. Drug Treatment Programs/Availability.

**Overall Situation.** As of 1996 there were no methadone programs in the country, although negotiations were underway to introduce a scheme. (10). The current status of these programs is not available.

**Substitution Therapies.** Methadone replacement therapy is legal for heroine addicts (4).

### C. Public Health Measures to Prevent HIV and other Significant Diseases

**Government Effort/attitude.** No information available.

**Programmatic Details.** The total number of HIV tests performed, excluding unlinked anonymous testing and testing of blood donations.

1996: 293,693

1997: 302,942

1998: 294,086

1999: 275,489

2000: 281,326

(2)

## VII. SOCIOPOLITICAL ENVIRONMENT

A variety of data and data indices are commonly used to characterize social, political and economic factors in a country. The following are several of these for Czech Republic.

Perceived corruption in government is measured by the Transparency Corruption Perceptions Index (CPI) ranked countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. The most recent measure was in 2001.

- Country Rank: N/A
- 2001 CPI Score:
- Surveys Used:
- Standard Deviation:
- High-Low Range:

The GINI index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. A Lorenz curve plots the cumulative percentages of total income received against the cumulative number of recipients, starting with the poorest individual or household. The GINI index measures the area between the Lorenz curve and the hypothetical line of absolute equality, expressed as a percentage of the maximum area under the line. This the GINI index of zero equals perfect equality, while an index of 100 implies perfect inequality

- GINI Index, 1996: 25.4 (11)

The Human Development Index is a composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living.

- Human Development Index Rank (HDI) in 1999 36/174 (1)

Unemployment rates refer to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country.

- Unemployment rate (1998) 7.3% (11)

Standard & Poor's Insurer Financial Enhancement Rating is a current opinion of the creditworthiness of an insurer with respect to insurance policies or other financial obligations that are predominantly used as credit enhancement and/or financial guarantees. The ratings range from 'CC' which is defined as "currently highly-vulnerable" to a rating of 'AAA' which is defined as "extremely strong" capacity to meet its financial commitments.

Local Currency: N/A  
Long-Term rating:  
Outlook:  
Short-Term Rating:

Foreign Currency: N/A

Long-Term rating:

Outlook:

Short-Term Rating:

The Social Indicators of Poverty represents the health status of individuals in different socioeconomic groups within countries for the last survey year (1995).

- Infant Mortality Rate:
  - Poorest Quintile: **N/A**
  - Richest Quintile: **N/A**
- Child Immunization Rate:
  - Poorest Quintile: **N/A**
  - Richest Quintile: **N/A**
- Prevalence of Child Malnutrition:
  - Poorest Quintile: **N/A**
  - Richest Quintile: **N/A**
- Low Mother's Body Mass Index:
  - Poorest Quintile: **N/A**
  - Richest Quintile: **N/A**
- Total Fertility Rate:
  - Poorest Quintile: **N/A**
  - Richest Quintile: **N/A**
  
- Population Below the Poverty Line, (BPL), 1996: **N/A**

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. The GDP per capita is the total output divided by the population. This value is then adjusted to convert to a common currency, which adjusts for national variations in the process paid for goods and services. There has been an increase in GDP in the Czech Republic during the last decade, with an average annual growth rate in the economy of

Gross Domestic Product per Capita (PPP US\$): N/A

Gross Domestic Product - Average Annual Growth:

1980-1990: ---

1990-1999: 0.8 (11)

Gross Domestic Product in \$ USD Millions:

1990: \$34,880

1999: \$53,111 (11)

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