



**Programme of Assistance for the Prevention of Drug Abuse and
Drug Trafficking in the Southern Caucasus (SCAD Programme).**
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DRUG SITUATION IN GEORGIA

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ANNUAL REPORT

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FOREWORD

Independence of Georgia, collapse of the totalitarian political regime and difficulties of the transition period associated with the creation of a political system oriented to human values resulted in a vacuum in fighting against drug abuse and illicit drug trafficking. Relatively effective methods against the spread of the problem applied by the totalitarian regime no longer exist: closed borders, rare contacts with other countries, overly strict customs control, check of persons by police with no regard for human rights, courts adapted to infringements of procedural norms. Unfortunately, elimination of these factors has not led to the creation of adequate state mechanisms to address the problem. In fact, the country borders are neither controlled, nor protected. Customs offices lack even the most basic tools to elicit drugs, law enforcement bodies are corrupt, budget deficit caused by economic crisis blocks implementation of planned activities within the framework of the state programme. Factors facilitating problem resolution in democratic societies, such as civic mentality and relevant legislation, are not yet in place in this country.

Georgia's geopolitical location is a factor further compounding the situation, as the country is the gateway between Asia and Europe. In this context, Georgia is becoming one of the main drug transit routes from Afghanistan and some other Central Asian countries to Europe. This has led to easier drug accessibility in the country, which is demonstrated in this report.

In the light of the existing circumstances, the EU decision to provide assistance to the Southern Caucasus, as a single geopolitical unit, in its efforts to combat drugs is logical. The Southern Caucasus Anti-Drug Programme has been developed based on that decision. The programme has been implemented by UNDP with the EU financial support.

One of the most important aspects of the Southern Caucasus Anti-Drug Programme is creation of mechanisms in order to obtain reliable and comparable information to underlie determination of actual drug-related situation both in the region as a whole, and in each country of the Southern Caucasus. This is an essential condition to develop effective policy in the field.

The report describes certain problems encountered by the Coordinating Net of the National Focal Point on Drug Information: namely, some organisations tend to conceal "negative information" (by inertia) as they used to do in the past; there is lack of adequate institutional and methodological mechanisms to obtain qualitative information. At the same time, various agencies increasingly realise the need to create single information space in line with the European standards, and initial steps made in this direction are seen as an important achievement.

Though the report in no way claims to be perfect, the data presented in the report were obtained through untiring efforts of the Coordinating Net of the National Focal Point on Drug Information established within the framework of the Southern Caucasus Anti-Drug Programme. It is hoped that the main difficulties are now behind: outdated mentality of previous years giving preference to concealing drug-related data has been changed. We believe that the next step will be the development of mechanisms to have relevant information obtained by structures and agencies that are directly concerned with the problem.

This report provides guidelines for further action.

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OVERVIEW

Chapter 1: Principal Characteristics of the State Strategy On Drugs

1.1. Historical overview

The drug-related legislation derived from the soviet period was effective in Georgia up to 2003. The state strategy based on the soviet-type legislation was primarily focused on law enforcement measures that were not reflective of democratic development needs of the country after it regained independence in 1990.

Independence brought about destruction of former power control mechanisms, and the problem of drug abuse became particularly acute. As a response, the State Commission on Fighting Drug Abuse and Illicit Drug Trafficking was established in 1994, with the task to formulate and implement policies in this area.

The Commission developed two national programmes based on the principle of multi-agency cooperation. However, none of these were translated into action due to lack of funds, and the Commission itself has become a highly formalised, inactive body.

The Georgian Research Institute on Addiction was established in 1993 and has since become a leader in the area, responsible for carrying out basic research, introduction of new technologies, expanding relevant services and monitoring. The Institute was an administrative tool for the state to manage the area. However, due to severe financial crisis and budgetary constraints, in 1995 the state withdrew the status of a public service institution from the Research Institute on Addiction, along with other scientific institutions. This in fact cut off funding by the state and undermined a potential to manage the sphere.

Based on the new drug legislation (see subchapter “Drug legislation and its development”), on June 19, 2003 the Parliament of Georgia passed a decision to transform the Georgian Research Institute on Addiction into a public institution.

1.2. Drug legislation and its development

On December 5, 2002 the Parliament of Georgia adopted a new law “On Drugs, Psychotropic Substances, Precursors and Narcological Aid”. The basic principles spelled out in the new legislation provide for (a) maximum restriction of drug acquisition and use by individuals with due regard for human rights; (b) recognition of drug addicts as patients; and (c) implementation of legislative policy to encourage persons to refer to medical professionals for treatment.

1.3. Some legislative regulations on illicit circulation of drugs

Legal attitude to drug users in Georgia is governed by the following provisions: possession of drugs in minor quantities or use of drugs without doctor’s prescription is punishable under the Administrative Code of Georgia. Drug use is only qualified as an offence if a person previously subjected to administrative punishment for drug use continues to use drugs or psychotropic substances without medical prescription during one year following the penalty.

Conclusion

Under the present circumstances there is an urgent need to work out a well-balanced, multi-disciplinary and modern strategy based on humanistic principles and taking account of the experiences accumulated within the framework of the previous national programmes. It is imperative to develop a national strategic plan based on the new approach that would rely on needs’ assessment and stakeholders’ analysis. The plan should be realistic in terms of its implementation potential and envision a capacity for monitoring, evaluation and impact assessment.

Chapter 2: Drug situation

2.1. Prevalence of drug use among youth in Georgia

At the end of 2002 and early in 2003, the Georgian Research Institute on Addiction conducted a survey among students of the three leading universities in Tbilisi. The questionnaire used in the survey was based on ESPAD questionnaire, with certain adaptations for Georgia. Eight hundred students, both male and female, aged 17-22, took part in the survey. The questionnaire was to be filled out individually. The survey demonstrated the following findings.

The most frequently consumed drug, both for experimental and recreational purposes, is marijuana (hashish, cannabis). 52.6% of male respondents took hashish at least once or twice in their lifetime. 7.8% of young males indicated regular consumption of hashish over the last 12 months, and 3.9% of young males indicated regular consumption of hashish over the last 30 days.

Drug consumption among young females is significantly lower than drug consumption among young males. Only 3.4% of female respondents had ever tasted hashish and none of them confirmed any regular consumption. Consumption of other drugs among student girls is very limited.

According to student boys, in terms of experimental consumption Ecstasy (4.5%) ranks first after marijuana, followed by heroin (3.9%), Tramadol (2.6%) and inhalants (2.6%). The most regularly consumed drugs after marijuana are opium (3.3%), heroin (2.6%), codeine (1.3%) and Tramadol (0.7%).

Almost 40% of male respondents indicated that marijuana was the first drug they tasted. Analysis of findings concerning young males that admit any type of drug use demonstrated that 90% of them took marijuana as their first drug. Most of male respondents under 15 pointed to marijuana and inhalants as their first drug.

Survey findings concerning drug consumption among student girls demonstrate that 0.7% of respondents tasted marijuana for the first time at the age of 12-14. Female respondents over 15 years of age point to Tramadol- and codeine-containing pills as their first drug.

Certain correlation has been revealed between drug and tobacco consumption: 95% of persons using drugs in one form or the other are regular consumers of tobacco. At the same time, daily tobacco consumption among these persons is significantly higher.

Some findings furnish indirect estimates for the level of drug use among young people: 41.6% of male respondents indicate that some of their acquaintances and 17.5% indicate that most of their acquaintances smoke marijuana. Further 24.7% of respondents indicate that at least some of their acquaintances use heroin, 20.7% point to Tramadol consumption and 11% - to consumption of Ecstasy and stimulants among their acquaintances.

The survey demonstrated that negative attitude to drug consumption is not prevalent among young people. Only 50% of boys and 80% of girls indicated that they would reproach people using marijuana. As far as heroin and other heavy drugs are concerned, 71% of boys and 83.5% of girls said they would reproach people using them.

2.2. Problem drug use

The data to assess the problem drug use in Georgia are available from a newly created data bank at the Georgian Research Institute on Addiction. The data bank is still under development to meet the European standards.

OVERVIEW

As of the end of 2003, the data bank had the total of 20259 persons registered: 14152 drug abusers and 6107 drug addicts. According to experts' estimates, the actual numbers are much higher and stand at over 150 000, with 50 000 injecting drug users (mainly opioids) among them.

Opioids (along with marijuana) are the main drugs used in Georgia. Intravenous injection of a cocktail made of raw opium and poppy straw has been the most wide-spread form of drug use since the 80-ies. Heroin appeared in 1997-1998, and spread fast despite its prohibitively high prices (1g – 200-350 USD). The use of heroin reached its peak in 2001. The use of other drugs is less frequent, and shows only episodic escalation.

The use of peroral opioids (codeine and Tramadol) has shown a significant increase since 2002. Consumption of codeine-containing pills by young people is particularly high due to their easy accessibility and low cost: codeine-containing medicines can be obtained from Georgian drugstores without any prescription.

The use of opioid agonist-antagonist Subutex has shown an increase over the last years. This drug is not registered in the Georgian health care system and is imported illegally. Subutex can be taken both perorally and through injection (a tablet dissolved in water is used for injection). Due to high costs (one 8 mg tablet - 150-200 USD), Subutex is mostly used by people from well-off social groups.

In 2003, poppy seed rich in opiates was imported in huge quantities for culinary use in Georgia. Chemical refinement of the product yields an opiate-containing cocktail taken in through intravenous injection. Low cost and easy accessibility of poppy seed triggered off a fast rise in its consumption that took socially dangerous forms. At the initiative of the relevant agencies of the Ministry of Health Care, Ministry of Internal Affairs and Ministry of Security of Georgia, the Parliament adopted legislative regulations restricting imports and distribution of poppy seed.

The use of Ephedrone and Pervitin (through injections) began to spread in 2001-2002 among young people and teenagers, especially among representatives of low-income social groups. These drugs are usually prepared through chemical refinement of medicines used against respiratory disorders and available from drugstores without any prescription.

The use of solvents among teenagers and minors, especially street children, is becoming a serious problem for Georgia. In 2002, the Georgian Research Institute on Addiction examined 46 randomly selected children in care; 35 children (21 boys and 14 girls) were found to be inhaling glue, with 27 of them doing it regularly.

The above data demonstrate an increase in the levels of drug use and the availability of a wide choice of drugs in the country.

2.3. Treatment demand

The treatment capacity in the country is not adequate to the existing demand both in terms of the number of treatment centres and diversity of the services they offer. The main form of treatment offered to drug-addicts is detoxification therapy followed by short-term outpatient rehabilitation measures.

The first Methadone substitution pilot programme will start in 2004 with financial support from the Global Fund. The programme aims to establish a centre with the capacity to serve up to 60 patients. Two similar centres will be established next year.

Presently, the main emphasis in medical treatment of drug abuse is placed on opioid dependency. Over the recent years, the number of treatment cases of opioid dependency has increased significantly.

Up to 1997, the main emphasis in medical treatment of drug abuse was placed on raw opium dependency. The number of heroin-dependent patients has been on the rise since 1998, and the number of persons using self-prepared stimulants, in particular, Ephedrone and Pervitin, has increased over the last years. The number of hashish psychosis cases has also increased. July and August 2003 saw a considerable increase in the number of persons using self-prepared cocktail from poppy seeds.

Drug users are mostly males aged 31-35. Although the number of women treated over the last 3-4 years has increased, they only account for 2.5% of the patients' total population.

In 90% of cases the treatment takes place in the capital city of Georgia, Tbilisi, while regions only account for 10% of treatment cases, which is indicative of the need to widen the net of relevant services in the county.

2.4. Drug-related infectious diseases

At present, Georgia is not considered to have high prevalence of HIV/AIDS. As of the end of 2003, 475 HIV/AIDS cases were registered at the Infectious Diseases, AIDS and Clinical Immunology Research Centre. According to experts' estimates, the actual number of HIV/AIDS cases is 2000.

As many as 69% of persons registered as HIV/AIDS patients are intravenous drug users (IDUs). Over the last five years the number of registered HIV/AIDS infected IDUs has increased three-fold.

There is an epidemic of hepatitis C among IDUs in Georgia, with almost every second IDU infected with HCV. The prevalence of HBV among IDUs is 10 times less than prevalence of HCV.

Among HIV/AIDS infected IDUs registered at the Infectious Diseases, AIDS and Clinical Immunology Research Centre over the last five years, the prevalence of tuberculosis is 30-45%.

Research shows high rates of risk behaviour (in terms of spread of the infection) among HIV/AIDS infected IDUs, which is fraught with the danger of wide-spread infection among the general population.

2.5. Drug market and availability

Georgia is not a drug producing country, and drugs mostly enter the country from neighbouring regions. The black market mainly offers heroin, opium and marijuana. Recently, edible poppy seeds have become very popular (see chapter "Problem drug use").

Georgia can be considered as a transit country for drugs. The so-called "Caucasus Route", in case it is established, will cross the territories of Azerbaijan, Armenia and Georgia, and there is a real threat that this may become a stable drug trafficking route from Asia to Europe.

The situation is further compounded by the existence of uncontrolled territories that emerged as a result of long-lasting frozen ethno-political conflicts as they provide additional "gateways" for drugs to enter the country.

The cost of drugs at the black market is for 1g heroin - 200 -350 USD; 1g opium - 20-25 USD; 1 capsule of Morphine - 5-7 USD; 5g marijuana - 7-9 USD. Drugs are sold in the black market illicitly. There are no drugs available in the street. Drugs can be bought through the network of drug-addicts and dealers..

2.6. Drug-related crime

In 2003, the National Bureau for Combating Drug Abuse and Illicit Drug Trafficking operating within the Ministry of Internal Affairs, and its local branches revealed 1945 drug-related crimes; 3962 persons were detained for illicit drug trade.

There is a huge difference between the amounts of drugs used and those seized in the country.

According to the data provided by the Supreme Court of Georgia, in 2003 alone first-instance courts heard the total of 1439 cases on drug-related offences: of these 54.13% concerned illegal cultivation, preparation, purchase, storage, transportation or sales of drugs (Article 260, 252-I-II-III-IV-V of the Criminal Code of Georgia); only 1.18% of cases concerned illegal trafficking and international transit of drugs (Article 262, 79-III-IV). A similar picture was observed in previous years. Such a divergence in figures is indicative of the fact that mechanisms to control drug-related crime inside the country are more effective and it is necessary to strengthen control at the borders.

Chapter 3: Responses to Drug Use

3.1. Demand reduction

3.1.1. Prevention

The system of drug use prevention in Georgia is now in the process of formation. It is being established through the efforts of local and international institutions, governmental and non-governmental organisations that initiate and implement relevant programmes and projects, thus seeking to create a certain tradition conducive to further development of preventive approach in the country. These programmes include:

The State Programme on Prevention of Drug Addiction coordinated by the Georgian Research Institute on Addiction;

Community oriented prevention projects by NGOs;

The Southern Caucasus Anti Drug Programme's primary prevention project in secondary schools;

The Southern Caucasus Anti Drug Programme's annual Anti Drug Campaigns;

The National Programme on Prevention and Control of HIV infection/AIDS;

The work of the UN thematic AIDS group bringing together all organisations involved in the UN AIDS Programme (UNICEF, UNDP, UNFA, WHO, WB);

Preventive interventions by the Infectious Diseases, AIDS and Clinical Immunology Research Centre STI/HIV Prevention (SHIP) Project funded by USAID and implemented by Save the Children;

Harm Reduction Programme by the "Open Society - Georgia Foundation".

