2008 NATIONAL REPORT TO THE EMCDDA by the South Caucasus Anti-Drug Programme National Focal Point

GEORGIA

DRUG SITUATION

2008

Jana D. Javakhishvili, Lela Sturua (Eds.)

The South Caucasus Anti-Drug Programme is funded by the European Union and implemented by the United Nations Development Programme.

AUTHORS AND CONTRIBUTORS:

Jana D. Javakhishvili, Information/Prevention Expert, SCAD Programme
Lela Sturua, Ph.D., Epidemiology Expert, SCAD Programme
Khatuna Todadze, Ph.D., Treatment Expert, SCAD Programme
Zviad Skvitaridze, Legal Expert, SCAD Programme
Irma Kirtadze, Co-ordinator of Harm Reduction Programmes, Alternative Georgia
Tomas Zábranský, M.D., Ph.D. International Epidemiology Expert, SCAD Programme
Gregory Attila Connor, Regional Adviser, United Nations Development Programme
Platon Nozadze, Country Manager for Georgia, SCAD Programme

ACKNOWLEDGEMENTS

The authors gratefully acknowledge assistance provided in the preparation of this report by:

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and its Reitox and Enlargement Acting Programme Co-ordinator, **Alexis Goosdeel**

The United Nations Development Programme and its Programme Analyst in Georgia, **Natia Cherkezishvili**

The Georgian Ministry of Education and Science and its Expert of the Center of National Curriculum and Assessment, **Shorena Sadzaglishvili**

The Infectious Diseases, AIDS and Clinical Imunology Research Center and its doctor-epidemiologist**, Maia Tsintsadze**

The I. Chavchavadze State University, its Rector, **Gigi Tevzadze and** University graduate, **Lika Japaridze**

Drug information network member agencies:

- The Georgian Ministry of Labour, Health and Social Affairs, The National Centre for Disease Control and Public Health, The Georgian Research Institute on Addiction; The Infectious Diseases, AIDS and Clinical Immunology Research Centre;
- The Georgian Ministry of Economic Development, Statistical Department Unit for Demographic Statistics;
- The Georgian Ministry of Internal Affairs, Special Operative Department;
- The Supreme Court of Georgia, Statistics and Information Service;
- The Georgian Ministry of Justice, Department for Punishment Execution;
- National non-governmental organizations Alternative Georgia, Bemoni, National Network for Protection Against Violence, New Way, Peoni, Tanadgoma, Uranti;
- Patriarchy of Georgia Anti Drug Centre, St. Gabriel the Bishop (Kikodze) Orthodox Christian Psychologists' Association;
- International organizations and international non-governmental organizations Save the Children, The Global Fund to Fight AIDS, Tuberculosis and Malaria and Open Society Georgia Foundation;

Special gratitude to **Prof. Tomas Zábranský**, Epidemiology International Expert of SCAD Programme, for review of the report and providing methodological guidance to the team of it's authors.

ISBN 978-9941-0-1567-0

CONTENTS

FOREWORD 4

OVERVIEW 5

SUMMARY OF MAIN TRENDS AND DEVELOPMENTS IN 2008 7

1. NATIONAL DRUG STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORK 7

2. EPIDEMIOLOGICAL SITUATION 8

3. DEMAND REDUCTION INTERVENTIONS 11

PART 1: NATIONAL STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORK 13
- 1. DEVELOPMENTS IN DRUG POLICY AND RESPONSES 13
  - 1.1 Political Framework in the Drug Field 13
  - 1.2. Legal Framework 14
  - 1.3. Implementation of Laws 16
  - 1.4. Developments in Public Attitudes and Debates 17
  - 1.5. Budget and Funding Arrangements 18

PART 2: EPIDEMIOLOGICAL SITUATION 19
- 2. PREVALENCE, PATTERNS AND DEVELOPMENTS IN DRUG USE 19
  - 2.1. Main Developments and Emerging Trends 19
  - 2.2. Drug Use in the Population 20
  - 2.3. Problem Drug Use 23
- 3. HEALTH CONSEQUENCES 25
  - 3.1. Drug Treatment Demand 25
  - 3.2. Drug Related Mortality 30
  - 3.3. Drug Related Infectious Diseases 31
- 4. SOCIAL AND LEGAL CORRELATES AND CONSEQUENCES 36
  - 4.1. Social Problems 36
  - 4.2. Drug Offences and Drug-related Crime 37
  - 4.3 Social and Economic Costs of Drug Consumption 38
- 5. DRUG MARKETS 38
  - 5.1. Availability and Supply 38
  - 5.2. Seizures 39
  - 5.3. Prices, Purity 40
- 6. TRENDS PER DRUG 40
- 7. DISCUSSION 41
  - 7.1. Consistency between Indicators 41
  - 7.2. Methodological limitations and data quality 42

PART 3. DEMAND REDUCTION INTERVENTIONS 44
- 8. STRATEGIES IN DEMAND REDUCTION AT NATIONAL LEVEL 44
  - 8.1. Major Strategies and Activities 44
  - 8.2. Approaches and New Developments 45
- 9. PREVENTION 45
  - 9.1. School programs 45
  - 9.2. Youth Programs Outside School 46
  - 9.3. Family and Childhood 47
- 10. REDUCTION OF DRUG-RELATED HARM 47
  - 10.1 Description of interventions 47
  - 10.2 Standards and Evaluations 48
- 11. TREATMENT 49
  - 11.1. ‘Drug-Free’ Treatment and Health Care at National Level 49
  - 11.2. After-Care and Re-Integration 53
- 12. INTERVENTIONS IN THE CRIMINAL JUSTICE SYSTEM 53
  - 12.1. Assistance to Drug Users in Prisons 53
  - 12.2. Alternatives of Prison for Drug Dependent Offenders 53
  - 12.3. Evaluation and Training 54
- 13. QUALITY ASSURANCE 54

ANNEXES 55

LIST OF TABLES USED IN THE TEXT 59

LIST OF FIGURES USED IN THE TEXT 59

LIST OF ABBREVIATIONS USED IN THE TEXT 60

REFERENCES 61

FOREWORD

Using drugs is an individual choice. Using drugs is also an individual and public health threat. The secret of success of a national drug policy lies somewhere between these two extremes and – depending on many factors – is as dynamic as human behavioral and societal trends.

As the chairperson of the Council on Infectious Diseases (CCM) in Georgia, I am very much aware of the impact that our daily work has on lives of thousands of Georgians. To avoid infection and both individual and public health damage through drug use the ideal tool is of course prevention of drug use: school and community programs should get our highest priority. For those who are involved in drug use, the state is obliged to provide both in civilian and penitentiary sector treatment and is encouraged to expand harm reduction programs in order to curb infection, diminish criminality and provide a guaranteed and safe environment for families of addicts and users.

On the other hand, the state is responsible for safety and protection of its citizens, who can become involved in drug related crime. Health policy makers should be aware of all facets of drug use, in health matters and beyond. Only then can they create the workable and flexible mechanisms that their specific country needs.

This Drug Situation Report of the South Caucasus Anti-Drug Programme can serve as one of the guiding tools for a healthy policy on drug use.

We thank all those who have been involved in preparing this report and its conclusions.

Sandra Elisabeth Roelofs
Country Coordinating Mechanism Chairperson
First Lady of Georgia

OVERVIEW

The 2006 – 2008 period in Georgia is characterized by intense discussion on drug policy issues. Two drug strategy documents were elaborated: one by the advisory panel of the Ministry of Labour, Health and Social Affairs (MoLHSA) and another by a consortium of non-governmental non-profit organisations (NGOs) supported by the private foundation Open Society Institute. Neither of the documents has been approved by the Government or Parliament of Georgia, rendering the effective implementation of both strategies presently unachievable. A National Drug Strategy – equivalent to strategies that are in place in EU member states, the United States, Australia and other countries – is still unrealized.

Similar developments are reflected during this period with initiatives in drug legislation: two different packages of proposed legislative amendments of drug laws were elaborated and submitted to the Parliament of Georgia for consideration. The removal of criminal responsibility for drug use, a differentiated approach towards drug crime (separation of drug use from drug dealing), the abolition or at least alleviation of the extreme practice of forced drug testing and other relevant issues are tackled in both proposed packages of legislative changes. Neither of the two legislative packages has been approved, rendering the entry into force of amended drug legislation in Georgia currently beyond reach. As a consequence, the need to adjust drug legislation in accordance to relevant international conventions and human rights principles remains an outstanding issue that is frequently raised by national and international bodies.

According to information provided by the Ministry of Internal Affairs of Georgia, the amount of drugs seized in 2008 remained low compared to the presumed scale of drug use in the country: 8.332 kg of heroin, 47.45 g of opium, 3.87 kg of marijuana, and 8992 pills of Subutex® were seized.

No reliable estimates on the extent of drug use exist in Georgia. Available figures are generally unrealistically high and employ unclear case definitions. A frequently cited figure of unknown origin asserts that there are 200,000 drug users in the country, of which 35,000 are drug addicts and 80,000 are problem drug users. These figures are not based on any evidence. From available data, marijuana is the most widely spread illegal drug in the country. In terms of lifetime experience, however, the need for treatment related to such use remains insignificant. Concerning injecting drugs, the most frequently used are opioids, among which heroin was the most widespread drug used in early 2000s. Since 2004, buprenorphine, which is commercially known as Subutex®*,* became common. From the end of 2008, the overall use of Subutex® has reportedly been decreasing in favour of other, more readily-available injecting drugs, such as *ephedrone* and *pervitin*[1]*based* home-made *drugs*, prepared through a chemical refinement process of medicines that are used against respiratory disorder and easily available from drugstores without a prescription. The use of cocaine and amphetamines remains very low; there are few signs of presence of these drugs on the black market (i.e. 0.02 g of cocaine was seizured in 2008).

At present there are no reliable data to describe the extent of drug-related deaths in the country since the system of proper registration has only recently begun. According to existing research, mortality among men of reproductive age that had a record of drug use in Georgia in 2003 was twice as high as the mortality rate among men of the same age with no such record.

According to data provided by the AIDS Centre, by 20 February 2009, 1,899 people infected with HIV/AIDS were officially registered in Georgia, out of whom 60% were infected through injecting drug use. Out of 32,244 individuals tested for HIV, 351 were positive. Out of those, 59.5% were injecting

1 Also known as 'jeff' or 'vint' and chemically known as methcathinone, an oxidation product of (pseudo)ephedrine = methamphetamine, the powerful stimulant is a reduction product of (pseudo)ephedrine

drug users (IDUs), and 10.5% were HCV positive. Out of 1,318 IDUs tested for Hepatitis B in 2007, 85 were positive (6.4%). Of the 1,438 IDUs who were clients of HR programs tested for hepatitis C in 2007, 788 were found to be positive (54.8%).

According to available seroprevalence studies, 1% – 3.6% of injecting drug users are infected by HIV. A much higher percentage of Georgian drug users is infected with viral hepatitis C (57.8% - 76% according to different studies).

In 2008, six addiction (narcologic) clinics operated in the country and detoxified 841 patients; substitution treatment of opiate addiction covered 552 patients. For the moment, there are 6 clinics with 60 beds and capacity to detoxify more than 1,000 patients during the year. The main service provided in the clinics is detoxification, which is not enough support to overcome addiction problems. Furthermore, the programme's orientation on temporary abstinence presents an obstacle for recovery. With the exception of the region of Adjara, all treatment procedures are paid by patients. The price (500 – 1,000 Euro), is significantly above the average family monthly income in the country (around 368 GEL, which is approximately 145 - 170 Euros). Beginning from the end of 2008, the National Budget started to co-fund substitution treatment: the MoLHSA funded procurements of pharmaceutical methadone, while patients pay for services.

Public funding allocated for drug demand reduction was limited but more or less stable prior to 2004 (around 300,000–500,000 GEL). From 2004 to 2007, allocations were dramatically reduced (50,000 GEL in 2006). Since 2007, there has been an increase in the allocated budget (400,000 GEL in 2007; 500,000 GEL in 2008). It is worth noting, however, that inflation of the Georgian Lari over the last ten years as well as the modest budgeted proportion of drug demand reduction services in the Ministry of Health budget reveal certain limitations.

From the early 1990s until late 2007, efforts in drug demand reduction by the Georgian government and international donors paid little attention to drug prevention. The period was often marked by sporadic activities , insufficient funding, limited projects and beneficiaries, and a lack of quality control mechanisms. In late 2007, UNDP launched the fifth phase of the EU-funded SCAD programme, one of whose objectives in the area of prevention is to inform the general population of the risks of drug abuse and HIV and to create or reinforce drug prevention capacity in schools. In 2008, USAID, in cooperation with the International Orthodox Christian Association and Patriarchy of Georgia, initiated a relatively large-scale primary prevention project, which has a perspective to be continued.

Similarly to drug treatment and prevention, drug related harm reduction does not receive government funding. However, due to the threat of HIV/AIDS in the country, and thanks to the attention of international donors (The Global Fund, other UN agencies, the European Union and its Member States, the Open Society Foundation, etc.), harm reduction is a relatively well-developed strategy in the field of drug demand reduction in the country.

SUMMARY OF MAIN TRENDS AND DEVELOPMENTS IN 2008

1. NATIONAL DRUG STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORK

The period preceding 2008 is characterized by increased drug policy discussions in Georgia. In 2006, the *State Drug Policy Council,* established by the Ministry of Labour, Health and Social Affairs of Georgia, was charged with drafting a National Anti-Drug Strategy. The Georgian Parliament debated the respective strategy in February 2007. The same year, the nongovernmental organization (NGO) *Alternative Georgia* drafted an alternative proposal for an anti-drug strategy, as well as an action plan, with the support of the *Open Society Georgia Foundation*. However, neither of the documents was approved by the Government or Parliament of Georgia as a normative act, rendering the documents non-legally binding and not able to be implemented. The passing of a national anti-drug strategy and action plan remains a target for policy makers.

According to existing Georgian legislation, drug use is an administrative offence with a maximum penalty of 500 GEL (approximately 220 Euro). Yet, the same person apprehended as a drug user for a second time offence within one year of his/her first drug offence bears criminal responsibility. In this case, punishment may be either imprisonment or "at least double the administrative fine." At the same time, a maximum amount of fine is not defined in the criminal code, which means that such a decision is at the discretion of the judge and could imply a ten-fold increase. Due to this "rubber law," there are cases of fines as high as 4,000 GEL (approximately 1,800 Euros) for simple drug use (i.e. for urine test positive for metabolites of illegal drugs).[2] A majority of key experts in the field strongly advocate for the complete removal of criminal responsibility for drug use from the law, and for improvements in the legislation to secure a better environment for efficient drug treatment in the country.

The Criminal Code of Georgia does not differentiate between illicit manufacture, production, purchase, storage, transportation, forwarding and sale of narcotic drugs, their analogues or precursors. All such criminal activities are placed under one paragraph/definition of crime rather than a differentiated approach to different drug offences.

Based on Article 45 of the Administrative Code of Georgia, the Ministry of Internal Affairs and the Ministry of Labour, Health and Social Affairs of Georgia issued joint Decree No 1049–233/n in 2006. According to the decree, in case of 'reasonable suspicion' (which is not specified/defined and thus allows for vague interpretation) that a person is in a state of inebriation caused by narcotic drugs or/and psychotropic substances, and/or has consumed a narcotic drug, law-enforcement officers can demand that the person undergo a test that should determine if the person used drugs or alcohol. According to the Beckley Foundation Briefing Paper XV: '[in 2007] ... there was a tenfold increase in the number of people force-tested for drugs during the seven months following the introduction of high penalties compared to the same period preceding this amendment: 22,755 vs. 2,706). In all 12 months of 2007, over 57,000 people were brought in for forced testing; only 38% tested positive for (metabolites of) illegal drugs, compared to 78% for the similar indicator in the previous year'.

In 2008, important activities and initiatives aimed at improving/updating the drug law occurred. This included advocating for the revocation of criminal responsibility for (simple) drug use, and for the creation of institutional mechanisms for the implementation of drug legislation (i.e. an interagency governmental body coordinating system of responses in the country).

According to Article 40 of the drug law adopted in 2002, the State should provide a full course of specialised drug treatment to every drug addict (at least) once in his/her lifetime. However, the law does not specify the type of treatment or components of the treatment course, which is why the bill is declaratory and not implemented with respective institutional mechanisms and supporting funding allocations.

2 In a situation when average monthly income family is around 145 - 170 €

Public funding allocated for drug demand reduction was limited but more or less stable prior to 2004 (around 300,000–500,000 GEL). From 2004 to 2007, allocations were dramatically reduced (50,000 GEL in 2006). Since 2007, there has been an increase in the allocated budget (400,000 GEL in 2007; 500,000 GEL in 2008). It is worth noting, however, that inflation of the Georgian Lari over the last ten years as well as the modest budgeted proportion of drug demand reduction services in the Ministry of Health budget reveal certain limitations. More specifically, the same sums mean effectively less resources than what was spent on drug treatment and prevention yearly in the beginning of the 2000s. Despite a reversal of the decrease of the portion of the Georgian budget line earmarked for drug treatment, the percentage of drug demand reduction in the total budget of the Ministry of Health remains substantially lower than in 2000-2003.

2. EPIDEMIOLOGICAL SITUATION

Prevalence, patterns and developments in drug use

No reliable estimates on the extent of drug use exist in Georgia. Available figures are generally unrealistically high and employ unclear case definitions. A frequently cited figure of unknown origin asserts that there are 200,000 drug users in the country, of which 35,000 are drug addicts and 80,000 are problem drug users. These figures are not based on any evidence.

Marijuana is cited to be the most widely used illegal drug in the world, and Georgia is probably no exception, as suggested by data contained in the narcologic register that was operational in Georgia until 2005, as well as according to findings of local youth surveys.

Concerning injecting drugs, the most frequently used are opioids, among which heroin was the most widespread drug used in early 2000s. Since 2004, buprenorphine, which is commercially known as Subutex®, became common. A medical product used for the substitution therapy of opioid addiction widely available through substitution therapy services in the European Union, United States, Australia, India, China and elsewhere, Subutex® entered the black market in Georgia and started to compete with heroin. According to experts' estimation, approximately one third of treated injecting drug users asked for treatment because of problems resulting from the non-medical use of Subutex®. Subutex® has been legally unavailable in Georgia; black-market buprenorphine is used through injections almost exclusively. From the end of 2008, the overall use of Subutex®, has reportedly been decreasing in favour of other, more readily-available injecting drugs, such as *ephedrone* and *pervitin*[3] based home-made drugs prepared through a chemical refinement process of medicines that are used against respiratory disorder and easily available from drugstores without a prescription. The use of cocaine and amphetamines remains very low; there are few signs of presence of these drugs on the black market (i.e. 0.02 g of cocaine seizured by the MoI in 2008).

Health Consequences

In 2008, six addiction (narcological) clinics operated in the country and detoxified 841 patients. In 2007, the corresponding number was 1,092. According to informal discussions with heads of clinics, the decreased number of patients of detoxification treatment could be plausibly explained by the increasing capacity of methadone substitution programs in the country.

The majority of the patients of the clinics are men (i.e. in 2007 there were only 11 women). Similarly to previous years, the majority of patients who were treated at addiction clinics were opioid users, most of them heroin addicts. The percentage of *buprenorphine* (*Subutex*®) users according to the data provided by 4 clinics (GRIA, Uranti, Bemoni and Batumi clinics) was 35%. There were also frequent cases of random opioid use, such as patients who used drugs that they managed to find. In 2007 as well as in 2008, there was an increase in the number of detoxification patients whose principal drug was homemade methamphetamines.

Substitution treatment of opiate addiction in 2008

3 Also known as 'jeff' or 'vint' and chemically known as methcathinone, an oxidation product of (pseudo)ephedrine = methamphetamine, the powerful stimulant is a reduction product of (pseudo)ephedrine.

was provided to 552 patients (in 2007 to 287 patients), of which 550 were male and 2 were female drug users, and of which 51 patients had HIV. By the end of 2008, 330 additional opioid addicts were on the waiting list.

Drug-Related Death and Mortality

All formerly existing Soviet-era drug-related deaths monitoring systems were destroyed during Georgia's independence in favour of new systems, which have taken time to create. In 2004, the Forensic Expertise Bureau was established at the Ministry of Justice, which began to work on the development of a monitoring system for drug-related deaths. The Bureau has data that relate only to cases investigated and tested by the Bureau headquarters in Tbilisi; branches of the Bureau in the regions are not covered so far. According to the Bureau's data, 26 deaths from drug overdoses were identified in Tbilisi in 2008 (39 cases in 2007).

The SCAD program implemented a cohort study in 2004, according to which the mortality among men of reproductive age who had a record of any drug use in Georgia in 2003 was double the mortality rate among men of the same age with no such record.

Drug-Related Infectious Diseases

By 20 February 2009, the Infectious Pathologies, AIDS and Clinical Immunology Research Centre (the AIDS Centre) had registered 1,899 cases of HIV, including 1,429 men (75%) and 470 women (25%). Most patients (60%) were 25 to 40 years of age at the time of diagnosis. Altogether, 999 have developed AIDS and 417 have died. Forty-seven cases of HIV have been registered in children (as of 30 July 2008); the average age is 11 years at the time of diagnosis. Forty-one people living with HIV/AIDS (PLHIV) are foreign citizens, and 163 live in prisons. There were 1,850 PLHIV registered by the beginning of January 2009 (prevalence rate of 30/100,000 inhabitants), including 351 new cases (incidence 8.16/100,000). Injecting drug use is the most frequent route of HIV transmission among all registered PLHIV (60%): in 2008, out of 32,244 patients (in 2007, 32,614) tested for HIV at the AIDS Centre, 351 (in 2007, 380) were injecting drug users.

In 2007, out of the 1,493 IDU clients of harm reduction program tested for HIV in Voluntary Counselling and Testing (VCT) centres functioning within the framework of Global Fund-supported harm reduction programs, 18 people were found to be positive (1.2%). Out of 1,318 injecting drug users tested for Hepatitis B, 85 were positive (6.4%). Of 1,438 clients of HR programs tested for hepatitis C, 788 were positive (54.8%).

Social and Legal Correlates and Consequences

According to current drug legislation, drug use is criminalised in Georgia, which largely contributes to drug users and drug use being a hidden population. Consequently, there are no 'intoxicated junkies' visible in the streets. Problem drug users as a subpopulation are not studied adequately, which limits the availability of knowledge regarding their social problems. Data available on the current patients of substitution therapy programs point out that more than 90% of users have higher and university education. Other data provided by *Alternative Georgia* unpublished study, "Social Profile of NEP Program Participants," finds no illiterate people among those interviewed; 39% of the clients had complete secondary education, 34% were university graduates, and 73% of the respondents were unemployed at the time of interview.

Drug Offences and Drug-related Crime

A comparison of data from 2006, 2007 and 2008 reveals a very sudden and sharp increase in the number of drug-related criminal proceedings in Georgia: 3,542 were reported in 2006 (out of which, 1,926 were classified as major crimes by the Police), 8,493 in 2007 (1,970 major crimes), and 8,699 in 2008 (out of which 2,013 were classified as major crimes). The disproportionately large increase in minor crimes compared to almost no increase in what is classified as major crime suggests that this increase resulted from intensified police activity related to the practice of massive random searches of young men and their testing for presence of illegal drugs and metabolites in body liquids.

Social and Economic Costs of Drug Consumption

In 2005, research was conducted by '*Alternative Georgia*' to study the economic and social costs of drug consumption. The research shows a clear imbalance between funding for demand reduction and supply reduction measures as well as a clear link between the drug problem wand the shadow economy. The greatest costs were found in the shadow economy (82%) while the smallest costs were found in prevention and research (0.53%) and health care measures (0.2%).

Drug Markets

Traditionally, Georgia has not been considered to be a drug producing country: the majority of narcotic drugs that have plant precursors (except marijuana) are produced in neighbouring or distant countries. However, there is an increasing trend in the domestic production of (pseudo) ephedrine-based drugs and traditional abuse of lethal and illegal pharmaceutical drugs. As such, the distinction between production, transfer, and consumption countries is losing both rationality and analytical importance.

