

DRUG POLICY AND HEALTH IN GEORGIA

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

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CONTENTS

Summary

HIV/AIDS

OTHER INFECTIOUS DISEASES

INJECTION DRUG USE

LAW AND LAW ENFORCEMENT PRACTICES

PUBLIC HEALTH INTERVENTIONS

ECONOMIC AND SOCIAL INDICATORS

Full Report

INTRODUCTION

HIV/AIDS

OTHER INFECTIOUS DISEASES

INJECTION DRUG USE

LAWS AND LAW ENFORCEMENT PRACTICES

PUBLIC HEALTH INTERVENTIONS

SOCIOPOLITICAL ENVIRONMENT

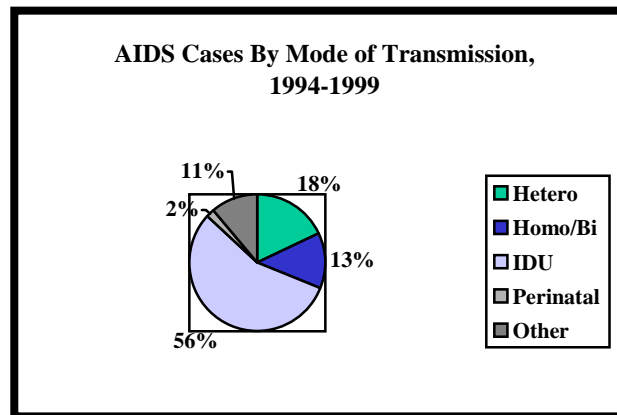
RESOURCES

REFERENCES

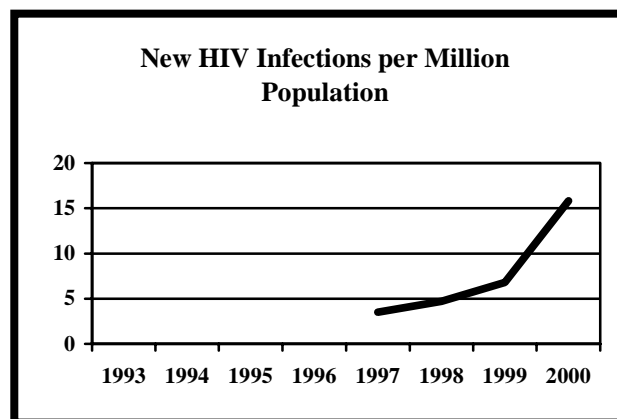
Summary

I. HIV/AIDS

The estimated prevalence of HIV/AIDS in the adult population of Georgia was less than 500 cases (160 - 340), representing a prevalence rate of <0.01 at the end of 1999. Although relatively low, the incidence of HIV/AIDS has been gradually increasing since 1997. The cumulative number of reported cases of HIV at the end of 2000 was 186, representing a dramatic increase over the 18 cumulative cases of HIV reported at the end of 1997. Similarly, the cumulative number of reported cases of AIDS jumped from 13 cases at the end of 1997 to 45 cases at the end of 2000, nearly a 3.5-fold increase. The primary mechanism of transmission appears to be injection drug use. Twenty-five of the 45 (56%) reported cases of AIDS, and 107 of the 186 (57%) reported cases of HIV at the end of 2000 were transmitted through injection drug use.



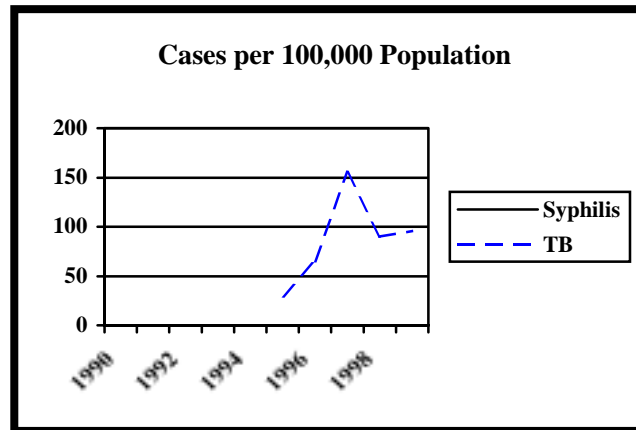
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Source: Data from The European Centre for the Epidemiological Monitoring of AIDS (2)

II. OTHER INFECTIOUS DISEASES

The total reported cases of tuberculosis (TB) has declined since reaching a peak in 1997 of 8,446 cases (155.4 per 100,000 population). Data on hepatitis is mostly incomplete at this time.