3.1.2. Availability of treatment

Presently, there is a huge gap between drug addiction treatment demand and supply stemming from the fact the State Programme for Treatment is severely underfunded and is thus unable to provide free treatment for drug addiction cases.

In 2003, the total of 306 drug addicts received treatment (in-patient treatment). Despite the fact that the number of treated cases has increased 15-fold over the last ten years, it is still inadequate to the present situation.

Currently, two clinics provide in-patient treatment for drug addicts, namely, the clinic of the Georgian Research Institute on Addiction, with the capacity to provide treatment to 270 patients on the average; and Clinic Bemoni, with the capacity to provide treatment to 30 patients on the average. On top of that, there are 10 regional centres and 21 district consulting rooms in different parts of Georgia, providing out-patient services and medical examination.

3.1.3. Criminal-justice responses

Traditionally, criminal justice measures in Georgia have focused on supply reduction, and mechanisms to stimulate demand reduction are now in the process of formation.

3.2. Supply reduction

According to the Georgian legislation, the Ministry of Internal Affairs is responsible for fight against domestic crime. As far as drug smuggling is concerned, under the Code of Criminal Procedure, relevant interventions are the responsibility of the Ministry of State Security of Georgia. In case drugs are smuggled across the border, they should be interdicted at customs and border posts, which is regrettably not the case due to lack of adequate capacity. 99% of all drug-related crimes in the country are uncovered by the National Bureau for Combating Drug Abuse and Illicit Drug Trafficking operating within the Ministry of Internal Affairs of Georgia.

SCAD has initiated special projects aiming to enhance the interdiction capacity at seaports and land borders.

Concluding recommendations

1. It is necessary to establish an inter-ministerial body, subordinated to the President, State Minister, or Security Council, that will undertake responsibility to elaborate, implement and monitor anti-drug policies in the country.
2. The resolution of the Parliament of Georgia (dated 19 June, 2003) concerning the transformation of the Georgian Research Institute on Addiction into a public institution should be implemented as soon as is practicable.
3. Institutionalisation of the National Focal Point on Drug Information should be carried out as soon as is practicable. At the same time, all ministries, agencies and private entities operating in the sector should enhance their efforts in order to obtain information meeting the European standards.
4. It is necessary to coordinate activities of all national and international organisations working in the field of drug addiction in order to improve planning and avoid duplication.
5. All relevant ministries should be involved in the design and implementation of the State Prevention Programme. A special office / position responsible for drug prevention should be established in every ministry. Priorities of the State Prevention Programme should be taken into consideration by local governments in planning their strategies and tactics of governance.

INTRODUCTION

I. The Southern Caucasus Anti-Drug Programme and the First Annual Report on Drug Situation in Georgia.

This report has been prepared within the framework of the project "Creation of the Drug Information System" that is seen as one of the basic components of the Southern Caucasus Anti-Drug Programme, funded by the EU and implemented by UNDP.

The history of the SCAD Programme dates from 2000. In particular, the International Narcotic Control Board (INCB) in its report of February 2000 wrote: "In view of the overall rise of criminal activities in central Asia and the Caucasus, inadequate resources to deal with the problem, drug abuse and illicit trafficking, if left unchecked, would have devastating consequences for societies of those sub-regions". As a response to the described situation, in May 2000 the European Commission sent an independent experts' assessment mission to the region. The mission aimed to study the drug-related situation, problems and needs at the regional (the Southern Caucasus) and national (Azerbaijan, Armenia, Georgia) levels. Following the assessment, four major needs in the field of drug control were identified:

- Reliable and comparable data on all aspects of drugs
- Effective operational co-operation at national and regional levels
- Control measures against illicit trafficking/transit of drugs and precursors
- Prevention and treatment measures for drug addicts

To address these needs, the mission designed SCAD, with the main strategic focus on reducing drug transit from the Southern Caucasus to Western Europe.

The SCAD strategy adopts an integral approach tackling concomitantly three inter-linked aspects of the problem:

- To reinforce drug control capacities at the national level
- To develop drug prevention and treatment policies
- To foster regional co-operation and harmonise methodologies.

The SCAD Programme has been implemented since 2001 with a focus on the following objectives: (a) enhancement of cooperation amongst relevant institutions at the national and regional levels, (b) reduction of drugs' smuggling, (c) fighting against drug abuse, (d) creation and development of a reliable data base on the problem.

Based on the complex nature of the objectives, the programme has been implemented in stages. It is divided into several phases. Until now, the first and the second phases (SCAD-I and SCAD-II) have been accomplished. The third phase (SCAD-III) is in the process of implementation and is nearing its completion by the end of April. During the first three phases of the programme the work has been focused simultaneously on 6 projects:

- Reinforcement and harmonisation of national legislative and regulatory frameworks (1)
- Strengthening of interdiction capacities at seaports and land borders (2,3)
- Development of compatible system for intelligence gathering and analysis (4)
- Prevention of drug abuse (5)
- Creation of the Drug Information System (6)

The projects are developing from phase to phase, seeking for institutional ways to solve respective problems. For today, the fourth phase of the programme - SCAD-IV - has been signed and is awaiting implementation. The activities of the listed 6 projects will continue at a qualitatively new level. Further two new projects will be added to the programme: one project seeks to enhance border control and aims to establish controlling systems at the airports of the three countries while the second one places emphasis on preventive interventions and seeks to facilitate the work of relevant NGOs.

This National Report is the final product of Project 6 from among those listed above – "Creation of the Drug Information System". The main goal of the project was to set up mechanisms to collect, analyse and disseminate reliable and comparable drug-related data in the three Southern Caucasus countries. For this purpose the National Focal Points on Drug Information were established in each country, Georgia among them.

The Georgian National Focal Point (NFP) on Drug Information started functioning in August 2002. Presently, one specialist represents the service. The service is in the process of institutionalisation. Its work is based on multi-agency cooperation approach. For today, the NFP's drug information network (the so-called coordinating net), comprising the key agencies in the field, has been created, the information flow working party established and functional, the first Drug Annual Report prepared.

The report is the result of joint endeavours of national experts representing various institutions and united by the NFP into a group working on the

Annual Report. The group consists of professionals from the Ministry of Labour, Health and Social Security of Georgia the Research Institute on Addiction; the Department of Public Health; the Infectious Diseases, AIDS and Clinical Immunology Research Centre; the National Bureau for Combating Drug Addiction and Illicit Drug Trafficking under the Ministry of Internal Affairs.

The report provides information on the main features of the state strategy on drugs, specificities of the drug situation in the country and the responses currently available. The report follows the guidelines of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

II. Coordinating Net of the National Focal Point on Drug Information

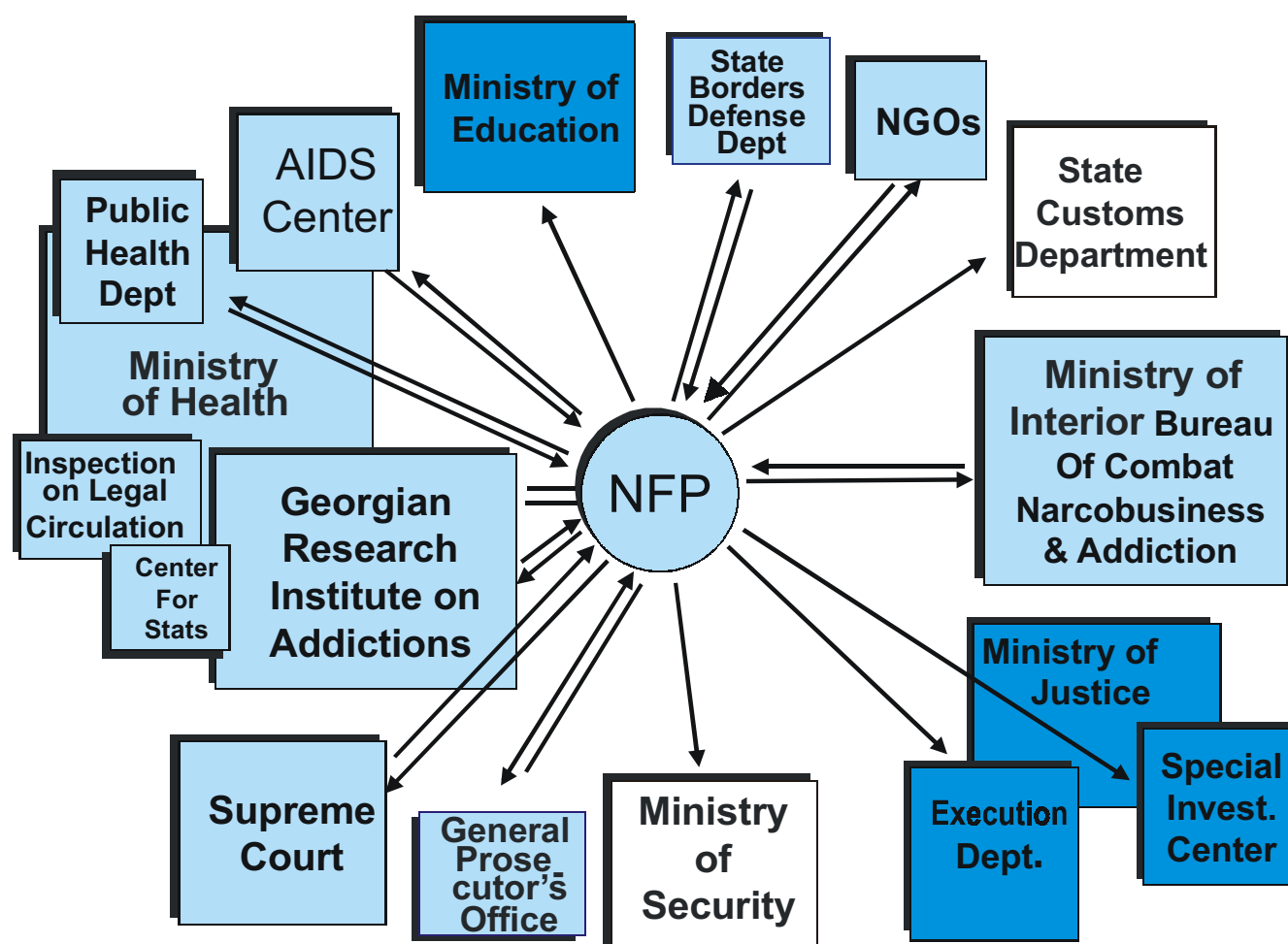
The following organisations are united in the net: the Ministry of Labour, Health and Social Security of Georgia the Research Institute on Addiction; the Department of Public Health; the Infectious Diseases, AIDS and Clinical Immunology Research Centre; the Inspectorate for Control on Licit Drug Circulation, Pharmacological business and Medical Aid; the Centre for Medical Statistics; the Municipal Department of Health Care; the National Bureau for Combating Drug Addiction and Illicit Drug Trafficking under the Ministry of Internal Affairs; the Information and Analysis Centre of the State Border Protection Department; Department for Supervision over lawfulness of Investigation on Corruption, Illicit Drug Trafficking and Administration Police Inquires at the Ministry of Internal affairs, the Prosecutor General's Office of Georgia; the Statistics and Information Service of the Supreme Court of Georgia; the Customs Department of the Ministry of Finance; the Department of Execution of Punishment under the Ministry of Justice of Georgia; the Centre for Expertise and Special Investigations; the Department for Sport, Education and Military Training of the Ministry of Education; and finally, national NGOs "Bemoni", "Tanadgoma", "Sasoeba" and "Akhali Gza".

Net member organisations should furnish regular (quarterly) non-confidential information concerning drug problems. The collated information "goes back" to net member organisations in the form of a quarterly newsletter.

At the initial stage of the net's operation (end of 2002 - beginning of 2003), the parties involved

signed the Memorandum of Understanding on the exchange of non-confidential information between the National Focal Point for Drug Information and the management of relevant organisations that provided a formal basis for regular exchange of information.

It is to be noted that net member organisations vary in terms of the amount and quality of drug-related information they possess and contribute to the net. On the one hand, information depends on organisation's thrust. On the other hand, there is a lack of efficient institutional mechanisms for obtaining relevant information. The organisations involved also differ in that some of the net member agencies are themselves sources of data on drugs (i.e. the Georgian Research Institute on Addiction, the Infectious Diseases, AIDS and Clinical Immunology Research Centre, the National Bureau for Combating Drug Addiction and Illicit Drug Trafficking under the Ministry of Internal Affairs), while others specialise in collating information obtained from other sources (i.e. the Centre for Medical Statistics). Some organisations provide information on a regular basis, while others are unable to do so despite their willingness, as they possess no information (and hence, no mechanisms to obtain it). Some organisations chose not to join the Memorandum of Understanding and, consequently, not to provide information. It is hoped that the new government will be more willing to cooperate in the net. The launch of the MoU process with the Customs Department of the Ministry of Finance (March, 2004) is a good example for others to follow.



COORDINATING NET OF THE NATIONAL FOCAL POINT ON DRUG INFORMATION (AS OF 2003)

- In blue –organisations providing information on a regular basis
- In white –organisations not providing information as they are not MoU parties
- In dark blue –organisations that signed MoU, however they do not provide information
- Blue figures' size is directly proportional to the amount of provided information
- Two-sided arrow - mutual exchange of information
- One-sided arrow - one-way provision of information

Permanent information flow helped to identify which link of the information net requires methodological improvement and institutional development in order to make up for the lack of information (both strategic and tactical) on the problem. For instance,

at present the Ministry of Education has no mechanisms to elicit the facts of drug use and carry out relevant preventive measures among young people (though, there are certain exceptions).

III. Needs related to determination of key epidemiological indicators in Georgia.

Severe lack of reliable and comparable information became evident while preparing the report. Owing to scarcity of information and slow process of changing over to the European system of standards, it was only possible to fill out a few standard tables elaborated by the EMCDDA. We would like to draw special attention to key epidemiological indicators, as the authors of this report share the epidemiological approach of the EMCDDA that enables comparable description,

definition and comprehension of problems concerning drug addiction in the process of their analysis.

Unfortunately, no information is available on drug-related deaths and mortality among drug users. Thus, the report considers only four indicators out of five.

Proper strategic planning and implementation of special projects (research projects and capacity-

building projects for relevant institutions) represent a must if correct and scientifically defendable information on each indicator is to be obtained. Below we will try to briefly describe the needs relevant to those indicators on which we possess scarce or no information. (We do not intend to refer here to such indicator as "drug- related infectious diseases", as the Infectious Diseases, AIDS and Clinical Immunology Research Centre - a specialised institution working in this field, conducts epidemiological surveys and provides relevant data on this issue.)

1. Prevalence and patterns of drug use among general population.

The basic techniques used to estimate this indicator are general population surveys and school surveys. As far as school surveys are concerned, over the last four years the Georgian Research Institute on Addiction has conducted them on a regular basis using the Pompidou Group questionnaire (for survey results see Chapter 2 of this report). Unfortunately, no survey of general population has been carried out so far, as it requires a comprehensive research, currently impracticable due to financial constraints.

2. Prevalence and patterns of problem drug use.

The data made available by police and health care system represent the main source of information concerning this indicator in the country, although these data are not reflective of the actual magnitude of the problem and, according to international practice, they need to be multiplied by a relevant index. In order to objectively determine the multiplier index it is necessary to conduct a special research, which is seen as one of the main priorities for the nearest future.

