
The system of registration and follow-up of drug users in Georgia

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Executive Summary

From the time of its creation in the 1970s, the system of registration of drug users and those dependent on drugs served as a form of extensive control for the State over this part of the population. As a result of legislative and administrative changes between 2004 -2007, the law on the books and actual practice differ greatly. The concept of registration of drug users has lost its formal public health function and moved under the full control of the law enforcement agencies. In 2006, The Ministry of Internal Affairs (MOIA) initiated a reform of drug testing and registration, - which has led to the consolidation of its control in this sphere. The reforms were accompanied by legislative changes. In particular, administrative fines for those tested positive for drug use were increased dramatically following the transfer of the drug testing function to a special department under the supervision of the MOIA. The changes may have been accompanied by a verbal agreement with the law enforcement agencies to increase random drug testing. Whatever the cause, the number of people brought to testing has gone up considerably - 22,755 citizens were forced to be tested in the seven months after the law regarding administrative fines went into effect¹. For the purpose of comparison, this is nearly equivalent to the total number of people registered (24,000) with the CIB from the period of 1985 to 2005².

With drug treatment severely limited and prohibitively expensive, forced drug testing of the population and restrictions on the civil liberties of drug users have become the primary instrument of state drug policy in Georgia. Those who test positive for drug use, are not only subject to large fines, but are also denied certain rights such as the right to be employed in certain professions, the right to drive a car, the right to participate in an election as a candidate.

This report examines the current practice of registration in Georgia and assesses its implications for the health and human rights of people who use drugs as part of the state's broader strategy on the war on drugs.

¹ Source: Administration of the MoIA (letter N7/2 - 1576, 17.04., 2007)

² Gamkrelidze, A., Javakhishvili, J., Kariauli, D. , Lejava, G., Stvilia, K., Todadze, Kh. and Tsintsadze, M. (2005) Drug Situation in Georgia - 2004. *Tbilisi, Georgia: Southern Caucasus Anti-Drug Programme*

The Process of Registration of Drug Users and Those Dependent on Drugs Prior to 2005

The procedures and regulations of state registration of drug users and those dependent on drugs are regulated by two main legislative acts. These are “the frame law” (*The Law on Drugs, Psychotropic Substances, Precursors and Narcological Aid*) [Annex 1] and the order 317/N issued by the Ministry of Labour, Health and Social Affairs on the “Check-up, Examination, Expertise, Diagnosis, Dispanserization³, Registration and Treatment of Psychoactive Substance Users” [Annex 7]. According to these laws: those using drugs, their substitutes, or precursors are to be registered with the Central Information Bank (CIB) (under the control of the Ministry of Health, Labour and Social Affairs), as well as with the Ministry of Internal Affairs (MoIA).

From the early 1980s the process of registration of drug users and those dependent on drugs has been overseen by the Narcological Hospital, and, as of 1993, moved under the responsibility of the Georgian Research Institute on Addiction (GRIA). These institutions were sanctioned to conduct police-ordered narcological examinations and to update the registry accordingly. The data on those registered was kept in the Central Information Bank (a responsibility of the GRIA), under the control of the Ministry of Health, Labor and Social Affairs and also sent to the Ministry of Internal Affairs (MoIA). The Central Information Bank served as the database that contained information on all the registered drug users and drug dependent persons across the country.

In May 2005 the GRIA and its collaborative centers in the regions ceased to conduct the above mentioned police examinations when this function first transferred to the National Forensics Bureau of the Ministry of Justice (NFB), and later, in November 2006, to the Ministry of Internal Affairs. The NFB and the MoIA are not required to send the information to the CIB, which consequently lost its active function and is now limited to the “frozen” data collected prior to May of 2005. The MoIA Expert-Criminalistical Department, which conducts police-ordered examinations at the moment, has its own registry and is not affiliated with the CIB.

Establishing the fact of drug use

According to the Law:

According to Article 45 of the Code of Administrative Offences, in case of considerable doubt that a person is under the influence of drugs and/or psychotropic substances, or has used drugs, the police officer is authorized to demand that the person in question undergo an examination. According to the “common” order, a police officer can conduct a test on the spot with an immune chrome⁴ test to determine the presence of a drug in the saliva [Annex 8]. If the fact of drug use is confirmed by the spot check, a person will be referred to a special testing facility for additional laboratory examinations. A clinical-laboratory and/or laboratory test determining the fact of drug use and/or drug and/or psychotropic intoxication is carried out based on the official referral from an authorized police officer or on the basis of a special “check-up” card⁵. All those referred to the laboratory will undergo a chemical-toxicological examination to determine the fact of drug use. During the process of establishing the fact of drug intoxication, a doctor completes the patient’s dispensary history, which contains detailed information including the person’s passport data, social status, date and time of the examination, a period of time that has passed from the moment of the person’s detention until the medical exam, as well as any police data. Medical history is obtained directly from the person: whether he/she uses drugs, which group or substance, the frequency, the mode of use, history of withdrawal, etc. Other data includes description of the person’s appearance, their physical, neurological and psychological state, the presence of post-injection scars or traces. At the end of the medical examination the doctor concludes one of two things:

- a) Clinically under the drug influence;
- b) Clinically not under the drug influence;

³ Medical treatment and surveillance of a person (the type and duration of the surveillance depends on the diagnosis)

⁴ Special technology for determining drug consistence in the body, used for the majority of rapid drug tests

⁵ Check-up card is a card filled in during a spot check. See the sample in Annex 1 of common order

Having determined the patient's clinical status, the doctor will send the patient to a chemical-toxicological laboratory. The referral specifies the group or the kind of substances for which the patient's urine or blood should be tested. In case, taking a sample of the biological material from the patient is not possible for some time (one, one and a half hours), this must be explained in the medical card.

All medical establishments, licensed to determine the state of drug intoxication, do so on three levels:

Level I – along with the clinical tests, the presence of drugs or other substances in the biological material (urine) is determined with rapid tests and/or by doing a thin layer chromatography test. It is required by law that the biological material is sealed in two portions and kept for 14 days or, in case of an appeal, for thirty days. The results of the examination are delivered to the person performing the test and to the patient, immediately upon receipt. Once the clinical examination and a laboratory test (with a disposable diagnosis express-test) are completed, the doctor is required to provide a corresponding conclusion immediately. In case the results are contested by either the person in question or the police, the chemical-toxicological analysis progresses to levels II and III.

Level II – the testing is carried out with more sensitive methods; the control portion of the sample material is sent out for an additional layer of testing.

Level III – Biological material (urine) is tested in the chemical-toxicological laboratory with the methods used on levels I and II; an additional use of more sensitive methods is applied.

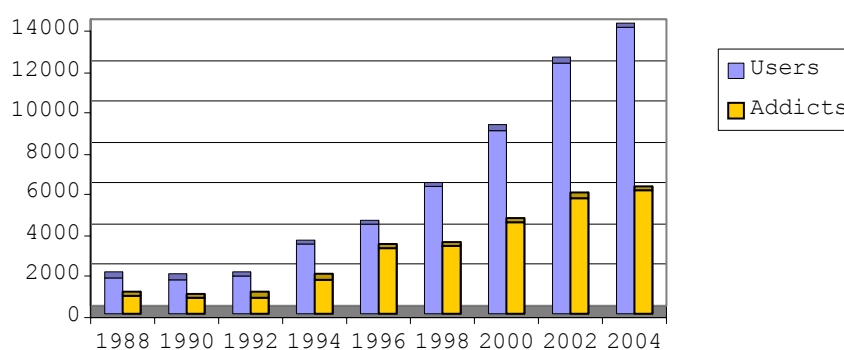
The results of the clinical-laboratory and/or laboratory examination are recorded on a special form [Annex 8, form 2] in the following way:

- a) Examinations established the fact of drug use (indicating the group of drugs used);
- b) Examinations have not established the fact of drug use.