Socioeconomic changes in Georgia over the recent decade have resulted in the transformation of the image of drug dealers as well as of the behavioural patterns of drug users. According to a study by I. Chavchavadze State University, while a drug dealer used to be traditionally considered in Georgia as a representative of low social strata, a loser, reprehensible and shameful, he is now perceived by society as a successful person having all necessary attributes of a prosperous man: a prestigious car, accessories, a house, etc. So he is perceived as a representative of a high social stratum and hence represents a role model. With regard to the change in drug-purchasing behaviours, the study showed that the launch of the system of bank credits made it easier for drug users to buy drugs by taking loans, if employed. On one hand, it temporarily reduces the probability of their criminal activity for the purpose of buying drugs, yet, on the other hand, drug users buy bigger amounts of drugs so that they can also sell them to pay off the bank loan. This, in fact, transforms them into drug dealers and they become subject to different criminal liabilities. The results of this study should be taken into consideration for developing a policy for addressing the drug market.

Drugs with the largest presence in the 'black market' include heroin, opium, and marijuana, supplemented by Subutex® containing buprenorphine, in recent years. According to the information provided by the Ministry of Internal Affairs of Georgia, the amounts of seized drugs still remain very low compared to the estimated use of drugs in the country:

	2006	2007	2008
Heroin	5.6 k g	9.7 kg	8.3 kg
Opium	218.2 g	127.1 g	47.45 g
Marijuana	1.2 kg (10kg raw)	1.3 kg	3.8 kg
Tramadol	29 g	38.8 g	8.5 g
Subutex	9562.6 pills (contained 76.5 g of buprenorphine)	9655.5 pills (77.2 g of buprenorphine)	8992.4 pills (71.93 g of buprenorphine)
Cannabis plants	17.2 kg	110 g	–
Methadone	17.18 g	96.1 g	178.97 g
Morphine	0.83 g	0,31 g	36.34 g
Codeine	5.1 g, 102 pills	–	0.735 g
Cannabis resin	4.49 g	–	–
Poppy	–	780 g	–
Cocaine	–	–	0.02 g
Methamphetamine	–	–	0.2577 g
Dypheniloxidate	–	–	0.7 g

3. DEMAND REDUCTION INTERVENTIONS

Treatment

Presently, there are 6 clinics with 60 beds and capacity to detoxify more than 1,000 patients per year. The average stay of the inpatient client in a clinic is up to 2 weeks. The service provided is almost exclusively detoxification, which is, according to contemporary scientific knowledge, not enough support to overcome the problem of addiction. All the treatment procedures are paid by the patients directly and are not covered by any form of health insurance (except substitution treatment of opioid addiction – see below). The price for the average two-week detoxification is relatively high: 500 – 1,000 Euros, which significantly exceeds the average monthly family income in the country (ca. 250 Euros). Due to the low accessibility of treatment, for which the main reasons quoted by treatment providers are the low number of treatment facilities and the high price, illegal abstinence treatment (i.e. detoxification carried out outside of certified/authorised treatment facilities) is believed to be frequent in Georgia (Todadze et al, 2008d, Chirikashvili et al, 2008).

Existing (narcologic) clinics allegedly suffer from a lack of financing, which clinic administrators claim is the main reason why modern treatment modalities, for which detoxification is only the start of a complex treatment plan, are significantly underdeveloped in Georgia.

Since the end of 2005, methadone substitution treatment has begun in Georgia with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). In the period of 2005-2008 the program covered 552 patients. During the same period, demand for such treatment was much higher (for the end of 2008 there were 330 patients on the waiting list of the program). Starting from the end of 2008, the National Government began a substitution program based on the co-funding principle: the Ministry of Labour, Health and Social Affairs (MoLHSA) budgeted ther purchase of pharmaceutical methadone while patients are to pay for services such as the work performed by doctors, nurses and other clinic staff.

Prevention

From the early 1990s until late 2008, efforts in drug demand reduction by the Georgian government and international donors paid little attention to drug prevention. The period was often marked by sporadic activities , insufficient funding, limited projects and beneficiaries, and a lack of quality control mechanisms. For example, only 20 projects were implemented in the period from 1993 to 2008, of which a maximum of 30,000 Euros per project was spent, involving only 130 direct beneficiaries and 2,000 indirect beneficiaries. The “State Prophylactic Program on Addiction” administered by the Public Health Department of the MoLHSA until 2003 was mainly focused on drug testing by stopping suspected individuals in public places and testing them as well as testing in work places. In 2004, this function was transferred to law enforcement agencies (Ministry of Interior and Ministry of Justice and their Bureaus of Expertise, respectively), but no significant steps were implemented by the State Program in terms of the creation of an institutional framework to support primary drug prevention in the country.

Since 2007, the Ministry of Education and Science of Georgia (MoES) has attempted to address drug prevention issues in its curricula by including a chapter on healthy lifestyles into one of two handbooks on Civic Education that is used in the country, as well as through a description of drug-related harm in the Biology course book that is used for the 8th grade. However, no complex strategy on primary prevention is in place. The SCAD program closely cooperates with the MoES in planning institutional mechanisms that would serve such a purpose.

Harm reduction

As with primary prevention, harm reduction programs assisting drug users have not been supported by the Government or any State agency. However, due to the threat of an HIV/AIDS epidemic in the country, and thanks to the attention of public and private international donors (The Global Fund to Fight AIDS, Tuberculosis and Malaria, other United Nations agencies, the European Union and its Member States, the Open Society Foundation, etc.), harm reduction

is a relatively developed strategy in the field of drug demand reduction. This point is evidenced by the increasing number of NGOs active in the field of harm reduction: by the end of 2008, 14 NGOs are united in the Georgian Harm Reduction Network, which continues to serve as a way to better represent the interests of their clients. In that year, harm reduction programs served a total of 3,615 clients, of which 1,200 were regular clients, 690 were IDUs engaged in needle exchange, 2,093 sought VCT consultations, and 1,527 sought HIV testing. There has also been a diversification of harm reduction interventions since the early 2000s when harm reduction measures were limited to needle exchange, distribution and raising awareness. In 2008, besides listed above, voluntary testing and counselling is in place countrywide.

PART 1: NATIONAL STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORK

1. DEVELOPMENTS IN DRUG POLICY AND RESPONSES

1.1 Political Framework in the Drug Field

In 2006, the *State Drug Policy Council,* established by the Ministry of Labour, Health and Social Affairs of Georgia, was charged with drafting a National Anti-Drug Strategy. The Georgian Parliament debated the respective strategy and on 13 February 2007 passed a Regulation on *Approval of Principal Directions of Georgia's National Anti-Drug Strategy (Regulation 4334 I-s).* The Regulation aimed to further develop and improve the anti-drug strategy and policies in the country.

The Regulation states that drug addiction is a global problem and a concern for all countries and that the use of narcotic drugs and psychotropic substances can bring grave results for Georgia, making the promotion of a national drug policy in the country all the more necessary.

Among the factors that are deemed necessary for the development of a national anti-drug strategy, the Regulation identifies drug-related situation analysis and research, the experiences of other countries, including countries with similar cultural and socioeconomic development patterns, the evaluation of activities of organizations and agencies working in the field of demand reduction, and studies of the society's attitude to the problem of drug addiction. The preamble of the Regulation states that it takes into consideration the requirements of the UN Conventions of 1961, 1971 and 1988 as well as the EU Main Principles and Objectives of the strategy to combat illicit trafficking of narcotic drugs and psychotropic substances (Parliament of Georgia, 2007).

Further, priorities for the national anti-drug strategy are identified by the Regulation (corresponding to the Principle Directions) and include the following: primary prevention of narcotic drug/psychotropic substance use; treatment and rehabilitation of drug addicts; harm reduction; increased control of narcotic drug/psychotropic substance/precursor supply; creation of a monitoring system for strategy implementation; effective public relations; capacity building; development of international cooperation; and, lastly, the improvement of respective legal frameworks. The anti-drug strategy developed by the State Drug Policy Council also included the objective of creating institutional mechanisms for coordinating the strategy implementation, namely, an inter-agency body subordinated to the President or Prime Minister, whereas the objective was not included in the parliamentary regulation.

According to the parliamentary Regulation, the Government of Georgia was meant to develop and an action plan corresponding to the named above Principle *Directions of the Georgia's National Anti-Drug Strategy*and to present it to the Georgian Parliament by 1 April 2007. However, the action plan was not developed, nor presented to the Parliament. Creation of the action plan is an urgent need for implementing the strategy as well as for unifying and adjusting the anti drug legislation in view of the strategy and the action plan.

The same year, the nongovernmental organization (NGO) *Alternative Georgia* drafted an alternative proposal for an anti-drug strategy, as well as an action plan, with the support of the *Open Society Georgia Foundation*. However, neither of the documents was approved by the Government or Parliament of Georgia as a normative act, rendering the documents non-legally binding and not able to be implemented. The passing of a national anti-drug strategy and action plan remains a target for policy makers.

The South Caucasus Anti-Drug Programme explicitly addresses the need for a normative act introducing the anti-drug strategy and the action plan(s) and specifically proposes the creation of an Advisory Board with the President of Georgia for developing the final version of the anti-drug strategy and action plan. If established, the Advisory Board would include representatives of ministries and other governmental agencies as well as independent local and international experts/specialists and criminal lawyers. By SCAD's recommendation, the final documents elaborated by the Board – the Anti-Drug Strategy and Ac-

tion Plan – should be approved by a Presidential Decree that would be binding for the Georgian Government and respective ministries. The Anti-Drug Strategy and Action Plan would enable development of a comprehensive package of amendments to respective extant laws.

1.2. Legal Framework

According to existing Georgian legislation, drug use is an administrative offence with a maximum penalty of 500 GEL (approximately 220 Euro). Yet, an offender apprehended as a drug user for a second time offence within one year of his/her first drug offence bears criminal responsibility. In this case, punishment may be either imprisonment or "at least double the administrative fine." At the same time, the maximum amount of fine is not defined in the criminal code, which means that the decision on the amount of the fine is at the discretion of the judge and could, in theory, imply a ten-fold increase. Due to this "rubber law," there are cases of fines as high as 4,000 GEL (approximately 1,800 Euros) for simple drug use (i.e. positive metabolite urine test for illegal drugs).[4] A majority of key experts in the field strongly advocate for the complete removal of criminal responsibility for drug use from the law, and for improvements in the legislation to secure a better environment for efficient drug treatment in the country (Todadze et al, 2008d).

The extant Criminal Code of Georgia currently does not differentiate between illicit manufacture, production, purchase, storing, transportation, forwarding and sale of narcotic drugs, their analogues or precursors. Rather, it covers all of those criminal activities under one paragraph/definition of crime. Existing law in Georgia does not conform, to UN Conventions with respect to lists of psychoactive substances and substance amounts identified by law.

There are some other important aspects of the Georgian law related to drugs that are not fully in accord with modern, systematic, human rights and public wellness orientated governing legal systems of the developed world. Legal reform in Georgia is expected to address these problems in 2009, including through SCAD's and the Global Fund Expert Group's work with the Parliament of Georgia to advance drug-related legislative reform.

Law of Georgia 'On Narcotic Drugs, Psychotropic Substances, Precursors and Narcological Aid'

The Law of Georgia *'On Narcotic Drugs, Psychotropic Substances, Precursors and Narcological Aid'* was adopted on 5 December 2002 and to a certain extent complied with the key UN Drug Conventions. The law recognizes drug addiction as a disease and obliges the Government with responsibility for providing free medical care to drug addicts at least once in a lifetime. However, the law has not been implemented fully as no legal and economic mechanisms for such treatment have been developed. Amendments made in 2006 defined the jurisdiction of the Ministry of Finance for import to and export from Georgia of substances that are subject to special control. Other than the 2006 amendments, no significant legal changes have been made since 2002 to improve the law and harmonize it better with UN Conventions. At present, the law shows incompatibilities with the terminology of UN Conventions, a need for updates to the lists of narcotic drugs, psychotropic substances and precursors, and the creation of an effective addiction treatment system, as well as other legal aspects.

No changes have been made to the Parliament's Regulation of 2003 approving lists of small, medium and large amounts of narcotic drugs and psychotropic substances seized from illicit possessors or withdrawn from circulation (see Appendix 1 and 2 of this Annual Report).

Administrative Code

Several articles of the Administrative Code regulate drug-related offences including illicit purchase and possession of small amounts of narcotic drugs without the intention to sell, drug use without a physician's prescription, the failure to effectively protect drug-producing plants from abuse, driving or allowing others to drive a vehicle under the influence of alcohol, narcotics or psychotropic substances, and the refusal to undergo police-ordered testing on alcohol or illegal drugs consumption.

4 In a situation when average monthly income family is around 145 - 170 €

Amendments made to the Administrative Code in 2006 modified Article 45, *'Illegal purchase or storing of small amounts of narcotic substances without the purpose of selling, or use of narcotic substances without prescription'.* Namely, the fine for the illegal purchase or possession of small amounts of drugs not intended for sale increased from 100 to 500 GEL (from 50 to 250 €)[5]. The amended article also held the Ministry of Internal Affairs and the Ministry of Labour, Health and Social Protection of Georgia responsible for issuing joint decrees to establish a procedure for the detection of facts pertaining to drug use by an authorized person. More specifically, according to the decree, in case of 'reasonable suspicion' (which is not specified/defined and thus allows for vague interpretation) that a person is in a state of inebriation caused by narcotic drugs or/and psychotropic substances, and/or has consumed a narcotic drug, law-enforcement officers can demand that the person undergo a test that should determine if the person used drugs or alcohol.

Criminal Code

Chapter XXXIII of the Criminal Code of Georgia classifies drug-related crime and establishes respective sanctions. The Criminal Code criminalizes the following actions: illegal manufacture, production, purchase, storing, transportation, provision or sale of narcotic drugs, psychotropic substances, their analogues or strong substances or their analogues or precursors; the illegal exports of drugs and substances specified above from Georgia or other international transit; their illicit appropriation, creation of clandestine laboratories for their illegal manufacture, or storage; producing for sale or selling false prescriptions or other documents; violations of the order of manufacture, production, receipt, record, distribution, storage; transportation, provision or import; concession of apartment or other property for illegal use; instigation of drug use.

The dispositional part of the Criminal Code covering drug-related crimes has not been changed since 2005. In 2006, amendments were made to strengthen sanctions by increasing the lengths of imprisonment. No changes have been made to the issue of criminal responsibility for repeated drug use in 2008 (see above).

General Prosecutor's proposal for a Law on Combating Drug-Related Crime

In the context of combating drug-related crime, in 2007 the Prosecutor General's Office in Georgia initiated drafting of the *'Law on Tackling Drug Crime'* that was adopted by the Georgian Parliament on 3 July 2007 and subsequently signed by the President. Objectives of the law included facilitation of the fight against drug-related crime, prevention of drug addiction, prevention of drug use and the further spread of drugs, as well as measures for the further protection of interests of the public and the state against drug dealers and drug business promoters.

The law envisages important sanctions that are novel in the history of modern independent Georgia. Namely, on the basis of a court ruling, a 'drug user' (according to the given law, this term is defined as 'the person who has committed the crime provided by Article 273 of the Criminal Code of Georgia') shall be deprived of the following rights for a period of 3 years:

- right to drive a vehicle;
- right to practice a medical profession;
- right to practice a legal profession;
- right to work in pedagogical and educational institutions;
- right to work in national and local governments and public (government-funded) government agencies;
- right to be elected to parliament;
- right to manufacture, purchase, store and carry weapons.

For *facilitation* of drug-related activities (according to the given law, this term is defined as: 'the person who has committed the crime provided by Articles 260 except where the goal of selling a narcotic drug is confirmed, 261 except where the goal of selling a psychotropic substance is confirmed, 262, 263, 264, 265, 266, 267, 268,

5 The average monthly income in Georgia according to the State Department of Statistics was 368 GEL (145 - 170 Euro) per month per family in 2008 (GEORGIA, S. D. O. S. O. (2008) Statistical Data, Georgia, 2008).

271 or 272 of the Criminal Code of Georgia'),[6] a person shall be deprived of the above rights for a period of 5 years according to the proposal of the same law. In case of repeated drug-related crime, the period of deprivation from the rights listed above shall vary from 5 to 15 years depending on the severity of the crime. In discussion on the draft, several groups of experts expressed serious concerns regarding retroactivity of the law, which might toughen punishment for those persons who have already been punished for drug-related crime by limiting their specific rights for a subsequent period of time.

Trends of Drug Laws

2008 was marked by important trends towards improving and updating drug law in Georgia. On 31 January 2008 a group of experts of the *Global Fund to Fight AIDS, Tuberculosis, and Malaria* presented a package of draft drug laws to the Chairman of the Parliamentary Committee on Health and Social Issues (GFATM, 2008). The package of the draft laws includes the following bills: a new version of the *Law on Narcotic drugs, Psychotropic Substances, Precursors and Narcological [7]Aid,* changes and amendments to the *Law of Georgia on Public Services*, and changes and amendments to the *Criminal Code* and the *Administrative Code* of Georgia. This legislative package proposed by the GFATM Group revokes criminal responsibility, yet retains and strengthens administrative responsibility for simple drug use by increasing the fine up to 2,000 GEL (1,000 Euro), which is eight times the average monthly income. It also envisages that revenue from the fine should be used for the treatment of the drug addict. However, there is no institutional system in place which would guarantee such application of the collected fines and the establishment of such a system is not envisaged by the *Global Fund* proposal.

Concurrently, the *Georgian Harm Reduction Network* prepared a package of amendments that revocates criminal responsibility for drug use completely and significantly decreases applicable fines that – according to the proposal – are bound to average salaries in Georgia.

In the context of law-making, the SCAD program conducts a legal component which runs a Working Group developing drug law recommendations with membership of leading representatives of the juristic society including the *Georgian Young Lawyers Association*, '*Article 42 of the Constitution*', *Transparency International*, the *Public Defender's Office*, and professional addictologists. The group's objectives include the improvement of drug laws and their harmonization with UN drug conventions as well as implementation of best practices from the European Union. The group is planning to participate in the parliamentary legislative process that started in the second half of 2008.

1.3. Implementation of Laws

The Law *'On Narcotic Drugs, Psychotropic Substances, Precursors and Narcological Aid'* recognizes drug addiction as a disease, and gives responsibility to the State Government to provide medical care to drug addicts for free at least once in a lifetime. However, the law has not been implemented fully as no legal and economic mechanisms for such treatment have been developed. Similarly, the law also contains a paragraph that was foreseen to facilitate involuntary treatment but no legal, economic or other mechanisms were elaborated to this effect.

Amendments made in 2006 defined the jurisdiction of the Ministry of Finance for import to and export from Georgia of substances that are subject to special control. According to the *Anti-Drug Legislation Working Group,* which operates in the framework of SCAD (Skhvitaridze, 2008), the law requires updates to the lists of narcotic drugs, psychotropic substances and precursors, and the creation of an effective addiction treatment system, as well as other legal aspects.

Currently, in terms of drug testing, if on-site testing fails to confirm drug use but a well-founded suspicion remains, the person shall be subjected to laboratory testing. Official statistics confirm that the effect of the joint degree resulted in the dramatic increase in police drug-tests and a decrease in detection rates. According to a Beckley Foundation Briefing Paper XV: 'There was a tenfold

6 For the full wording of the respective articles, see Annex 1

7 Narcology: a name traditionally used for the exclusively medical discipline specialised on problems of addiction and the use of alcohol and illegal drugs in countries of former Soviet Union

increase in the number of people force-tested for drugs during the seven months following the introduction of high penalties compared to the same period preceding this amendment: 22,755 versus 2,706). More than 57,000 people were brought in for forced testing in 2007 and only 38% turned out to be under the influence of drugs, compared to 78% for the similar indicator in the previous year'(Otiashvili et al, 2008). From 1 January to 1 August 2007 31,851 persons were detained by the Ministry of Internal Affairs for testing, with only 11,038 proving drug use. Thus, only about 30% were under the influence of illegal drugs either at the time of the test or at some time in the previous hours or days[8]. Approximately 70% of those detained had not used drugs and yet were tested on the basis of a 'reasonable suspicion' as interpreted by law enforcement and as specified by the aforementioned regulation.

1.4. Developments in Public Attitudes and Debates

Georgia does not presently conduct a sufficient scope of systematic studies to assess public attitudes to narcotic drugs and drug use. The reason for this is, on the one hand, that the high costs of such studies are deemed prohibitive, and, on the other, that public bodies currently consider a scientific study of the problem to be a low priority.

Due to the lack of respective studies, there are currently no data available about public perceptions and attitudes to the use of illicit narcotic drugs. Based on existing stigma, the society seems to hold a predominately negative attitude to the problem of drug use. The lack of information does not appear to presently permit more specific judgements.

Of studies performed, the following information can be analyzed. In 2007, a study was conducted by the *National Curriculum and Evaluation Centre* of the *Ministry of Education and Science of Georgia* to investigate the psychosocial causes and mechanisms of risky behaviours related to tobacco use and the use of marijuana and alcohol among adolescents.

In the course of the study, 958 students of public secondary schools in Tbilisi, Kutaisi and Batumi (490 girls and 458 boys aged 13 to 18) were surveyed using a questionnaire developed specifically for the study. The questionnaire was evaluated for its reliability and validity and was found to be in accordance with international standards (Sadzaglishvili, 2008). Regression analysis attempting to identify important correlates of psychotropic substance use was applied for survey data processing.

The study found that indicators of all three risky behaviour patterns (tobacco, marijuana and alcohol use) were high among adolescents, especially among boys. 10.9% of those surveyed regularly smoked tobacco; 12.5% reported marijuana use at least once in their lifetime; and the percentage of alcohol use was as high as 20.3%. It appeared that one of the key psychological preconditions for the risky behaviours was *the intention* to behave in a risky way. Such behaviour appears to develop in the social group as a result of positive attitudes towards the three types of risky behaviours mentioned.

Close friends of adolescents apparently not only have a positive attitude towards tobacco and alcohol use but consider the use of these substances as standard behaviour. Positive association is also attributed towards the use of marijuana. It appears that adolescents do not identify the risky aspects and negative health-related or social consequences of marijuana use and consider such use rather as normal behaviour associated with personal recreation.

In families, teenagers reported displaying no fear of disapproval for tobacco use by their fathers, who appeared to represent a factor promoting the intention to smoke tobacco. Fathers were also reported to encourage teenagers to drink wine, on the one hand, because it is part of local culture and, on the other, - at least in the case of male adolescents - because the consumption of wine is interpreted as a symbol of a boy's coming of age.

Injunctive norms (approval of father and friends) as well as descriptive norms (high prevalence and acceptance of behaviours associated with drinking and smoking among schoolmates) cause high social normative pressure and posi-

8 The saliva tests are not specific for active drugs and also detect metabolites such as THCOOH, an inactive metabolite of cannabinoid d-9-THC; THCOOH remains in the organism for 6-36 days.

tive attitude towards binge drinking and smoking (Sadzaglishvili, 2008).

1.5. Budget and Funding Arrangements

As mentioned previously, according to Article 40 of the drug law adopted in 2002 the state commits to provide a full course of drug treatment to every drug addict once in his/her lifetime. The law does not specify, however, the type of treatment nor the components of the treatment course and lacks institutional mechanisms and allocated funding.

Public funding allocated for drug demand reduction was limited but more or less stable prior to 2004 (around 300,000–500,000 GEL). From 2004 to 2007, allocations were dramatically reduced (50,000 GEL in 2006). Since 2007, there has been an increase in the allocated budget (400,000 GEL in 2007; 500,000 GEL in 2008). The following table represents data provided by the MoLHSA's Public Health Department:

Table 1: Planned budgets of MoLHSA demand reduction measures by years

Years	Amount (in GEL)	Amount (in Euro)[10]
1997	430 000	215 000
1998	500 000	250 000
1999	320 000	160 000
2000	350 000	175 000
2001	500 000	250 000
2002	551 000	275 500
2003	500 000	250 000
2004	348 000	174 000
2005	150 000	75 000
2006	50 000	25 000
2007	400 000	200 000
2008	500 000	250 000

The officially allocated budget in 2007, GEL 400,000 (approximately 180,000 Euros), was earmarked for substitution therapy exclusively. However, the amount was not spent fully due to organizational problems related to tender procedures for methadone substance and service providers. In 2008, GEL 500,000 (approx. 227,000 Euros) was allocated in the state budget exclusively for substitution therapy of opioid addiction. According to data provided by the MoLHSA's Public Health Department, only GEL 300,000 was spent in 2008. Out of this amount, no allocations were made and no funds were spent neither on abstinence-oriented treatment nor towards the operating costs of narcologic care, primary prevention or harm reduction.