3. Drug related deaths and mortality among drug users.

Currently, there is no system in place to have sudden drug-related death cases registered either by ambulance doctor, pathologist-anatomist, forensic medical expert, general practice physician, etc. This by no way implies that such cases never occur; quite the reverse, considering the scale of drug use in the country, the number of such cases must be significant. Stigma is an obstacle to objective statistics. On the one hand, due to the prevailing culture, drug addiction of a family member is seen as an embarrassing factor for the rest of the family; on the other hand, due to legislative provisions, drug user registration is usually

followed by problems with law enforcement bodies. Hence, drug addicts' families do their utmost to conceal the truth. In order to remedy the situation, it is necessary, at least as an initial step, to realise projects aiming to: 1. change the attitude of relevant professionals (ambulance doctors, pathologist-anatomists, forensic medical experts, etc.) and encourage them not to conceal diagnosis; enhance their motivation to contribute to the evaluation of key epidemiological indicators in the country, without violating the principle of confidentiality; 2. work out recommendations for the health care system aiming to improve drug users' registration both in emergency care system and in non- narcological clinics. Such a project has already been designed, and it is expected that the Georgian Research Institute on Addiction will shortly proceed to its implementation with the support of the Southern Caucasus Anti-Drug Programme.

4. Demand for treatment. It is necessary to create a unified confidential data bank on drug abuse based on information available from health care organisations. The first step should be the development and implementation of a unified coding system for referrals to relevant institutions for treatment, which will provide for a mechanism to avoid double records. At present, the Georgian Research Institute on Addiction is working to address this issue with the support of the Southern Caucasus Anti-Drug Programme.

In conclusion it should be emphasised once again that in view of the above needs, objective evaluation of key indicators in Georgia should be based on a strategic approach, with a special focus on the relevant research conducted in line with the described requirements. The Southern Caucasus Anti-Drug Programme has responded to some of the needs identified, providing support to a number of micro-projects within the framework of SCAD III. It is necessary to carry on work to study key epidemiological indicators. The first step to be taken along these lines would be a comprehensive research on prevalence of drug use among general population.

This report is by no means exhaustive. It is only a first modest attempt to provide an objective description of the drug related situation in the country relying on the data we possess. It maps out some strategic lines to focus on in order to develop a more complete picture in future.

CHAPTER 1: PRINCIPAL CHARACTERISTICS OF THE STATE STRATEGY ON DRUGS

1.1. Historical overview

In Soviet Georgia, similarly to the rest of the Soviet Union, drug addiction was qualified as crime and fight against it was carried out mainly by law enforcement tools, though this by no way ruled out treatment. As far as prevention is concerned, it mainly implied prohibition and formal moral values prevailing among the public. Customs and border control in the soviet period were strong, opium was produced in certain regions under strict supervision by police and armed forces, and hence the level of drug accessibility and its availability in the black market was low. It is to be noted that the methods used in conditions of the totalitarian regime were *per se* effective in preventing the spread of drugs in the country.

The situation began to change in the 60-ies (post-Stalin's period): changes in ideology and liberalisation of the law enforcement system in a certain sense "softened" measures taken by the state to control drug supply and thus paved the way for the spread of drug addiction in the Soviet Union, including Georgia. Nihilistic attitudes of young people to the prevailing ideology contributed to a wide-spread use of drugs. Despite the acuteness of the problem, it was strictly forbidden to openly acknowledge its existence and respond to the problem engaging the public. That considerably limited a potential for prevention. In this context, the state initiated adoption of the "Resolution of the Supreme Council of the Georgian Soviet Socialist Republic" defining legal liability for the in-take of drugs without doctor's prescription, as well as for the purchase and distribution of drugs. This statutory regulation resulted in a significant reduction in the spread of drugs in the country, and Georgia in fact set a model for other republics of the Soviet Union to follow.

Following independence, Georgia faced difficulties of the transition period: porous state borders and uncontrolled territories, civil war, high rate of crime, corruption, crisis of values followed by pessimism in the society, long-lasting socio-economic and political crisis attended with unemployment, etc. All these undermined the system of safeguards against drugs previously existing in the country, and paved the way for a considerable rise in illicit circulation of drugs and drug addiction.

As a response, the state leadership took efforts to address the problem. In particular, the Georgian Research Institute on Addiction was established in 1993, followed by establishing the State Commission on Fighting Drug Abuse and Illicit Drug Trafficking in 1994. At the initial stage of its operation, the Commission was chaired by one of the deputies of the State Minister; later Ministers of Internal Affairs and Health Care were appointed as co-chairmen of the Commission. The Commission brought together senior officials of power structures (ministers, heads of state agencies), as well as the leadership of the Ministry of Health, the State Sports Committee, Customs and other relevant bodies. The Commission worked to integrate and coordinate efforts of different bodies and agencies in the fight against drug addiction and illicit drug trafficking. In order to meet its objectives, the Commission developed two strategic programmes: "The National Programme on Fight Against Illicit Turnover of Drugs in Georgia" (1996-1997) and "The State Programme on Fight Against Drug Addiction and Illicit Drug Circulation" (1998-2000). The programmes were based on multi-agency cooperation principle and envisioned coordinated activities of the relevant bodies and institutions with a view to reducing demand and supply. The programmes were based on the "top to bottom" approach, to a certain extent owing to authoritarian inertia, with very little consideration given to community participation (population, local governance and self-governance bodies, etc.).

Regrettably, these governmental programmes failed to see any effective implementation due to lack of funds (with minimum funds allocated for treatment, and no funds provided for preventive interventions or rehabilitation). Thus, none of them was translated into action, and as there was no entity responsible for practical implementation of planned activities, the Commission itself has become a highly formalised, inactive body.

There was another impediment caused by economic difficulties in the country that undermined a potential to deal effectively with the problem of drugs in the country. The Georgian Research Institute on Addiction was established in 1993 with the staff of highly skilled professionals, both practitioners and researchers, and has since

become a leader in the area, responsible for carrying out basic research, introduction of new technologies, expanding relevant services and monitoring. The Institute was an administrative tool for the state to manage the area. However, due to severe financial crisis and budgetary constraints, in 1995 the state withdrew the status of a public service institution from the Research Institute on Addiction, along with other scientific institutions. This in fact cut off funding by the state and undermined a potential to manage the sphere. The state has come to admit this as a mistake, and based on the new drug legislation (see subchapter "Drug legislation and its development"), on 19 June, 2003 the Parliament of Georgia passed a decision to transform the Georgian Research Institute on Addiction into a public institution.

Given its beneficial geopolitical location, in a situation of weak control capability Georgia may easily emerge as a drug trafficking corridor between Asia and Europe. The route across Georgia (Central Asia – Georgia/Southern Caucasus - Europe) is becoming increasingly important for drug traffickers, alongside with other routes they use (Turkey, Balkans, etc.). Corrupt and poorly equipped customs' posts do not represent any serious obstacle for the flow of drugs. It is a well-known fact that availability (and hence, consumption) of drugs in transit countries goes up. Georgia's experience in this regards serves as convincing evidence.

Under the present circumstances there is an urgent need to work out a well-balanced, multi-disciplinary and modern strategy based on humanistic principles and taking account of the experiences accumulated within the framework of the previous national programmes. It is imperative to develop a national strategic plan based on the new approach that would rely on the needs' assessment and stakeholders' analysis. The plan should be realistic in terms of its implementation potential and envision a capacity for monitoring, evaluation and impact assessment.

1.2. Drug legislation and its development

As the Soviet system denied existence of drug addiction as a social problem, there was no relevant law in the Soviet space to effectively address the problem. Though, as mentioned

above, Georgia was the first among the republics of the Soviet Union to include in its Criminal Code (1959-1962) penalty for acquisition, possession and smuggling of drugs both with intent to sell or otherwise. It also criminalised the violation of regulations concerning manufacture, purchase, storage, registration and distribution of drugs.

The 1961 Single Convention on Narcotic Drugs was ratified on December 14, 1963.

Resolution No 3274-VI "On Fighting Against Manufacture and Distribution of Drugs" passed by of the USSR Supreme Council on 27 January, 1965 was followed by relevant statutory enactments in the republics. First Armenia (August 31, 1965) and later, other republics defined penalties for involving minors into the use of drugs.

The late 60-ies and early 70-ies saw introduction of penalty for distribution of drugs among population. Manufacture of narcotic drugs was a punishable offence in all Soviet republics except Lithuania. Penalty was introduced for cultivation of opium poppy and Indian cannabis plantations (except in Latvia, Lithuania, Estonia), as well as for setting up drug dens (except in Ukraine, Latvia and Estonia).

Resolution No 238-193 of 2 April, 1974 "Further Measures Against Drug Addiction" adopted by the USSR Council of Ministers marked an important contribution to the establishment of narcological (treatment of addiction) services. Directives of the USSR Supreme Council of 25 April, 1974; 8 February, 1977; and 19 October, 1982 logically followed from the resolution. Based on those directives, the USSR Minister of Health Care issued an order defining the need for minimal treatment of drug addicts, the rules of treatment and the subsequent expert medical examination. The government committed financial support for implementation of the order.

In the 60-ies administrative and criminal liability for the use of drugs was introduced in Georgia, Armenia, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

In the late 80-ies, shortly before the disintegration of the Soviet Union, the USSR Supreme Council adopted two decrees (12 April and 22 April, 1987) providing for prohibition of cultivation of plants containing narcotic drugs, and defining criminal liability for the act.

1: MAIN CHARACTERISTICS OF THE DRUG STATE STRATEGY

After independence in 1990, for 11 years Georgia had no law regulating circulation of psychoactive substances in the country. In 2000, Georgia completed ratification of the relevant UN conventions. On 5 December, 2002 the Parliament of Georgia adopted the law "On Drugs, Psychotropic Substances, Precursors and Narcological Aid".

The new law was the result of consistent collaborative efforts of national experts from the Ministries of Justice, Internal Affairs and Health Care. The national experts' working group established under the auspices of the SCAD project "Reinforcement and Harmonization of National Legislative and Regulatory Frameworks" made a significant contribution to the elaboration of the law.

The law, on the one hand, regulates all aspects of licit circulation of controlled drugs, and on the other hand, makes provisions for treatment of drug addicts. The law is appended with the list of controlled substances and their maximum permissible quantities. It contains a detailed description of all substances subject to special control, and defines what quantities are qualified as punishable.

Thus, the new law:

- * prohibits manufacture of drugs and cultivation of plants containing drugs in Georgia;
- * prohibits circulation of drugs and their analogues;
- * establishes state monopoly over control of the circulation of drugs and psychotropic substances, over establishing their circulation quotas and production of psychotropic drugs;
- * prohibits promotion and advertising of controlled drugs and substances except in special scientific literature;
- * introduces licensing for physical and legal persons involved in licit drug-related activities;
- * regulates the main principles of licit drug-related activities, such as: manufacture, production, refinement, storing, delivering, selling, exportation, importation, transit, re-export, registration, record-keeping.
- * regulates such issues as the use of controlled substances for medical purposes; the right to use these substances for transit patients; the use of controlled substances for expertise, education, research and veterinary purposes.

- * for the first time in Georgia treats drug addiction as a disease, and makes a provision on the applicability to drug addicts of all rights contained in the Georgian legislation;
- * stipulates that drug addicts shall be entitled to the same rights as persons with mental disorders (in this context, it is worthwhile to mention that the Georgian law "On Psychiatric Aid" which determines the rights of psychiatric patients is considered by experts as a progressive and liberal law that places emphasis on the protection of human rights and provides for responsibilities of the state with regard to patients);
- * provides for responsibilities of the state with regard to drug addicts and stipulates that the state shall bear costs for their medical examination, treatment and rehabilitation. However, taking into account the economic difficulties prevailing in the country, as well as a considerable number of patients, the above contribution by the state is defined in the context of the current state programme (presently, only treatment of socially dangerous cases, namely, the drug related psychosis, is provided free);
- * stipulates compulsory, on-the ground and centralised registration of drug addicts and users;
- * makes provision for substitution therapy in the territory of Georgia;
- * makes provision for anonymity of treatment;
- * stipulates the need for and principles of compulsory treatment.
- * for the first time in Georgia determines conditions for basic compulsory treatment of persons in places of detention.

Adoption of the new law made it necessary to formulate relevant by-laws and introduce amendments in the administrative and criminal codes and respective procedural codes. The process of legislative changes is underway. The group of national experts established within the framework of the SCAD project aimed at reinforcement and harmonisation of national legislative and regulatory frameworks are involved in the process.

1.3. Some legislative regulations on illicit circulation of drugs

The above law "On Drugs, Psychotropic Substances, Precursors and Narcological Aid" regulates all aspects of licit circulation of drugs. As far as illicit drug circulation is concerned, the relevant legal provisions are stipulated in the Administrative Code and the Criminal Code of Georgia.

Legal attitude to drug users in Georgia is governed by the following provisions. Under Article 45 of the Administrative Code of Georgia, purchase and possession of drugs in minor quantities or use of drugs without medical prescription is punishable with fine equivalent to 50-100 minimum wages, or socially useful labour for up to 30 days, or administrative detention for up to 15 days. Article 273 of the Criminal Code of Georgia stipulates that drug use is only qualified as an offence if a person previously subjected to administrative punishment for drug use continues to use drugs or psychotropic substances without medical prescription during one year following the penalty. In such case, the person concerned is punishable with socially useful labour for 120-180 hours, detention for up to 3 months, or deprivation of liberty for up to one year.

Other drug-related criminal offences are described in Chapter 33, Articles 260-274 of the Criminal Code of Georgia. In particular,

Illicit manufacture, production, purchase, storing, transfer, or selling of drugs is addressed in Article 260 of the Criminal Code of Georgia and is punishable with deprivation of liberty for up to 10 years. The same action, committed (a) on a larger scale; (b) by a group of persons; (c) using official position; (e) repeatedly is punishable with deprivation of liberty for 6 to 12 years. The offence described in Para 1 and 2 of this Article, committed on an especially large scale or by an organized group, is punishable with deprivation of liberty for 8 to 20 years, or with life sentence.

Illicit sowing, breeding and cultivating of plants containing narcotic drugs is addressed in Article 265 of the Criminal Code of Georgia and is punishable with penalty or deprivation of liberty for up to 5 years. The same action, committed (a) on a larger scale; (b) by a group of persons; (c) using official position; (e) repeatedly is punishable with deprivation of liberty for 2 to 7 years. The offence described in Para 1 and 2 of this Article, committed on an especially large scale or by an organized group, is punishable with deprivation of liberty for 5 to 10 years.

CHAPTER 2: DRUG SITUATION

2.1. Prevalence of drug use among youth in Georgia

Prevalence and patterns of drug use among the general population indicator estimates:

- **The extent and patterns of consumption of different drugs among the general population**
- **The characteristics and behaviour of users**
- **The attitudes of different groups of population to drug use**

The methods used to estimate this indicator are general population surveys and school surveys. The information gained through estimation of this indicator is used to assess the situation, identify priorities and plan responses.

Regrettably, owing to high costs, no surveys were conducted in Georgia among the general population. Professionals working in this field hope that in future it will be possible to mobilise the necessary resources to conduct such an important survey. However, within the framework of the State Programme on Preventive Measures of Drug Addiction, the Georgian Research Institute on Addiction has annually, since 2000, conducted surveys among students and teenagers with a view to identifying the extent and patterns of consumption of different drugs, characteristics and behaviour of users, as well as their attitude to drugs.