Where drug use without appropriate medical purposes has been established, three copies of a special form that includes the individual's personal/passport information are to be filled out. One of the copies remains in the medical establishment carrying out the examination, another is sent to the Central Information Bank of the Ministry of Labour, Health and Social Affairs and the third copy is sent to the Ministry of Internal Affairs, specifically, the Department of Information and Analysis.⁶

Table 1

CUMULATIVE DISTRIBUTION OF REGISTERED DRUG USERS BY YEARS



Gamkrelidze A., et al 2005

An examination determining the fact of drug intoxication via a clinical examination and a chemical-toxicological analysis can also be conducted at one's request [Annex 7]. This usually happens when parents bring their children in for testing. In these cases the information is kept confidential and is not shared with the MoIA and the Central Information

⁶ This Ministerial Order has not been updated to reflect the new practise of the registration system. Therefore, while legally valid, the described procedure is no longer enforced.

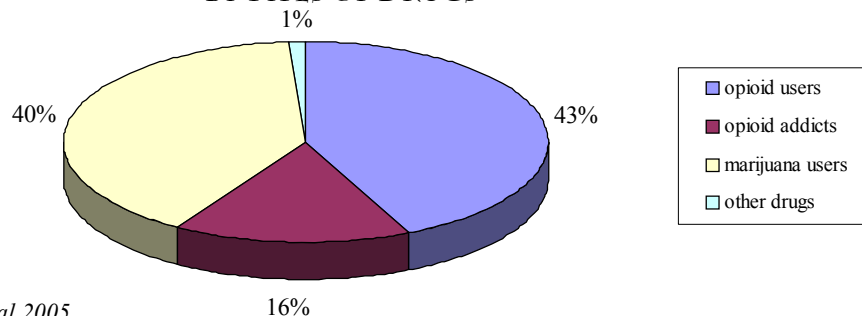
Bank as is the case with relevant information collected by the AIDS Centres, hospital wards and emergency services. Georgian laws do not require that a medical establishment reports information pertaining to drug use to law enforcement agencies.

According to the last available information source, 24,000 people were registered in the CIB at the end of 2004, 14,400 of them – injecting opioid users.

The majority of those registered in 2004 were opioid and marijuana users (43% and 40%, respectively). The share of those *dependent* on opioids was only 16% (Table 2). The total number of opioid users and those diagnosed as being dependent on drugs in 2004 was 14,400 people. In its annual report the South Caucasus Anti-drug Program defines these people in terms of the EMCDDA definition of “Problem Drug Use”, which includes injecting drug use or long duration/regular use of opiates, cocaine and/or amphetamines. Cocaine and amphetamine abuse is not common in Georgia (with the exception of occasional use of amphetamine-type drugs); therefore, the number of injecting opioid users could be considered as corresponding to the number of “problem drug users” in Georgia”⁷

Table 2

BREAKDOWN OF PERSONS REGISTERED IN 2004
BY TYPES OF DRUGS

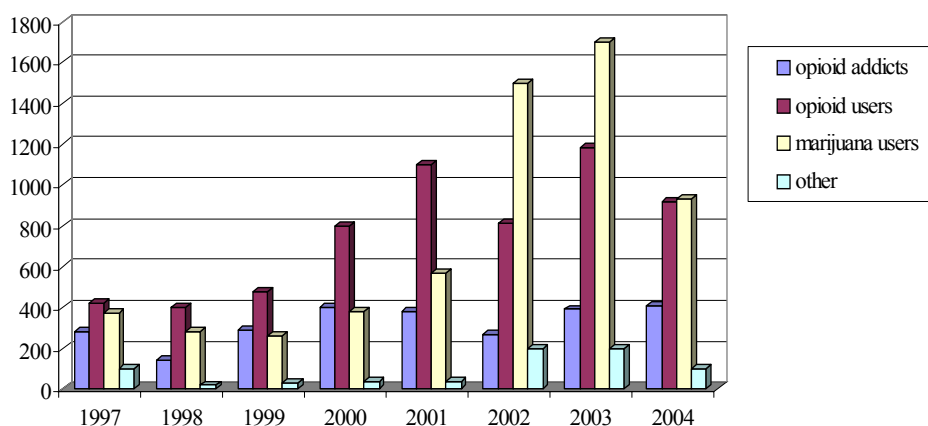


Gamkrelidze A., et al 2005

Nevertheless, it is unlikely that the distribution of registered people differentiated by the groups of drugs paints an accurate picture of drug use in Georgia. It is reasonable to assume that opioid users fall more easily under the attention of police officers and that it is easier to spot them than the users of other controlled substances, such as marijuana. It is also doubtful that the distribution of newly registered cases by years reflects the trends in the incidence of drug use in the country (Table 3).

Table 3

CUMULATIVE DISTRIBUTION OF REGISTERED DRUG USERS
BY YEARS

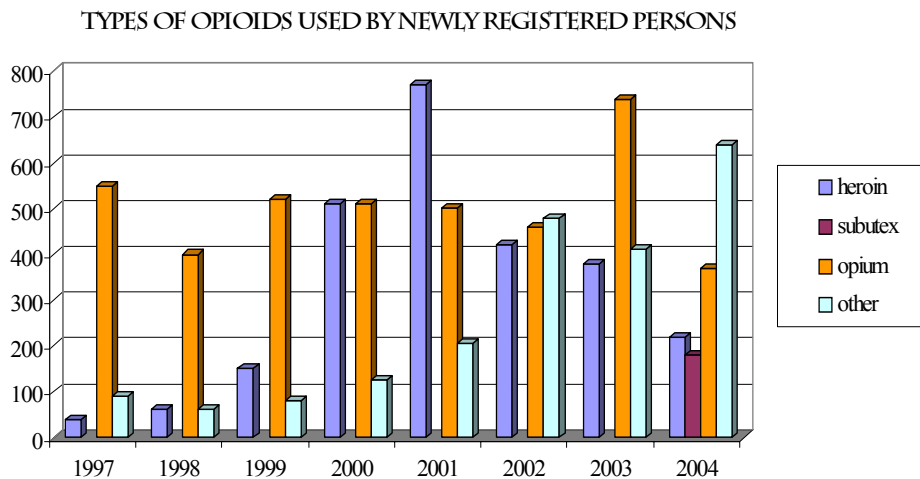


Gamkrelidze A., et al 2005

⁷ Gamkrelidze, A., Javakhishvili, J., Kariauli, D., Lejava, G., Stvilia, K., Todadze, Kh. and Tsintsadze, M. (2005) Drug Situation in Georgia - 2004. *Tbilisi, Georgia: Southern Caucasus Anti-Drug Programme*

These indexes likely reflect police activity and a heightened interest in registering drug users. At best, the information in the Central Information Bank roughly reflects the changes that occurred in the 1997-2004 regarding the types of opioids used. Two trends should be noted – a significant rise in heroin use in the 1990s and a growing tendency toward Subutex (buprenorphine) injection use in Georgia.

Table 4



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To determine the actual number of drug users in the country, some experts multiply the quantity of registered people by an index of 8 or 10. Based on these calculations they get 200,000-240,000 as a number of drug users in the country. It should be noted that this technique is not based on any scientific methods and the actual prevalence of drug users in Georgia is unknown.

The actual practise

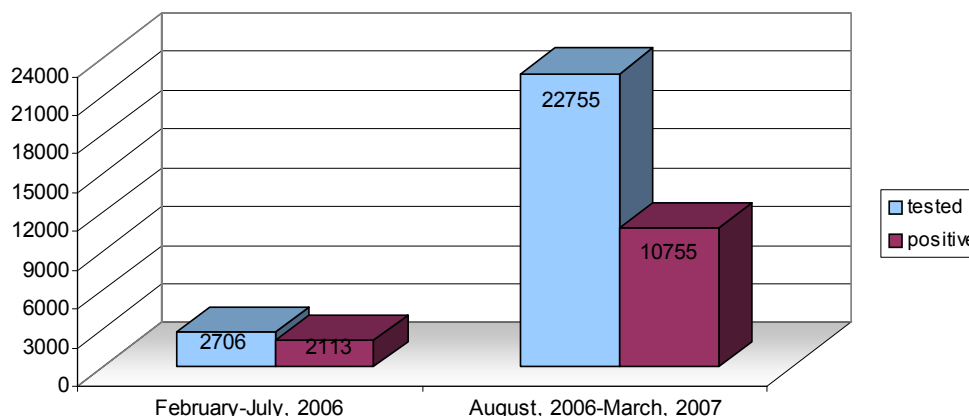
As of May 2005, the GRIA has ceased to conduct police-ordered narcological examinations. This function was transferred to the National Forensics Bureau of the Ministry of Justice and is now under the responsibility of the MoIA Expert-Criminalistical Department. This information is kept by the MoIA Department of Information and Analysis, which continues to have access to the data kept in the CIB.