Source: (3)

III. INJECTION DRUG USE

Drug Use Trends. According to MOIA estimates, there are approximately 20 to 25,000 drug addicts in Georgia, with heroin and opium the primary drugs of choice. The government's estimates of drug cultivation are considered to be unreliable, as these estimates do not include areas of the country lying outside the control of the central government. (4)

Risk Behavior Information. No information available.

Social Attitudes. No information available.

IV. LAW AND LAW ENFORCEMENT PRACTICES

Drug use is treated as a criminal matter. Users are subject to arrest, compulsory detoxification and imprisonment. Though access to syringes is not legally prohibited, a climate of fear may discourage IDUs from obtaining syringes, HIV education or other forms of assistance to reduce the spread of disease and other harms of drug use.

V. PUBLIC HEALTH INTERVENTIONS

Harm Reduction Programs Generally. In addition to law enforcement activities, the governmental strategy of Georgia includes drug treatment for addicts and drug education programs for young people. (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. The CPI is currently unavailable for Georgia.

The Human Development Index value is a composite index measuring average achievement in three basic dimensions of human development, including: a long and healthy life, knowledge and a decent standard of living. Georgia ranks 85 out of 174 countries measured. (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 is currently unavailable for Georgia.

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 Georgian unemployment rate was 14.9% in 1999. (10)

The Gross Domestic product (GDP) is the total of all economic activities in one country, regardless of who owns the productive assets.

DRUG POLICY AND HEALTH IN GEORGIA

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 is in the early stages of a serious HIV epidemic driven primarily by injection drug use. 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 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 a uniform AIDS case definition originally published in 1982 and revised in 1985, 1987 and for adults and adolescents (>age13) 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 the adult population of Georgia was less than 500 cases (160 - 340), representing a prevalence rate of <0.01 at the end of 1999. Although relatively low, the incidence of HIV/AIDS has been gradually increasing since 1997. The cumulative number of reported cases of HIV at the end of 2000 was 186, (1) representing a dramatic increase over the 66 cumulative cases reported at the end of 1998 (5) and the 18 cumulative cases of HIV reported at the end of 1997. Similarly, the cumulative number of reported cases of AIDS jumped from 13 cases at the end of 1997 to 45 cases at the end of 2000, nearly a 3.5-fold increase. The primary mechanism of transmission appears to be injection drug use. Twenty-five of the 45

(56%) reported cases of AIDS, and 107 of the 186 (57%) cumulative reported cases of HIV at the end of 2000 were transmitted through injection drug use. Of the 24 cases of HIV reported during 1999, 22 cases (92%) were transmitted through injection drug use. The number of deaths among adults and children was estimated to be less than 100 at the end of 1999. (1)

Data from The European Centre for the Epidemiological Monitoring of AIDS (11)

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	0	0.0	-	-	-	-	-	-	-	-	-	-
1994	2	0.4	-	-	-	-	-	-	-	-	-	-
1995	3	0.6	-	-	-	-	-	-	-	-	-	-
1996	3	0.6	-	-	-	0	-	2	-	1	-	0
1997	5	1.0	18	3.5	0	0	13	4	4	1	0	0
1998	3	0.6	24	4.7	0	0	22	3	2	0	0	0
1999	6	1.2	34	6.8	2	1	21	2	11	2	0	0
2000	14	2.8	79	15.8	2	2	51	10	23	1	2	1

Regional Distribution. No information available.