The multi-factorial questionnaire used in the survey was based on ESPAD questionnaire, with certain

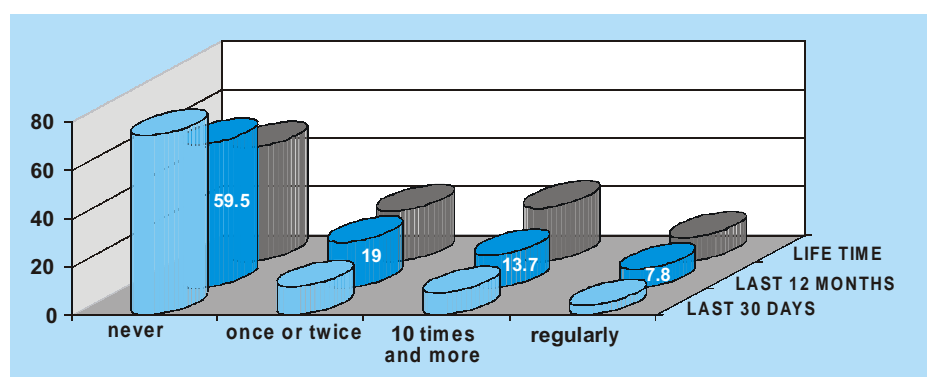
adaptations for Georgia. The questionnaire draws on the major principles of ESPAD and addresses fully its issues of priority. In 2000 and 2001 the surveys were conducted among high school students. It is planned to conduct a repeat survey among the respective groups in 2004.

At the end of 2002 and early in 2003, the Georgian Research Institute on Addiction conducted a survey among students of the three leading universities in Tbilisi: the State University, the Technical University and the Medical University. Eight hundred students, both male and female, took part in the survey. The questionnaire was to be filled out individually. This chapter is based on the findings of that survey.

The survey demonstrated that drug consumption among female students is significantly lower than drug consumption among male students.

According to the survey, as was expected, the most frequently consumed drug, both for experimental and recreational purposes, is marijuana (hashish, cannabis). 52.6% of male respondents took hashish at least once or twice in their lifetime. 7.8% of male teenagers indicated regular consumption of hashish over the last 12 months, and 3.9% indicated regular consumption of hashish over the last 30 days (See Diagram 1).

Diagram 1. Consumption of marijuana among male respondents

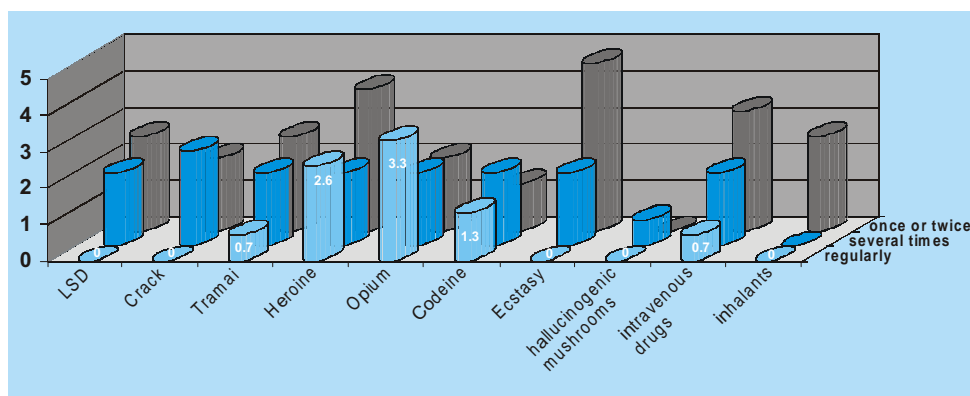


Only 3.4% of female respondents had ever tasted hashish and none of them confirmed any regular consumption.

According to student boys, in terms of experimental consumption (once or twice in their lifetime),

Ecstasy (4.5%) ranks first after marijuana, followed by heroin (3.9%), Tramadol (2.6%) and inhalants (2.6%). The most regularly consumed drugs after marijuana are opium (3.3%), heroin (2.6%), codeine (1.3%) and Tramadol (0.7%) (See Diagram 2).

Diagram 2. Consumption of various drugs among mail respondents



Consumption of other drugs than hashish among student girls is very limited: only a few of them indicated that they have ever tasted inhalants, Tramadol and codeine.

It is to be noted that consumption of marijuana has increased in Georgia in recent years. Georgian climate favours the growth of Cannabis, which is one of the factors conducive to the rise in consumption. Locally manufactured marijuana is easy to procure, and it is cheap. Besides, recent years have seen indirect promotion of marijuana by certain representatives of media and the show business, which stimulates young people's interest to marijuana, creates positive disposition and blunts caution.

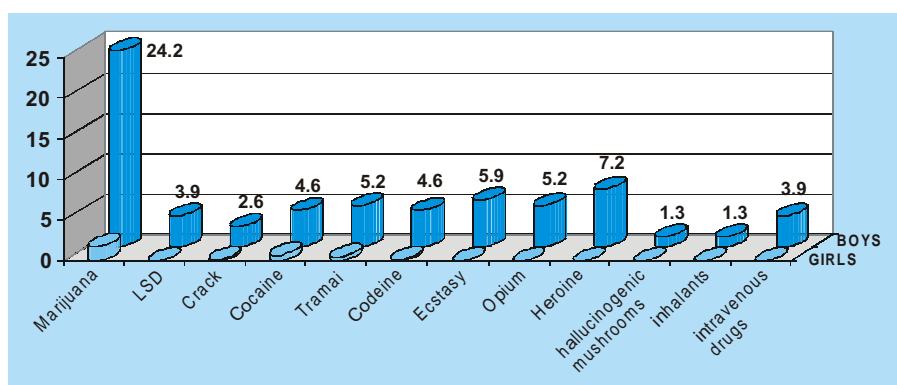
Almost 40% of male respondents indicated that marijuana was the first drug they tasted. Analysis

of findings concerning boys that admit any type of drug use demonstrated that 90% of them took marijuana as their first drug.

Most male respondents under 15 pointed to marijuana and inhalants as their first drug. 3.3% indicated that they tasted marijuana under the age of 11. 0.7% tasted inhalants at the same age. Almost 30% of regular consumers of marijuana admit that they tasted the drug for the first time under the age of 11. Consumption of other drugs mostly starts at the age of 15 and above.

Survey findings concerning drug consumption among student girls demonstrate that 0.7% of respondents tasted marijuana for the first time at the age of 12-14. Female respondents over 15 years of age point to Tramadol- and codeine-containing pills as their first drug.

Diagram 3. Primary consumption of drugs at the age of 15 and above

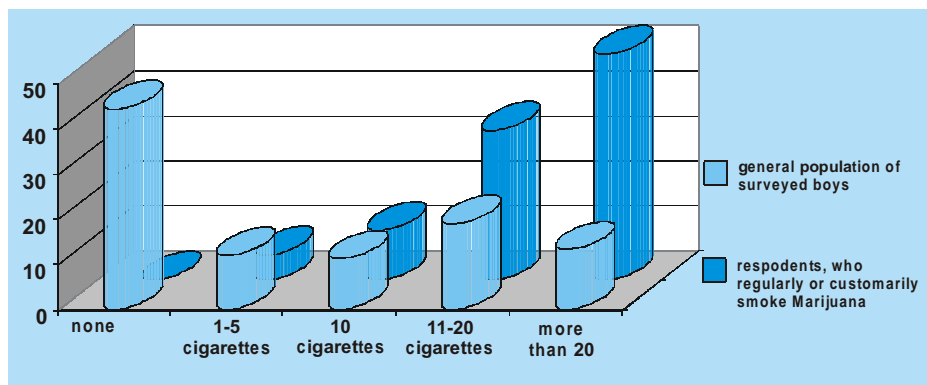


An interesting correlation has been revealed between drug and tobacco consumption: 95% of persons using drugs in one form or the other are regular consumers of tobacco. At the same time, daily tobacco consumption among these persons

is significantly higher: 50% smoke daily over 20 cigarettes and 33% smoke daily 11-20 cigarettes. Notably, only 13% of surveyed male respondents smoke daily 20 cigarettes or more and 19% smoke daily 11-20 cigarettes (Diagram 4).

2: DRUG SITUATION

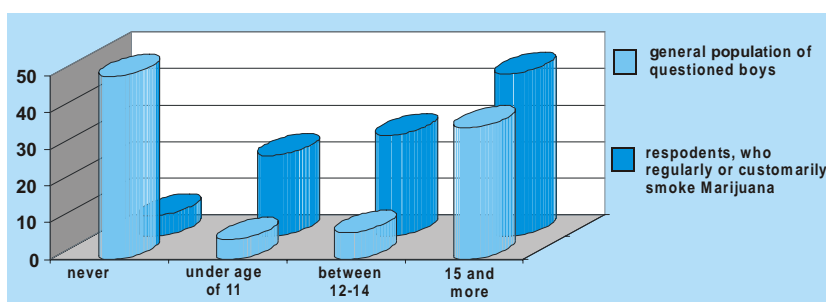
Diagram 4. Average daily consumption of cigarettes in two different groups of male teenagers during the past month



50% of regular consumers of marijuana start regular smoking under the age of 14, 22.2% under the age of 11, 27.8% between 12-14 years of age,

and the rest of respondents – mainly after the age of 15 (Diagram 5).

Diagram 5. Age of starting regular tobacco consumption in two different groups of surveyed male teenagers



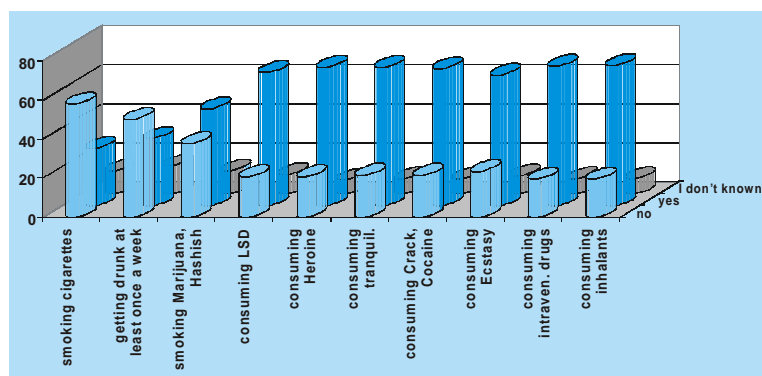
Thus, there is a clear correlation between regular consumption of tobacco and drugs among boys. Hence, prevention of tobacco smoking is to a certain extent associated with prevention of drug addiction.

consumption of Ecstasy and stimulants among their acquaintances. 17.9% of surveyed girls indicate that some of their acquaintances smoke marijuana and 1.9% indicate that most of their acquaintances smoke marijuana.

Some interesting findings furnish indirect estimates for the level of drug use among young people: 41.6% of male respondents indicate that some of their acquaintances and 17.5% indicate that most of their acquaintances smoke marijuana. Further 24.7% of respondents indicate that at least some of their acquaintances use heroin, 20.7% point to Tramadol consumption and 11% - to

The survey demonstrated that negative attitude to drug consumption is not prevalent among young people. Only 50% of boys and 80% of girls indicated that they would reproach people using marijuana. As far as heroin and other heavy drugs are concerned, 71% of boys and 83.5% of girls said they would reproach people using them (Diagram 6).

Diagram 6. "Would you reproach people for..." (boys)



The abovementioned data is an extra proof of insufficient negative attitude towards drugs among young people and emphasizes the necessity of more active preventive measures.

2.2. Problem drug use

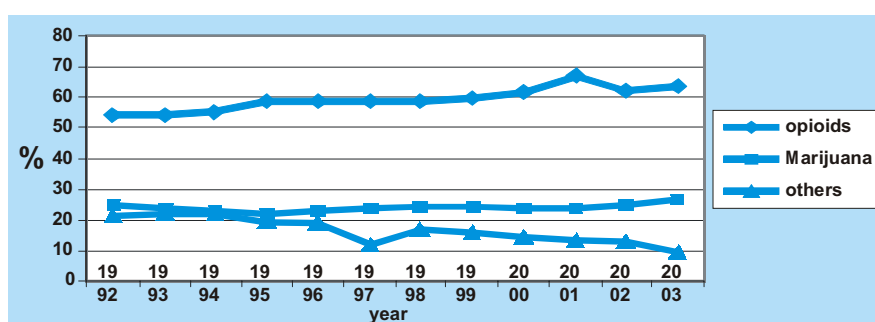
This indicator estimates the extent of severe patterns of drug use that cannot be reliably measured by surveys. The estimation of this indicator should be based on more than one method: applying multipliers from police data, treatment data, mortality rates or HIV/AIDS data, etc. The gained information is useful for assessing treatment needs; besides, it offers a realistic basis for estimation of social costs of the drug problem.

The EMCDDA definition of problem drug use implies "intravenous drug use or long duration/regular use of opiates, cocaine and/or amphetamines". This chapter is designed based on the Georgian realities. In particular, opiates are wide-spread in Georgia, whereas cocaine or amphetamines are not in use. From among stimulants, it is worth to note consumption of Ephedrone and Pervitin (amphetamine-type drug). Hence, the chapter focuses mostly on use of opiates, discussing briefly the use of Ephedrone and Pervitin, as well as solvents – the problem that has emerged in Georgia over the last several years. Although the use of marijuana does not fit into any definition of problem drug use, we chose to briefly dwell on it in this context, the argument being that marijuana consumption is definitely on rise in this country, leading to serious health and social consequences, and besides it is a risk factor for turning-over to opiates.

Obtaining realistic data on prevalence and patterns of problem drug use is one of the most difficult challenges in studying the scale and tendencies of drug addiction in Georgia. Over the past years the health care system has carried out intensive work to establish a comprehensive system for registration of drug abusers and addicts. The registration system does not meet the European standards for the moment and needs to be developed. The work carried out so far led to the creation of an information data bank at the Georgian Research Institute on Addiction. The data bank receives information on a monthly basis on drug abusers and addicts (mostly referred by police) undergoing medical examination at the Institute in Tbilisi, as well as at its regional branches.

As of the end of 2003, the data bank had the total of 20259 persons registered: 14152 drug abusers and 6107 drug addicts. According to experts' estimates, the actual numbers are much higher and stand at over 150 000, with 50 000 injecting drug users (mainly opioids) among them. Despite such divergence in figures, the data available in the data bank reflect the main characteristics of problem drug use in the country

Diagram 1. Dynamics of registered persons in the information data bank of the Georgian Research Institute on Addiction according to the proportion of drugs used.



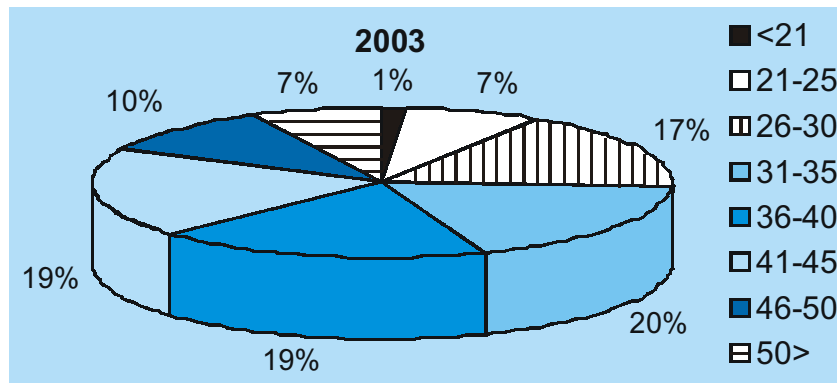
Opioids (along with marijuana) are the main drugs used in Georgia (Diagram 1). The use of other drugs is less frequent, and shows only episodic escalation.