When analyzing the increased budget in 2007 and 2008, attention should be paid, on the one hand, to the inflation of the Georgian Lari over the last ten years and, on the other, to the proportion of the specific budget allocated for drug demand reduction in the total budget of the Ministry of Health. More specifically, the same sums mean effectively less resources than what was spent on drug treatment and prevention yearly in the beginning of the 2000s. Despite a reversal of the decrease of the portion of the Georgian budget line earmarked for drug treatment, the percentage of drug demand reduction in the total budget of the Ministry of Health remains substantially lower than in 2000-2003. A further limitation is revealed by the fact that no data related to the budget of supply reduction agencies are known other than the sum of fines collected within the administrative framework of drug law (see previous chapter on drug markets).

9 For November, 2008

PART 2: EPIDEMIOLOGICAL SITUATION

2. PREVALENCE, PATTERNS AND DEVELOPMENTS IN DRUG USE

2.1. Main Developments and Emerging Trends

Marijuana is cited to be the most widely used illegal drug in the world, and Georgia is probably no exception, as suggested by data contained in the narcologic register that was operational in Georgia until 2005, as well as according to findings of local youth surveys.

Concerning injecting drugs, the most frequently used are opioids, among which heroin was the most widespread drug used in early 2000s. Prior to this period, raw opium (aka 'black opium') dominated the drug market and poppy straw was less available. The use of poppy seeds for the production of illegal opiates was observed in 2003 (Javakhishvili et al, 2003). After the implementation of regulatory measures in 2004, poppy seed import and abuse has decreased.

From 2004-2005, an important change took place in the opioid black market: the illegal smuggling of *Subutex*® from the European Union increased according to seizures of this pharmaceutical drug and by the increase of *Subutex*® users undergoing treatment at narcological institutions. A medical product used for the substitution therapy of opioid addiction widely available through substitution therapy services in the European Union, United States, Australia, India, China and elsewhere, Subutex® entered the black market in Georgia and started to compete with heroin.

According to experts' estimation, approximately one third of treated injecting drug users asked for treatment because of problems resulting from the non-medical use of Subutex®. Subutex® has been legally unavailable in Georgia; black-market buprenorphine is used through injections almost exclusively. According to the survey among needle exchange program beneficiaries conducted in 2007 by *Alternative Georgia*, injecting use of buprenorphine and home-made stimulants represent an emerging public health threat in Georgia. Amphetamine-type stimulants were the most frequently injected drugs during the last month among the surveyed population. 95.5% of respondents injected *Subutex*®, which is the highest lifetime prevalence for any drug, whereas the lifetime prevalence of opium use was 84.2%, 80% for heroin, 75% for pharmaceutical opiates without prescription, 68.2% for sedatives without prescription, and 67.2% for home-made stimulants. Home-made stimulants were injected most often in the last 30 days, followed by *buprenorphine*, opium, heroin, sedatives, and marijuan (Otiashvili et al, 2008b). However, from the end of 2008, the overall use of Subutex®, has reportedly been decreasing in favour of other, more readily-available injecting drugs, such as *ephedrone* and *pervitin*[10] based home made drugs prepared through a chemical refinement process of medicines that are used against respiratory disorder and easily available from drugstores without a prescription. The use of cocaine and amphetamines remains very low; there are few signs of presence of these drugs on the black market (i.e. no seizures of cocaine in 2006 and 2007, seizure of 0.02g cocaine in 2008).

The Baseline Behavioural Surveillance Survey with Biomarker Component (BSS) conducted by *Save the Children Federation* among groups at risk in three Georgian cities (Tbilisi, Batumi and Kutaisi) described regional differences and trends at those sites in injecting drug use. In Tbilisi, from 2002 to 2006, the drug most injected changed: In 2002, 83% of injecting drug users (IDUs) who injected in the previous week reported injecting heroin; however, in 2006 this declined to 38%. The shift in injecting heroin to *Subutex*® went from 8% in 2002 to 80% in 2006. Injection of antihistamine (1% in 2002 compared with 50% in 2006) also rose.

10 Also known as 'jeff' or 'vint' and chemically known as methcathinone, an oxidation product of (pseudo)ephedrine = methamphetamine, the powerful stimulant is a reduction product of (pseudo)ephedrine.

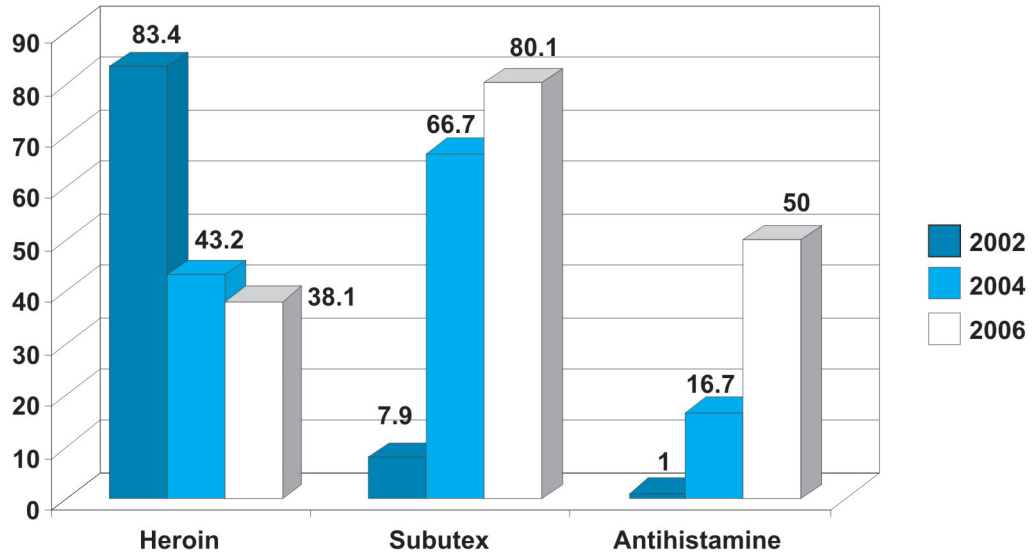

Figure 1: Percentage of IDUs by Drug Injected in the Previous Week, Tbilisi (Save the Children Federation, 2007-2008)

Heroin was the drug of choice for injecting in the previous week in 2004 (70%) and became more prevalent in 2006 (97%) among IDUs from Batumi, a city on the border with Turkey. The percentage of IDUs injecting *Subutex*® in the previous week remained almost the same. During the period a rise was reported in injecting antihistamine.[11]

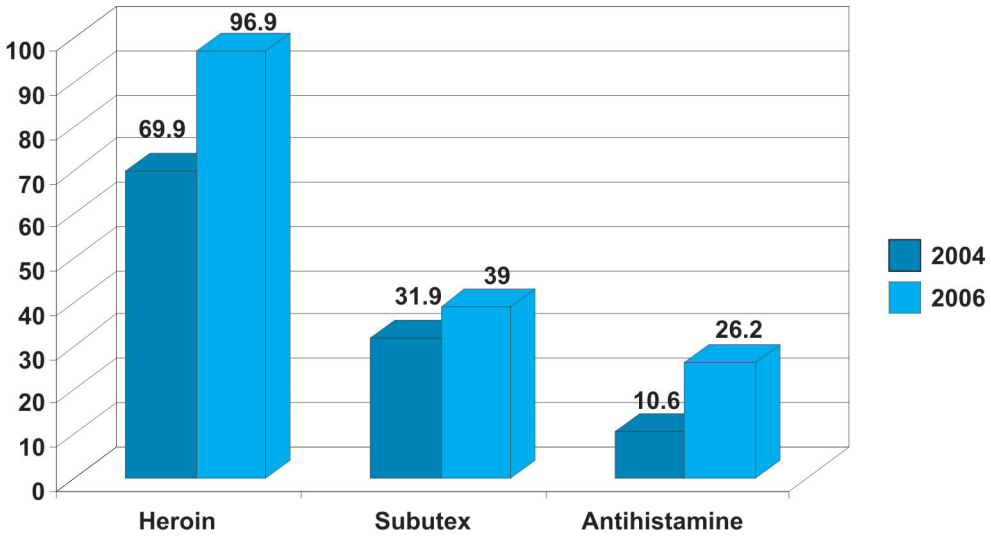

Figure 2: Percentage of IDUs by Drug Injected in the Previous Week, Batum (Save the Children Federation, 2007-2008).

For IDUs in Kutaisi (2007), the three drugs of choice for injecting in the previous week were opium (46.2%), subutex (37.4%) and heroin (30.8%).

Thus, even in a relatively small country with a small population, important regional differences exist in drug use and should be reflected accordingly in prevention, treatment and law-enforcement interventions.

2.2. Drug Use in the Population

There has been neither a general population nor a specific group survey (students, conscripts, minorities, labourers, convicts, sex workers, etcetera) conducted at national-level in Georgia thus

11 The drug users inject antihistaminic pharmaceuticals that have no primary psychotropic effect, because after certain chemical proceeding they acquire psychotropic effect.

far due to the high costs of such studies and the limited funding available for scientific studies in the country.

School and Youth Population

Youth surveys have been conducted regularly (approximately once in two years) in Georgia since 1998. The surveys used ESPAD questionnaires of the Pompidou Group as a base, though a number of differences from international ESPAD standards occurred including coverage and sampling methods. The last study was conducted in 2005 and the data obtained were included in the 2005 Drug Situation Report (Javakhishvili et al, 2006) and are not, therefore, discussed in the present publication.

SCAD is currently implementing a pilot school survey in compliance with ESPAD standards in the city of Tbilisi. The implementing agency of the pilot survey is the *Public Health Department*. While the importance of the study is methodological (the study will be conducted with the intention to standardise ESPAD methods in the Georgian environment and to prepare the country for application into the ESPAD project in 2011), the study also aims to provide important information concerning the capital city to influence decision-making in drug policy and strategy in the country.

While awaiting the results of the aforementioned survey and to fill the present information gap on contemporary drug use among youth, data have been analyzed from a study conducted by the *Georgian Ministry of Education and Science* in November 2007 titled '*Georgian Adolescents and High-Risk Behaviours*' Study (Sadzaglishvili, 2008), which attempted to identify correlating factors of tobacco, alcohol and marijuana use among students of high school age at Georgian secondary schools. The study used stratified random sampling to cover a total of 958 students of grades 9-11 from public schools in Tbilisi, Kutaisi and Batumi, including 490 girls and 458 boys aged 13-18. Three questionnaires were designed specifically for the study (different scales for tobacco, alcohol and marijuana use) based on the processing and analysis of data from focus group discussions conducted at the initial stage of the study. The study identified the following prevalence of use (and intentions to commit the respective behaviour in the future) of three substances (tobacco, alcohol and marijuana) among the surveyed adolescents:

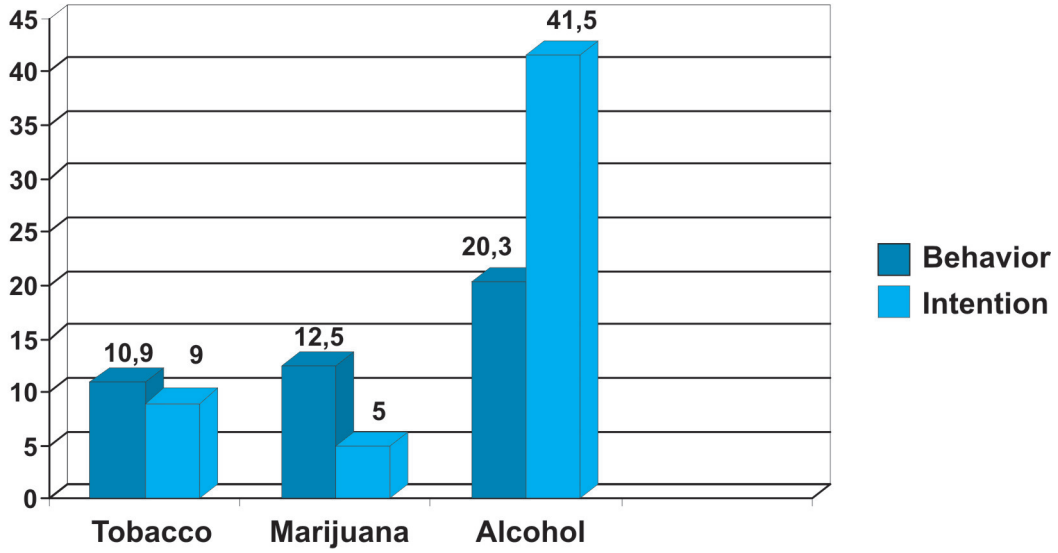

Figure 3: Percentages of risky behaviours and intentions regarding tobacco, alcohol and marijuana among the surveyed adolescent (Sadzaglishvili, 2008)

Concerning psychosocial risk factors contributing to risky behaviour, the study revealed the following:

Tobacco Use: According to the regression model, intention to use tobacco has an impact on adolescent's respective behaviour. Factors that have an impact on the intention include positive attitude to tobacco smoking, as well as adolescent's expectations that his/her father would not

punish or be angry with him/her should he/she smoke. See Graph 4:

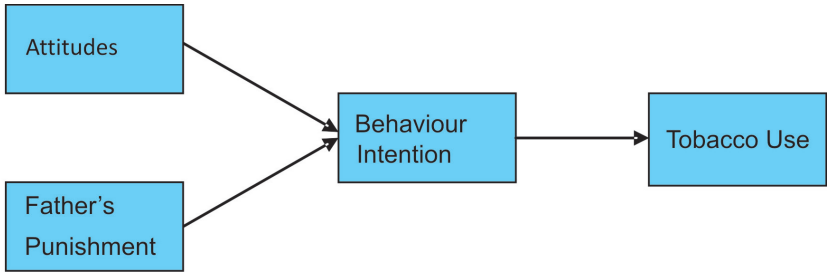

Figure 4: Factors that have an impact on the intention (tobacco) (Sadzaglishvili, 2008).

Marijuana Use: According to the regression model, the intention to use marijuana has an impact on an adolescent's risky behaviour. Factors that have an impact on the intention include positive attitude to marijuana use among adolescents, the adolescent's self-concept according to which 'marijuana users (including self) are just ordinary guys', and adolescent's expectations that 'marijuana use is something ordinary, and nothing special happens when you do it'. See Graph 5:

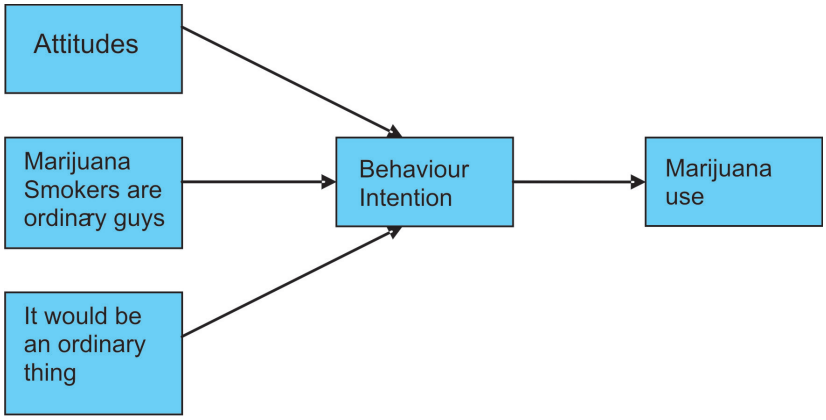

Figure 5: Factors that have an impact on the intention (marijuana) (Sadzaglishvili, 2008).

Alcohol Use: According to the regression model, the intention to drink alcohol has an impact on an adolescent's behaviour. Factors that have an impact on the intention include self-concept ('I look like one who likes drinking'), positive attitude to drinking alcohol, and social norms (on the part of the adolescent: 'My father would like it if I drank'; or, on the part of the father 'My boy is growing up'). See Figure 3:

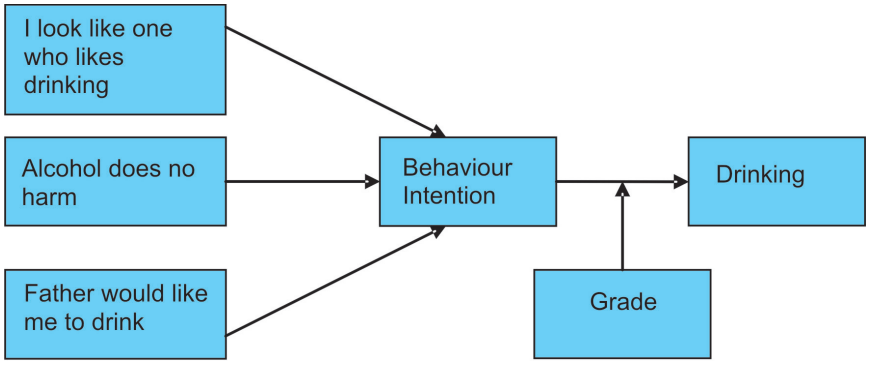

Figure 6: Factors that have an impact on the intention (alcohol) (Sadzaglishvili, 2008).

In addition, the study reveals that in the case of alcohol use an adolescent's age is a factor influencing the correlation between intention and behaviour. More specifically, drinking intention influences ninth grade students rather than eleventh grade students as the latter can drink without preliminary intention in an unplanned manner ($p<0.05$).

The analysis led the authors to following conclusions:

- The high correlation between intentions and risky behaviours of tobacco smoking, marijuana and alcohol use found in the study call for preventive actions/programs designed to target reduction/prevention of these intentions;
- In order to have impact, it is important for preventive programs to address psychosocial factors that motivate intentions to use drugs (whether legal or illegal);
- In relation to tobacco use, the attitude of society and parents to smoking is critically important, and the study clearly shows that working with adolescents as the only target group would not be efficient;
- It is necessary to raise adolescents' awareness about the risks related to marijuana use in order to oppose the image that marijuana smoking is 'an ordinary thing';
- It is necessary to motivate the national population to revise cultural norms so that alcohol consumption is viewed less favourably by parents in general and fathers in particular.

All the above confirms that it is inefficient to work with adolescents as the only target group in psychotropic substance prevention and health promotion programs. It is necessary to address all social strata including all age groups, children and parents, and to emphasize the urgent need for planning and implementing community-based prevention programs.

2.3. Problem Drug Use

No reliable estimates on the extent of drug use exist in Georgia. Available figures are generally unrealistically high and employ unclear case definitions. A frequently cited figure of unknown origin asserts that there are 200,000 drug users in the country, of which 35,000 are drug addicts and 80,000 are problem drug users. These figures are not based on any evidence.

To fill the gap in information on problem drug use SCAD has conducted a study estimating the prevalence of problem drug use in Georgia using the multiplier method. Results will be available in Spring 2009.

In 2007, the NGO *Alternative Georgia* conducted a pilot survey among needle exchange programme participants in 4 Georgian cities (Tbilisi, Batumi, Gori and Zugdidi) on *buprenorphine (Subutex ®)* nonmedical use. This population is believed to be the closest institutional population in its characteristics to the problem drug users' population as whole.

The questionnaire consisted of 13 questions on drug use history, drugs used, frequency of use, doses and reasons for drug use. Questionnaires completed by 381 (13 female) injecting drug users were included in the final analysis. The mean age of participants was 32.6 years (SD 7.6) and 16.8% of respondents were below 25 years of age. The mean history of regular (at least twice a week) injecting use of any drugs was 98 months (SD 72.6) and was significantly longer than the mean Subutex® injecting career, 32.5 months (SD 21.3).

According to the survey, injecting use of buprenorphine and home-made stimulants represents an emerging public health phenomenon in Georgia. Additionally, amphetamine-type stimulants (*vint*, *jeff*, and *ephedrone*) were the most frequently injected drugs during the last month among the surveyed population. 95.5% of respondents injected *Subutex*®, which is the highest percentage of any drug followed by opium 84.2%, heroin - 80%, pharmaceutical opiates without prescription 75%, sedatives without prescription 68.2%, and home-made stimulants 67.2%. Home-made stimulants were injected most often in the last 30 days, followed by buprenorphine, opium, heroin, sedatives, and marijuana (Otiashvili et al, 2008b).

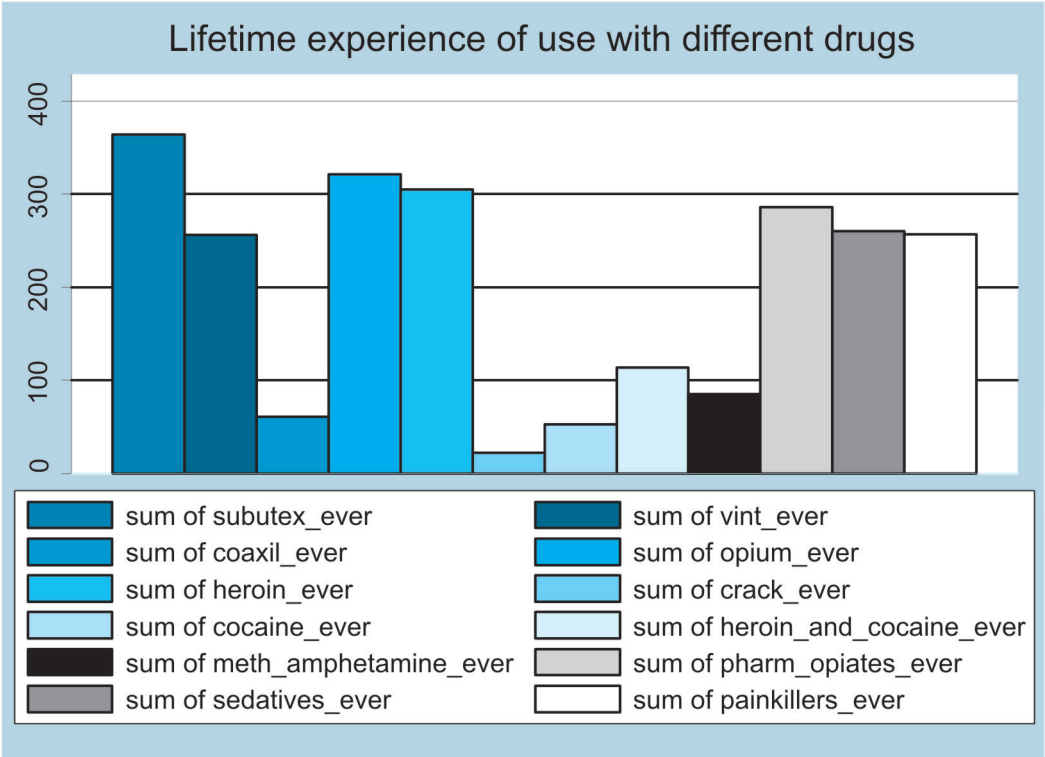

Figure 7: Lifetime experience of use of different drugs: total N= 381 (13 F) (Otiashvili et al, 2008b)

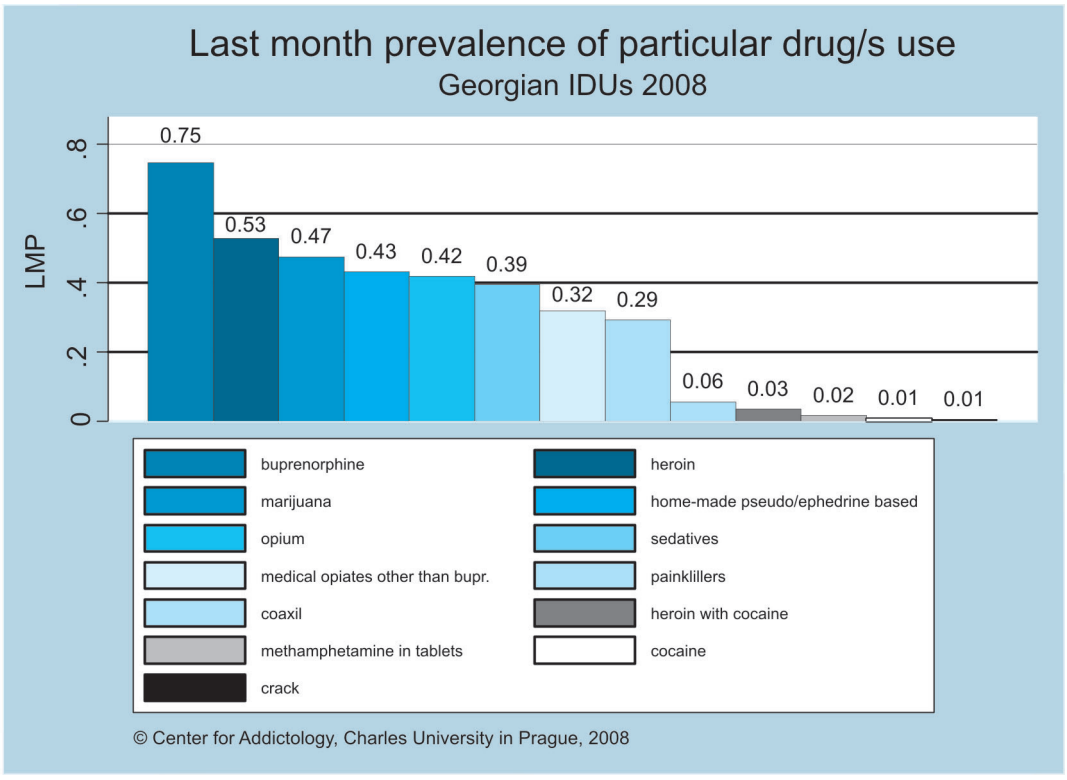

Figure 8: Last month prevalence of particular drugs use in percents of the sample (Otiashvili et al, 2008b).