Stigma and social attitudes towards HIV/AIDS. No information available.

III. OTHER INFECTIOUS DISEASES

The spread of HIV is related in important ways to the incidence of other infectious diseases. Use of non-sterile injection equipment or practices are a risk factor not only for HIV, but also for 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.

Data from (3)

Year	TB		Syphilis	Hepatitis A	Hepatitis B	Hepatitis C
	#	Rate/ 100,000	Rate/ 100,000	#	#	#
1993	-	-	-	-	-	-
1994	-	-	-	-	-	-
1995	1625	29.8	-	-	-	-
1996	3522	64.7	-	-	-	-
1997	8446	155.4	-	-	-	-
1998	4876	89.8	-	1663	-	-
1999	4793	95.7	-	-	-	-
2000	-	-	-	-	-	-

The total reported cases of tuberculosis (TB) has declined since reaching a peak in 1997 of 8,446 cases (155.4 per 100,000 population). Data on hepatitis is mostly incomplete at this time. (3)

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.

With the exception of a small amount of low-grade marijuana grown in the foothills of the Caucasus Mountains, Georgia does not appear to be a significant producer of illegal narcotics. Despite possessing the technical skills required to produce precursor chemicals, Georgia has no known capacity for producing significant quantities of these chemicals. (4)

Trends in Drug Use. According to MOIA estimates, there are approximately 20 to 25,000 drug addicts in Georgia, with heroin and opium the primary drugs of choice. The government's estimates of drug cultivation are considered to be unreliable, as these estimates do not include areas of the country lying outside the control of the central government. (4)

Risk Behavior. No information available.

Drug Traffic Information. Georgia does not appear to be a significant producer of illegal narcotics. However, Georgia has the potential to become an important narcotics transit route due to its geographic location and its ambitions towards the formation of an overland trade corridor between Europe and Asia. In addition, the lack of control exercised by the government over some of its borders and territories, which remain under separatist control, leave open the possibility that Georgia could become a major drug route in the future. Law enforcement agencies remain under-staffed, ill-equipped, poorly paid and have a reputation for corruption.

The government has no reliable statistics on the current volume of drugs transiting through Georgia. However, the Ministry of Internal Affairs (MOIA) has reported that 95% of the illegal drugs in Georgia are imported. MOIA statistics indicate the incidence of illegal drug contraband seizures doubled in 2000. Georgia appears to be a secondary transit route for narcotics flowing from Central Asia to Europe, while heroin bound for Europe is smuggled through Georgia from Afghanistan. Morphine base, also from Afghanistan, is smuggled through Georgia on route to Turkey. Local involvement in drug

trafficking appears to be limited, but cigarette, fuel and alcohol smuggling are the principal illegal transit activities. (4)

Social Attitudes Towards Drug Users. No information available.

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. It 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 signatory.

Syringe Access/Needle Exchange Programs – Law. No information available.

Syringe Access/Needle Exchange Programs – Practices. No information available.

Drug Possession Law. No information available.

Drug Possession Law – Practices. No information available.

Drug Treatment Law. No information available.

Compulsory Treatment – Practices. No information available.

Drug Trafficking Law. No information available.

Compulsory Treatment – Practices. No information available.

Drug Trafficking Regulations. No information available.

Drug Treatment Regulations - Law. No information available.

Drug Treatment Regulations – Practices. No information available.

Criminal Justice System – Law. No information available.

Criminal Justice System – Practices. No information available.

International Drug Conventions Signed. The country is a party to the following international drug agreements.

- 1988 UN Drug Control Convention
- UN Drug Control Program
- Party to the Council of Europe Prisoner Transfer Treaty
- UN Convention Against Transnational Organized Crime and its Protocols, December , 1999 (4)

A. 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. The section covers the right to health care and HIV treatment, reportability of HIV/AIDS, HIV testing provisions, anti-discrimination provisions, privacy and criminal penalties associated with prostitution and homosexuality. It also lists the international human rights instruments to which the country is a signatory.