At present drug use is observed across all age groups (diagram 2) and social strata in Georgia.

Over the recent years problem drug use has showed an increase among women, which is counter to cultural and traditional norms in the country. Unfortunately, drug use, including problem drug use is not limited to urban areas and it has become wide-spread among rural population as well.

2: DRUG SITUATION

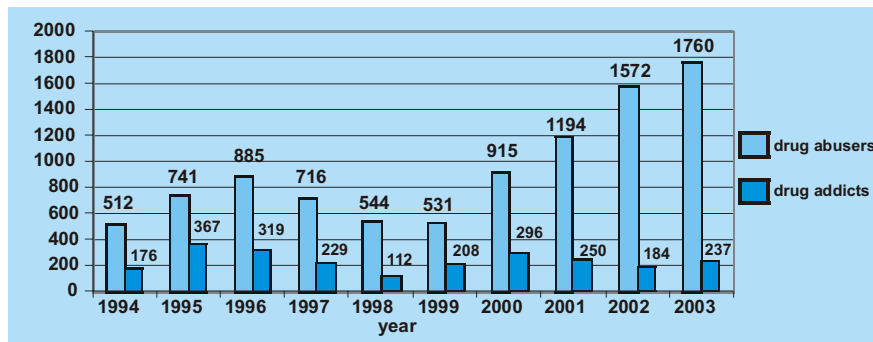
Diagram 2. Breakdown by the age of drug users and drug addicts registered in 2003



It is to be noted that drug situation in the country stabilised against the background of improved crim-

inal situation and betterment of general socio-economic conditions in 1997-1999 years (Diagram 3).

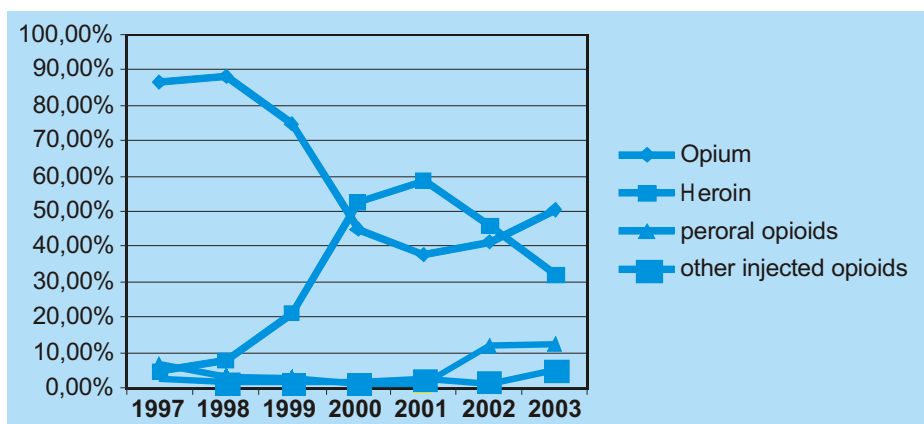
Diagram3. Dynamics of registration of new drug users and drug addicts by years



Intravenous injection of a cocktail made of raw opium and poppy straw has been the most widespread form of drug use since the 80-ies. Heroin

appeared in 1997-1998, and spread fast despite its prohibitively high prices (1g – 200-350 USD). The use of heroin reached its peak in 2001.

Diagram 4. Proportion of used opioids among newly registered abusers by years



The use of peroral opioids (codeine and Tramadol) has shown a significant increase since 2002. Consumption of codeine-containing pills by young people is particularly high due to their easy accessibility and low cost: codeine-containing medicines can be obtained from Georgian drugstores without any prescription. Not

infrequently, such medicines are overdosed, as the system of medical prescriptions is not regulated adequately. It is to be noted that some sedative medications, mainly Benzodiazepins and Barbiturates are used together with codeine to enhance the narcotic euphoria. This enhances the harmful impact of drugs on human body and

adversely affects both mental and physical health.

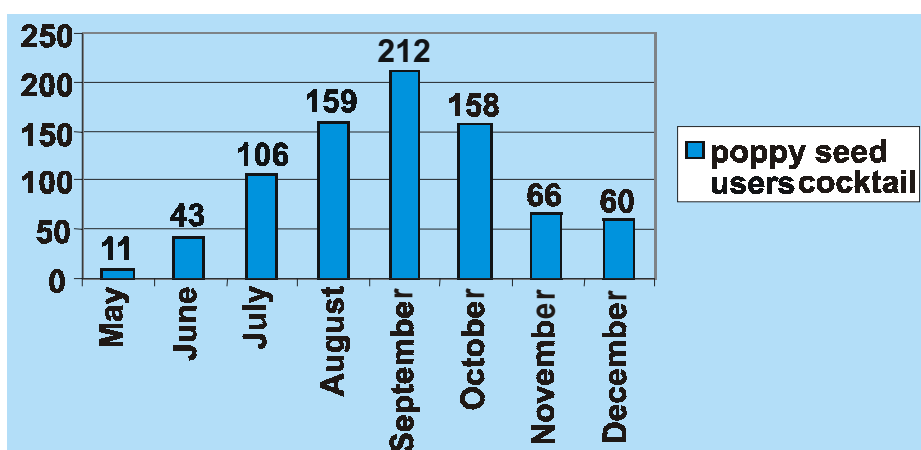
The use of opioid agonist-antagonist Subutex has shown an increase over the last years. This drug is not registered in the Georgian health care system and is imported illegally. Subutex can be taken both perorally and through injection (a tablet dissolved in water is used for injection). Due to high costs (one 8 mg tablet - 150-200 USD), Subutex is mostly used by people from well-off social groups.

A new pattern emerged in the consumption of opioids in 2003. Poppy seed rich in opiates was imported in huge quantities for culinary use in Georgia. Chemical refinement of the product yields an opiate-containing cocktail taken in through intravenous injection. Soon, the cocktail became popular among opioid users. It should be emphasised that the process of chemical refinement implies the use of very toxic substances (the process is similar to the manufacture of drugs

from poppy straw) that in addition to producing narcogenic effect are very harmful for humans (affecting especially brain). Besides, considering some technological aspects, the use of poppy seed is fraught with the risk of group consumption, and hence, with the risk of HIV/Hepatitis transmission through injection.

Low cost and easy accessibility of poppy seed triggered off a fast rise in its consumption that took socially dangerous forms (Diagram 5, data of the Georgian Research Institute on Addiction). The relevant agencies of the Ministry of Health Care, Ministry of Internal Affairs and Ministry of Security of Georgia initiated discussion on the need to adopt relevant statutory regulations on distribution and use of poppy seed. The use of poppy seed has decreased considerably after the Parliament included it in the list of substances containing narcotic drugs and the Ministry of Internal Affairs restricted imports and distribution of poppy seed.

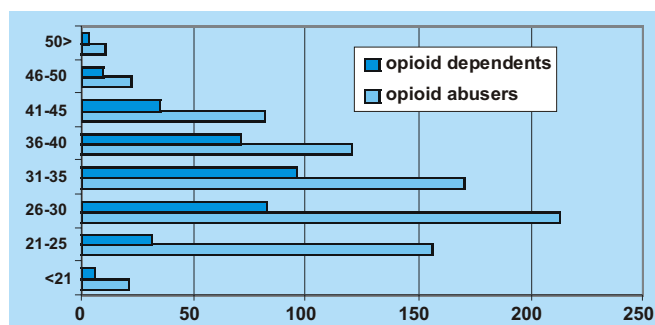
Diagram 5. Dynamics of poppy seed cocktail users in May-December of 2003



Persons belonging to 21-40 age group represent the bulk of opioid users (Diagram 6). While the age peak of drug abuse is 26-30, the age peak of drug

dependence syndrome is 31-35. Dynamics of opioids use indicates that drug abusers move into the category of drug addicts.

Diagram 6. Age groups of opioid abusers and addicts registered in 2003

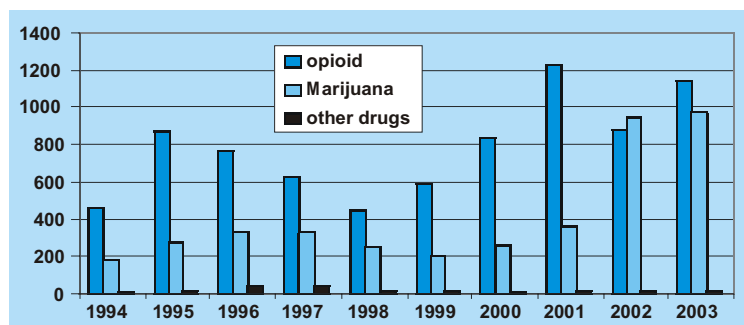


Wide-spread of marijuana is becoming a serious problem for the country: the number of registered facts of Marijuana usage has increased over 2.5-

fold over the last two years (Diagram 7); the statistics of hashish psychosis cases referred to hospitals is also on the rise.

2: DRUG SITUATION

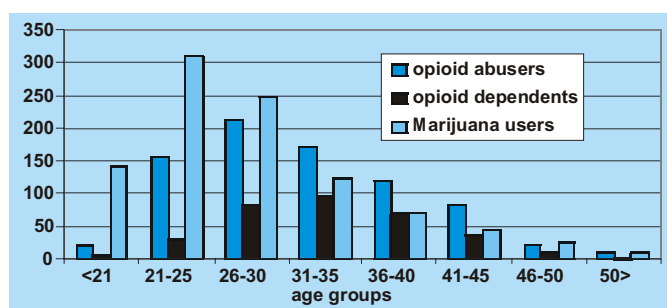
Diagram 7. Breakdown of newly registered users and drug addicts by the used drugs in 1994-2003 years



There is a clear linkage between the use of marijuana and more serious drugs. In particular, Diagram 8 shows that the level of marijuana consumption is high among young people, reaching its peak at the age of 21-25; it is still high by the age of 30, but goes down markedly at an

older age. At the same time, the use of opioids is very low at 21-25, reaching its peak for addiction at the age of 31-35. One can assume that such a picture to a certain extent points to the shift of marijuana users to the use of opioids.

Diagram 8. Comparison of registered marijuana and opioids abusers and opioid dependents according to age groups in 2000



Among other drugs one has to note Ephedrone and Pervitin injections. This form of drug abuse began to spread in 2001-2002 among young people and teenagers, especially among representatives of low-income social groups. These drugs are usually prepared through chemical refinement of medicines used against respiratory disorders and available from drugstores without any prescription. An increase in the number of referrals to narcological and neurological clinics with complaints on mental and physical disorders caused by these substances points to severity of the problem. In 2003 the use of these substances declined significantly, owing partially to the shift towards cheaper poppy seed.

The use of solvents among teenagers and minors, especially street children, is becoming a serious problem for Georgia. In 2002, the Georgian Research Institute on Addiction examined 46 randomly selected children in care; 35 children (21 boys and 14 girls) were found to be inhaling glue, with 27 of them doing it regularly. Unfortunately, these minors represent a latent group, which makes it difficult to target them and carry out the necessary interventions.

The above data demonstrate an increase in the levels of drug use and the availability of a wide choice of drugs in the country.

2.3. Treatment demand

Treatment demand indicator estimates: the number and characteristics of people demanding treatment for drug use (a); substances used (b); types of treatment offered (c). Estimation should be based on adopted by European space joint Pompidou Group-EMCDDA

Treatment Demand Indicator Protocol that describes a routine system of collecting data (20 variable) from each patient starting treatment, and provides a classification of treatment centres, defines which patients are to be included in records and provides guidelines on

techniques used for data collection, analysis and reporting. The information gained through the estimation of the treatment demand indicator identifies patterns in the use of services; assesses the need for resources; contributes to planning and evaluation of the services for drug users.

At the moment the Georgian system of data registration is not based on the above protocol, therefore this chapter does not fit strictly into its requirements, which is seen as a task to be addressed in the nearest future.

Types of treatment offered. Treatment services for drug addicts need to be developed in Georgia. The treatment capacity currently available in the country is not adequate to the existing demand both in terms of the number of treatment centres and diversity of the services they offer. This is explicable on the basis of the grave legacy of the Soviet ideology with respect to the treatment of addicts, grounded in anti-humanistic principles that have taken years to overcome; poor traditions of treatment of addiction and lack of the adequate institutional capacity; difficulties in launching up-to-date facilities due to the existing socio-economic predicament in the country; limited possibilities to use the available facilities due to lack of funding, etc.

The main form of treatment offered to drug-addicts is detoxification therapy followed by short-term outpatient rehabilitation measures. There are no residential care centres, or therapeutic communes capable of providing proper rehabilitation to those who have completed de-tox therapy. Despite the efforts put up by both foreign and local volunteers, no significant headway has been achieved in establishing anonymous self-help groups. No programme of compulsory treatment is being

realised due to the lack of funds. No substitution therapy programme is operational in the country for the moment, though certain progress has been made along these lines; the first Methadone substitution pilot programme will start in 2004 with financial support from the Global Fund. The programme aims to establish a centre with the capacity to serve up to 60 patients. Two similar centres will be established next year.

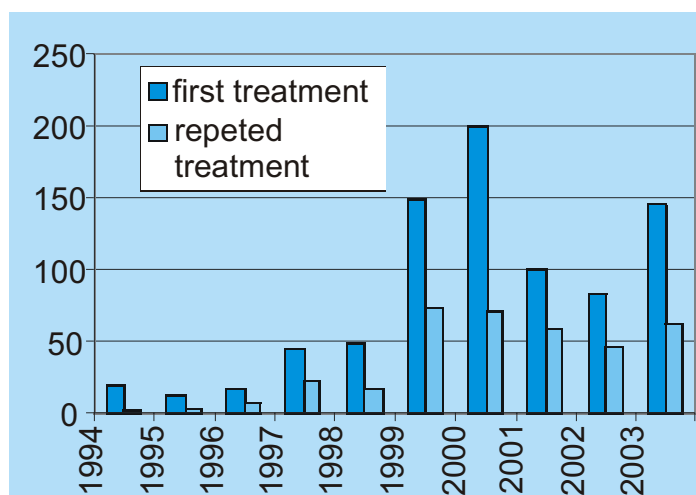
Another impediment for progress in this field is the lack of methodology: e.g. no programmes of psychosocial rehabilitation and treatment are realised in penitentiary institutions.

Some tendencies in drug use. Presently, the main emphasis in medical treatment of drug abuse is placed on opioid dependency. Over the recent years, the number of treatment cases of opioid dependency has increased significantly. (Diagram 1). These data correlate with the general tendency of increase in opioids consumption observed in the country (see chapter "Problem drug use").

Up to 1997, the main emphasis in medical treatment of drug abuse was placed on raw opium dependency. The number of heroin-dependent patients has been on the rise since 1998, and in 2000-2001 as many as 85-90% of patients treated for opioid dependency were heroin users.

Despite the statistics showing the peak of opioids (mostly heroin) consumption in 2001, the number of patients having received treatment at that period was not large. It can be assumed that in 2001 heroin was easily accessible in the black market, causing a decline in demand for treatment despite wide-spread use of opioids.