As referred to earlier, The NGO '*Save the Children*' conducted a *Baseline Behavioural Surveillance Survey with Biomarker Component (BSS)* among groups at risk in three Georgian cities: Tbilisi, Batumi and Kutaisi. The project focused on high-risk groups, including PDUs.

According to the results of the study conducted in 2006, in 300 surveyed injectors in Tbilisi, 38.3% of men (57.3% in 2004, 67.3% in 2002) and 30.8%

of women (57.1% in 2004) reported needle and/or syringe sharing in their lifetime, whereas 9% of male respondents (39.1% in 2004, 38.1% in 2002) and 25% of female respondents (50% in 2004) reported having shared needles within the last week. In Batumi in 2006, 64.1% (77.4% in 2004) of 195 men and all five women surveyed (60% in 2004) had shared paraphernalia at least once; 12.1% of men and 50% of women (60% and 0% respectively in 2004) had shared paraphernalia in the latest week; in Kutaisi in 2007, 54.5% of 200 respondents had shared needles, while 3.6% had shared them in the last week (unpublished data by *Save the Children*).

In 2007-2008, in the framework of The Global Fund to Fight AIDS, Tuberculosis and Malaria's (GFATM's) Project '*Strengthening Existing National Response for Effective Implementation of HIV/AIDS Prevention and Control in Georgia in 2003-2007*', the Open Society Foundation of Georgia conducted a study directed at the evaluation of risky behaviours among injecting drug users (IDUs). In addition to information on risky behaviour, the research provided certain information on the social profile of IDUs covered by the harm reduction programmes. The study was conducted by the Addiction Research Centre working with the NGO *Alternative Georgia*.

The objective of the study was to evaluate specifics of injecting drug use and related risky behaviours before beneficiaries enrolled in the needle exchange program (NEP) six months after their enrolment. Thus, the study was conducted in two stages with an interval of six months.

During the study, one hundred IDUs were interviewed in three towns in Georgia (Tbilisi, Gori and Batumi) using a structured questionnaire. The study questionnaire addressed the topics of drug use, infections, and risky sexual behaviours (the risk evaluation battery), as well as HIV and hepatitis C serostatus. At the first stage, 100 IDUs who had recently joined the NEP programme (among them 3 women) were interviewed. 74 IDUs (including 1 woman) from the same cohort were interviewed at the second stage.

Blood Borne Infections and Risky Behaviours among Harm Reduction Programme Beneficiaries: Among IDUs covered in the survey by Alternative Georgia (Kirtadze, 2008a), 41% had had an HIV test during their lifetime, including one respondent (2.4%) who had tested positive. 55% of those interviewed had been tested for hepatitis C, with 80% of them testing HCV positive. At the second stage of the study, 25% of the interviewed reported having had their first HIV and HCV tests, including one respondent (1.4%) who had tested HIV positive and 14 respondents (19.5%) testing HCV positive.

As for risky injecting practices, similar percentages of sharing injecting paraphernalia and syringes were reported both at the first and second study stages (30% and 31.94% respectively), confirming a high prevalence of risky injecting behaviour (syringe sharing practice) in Georgia.

During the six-month interval between the study stages, there was a decrease in paraphernalia sharing with several people, yet the practice of sharing paraphernalia with one single person remained high (26.39%). The percentage of risky sexual behaviour (having more than one partner) dropped from 91% to 79.2%. HIV awareness increased significantly from 49% to 77.5%.

The above data show that participation in needle exchange programs significantly increases beneficiaries' awareness about HIV/AIDS. However, knowledge received does not completely change risky behaviour (Kirtadze, 2008a).

3. HEALTH CONSEQUENCES

3.1. Drug Treatment Demand

In 2008, six addiction (narcological) clinics operated in the country and detoxified 841 patients altogether (in 2007 the corresponding number was 1,092). According to the staff of the clinics, the decrease in number of the patients of detoxification treatment could be explained by increase of capacity of methadone substitution programs in the country. The majority of the detoxification patients were men (only 11 women). Traditionally, the majority of patients who came to addiction clinics for treatment were opioid users, most of them heroin addicts. The percentage of *buprenorphine* (*Subutex*®) users (used as either

primary or secondary drug) in the 4 clinics which provided data for the given report (GRIA, Bemoni, Uranti and Batumi clinics) was 35%. There were also frequent cases of random opioid use, such as patients who used drugs that they managed to find. In 2007 as well as in 2008, there was an increase in the number of detoxification patients whose principal drug was home-made methamphetamines (Todadze, 2009a).

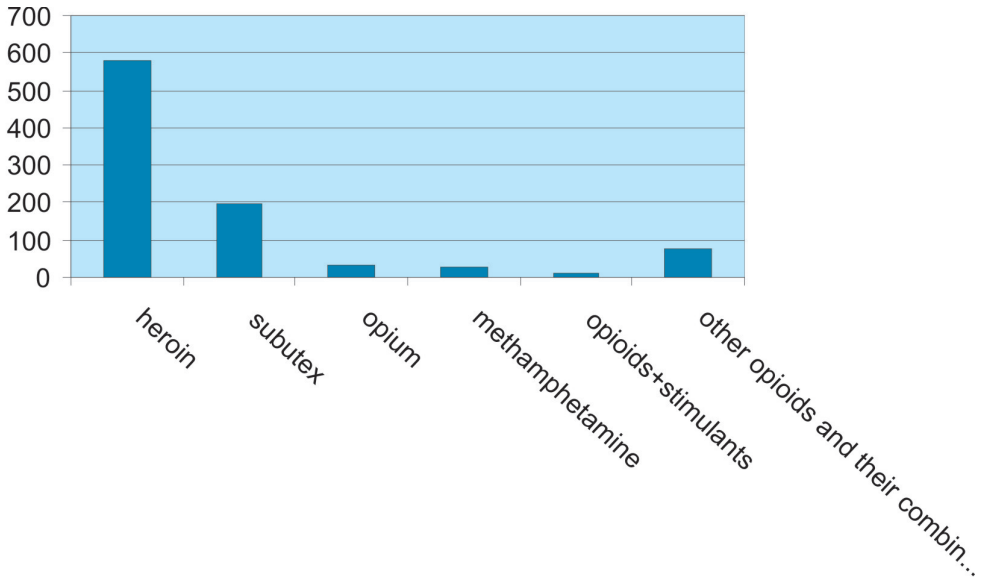

Figure 9: Principal Drugs Used by Patients of Detoxification Treatment (Todadze, 2009b)

In 2008, 73% (91% in 2007) of 841 (1,092 in 2007) patients were detoxified in clinics. 37% (9% in 2007) received outpatient treatment. Most of the inpatient detoxifications (97.4% in 2008 and 93% in 2007) were provided in clinics in Tbilisi, whereas only 2.6% (7% in 2007) were detoxified in Adjara at the newly-opened Batumi-based addiction clinic, Levgori.

In 2007, substitution treatment of opiate addiction covered 311 patients (306 male and 5 female drug users), including 44 patients with HIV from the beginning of the pilot programs (2005) to the end of 2007. At the beginning of 2009 there were more than 500 Global Fund patients.

Substitution treatment of opiate addiction in 2008 covered 552 patients (311 in 2008), 550 male and 2 female drug users, including 51 patients with HIV from the beginning of the pilot programs in 2005 to the end in 2008. By the end of 2008, 330 more people were on the waiting list.

There is an increasing trend clearly observed in the field of people treated both with and without opioid agonists in Georgia:

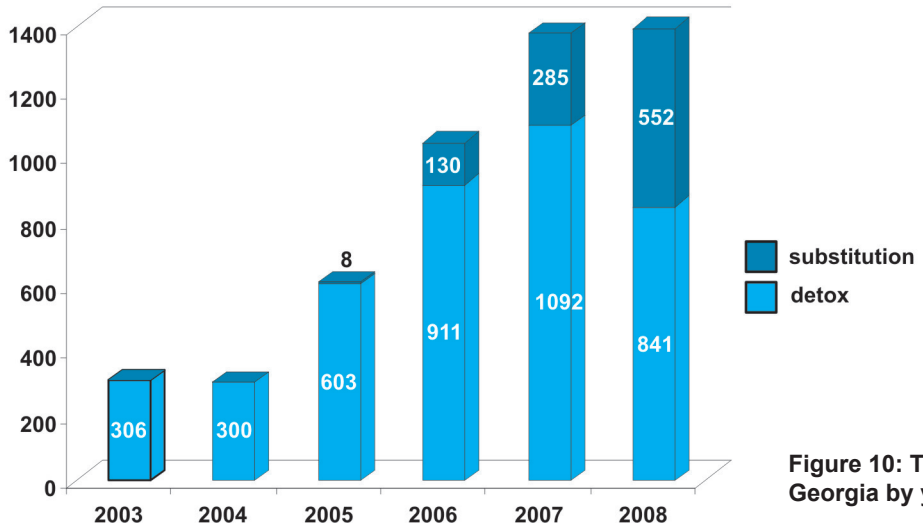

Figure 10: Treatment prevalence in Georgia by years (Todadze et al, 2008d)

The above figure shows that from 2003 to 2008 the number of treated IDUs increased. In 2008, the number of treated IDUs in detoxification schemes slightly decreased, which could possibly be explained by the increased capacity of the methadone substitution program in the country. The increase in treatment demand in the period 2003–2007 could be explained by several factors: In 2003 there were only three clinics in the country providing detoxification treatment followed by a short-term medical and psychological rehabilitation course. By 2007 there were 6 such clinics, which means that treatment capacity increased. It is also possible that the awareness of treatment options among addicts increased during the past 5 years. Finally, there is a possibility that the number of PDUs increased in the country within the last 5 years. However, none of the last two possible reasons are evidence-based and remain hypotheses for further research.

The majority of detoxified patients (detoxification, together with substitution, are the only treatment modalities provided in Georgia on routine basis – see below) belong to the age group from 25 to 39.

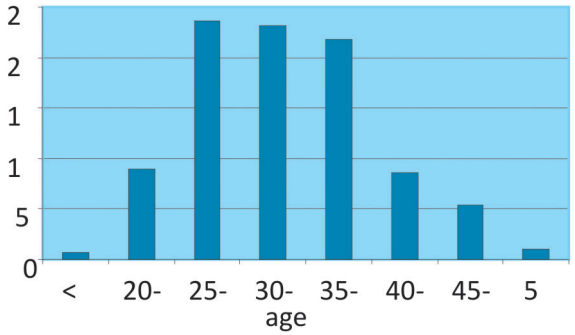

Figure 11: Detoxified Patients Distribution by Age, 2007 (Todadze et al, 2008d)

According to communication with heads of clinics (Sikharulidze, 2008) in Georgia, patients using opioids often use tranquilizers as well, and some opioid users use antihistamine drugs in parallel, which further aggravates the course of the disease and makes treatment more difficult. A substantial percentage of patients have other mental health problems (mood and personality disorders, post-traumatic stress disorder, etc.), yet such illnesses are rarely detected or are not reflected in the patient's history so that no relevant statistical information is available.

Substitution therapy

Most patients participating in the substitution therapy program are 30 to 50 years of age:

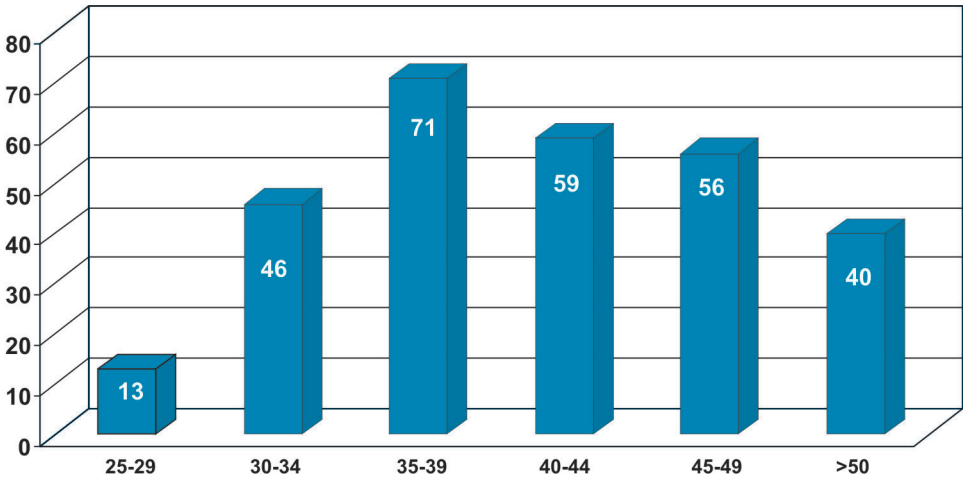

Figure 12: Age groups of methadone substitution therapy program participants (Todadze, 2009b)

Most patients currently involved in the substitution therapy program (STP) have finished university education (see Figure 13). One of the explanations for this fact could be the high threshold of Georgian STPs, requiring that patients undergo at least one drug treatment in the past (an exception is made only for HIV/AIDS patients). Other conditions also apply (see the Substitution treatment chapter in PART 3). Another explanation may be that since there have been no free treatment programs in Georgia since the 1990s, only people from comparatively well-off families are able to meet the requirement of 'unsuccessful abstinence-oriented treatment', and that the level of education in this social group is high.

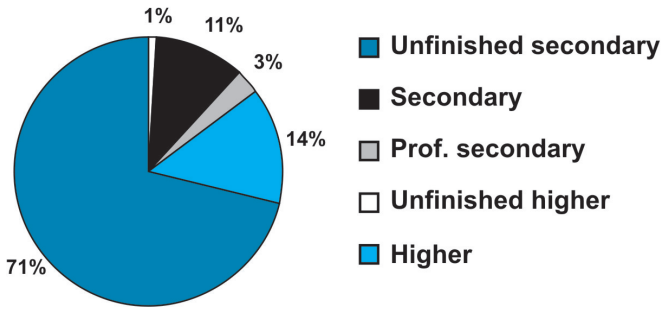

Figure 13: Finished education by patients of substitution program in Tbilisi (Todadze, 2009b)

Despite having higher education, many patients are jobless. Only 37% of the Tbilisi Addiction Centre patients receiving substitution treatment have stable jobs and only 14% of them work in the areas for which they were educated. 34% of patients are currently jobless, but seek employment, while 28% never worked and are not looking for a job.

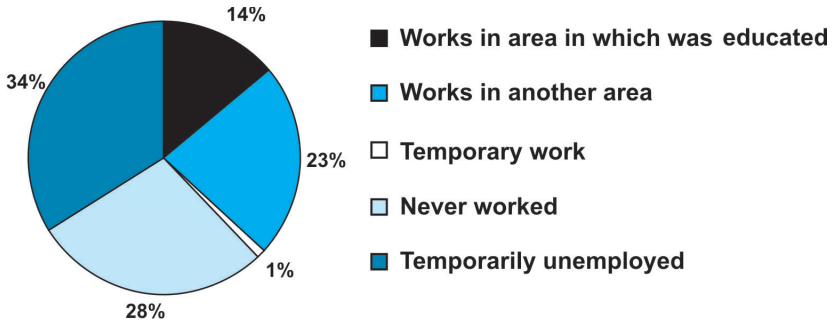

Figure 14: Employment status of substitution program patients in Tbilisi (Todadze, 2009b)

There is a tendency in terms of drugs used by the patients of the treatment institutions as observed and reported by treatment staff. Namely, there is an evidenced tendency of increase of *buprenorphine* use (see Figures 15 and 16).

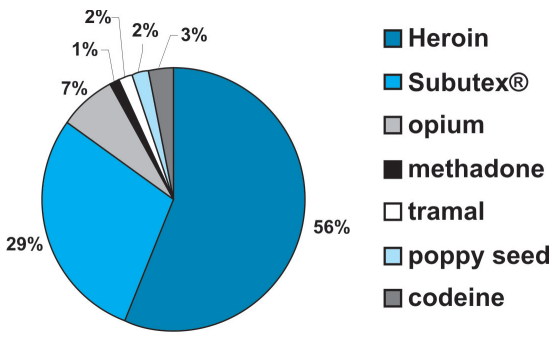

Figure 15: Use of different opioids by patients treated in 2004 (Todadze, 2009b)

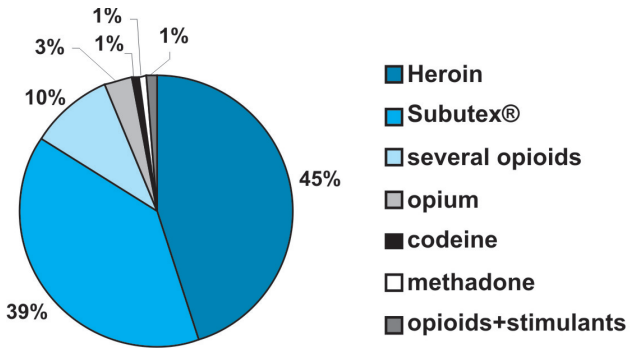

Figure 16: Use of different opioids by patients treated in 2005 (Todadze, 2009b)

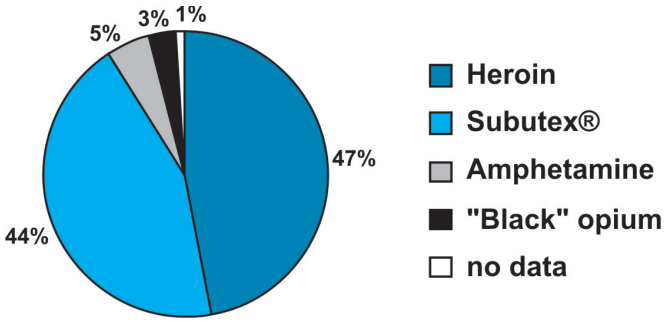

Figure 17: Use of different drugs by patients treated in 2007 (Todadze, 2009b)

According to the data provided to SCAD from the Bemoni and Uranti clinics and the GRIA, 35% of patients are buprenorphine users and 40% are heroin addicts.

Although the data are not fully consistent enough to be properly comparable, we may conclude that the main problem associated with the use of buprenorphine and heroin remains its scale among treated patients. Additionally, there is a new phenomenon of increased use of amphetamine-type stimulants among patients receiving medical treatment for drug addiction in Georgia.

81% of patients participating in the substitution therapy program are 30 to 50 years of age:

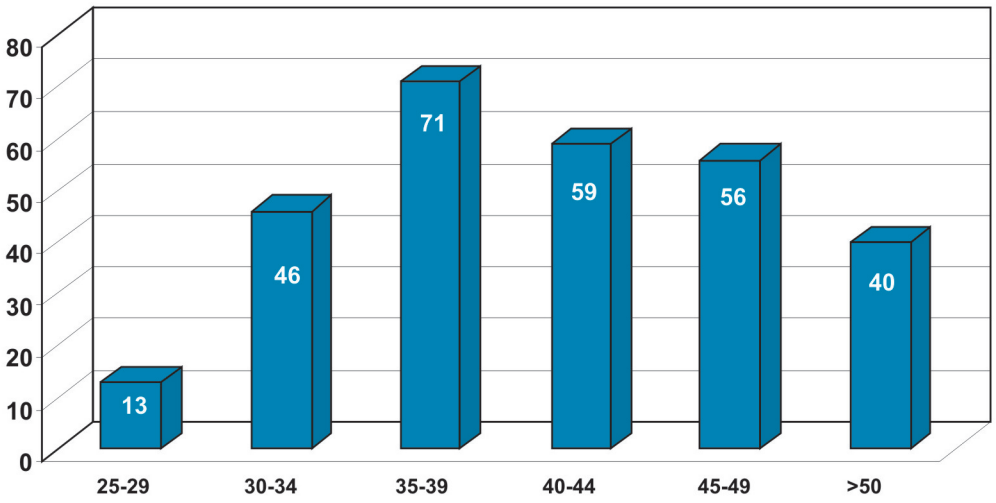

Figure 18: Age of patients engaged in the Global Fund Methadone Substitution Therapy (Todadze, 2009b)

Since the launch of the substitution therapy programs at the end of 2005 up to December 2008, 178 people dropped out of the programs (out of the 730 that started treatment). Of those, 65 (45 in 2007) dropped the program as they were arrested for different offences (according to providers unpfficial reports some of them committed crimes before entering the substitution program and others while being treated. For this report, it was not possible to gather the exact distribution of these cases). 63 (37 in 2007) persons successfully completed the course of treatment by slow detoxification from methadone, and left the program (see Figure 19):

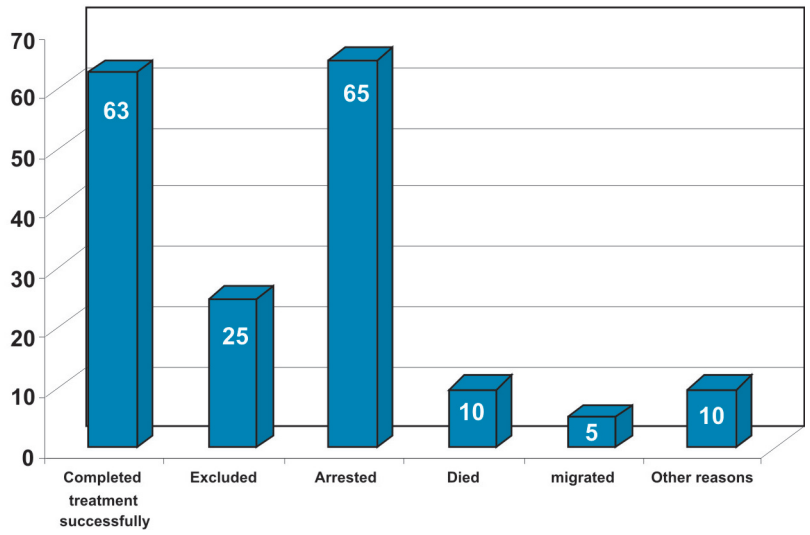

Figure 19: Causes for leaving the substitution treatment programs

3.2. Drug Related Mortality

Drug Related Deaths

No data on drug related deaths were recorded in Georgia from the 1990s to 2007. One reason was systemic: all former Soviet registration and monitoring systems were destroyed after Georgia regained independence and the creation of new systems took time.