In August 2006, a number of amendments to Article 45 of the Administrative Code of Georgia were initiated by the MoIA and approved by the Parliament. According to these amendments, the use of drugs without a doctor's prescription is punishable by a fine of 500 GEL (\$310). As mentioned before, the function of the expert laboratory for drug testing was also assigned to the department established to serve this purpose within the MoIA in October 2006. Additionally, on December 27, 2006, a number of amendments were introduced in the "frame law", according to which: "Examination, diagnosis, dispensation, treatment and rehabilitation of those dependent on drugs and users of psychotropic substances" is regulated by the Ministry of Labour, Health and Social Affairs, "while the rules for establishing the use of drugs and/or psychotropic substances as an administrative offence" are defined by a common order of the Ministers of Internal Affairs and Labour, Health and Social Affairs". These changes were followed by a dramatic increase in the number of people brought in for forced drug testing. There was a tenfold increase in the number of people force-tested for drugs in the seven months following the introduction of high penalties compared to the same period preceding this amendment (22,755 vs. 2,706)⁸. According to the same sources, only 38% of those brought in for forced testing in the first quarter of 2007 turned out to be under the influence, compared to 78% under the influence for the similar indicator in the previous year.

⁸ MOIA, N7/2-901, 05.03.2007 and MOIA, N7/2-1576, 17.04.2007

Table 5

PATTERNS OF FORCED DRUG TESTING BEFORE AND AFTER THE INCREASE OF FINES



[MOIA], National Forensics Bureau

At the moment, the data pertaining to illegal drug use is kept in the MOIA Department of Information and Analysis for internal use. This is done by collecting data from all establishments that perform police-ordered testing. The police have an obvious interest in using the information collected throughout the year to be able to accuse people of repeated drug use within the same year and, thus, hold them liable based on Article 273 of the criminal code. This article stipulates a fine or imprisonment for up to one year in the case of repeated drug use in the course of a year if the individual has already faced administrative sanctions for the same offence. Imprisonment is rarely used by the courts as a form of sanction for violating of Article 273. In 2006 there were only eight cases of imprisonment on the basis of this Article in Tbilisi⁹ The unprecedented speed of building new prisons in Georgia does not satisfy the rates of the ever-growing prison population¹⁰ and prisons are extremely overcrowded.

Table 6

NUMBER OF PRISONERS DETAINED IN GEORGIAN PENITENTIARY INSTITUTIONS			
Annual Data	Women	Juveniles	Total
2000	219	98	8349
2001	227	64	7688
2002	180	71	6749
2003	158	79	6274
2004	184	84	6654
2005	283	115	9051
2006	660	324	15464
2007		305	19744

[Ministry of Justice]

For this reason, sentencing people to a jail time based on Article 273 would hardly be possible. Fines of 2000 GEL (\$1230) and up are imposed in the majority of cases. Police more actively “hunt” for those who have been previously detained/administratively sanctioned for drug use. In 2007 only in Tbilisi 1755 drug users were convicted due to repeated positive drug tests.¹¹

⁹ Source: Tbilisi Municipal Court, (letter NG-176-07).

¹⁰ Source: National Forensics Bureau, (letter N20/01/19-341, 07.02.2007), Department of Execution and punishment, <http://www.dop.gov.ge/statistika.aspx>

¹¹ Source: Tbilisi Municipal Court, (Letter NG-244-07)

The current system of forced drug testing needs to be described in more detail. According to the law, a police officer can detain any person in the street who is believed to be under the influence. He can demand that the detained person follow him to a special facility for examination. The law does not define what constitutes “considerable doubt” (operative data, inadequate behavior of a person, physical signs of intoxication or other), which gives the law enforcement agencies a great degree of freedom. **A citizen is required to submit to police officers’ demands and proceed with them for further testing**¹². At the same time, the Georgian legislation does not define the penalty in case of refusal to submit for clinical or laboratory examinations. However, in the period during which this report was written, a new amendment was introduced to Article 45 of the Code of Administrative Offences. According to the new amendment, “when determining the fact of drug use without a medical prescription, if a person refuses to be examined, the fact of drug use without a medical prescription will be considered to be established”. This amendment comes in contradiction with Article 42 of the Constitution, which states that “No one shall be required to testify against himself/herself or those relatives whose circle shall be determined by law”¹³. This initiative is another step to criminalize and identify drug use as a serious offence, a trend already widely observed in Georgia.

Regulations concerning registration of drug users and those dependent on drugs

According to the law

As noted above, once drug use without a medical purpose has been established, three copies of a special form are filled out. One of the copies is left in the medical establishment, where the incident of use was registered. Another is sent to the Central Information Bank of the Ministry of Labour, Health and Social Affairs, and the third copy goes to the Ministry of Internal Affairs (to the Department on Information and Analysis). After these steps are taken, one can be registered. Ten days after the registration, a person must appear before the Doctors’ Consultancy Commission. After reviewing the person’s records (outpatient history) and conducting a medical examination, the Commission determines whether a person is dependent on drugs or is just an occasional user. This distinction has great practical importance, given that it determines the period for which one remains on the registry, the type of treatment received¹⁴ and the period of clinical observation¹⁵. Whether a person is a periodic user or drug dependent is defined by different criteria. Those criteria include the patient’s medical history, including the frequency of drug use, the type of drugs used, symptoms of withdrawal, as well as the overall neurological condition, which is assessed through a medical examination. The main factor taken into consideration by the Committee is whether one demonstrates a physical and/or psychological addiction (dependence) to drugs. This is determined by the 10 ICD criteria (International Classification of Diseases). If a person is diagnosed to be dependent on drugs, he/she is required to undergo a minimum course of treatment and pay the necessary fees. If a person is diagnosed as an occasional drug user, no treatment is required but can be arranged on voluntary basis.

Drug users remain on the registry for one year. After that, they can be taken off the list as users. If at the end of the one-year period they are diagnosed as being dependent on drugs, they are transferred to a correspondent registry. The registration period for those dependent on drugs is three years from the beginning of the minimum course of mandatory treatment. At the end of the term, they are taken off the list by the Doctors’ Consultancy Commission and their cards are archived. During the registration period there are no restrictions on movement for patients. Previously, “preventative observation” was required for all those registered, which meant that patients were required to go in for a special medical examination once a month. Since the 1990s this practice has been discontinued¹⁶. To get off

¹² “Law on Police”, Article 9, paragraph I (d) – According to the law, a police officer has right to report for testing any citizen, believed to be under the influence of alcohol, drugs or psychotropic substances and causing danger to himself and others, as well as retain his things and documents and fill out the report. Article 45, Administrative Code

¹³ The Constitution of Georgia, 1995

¹⁴ Mainly in- or out-patient detox using clonidine and sedatives

¹⁵ Person is required to visit a physician once a month and to provide urine for testing

¹⁶ Source: Dr. Irina Amniashvili, Clinical Director of GRIA - personal communications

the registry, a patient must submit a request to be removed from the register to the Doctors' Consultancy Commission. The Chairperson of the Commission is usually the director of the clinic (in Georgia's case – the Director of the GRIA). The Commission includes the Head Doctor of the facility as well as other specialists (a narcologist, neurologist, internal therapist, and a psychologist). The Commission conducts a medical examination¹⁷ over the period of five days and, if satisfied with the results of the examination, removes the person's name from the registry. The cost of these procedures is 200 GEL (\$125) and is covered by the patient. The period of being on the register is strictly defined – 1 year for drug users and 3 years for those diagnosed as dependent on drugs. The registration period cannot be shortened, but can be extended (this occurs in cases where one's status is changed from "drug user" to "dependent on drugs"). Those who do not submit a request to be removed or fail to appear before the Commission after the termination of the registration period stay on the register indefinitely.