Diagram 1. Dynamics of a number of opioid-dependant primary and secondary patients receiving treatment in the clinic of Georgian Research Institute on Addiction

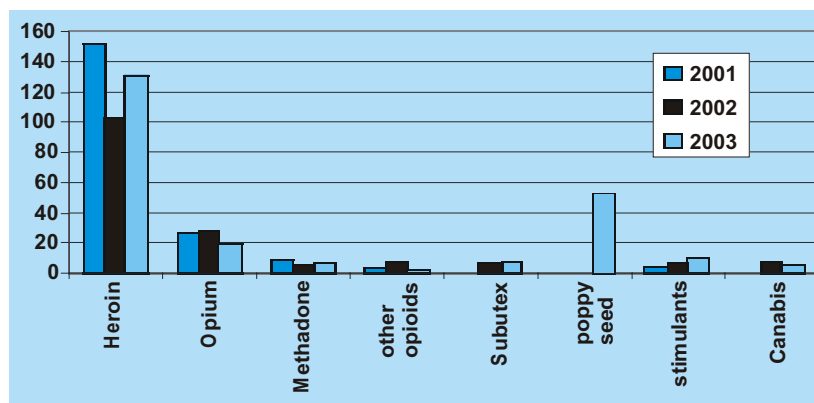


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It is to be noted that the number of persons using self-prepared stimulants, in particular, Ephedrone and Pervitin, has increased over the last years. The number of hashish psychosis cases has also

increased (Diagram 2). July and August 2003 saw a considerable increase in the number of persons using self-prepared cocktail from poppy seeds (see chapter "Problem drug use").

Diagram 2. Distribution of the patients treated in Tbilisi in 2001-2003 according drugs used

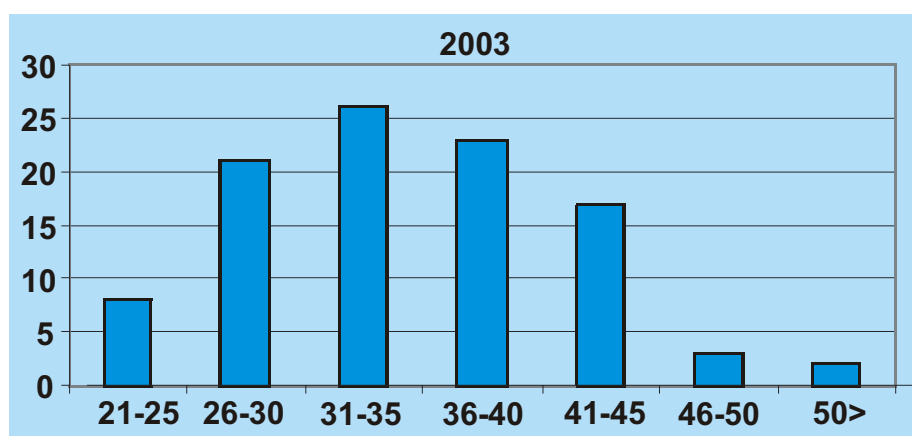


Some social characteristics:

Drug users are mostly men. Although the number of women treated over the last 3-4 years has increased, they only account for 2.5% of the

patients' total population. Most of patients undergoing treatment are 31-35 years of age (Diagram 3).

Diagram 3. Age distribution of opioid-dependent patients receiving treatment in the clinic of the Georgian Research Institute on Addiction in 2003



In 90% of cases the treatment takes place in the capital city of Georgia, Tbilisi, while regions only

account for 10% of treatment cases, which is indicative of the need to widen the net of relevant services in the county.

2.4. Drug-related infectious diseases

Drug related infectious diseases indicator monitors hepatitis B/C, HIV and Tuberculosis in injecting drug users. The methods to estimate this indicator are: a. Collection of data from routine sources and b. Implementation of community-wide surveys. The information gained by estimation of the indicator is necessary for identifying priorities for prevention further spread of infections, forecasting health-care needs and costs and monitoring the impact of preventive interventions.

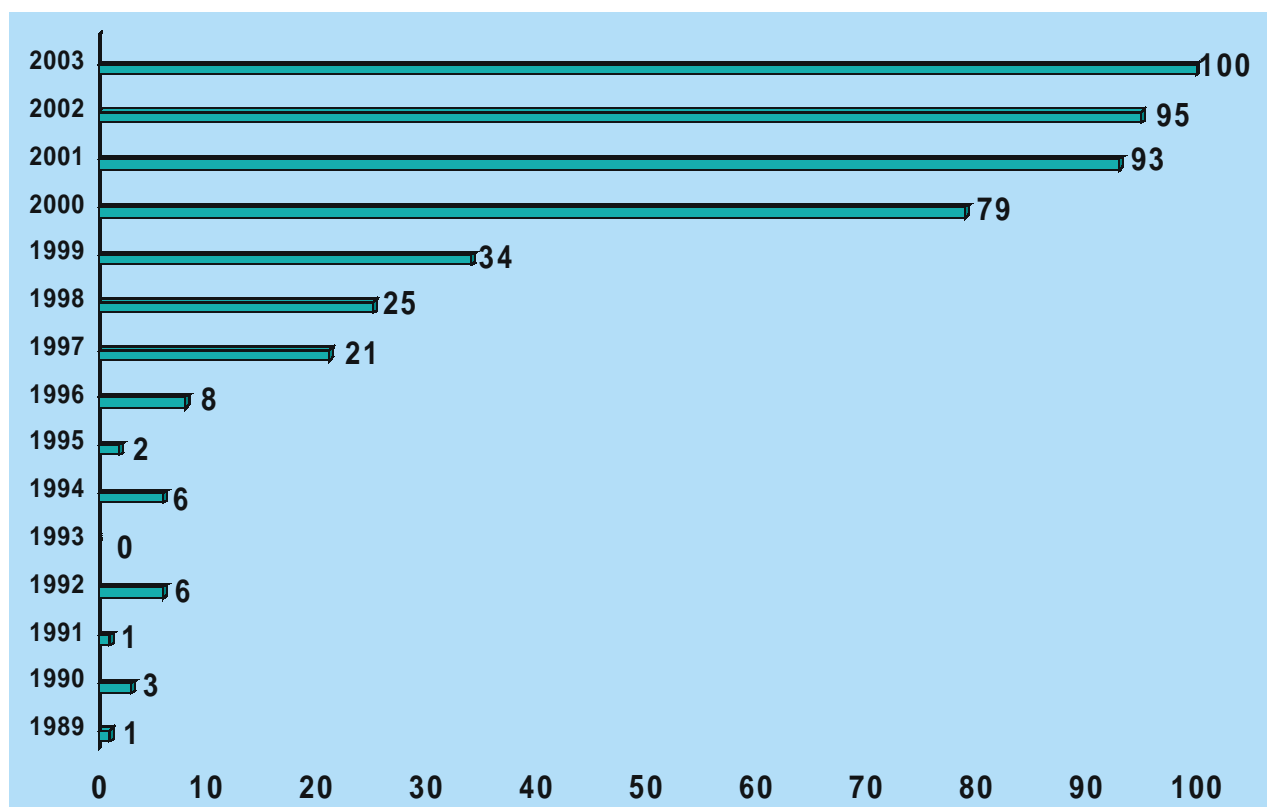
Drug-related infectious diseases are a serious problem for health care system. It includes HIV infection/AIDS, B and C virus hepatitis, other infections transmitted through blood and Tuberculosis. HCV has its special place among them: during the last years its prevalence in comparison with HIV and HBV is rather high among the injecting drug users (IDU).

HIV

Prevalence of HIV. As of 31 December, 2003 the number of registered HIV infected patients in Georgia was 475. According to experts' estimates, the actual number of HIV/AIDS cases is 2000. The first case of HIV infection/AIDS was diagnosed in the country in 1989. 147 patients developed AIDS, and 76 died. Among those infected, 76 are females and 399 males. Most of them are aged 21 to 40. The

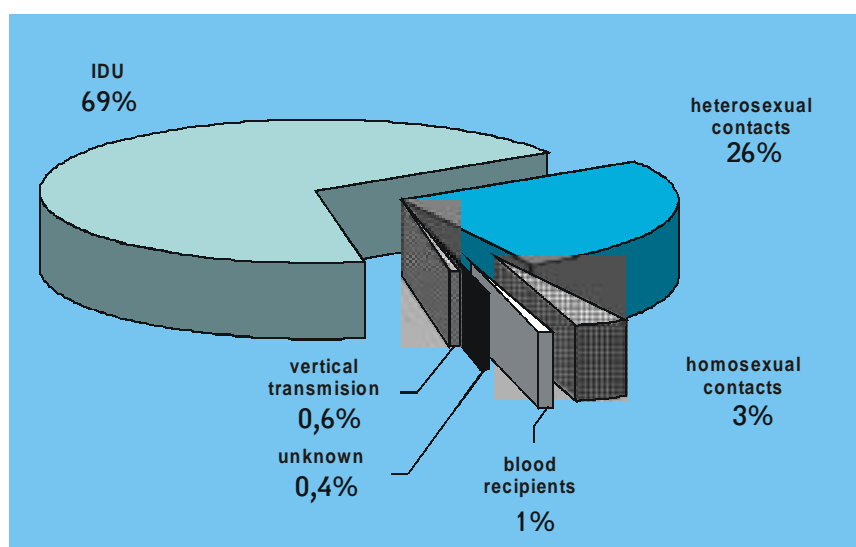
majority of cases are registered in Tbilisi (188), followed by Samegrelo (83, among them 70% in Zugdidi), Adjara (73), Imereti (39), Abkhazia (11), Kakheti (12), Kvemo Kartli (12), Poti (11), Guria (6). Single instances are registered in other regions. In 2000 the number of registered cases increased twofold (34 in 1999, 79 in 2000). The present picture shows slow but stable increase dynamics (Diagram 1).

Diagram 1. Dynamics of registered HIV infection cases in Georgia by years



As many as 69% of persons registered as HIV/AIDS patients are intravenous drug users (IDUs) (Diagram 2).

Diagram 2. Distribution of HIV infected cases by ways of transmission

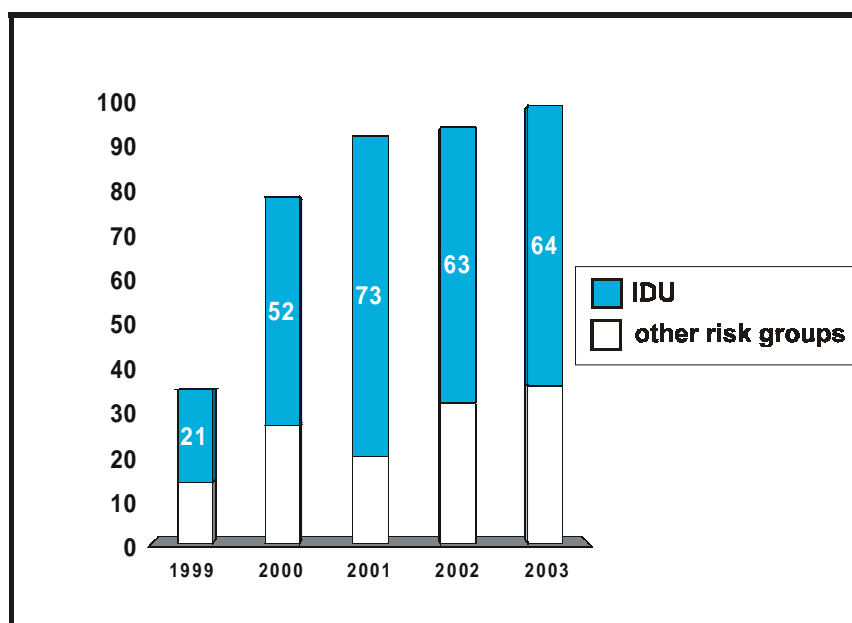


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Over the last five years the number of HIV/AIDS infected IDUs registered at the Infectious Diseases, AIDS and Clinical Immunology

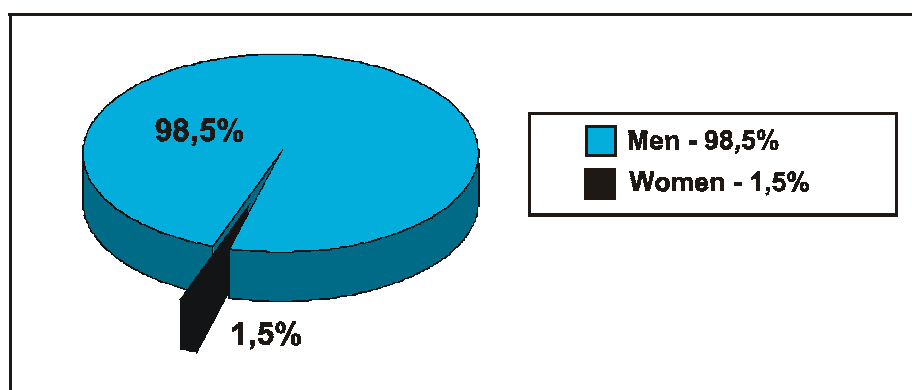
Research Centre has increased three-fold (Diagram 3).

Diagram 3. Distribution of revealed HIV infected IDUs according by years



The majority of HIV infected IDUs are male (Diagram 4).

Diagram 4. Distribution of HIV infected IDUs by gender



Almost every second IDU has chronic HCV. The prevalence of chronic HBV among IDUs is 10 times less than prevalence of HCV.

In 2002, the STI/HIV Prevention Project funded by USAID and led by Save the Children Federation, launched the study “Characteristics, High-Risk Behaviours and Knowledge of STI/HIV/AIDS, and HIV and Syphilis Prevalence among Injecting Drug Users in Tbilisi, Georgia”. The implementing partners for the project were the Infectious Diseases, AIDS and Clinical Immunology

Research Centre; the Georgian Research Institute on Addiction and Public Union “Bemoni”. 302 HIV-infected IDUs participated in anonymous survey and were interviewed concerning high-risk behaviours. Most of the respondents were males, and only two of them were females. 282 interviewees agreed to blood testing for HIV and syphilis. As a result, 4 persons (1.4%) were diagnosed with syphilis, 3 persons (1.1%) - with HIV infection. Some of the survey results are given below (Tables 1 and 2).

Table 1. Drug use related risk behavior of IDUs

	Type of risk-behavior	
1	Average age of first usage of drug	18.5
2	Average age of first drug injection	20
3	The most frequently used injected drug	Heroin 64.98%
4	Usage of injecting instruments already being used by others	67.2%
5	Sharing of injecting instruments	31.5%
6	Usage of shared vessel	66.6%
7	Cleaning of used injection instruments (by the means of water, alcohol, or fire)	84.9%
8	Possibility of getting/buying syringe/needle in case of necessity	98.3%
9	Knowledge of a place for getting new syringe/needle	97.1%
10	Be Informed on HIV infection/AIDS (definition of passing HIV)	98%

It is also important to consider risks related to IDUs sexual life. Despite the publicity of information on AIDS and other STD (sexually transmitted diseases), most of IDUs do not practice safe sex.

This, on the one hand, raises chances for spreading of STD among them, and on the other hand, increases the risk of spreading of HIV/AIDS and STD among the whole population (Table 2).