Another reason is cultural: there is a strong unwillingness of families to acknowledge by registry the death of a family member to drugs. This unwillingness leads to illegal brokerage between families of the deceased and health authorities aimed to record “another cause of death.” Further, the stigma against drug users in Georgian society and fears of problems with the police due to the criminalization of drug use present other cultural reasons why data on drug related deaths are scarce in the country.

In 2004, the Forensic Expertise Bureau was established at the Ministry of Justice, which restarted registering drug-related deaths. The Bureau has data that relate only to cases investigated and tested by the Bureau in Tbilisi, which was 26 cases of drug overdose deaths, i.e. approximately 1% of all unnatural deaths in Georgia in 2008 (39 in 2007). Though the data do not cover the country in general and do not allow to be broken down according to the type of drug/s that caused the overdose, it is the first time when the Bureau broke the long drug death-related silence in Georgia. Data on the whole of Georgia are not yet available.

Overall Mortality and Causes of Death in Drug Users (cohort studies)

In 2004, SCAD set up a task force to conduct a special drug-related mortality study based on crossing the historic register of narcology patients and the register of the general population/ general mortality register. The study was conducted by the Georgian Research Institute on Addiction. According to the results of the study, mortality among men of reproductive age that had a record of any drug use in Georgia in 2003 was double as high as the mortality rate among men of the same age with no such record (Gamkrelidze et al, 2004).

3.3. Drug Related Infectious Diseases

The national AIDS Centre gathers information on HIV positive tests within the medical system and includes the information of the suspected way in which the infection was acquired, including injection drug use which is the most prevalent mode of transmission in Georgia.

The National Centre for Disease Control and Public Health maintains a register on all non-communicable and infectious diseases including *tuberculosis* (*TB*), *hepatitis B* and *C.* However, no risk factors found in those infected (including injecting drug use) are recorded in the reports so far.

HIV/AIDS

By February 2009, the Infectious Pathologies, AIDS and Clinical Immunology Research Centre (the AIDS Centre) had registered 1,899 cases of HIV, including 1,429 men (75%) and 470 women (25%). Most patients (60%) were 25 to 40 years of age at the time of diagnosis. Altogether, 999 of those registered developed AIDS and 417 died. Forty-seven cases of HIV have been registered in children (as of July 2008) with an average age of 11 years. Forty-one people living with HIV/AIDS (PLHIV) are foreign citizens.

There were 163 prisoners among the PLHIV. Out of these, 63 currently live in prison, 26 died, and 74 have been released (AIDS Center, 2008).

By the end of 2008, there were 1,850 (1,179 in 2007) PLHIV registered (prevalence rate of 30/100,000 inhabitants), including 351 new cases (incidence 8.16/100,000) (NCDC, 2008b).

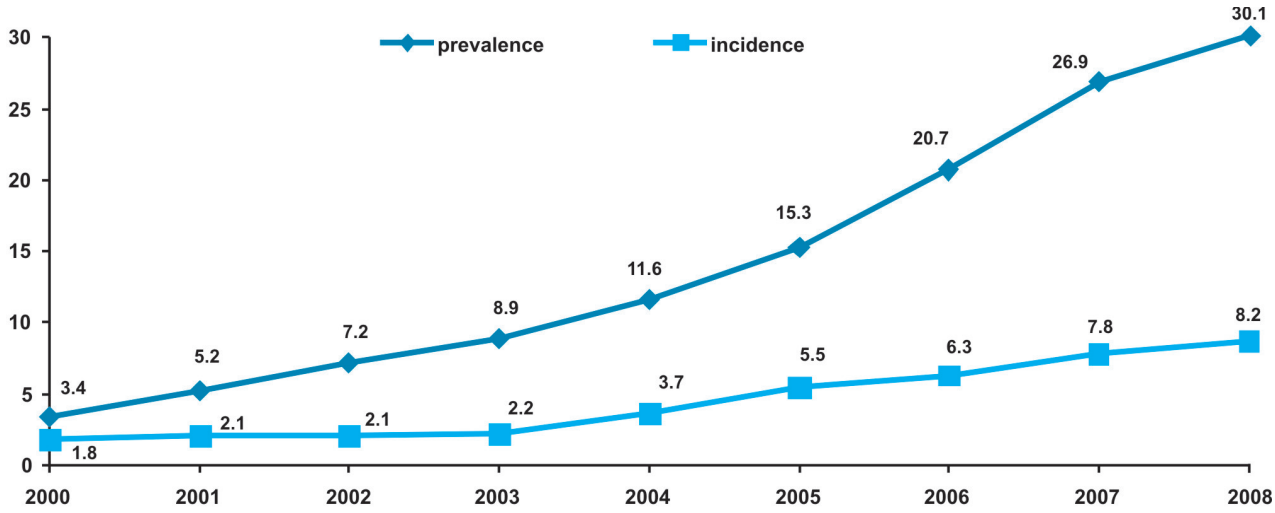

Figure 20: Prevalence and incidence of HIV/AIDS cases (per 100,000 inhabitants), Georgia, 2000-2007

As seen from the Figure, there is an increasingly sharp upward trend in the incidence and prevalence rates.

The following table shows PLHIV distribution by risk groups and gender.

Table 2: PLHIV Distribution by Risk Groups and Gender, Georgia, 2007(Clinical Immunology)

Risk groups	Gender	Registered at the beginning of year			Newly Detected			Registered at the end of year			Died within the year
		Total	AIDS	HIV	Total	AIDS	HIV	Total	AIDS	HIV	
TOTAL		912	305	607	344	151	193	1179	415	764	75
including:											
Injecting drug user	F	5	2	3	0	0	0	5	2	3	0
	M	538	195	343	187	89	98	671	251	420	52
Recipients of blood products	F	3	2	1	1	1	0	4	3	1	0
	M	4	4	0	0	0	0	4	4	0	0
Sexual contacts	F	214	52	162	86	25	61	291	79	212	9
	M	126	40	86	49*	23	26	167**	58	109	8
MTCT	F	3	2	1	7	4	3	9	6	3	1
	M	10	4	6	8	6	2	15	7	8	3
Unknown	F	6	3	3	5	3	2	10	5	5	1
	M	3	1	2	1	0	1	3	0	3	1

*) including 11 males having sex with males (MSMs)

**) including 30 MSM s

Injecting drug use is the most frequent route of HIV transmission among registered PLHIV. At the same time, there is a growing rate of HIV infection from heterosexual contacts and an increasing number of pregnant PLHIV, which increases the probability of HIV epidemics in the country. The threat is aggravated by a number of HIV-supporting factors including widespread drug use, high STI prevalence, growing migration and international contact, insufficient knowledge of HIV prevention and lack of relevant skills among health providers, low demand for condoms, low public awareness on HIV/AIDS, etc (NCDC, 2008a).

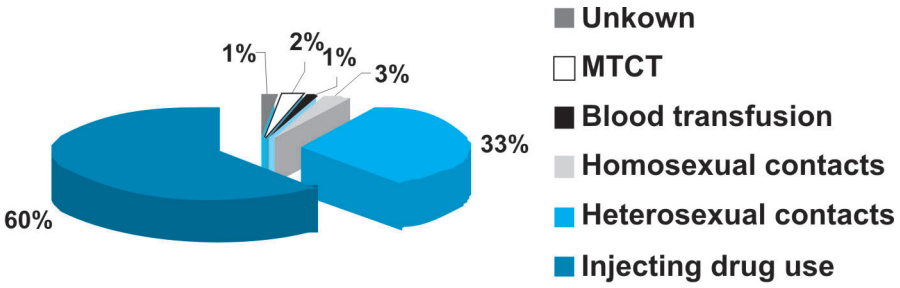

Figure 21: HIV/AIDS Distribution by Routes of Transmission (AIDS Center, 2008)

HIV/AIDS cases are distributed unevenly among Georgian regions, with 546 cases (50 per 100,000) concentrated in Tbilisi, followed by the regions of Samegrelo (270; 57/100,000), Adjara (243; 64/100,000) and Imereti (220; 31/100,000) (AIDS Center, 2008).

By UNAIDS standards, Georgia is a country with low HIV prevalence. Although the known HIV cases are so far low, experience of other countries demonstrates that Georgia might run a high risk of wide-scale outbreak.

In 2008, of the 32,244 patients who tested positive for HIV at the AIDS Centre, 351 were injecting drug users (IDUs).

In 2007, of 1,493 injecting drug users who tok part in the harm reduction program Voluntary Counselling and Testing (VCT) within the framework of GFATM, 18 people tested positive (1.2%) (Kirtadze, 2008b).

Non-injecting substance use (alcohol, hashish, stimulators, ecstasy, and volatile solvents) also increases the risk of HIV infection as it increases the propensity for risky sexual behaviours.

The *Baseline Behavioural Surveillance Survey with Biomarker Component (BSS)* conducted by Save the children among groups at risk in Tbilisi, Batumi and Kutaisi found the scale of risky behaviour (i.e. sharing of needles) to be high among IDUs in all the three towns covered by survey (in Tbilisi, 67% of respondents shared needles in their lifetime). The survey provides evidence that project interventions have reduced the number of IDUs practicing needle sharing (i.e. in Tbilisi a reduction occurred of 67% in 2002 to 38% in 2006), increased condom use during accidental sexual contacts, raised awareness on HIV transmission routes, and slightly increased awareness about voluntary and confidential HIV testing and counselling.

HIV Testing

HIV testing and counselling is provided by the AIDS Centre in Tbilisi, by regional centres in Batumi and Zugdidi, and in approximately 60 other laboratories. Counselling and testing are voluntary, free-of-charge and strictly confidential.

Free-of-charge HIV testing is available for at-risk groups in the frame of the State HIV/AIDS Prevention Programme (AIDS Center, 2008).

Rapid simple HIV tests and immunoenzyme assay are used as screening test methods for detection of HIV antibodies. All suspected HIV positive cases are then sent for free-of-charge confirmation testing by Western Blot and PCR test.[12] Patients with confirmed HIV positive tests are notified about the test results and registered for outpatient follow-up.

In 2008, 32,244 HIV tests were performed (32,614 in 2007); 351 (380 in 2007) were provided to self-reported drug users.

In 2007, of the 1,318 injecting drug users (clients of VCT services of the GFATM harm reduction program), who were tested for hepatitis B, 85 were positive (6.4%). Of 1,438 clients of HR programs tested for hepatitis C, 788 were positive (54.8%) (Todadze, 2008c).

HIV/AIDS Treatment

Since 2005, the *Global Fund on AIDS, Tuberculosis, and Malaria* (*GFATM*) has been supporting free-of-charge antiretroviral treatment (ART) to every interested known PLHA in Georgia. By using these international resources, the demand for ART has been fully covered. Laboratory testing and examination of PLHIV as well as symptomatic treatment are financed by the Agency for Health and Social Programs, a body of the Ministry of Labour, Health and Social Affairs (MoLHSA).

As of December 2008, ART was provided to 488 patients, including 262 injecting drug ex/users (IDUs).

The methadone substitution therapy program currently includes 51 HIV-positive patients (out of 552).

Hepatitis B and C Spread and Tendencies

According to the WHO, Georgia is one of the countries of the European region with high prevalence of hepatitis B and C (WHO).

Hepatitis B and C incidence rates are growing in Georgia, which is assumed to be to some extent due to widespread injecting drug use in the country. However, the increase in known incidence rate might occur at least partially due to increased number of people tested.

Of 351 patients tested by the AIDS Centre as HIV+, 209 were IDUs, among them 22 were HCV+, 26 were TB+.

Prevalence of HCV among HIV positive patients is high according to a study determining

12 PCR: testing via defining polimerize chain reaction in blood; Western Blot: imunoblot

the prevalence of and risk factors associated with hepatitis B virus (HBV) and hepatitis C virus (HCV). Almost half (48.57%) HIV positive patients are co-infected with HCV. Men were more likely than women to be co-infected with HCV (60.80% and 18%, respectively). The prevalence of HCV among injecting drug users was 73.40%. Drug users were at 3.25 times more risk (PR 3.25; 95%CI; CL--1.89-5.26; p<0.01) to be infected with HCV compared to non IDUs. The prevalence of infection with HBV (Anti-HBc) among HIV positives was 43.42% (76/175) and the prevalence of Chronic HBV (HBsAg positive) was 6.86% (12/175). The prevalence rate of HBsAg among IDUs was 8.51% and among non IDU participants 5.26%. Triple infection (HIV, Hepatitis C and chronic form of Hepatitis B--HBsAg) was found among 9 patients (5.14%). Infections were associated with injection drug use (88.88%) and were mainly related to the sharing of needles/syringes and other injecting medical devices (Badridze et al, 2008).

Hepatitis B Spread and Trends

According to the National Centre for Disease Control and Public Health (NCDC & PH), 1,732 new cases of hepatitis B were registered in Georgia in 2008, with an incidence of 40.2 per 100,000 (1,060 new cases in 2007 with an incidence of 24.2 /100,000).

The hepatitis B incidence rate (both acute and chronic cases) increased by 20.41% in 2007 from 2006 figures and by 60% in 2008 when compared to 2007. The increase was mainly due to the growing number of chronic cases that increased by 49.36%. Again, the increase in known incidence rate may have occurred at least partially due to the increase in testing.

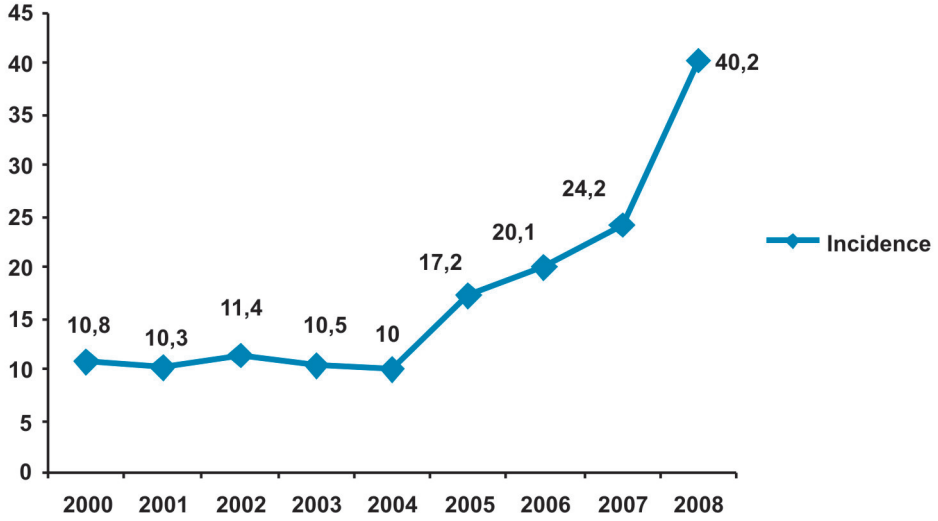

Figure 22: Known VHB incidence rate per 100,000 inhabitants, Georgia, 2000–2008 (NCDC, 2007)

According to a study of registered hepatitis B cases conducted by NCDC & PH, only 165 newly identified HBV+ persons were approached (69% of 238 new acute cases) with a request to identify the potential route of transmission. Of those, 6 patients reported (5.6%) it to be injecting drug use, 5 patients (3%) reported unprotected sexual contact, one patient (0.6%) identified mother-to-child transmission, 2 patients (1.2%) reported blood transfusion as a possible route of transmission, and 1 patient reported (0.6%) it to be haemodialysis. 19 patients (11%) reported nosocomial infection, while 131 (80%) patients identified other routes or failed to identify any (NCDC, 2007). A pervasive and strong stigma related to drug use in the country suggests that an unknown but possibly substantial portion of patients who did not indicate any potential route of transmission might be injecting drug users.

Hepatitis B Screening by *Save the Children Federation*

Hepatitis B was detected in 3% (9 male IDUs) of 300 IDUs screened in Tbilisi and in 2.6% (5 male IDUs) of 200 IDUs screened in Batumi. In

Kutaisi, hepatitis B was detected in 7% (14 male IDUs) of 200 IDUs screened (data published by '*Save the Children'(Save the Children Federation, 2007-2008)*. Despite some improvements, all three cities still have a large number of IDUs who have shared needles at least once, which accounts for the high prevalence of hepatitis among IDUs. It should be noted that viral hepatitis B (VHB) is the most wide-spread in Kutaisi, confirming the need for immediate intervention.

Hepatitis C Spread and Trends

Hepatitis C diagnostics has recently become available in Georgia and demonstrates that the number of registered HCV cases in the country has substantially increased since 1996. According to NCDC&PH, 2,117 cases (incidence rate 49.2 per 100,000) of hepatitis C were newly registered in 2008 (1,152 cases in 2007 with an incidence rate of 26.3 per 100,000). 15 people died of hepatitis C (lethality of 0.7%).

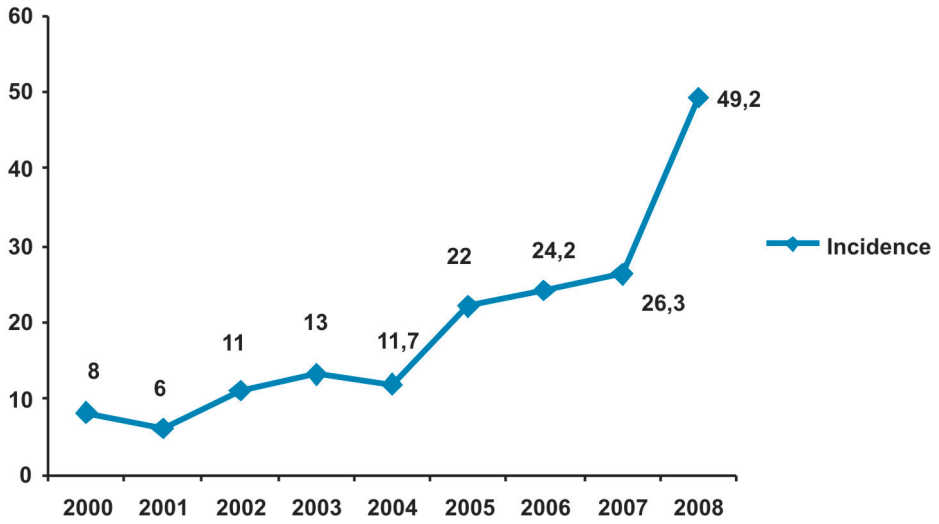

Figure 23. Known VHC incidence per 100,000 inhabitants in Georgia, 2000–2008(NCDC, 2007)

Hepatitis C Screening by *Save the Children* (Save the Children Federation, 2007-2008)

Hepatitis C was detected in 65% (177 out of 300) IDUs screened in Tbilisi in 2006. In Batumi, the incidence among IDUs for the same year was 76% (149 out of 200). In Kutaisi, hepatitis C was detected in 58% (111 out of 200) of IDUs screened.

The high rates of Hepatitis C were related to the high numbers of drug users who had shared needles at least once. It should be noted that according to the study, hepatitis C is the most wide-spread among injecting drug users in Batumi. This finding suggests the need for urgent intervention.

Tuberculosis Spread and Trends

The WHO considers Georgia one of the countries with high tuberculosis (TB) prevalence. According to data available in the country (official registration) 1,636 new cases of respiratory t**uberculosis** (TB) were registered in Georgia in 2008 (incidence rate of 38/100,000) (NCDC, 2007).

TB is considered a problem in Georgia. However, no studies aimed to determine the link between injecting drug use and TB have been conducted in the country so far.

GFATM has funded screening of injecting drug users (IDUs) for TB since 2006. From 1 August 2006 to 1 January 2009, 7,256 IDUs were screened. According to the data gathered covering the first 6 months of 2008, TB was detected in 11.8% of tested persons (NCDC, 2008a). Results show a high prevalence of TB co-infection among IDUs in Georgian cities.

Other Co-Morbidity to Drug Use

No special study aiming to determine if health problems are manifest more frequently among drug users than the general population have

been done so far in Georgia. Addictologists working in clinics (Vadachkoria, 2008) report that drug users frequently develop skin infections and pneumonia. It is also widely recognised that psychological and mental health problems are frequent in users of both legal and illegal drugs and alcohol (Brady, 2005/8, Healey, 2008). Contrary to somatic disorders caused by drug use in given conditions, causality may be complex (with psychological disorder causing problem drug use and vice versa, and with factor/s that cause both problem drug use and psychological disorder independently (Adams, 2007, Borowsky, 2001/3, Cochran, 2006, Chang, 2007, Kaplan, 1997, Mueser, 1998). However, this relatively complex area with profound consequences for treatment is neglected as an area of study in Georgia so far.

4. SOCIAL AND LEGAL CORRELATES AND CONSEQUENCES

4.1. Social Problems

According to current drug legislation, drug use is criminalised in Georgia, which largely contributes to drug users and drug use being a hidden population. Consequently, there are no 'intoxicated junkies' visible in the streets. Problem drug users as a subpopulation are not studied adequately, which limits the availability of knowledge regarding their social problems. More than 70% of drug addicts in prisons (see next sub-chapter) held no legal job at the time of imprisonment. Data available on the current patients of substitution therapy programs point that more than 90% of users have higher and university education. However, these data alone cannot explain the social context of drug users.

Concerning drug-related public nuisance or community problems, no research or analysis has been done in the country. Similarly, there is no analysis available on the topics of a) drug use in Georgian society and its relation to stigma and b) willingness of drug users to discuss drug use against current drug legislation in Georgia.

There are, however, data on the social profile of IDUs gathered from needle exchange programmes (NEP). The NGO *Alternative Georgia* conducted research focused on risky behaviour of IDUs (Kirtadze, 2008b), which found in NEP Participants no illiterate people among those interviewed. It also found that 3% of respondents had incomplete secondary education, 39% had complete secondary education, 4% were students, 18% had incomplete university education, 34% were university graduates, and 2% held master's or doctorate degrees. 44% of those interviewed at the first stage of the study (381 probands) were married, while 31% were single. Marital status of 90.2% of the respondents did not change after six months, though 7.3% got married in that period. A significant part of the study participants were unemployed (73%), including 52% who were looking for jobs and 21% who were not looking for a job. A total of 23% were employed, including 10% who worked full time (35 hours a week or more), and 13% who worked part time (occasionally or less than 35hours a week). 4% of those interviewed were retired. These data slightly changed during six months: 62.5% remained unemployed, including 45.8% looking for jobs and 16.7% not looking for a job. For the study period, 31.9% were employed, including 13.9% working full time and 18% working part time. As seen from comparative analysis, the number of those employed increased by 9% in the period between the first and the second stages (the 6 month interval).

It can be concluded that in the surveyed Georgian sample, IDUs significantly differ from the conventional stereotype of an injecting drug user being uneducated and socially deviant. Although no special study has been done for this purpose (the aforementioned study did not analyze these details), everyday observations demonstrate that IDUs are generally not a group that is isolated or separated from society in Georgia. Those who are unemployed receive support from their families and none of those interviewed lives in the street or is perceives his or herself as a 'junkie'. This observation may be especially important for Georgia when shaping interventions based on experience from countries where problem drug users might sometimes represent a group that is more distinct from mainstream society.

4.2. Drug Offences and Drug-related Crime

According to the Ministry of Internal Affairs of Georgia (MIA), in 2006 criminal proceedings[13] for drug-related crime were initiated against 2,667 persons (13 women and 2,654 men). Of those, 26 persons were previously convicted for drug-related crimes and 24 cases involved juvenile suspects. In 2007, criminal proceedings were brought against 8,066 people (71 women and 7,995 men), including 64 who were previously convicted and 11 juvenile cases. In 2008, criminal proceedings were initiated against 9,151 persons (117 women, 9,034 men of who 193 were previously convicted and 24 were juvenile cases).