The Actual practice

The system of registration of drug users and those dependent on drugs has long created a fertile ground for corruption. Police frequently extorted money from drug users in return for a promise that they would not send the information to the CIB and the MoIA. Registration was considered to indicate an inability to pay the bribes to the police. This practice continued until 2003 and was terminated with the decline of the Shevardnadze regime¹⁸. Today, registration of drug users and those dependent on drugs is primarily important in terms of maintaining police records. Prior to 2005, all information on people with substance abuse problems was sent to the CIB and the MoIA, particularly to the Department of Information and Analysis. Treatment facilities kept their own records. Reports to the CIB did not disclose the clients' personal data and were limited to quantitative and medical (diagnosis) data. The sharing of information between these state departments occurred on a regular basis. Today, with the narcological registry under the supervision of the Ministry of Internal Affairs (MoIA) and the National Forensics Bureau, the flow of information is tightly controlled. The data consists of the names of those who were tested positive during forced drug testing. When a person needs to obtain a medical-narcological certificate when applying for a job in the public service, or to gain possession of a fire-arm, a clinical-laboratory examination is carried out by the GRIA and Regional Narcological Offices. These institutions also check to see whether applicants are on the CIB register composed of the 2005 "frozen" data. Performing this inquiry costs 10 GEL (\$6).

Confidentiality of treatment and state penalty for violation of confidential records

The Georgian legislation recognizes the right to privacy. The law on "Medical Practice" safeguards this constitutional guarantee. Specifically, according to Article 48 of the law, *"Those engaged in independent medical practice are required to keep confidential all information pertaining to the patient's private life and health (except in cases defined by Georgian legislation), during medical practice, as well as after its termination, over the course of the patient's life as well as after his death"* [Annex 10]. Confidentiality of the patient's medical history is also protected by the law on "The Rights of a Patient". Violation of these rights leads to a penalty under Georgian legislation. Particularly, Article 157 of Georgia's criminal code stipulates a penalty for violation of private, personal or family information [Annex 4]. According to this article, *"illegally obtaining, withholding, or disclosing private information, as well as illegal use or dissemination of this information by different means via mass media or other public appearances by a person who by virtue of his profession or post is required to keep this information confidential is punishable by a fine or imprisonment for up to three years and/or imprisonment for up to three years with or without withholding the right to professional activity or holding a post"*.

¹⁷ Patient is coming to the facility each day and spends several hours there. Drug tests are performed and he is examined by different doctors-specialists

¹⁸ An attempt by the incumbent Georgian government to manipulate national legislative elections in November 2003 touched off widespread protests that led to the resignation of Edward Shevardnadze (First Secretary of the Georgian Communist Party in 1973-1985 and President of Georgia from 1995 until he resigned on 23 November 2003 in the Rose Revolution). During his presidency corruption and bribery was widespread.

Registration and drug treatment.

According to Georgian legislation, drug treatment can be both voluntary and compulsory. Beginning in 2003, when a person seeks drug treatment voluntarily he may request to be treated anonymously, according to the law on “Drugs, Psychotropic Substances, Precursors and Narcological Aid”. Particularly, according to the second paragraph of Article 38 of the law – *“Those dependent on drugs can undergo drug treatment in licensed medical facilities, using one’s name or anonymously, voluntarily or compulsorily...”* [Annex 1]. In cases where treatment is anonymous, a person is given a special identification code on the basis of his identification document. This code is recorded on special medical forms as well as in the patient’s medical history. All information is kept confidential in the clinic and is not forwarded to the law enforcement agencies. Thus, drug users admitted for voluntary drug treatment are not persecuted by law, in contrast to drug users identified as such by police. Order 317/N of the Minister of Labour, Health and Social Affairs on the “Check-up, Examination, Expertise, Diagnosis, Dispanserization, Registration and Treatment of Psychoactive Substance Users” notes that *“in case of anonymous treatment it is possible to send the personal form to the Ministry of Internal Affairs and The Central Information Bank without the patient’s personal details”*.¹⁹ The “frame law” states that disclosing this kind of information is possible at request of the patient or the court. It should be noted that, even before the introduction of the “frame law” in 2003, the medical-narcological clinics did not send the information to the MoIA and the CIB about patients undergoing treatment voluntarily.

Employment restrictions

With the exception of individuals seeking drug treatment voluntarily, those referred for testing and diagnosed as being dependent on drugs are restricted from being employed in certain professions. Particularly, Article 37 of the law on “Drugs, Psychotropic Substances, Precursors and Narcological Aid” states that: *“for the purpose of ensuring the safety of the state and society, protecting the health, moral values, the rights and other legal interests of the citizens, those dependent on drugs are restricted from being engaged in several professional activities, especially those connected with high-risk activities”*. The list of these activities is determined by the Minister of Labour, Health and Social Affairs in its order #307/N [Annex 9]. Drug dependent persons are restricted from all 12 categories of jobs listed in this Order, including all kinds of independent medical practice. The restriction is valid for five years following the confirmation of the diagnosis. Drug users and drug dependent persons can not work in the public service because the law “On Public Service” outlines the list of documents necessary to apply for this kind of job. Article 18 of the law states that in addition to other documents all applicants should present a “clean” medical-narcological inquiry confirming that a person is not on the CIB list and does not currently use drugs [Annex 6]. This is the only case when a person needs to obtain a medical-narcological inquiry as a result of their application for a position in the public service. For example, when applying for a driver’s license or being recruited into military service, no narcological inquiry is needed. Examination of military recruits is carried out by a special medical panel during orientation. Recruits undergo a brief medical exam, but in case of doubt, can be asked to submit biological material (urine) for testing. Once a person is employed in the public service, he can still be randomly tested for drug use. Different public service agencies in Georgia (state departments, offices, Customs, Ministries, other public services) conduct random drug testing to identify employees who use drugs. Managers of particular departments request special drug clinics to conduct these examinations. If drug use by the individual is established, the employee is forced to resign. When a private establishment conducts the testing, the results are sent to the Director of the appropriate department and he individually decides what measures should be taken against the employee. In this case, the information is not shared with the MoIA and the person is not registered. The practise of employee spot testing is illegal, given that there is no normative act or order that could confirm the validity of these actions and put them within the legal framework. As a rule, the testing is carried out following an order from a particular department (Office of public prosecutor, Ministries, customs house) in a private clinic and the results are not gathered in the CIB.

¹⁹ See *Registration cards N2, N3, N7 and N10*. [Annex 7, form N10]

Article 5 of the “Labour Code” notes that: “An employer is authorized to obtain any kind of information about a candidate that is necessary for him to make a decision regarding his employment” [Annex 5]. The article can indicate the obligation of a candidate to present a narcological inquiry but, in practice, this depends on the type of activity and the personal preferences of the employer. Article 34 of the previous labor code allowed the employer to terminate a contract with an employee who appeared drunk or under the influence of drugs. This article was withdrawn with the July 2006 introduction of the new labor code.

Recent changes in the legislation

In 2007, the Georgian Prosecutor-General addressed the Parliament with a new initiative on “the fight against drug crime”. This bill was passed after rapid hearings and came into force in July 2007 [Annex 11]. According to this law drug users²⁰, those promoting drug activity as well as those engaged in the sale of drugs are stripped of the following rights: a) the right to drive a vehicle; b) the right to practice medicine; c) the right to be an attorney; d) the right to teach or be active in an educational institution; e) the right to management activity in the state or local self-management budgetary establishments; f) the right to participate in an election as a candidate; g) the right to manufacture, store and carry a firearm or other weapons²¹. Along with these restrictions, those, promoting drug use will face confiscation of “illegal and/or unreasonable” property. For drug users, these restrictions came into effect on November 1, 2007.

Conclusions

The situation with drug use and problems related to drug use has deteriorated in the last ten years in Georgia. The government has failed to address the social and health factors contributing to drug use and has not been able to prioritize effective public health interventions. There is a further lack of treatment programs and harm reduction services. Rather than being provided with treatment, drug users are fined and are often sent to prisons, where they may continue to use drugs in a high risk environment [Javakhishvili et al., 2006]. The only positive feature of current system is that personal data of those admitted for voluntary drug treatment are kept confidential. There is an urgent need for the government to understand the harmful consequences of the current legislation and the distorted legislative practice, and to introduce new policies based on respect for human rights and public health principles.