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

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

Reportability of HIV, AIDS, HCV, HBV – Law and Practice: A national HIV case reporting system has been in effect since 1989. (4)

HIV Testing Provisions – Law and Practice: HIV testing policies have changed since 1992-93 due to the introduction of voluntary testing and reduced resources. HIV testing remains mandatory for blood donors. (4)

Anti-Discrimination Provisions based on HIV or drug use – law and practice. No information available.

Privacy Law and Practice. No information available.

Criminal penalties for exposing others to or 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 right conventions. Georgia's acceptance of the major international human rights instruments is as follows:

- International Covenant on Economic, Social & Cultural Rights (CESCR) – **signed May 3, 1994**
- International Covenant on Civil & Political Rights (CCPR) – **signed May 3, 1994**
- International Covenant on Civil & Political Rights, Optional Protocol (CCPR-OP1) – **signed May 3, 1994**
- International Covenant on Civil & Political Rights, Second Optional Protocol (CCPR-OP2-DP) - **signed March 22, 1999**
- Convention on the Elimination of Discrimination Against Women (CEDAW) – **signed October 26, 1994**
- Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) – **signed October 26, 1994**
- Convention on the Rights of the Child (CRC) – **signed June 2, 1994**
- International Convention on the Elimination of all Forms of Racial Discrimination (CERD) – **signed June 2, 1999** (2)

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

Government Position. No information available.

Needle Exchange Programs. No information available.

B. Drug Treatment Programs/Availability

In addition to law enforcement activities, the government of Georgia's strategy includes the treatment of drug addicts and the education of young people to drug abuse.
(4)

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

No information available.

Programmatic Details. The total number of HIV tests performed, excluding unlinked anonymous testing and the testing of blood donations by year (1996 - 2000) and rate of testing per 100,000 population:

1996: **18,437**
1997: **21,590**
1998: **22,704**
1999: **14,586**
2000: **14,268**

Totals/100,000 population: **2.9**

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

Perceived corruption in government is measured by the Transparency Corruption perception Index (CPI), which ranks countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. The most recent measure is currently unavailable.

Perceptions Index (CPI)

- Country Rank: **Unavailable**
- 2001 CPI Score: **Unavailable**
- Surveys Used: **Unavailable**
- Standard Deviation: **Unavailable**
- High-Low Range: **Unavailable**

(14)

D. 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. Thus, GINI Index of zero equals perfect equality while an index of 100 implies perfect inequality.

- GINI Index, 1996: **Unavailable**

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

- Human Development Index Rank (HDI) in 1999: **85/174** (8)

E. 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 (1999): **14.9%** (10)

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 an "extremely strong" capacity to meet its financial commitments.

Local Currency:

Long-Term rating: **Unavailable**

Outlook:

Short-Term Rating:

Foreign Currency:

Long-Term rating: **Unavailable**

Outlook:

Short-Term Rating:

The Social Indicators of Poverty represent the health status of individuals in different socioeconomic groups within countries for the last survey year:

- Infant Mortality Rate:
 - Poorest Quintile: **unavailable**
 - Richest Quintile: **unavailable**
- Child Immunization Rate:
 - Poorest Quintile: **unavailable**
 - Richest Quintile: **unavailable**
- Prevalence of Child Malnutrition:
 - Poorest Quintile: **unavailable**
 - Richest Quintile: **unavailable**
- Low Mother's Body Mass Index:
 - Poorest Quintile: **unavailable**
 - Richest Quintile: **unavailable**
- Total Fertility Rate:
 - Poorest Quintile: **unavailable**
 - Richest Quintile: **unavailable**

F. The National Poverty Line

- Population Below the Poverty Line, (BPL), 1999 est.: **60%** (10)

The Gross Domestic Product (GDP), (2000 est.): **22.8 billion** (10)

Gross Domestic Product per Capita (PPP US\$): **4,600** (10)

Gross Domestic Product - Average Annual Growth (2000 est.): **1.9%** (10)

VIII. RESOURCES

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