REPORT TO THE UNDP and EMCDDA
by the SCAD National Focal Point

GEORGIA

DRUG SITUATION

2005

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FOREWORD

Today Georgia faces a need for elaboration of comprehensive drug policy. A number of important steps have been done in this direction during the last year in the country, a new vision of the drug problem started to form on the state level, which is important for further constructive developments.

The Georgian Parliament is in the process of discussion of the national anti drug strategy document. For this reason, the present report, developed within the framework of the Southern Caucasus Anti Drug Programme (SCAD) acquires special importance.

The Committee on Health and Social Affairs within the Parliament of Georgia closely cooperates with the Southern Caucasus Anti Drug Programme (SCAD) that has been assisting our country in the implementation of strategic measures for the purpose of drug supply and demand reduction for already six years now.

It is extremely important that the Southern Caucasus Anti Drug Programme supports institutional solution of the drug problem rather than the solution of ìsymptom problemsî. This actually ensures the sustainability of the positive changes achieved within the framework of the programme.

The National Focal Point on Drug Information is just such an important institutional coordination unit set up within the framework of the Southern Caucasus Anti Drug Programme. This service has been regularly monitoring the drug situation in the country for the past 5 years and has already prepared and issued three annual analytical reports.

It has to be noted that similar information services have been put into operation in two other Southern Caucasian countries. The newly formed services have not limited themselves to the description of drug situation at the national level, and, last year, prepared a joint annual report on drug situation in the Southern Caucasus. The description of drug situation at the regional level makes it possible to coordinate and harmonize anti drug strategies in these three countries, which, in turn, will increase the efficiency of the measures carried out at the national level.

Finally, I would like to especially emphasize the necessity of regular institutional monitoring of the drug situation in Georgia as well as of the preparation of like analytical reports, so that these exercises are not discontinued with the completion of the Southern Caucasus Anti Drug Programme. For this purpose, the Government has to make maximal efforts to institutionalize the information service, so that it carries out its functions under the relevant national mandate.

GEORGE TSRETELI

The Chairman of the Committee on Health and Social Affairs of the Parliament of Georgia

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INTRODUCTORY NOTE

Southern Caucasus Anti Drug Programme and the authors of the given report are happy to present to the Georgian Government, the relevant agencies, organizations and professionals working on drug related issues as well as to the larger public, the third analytical report[1] on the drug situation in Georgia, describing the dynamics of the problem, and the solutions applied in the country in 2005.

The report has been prepared according to the guidelines of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Even if the quality of drug related data is still unsatisfactory in the country, the authors tried to adhere to the epidemiological standards developed by EMCDDA as much as possible.

Since it is the third report, it traces the drug situation trends in Georgia, as well as to watch the developments of the mechanisms for the collection and analysis of drug related information. We can observe both positive and negative changes in this area. The positive changes include the further development of data base on the drug use related infectious diseases; also, the quality of the analysis of the youth survey has clearly improved; there is already some relevant information available on drug related mortality, whereas it was totally non-existent some time ago.

At the same time, nothing has changed in terms of the ability of the country to describe its extent of drug use. Until 2005, we had a very little information (of somehow dubious reliability) about the treatment in the Narcologic Register that nevertheless ceased to operate after it was transferred from Ministry of Health[2] to Ministry of Justice. As a†consequence, now Georgia has no information about the medical treatments related to drug abuse and no information about the police-ordered urine tests. As for treatment, the Drug Abuse Monitoring Observatory (DAMOS) created by the SCAD Programme within the GRIA introduced and started to implement the EMCDDAís treatment demand indicator within the treatment institutions and plans to broaden the coverage to the non-medical treatments during the next phase of SCAD; as for police, nothing is known about the plans on registration of cases found with positive urine tests for drugs in the framework of criminal proceedings.

Although, the factors mentioned above should not hinder the description of the countryís drug situation. Just the opposite: every new analytical report makes it possible to draw attention to the needs in the sphere of drug data collection and analysis to make systematic efforts for the purpose of the relevant methodological and institutional developments and fill in the given deficit. This, on the other hand, will serve as a basis for the operation of the mechanisms ensuring the elaboration of reliable and objective information meeting international standards.

Needless to say that accurate, reliable and valid information is the first prerequisite for any rational and informed decision making in any public domain including the drug field.