Table 2. Sex related risk-behavior of IDUs

	Type of risk behavior	
1	Average age of first sexual contact	15 year
2	Average amount of sex partners during the last year	4 partner
3	Contact with regular sex partner	82.4%
4	Usage of condom with regular sex partner	28.5%
5	Casual sex contacts	60.8%
6	Usage of condom during casual sex	55.1%
7	Usage of condom during the last commercial sex	83.5%

Testing on HIV antibodies. The National AIDS Prevention Programme provides for free testing of HIV antibodies for representatives of HIV risk groups – IDUs infected with HBV, HCV and TB patients. If test results seem suspicious, the National Programme provides free confirmation testing. The person concerned is only informed about the HIV infection diagnosis when it is confirmed. If this is the case, the person is registered at the outpatient department of the Infectious Diseases, AIDS and Clinical Immunology Research Centre.

part from that, before employing a person or issuing a visa, some organisations in Georgia

require medical certificate on test for HIV infection. In such cases, the test is to be paid for.

Therapy of HIV infection/AIDS. The Infectious Diseases, AIDS and Clinical Immunology Research Centre provides treatment and outpatient care for HIV infected/AIDS patients in Georgia. Decision concerning the need for treatment is taken in accordance with the official recommendations of the AIDS International Society.

The United Fund of Social Insurance of Georgia (UFSIG) provides free medical examinations and symptomatic treatment to all infected patients; however the Fund can only provide anti-retrovirus

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treatment for 5 patients per year. In conditions of the increased prevalence of HIV infection/AIDS in Georgia, the UFSIG is not in a position to meet all treatment needs of AIDS infected patients. Thus, patients have to buy anti-retrovirus medicines. However, out of 73 patients currently in need of anti-retrovirus treatment only 19 can afford to purchase the medicine.

The Global Fund on Fight against HIV Infection/AIDS, Tuberculosis and Malaria, established by the Resolution of the UN General Assembly's Special Session in 2001, allocated 12 million USD in financial support for HIV/AIDS prevention and treatment activities in Georgia, including specific treatment and care for AIDS patients. In particular, the Fund will support treatment of 80 patients in 2004. From the start of the project, specific, highly active, combined anti-retrovirus treatment will be provided free of charge to the whole population of the registered AIDS infected patients.

HCV

Prevalence of HCV infection. Differently from HIV, HCV is transmitted easier during drug intra-

venous usage. It should be mentioned that HCV infection could be transmitted not only through the syringe and needle, but also through other injection tools, for instance blooded cotton wool, drug cooking pot. Differently from HBV and HIV, HCV is less transmittable through sexual contacts.

In order to estimate the epidemiological situation on drug related infectious diseases, the Infectious Diseases, AIDS and Clinical Immunology Research Centre in cooperation with the local and international partners implemented a number of surveys (in 1997-1999 along with Baltimore John Hopkins University, USA; in 2002 – financed by the Ministry of Labour, Health and Social Security of Georgia; in 2003-2004 - with the assistance of the Open Society – Georgia Foundation). The projects studied prevalence of HCV, HBV and HIV among various groups of population, including high-risk groups, primarily, IDUs.

Results of the study implemented in 1997-1998 suggest that almost every second IDU is HCV-infected and there is a high risk of further spread of the infection among them (Tables 3 and 4).

Table 3. Prevalence of HCV markers among different groups

Persons tested	HCV marker Prevalence
	anti HCV
IDUs (n=1640)	772 (47.1%)
blood donors (n=2400)	294 (12.3%)
students (n=1480)	252 (17.0%)

Table 4. Types of the risk-behavior among different groups

Type of risk behavior	IDU	Blood donors	Students
Usage of needle belonging to the other person even once	854 (52.1%)	22 (0.9%)	54 (3.6%)
Intravenous drug use during the last 6 months	1606 (97.9%)	88 (3.7%)	112 (7.6%)
More then one sexual partner during the last 6 months	1054 (64.3%)	1496 (62.3%)	1124 (75.9%)
usage of condoms	202 (12.3%)	412 (17.2%)	276 (18.6%)

The method of the so-called cross-sectional study was used in the study on HIV conducted in 2002 with the financial support of the Georgian Ministry of Health. The study covered various randomly selected parts of Tbilisi; 933 persons in the 18-75 age range were tested, among them 407 (43.6%) males and 526 (56.4%) females, with the average age of 40. In case of discovering HCV antibodies in blood by ELASA method, the results were re-tested through confirmative research using the "Immunoblotting" (RIBA) technique. Results of the

study show the highest prevalence of Hepatitis C among the IDUs (66%) compared with other risk groups.

In 2003, 96 IDUs, among them 80 males and 16 females, with the average age of 35 were tested, within the framework of the study conducted jointly with the Open Society – Georgia Foundation. According to the results, anti-HCV was found in the blood serum of 42% of the tested individuals.

Thus, there is an epidemic of HCV drug addicts in Georgia, though not at a higher scale than in other countries, as judged by the relevant data. According to the results obtained, prevalence of HCV among IDUs in Georgia is at the same level as in Europe and even lower than in the USA.

HBV

Prevalence of HBV. Before proceeding to the issue of HBV prevalence, it is to be noted that 85-90% of Hepatitis B cases end in full recovery and only 10-15 % become chronic. Besides, effective vaccine against Hepatitis B is already in place. Its

proper use guarantees prevention of Hepatitis B. It is necessary to know the status of the following antibodies in blood serum before vaccination: **HBsAG** is the serological marker of Hepatitis B that is indicative of the disease; **antiHBcTotal** is the serological marker of Hepatitis B indicating whether a person has ever been infected; the presence of **antiHBs** implies that a person has been vaccinated against Hepatitis B.

The study conducted in conjunction with the John Hopkins University looked at the presence of HBsAG and anti HBcTotal in blood serum. Results of the study are presented in Tables 5:

Table 5. Prevalence of HVB markers among different groups

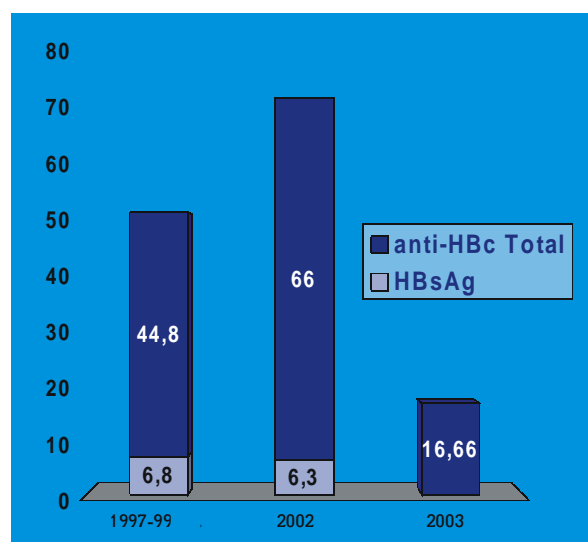
Tested persons	Prevalence of HBV markers	
	HBsAG	HBcTotal
IDUs (n=1640)	112 (6.8%)	734 (44.8%)
Blood donors (n=2400)	72 (3.1%)	146 (6.1%)
Students (n=1480)	62 (4.2%)	158 (10.7%)

The study carried out in 2003 with the support of the Open Society – Georgia Foundation demonstrated that 16.6% out of 96 IDUs were immune to HBV (by HBcTotal).

Thus, it is safe to state that most IDUs in Georgia are immune to Hepatitis B, though the prevalence

of anti-HBcTotal has decreased over recent years (Diagram 4). This shows that Hepatitis B can be prevented in every second IDU. The prevalence of chronic HBV among IDUs is 10 times less than prevalence of HCV. This is another indication that Hepatitis B is characterised by considerably lower chronogenic potential than Hepatitis C.

Diagram 4. Prevalence of Hepatitis B markers among IDUs by year



The number of double infection cases, i.e. both HBV and HCV, is declining (Table 6).

Table 6. Double HBV + HCV among IDUs

	1997-1999	2002
HBV+HCV	6,8%	2,4%

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Tuberculosis

According to WHO Georgia is the country with high prevalence of TB.

Tuberculosis is often associated with HIV infection/AIDS. HIV infection/AIDS is often seen as a cause of TB's "return" in developed countries. 4% of TB patients are double/co-infected (tuberculosis and HIV infection).

So far, no study on TB prevalence among IDUs has been carried out in Georgia. The Infectious Diseases, AIDS and Clinical Immunology Research Centre has studied the spread of tuberculosis among registered HIV-infected drug addicts. The results suggest that prevalence of TB among HIV-infected individuals shows a tendency to increase.

Table 7. Distribution of cases of HIV + TB co-infection among IDUs by years

Years	HIV infection cases	New cases	Among them IDUs	TB co-infection
1999	168	35	21	10
2000	203	79	52	21
2001	282	93	73	22
2002	375	95	63	26
2003	475	100	64	29

Thus, it can be concluded that there is an urgent need to develop and implement programmes

geared towards prevention of HIV infection/AIDS and virus Hepatitis among intravenous drug users.

2.5. Drug market and availability

Georgia is not a drug producing country, and drugs mostly enter the country from neighbouring regions. The black market mainly offers heroin, opium and marijuana. Recently, edible poppy seeds have become very popular (see chapter "Problem drug use").

Georgia can be considered as a transit country for drugs. Criminal groups are looking for new transit routes to be used in addition to those already existing (e.g. the Balkan route, etc.). The so-called "Caucasus Route", in case it is established, will cross the territories of Azerbaijan, Armenia and Georgia, and there is a real threat that this may become a stable drug trafficking route from Asia to Europe. A decisive role here is played

by the geographical location of the Southern Caucasus as a bridge between Europe and Asia, with an easy access to sea, the new "Silk Road" passing across the region, etc. The situation is further compounded by the existence of uncontrolled territories that emerged as a result of long-lasting frozen ethno-political conflicts as they provide additional "gateways" for drugs to enter the country.

The cost of drugs at the black market is for 1g heroin - 200 -350 USD; 1g opium - 20-25 USD; 1 capsule of Morphine - 5-7 USD; 5g marijuana - 7-9 USD. Drugs are sold in the black market illicitly. There are no drugs available in the street. Drugs can be bought through the network of drug-addicts and dealers.

Table 1. Drugs, seized from illicit turnover (heroin in kilos, opium in grams, marijuana in tons)

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Heroin	-	-	0.31	1.064	0.915	2.291	4.99	5.519	3.353	3
Opium	8	10	7.4	8.3	16	14.7	6.629	1.693	1.206	8.4
Marijuana	2.64	2.32	19.03	14.29	31.33	32.26	43.98	31.56	112.56	42.4

Comparison of the figures given in the Table 1 with figures described in the chapter "Problem drug use" shows

that there is a huge difference between the amounts of drugs used and those seized in the country.

2.6. Drug-related crime

In 2003, the National Bureau for Combating Drug Abuse and Illicit Drug Trafficking operating within the Ministry of Internal Affairs, and its local branches revealed 1945 drug-related crimes, including 870 grave and 22 especially grave crimes; 3962 persons were detained for illicit drug trade. As mentioned above, edible poppy seed has become particularly popular among addicts. Low cost and easy accessibility of poppy seed triggered off a fast

rise in its consumption that took socially dangerous forms (See chapter "Problem drug use"). This led to a decision by the Parliament to include poppy seed in the list of substances containing narcotic drugs. The decision was passed in December 2003 and enforced at the beginning of 2004.

Figures below (Diagram 1 and 2) provide some statistics on drug-related crime in the country:

Diagram 1. Drug related crimes revealed by years

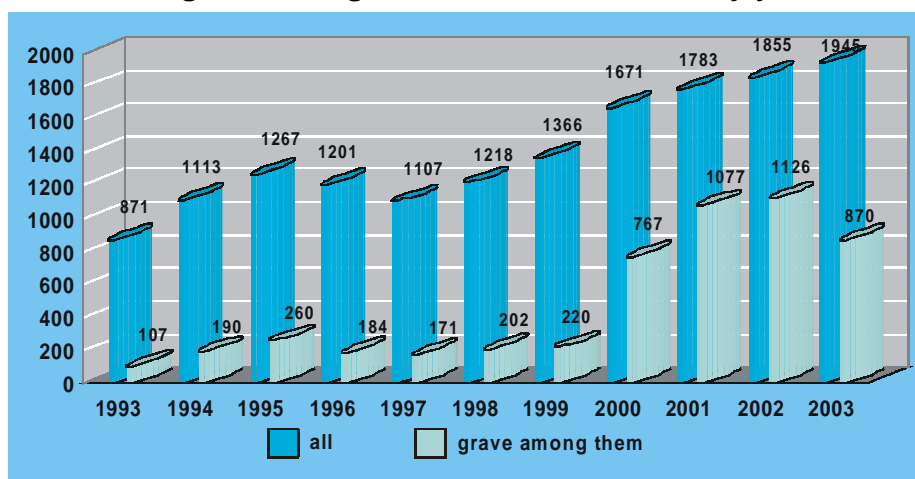


Diagram 2. Number and gender of persons held criminally liable

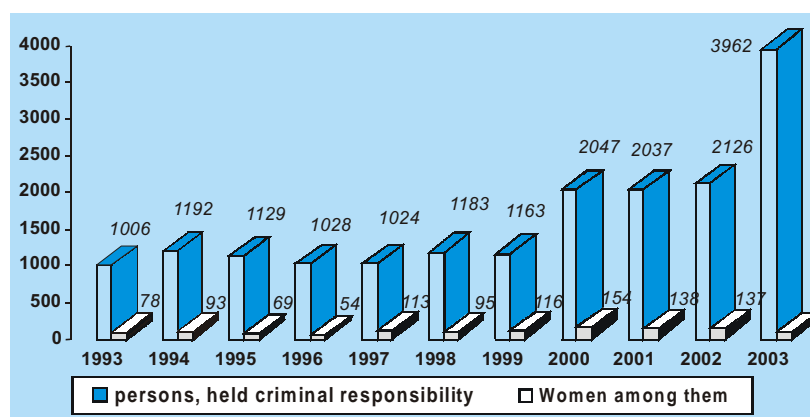


Diagram 2 demonstrates a significant increase of the number of persons held criminally liable since 1999. This is explicable by the fact that The Soviet-time criminal code was in force in Georgia up to 1999. In 1999, Georgia adopted the new Criminal Code, much more stringent with respect to drug-related crimes that provided for criminal liability for this type of offences. At present the work to improve the current Criminal Code is underway with active involvement of the group of experts established within the framework of the SCAD project "Reinforcement and harmonisation of national legislative and regulatory frameworks".

According to the data provided by the Information

and Statistics Service of the Supreme Court of Georgia, in 2003 alone first-instance courts heard the total of 1439 cases on drug-related offences: of these 54.13% concerned illegal cultivation, preparation, purchase, storage, transfer or sales of drugs (Article 260, 252-I-II-III-IV-V of the Criminal Code of Georgia); only 1.18% of cases concerned illegal trafficking and international transit of drugs (Article 262, 79-III-IV). A similar picture was observed in previous years. Such a divergence in figures is indicative of the fact that mechanisms to control drug-related crime inside the country are more effective and it is necessary to strengthen control at the borders.

3. RESPONSES TO DRUG USE

3.1. Demand reduction

3.1.1. Prevention

The system of drug use prevention in Georgia is now in the process of formation. It is being established through the efforts of local and international institutions that initiate and implement relevant programmes and projects, thus seeking to create a certain tradition conducive to further development of preventive approach in the country. It is to be emphasised that prevention projects often rely on cooperation between governmental and non-governmental organisations as they enrich each other with different perspectives and expertise. Currently a number of programmes and projects are going on in the country with the main focus on prevention. A brief description of such programmes is given below.

State Programme on Prevention of Drug Addiction

The State Programme has been implemented in Georgia since 1997. It is the only programme in the field of narcology (treatment and care of addiction) funded by the State, though the funding is very modest and only partial. The focus of the 2003 state programme was on implementation of drug preventive measures in the country at the national, regional and district levels.