Table 3: Trends in the registration of drug-related crimes within the three last years (under Articles 260–274 of the criminal code of Georgia)

	2006	2007	2008
Registered cases of drug-related crime	3542	8493	8699
Cases qualified as *major crime*[15] out of those registered	1926	1970	2103

A comparison of data from 2006, 2007 and 2008 reveals a sudden and sharp increase in the number of drug-related criminal proceedings in Georgia. The disproportionate increase in minor crimes compared to a very little increase in what is classified as major crime suggests that the first increase resulted from intensified police activity generated by the practice of massive random searches of young men and their testing for the presence of illegal drugs (see Chapter 'Drug Legislation' above). However, this hypothesis needs to be further tested by a detailed breakdown of the types of drug-related crimes investigated by the police and by a careful assessment of court decisions. Thus far, existing information from the police and courts provides the following:

The number of people imprisoned due to drug-related crime over the last three years is as follows:

- 1,285 people were sentenced to imprisonment for illegal drug circulation in 2006;
- 1,625 people were sentenced to imprisonment for illegal drug circulation in 2007;
- 2,817 people were sentenced to imprisonment for illegal drug circulation in 2008.

Drug Testing

Drug testing is regulated by Administrative code of Georgia and by relevant decrees of the Ministry of Interior (MoI) and MoLHSA.

Amendments made to the Administrative Code in 2006 modified Article 45, 'Illegal purchase or storing of small amounts of narcotic substances without the purpose of selling, or use of narcotic substances without prescription'. The fine for the illegal purchase or storing of small amounts of drugs not intended for sale was increased from 100 to 500 GEL (from 50 to 250 €)[15]. The amended article also held the Ministry of Internal Affairs and the Ministry of Labour, Health and Social Affairs of Georgia responsible for issuing joint decrees to establish a procedure for the detection establishing the facts of drug use by an authorized person. In particular, according to the joint Decree #1049–233/n of 2006, in case of 'reasonable suspicion', which is not defined and thus allows for vague interpretation, of a person being in the state of inebriation caused by narcotic drugs or/and psychotropic substances, and/or having consumed a narcotic drug, representatives of law-enforcement bodies have the right to demand that the person have a laboratory test to determine the fact of drug use or inebriation.

Data on drug testing by the Main Forensic Unit of the Georgian Ministry of Internal Affairs are as follows (Alternative Georgia, 2008):

In 2006, police referred up to 25,000 persons for drug testing to the MoI Main Forensic Unit. Out of those referred, drug intoxication was confirmed in 9,089 people, including 7,787 people who classified under administrative offence, and 1,302 people (in both groups, men exclusively) with confirmed repeated drug use. The latter were charged with criminal offences, which in-

13 Initiation of criminal proceedings means filing a criminal case and conducting respective investigative actions.

14 A case classifies as major crime if it is a premeditated (deliberate) crime, punishable by a term of imprisonment not exceeding 10 years according to the Criminal Code, also an unpremeditated crime punishable by imprisonment for a term of over 5 years.

15 When average monthly income in Georgia is 368 GEL (approximately 145-170 Euros) in 2008

cluded a subgroup of 11 who were sentenced for drug use in the past.

In 2007, police referred 57,000 persons for laboratory checking to the MoI Main Forensic Unit, of which drug intoxication was confirmed in 17,745 people, including 12,104 persons who classified under administrative offences and 5,641 people (8 women and 5,633 men) with confirmed repeated drug use including 30 for earlier drug use.

In 2008, police referred 43,029 persons for laboratory testing to the MoI Main Forensic Unit; drug intoxications were confirmed in 19,302 persons.

A comparison of statistics from 2006-2008 shows a growth in the number of persons examined for the presence of drugs/metabolites in body fluid. Consequently, a rise followed in respective administrative punishments in Georgia. For instance, the figure for the 7-month period from August 2007 exceeds the corresponding figures in the first 7 months of 2006 by 10 (22,755 compared to 2,706) (Otiashvili et al, 2008a). This significant increase is most likely due to the sanctioning of administrative fines based on the aforementioned joint decree of the Ministry of Internal Affairs and Ministry of Health that entitles the police to detain any person that is 'reasonably suspected of drug use'[16] and to take the person to respective laboratories for a (forced) drug test.

Consideration should also be given to the fact that the growth rate may be associated with the increased fine for drug use as an administrative offence, which rose from 100 GEL to 500 GEL beginning in December 2006 and which may have resulted in an economic interest among state authorities to collect fines.

4.3 Social and Economic Costs of Drug Consumption

In 2005, special research was implemented by the NGO *Alternative Georgia* to study the economic and social costs of drug consumption. Due to the dearth and poor quality of information on drug abuse, it was impossible to conduct a full-scale study that would meet international standards (Single, 2003). For this reason, the study results are not expected to be conclusive and the figures in it should be considered as approximate values based on a pilot study. The results *of* the study are reflected in the *Annual Report on the Drug Situation in Georgia for 2005* (Javakhishvili et al, 2006).

The research shows a clear imbalance between demand reduction and supply reduction measures as well as a clear link between the drug problem and the shadow economy. The *largest* costs were found in the shadow economy (82%) while the smallest costs were located in prevention and research (0.53%) and health care measures (0.2%).

The absolute cost of the drug problem for the country per year is found to be as high as 123,588,084 GEL, of which measures directly responding to the drug problem (i.e. drug demand and supply reduction) present less than 5% of the total amount. No further study of the drug related costs that may provide more reliable and exact evidence for policy makers has since been conducted in the country.

5. DRUG MARKETS

5.1. Availability and Supply

Traditionally, Georgia has not been considered to be a drug producing country, given that the majority of narcotic drugs with plant precursors (with the exception of marijuana) are produced in neighbouring or distant countries. With the increased trend in the domestic production of (pseudo)ephedrine-based drugs, the distinction between 'production-', 'transfer-', and consumption countries is losing both rationality and analytical importance.

Concerns exist over the potential for Georgia and the South Caucasus in general to become an area of greater drug transit of Afghan opiates headed to Europe as, for example, West Africa has become for Europe and Central America has become for North America in the traffic of South American cocaine.

Trans-national organized criminal groups are interested in new routes of transit, in addition to

16 It should be noted that the decree contained no definition of the 'reasonable suspicion' and no training was given to police officers on this issue. As a result, diverse and wide interpretation and use of the term is employed and extraordinary and rather unsystematically discretion has been made available to police in proceedings.

already existing ones, particularly when barriers emerge on well-established routes (for example along the long-established 'Balkan route'). The South Caucasus region is a natural bridge between Europe and Asia that links the Caspian Sea basin to the Black Sea on an east-to-west axis and is the juncture between the greater Middle East, Turkey, Iran and the Russian Federation. Government officials point to the trafficking of drugs through the territories of Armenia, Azerbaijan and Georgia by referring to reported seizures of Central Asian-originated opiates trafficked through Azerbaijan and Georgia destined for Russia, in the first case, and the European Union via ports in the Black Sea, in the second case. The conflict regions of the South Caucasus might also offer conditions for drug trafficking.

Drugs with the largest presence on the black market include heroin, opium, and marijuana, recently supplemented by Subutex®, which contains buprenorphine (Todadze et al, 2008d, Todadze, 2009b, Kirtadze, 2008b, Vadachkoria, 2008).

Changes in market related perceptions and behaviour

Socioeconomic changes in Georgia over the recent decade have resulted in the transformation of the image of drug dealers as well as of the behavioural patterns of drug users. According to a study by I. Chavchavadze State University, while a drug dealer used to be traditionally considered in Georgia as a representative of low social strata, a loser, reprehensible and shameful, he is now perceived by society as a successful person having all necessary attributes of a prosperous man: a prestigious car, accessories, a house, etc. So he is perceived as a representative of a high social stratum and hence represents a role model. With regard to the change in drug-purchasing behaviours, the study showed that the launch of the system of bank credits made it easier for drug users to buy drugs by taking loans, if employed. On one hand, it temporarily reduces the probability of their criminal activity for the purpose of buying drugs, yet, on the other hand, drug users buy bigger amounts of drugs so that they can also sell them to pay off the bank loan. This, in fact, transforms them into drug dealers and they become subject to different criminal liabilities. The results of this study should be taken into consideration for developing a policy for addressing the drug market.

5.2. Seizures

According to the information provided by the Ministry of Internal Affairs of Georgia, the following types of drug substances were seized in 2006, 2007 and 2008:

Table 4: Drugs seizure from illegal circulation by years

	2006	2007	2008
Heroin	5.6 k g	9.7 k g	8.3 k g
Opium	218.2 g	127.1 g	47.45 g
Marijuana	1.2 kg (10kg raw)	1.3 kg	3.8 kg
Tramadol	29 g	38.8 g	8.5 g
Subutex	9562.6 pills (contained 76.5 g of buprenorphine)	9655.5 pills (77.2 g of buprenorphine)	8992.4 pills (71.93 g of buprenorphine)
Cannabis plants	17.2 kg	110 g	
Methadone	17.18 g	96.1 g	178.97 g
Morphine	0.83 g	0,31 g	36.34 g
Codeine	5.1 g 102 pills	–	0.735 g
Cannabis resin	4.49 g	–	–
Poppy	–	780 g	–
Cocaine			0.02 g
Metamphetamine			0.2577 g
Dypheniloxidate			0.7 g

5.3. Prices, Purity

The data on drug prices are officially provided by the Ministry of the Interior of Georgia. The costs indicated by these official data do not always correspond to the costs known from other informal sources (i.e. from the patients treated at the 'narcologic hospitals', from clients of low threshold services, etc.). At the same time, the methodological mechanism used for gathering data on the prices of drugs is not clearly formulated by the MoIA, thus, the systematic bias in reported data cannot be excluded.

The information on drug prices on the Georgian black market in 2008 provided by the MoI, drug clinics and low-threshold services that functioned in the country included the following:

Table 5: Drug prices in 2008

	Information provided by MoI	Information provided by clinics and low-threshold services, based on the reports of patients and service users
Heroin (per gram)	500 – 680 GEL	250 GEL
Opium (per gram)	30 – 50 GEL	250 GEL
Marijuana (per gram)	3 – 5 GEL	3 – 5 GEL
Morphine (per ampoule)	30 GEL	25 GEL
Subutex (per tablet)	425 – 460 GEL	500 GEL

There are no data available about the purity of seized drugs in the country.

6. TRENDS PER DRUG

Marijuana

Marijuana is the most widely used illegal drug in Georgia. Despite the fact that only 8,644 marijuana users were officially registered in the narcological register of Georgia from 1985 to 2005, according to expert estimates the actual number may be some 10 - 12 times higher (Lejava, 2008). According to data of the narcological register, an increase of marijuana users is observable. As a proxy indicator, in 2002, the number of registered marijuana users increased nearly three times in one year (550 in 2001 versus 1,500 in 2002), though that figure could reflect more intense efforts of police measures and searches. The narcological register is not operable since 2005 and no general population survey focused on drug use has been conducted in the country. As a consequence, no relevant research data are available to show the influence of marijuana use on the drug situation in the country. Specialized research is thus needed in this direction.

Opioids

Regarding injecting drugs, in Georgia the most frequently used drugs have been opioids. The use of cocaine and amphetamines has been insignificant, as they were not widely available on the black market. Before 2000, raw opium (aka 'black opium') dominated the drug market and poppy straw was less available. The use of poppy seeds for the production of illegal opiates was observed in 2003 (Javakhishvili et al, 2005) by means of a complex chemical processing, a cocktail was made from poppy seeds to be used through injection. After the implementation of regulatory measures in 2004, poppy seed import and abuse decreased. From 2000, heroin import and use sharply increased (Lejava, 2008).

From 2004-2005, an important change took place in the opioid black market: the illegal smuggling of *Subutex*® from the European Union increased according to seizures of this pharmaceutical drug and by the increase of *Subutex*® users undergoing treatment at narcological institutions. According to the Ministry of Interior, seizures by the MoI of Subutex® pills increased from 849

pills in 2004 to 9,562.6 and 9,655.5 in 2006 and 2007, respectively. The increase in the number of Subutex® users was also reflected in reports of detoxification clinics: in 2004 29% of patients admitted to clinics used Subutex® as their primary drug, whereas in 2005, the number of patients reporting use of Subutex® as their primary drug reached 39% (Javakhishvili et al, 2006). The increase in buprenorphine use is confirmed by a survey conducted in 2007 by the NGO Alternative Georgia among needle exchange program beneficiaries (see Chapter *Problem Drug Use*). It is important to understand that Subutex® was and is prohibited by law and has no approved medical use in Georgia till these days, thus any use of it in the country has been illegal.

Stimulants

The use of cocaine and amphetamines has historically been considered insignificant in the country as these drugs have not been widely available on the black market. In the past, the only reports that were available were those that focused on the use of ephedrine and pervitin prepared by simple chemical procedures from pseudo-ephedrine contained in cough medicines available from drugstores without prescription. However, according to unofficial information from the clinicians and providers of Voluntary Testing and Counselling (VCT) in the framework of various harm reduction programmes, there is increasing evidence that ephedrine-based drug use is on the rise in Tbilisi (Otiashvili, 2008).

7. DISCUSSION

7.1. Consistency between Indicators

The Drug Information System Project has been part of the South Caucasus Anti-Drug (SCAD) Programme in Georgia since 2002. Under the project, Georgia has gradually created mechanisms for collecting, processing, coordinating, and analyzing comprehensive and quality information about the drug situation in the country. As part of the project, a network of drug-related institutions and organizations has been created, and mechanisms have been put in place to provide for countrywide circulation of non-confidential information on all drug-related aspects. This activity has been based on the gradual approximation of Georgia to the standards of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The above activities have resulted in three annual analytical country reports on the drug situation in Georgia and a South Caucasus regional report.

The biggest challenge for comprehensive description and analysis of the current drug situation in the country is scarcity and insufficient quality of information, deficient methods of data collection and analysis, and incompliance with international standards. On the one hand, there are no sufficient mechanisms for data collection and analysis. On the other hand, because Georgia is a developing country and lacks funds, sufficient resources are not allocated for scientific research preventing the realization of systematic studies that could provide scientifically standardized data related to the country's drug problem.

One of the major inconsistencies is the disproportion between estimates of the number of problem drug users in the country, which is usually mentioned as constituting up to 35,000 persons or more, and the increasing but still small number of patients receiving treatment in the country's clinics (1,200 persons in 2007 and 841 persons in 2008). The high estimate number of problem drug users is also inconsistent with the very low reporting of seizures of drugs by law enforcement bodies as well as the low effectiveness of random drug searches performed by the police on Georgian young men since 2007.

Still, another inconsistency is between the high prevalence of drug-related infectious diseases in drug users (see chapter *Drug Related Infectious Diseases*) and the relatively modest numbers of registered drug users as infected persons. The major weakness of the drug information system is the absence of reliable data on drug-related mortality. There is an obvious inconsistency between such a high estimates of numbers of problem drug users and a very low number of revealed drug-related death cases (see sub-chapter *Drug Related Death and Mortality*). These last two cases represent scarcity of data rather than inconsistency, which is another frequently cited challenge related to estimations of the size of drug use and its related problems in the country.

7.2. Methodological limitations and data quality

As mentioned above, since 2002 in Georgia a process of the creation of a drug information system is in place, which attempts to improve data quality to make it to correspond to EMCDDA standards. As of now, the situation is still far from satisfactory.

Drug Use among the General Population

No general population survey has been conducted in Georgia to understand respective drug use patterns. As a result, there are no scientifically-justified data available to evaluate the scale and types of drug use or society's attitude to narcotic drugs and drug users. Since 1998, within the framework of the *State Drug Prevention Program* funded by the Ministry of Health, the Scientific Research Institute of Addiction has conducted school surveys among secondary school teenagers to study patterns and attitudes towards drug use among them. However, the studies were not done based on international standards and the coverage of the target population was limited, as was the sampling method used. In 2008, the SCAD programme organised a pilot school survey based on rigorous ESPAD standards.

Problem Drug Use

The data on problematic drug use indicators is the most problematic in the country (see above). Due to the lack of scientific research, the information provided on PDU from the community of experts in the country since the 1990s is based on largely unrealistic estimates. Some sources quote 250,000 problem drug users while other sources refer to 80,000 or 35,000 problem drug users. To overcome this biased and non-scientific approach the SCAD Programme organised a special study '*Estimation of Problem Drug Use Prevalence by means of Prevalence Using Multiplier Methods*' in 2008, which will provide more realistic data on PDU in mid-2009.

Treatment Demand

Existing addiction clinics are the main source of information on drug treatment demand. As mentioned above, today there are no institutional mechanisms in place, such as a National Monitoring Centre for Drugs and Drug Addiction, to collect mutually comparable and consistent information on treatment. Recently, the SCAD Programme translated the Council of Europe Pompidou Group Treatment Demand protocol to the Georgian language and negotiated and achieved agreement with all narcological clinics to use the protocol for gathering data on in-patient treatment.

Drug-Related Deaths and Mortality of Drug Users

After Georgia regained independence in the 1990s, authoritarian control systems were removed but regulatory mechanisms typical for democracies were not put in place. Starting from the 1990s no drug-related mortality data gathering system was performed in the country. Firstly, this was due to the strong stigma pertaining to drug addiction (recognizing that a family member was using drugs and died because of drug use is a shame for a family, which sometimes tries all means to avoid such proclamations). Secondly, attempts to conceal the true diagnosis were made in fear of potential problems with law-enforcement. The third reason for the gap in drug-related mortality records is simply the possibility for creating opportunities for corruption by medical professionals, despite legal barriers.

This situation is changing gradually: SCAD's negotiation with the Ministry of Justice's Expertise Bureau has resulted in an agreement on revitalizing the mechanisms needed to be employed for drug-related mortality recording. Implementation of the mechanisms should be ensured by proper work with physicians of respective specialties (e.g. emergency, resuscitation, etc.)

Drug-Related Infectious Diseases

The situation in obligatory reporting of HIV-positive tests performed in medical settings is satisfactory due to the organizational work of the Infectious Diseases, AIDS and Clinical Immunology Research Centre. However, for monitoring of hepatitis B and C less attention is paid in the country in general. Consequently, injecting drug use is not satisfactorily monitored as a possible route for transmission.

Seroprevalence studies in drug users were performed only with regard to HIV in Georgia thus far. In 2008, the SCAD program encouraged the BSS study to be widened to include hepatitis C testing in risk populations (men having sex with men, commercial sex workers, and injecting drug users). However, there is no representative study involving IDUs focused on viral hepatitis B.

Indicators in law-enforcement (supply reduction) field

In view of existing indicators related to law-enforcement, mechanisms for respective data gathering, collection, coordination and analysis need to be improved substantially. In Georgia, no monitoring of the purity of seized drugs is performed; there is no systematic recording of data on each individual case of seizure, and other important information is missing. This is why it is not possible to derive any information about drug markets in Georgia using data on seizures. The data on drug-related investigations need to be more detailed as well as the monitoring of the development of investigated cases. The mechanisms for existing data collection in law enforcement agencies and in police (such as persons arrested, tested, etc.) are not transparent thus limiting their analytical use and external quality control.

There is also an evident need for compatibility of databases between the Prosecutor General's Office, the Ministry of Justice and the Ministry of Internal Affairs. In the framework of the SCAD programme, a task force has been created involving the participation of representatives from these three agencies and an agreement on the harmonization of relevant drug-related data has been made.

PART 3. DEMAND REDUCTION INTERVENTIONS

8. STRATEGIES IN DEMAND REDUCTION AT NATIONAL LEVEL

8.1. Major Strategies and Activities

During the Soviet period, a supply reduction system and corresponding strategies were more developed in Georgia than was a demand reduction strategy. Following independence, a demand reduction infrastructure appeared, albeit with limited capacities.

Treatment

In the early nineties the first two addictology clinics emerged, though both had very limited capacity (Georgian Research Institute on Addiction's clinic with 25 beds and Bemoni clinic with 6 beds). Since then, treatment capacity has developed in the country: there are presently 6 clinics with 60 beds and capacity to detoxify more than 1,000 patients during the year. The average stay of the inpatient client in the clinic is up to 2 weeks and detoxification is the main service provided. However, such service is generally considered to not be enough support to overcome the problem of addiction as such services tend to be oriented not on recovery but on temporary abstinence. All treatment procedures are presently paid by patients directly and are not covered by any form of health insurance (except substitution treatment of opioid addiction – see below). Starting from the end of 2008, the national budget began to co-fund substitution treatment. The Ministry of Labour, Health and Social Affairs pays for pharmaceutical methadone while patients pay for services (the work of doctors, nurses and other staff).

Due to the lack of consistent financing, many clinics fight for survival and as a result retard their development and diversification of provided methods of treatment. Treatment in Georgia is mostly limited to detoxification without proper psychotherapeutic services, which prove their effectiveness in the field of addiction treatment worldwide. Motivational interviews and Cognitive Behavioural Therapy are not available in Georgia. Social workers' provision of service has only recently begun to be discussed and formulated.

Prevention

Another direction in demand reduction, which first appeared in the nineties in Georgia, is primary prevention. In 1995, the first non-governmental NGO was founded by a group of professionals (*Bemoni*) who began to implement small-scale community and school prevention programs.

From the early 1990s until late 2007, efforts in drug demand reduction by the Georgian government and international donors paid little attention to drug prevention. The period was often marked by sporadic activities , insufficient funding, limited projects and beneficiaries, and a lack of quality control mechanisms (see prevention chapter below).

The Ministry of Labour, Health and Social Affairs (MoLHSA) of Georgia has played a key role in governmental prevention activities for years. Before 2008, no other governmental institution was directly involved in planning and implementing prevention programs, though not always directly in primary prevention. Under the MoLHSA's Public Health Department (PHD), the State Drug Prophylactic Program was implemented from 1996-2004. In 2005 up until it ended in 2007, the program was incorporated into the *'Healthy life style program'* run by PHD, which also includes such directions as nutrition, physical activity, and psycho-social support. A component of the program included conducting drug tests for suspected drug users detained by the police. In parallel, starting from 1998, the program carried out school surveys on a biannual basis to evaluate then scale of drug use and its patterns among adolescents. The program spent only a small portion of its funds for risk group surveys (e.g. a street children survey in 2003) and for publications on prevention issues.

Starting from 2002, a number of NGOs emerged which attempted to contribute to primary drug prevention efforts in the country. Due to the lack of funding, many changed their original scope to implement harm reduction programs.

Harm reduction

Though similar to drug treatment and prevention, drug-related harm reduction does not receive state funding. Due to the threat of HIV/AIDS and thanks to the attention of international donors (Global Fund, other UN agencies, European Union and its Member States, Open Society Institute and other private donors), harm reduction is a relatively developed strategy in the field of drug demand reduction in the country as witnessed by

- The increasing number of NGOs active in the field of harm reduction. By the end of 2008, 14 NGOs were united in the Georgian Harm Reduction Network, which aims to represent members' interests as well as the interests of clients;
- The scale of harm reduction programs, which, in 2008, served a total of 3,615 different clients (1,200 regular clients, 690 IDUs engaged in needle exchange, 2,093 VCT consultations and 1,527 HIV screenings);
- The diversification of harm reduction interventions which transformed from needle exchange and distribution projects in the early 2000s to drug policy development, advocacy, awareness raising measures and voluntary counselling countrywide by 2008.

8.2. Approaches and New Developments

Currently the state is in the process of organizing an additional, partially-funded substitution program to be run alongside the GFATM-funded program. In the new program, the state budget will cover the costs of methadone and its import into the country while patients will pay for services. While methadone substitution treatment is one the best solutions economically and in terms of improving the legal and health status of problematic drug users, substitution programs do not satisfy needs of patients who wish to abstain from drugs, including legally-available pharmaceuticals. Also, substitution treatment of opioid addiction has no place in the treatment of addiction related to the use of other types of illegal and legal drugs.

According to conclusions of several international experts and representative bodies(Sirbiladze, 2006, Radzimecki, 2006) there is a need to develop a strategy that balances, in the first case, supply and demand reduction (the former has largely prevailed in Georgia so far) and, in the other case, a continuum of demand reduction measures involving specific primary prevention, medically-assisted and non-assisted treatment, harm reduction (risk minimization), re-socialization and rehabilitation. In such a continuum, none of the modalities is replaceable by any other modality. Clearly, state authorities bear the primary responsibility for relevant funding that would aim to establish such a balanced approach.

9. PREVENTION

9.1. School programs

In the late 1990s to the early 2000s a number of NGOs began implementing limited-scale prevention programs in the country, both community-based and school-based. Yet due to limited funding available for primary prevention, by 2003 nearly all NGOs initially identifying primary prevention as their main strategic objective began working in tertiary prevention and harm reduction. This occurred most likely due to the availability of funding available to support tertiary prevention and harm reduction activities by international donors.