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[1] The present report was preceded by the following two reports: ìDrug situation in Georgia - 2003î, Tbilisi, 2004, and ìDrug Situation in Georgia - 2004î, Tbilisi, 2005.
These reports are available on the web page of the SCAD: www.scadgeorgia.org

[2] namely, from the Georgian Research Institute on Addiction

EXECUTIVE SUMMARY

Compared to the previous decade, the year 2005 was much more active in terms of the development of drug policy for Georgia. In particular, it was marked with the two following simultaneous strategic initiatives: on the initiative of the Georgian Ministry of Labour, Health and Social Security a state council, determining the countryís drug policy, was set up; it started the elaboration of the anti drug strategic document for the country. On the other hand, on the initiative of the ìOpen Society ñ Georgiaî Foundation, the project ìDrug Policy Reform in Georgiaî was launched to develop and implement the countryís new drug policy. It is not coincidental that both state and non-government sectors started simultaneously to work on the national strategy for the solution of the drug problem, the reasons being the deficit of strategic and tactical solutions, non-existence of a large scale, coordinated, planned, strategically sound measures subject to regular coordination and monitoring.

Resulting from these two initiatives, two different drug strategy documents were prepared with a package of corresponding legal amendments attached to each of them. At present, the Georgian Parliamentary Committee on Health and Social Affairs is reviewing both proposals, aiming to improve the legislation in a balanced way so that it improves the effectiveness of the fight against drug suppliers and distributors, ensures the safety of the implementation of harm reduction programmes in different contexts (community, penitentiary system, etc), and, finally, limits the spread of drug use in the general population. This review process should culminate in parliamentary recommendations for steps in development of a comprehensive drug strategy for the country.

Nowadays drug demand reduction measures in the country are funded mainly by international organizations, with the focus on harm reduction as a top priority. During the last 10 years, the governmental funding provided for the governmental/state measures aimed at drug demand reduction (prevention, treatment and rehabilitation, harm reduction, epidemiological research), was cut by a factor of ten. By 2006, it decreased to 50 000 GEL (22 400 €) ñ a sum that would allow to pay for detoxification (without any additional treatment) of 35 people suffering with addiction only.

Recognizing the inseparability of the interventions and its financial coverage, the Chairman of the Committee on Heath and Social Affairs of the Georgian Parliament proposed to present the budget of the strategic implementation plan for the next parliamentary hearing that should discuss the two drug strategy proposals.

Besides described above, the year 2005 is marked by the following developments in the drug situation: rise of Subutex import from Europe and correspondingly its use by addicts (mainly via injections); rise by a factor of two of the number of patients treated at the existed treatment centres in the country (603 patients in 2005 versus 300 in 2004); forming of the long queues of the patients awaiting for treatment at the existing treatment centres; identified 63.9% of IDUs among HIV infected patients registered at the AIDS Centre by the end of 2005; identifying the fact that prevalence of HIV among prisoners of the penitentiary system of Georgia exceeding more than 11 times prevalence of HIV in the general population of the country (1.76 versus 0.15).

As for development in the field of demand reduction responses, the following should be mentioned here: at the end of 2005 the first Methadone Substitution Programme was launched in Georgia, planning to serve 200 patients by the end of 2006, in the framework of Global Fundís programme ìStrengthening national response in Georgia to implement the effective prevention and control of HIV/AIDS, tuberculosis and malariaî. Another novelty is the first post-detoxification rehabilitation centre for addicts, founded by the initiative of the Patriarchy of Georgia on the base of a number of functional monasteries in the country.

OVERVIEW

PART A. NATIONAL STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORK

1. DEVELOPMENTS IN DRUG POLICY AND RESPONSES

POLITICAL FRAMEWORK IN THE DRUG FIELD

Compared to previous years, 2005 experienced much bigger activity in terms of development of national drug policy. Namely, on the initiative of the Georgian Ministry of Labour, Health and Social Security the State Drug Policy Council was set up; the Council started to work on an anti drug strategic document, aimed at the reduction of illegal drug circulation in the country, spread of drug addiction as well as the caused harmful effects.

At the same time, on the initiative of the foundation ìOpen Society ñ Georgiaî, the project ìDrug Policy Reform in Georgiaî has been implemented by the NGO ìAlternative Georgiaî, similarly having a goal to develop the conception of new Georgian drug policy, using any relevant tool. The primary aim of this group is to reduce social and economic harm, caused by the use of drugs.