The existing system of drug testing and registration needs to be fundamentally reformed. The current system serves as a form of police control and is aimed more at the harassment of drug users. From a public health perspective, there is a need to introduce information and monitoring system, similar to the kind in place in all countries of the European Union and aiming at collecting and analyzing reliable and comparable epidemiological data²².

Recommendations:

- Delete the “frozen data” kept in the Central Information Bank. The data itself does not serve as a source of accurate information regarding a given person’s health status, while the current practice of maintaining access to the information kept on files in the CIB allows for misuse of the information and may pose a further barrier in seeking employment or applying for a driver’s license;
- Establish a working group to determine the feasibility of replacing the current registration system with a confidential monitoring and evaluation system to be used exclusively for collecting epidemiological data and evaluating the quality and demand for health services available to drug users. As the European Monitoring Centre for Drugs and Drug Addiction notes, “Treatment-monitoring systems are one of the major information sources for epidemiology and demand reduction. These systems provide valuable information on the extent

²⁰ Drug user – a person who has violate: Article 273 of the Criminal Code (Article N2 Explanation of terms, *Law about the fight against drug crime*, [Annex 11])

²¹ See Annex 11 for time restrictions on these activities

²² EU Drugs Action Plan (2005-2008), *Official Journal of the European Union*, (2005/C 168/01), <http://www.emcdda.europa.eu/html.cfm/index10360EN.html>

and characteristics of drug use as well as on measures taken to deal with the phenomenon”²³. Such a system would register/monitor drug users seeking different types of drug services (prevention, treatment and rehabilitation). This system uses a country-wide unique ID code, applied to each person admitted for such services. The clients’ personal data is kept confidential and the information collected is used exclusively for epidemiological purposes – to identify the patterns in the use of services, to assess the need for resources, and to monitor and evaluate the range of services available to drug users.

- Abolish policies, which enable the police to perform random drug testing, or to detain drug suspects on the sole basis of a known history of drug use;
- Establish a working group to review all ministerial regulations, rules, procedures and any other orders pertaining to drug policy and drug user registration in Georgia and to provide recommendations for harmonizing the legislation and bringing it into compliance with international human rights treaties;
- Appoint an Ombudsman/establish a committee comprising of lawyers, human right advocates entrusted to investigate human rights violations committed against drug users by police.

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Law on Drugs, Psychotropic Substances, Precursors and Narcological Aid

Article N37. Established restrictions on professional activity

1. For the purposes of ensuring the safety of the state and society, protecting the health, moral values, rights and other legal interests of the individuals, those, dependent on drugs in Georgia, face restrictions on several professional activities, particularly, those having to do with high-risk activities;
2. Activities mentioned in Paragraph 1 of this Article are determined by the Ministries of Justice and Labour, Health and Social Affairs.

Article N38. General principles of narcological aid

2. Drug dependent persons will undergo drug treatment in specially licensed medical establishments, voluntarily or by force, anonymously or openly. A juvenile patient will undergo treatment with his consent or the consent of his parents or legitimate representatives.

Article N39. Identifying and monitoring of those dependent on drugs and confirming the fact of drug/psychotropic substance use

1. The incident of the use of drugs and psychotropic substances is established by clinical and/or laboratory examinations, according to the standards defined by the Ministry of Labour, Health and Social Affairs.
2. The Central Informational Bank contains information on drug dependent persons in Georgia. In case of anonymous treatment, a medical establishment has the right to send information to the bank withholding any personal information. These details are doctor's confidential information and can only be disclosed with the consent of the patient or following a court's decision.
3. A person is diagnosed as being dependent on drugs by a medical committee (comprising of no less than 3 doctors) that will produce a report about the drug dependent patient in 3 copies. One copy is sent to Central Informational Bank, second – to the Ministry of Internal Affairs and the third one – is left in the establishment.
4. After finishing the course of treatment, the patient remains under clinical observation for 3 years.
5. The rules for observation and treatment of somatic - drug dependents, as well as the rules for hospitalization of drug dependents are established by the Ministry of Labour, Health and Social Affairs.

Article N40. Treatment of drug dependent patients

2. In case of voluntary treatment, a drug dependent patient has the right to protect his anonymity by assuming the cost of treatment, and, once in his lifetime,- to undergo the whole course of state-sponsored treatment .
3. In case of anonymous treatment, a drug dependent patient is required to present his identification document to the medical establishment. On the basis of this document, he is given a special identification code, which can only be decoded with his consent or following the court's decision.
4. The Ministry of Labor, Health and Social Affairs determines the regulations for presenting the identification document by the patient, assigning the identification code and protecting the patient's confidentiality.
5. Breach of Paragraph 4 of this Article will lead to liability under the Georgian legislation.

2002-12-05

Tbilisi, Georgia

Code of Administrative Offences

Article N45. Illegal acquisition or keeping small amount of drugs, not for distribution and/or their use without a prescription

Illegal acquisition or carrying a small amount of drugs not for distribution, and/or their use without a prescription, -

will lead to a fine of 500 GEL or, in some cases, according to the circumstances of a case and personal characteristics of an offender, when this measure is considered insufficient, - with administrative imprisonment for 30 days.

Note:

1. Any person who voluntarily hands over the drugs, which he possesses in small amounts, acquired or kept not for the purpose of distribution or who voluntarily reports to a medical establishment when acquiring drugs without a prescription, for medical treatment, will be free of administrative liability for actions stipulated by this article.
2. Police officer, with reasons to believe that a person is under influence of drugs or psychotropic substances, will present him to a duly authorized representative of the Ministry of Internal Affairs.
3. When establishing the fact of drug use without a doctor's prescription: If a person refuses to be examined, the fact of drug usage without doctor's prescription will be considered to be established.

The Criminal Code

Article N157. Disclosure of Personal and Family Information

1. Illegal obtaining, keeping or spreading of personal or family information, -shall be punishable by fine or by corrective labour for up to one year in length or by imprisonment similar in length.

2. Illegal use of personal or family information or spreading thereof in by different means, by mass media or by making a public speech, - shall be punishable by fine or by corrective labour for up to one year in length or by imprisonment similar in length.

The action referred to in Paragraph 1 or 2 of this Article:

- a) in pursuit of personal interests;
- b) repeatedly;
- c) by an individual required to keep this information confidential due to one's official position, professional activity or other circumstance;
- d) that has resulted in substantial damage, -

shall be punishable by fine or by restriction of freedom for up to three years in length or by imprisonment extending for up to three years, by deprivation of the right to occupy a position or pursue a particular activity for the term up to three years or without it.

Article N273. Illegal Preparation Purchase, Keeping of Small Quantities of Narcotics, Its Analogy or Precursors for Personal Use or Their Use without Doctor's Prescription

Illegal preparation purchase, keeping of small quantities of narcotics, its analogies or precursors for personal use or their use without doctor's prescription, committed after having been previously sentenced for such practice,- shall be punishable by fine or by correctional labor from one hundred and twenty to one hundred and eighty hours in length, or by jail time up to three months or by imprisonment for the term not to exceed one year.

1997-07-22

Tbilisi, Georgia

Law on Patient's Rights

Article N27.

Medical personnel assisting in provision of medical treatment is required to protect confidentiality of his patient's information during his life as well as after his death.

Article N28.

1. Disclosing confidential information by the medical staff is permitted:
 - a) With the patient's consent;
 - b) If non-disclosure will threaten third party's life and/or health (whose identity is known);
 - c) For the purpose of conducting scientific research. This rule excludes the possibility of identifying a person.
 - d) If it is defined by Georgian legislation.
2. Consent of a patient can be assumed, when a medical staff member discloses confidential information about the patient to another person assisting in medical treatment.