In the late 1990s to the early 2000s, three NGOs implemented a number of school-based and community-based projects oriented at primary prevention. From 1997 to 2008, NGOs carried out 20 prevention projects, for which the largest annual budget was 30,000 Euro (€), and the largest number of direct beneficiaries was 130 people (both adolescents and their teachers and parents). The projects were funded by the World Bank, the European Union, USAID, the SCAD program and other donors. Project objectives included drug-related awareness raising, healthy lifestyles and critical health-related skills promotion, community mobilization for drug prevention, teachers' capacity building, etc.

Monitoring and evaluation of the prevention projects has been done so far by using quantitative indicators. No evaluation of the projects' longer-term impacts has been realized. The ma-

jor problem of primary prevention interventions identified by the authors of this report has been the fragmentary character of the projects and their lack of quality assurance mechanisms.

SCAD efforts

Primary drug prevention has been a cornerstone of the SCAD Programme, which prepared, published, and disseminated a primary prevention manual in 2003, designed and distributed a guide for public school drug policy-making in 2006, and conducted respective trainings for school teachers over several programme cycles. In 2008, SCAD cooperated with the Ministry of Education and Science of Georgia to include drug abuse prevention issues in school curricula, develop special extra- curricular programs for schools, and develop internal school policies for drug–free schools.

Initiative of the Georgian Patriarchy

In 2006-2007, the Catholicos-Patriarch of Georgia expressed his willingness to support and develop primary drug prevention in the country, following which an Anti-Drug centre was established by the Patriarch's Fund. Together with the International Orthodox Christian Charities (IOCC) and with USAID's financial support, the Centre began implementing a project directed at primary drug prevention among secondary school children in 2007. The project components have included drug awareness raising campaigns, a series of trainings on drug prevention for school teachers and priests, establishment of Orthodox Christian clubs for adolescents and other similar activities in eight public schools of Tbilisi. In 2008, the project served 200 direct beneficiaries (secondary school children).

Initiative of the Georgian Ministry of Education and Science

Recently, the Ministry of Education and Science of Georgia made important steps towards primary drug prevention. A chapter on drug abuse has been included in one of two approved[17] handbooks of Civic Education used in schools. The chapter was written and included into the handbook by a member of the Primary Prevention Working Group set up by SCAD in 2006. Drug abuse issues will be also indirectly included in programs for other school subjects, including a book on Biology for grade 8 which describes the harmful influence of psychotropic substances on the human nervous system. Still, if significant changes are to be achieved, institutional mechanisms for proper dissemination of drug-related issues for teachers and parents will need to be established (SCAD, 2008). One of the most pressing issues is to prepare school teachers who indicate that they are otherwise ill-prepared to discuss drug-related issues. Since November 2008, SCAD has addressed this issue by implementing a pilot training program for two selected schools based on established criteria. Lessons learned from the training will help elaborate a formal strategy to institutionalize drug education for children, parents and teachers. Further, extra-curricular programs in drug prevention are currently being designed for implementation.

9.2. Youth Programs Outside School

Primary Prevention Activities of the South Caucasus Anti Drug Programme

SCAD began implementing primary prevention outside schools in Georgia in 2002. The first activity established a multi-agency cooperation mechanism in the area of primary prevention, which culminated in the 2003 establishment of the Georgian Anti-Drug Coalition (GADCo) uniting 18 organizations and agencies involved in the planning and implementation of drug information campaigns. Under the umbrella of GADCo and as a result of extra curricular training of teenagers of 8 schools of Tbilisi, the Youth Anti-Drug Movement was founded, which unitied 100 youth. Members of both groups have been conducting information and education activities in the area of primary drug prevention for different target groups including students and teachers, physicians and civil servants. Booklets with preventive messages and other drug-related information materials (e.g. 'Answers to Frequently Asked Questions about Drugs ('Addiction from A to Z'), 'How to Avoid Mistakes When Planning Public Anti Drug Events', etc.) were produced and published jointly by Youth Anti-Drug Movement and GADCo members.

17 Currently there are two handbooks of Civics approved by the MoES, both of which are in use. One does not include information on drug prevention and information on which handbook should be used on which scale in the country is not available.

9.3. Family and Childhood

There are only a few interventions targeting families in the field of drug primary prevention in the country. In 2008, SCAD provided a pilot training to two selected Tbilisi schools' supervisory boards, in which teachers engage with active school parents and at least one secondary school student. The composition of the schools supervisory board provides an opportunity to engage in the development of primary drug prevention policies not only by teachers, but also for parents and pupils. The results of the pilot training will be used in 2009 to design a formal primary prevention approach that assures the participation of school personnel, families and students.

10. REDUCTION OF DRUG-RELATED HARM

10.1 Description of interventions

Compared to other components in drug demand reduction, harm reduction is carried out at a substantially more systematic scale in Georgia.

The main donor of harm reduction programs in Georgia is the Global Fund against HIV/AIDS, Tuberculosis and Malaria (GFATM). GFATM programs are implemented in coordination with the Georgian Harm Reduction Network, namely the *Open Society – Georgia Foundation* (Drug policy development, advocacy, research and information delivery), the NGOs *Alternative Georgia* (Drug policy, advocacy, research), *Akhali Gza/ New Way* (VCT, information delivery, needle exchange) and the *Scientific Research Institute of Addiction* (methadone program, VCT).

Eight needle exchange programs (NEPs) were implemented in Georgia in 2008, including 2 NEPs in Tbilisi and one each in Batumi, Zugdidi, Gori, Sukhumi, Kutaisi, and Telavi. There are also five voluntary testing and counselling (VTC) centres (two in Tbilisi and one each in Zugdidi, Kutaisi and Telavi). All centres are independent, whereas one of the facilities in Tbilisi functions both as an NEP and VCT.

According to statistics provided by the *Open Society – Georgia Foundation (Pertaia, 2008),* NEPs covered 1,307 permanent and 4,555 irregular individual clients in 2006. The standard before 2007 classified a client as permanent after eight face-to-face meetings with a program worker. In 2007, the standard was updated and clients were classified as permanent after eight meetings, including at least five direct and three indirect meetings.[18]

In 2007, 38,639 syringes were provided and 18,264 syringes were returned. 42,423 condoms were given out by NEPs. NEP workers believe that the reason for the low return rate (47%) is due to clients' fears of carrying used syringes with them, which they believe might entail imprisonment. According to existing law, any amount of illegal drugs found (including minuscule amounts left in paraphernalia) is punishable by imprisonment from 6 to 12 years (Georgian Criminal Code, Article 260).

In 2007, harm reduction programs covered 2,493 drug users as permanent clients, including 75 women. As a result of outreach activities, 7,699 information and education materials and 2,072 condoms were disseminated. The Voluntary Counselling and Testing (VCT) centres tested 1,493 clients of the harm reduction program on HIV, including 18 people who tested positive (1.2%). 1,318 program clients were tested for hepatitis B, of which 85 tested positive (6.4%). 1,438 clients of HR programs were tested for hepatitis C, of which 788 tested positive (54.8%).

According to the data, provided by *Open Society Georgia Foundation,* harm reduction programs served a total of 3,615 different clients in 2008 (1,200 regular clients, 690 IDUs engaged in needles exchange, 2,093 VCT consultations and 1,527 HIV testing).

In Georgia, activities of the VCT centres (the centers for voluntary testing and counselling on HIV/AIDS, founded in the framework of the different harm reduction projetcs) are limited to collection of biological material for HIV/AIDS and viral

18 Direct meeting implies face-to-face contact between a service provider and a client whereas an indirect meeting implies providing/exchanging injecting paraphernalia to the client via his peer (known as "secondary needle exchange" in most HR manuals and textbooks).

hepatitis testing. The tests are performed by the *Infectious Diseases, AIDS and Clinical Immunology Research Centre* laboratory as VCT centres have no testing capacity. In some cases, VCT centres do not meet with HIV-positive beneficiaries because some do not return for results of the HIV test and the VCT centres have no information about the individuals other than their initials. This situation leads to a discrepancy between the number of those who have received pre-test counselling and those who have received post-test counselling, the latter of which is twice as little.

Activities in the field of infection prevention (information, education and motivation) are carried out by low-threshold facilities. Overdose prevention (counselling and education) is also carried out by the low-threshold programs, as well as in treatment facilities. There are no other overdose prevention activities (such as naloxone distribution) available in Georgia.

Save the Children Federation project on the prevention of HIV/AIDS and sexually transmitted diseases (SHIP)

Since 2002, *Save the Children Georgia* in partnership with two local NGOs, Tanadgoma and Bemoni Public Union, has implemented the USAID-funded *STI/HIV Prevention (SHIP) Project* in Georgia, whose goal is to reduce the rate of transmission of sexually transmitted infections (STIs) and HIV in targeted urban locations in Georgia and to prevent transmission of STI/HIV to the general population.

The SHIP Project has been operational in three major cities of the Country, Tbilisi, Batumi and Kutaisi. Since May 2005, project activities also covered the separatist enclave of Abkhazia. Project interventions focus on most-at-risk populations including injecting drug users (IDUs).

Interventions targeting IDUs include face-to-face counselling, drug use prevention and STI/HIV education, training of IDU peer educators, and the development of tailored Information-Education-Counselling (IEC) materials. In 2007, around 4,000 IDUs and their sexual partners received voluntary counselling and testing services through project partner organizations and Healthy Cabinets operational under the SHIP Project that provide free-of-charge, anonymous and confidential STI/HIV services to Most at Risk Population (MARP).

10.2 Standards and Evaluations

The main components of harm reduction programmes in Georgia are VCT, needle exchange, and substitution therapy, which is considered a medical treatment with certain harm reduction elements when provided on a large scale. The information below provides a brief description of the standards for each of these areas:

Voluntary testing and consultancy is carried out in accordance with the WHO guidelines. In 2005, experts from the Infectious Diseases, AIDS and Clinical Immunology Research Centre prepared and published a special manual (attached by the relevant methodological recommendations) on VCT, in compliance with WHO guidelines.

Regarding needle exchange, measures have been implemented since 2001 in Georgia. Some national experts express concern with the efficiency of NEPs, which in their view, face serious obstacles related to the criminalization of drug use in the country which makes drug users who carry used syringes liable by the police for possession of drugs (GHRN Roundtables, 2007-2008). Taking this situation into account, the Georgian Harm Reduction Network now focuses on the distribution of injection instruments instead of exchange.

In recent years, the HR programs have obtained experience that permits conclusions to be drawn and used for further strategy development and planning, including change management to assure quality (Kirtadze, 2008b). Conclusions include:

- A stationary VCT centre and a NEP are more efficient if they function together as the combination of needle exchange and voluntary testing and counselling programs increases the quality and accessibility of services. It is thus more efficient to unite these two types of services to improve their coordination and cost effectiveness. The Georgian Harm Reduction Network decided

that two new centres (in Telavi and Kutaisi) will combine the two functions of NEP and VCT services.

- Implementation of rapid HIV/AIDS testing according to WHO recommendations would prevent discrepancies in the numbers of those receiving pre- and post-test counselling.

- As confirmed by experience, it is important to provide testing for hepatitis B and C and syphilis together with HIV/AIDS tests in injecting drug users, as testing would create conditions for controlling these four severe diseases in the target group, facilitate outreach work and provide better coverage for beneficiaries. Thus, starting from 2009, HR programs will use rapid test systems to simultaneously test for all four infections (HIV/AIDS, HCV, HCV, and syphilis). From those testing positive, blood samples will be collected and sent to the AIDS Centre for further testing/confirmation.

- It is problematic to attract female drug users to addiction treatment services. The percentage of females among HR and treatment programs is very low. It is necessary to consider the needs of female drug users when developing harm reduction programs and to offer them specific services (gynaecological care, information, etc.) together with typical HR services.

- Mechanisms should be put in place in existing HR programs in order to enable the programs to develop a culture of sharing experience. For this purpose, the Georgian Harm Reduction Network supported by the GFATM has established a methodological training centre that has prepared materials and trainings for continuous professional education of staff working for organizations that provide HR services countrywide. The Training Centre plans to establish an integrated data system to collect standardized information from existing Harm Reduction Programs in Georgia and to develop annual reports. The information system on low-threshold service users will be operational in 2009.

11. TREATMENT

11.1. 'Drug-Free' Treatment and Health Care at National Level

The demand for treatment of drug dependent individuals has been increased in recent years. This is demonstrated by a sharp increase in the number of treated cases compared to previous years. One of the possible explanations for the lack of improvement in the accessibility of treatment services in the country could be related to the increase of the number of drug users and drug dependent individuals. However, it is difficult to determine the cause since no reliable information is available on the number of problem drug users in the country. Other explanations for the increased number of treated cases could be a) that awareness on the need for treatment has increased, b) registration of treated patients has improved, or c) more patients began to approach officially registered, licensed treatment institutions, which might also imply a decreased number of cases of illegal treatment.

There are five narcology clinics in Tbilisi (*Georgian Research Institute on Addiction*, *Bemoni*, *Uranti*, *Centre of psychocorrection and Narcology Expertise, Tanadgoma*). The only regional treatment centre for drug addicts is in Batumi *Addiction Treatment Centre*. There are 60 beds in the country altogether. During the last 3 years, four clinics were initiated but then closed due to different reasons. There are nine regional outpatient narcological centres and twenty outpatient facilities on the district ('rayon') level of which the majority work on narcological testing.

Two types of narcology treatment exist in Georgia: 1) therapy targeting abstinence in the short-term perspective (abstinence therapy) used for all types of illegal drugs, and 2) substitution/maintenance therapy for opiate addiction. Abstinence therapy is provided in two stages: detoxification and short-term psychological rehabilitation. The third stage recommended by internationally acknowledged standards of social rehabilitation (WHO, 2007) generally does not occur in Georgia. Abstinence treatment is not financed by the government donors or private organizations or foundations in Georgia. The only exception is in the region of Adjara, where the regional govern-

ment covers treatment costs for detoxifications. In the rest of the country, patients have to pay for treatment directly. The standard course of detoxification (usually 10-20 days in Georgia) costs 1,000 to 2,000 Lari (500–1,000 Euros) in different clinics. Compared to the average monthly income (368 GEL / 145-170 Euros), the price makes it difficult for many clients and their families to afford treatment services.

To reduce treatment costs, many patients choose to receive illegal treatment (Chirikashvili et al, 2008), whose quality is substantially lower than services provided in authorized clinics (Todadze, 2008d). At the same time, there are not enough treatment institutions operating in the country to satisfy demand if other financial arrangements, such as co-funding for patients, were to become available.

There is unbalanced treatment availability between Tbilisi and the regions. Apart from the capital, specialized abstinence-oriented treatment of drug addiction is only available in Batumi. In the rest of the country, the range of offered services is not full. The basic form of treatment is detoxification followed by short term (up to 2-4 weeks) inpatient medical/psychological rehabilitation. Due to financial reasons, most patients cannot afford the full treatment course. There are no post-detoxification residential treatment facilities in Georgia, such as after care centres or therapeutic communities, no half-way employment or half-way houses or any other rehabilitation system for ex-users.

Professionals in the treatment field believe that the cases of illegal abstinence treatment (i.e., detoxification performed outside treatment facilities that hold certification of national standards) are frequent in Georgia (Chirikashvili et al, 2008). Illegal treatment can hardly be regarded as being effective, as it is usually performed by unqualified doctors or nurses who are not equipped with relevant medicaments, case management skills, or monitoring capacities.

Patriarcate of Georgia tries to develop rehabilitation services for addicts in the country. Namely, at the initiative of the Patriarchate and in cooperation with the NGO *Peoni* a special rehabilitation centre was opened for drug dependent individuals in the *Tabori Monastery* in Tbilisi. Patients go through the rehabilitation programmes led by the centre, in four different monasteries of the country. The length of stay at the monastery varies from 2 to 6 months. Each of the monasteries could serve 25 patients at the same time. Another rhabilitation center for addicts functions within the *The Bishop St. Gabriel's Orthodox Psychologists' Association, with capacity to serve 20 patients at the same time.*

There is a new developments regarding involvement of local governance structures in the funding of addiction treatment services. Namely, the Adjaran Government allocated municipal funds to help treat drug dependent individuals primarily in Batumi.

Substitution and Maintenance Treatment

A pilot program of methadone substitution therapy was launched in Georgia in December 2005 within the framework of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The program operated within the framework of the Georgian Research Institute on Addiction.

In September 2006, a second centre was opened in the private addiction clinic *Uranti*, and in February 2007, a third centre was opened in *Batum, the Addiction Centre*. The three programs have been funded within the framework of the GFATM's project and coordinated by the *Georgian Research Institute of Addiction*. The programs embrace 225-230 patients at a time. From the origin of substitution therapy in Georgia to the end of 2008, the program covered 552 patients (550 male and 3 female), including 51 HIV+ patients. By 1st of January 2009, there were 330 persons on the waiting lists of Georgian substitution programs.

Description of current substitution therapy programs in Georgia

The programs offer to patients comprehensive medical and psychological assistance with some elements of social rehabilitation, namely the assistance of a social worker in solving family problems. Most patients receive maintenance substitution therapy and only a minority of them

are treated under a slow detoxification scheme. Thus, the period of time of a patient's participation in the program is unlimited and determined individually in view of the treatment dynamics, which are agreed with the patient. Daily doses of methadone are not restricted. Though the average daily dose in different centres is 60-70 mg, some patients receive 120-140 mg reflecting their individual needs. Patients are systematically monitored for use of other drugs and psychotropic substances and excluded from the program only rarely (a total of 8 cases to the end of 2007) and only for violations of the regimen (i.e. for repeated cases of drug use).

Experts who have analysed the main problems in substitution treatment of opiate addiction in Georgia have found rigidity in rules that preclude matching treatment to a patient's needs, which are deemed not to be in accordance to WHO recommendations. Namely, the experts have found the following to be true in Georgia (Todadze, 2008a):

- Legislation for substitution therapy is too restrictive and inflexible;
- According to existing regulations, patients must visit the facility on a daily basis to pick up drugs (except when ill or travelling);
- Not a single daily dose of methadone can be taken home, including by a stabilized patient;
- Physicians and nurses are burdened with a large administration of the programs.
- The programs do not offer the patients efficient social rehabilitation (i.e. employment, occupational training, etc.), which is due to the generally underdeveloped mechanisms of social rehabilitation in the country.

Trends in the health and social status of substitution therapy patients

The Institute of Addiction measures substitution therapy patients' condition by level of depression, anxiety and life quality. A study that involved 45 patients in the years 2006-2007 indicates positive developments (Todadze, 2008b):

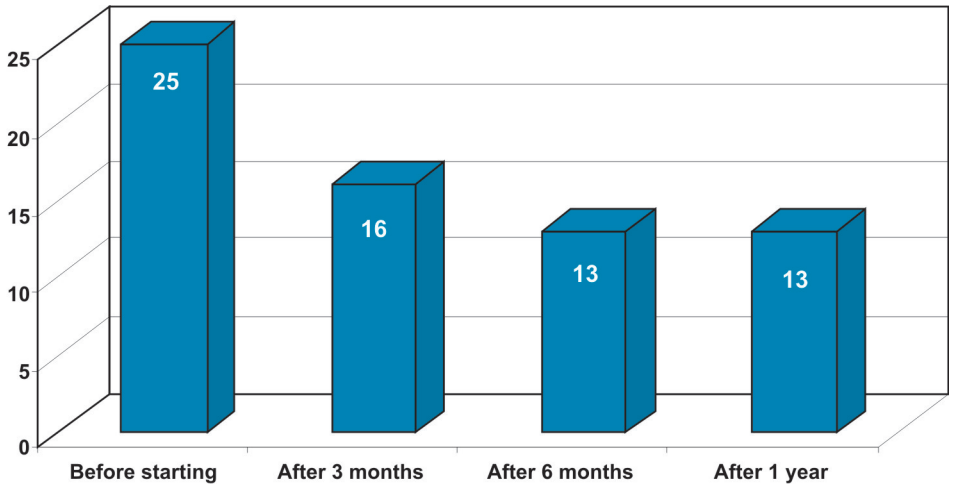

Figure 24: Depression Dynamics in Patients included in the Addiction Institute Substitution Therapy Program (Beck Depression Inventory) (Todadze, 2008b, Todadze, 2009b)

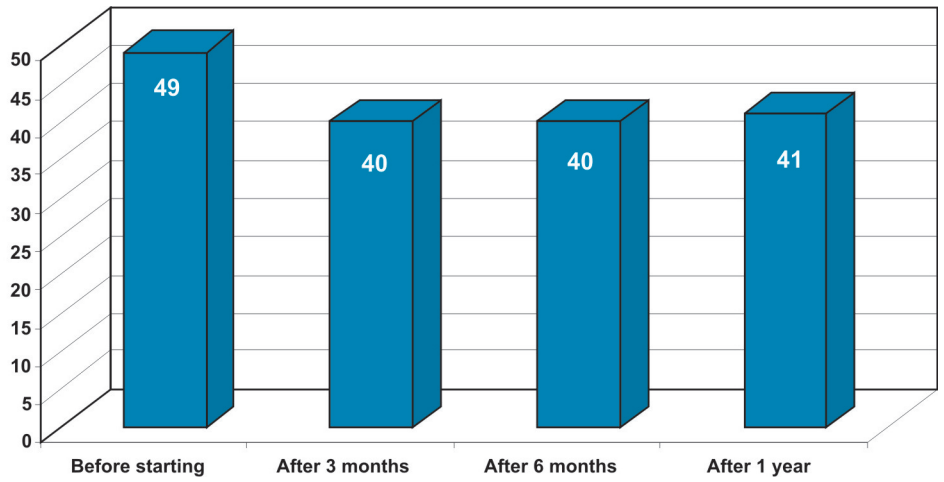

Figure 25: Anxiety Dynamics in Patients included in the Addiction Institute Substitution Therapy Program (Spielberg Anxiety Inventory) (Todadze, 2009b, Todadze et al, 2008d)

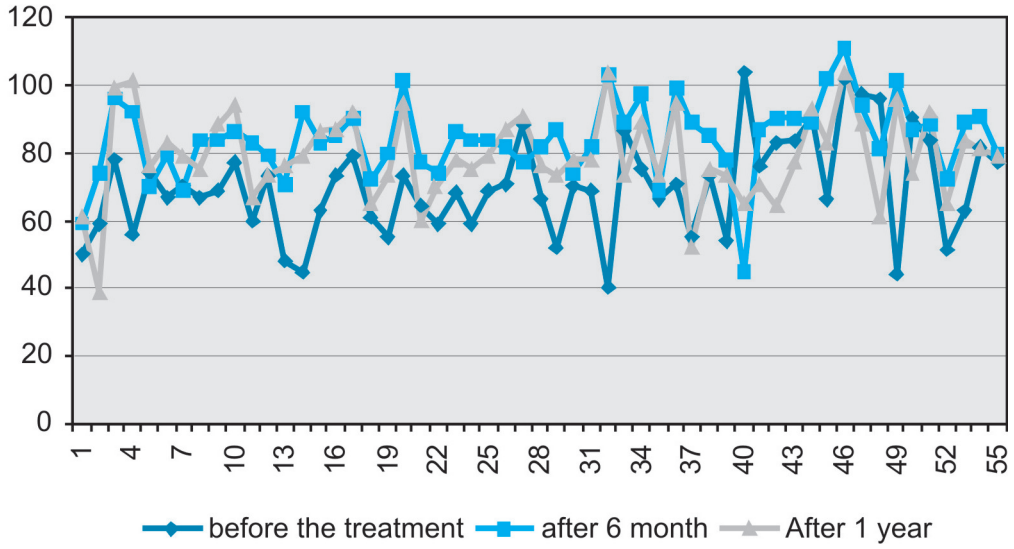

Figure 26: Trends in Life Quality Indicators in Patients included in the Addiction Institute Substitution Therapy Program (WHO Survey Questionnaire) (Todadze et al, 2008d)

Evaluation of Addiction Treatment Methods Practiced in Georgia: Opinions by Experts, Physicians, Patients and Relatives

The research, performed in the framework of Open Society Foundation Harm Reduction Program, allowed experts, physicians, patients and relatives to contemplate addiction treatment methods practiced in Georgia. The survey, which were conducted by the Georgian Research Institute of Addiction (Todadze et al, 2008d) found the *Opinion of experts:* inefficiencies in the addiction treatment system in Georgia for the following reasons: Treatment is mainly limited to a detoxification course and frequently does not include medical and psychological rehabilitation. Social rehabilitation programs do not exist and the range of treatment methods is limited. Further, there are no modern guidelines for addiction treatment and health providers' qualifications, especially those of nurses, psychologists and social workers do not meet international standards. At the same time, some experts mentioned significant steps that have been made to improve addiction treatment in recent years, including qualitative changes in treatment methods available in Georgia (Todadze et al, 2008d).