Resulting from these two initiatives, two different drug strategy documents were prepared with a package of corresponding legal amendments attached to each of them. In the time of writing this report, the Committee on Health and Social Affairs of the Parliament of Georgia is reviewing both documents; this reviewing process should end up with parliamentary recommendation on steps for development of the comprehensive drug strategy for the country.

LEGAL FRAMEWORK

In 2000 Georgia completed ratification of the relevant UN conventions. On December 5, 2002 the Parliament of Georgia adopted the law ìOn Drugs, Psychotropic Substances, Precursors and Narcological Aidî. The basic principles spelled out in the new legislation provide for (a) maximum restriction of drug use by individuals with due regard for human rights; (b) recognition of drug addicts as patients; (c) implementation of legislative policy to encourage persons to refer to medical professionals for treatment. The new legislation came into effect in March, 2003. The implementation of it is limited by the existing institutional and financial capacities in the country.

Legal attitude to drug users in Georgia is governed by the following provisions stipulated in the Administrative Code and Criminal Code of Georgia: possession of illegal drugs in minor quantities or use of illegal drugs without doctorís 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. Other drug-related criminal offences are described in Chapter 33, Articles 260-274 of the Criminal Code of Georgia.

The legislative changes of the State Drug Policy Council propose to abolish the responsibilities for the use of drugs under the Criminal Code, but introduce even greater administrative responsibility for this offence. The packet of legislative changes prepared by the NGO ìAlternative Georgiaî implies the abolishment of both criminal and administrative responsibilities for drug use.

At present, the Georgian Parliament is discussing both proposals, aiming to improve the legislation in a balanced way so that it improves the effectiveness of fight against drug suppliers and distributors, ensures the safety of the implementation of harm reduction programme in every context (community, the penitentiary system, etc), and, finally, effectively limits the spread of drug use in the general population.

DEVELOPMENTS IN PUBLIC ATTITUDES AND DEBATES

The civic sector has become more active in the solution of the drug problem in 2005, which is reflected in the development of NGO networking activity (in 2005 Georgian Anti Drug Coalition continues to function, Georgian Harm Reduction Network was set up), on the one hand, and the activation of the mass media in the formation of public opinion in relation to the problem, on the other hand (two journalists unions: ìAnti Drug Press Clubî and ìHarm Reduction Press Clubî were founded and functional). Although, the quality of media broadcasts and

publications on the problem still need to be improved, as ìseeking for sensations or looking for those who could be blamedî style peculiar to the Georgian Mass media in general, is still in place.

FUNDING AND BUDGET ARRANGEMENTS

Drug demand reduction measures in the country are funded mainly by international organizations. During the last 10 years, the governmental funding provided for the governmental/state measures aimed at drug demand reduction (prevention, treatment and rehabilitation, harm reduction, epidemiological research), was cut by a factor of ten. By 2006, it decreased to a 50,000 GEL[3] (approx. 22,000 €) ñ a sum that would allow to pay for detoxification (without any additional treatment) of 35 people suffering with addiction only.

Recognizing the inseparability of the interventions and its financial coverage, the Chairman of the Committee on Heath and Social Affairs of the Georgian Parliament proposed to present the budget of the strategic implementation plan in the next parliamentary hearing that should discuss the two drug strategy proposals.

PART B. EPIDEMIOLOGICAL SITUATION

1. PREVALENCE, PATTERNS AND DEVELOPMENTS IN DRUG USE

MAIN DEVELOPMENTS AND EMERGING TRENDS

Marihuana is considered as the most widely spread drug in the country. Regarding the injecting drugs, in Georgia traditionally the most frequently used drugs have been opioids. The use of cocaine and amphetamine is insignificant, as they are not actually available on the black market. Although, there is some evidence that home-made stimulants containing ephedrine[4] is on the rise in Tbilisi.