2000-05-05

Tbilisi, Georgia

Labour Code

Article N5. Exchange of information before signing an employment contract

1. Employer is authorized to obtain any information about a candidate that would be necessary to make a decision on his employment.
3. Employer has the right to verify the information presented by the candidate.
4. Information obtained by the employer and information presented by the candidate is not accessible for other people without the consent of the candidates, except in cases defined by Georgian legislation.
5. Candidate has the right to retrieve all the documents submitted by him, in case the employer does not sign a contract (agreement) with him.

26 of May, 2006

Tbilisi, Georgia

Law on Public Service

Article N18. Special requirements

4. When applying for a job a candidate is required to present a medical-narcological check-up inquiry.

Article N25. Documents required to apply for a position in the public service

Along with other documents an applicant is required to present a medical-narcological check-up inquiry.

1997-10-31

Tbilisi, Georgia

**The order 317/N of the Minister of Labour, Health and Social Affairs on
the Check-up, Examination, Expertise, Diagnosis, Dispanserization,
Registration and Treatment of Psychoactive Substance Users**

Tbilisi, Georgia, 2003

I. Establishing the fact of the use of drugs or other intoxicating substances

1. To establish the fact of drug intoxication, those in question must undergo clinical and chemical-toxicological examinations.
2. During the process of establishing the fact of drug intoxication, doctor fills in patient's dispensary history, which includes the person's passport data, social status, date and exact time of examination, time that passed since person's detention till presenting for examination, police data, if he uses drugs, of which group or which substance, frequency, way of usage, has he experienced withdrawal in past, etc. The person's appearance, physical, neurological and psychical status, existence of post-injection scars or traces all must be described. After the clinical examination a physician determines the diagnosis.
3. The request to establish the fact of drug intoxication acts as the official referral of the presenting side and is to be added to the medical card. Any other forms of processing dispensary cards are forbidden.
4. After the clinical examination, a physician will refer the patient to a chemical-toxicological laboratory. The referral should specify the group or the kind of substances tested in the biological material. Instead of containing passport data, the referral and dispensary history will have a specially assigned ID code.
5. The doctor and the referring party should be present when biological material is submitted for lab tests. If performing a lab test using the biological material from the patient is not possible for a period of time (one, one and a half hour), the reason should be specified in the medical card.

All medical establishments, licensed to determine the state of drug intoxication, do so on three levels:

Level I – along with the clinical tests, the presence of drugs or other substances in the biological material (urine) is determined with rapid tests and/or by doing a thin layer chromatography test. It is required by law that the biological material is sealed in two portions and kept for 14 days or, in case of an appeal, for thirty days. The results of the examination are delivered to the person performing the test and to the patient, immediately upon receipt. Once the clinical examination and a laboratory analysis (with a disposable diagnosis express-test) are completed, the doctor is required to provide a corresponding conclusion immediately. In case the results are contested by either the person in question or the police, the chemical-toxicological analysis progresses to levels II and III.

Level II – the testing is carried out with more sensitive methods with the control portion of the sample materials sent out for an additional layer of testing.

Level III – Biological material (urine) is tested in the chemical-toxicological laboratory with the methods used on levels I and II with an additional use of more sensitive methods.

On levels I and II, in disputed cases all prior test results should be made available. Hearings of disputed cases are held based on a written request. The results of repeated examination will be sent to the parties concerned.

6. The results of a patient's chemical-toxicological examination are recorded on a special form and are added to dispensary medical card.
7. If the person does not display clinical signs of drug intoxication, denies the use of psychoactive substance and has no somatic-toxicological anomalies, police data should be recorded in the process of the chemical-toxicological examination. In the absence of police data tests will be conducted using several laboratory methods.

8. The conclusion establishing the incident of drug intoxication is released to the referring party and is confirmed by a signature in a special registration journal.

9. In case of personal application, the establishment of the incident of drug intoxication should be decided according to the establishment's internal guidelines, by clinical and chemical-toxicological analysis and taking into consideration previous examination results.

10. In establishing the incident of drug intoxication several outcomes are possible:

- a) Clinical examination did not reveal signs of drug intoxication. The incident of drug use has not been established by the laboratory;
- b) Clinical examination did not reveal signs of drug intoxication, but due to existence of post-injection scars or signs, hospitalization is needed. The incident of drug use has not been established by the laboratory;
- c) Clinical examination revealed a state of drug intoxication. Hospitalization is needed for further diagnosis;
- d) Clinical examination did not reveal signs of drug intoxication, the fact of drug use has been established by the laboratory. Hospitalization is needed for further diagnosis;
- e) Clinically not intoxicated, but due to demonstrated signs of withdrawal syndromes, hospitalization is needed. The fact of drug use was established (or not) by laboratory.
- f) Examinations revealed the fact of drug use.
- g) Examinations did not reveal the fact of drug use.

11. If after clinical examination the individual can not or does not want to provide biological material (urine) for the period of two hours, the doctor is required to record the results of the clinical examination and provide a corresponding conclusion.

13. Specialized treatment is recommended to establish the final diagnosis. If a person refuses hospitalization or is taken by the police, everything is recorded in the dispensary history including the signature and personal information of the referring party. Afterward, if a person is not hospitalized, the conclusion is made by the doctors' consultancy commission according the medical documentation and the information in it, delivered to the patient and the referring party.

Hospitalization for the purpose of establishing the final diagnosis should be applied on levels II and III.

II. Procedures for registering users of psychoactive substances and registration guidelines

1. Once drug use without a medical purpose has been established, three copies of a special form are filled out. One of the copies is left in the medical establishment, where the incident of use was registered. Another is sent to the Central Information Bank of the Ministry of Labour, Health and Social Affairs, and the third copy goes to the Ministry of Internal Affairs.

2. In case of anonymous treatment it is possible to send the form to the Ministry of Internal Affairs and the Central Information Bank without the patient's personal details (registration card's N2, N3, N7 and N10 items). Disclosure of this information is possible at the patient's request or following a court's decision.

3. In prisons, once drug use without a medical purpose has been established, three copies of a special form are filled out. One copy is kept in the detention place, while the two others are sent to the Central Information Bank and the Ministry of Internal Affairs 2 weeks before the person is released.

4. In case of establishing the fact of drug dependence for the people who are already on the register as drug users, the register card is filled out again, specifying the old card number. A corresponding note is made in a special field. Both register cards are kept in the medical establishment, while in the Central Information Bank and the Ministry of Internal Affairs the old cards are destroyed.

5. Drug users are on the register for one year, after this period they are taken off the list or in case of drug dependence diagnose get on the register for drug dependent persons.

6. The registration period for those dependent on drugs is three years from the beginning of the minimum course of mandatory treatment. At the end of the term, they are taken off the list by the Doctors' Consultancy Commission and their cards are archived. .

7. Dispensary observation of drug users, drug dependents and persons dependent on psychoactive substances is carried out according to the standards of the Ministry of Labour, Health and Social Affairs.

8. Removing from the dispensary observation happens in cases of:

- a) Stable remission with social and employment re-integration;
- b) Changing of permanent place of residence;
- c) Imprisonment for a period of more than one year;
- d) In case of one's death.

9. The decision to remove the person from dispensary observation is made by the Doctors' Consultancy Commission.

10. In case of change of permanent place of residence, the medical establishment, where the person is registered, sends the information on cessation of clinical observation of the patient along with the information on the new place of residence to the Central Information Bank. The patient is given a card of temporary removal off the register, which he should present to that establishment where he will get on the register. Medical establishment, which receives the person, fills in a register card in three copies with a special note and sends it to the Ministry of Internal Affairs and The Central Information Bank.

11. In case of the patient's death a request to remove him from the list is sent to the Central Information Bank and the Ministry of Internal Affairs.

III. Procedures for registration of patients undergoing anonymous treatment

1. Patient has the right to maintain anonymity in case of self-referral.
2. When maintaining anonymity, the patient presents his identification document to the director of the medical establishment and is given a special identification code.
3. Personal information of the patient undergoing anonymous treatment along with the identification code is recorded in a special journal
4. Disclosure of the patient's anonymity must be done in accordance with the rules set out by the law.