The Georgian Research Institute on Addiction is coordinating the State Programme. Its 10 regional centres and 21 district narcological consulting rooms in different parts of Georgia are also involved in programme activities, which provides for across-the-country coverage of the programme.

Medical doctors - narcologists (addiction specialists) involved in the State Programme in the regions work along the following directions: 1. Awareness-raising and education for administrative bodies in regions/districts, teachers, media representatives; 2. Interventions to target high-risk children and young people and conduct relevant work with those groups; 3. Three stage expertise in case of drug intoxication: first - district, second - regional, and third - the Georgian Research Institute on Addiction for doubtful cases. Narcologists working in the regions are united into the Republican Narcological Net. The Georgian Research Institute on Addiction provides

methodological guidance for this network and operates the computerised information bank. The bank receives information on drugs and drug addicts from across the network.

Within the framework of the state programme the Georgian Research Institute on Addiction also carries out the following activities: epidemiological surveys (basically, surveys of high schools and university students); elaboration of rehabilitation and prevention programmes; development and dissemination through the existing network of new diagnostic or medical chemo-toxicological methods; examination of drug intoxication and drug addiction, as well as conduct of forensic examinations in Tbilisi; preparing information materials for prevention and their delivery to public; provision of relevant information to mass media and preparing programmes.

Regrettably, these activities cannot be implemented at a large scale due to limited funding and budgetary constraints.

Community oriented projects by NGOs

Currently, there are very few NGOs in Georgia specialising on addiction issues. Through their efforts 12 micro-projects on primary prevention of addiction have been implemented over the last eight years. The projects implemented by the NGO "Bemoni", namely, "Introducing Healthy Life Styles in the Community through Prevention of Addiction", "Public Education Initiative", etc. furnish a good example of such work. These projects seek to mobilise and develop inner resources in different communities to target the problem of addiction.

The Southern Caucasus Anti Drug Programme's project on primary prevention of addiction in secondary schools. In 2003, SCAD initiated the project aimed at primary prevention of addiction in secondary schools. The project envisioned multi-agency cooperation - the SCAD basic approach. The project brought together representatives of police, medical doctors, schoolteachers and psychologists. The series of multi-agency seminars were conducted, with a focus on elaborating principles of prevention in secondary schools. The principles were formulated in the

Protocol compiled by seminar participants and signed by Deputy Ministers of Internal Affairs and Education. A special manual on drug prevention for schoolteachers was designed, and 27 teachers from secondary schools of Tbilisi were trained to work with the manual.

Southern Caucasus Anti Drug Programme's Anti Drug Campaign on 26 June, 2003. Last year the National Focal Point on Drug Information and the Georgian Research Institute on Addiction initiated and coordinated the anti-drug campaign to mark the 26 June - the International Day against drug abuse and illicit drug trafficking. The campaign brought together all governmental and non-governmental organisations working in the field, including NFP drug information net member organisations. Well-known artists and sportsmen joined the campaign. The campaign was a high profile event due to extensive media coverage and public actions. Currently, a micro project geared towards prevention in school environment is underway, based on the lessons learned from the campaign.

Prevention of HIV infection

The main principles of AIDS prevention in Georgia are spelled out in the law "On HIV infection/AIDS Prevention" approved by the Georgian Parliament in March 1995. The law formulates the main principles in the fight against HIV infection/AIDS, addresses the issues of epidemiological surveillance, medical examination and surveillance of HIV and AIDS infected patients, their legal and social protection, etc. The law was revised in 2000 with a view to harmonising it with present-day international requirements. The new version of the law was enacted on 1 January, 2001.

The National Programme on Prevention and Control of HIV infection/AIDS has been operational in Georgia since 1994. The Department of Public Health of the Georgian Ministry of Labour, Health and Social Security is tasked with supervising the implementation of the programme.

The UN thematic AIDS group brings together all organisations involved in the UNAIDS Programme (UNICEF, UNDP, UNFPA, WHO, WB). The group works towards implementation of the UNAIDS guidelines in the country and collaborates with the government.

A special Anti-AIDS Service has been established in the country with the Infectious Diseases, AIDS and Clinical Immunology Research Centre as a head organisation in it. The service includes almost 70 laboratories in various regions and towns of the country and carries out the following activities: epidemiological surveillance on HIV infection/AIDS; registration of HIV-infected patients and their medical examination; epidemiological research; anonymous testing and operation of hot telephone line; free testing for representatives of high-risk groups; donors' blood testing for HIV infection, viral Hepatitis B and C and syphilis; publication and dissemination of relevant informational materials, video films, video clips; participation in TV and radio coverage on AIDS prevention; organisation of meetings with young people and teenagers, medical personnel and other target groups. The Centre applies all modern methods and techniques of AIDS diagnosis and treatment. The Day on Fight against AIDS and the World Day in Memory of AIDS Victims have been marked every year since 1998.

Peer education has proved to be one of the most effective methods of prevention, in the context the existing restricting legislation. In 2003, the AIDS Centre provided training for 30 IDUs with the financial support of UNAIDS. The IDUs were trained as peer educators. Finally, in one year 800 drug addicts across the country were engaged in peer education against HIV, HCV and HBV infections. Today peer educators continue their work within the framework of the Open Society – Georgia Foundation's Harm Reduction Programme.

Low level of awareness of sexual life caused by the lack of sex education in Georgia is the one the factors conducive to the spread of HIV infection among young people. In 2000, UNICEF initiated and conducted a survey among secondary school students in Tbilisi, where life skills in general and knowledge on HIV infection/AIDS were assessed among other issues. Results of the survey pointed to the need to introduce anti-AIDS and sex education in secondary schools.

It is known that condom is one of the most effective means for protection against HIV infection/AIDS and STD. Since 1999, UNFPA has been distributing free condoms via outpatient gynaecological services. Besides, over 200 000 condoms were distributed through the network of the Anti-AIDS Service.

3. RESPONSES TO DRUG USE

With the financial support of USAID the organisation Public Services International (PSI) initiated a special project with a focus on three components: (a) condoms market research; (b) preparation and dissemination of informational, educational and advertising materials on safe sex; (c) selling of condoms with a considerable discount.

STI/HIV Prevention (SHIP) Project in Georgia.

The Federation Save the Children, with the financial support of USAID, has been implementing the project for prevention of sexually transmitted diseases and HIV in Georgia. The project is being realised in partnership with the Programme for Appropriate Technology in Health (PATH), the local NGOs "Tanadgoma" and "Bemoni", the Infectious Diseases, AIDS and Clinical Immunology Research Centre, the Georgian Research Institute on Addiction, the Association of Dermato-Venerologists of Georgia ("Health Cabinet" clinic) and the Republican Centre of Mother and Child Health Services in Batumi. The SHIP Project started in May 2002 and will be implemented over a three-year period, through May 2005.

The goal of the SHIP Project is to reduce the rate of transmission of STI/HIV in targeted urban locations in Georgia (Batumi and Tbilisi, as these locations have the greatest number of FSWs and IDUs.). The Project is targeting the following high-risk groups 1) Female sex workers (FSWs) and their clients, 2) Intravenous drug users (IDUs) and their partners, 3) IDUs in prisons and 4) MSMs (men having sex with men).

The main thrusts of the project are: 1. Quantitative and qualitative research of the target populations (see chapter "Drug-related infectious diseases"); 2. Interventions focusing on high-risk behaviour change among target groups (supportive counselling services, voluntary counselling for testing on HIV, out-reach and peer counselling network, etc.); 3. Support and capacity building of the relevant services; 4. Work with policy-makers through creation of the Prevention Task Force, made up of all stakeholders working in Georgia that are involved in STI/HIV Prevention.

In 2003 the project covered 2 381 intravenous drug users, 300 sexual partners of IDUs, 655 IDUs in prisons, in total 3336 beneficiaries.

Harm Reduction Programme. Harm Reduction Programme has been implemented in Georgia since 1999 by the Open Society-Georgia Foundation's Public Health Programme. The two main components of the programme are the substitution therapy (Methadone) and needles exchange/education.

Substitution Therapy. The programme activities in this component envisage: (a) Raising awareness on the method among relevant decision-makers and professionals; (b) Promoting the humanisation of the legislation and response methods; (c) Preparatory work for initiation of the first pilot Methadone programme in Georgia. This work is currently implemented in cooperation with the Georgian Research Institute on Addiction.

Needles exchange/education programme. The programme started in 2000 and is being implemented in partnership with the following institutions: the Infectious Diseases, AIDS and Clinical Immunology Centre (Tbilisi), NGOs "Sasoeba" and "Akhali Gza" (New Way) (Tbilisi) and Adjara Public Health Department (Batumi).

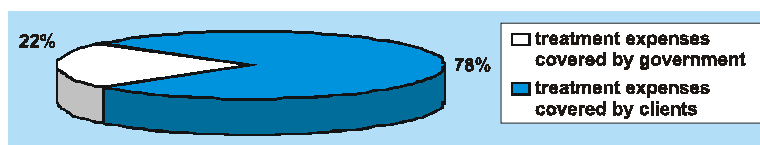
Three pilot projects within the framework of the programme are being successfully implemented in Tbilisi and Batumi with the aim to: stimulate needles exchange/distribution; provide target groups with the relevant information; publish brochures both for intravenous drug users and general public; provide intravenous drug users with free testing for HIV/AIDS, Hepatitis B and C; conduct PR activities and raise awareness among mass media representatives on the goals and objectives of the programme.

The projects are planned for implementation before November 2004. As of today, 386 clients have been served and 47 938 needles distributed within the framework of these projects.

3.1.2. Availability of treatment

Presently, there is a huge gap between drug addiction treatment demand and supply stemming from the fact the State Programme for Treatment is severely underfunded and is thus unable to provide free treatment for drug abuse cases. In most cases clients have to pay themselves (Diagram 1).

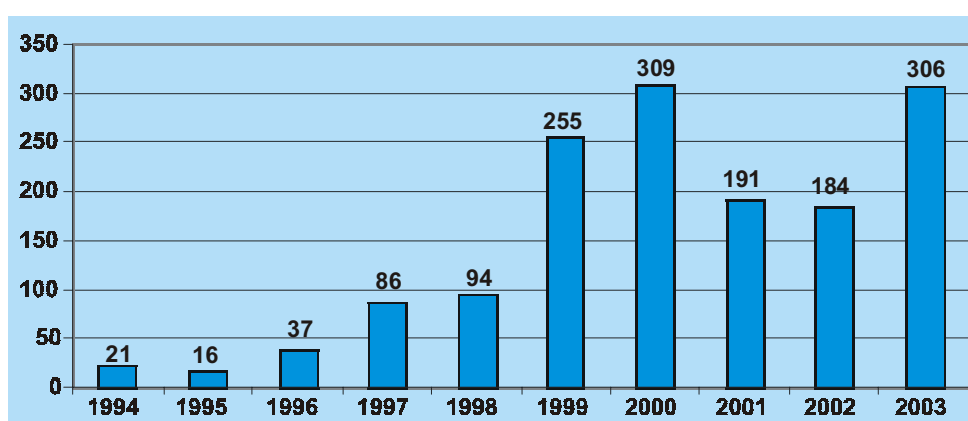
Diagram 1. The sources of financing of the provided treatment cases



Due to the difficult socio-economic conditions, only a limited number of addicts can afford paying for treatment. Thus, the number of treatment cases

is significantly lower than treatment demand (Diagram 2).

Diagram 2. Dynamics of the number of cases of provided treatment in the country



Despite the fact that the number of treated cases has increased almost 15-fold over the last ten years, it is still inadequate to the situation described in the chapter “Problem drug use”.

Currently, two clinics provide in-patient treatment for drug addicts, namely, the clinic of the Georgian Research Institute on Addiction, with the capacity to provide treatment to 270 patients on the average; and Clinic Bemoni, with the capacity to provide treatment to 30 patients on the average. On top of that, there are 10 regional centres (the so-called narcological centres) and 21 district narcological consulting rooms in different parts of Georgia, providing out-patient services and medical examination for addicts.

3.1.3. Criminal-justice responses

Traditionally, criminal justice measures in Georgia have focused mostly on supply reduction, and mechanisms to stimulate demand reduction are now in the process of formation. For instance, the law “On Drugs, Psychotropic Substances, Precursors and Narcological Aid” recently adopted by the Parliament (see subchapter “Drug legislation and its development”) defines the need for and principles of compulsory treatment. However, mechanisms to provide compulsory treatment are not yet in place, it is impossible to execute a court’s decision on compulsory treatment of an addict since the relevant structure responsible for referring addicts for treatment has not been established. Lack of funding is another obstacle impeding implementation of the law.

3. RESPONSES TO DRUG USE

3.2. Supply reduction

99% of all drug-related crimes in Georgia are uncovered by the National Bureau for Combating Drug Abuse and Illicit Drug Trafficking under the Ministry of Internal Affairs. However, it is to be noted that under the Georgian legislation, the Ministry of Internal Affairs is responsible for fight against domestic crime. As far as drug smuggling is concerned, under the Code of Criminal Procedure, relevant interventions are the responsibility of the Ministry of State Security of Georgia. If drugs are interdicted at the border, such cases should be addressed by customs and border departments, which is regrettably not always the case due to lack of adequate capacity.

Taking into consideration the shortfalls in terms of respective capacity and needs related to building up effective mechanisms for supply reduction in the country, the Southern Caucasus Anti Drug

Programme has initiated special projects that have been implemented since 2001 in Georgia, as well as in Armenia and Azerbaijan (See Introduction). In this context it is worthwhile to mention 3 projects: “Strengthening of seaports interdiction capacities”, “Strengthening land borders interdiction capacities” and “Development of compatible system for intelligence gathering and analyses”. All the three projects aim to improve control measures against illicit turnover, smuggling, trafficking/transit of drugs and precursors in Georgia. Within the framework of these projects the State Customs Department of the Ministry of Finances and the National Bureau for Combating Drug Abuse and Illicit Drug Trafficking under the Ministry of Internal Affairs of Georgia have been receiving the necessary equipment, relevant training and methodological support.

Concluding recommendations

1. It is necessary to establish an inter-ministerial body, subordinated to the President, State Minister, or Security Council, that will undertake responsibility to elaborate, implement and monitor anti-drug policies in the country.
2. It is necessary to work out a well-balanced, multi-disciplinary and modern strategy based on humanistic principles and taking account of the experiences accumulated within the framework of the previous national programmes. It is imperative to develop a national strategic plan based on the new approach that would rely on needs' assessment and stakeholders' analysis. The plan should be realistic in terms of its implementation potential and envision a capacity for monitoring, evaluation and impact assessment.
3. The resolution of the Parliament of Georgia (dated 19 June, 2003) concerning the transformation of the Georgian Research Institute on Addiction into a public institution should be implemented as soon as is practicable.
4. Institutionalisation of the National Focal Point on Drug Information should be carried out as soon as is practicable. At the same time, all ministries, agencies and private entities operating in the sector should enhance their efforts in order to obtain information meeting the European standards.
5. It is necessary to coordinate activities of all national and international organisations working in the field of drug addiction in order to improve planning and avoid duplication.
6. All relevant ministries should be involved in the design and implementation of the State Prevention Programme. A special office / position responsible for drug prevention should be established in every ministry. Priorities of the State Prevention Programme should be taken into consideration by local governments in planning their strategies and tactics of governance.