Out of the substances belonging to the group of opioids, before 2000 raw opium (the so-called ìblackî opium) was prevailing on the black market. Poppy straw was less available in that period. From 2000, heroine import and use sharply increased. Wide use of poppy seeds was observed in 2003: by means of a complex chemical processing, cocktail was made from poppy seeds to be used through injection. After implementing corresponding measures in response to the given practice, poppy seeds import and their abuse decreased from 2004. In 2004 - 2005, the cases of Subutex Æ[5] import from Europe and its use significantly increased. This medical product, usually employed for the purpose of substitution therapy by means of sublingual administration, is basically used through injections in Georgia. In 2004, 29% of patients admitted to clinics were addicted to Subutex Æ, whereas in 2005, the number of such patients reached 39%.

SURVEYíS ON DRUG USE IN THE POPULATION

Due to shortage in funding, no general population survey has been conducted in Georgia so far. Since 1999 young people have been surveyed on regular basis (once per two years) within the framework of the state drug prevention programme, using the version of the Pompidou group questionnaire (ESPAD) adapted to the Georgian reality. The last survey was conducted in May 2005, by Georgian Research Institute on Addiction, with 735 schoolchildren, born in 1988 - 1989, from 13 different secondary schools in Tbilisi, which showed the following results:

The most common drug among youth is marihuana (hashish): 30.3% of boys said that they had used hashish (including one trial), 7% of boys said that they use it on a regular basis. 6.3% of boys reported using of hashish during the last 12 months and 8.6% - during the last 30 days.

Among the boys, experimenting with hashish is followed, in terms of frequency, by ecstasy (3.4%), Subutex Æ (2%), LSD (1.7%), opium (1.7%), morphine (1.4%), poppy seed (1.4%), tramadol (1%); 7.4% of interviewed boys mentioned the use of sedatives and sleeping pills for several times without the doctorís prescription, and 5% - the similar kind of use of antihistamines. As about regular use (20 times and more), most frequently was reported heroin (1.3%), Subutex Æ (1.3%), and ecstasy (1%).

[3] 1 € = 2.30 GEL

[4] amphetamine type drug

[5] brand name for buprenorphine based medication

The results for the use of hashish as well as for other drugs are very low among girls. Regular use of hashish was not reported by girls at all; only 1.4% said that they had experimented with this drug. Similarly, only several interviewed females said that they had tried LSD, poppy seed, vaporizing solvents, morphine, ecstasy, sedatives and sleeping pills without a doctorís prescription.

Survey revealed that use of tobacco is quite high among the surveyed, especially males. 61% of boys and 38% of girls reported that had tried cigarettes at least once; 29% of boys reported regular smoking (40 times and more).17.6% of boys and 1.6% of girls turned out to be active smokers, - that is they smoked from 5 to 20 and more cigarettes a day during the last month.

There is a correlation between the showings for tobacco use, on the one hand and frequent and regular use of hashish on the other hand. We can observe also significant correlation between knowing that buying and using hashish is illegal and use of it.

INJECTING DRUG USE

Until 2005, we had a very little information (of somehow dubious reliability) about the treatment in the Narcologic Register, that nevertheless ceased to operate after it was transferred from Ministry of Health (namely, from Georgian Research Institute on Addiction) to Ministry of Justice. As a†consequence, now Georgia has no information about the medical treatments related to drug abuse (including injecting drug use) and no information about the police-ordered urine tests. As for the treatment, the Drug Abuse Monitoring Observatory (DAMOS) created by the SCAD Programme within the GRIA introduced and started to implement the EMCDDAís treatment demand indicator within the treatment institutions and plans to broaden the coverage to the non-medical treatments during the next phase of SCAD; as for police, nothing is known about the plans on registration of cases found with positive urine tests for drugs in the framework of criminal proceedings.

The latest information reflects up to 24 000 drug users registered in the Narcologic Register by the end of 2004. Out of those, up to 14 400 were injected opioid users. To get a relatively accurate description of the situation, the existing officially registered data were usually multiplied by a certain index, differently by different experts (the value of index ranging from 8 to 10). As a result, the number of drug users for 2004 was estimated as 200†000 - 240†000.

2. HEALTH CONSEQUENCES

DRUG TREATMENT DEMAND

The year 2005 showed an increase in the demand for treatment of drug dependent individuals (by 99% for detoxification of opioid-type drugs addicts). This is demonstrated by a sharp increase in the number of treated cases compared to the previous years: namely, 603 patients versus 300 treated in 2004 and 320 treated in 2003. Another interesting trend observed in 2005 was that long queues of patients started to form to register in advance for treatment in the in-patient hospitals, which had never happened before.