IV. Procedures for registration and treatment of somatic-addicts

1. Registration of people with somatic-addiction is done according to the decision of the Doctors' Advisory Commission.
2. According to the established rules, a special register form is filled out for a somatic-addict, where a special note is made in paragraph 17.
3. The length of period of being on a register for a somatic-addict is not defined.
4. Treatment of somatic-addicts is done according to the established standards of the Ministry of Labour, Health and Social Affairs.
5. Somatic-addicts are taken of the register list:
 - a) after cessation of drug use, by the established rules after three years of dispensation;
 - b) after their death.

A sample of medical establishment's registration journal

N	Form N or exhibit N	Who is the presenting side	Name, surname and father's name of an examined person	N of identification document	Year of birth
1	2	3	4	5	6
Sex	Address	Working place	Precise time and place of examination	Testing doctor	Conclusion
7	8	9	10	11	12

A sample of laboratory analysis registration journal

N	Name, surname, father's name and a code of an examined person	Who is the sender	Material for examination	Method of examination
1	2	3	4	5
Starting and ending time of examination		Results of examination	Existence of control sample	Form was given by
6		7	8	9

A sample of a registration journal for anonymous patients

N	Patient's name, surname, father's name	Address	Year of birth	Profession
1	2	3	4	5
Identification document and N		Citizen's personal number	Given code	Note
7		8	9	10

**Register Card of a person who uses drugs without medical purposes
(if anonymous, identification code)**

1. Drug dependent, drug user, other psychoactive substance user (delete unnecessary one)
2. Surname _____
3. Name, father's name _____
4. Code _____
5. Date, Month, Year of birth _____
6. Place of birth _____
7. Living place _____
8. Education _____
9. Profession _____
10. Working place _____
11. Marital status _____
12. Basis of registration _____
13. When the fact of using psychoactive substance was established _____
14. When started using drugs _____
15. Dosage and ways of usage (taken orally, epidermally, intra venous or smoking) _____

-
-
16. When and by whom was the diagnosis of drug dependence established _____

17. When and where had the patient undergone treatment _____

18. previous conviction (when and which article, where) _____
19. Was a register card previously filled out for the person as a drug user _____
20. Date and reasons for getting off the register _____

21. The name of establishment that filled out the register card _____
22. The card was filled out by (post, name, signature) _____
23. The basis for registration and validity of the information was checked by _____

Director of the establishment
(Post, signature)

_____2003

Annex 8

Common Order of the Minister of Internal Affairs and Minister of Labour, Health and Social Affairs About Defining the Rules of Establishing an Administrative Offence for the Use of Drugs and Psychotropic Substances

Article N1.

1. This order defines, according to the Code of Administrative offences the guidelines *forules*
 - a) Methods and judicial mechanisms of defining the fact of drug use without a doctor's prescription;
 - b) Methods and judicial mechanisms of defining the fact of drug and/or psychotropic intoxication.
2. The purpose of this order is to prevent and reduce the number of offences related to the use of drugs and/or psychotropic substance as well as protect citizen's rights and interests.
3. A designated person appointed by the Ministry of Internal Affairs will establish the following offence by tests, spot checks, clinical-laboratory and/or laboratory examinations.

Article N2. Guidelines for determining the fact of drug use without a doctor's prescription

1. Determining the fact of drug use without doctor's prescription is done by laboratory examination and spot checks.
2. In case of considerable doubt regarding drug use, a person will be spot-checked with the immune chrome test determining the presence of drugs in the saliva.
3. After the spot check, an authorized person completes a check-up card, which includes the results of the immune chrome test. The card is signed by the authorized person as well as the citizen being spot-checked. Refusal to sign the card is also noted on the card.
4. A laboratory examination will be carried out in case of considerable doubt and in case the results of the spot-check are positive.
5. An administrative liability will be imposed if the examination confirms the fact of drug use.

Article N6. Rights and responsibilities of the person tested for drug use

1. A person considered to be liable for an offence outlined by this order is required to comply with the authorized person's demands.
2. According to existing legislation, an offender has the right to appeal the decision of the administrative body and/or demand a second clinical-laboratory examination at his own expense.

Article N7. Regulations for conducting a spot-check to determine the use of drugs and/or psychotropic substances

1. A spot-check test with immune chrome test, which allows to determine the presence of drugs in the saliva is carried out if there is considerable doubt that a person has used drugs and/or is under the influence of drugs and/or psychotropic substances.
2. A spot-check test is conducted with a disposable immune-chrome test, which detects the presence of drugs in the saliva. Disposable immune chrome tests and the device for taking a sample of saliva are placed in a sealed packet, which indicates the list of drugs the person is being tested for. When the packet is opened, the display area of the test is blank (white). After exposure to saliva there is a pink line along the control (note C) portion of the test. Various drugs by type are indicated below the control area.
3. A shaded control area and a line along the type of the drug means that the noted drug is not found in the saliva. If a line does not appear along a specific type of the drug, this indicates the presence of that particular drug in the saliva. .

Article N8. Regulations for conducting a clinical-laboratory and/or laboratory examination to determine the fact of drug use and/or drug/psychotropic intoxication

1. Clinical-laboratory and/or laboratory examinations carried out to determine the fact of drug use and/or drug and/or psychotropic intoxication are conducted on the basis of an official referral from an authorized referring party.
2. A chemical-toxicological examination is carried out to determine the fact of drug use on all those referred for the examination.
3. A clinical-laboratory examination is carried out to determine the fact of drug and/or psychotropic intoxication on all those referred for the examination.
4. When determining the fact of drug use or drug and/or psychotropic intoxication, an authorized person fills in a special register journal and a register card (or a medical card). An identification document of a referred person should be given to an authorized person. An absence of this document does not form sufficient ground for the refusal to submit to an examination. In this case the register journal and the register (medical) card should be completed using the data from the referral or the spot-check card The medical card is filled out by a doctor.
5. The referring side should be present whenever the biological material (urine) is taken from a person. On the request of the referred party a witness can also be present.. The sample is sealed in two portions and stored for 14 days according to the corresponding rules. The sealed portions are marked with signatures of the examined, the referring and the authorized parties (as well as the signature of the witness, if asked). It is possible to extend the time of preserving the control portion of the sample to one month at the request of one of the parties.
6. In case drugs or psychotropic substances had been detected in the saliva, a sample is taken from an examined person and an additional examination is carried out to determine the types of drugs and/or psychotropic substances that were detected by the immune chrome test. A test to determine the type of drugs and/or psychotropic substances is done on the basis of a referral by the law enforcement agent. The results are recorded in the register card. If the immune chrome test did not detect the consistence of the drugs and/or psychotropic substances, but there is considerable doubt about the fact of drug and/or psychotropic substance use and a person has been referred for an examination, an examination is conducted using a urine sample based on the referral by the presenting

side. If the consistence of drugs and/or psychotropic substances still has not been established and neither side has any claim, which is confirmed by the signature in the registration card, the biological material is not sealed. If the results of the immune chrome test inconclusive, and/or if a person takes various medications as well as in other circumstances, a repeated examination is carried out with other highly sensitive methods.

7. Images of the immune chrome test as well as the code of the sample with the signature of an authorized person are taken by the laboratory technician, uploaded to a computer, and analyzed. The results containing relevant data are printed out and attached to the register card (or the medical card).

8. Results of clinical-laboratory and/or laboratory examinations are recorded in the examination form. The form is numbered, signed by director, stamped with the seal of the Expert criminalistical department. The results are released to the referring side. The receipt is confirmed by their signature in the register journal.

9. Conclusion of a clinical examination:

- a) Clinically under drug influence;
- b) Clinically not under drug influence.

10. Conclusions in establishing the fact of drug use:

- a) Examinations established the use of drug(s) (noting the group);
- b) Examinations did not establish the use of drugs.

11. Contested cases are reviewed on the basis of a written appeal. The results of a repeated examination (control portion) will be released to the relevant parties.