Opinions of patients, their relatives and physicianswere as follows: Patients and physicians

expressed opposiing views in the course of surveys. Patients believe that substitution therapy is the most efficient and humane method of treatment whereas the majority of surveyed physicians (67%) believe that the most efficient and humane treatment is inpatient detoxification followed by rehabilitation. Patients' family members consider a methadone program to be the most efficient and inpatient detoxification to be the most humane. Interestingly, drug users and their family members consider implantation of naltrexone (coding) the second most effective method. However, all three groups of respondents consider the method as the least humane (Todadze et al, 2008d).

11.2. After-Care and Re-Integration

As mentioned, there are no programs oriented at social reintegration of drug users in Georgia, except two programs established by the initiative of the Georgian Patriarchy of Georgia.

One rehabilitation program is implemented by staff of NGO Peoni. The program is based on a modified 12-step approach for those willing to give up drugs and is implemented at the *Tabori Monastery*. In 2007, the Tabori Rehabilitation Centre was approached by 397 people with substance disorders, including 175 people in the post-detoxification phase. Out of those, 157 people were referred to other monasteries. Seventeen patients have not used drugs up to present, four people remained at the monastery preferring to live a monastery life; five patients, including 4 drug users and one alcohol abuser, attended special certified counsellor training in Poland.

The Bishop St. Gabriel Rehabilitation Centre was established in January 2007 as part of the substitution therapy program with methadone under the GFATM Project '*Strengthening National Response for Effective HIV/AIDS Prevention and Control in Georgia 2003-2007*'. People with drug addictions can come to the centre regardless of their faith and confession and receive psychological support either in groups or individually, discuss spiritual issues, visit sacred places and get to know the monastery life. They also receive ergotherapy (occupational therapy), including painting, working with felt and enamel, and wood engraving. The centre staff also works with clients' family members. Since its opening, the Centre has worked with 120 drug users and has a capacity of 20 patients /beds.

12. INTERVENTIONS IN THE CRIMINAL JUSTICE SYSTEM

12.1. Assistance to Drug Users in Prisons

At present, there is no significant assistance to drug users in prisons. There are no abstinence oriented treatments (de-toxication, drug free units, therapeutic communities), no substitution treatment, no official harm reduction measures such as needle exchange, nor community links in the prisons for drug users. There is one attempt to fill in this gap by the NGO Peoni, which implements the Atlantis rehabilitation program in the female penitentiary colony No. 5. The program is based on modified 12-step principles. The program allowed sixteen female drug users passed a complete rehabilitation course in 2007. Additionally, one NGO is implementing projects involving prisoners: since 2001 NGO *Tanadgoma* have been providing VCT services to the number of prisons in the country (Rustavi colony no.2, The 5th Women's colony, Qsani colony no.7, etc); Tanadgoma served 820 prisoners in 2008.

In 2008, Global Fund began designing a small scale methadone detoxification program for prisoners that should be operational in 2009. Similarly, SCAD plans to organise assistance to prisoners by refurbishing a treatment facility in one of the prisons in 2009.

12.2. Alternatives of Prison for Drug Dependent Offenders

At the moment, an alternative to prison is the 'procedural deal' which allows a person charged with a drug crime to pay a certain amount of money in order to be released from imprisonment. A person detained for repetitive drug use during one year is offered either imprisonment or to pay a sum decided by the court (there is no limit set in the law. One fine determined by the court was as high as 4,000 GEL). Since the sum of money paid in such cases is high and the regulations are not fully known, this provision, which does not regard the status of the convicted per-

son, cannot be seen as a standard alternative to imprisonment available for all with the same crime sentence

Treatment as an alternative punishment is stipulated in extant drug law. However, the law has not been implemented due to the absence of relevant mechanisms.

12.3. Evaluation and Training

There is no specific training provided to staff of penitentiary institutions who deal with addicted prisoners or to judges who decide on cases related to drug crime. A need exits for training to improve conditions for addicts in the penitentiary system of the country.

13. QUALITY ASSURANCE

Quality assurance is weak is there are no relevant formal mechanisms in place other than ad-hoc recommendations. No governmental mechanisms are in place for either harm reduction or other areas of demand- or supply reduction. One exception is found in the harm reduction field, in which NGOs and professional association backed by international donors have created a monitoring and evaluation culture which has contributed to the development of quality assurance in provided services.

Annex no.1: List of Specially Controlled Psychotropic Substances in Georgia (for the full version see www.scad.ge)

Schedule N1 of Specially Controlled Psychotropic Substances in Georgia

N	Name	Chemical name
61	Efedrone	
71	Codeine – N-oxide	Codeine – N-oxide
73	Cocaine	methyl ester of benzoylecgonine*
74	Coca leaf, raw, dry	Coca leaf*
81	LSD, LSD-25, Lisergid	9,10-didehydro-*N*,N-diethyl-6-methylergoline-8 *â* -carboxamide
82	Marijuana	Marijuana
96	Methamphetamine	(+)-(S)-*N,á* -dimethylphenethylamine
115	Opium, raw	Opium
116	Opium extracts, opium fluid extract, opium tincture	Opium
162	Heroin	diacetylmorphine

Schedule N2 of Specially Controlled Psychotropic Substances in Georgia

N	Name	Chemical name
2	Buprenorphine	2l-cyclopropyl-7-α-[(*S*)-1-hydroxy-1,2,2-trimethylpropyl]-6,14-*endo*- ethano-6,7,8,14-tetrahydrooripavine
8	Codeine	3-methylmorphine
9	Methadone	6-dimethylamino-4,4-diphenyl-3-heptanone
10	Morphine	(5α,6α)-7,8-didehydro-4,5-epoxy-17-methylmorphinan-3,6-diol
16	Tramadol	rac-(1R,2R)-2-(dimethylaminomethyl)-1-(3-methoxyphenyl)-cyclohexanol

Schedule N3 of Specially Controlled Psychotropic Substances in Georgia

N	Name	Chemical name
5	Benzfetamine	*N*-benzyl-*N*,α-dimethylphenethylamine
18	Ephedrine	**([*R*-(*R**,*S**)]--[1-(methylamino)ethyl]-benzenemethanol)**
63	Flurazepam	7-chloro-1-[2-(diethylamino)ethyl]-5-(o-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one
65	Pseudo ephedrine	**([*S*-(*R**,*R**)]--[1-(methylamino)ethyl]-benzenemethanol)**

Annex no. 2: Small Amounts of Narcotic Drugs, Psychotropic Substances and Precursors Recovered from Illicit Possession and Circulation (for the full version see www.scad.ge)

N	Name of plants, substances and preparations	Amounts in grams
		Small
1	2	3
	Narcotic Drugs	
10	AMFETAMINE	–
26	BUPRENORPHINE	0.012
61	EPHEDRON	–
69	CANNABIS	10.0
70	CANNABIS OIL	–
71	CANNABIS RESIN	0.05
74	CODEINE (BASE AND SALTS)	0.2
75	CODEINE-N-OXIDE	–
77	COCAINE (base and salts, despite the existence of accompanying substances)	0.06
78	D-COCAINE	0.06
79	COCA LEAF, RAW AND DRY	10.0 20.0
89	METHADONE (BASE AND SALTS)	0.02
99	METHCATHINONE	–
110	MORPHINE (BASE AND SALTS)	0.04
112	MORPHINE METHYLBROMIDE	–
124	OMNOPONE	0.06
125	OPIUM, AMPHIONE (despite the existence of neutral fillers powder, sugar, starch, etc)	0.2

126	OPII MEDICINALIS	0.2
127	TINCTURAE OPII	0.5
128	EXTRACTI OPII	0.1
129	OPIUM EXTRACTION	0.1
162	TRAMADOL	1.0
176	Hand-made substances from PSEUDOEPHEDRINE or PSEUDOEPHEDRINE-containing preparations	–
178	OPIUM PIPPY (RAW AND DRY)	50.0 10.0
179	OPIUM HAY concentrate	0.1
180	OPIUM HAY EXTRACTS	
181	ANY OPIUM TINCTUR	
182	OPIUM TAP	0.1
185	HEROIN (despite the existence of accompanying substances)	–
Psychotropic substances		
1	2	3
12	DIAZEPAM	0.05-0.25
18	EPHEDRA EQUISETINA Raw Dry	50.0 25.0
20	THEOPHEDRINUM	20-50 tab.
24	KETAMINE	1.5-50.0
54	RELADORM	50 tab.
60	TETRAZEPAM	0.5-2.5
62	PHENAZEPAM	0.01-0.05
72	CYCLODOLE	0.06-0.25
Precursors		
5	EPHEDRINE	0.5
14	PSEUDOEPHEDRINE	5.0
16	ACETIC ANHYDRIDE	5.0

Note:

1. In case the 3rd vertical columns show only one number, then:
   a. Administrative liability is assumed up to (and including) the amount shown in the 3rd vertical column;
   b. Criminal liability is assumed for the amount over the 3rd vertical column;
2. In case the 3rd vertical columns show two figures, then:
   a. The amount exceeding that in the 3rd vertical column up to (including) the amount shown in the same column shall be deemed a small amount;
   b. Criminal liability is assumed from the maximum amount in the 3rd vertical column;
3. The examples shown in the 3rd vertical column does not mean that the given calculation applies only to the specified medication form. The calculation shall apply and extend to the form of any medication subject to special control.

Annex no.3: List of Drug Monitoring System and Sources of Information

- Georgian Ministry of Labour, Health and Social Security The National Centre for Diseases Control and Public Health Department;
- The Georgian Research Institute on Addiction;
- The Infectious Diseases, Aids and Clinical Immunology Research Centre
- The Georgian Ministry of Education and Science National Curriculum and Assessment Centre;
- The Georgian Ministry of Economical Development Statistical Department's Unit for Demographic Statistics;
- The Georgian Ministry of Internal Affairs Special Operative Department;
- Statistics and Information Service of the Supreme Court of Georgia;
- The Georgian Ministry of Justice Department for Punishment Execution;
- The Georgian Ministry of Justice National Forensic Expertice Bureau;
- National non-governmental organizations *Alternative Georgia, Bemoni, National Network for Protection Against Violence, New Way, Peoni, Tanadgoma, Uranti;*
- *Patriarchate of Georgia Anti-Drug Center; The Bishop St. Gabriel Orthodox Christian Psychologists'Association;*
- International organizations: *Save the Children, Global Fund for Fight against HIV/AIDS, Tuberculosis and Malaria, Open Society - Georgia Foundation.*

LIST OF TABLES USED IN THE TEXT

Table 1: Planned budgets of MoLHSA demand reduction measures by years 18
Table 2: PLHIV Distribution by Risk Groups and Gender, Georgia, 2007(Clinical Immunology).... 32
Table 3: Trends in the registration of drug-related crimes within the three last years (under Articles 260–274 of the criminal code of Georgia)..... 37
Table 4: Drugs seizure from illegal circulation by years..... 39
Table 5: Drug prices in 2008..... 40

LIST OF FIGURES USED IN THE TEXT

Figure 1: Percentage of IDUs by Drug Injected in the Previous Week, Tbilisi (Save the Children Federation, 2007-2008) 20
Figure 2: Percentage of IDUs by Drug Injected in the Previous Week, Batum (Save the Children Federation, 2007-2008). 20
Figure 3: Percentages of risky behaviours and intentions regarding tobacco, alcohol and marijuana among the surveyed adolescent (Sadzaglishvili, 2008) 21
Figure 4: Factors that have an impact on the intention (tobacco) (Sadzaglishvili, 2008). 22
Figure 5: Factors that have an impact on the intention (marijuana) (Sadzaglishvili, 2008). 22
Figure 6: Factors that have an impact on the intention (alcohol) (Sadzaglishvili, 2008). 22
Figure 7: Lifetime experience of use of different drugs: total N= 381 (13 F) (Otiashvili et al, 2008b) 24
Figure 8: Last month prevalence of particular drugs use in percents of the sample (Otiashvili et al, 2008b). 24
Figure 9: Principal Drugs Used by Patients of Detoxification Treatment (Todadze, 2009b).....26
Figure 10: Treatment prevalence in Georgia by years (Todadze et al, 2008d) 26
Figure 11: Detoxified Patients Distribution by Age, 2007 (Todadze et al, 2008d).....27
Figure 12: Age groups of methadone substitution therapy program participants (Todadze, 2009b).....27
Figure 13: Finished education by patients of substitution program in Tbilisi (Todadze, 2009b) 28
Figure 14: Employment status of substitution program patients in Tbilisi (Todadze, 2009b).....28
Figure 15: Use of different opioids by patients treated in 2004 (Todadze, 2009b) 28
Figure 16: Use of different opioids by patients treated in 2005 (Todadze, 2009b) 29
Figure 17: Use of different drugs by patients treated in 2007 (Todadze, 2009b).....29
Figure 18: Age of patients engaged in the Global Fund Methadone Substitution Therapy (Todadze, 2009b).....29
Figure 19: Causes for leaving the substitution treatment programs.....30
Figure 20: Prevalence and incidence of HIV/AIDS cases (per 100,000 inhabitants), Georgia, 2000-2007.....31

Figure 21: HIV/AIDS Distribution by Routes of Transmission (AIDS Center, 2008) 32
Figure 22: Known VHB incidence rate per 100,000 inhabitants, Georgia, 2000–2008 (NCDC, 2007) 34
Figure 23. Known VHC incidence per 100,000 inhabitants in Georgia, 2000–2008(NCDC, 2007) 35
Figure 24: Depression Dynamics in Patients included in the Addiction Institute Substitution Therapy Program (Beck Depression Inventory) (Todadze, 2008b, Todadze, 2009b) 51
Figure 25: Anxiety Dynamics in Patients included in the Addiction Institute Substitution Therapy Program (Spielberg Anxiety Inventory) (Todadze, 2009b, Todadze et al, 2008d).....52
Figure 26: Trends in Life Quality Indicators in Patients included in the Addiction Institute Substitution Therapy Program (WHO Survey Questionnaire) (Todadze et al, 2008d).....52

LIST OF ABBREVIATIONS USED IN THE TEXT

antiHCV Hepatitis C virus serological marker
antiHBs Hepatitis B virus serological marker
ARV Antiretroviral therapy
DRD Drug related death and mortality epidemiological indicator
EMCDDA European Monitoring Centre for Drugs and drug Abuse
ESPAD School Survey Project on Alcohol and other Drugs
EU European Union
FSW Female Sex Worker
GADCo Georgian Anti Drug Coalition
GFATM Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria
GHRN Georgian Harm Reduction Network
GRIA Georgian Research Institute on Addiction
HCV Hepatitis C virus
HBV Hepatitis B virus
HIV\AIDS Human Immunodeficiency Virus\Acquired Immune Deficiency Syndrome
IAS International AIDS Society
ICD - 10 International Classification of Diseases no.10
IDU Injecting Drug User
INCB International Narcotic Control Board
INCSR International Narcotics Control Strategy Report
JUVENCO International Network for Peace and Cooperation
MARP Most at Risk Population
MoH Ministry of Health
MSM Men having Sex with Men
NIDA National Institute on Drug Abuse (USA)
PATH Programme of Appropriate technologies in Health
PCR Polymerisation Chain Reaction
PLHIV Human Immunodeficiency Virus Positive
PSI Population Services International
PTF Prevention Task Force, created in the frame of the Save the Children Federation SHIP project
VCT Voluntary Testing and Counselling

REFERENCES

GEORGIAN DATA BASES/SOFTWARE /INTERNET ADDRESSES

www.scad.ge – Website of SCAD Programme, containing information on the different components of the SCAD Program (Drug Information and Epidemiology, Prevention, Treatment, Legislation, etc), drug related news as well as drug annual reports published in the framework of the program

www.ziani.ge – Website of Georgian Harm Reduction Network, containing information on the activities and events initiated by the network and its member organizations, information on drug legislation and

LITERATURE

ADAMS, D., LIU-SEIFERT, H. & KINON, B. (2007) Dual Diagnosis Patients in Clinical Trials of Antipsychotics. *Journal of Dual Diagnosis,* 3**,** 73.

AIDS CENTER (2008) Annual report

ALTERNATIVE GEORGIA (2008) Analysis of drug examination practice in Georgia. Tbilisi.

BADRIDZE, N., CHKHARTISHVILI N., ABUTIDZE A.,GATSERELIA L (2008) Prevalence of hepatitis B and C among HIV positive patients in Georgia and its associated risk factors. *Georgian Medical News,* 12**,** 54 - 59.

BOROWSKY, I. W., IRELAND, M. & RESNIK, M. D. (2001/3) Adolescent suicide attempts: risks and protectors. *Pediatrics,* 107.

BRADY, K. T. S., R. (2005/8) Co-occurring mental and substance use disorders: the neurobiological effects of chronic stress. *Am J Psychiatry,* 162 93.

CHANG, L., ALICATA, D., ERNST, T. & VLOKOW, N. (2007) Structural and metabolic brain changes in the striatum associated with methamphetamine abuse. . *Addiction,* 102**,** 16 - 32.

CHIRIKASHVILI, N., USHARIDZE, D., PETRIASHVILI, T., BIDZINASHVILI, K., TSURTSUMIA, Z. (2008) *Assessment of Drug Dependance Treatment in Georgia* Tbilisi, CIDA, OSI.

COCHRAN, S. D. M., V. M. (2006) *Estimating Prevalence of Mental and Substance-Using Disorders Among Lesbians and Gay Men From Existing National Health Data*.

GAMKRELIDZE, A., JAVAKHISHVILI, D., KARIAULI, D. LEJAVA, G., STVILIA, K., TODADZE, KH., TSINTSADZE, M. (2004) Drug Situation in Georgia, 2003. IN JAVAKHISHVILI, D. (Ed.) *Drug Situation in Georgia.* Tbilisi, SCAD.

GEORGIA, S. D. O. S. O. (2008) Statistical Data, Georgia, 2008.

GFATM, E. S. G. O. (2008) Draft Package of Drug Legislation Changes. *Drug Legislation.* Tbilisi.

GHRN ROUNDTABLES, (2007-2008) Rights of drug users. Tbilisi.

HEALEY, C., PETERS, S., KINDERMAN, P., MCCRACKEN, C. & MORRIS, R. (2008) Reasons for substance use in dual diagnosis bipolar disorder and substance use disorders: A qualitative study. . *Journal of Affective Disorders*.

JAVAKHISHVILI, D., KARIAULI, D., LEJAVA, G., STVILIA, K., TODADZE, KH., TSINTSADZE, M. (2005) Drug Situation in Georgia, 2004. IN JAVAKHISHVILI, D. (Ed.). Tbilisi, SCAD.

JAVAKHISHVILI, D., LEJAVA, G., STVILIA, K., TODADZE, KH., TSINTSADZE, M. (2006) Drug

Situation in Georgia, 2005, Annual Report. IN JAVAKHISHVILI, D. (Ed.).

KAPLAN, G. S., DAVIS, B. & MANTINOBA, A. F. O. (1997) *Gambling, alcohol & other drugs prevalence & implications of dual problem clients*.

KIRTADZE, I., ET AL, UNPUBLISHED REPORT. (2008a) Assessment of Risk Behavior among Drug Users. Tbilisi, Alternative Georgia.

KIRTADZE, I., (2008b) Experience of implemntation of HR interventions.

LEJAVA, G., TODADZE, KH., SIRBILADZE, T. (2008) Personal communication on marijuana use scale in Georgia, expert's estimations. Tbilisi.

MUESER, K., DRAKE, R. & WALLACH, M. (1998) Dual diagnosis A review of etiological theories. *Addictive Behaviors,* 23**,** 717-734.

NCDC (2007) *Health Care in Georgia (statistics book),* Tbilisi.

NCDC (2008a) Research of HIV-supporting factors. Tbilisi, NCDC.

NCDC (2008b) *Statistical Book, National Centre for Disease Control and Public Health* Tbilisi.

OTIASHVILI, D., TODADZE KH., USHARIDZE D. (2008) Personal communication on problem drug use trends. Tbilisi.

OTIASHVILI, D., SAROSI, P., SOMOGYI, L., G. (2008a) Drug Control in Georgia: Drug Control and Reduction of Drug Use. IN FOUNDATION, B. (Ed.) *Beckley Foundation briefing paper XV.* Beckley Foundation.

OTIASHVILI, D., ZABRANSKY, T., KIRTADZE, I., PIRASHVILLI, G., CHAVCHANIDZE, M., & MIOVSKY, M. (2008b) Nonmedical Use of Buprenorphine (Subutex) in the Republic of Georgia - a Pilot Study. *NIDA International Forum: Globally Improving and Applying Evidence-Based Interventions for Addictions - Book of Abstracts***,** *69-70*.

PARLIAMENT OF GEORGIA, (2007) Regulation on Approval of Principal Directions of Georgia's National Anti Drug Strategy (Regulation Number #4334 I-s).

PERTAIA, T., INFORMATION COORDINATOR, GLOBAL FUND PROJECT (2008) Personal Communication on effective implemntation of HIV/AIDS prevention and control in Georgia IN KIRTADZE, I. (Ed.).

RADZIMECKI, J. (2006) *Georgian Drug Strategy,* Tbilisi.

SADZAGLISHVILI, S. (2008) Risk Behaviors among adolescents in Georgia.

SAVE THE CHILDREN FEDERATION, (2007-2008) Baseline Behavioural Surveillance Survey with Biomarker Component (2002 - 2004 in Tbilisi; 2004 - 2006 - in Batumi, 2007 - in Kutaisi) Tbilisi, Batumi, Kutaisi, Save the Children.

SCAD SCHOOL PREVENTION PROJECT, (2008) Meeting on elaboration of drug prevention strategy in school setting. Tbilisi.

SIKHARULIDZE, Z., VADACHKORIA, D. (2008) Personal communication on problem drug use. Tbilisi.

SINGLE, E., COLLINS, D., EASTON, B., HARWOOD, H., LAPSLEY, H., KOPP, P. AND WILSON, E. (2003) *International Guidelines for Estimating the Costs of Substance Abuse New York:* New York, WH.

SIRBILADZE, T, ET AL, (2006) *Georgian Anti Drug Strategy,* Tbilisi.

SKHVITARIDZE, Z. (2008) Needs for improvement in Georgian Drug Legislation. Tbilisi.

TODADZE, KH. (2008a) A special analysis of Methadon Substitution Program Peculiarities for SCAD Dug ANual Report. Tbilisi.

TODADZE, KH., (2008b) Strengthes and weeknessess of Methadon Treatment in Georgia. Tbilisi.

TODADZE, KH., (2008c) Unpublished report on implemented VCTs in the framework of the GFTAM Harm Reduction Program, 2008. Tbilisi, GRIA.

TODADZE, KH., (2009a) Personal communication on the share of Buprenorphine use by IDUs. Tbilisi.

TODADZE, KH., (2009b) Unpublished report of Substitution therapy program. Tbilisi.

TODADZE, KH., KAVTIASHVILI, E., KHINTIBIDZE, K. (2008d) Assessment of Drug Dependance Treatment in Georgia. 1st ed. Tbilisi, CIDA, OSI, GRIA, NW.

VADACHKORIA, D., KAVSADZE, R. (2008) Co-morbidities among drug users according to the observations of the addictology clinics medical doctors. Tbilisi.

WHO Health for All, WHO database.

WHO (2007) WHO Standards of Treatment of Addicton.

NOTES