Medical treatment of drug dependent individuals is not financed by the State (except for the Adjara region), donor or private organizations. The patients pay for themselves. The detoxification course costs from 300 to 540[6] € in different clinics, which is a large amount of money given the economic situation in Georgia. Many individuals, willing to undergo treatment, cannot afford it. Thus, the number of treated cases does not reflect the actual level of demand for treatment in the country.

In 2005, heroin and Subutex Æ were most frequently used opioids among treated. Besides, the home-made stimulator ì Vintî containing ephedrone has become very popular in Tbilisi.

[6] while, according to the data of the Ministry of Economical Development State Statisctics Department, an average income in 2005 was approx. 44 € per person per month

DRUG RELATED MORTALITY

In the recent period the death cases caused by drug use are not actually registered by the relevant agencies in the country; to fill in this gap, a special research was implemented in 2005 in the framework of SCAD programme directed on estimation of mortality of drug users. The research revealed, that for the year 2003, mortality of drug user men of reproductive age represented 6 persons per 1000 people, which two times exceeds the mortality rate for the total population of males in 2003 (3 persons per 1000 individuals).

DRUG RELATED INFECTIOUS DISEASES

At the end of 2005, 880 HIV\AIDS cases were registered in the country. However, according to the expertsí estimates the number of the infected in the country is likely to be over 3500. Out of the registered cases, 63.9% are IDUs.

Injecting drug users made up 53% (128 cases out of 242) of the total number of cases registered in 2005. All the IDUs are men, aging 29-42. Out of them, the number of drug addicts is small. Most of them use drugs only from time to time. In addition to HIV infection, viral hepatitis B and C, TB, pneumonia, skin infections, infectious endocarditis and sepsis are common among these patients. Furthermore, chronic C hepatitis is observed in actually all the patients, and the prevalence of C hepatitis exceeds that of B hepatitis by 70%.

Interviews with IDUs tested for HIV infection carried out in the AIDS Centre in 2005 showed that 52% of respondents utilized already used needles, without sterilizing them in advance.

The prevalence of HIV/AIDS and high risk behaviour in the penitentiary system have been studied since 1998 on the initiative of the AIDS Centre and with the support of the medical service of the Ministry of Internal Affairs of Georgia (currently - Ministry of Justice) Penitentiary Department. According to the research, from 1998 to 2005 (including), 67 HIV infected prisoners, in total, were identified in institutions of the penitentiary system of Georgia. In 2005, HIV/AIDS prevalence made up 0.15% in total population and 1.76% in institutions of the penitentiary system.

3. SOCIAL AND LEGAL CORRELATES AND CONSEQUENCES

Due to a number of reasons (see below) drug users in Georgia are a hidden population nowadays. Therefore, one could not observe such social indicators of the problem, as so called ìstreet addictsî, or ìjunkieís cultureî, etc. As to other drug related social problems (school drop outs, homelessness, unemployment, etc.) - the situation is not studied enough. There are clear indications of the existing correlation between drug related crime and unemployment - 90% of drug related offenders in the year 2005 are unemployed individuals, although we can not say if that is the cause of the problem or its consequence.

In 2005 no major changes occurred in terms of fight against the drug supply in the country: the largest share (98%) of revealed drug related crime still concerned minor crime related to the illicit drug circulation inside the country, and not drug trafficking. Namely, in 2005, the Special Operative Department of the Ministry of Internal Affairs of Georgia investigated 2074 potential drug-related crimes (the relevant showing for 2004 was 1941). Among those: drug contraband - 34 cases (9 for 2004), drug dealing - 138 cases (145 for 2004), illegal cultivation of narcotic plants - 109 cases (244 for 2004). The rest of the cases, forming the vast majority, concern illegal keeping, transferring, or revealing in secondary use of drugs (after administrative penalty within a one year, which is a crime according to Georgian legislation).

In 2005 the first pilot economical research using limited source data of heterogeneous quality was made to estimate drug related costs in the country, by the NGO ìAlternative Georgiaî. The research suggests that the scale of drug related turnover of money on the ìblack marketî is significantly higher then all the other drug related costs, including drug supply and demand reduction measures implemented both on the governmental and non-governmental levels. At the same time, the study revealed an extreme lowness in the demand reduction measures budget.