Annex 1 of the Common Order

Card of spot check

Name, Surname and father's name of an examined person _____

Identification data _____

Date and time of examination _____

Quantity of lines exposed on an immune chrometest _____

Signature of an examined person _____

Result _____

Name, Surname, employment card number of an authorized person _____

Annex 2 of the Common Order

Registration Journal

1

N ^o	Presice date and time of bringing an examined person	Name, surname and employment card number of a presenting person	Name,surname and father's name of the presented person	Number of an identification document of the presented person	Year of birth and place of a presented person

Adress of an examined person	Code of biological material (urine)	Results of the examination with the mode of usage indicated	Signature of an authorized person

Annex 3 of the Common Order

Registration Card N1

Precise date and time of bringing a person for examination _____

Length of time between detention and examination _____

Police data _____

Results of saliva test _____

Name, surname, working certificate number and a place of work _____

Examined person's:

Name, surname, father's name _____

Type of identification document and number _____

Year and a place of birth _____

Address _____

Marital status _____

Previous convictions _____

Place of work _____

Previous experiences with drugs _____

Type of medications used, both with or without doctor's prescription _____

Code of biological material (urine) _____

Parameters of biological material _____

Results of an immune chrometest, indicating the method used _____

_____ Period of storage of the sample _____

Other data (remarks made by referring side and/or examined person) _____

referring side: _____

examined person: _____

authorized person: _____

Check-up inquiry N

Name, surname and father's name of checked person _____

Conducted examination _____
(clinical-laboratory and/or laboratory)

Results of examination with a signature of the physician(s) _____

Date of completing the form _____

Date of releasing the form _____

Name, surname and the employment card number of the presenting side _____

Annex 9**The order N307/n of the Minister of Labour, Health and Social Affairs
about Compulsory Medical Check-ups**

30.11.2006

I Order :

1. To confirm the regulations for compulsory medical check-ups;
2. To confirm the list of those jobs and those employed in those jobs who must undergo compulsory medical check-ups;
3. To confirm the list of illnesses and physical anomalies, existence of which are contraindicated in the appendix #2 of this order;
- 4.....
- 5.....
6. Existing psychiatric and narcological establishments in the country should conduct medical check-ups when necessary and determine the state of health of employers and employees.

The list of those jobs and those employees who must undergo compulsory medical examination

1. Jobs related to oil and gas mining-recycling services.
2. Activities related to high-voltage transmission lines and electric equipment services.
3. Activities involving heights and hoisting crane services.
4. Activities related to aviation, navy, railway and underground transport services, which are directly connected to driving and traffic safety.
5. Person seeking a driver's license (A, B, C, D, E), and/or the owner of the vehicle
6. Conducting all kinds of underground works.
7. Conducting all kinds of under water works.
8. According to the law on "Firearm possession" a person seeking a license to carry and possess firearms and/or the owners of the firearms.
9. Conducting all kinds of rescue services.
10. Works connected with sources of radioactive substances, aggressive liquids, ionizing radiation and electro magnetic field.
11. Personnel working with Levels III and IV risk groups of pathogenic biological agents.
12. All types of independent medical practice.

Law on medical practice

Article N48

1. Those engaged in independent medical practice are required to keep confidential all information pertaining to the patient's private life and health (except in cases defined by Georgian legislation), during medical practice, as well as after its termination, over the course of the patient's life as well as after his death.
2. Disclosing confidential information by the medical staff is permitted:
 - a. With the patient's consent;
 - b. If non-disclosure will threaten third party's life and/or health (whose identity is known);
 - c. If there is a considerable doubt about the illness, which requires compulsory registration;
 - d. If information is shared with another medical practitioner assisting in provision of treatment;
 - e. If disclosure of information is needed to conduct a medical-judicial expertise;
 - f. If disclosure of information is required by the law enforcement agencies, on the basis of a court's decision;
 - g. If the information is provided to the law enforcement agencies, in order to establish social privileges for the patient. In this case, the patient's consent is required;
 - h) If the information is required for the purpose of conducting scientific research This rule excludes the possibility of identifying a person.

2001-06-08
Tbilisi, Georgia

Law about the fight against drug crime

Article N1. Purpose of law

The purpose of this law is to support the war against drug crime, to prevent drug abuse, to protect the interests of the citizens, society and the state by countering activities carried out by drug users, drug dealers and their accomplices engaged in promoting drug abuse in the country.

Article N2. Explanation of terms

For the purposes of this law the terms used have the following definitions:

- a) Drug crime - crime stipulated by Chapter 33 of the Criminal Code of Georgia;
- b) Drug users - a person who has violate Article 273 of the Criminal Code;
- c) Promoter of drug activity - a person who has violated Article 260 (with the exception of those cases where the purpose of drug distribution has been confirmed), 261 (with the exception of those cases where the purpose of psychotropic substance distribution has been confirmed), 262, 263, 264, 265, 266, 267, 268, 271 or 272 of the criminal code;
- d) Drug dealer - a person who has violated Article 260 (if the purpose of drug distribution is confirmed) or Article 261 (if the purpose of drug distribution is confirmed) of the criminal code;
- e) Promoter of drug distribution - a physical or corporate person or a group of people who are in violation of Article 260 (if the purpose of drug distribution is confirmed) or Part 4 of Article 261 (if the purpose of drug distribution is confirmed) of the criminal code or other serious crime as define by Chapter 33 of the Criminal Code of Georgia.

Article N3 Revocation of certain rights

1. On the basis of the court's verdict, a drug user is deprived of the following rights for a period of 3 years:
 - a) the right to drive a vehicle;
 - b) the right to conduct medical practice;
 - c) the right to legal practice;
 - d) the right to teach or otherwise be employed in an educational institution;
 - e) the right to be employed in state and local self-management budgetary establishments – the right of activity in the public authority bodies;
 - f) passive right to election (to be elected);
 - g) the right to manufacture, purchase, store and carry of a firearm.
2. On the basis of the court's verdict a promoter of drug activity is deprived of the rights mentioned in Part I of this article for the duration of 5 years.
3. In case of repeated offence stipulated in Paragraph "c" of Article 2 of this law, the rights outlined in Paragraph "a" of Part I of this article will be revoked for a period of 5 years and the rights, mentioned in Paragraphs "b-g" – revoked for the period of 10 years.
4. On the basis of the court's verdict a drug dealer will be deprived of the rights noted in Paragraph "a" of Part I of this article for a period of 5 years and the rights mentioned in paragraphs "b"- "g" paragraphs for a period of 15 years.
5. The substantive part of the court's verdict will contain information with regard to revocation of specific rights noted in this article.
6. The court will immediately inform the Ministry of Internal Affairs, the Ministry of Health and Social Affairs, the Ministry of Education and Science, the Ministry of Justice, Bureau of Public Service, Central Election Commission of the decision to revoke the rights of the drug user, promoter of drug activity or drug dealer.

Article N4. Confiscation of property

Illegal and/or contested property of drug distribution promoters will be confiscated based on the regulations of Chapter XLIV¹ of the civil code of Georgia.

Article N5. Defining the time period

Limitations established by Article 3 of the law, as determined by the court's sentence, come into force:

- a) in case of imprisonment- after serving the sentence;
- b) in case of probation – from the beginning of a probation period;
- c) in case of serving non-detention punishment – from the moment the final decision on the case has been made.

Article N6. Reinstatement of the rights

1. The rights of drug users, drug activity promoters or drug dealers may be restored after the expiration of the term specified in Article 3 of this law.
2. In cases specified by Article 5, Paragraph "b", if the probation period is longer than the period of deprivation of rights, the rights may be restored at the end of the probation period.
3. Reinstatement of rights is not possible until a conclusion of a judicial-medical expertise carried out by a licensed state expertise facility has been sent to a corresponding state institution. (An individual can not reinstate his revoked rights without the said conclusion of a judicial-medical expertise. This conclusion should be sent to a corresponding state institution).
4. Violation of limitations as specified by this law by a drug user, drug activity promoter or a drug dealer will lead to a liability under Article 381 of the criminal code of Georgia.

5. According to the rules established by the law, when responding to an inquiry regarding previous convictions of a drug user, drug activity promoter or a drug dealer, a relevant party is required to indicate whether any rights had been withheld on the basis of this law.

Article N7. Transitional rules

1. Restrictions stipulated for the individuals specified in Paragraph “b” of Article 2 of this law will come into force on November 1, 2007.
2. The Georgian government will ensure compliance of Georgian legislation with this law within two months of the law coming into effect.