4. DRUG MARKETS

Georgia is not considered as a drug producing country[7], and drugs mostly enter the country from neighbouring regions. In the view of national law-enforcement agencies, Georgia is considered as a transit country for drugs. Trans-national 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 ìCaucasus Routeî, 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 renewed ìSilk Roadî 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 ìgatewaysî for drugs to enter the country.

The black market mainly offers heroin, opium and marihuana; according to the Ministry of Interior information, in the years 2004 - 2005 significantly increased Subutex Æ supply, which enters country from Europe, opposite to ìtraditionalî Asian routes.

In Georgia illegal drugs are sold on the black market illicitly. Drug dealer is called by the Russian word ìBarigaî, drug dealing - ìbarigingî; usually, ìBarigaî brings into the country minor or large amounts of drugs and distributes them among other minor ìBarigasî and drug users; drugs can be bought through the network of drug-addicts and ìBarigasî; there are no drugs available for drug-naÔve buyers on the streets; however, currently the so called discothËque culture is entering the country, which can change the described pattern; often drug users are drug sellers simultaneously.

SEIZURES

The data on drug seizures by year provided by the Ministry of Internal Affairs Special Operative Department, show that although seizures rose from 2004 to 2005, they are still small and do not correspond to the scale of trafficking: i.e. 4.18kg. heroin was seized in 2005 (versus 0.79kg in 2004), or 4.84 opium was seized in 2005 (versus 1.19kg. in 2005), 38.89gr. Subutex Æ (versus 3.39gr. and 849 tablets[8] in 2004), etc.

PRICES

The information on the prices provided by the Ministry of Internal Affairs Special Operative Department for the year 2005 is as follows: 1 gr. of heroin - 238 - 317 €, 1 gr. of opium - 12 - 16 €, 1 capsule of morphine - 4 - 5 €, 1 gr. of marihuana - 2 - 3 €, 1 tablet of Subutex Æ - 100 €.

PART C. DEMAND REDUCTION INTERVENTIONS

STRATEGIES IN DEMAND REDUCTION AT NATIONAL LEVEL

The drug demand reduction strategy for Georgia is being elaborated at present. As for today, the measures undertaken in response to the problem are based on the priorities set by international non - government organizations. The situation for 2005 looks as follows:

- At least 11,000 beneficiaries participated in the harm reduction programmes implemented by different organizations (Global Fund, ìOpen Society - Georgiaî Foundation, Save the Children Federation, SCAD) and a minimum of 341,269 € was spent on these programmes. These programmes are focused mainly on the following: needles exchange, voluntary testing and counselling, methadone substitution therapy, improvement of the legislation.

- A total of 603 patients underwent treatment in the four narcological clinics of the republic (Georgian Research Institute on Addictionís Clinic, Clinic Bemoni and Clinic Uranti, - in Tbilisi; LTD ìNarcological Centreî - in Batumi). None of these cases were financed by the State, non-government organizations or an insurance fund.

[7] exception in this regards are illegally cultivated marihuana crops in the country, as about opioids - they are imported
[8] one tablet of Subutex Æ is 0.008gr.

OVERVIEW

- In 2005, the number of direct beneficiaries of the primary prevention measures in the school environment or within the community was 130 (within the framework of the SCAD relevant projects); about 2000 citizens took part in drug prevention mass public actions: displaying anti-drug posters, etc. (within the framework of the SCAD programme and Georgian Anti Drug Coalitionís project funded by the German Government). The annual budget allocated for overall primary prevention activities constituted about 21,428 €. The scale of direct prevention activities carried out at the school level has decreased since 2006: from 130 direct beneficiaries in 2005 to 16 by August, 2006.

The data above show that today, harm reduction is a top priority for the country out of the measures aimed at drug demand reduction. This strategic direction is financed by the international sector. As for treatment and primary prevention, these strategic directions receive fewer funds from the State or the international sector, and, therefore, are implemented at a smaller scale.

NEW DEVELOPMENTS

In December 2005, the first substitution therapy programme was launched in the country. This programme, financed by Global Fund, is implemented in the Georgian Research Institute on Addiction. 60 patients were selected for treatment at the first stage. Treatment procedures started on December 28. 8 patients were included in the program by the end of the month. The rest of the patients were included starting from 2006. It is planned to include 200 patients by the end of the year 2006. Two more clinics - one in Tbilisi (ìUrantiî) and one in Batumi (LTD ìNarcological Centreî) are going to host methadone substitution programme in 2006, serving 60 patients each.

Another novelty in the area of drug demand reduction is the initiative of the Patriarchate of Georgia. Since there is no institutional unit for the social rehabilitation of addicts (i.e. therapeutic communes or other similar programmes), and the provision of rehabilitation service is an urgent need in the country, the Patriarchate of Georgia undertook the rehabilitation function at this stage, and, accommodated drug dependent individuals in Georgian monasteries after they voluntarily underwent the detoxification programme. In addition, a rehabilitation centre was set up in the Tabori monastery based on the 12 step method, which is operated by the NGO ìPeoniî.

PART A. NATIONAL STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORK

1. DEVELOPMENT IN DRUG POLICY AND RESPONSES

1.1. INTRODUCTION

Compared to previous years, 2005 experienced much bigger activity in terms of development of national drug policy. Namely, State Drug Policy Council, analyzing and proposing plans on the countryís drug policy, was set up on the initiative of the Georgian Ministry of Labour, Health and Social Security; as its first step, it started to work on the conceptual paper on National Drug Strategy, aiming at the reduction of illegal drugs circulation in the country, spread of drug addiction as well as of the harmful effects of drug use.

At the same time, the project ìDrug Policy Reform in Georgiaî has been started after the initiative of the foundation ìOpen Society ñ Georgiaî, similarly having a goal to develop the conception of new Georgian drug policy; the primary aim of this group is to reduce the drug-related social and economic harm in Georgia using any relevant tool.

Resulting from these two initiatives, two different drug strategy concepts were prepared, accompanied with a package of corresponding legal amendments attached to each of them. In the time of writing this report, the Committee on Health and Social Affairs of the Parliament of Georgia is reviewing both documents; this reviewing process should end up with parliamentary recommendation on steps for development of a comprehensive drug strategy for the country.

While discussing the legal aspects of tackling the problem, the biggest drawback is the poor implementation of the existing legislation, rather than the imperfect character (inconsistency and weakness, which is also a case) of the legislation itself. The new drug legislation that was adopted by the Georgian Parliament in 2002 and came into effect in 2003, included a number of important improvements, which ñ if implemented ñ would have significantly contributed to the solution of the problem, i.e., (i) recognition of drug addiction as a disease, (ii) guarantee of free treatment to drug addicted persons once in his/her life, (iii) introduction of compulsory treatment, etc. ñ which were not implemented, as the law was lacking both defined institutional mechanisms and a budget allowing any action.

During the last 10 years, the governmental funding provided for the governmental/state measures aimed at drug demand reduction (prevention, treatment and rehabilitation, harm reduction, epidemiological research), was cut by a factor of ten. By 2006, it decreased to 50,000 GEL (22,400€) ñ a sum that would only allow to pay for detoxification (without any additional treatment) of 35 people suffering with addiction.

Recognizing the inseparability of the interventions and its financial coverage, the Chairman of the Committee on Health and Social Affairs of the Georgian Parliament proposed to present the budget of the strategic implementation plan for the next parliamentary hearing that should discuss the two drug strategy proposals.

1.2. POLITICAL FRAMEWORK IN THE DRUG FIELD

The State Drug Policy Council was set up as the Ministerís advisory body at the beginning of 2005 following the initiative of the Ministry of Health. The Council includes 9 experts, representatives of the Georgian Ministry of Health (Juridical Department and Public Health Department), the Ministry of Interior, the Research Institute on Addiction, the Georgian representative of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM), the Centre for Psychological Assistance that operates within the structure of Georgian Orthodox Church, the NGO ìBemoniî and the Southern Caucasus Anti Drug Programme.

The implementer of the initiative of the ìOpen Society - Georgiaî foundation is the NGO ìAlternative Georgia,î which implemented the project ìDrug Policy Reform in Georgiaî with the support of the ìOpen Society ñ Georgiaî foundation and the Canadian International Development Agency in 2004ñ2005.

Both the State Drug Policy Council and ìAlternative Georgiaî have developed a drug strategy proposals reflected in two different documents. Although the two documents significantly differ from each other in terms of the mechanisms set for implementation of the priorities they identified, they have a number of features in common.

The similarities between the documents:
Both documents (i) stress the fact of being based on international experience and the relevant EU normative documents on the one hand, and the results of the

studies of the existent situation in Georgia, on the other hand (ii); in both documents, principal strategic components are drug demand reduction, supply reduction, staff training, research and monitoring (iii); both emphasize the importance of the inter-ministerial coordination mechanisms and the necessity of the creation of the relevant body, subordinated to the President or the Prime Minister and ensuring coordination between the relevant agencies (iv); both documents stress that addiction is a public health problem (v); both papers emphasize a balanced, multi-component strategic approach (vi); the main priorities distinguished by the both approaches are primary prevention, treatment-rehabilitation and harm reduction.

The differences between the documents:
(i) Attitude towards primary prevention (and, stemming from that, estimation of its strategic importance): the State Drug Policy Council considers primary prevention as ìan essential priority of the Georgian Anti Drug Strategyî (Sirbiladze et al. 2006), together with treatment, rehabilitation and harm reduction, whereas ìAlternative Georgiaî states the following: ìThe (Ö) studies have established that prevention really produces positive results mainly gained at the expense of reduction in alcohol and tobacco use. As for the influence (Ö.) on the illicit drug use reduction, it turned out to be quite moderate (Ö) In spite of this, the results gained through reduction of alcohol and tobacco use may be of such significance and prevention is associated with so little expenses (compared with other interventions) that the necessity for realizing such programmes is undisputableî (Union ìAlternative Georgiaî 2006).

(ii) Proposed legislative changes: State Drug Policy Council proposes to decriminalize drug use but at the same time to leave and make stricter administrative punishment for it. ìAlternative Georgiaî proposes to abolish both criminal and administrative punishment for use of drugs while the penalties for possession of illegal drugs should be preserved according to that proposal.

1.3. LEGAL FRAMEWORK

Drug legislation derived from the Soviet period was effective in Georgia until 2003[9]. The state strategy based on it was focused on mainly repressive measures. In 2000, the country completed ratification of the relevant UN conventions. On December 5, 2002 the Parliament of Georgia adopted the law ìOn Drugs, Psychotropic Substances, Precursors and Narcological Aidî. 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; (c) implementation of legislative policy to encourage persons to refer to medical professionals for treatment. The new legislation came into effect since March, 2003.

Legal attitude to drug users in Georgia is governed by the following provisions stipulated in the Administrative Code and Criminal Code of Georgia: possession of illegal drugs in minor quantities or use of illegal drugs without doctorís prescription is punishable under the Administrative Code of Georgia;[10] 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. 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 on a larger scale (a), by a group of persons (b), using official position (c), repeatedly (e) is punishable with deprivation of liberty for 6 to 12 years. The offence described in paragraph 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 term.

Illicit sowing, breeding and cultivating of plants containing illegal psychotropic substances 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 on a larger scale (a), by a group of persons (b), using official position (c), repeatedly (e) is punishable with deprivation of liberty for 2 to 7 years. The offence described in paragraph 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.

The year 2005 was marked with intense activity in terms of the elaboration of drug related strategy, discussion of legislative changes and their development. As mentioned in the preceding chapter, packets of proposed legislative changes that would be necessary for the implementation of each of the two strategic approaches, is attached to both newly elaborated strategic documents. These changes also bear certain similarities. For

[9] The reader can trace the development of the Georgian drug related legislation from the 1960s to 2004, using our 2003 and 2004 reports (SCAD. 2004; SCAD. 2005a) on drug situation in the country.
[10] that is, by fine and/or work for certain amounts of days or spend certain amount of days imprisoned

instance, according to both versions drug users and drug distributors have to be distinguished from each other; both versions emphasize the necessity of the revision of ìthe list of little, large and extremely large amounts of drugs and psychotropic substances seized from illegal possession or turnoverî, etc.
The principal difference between the suggested legal changes is the following:
The legislative changes of the State Drug Policy Council propose to abolish the responsibilities for the use of drugs under the Criminal Code, but introduce even greater administrative responsibilities for this offence. In particular, they increase the amount of fine to the amount corresponding to the price of one course of detoxification treatment in inpatient hospital, which is equal to the drug dependent personís monthly expenses related to drug use (Gamkrelidze Ak[11]., personal communication). According to this proposal, the resources that would be gained in the form of administrative fines should be used exclusively for the coverage of (free) treatment of drug dependent individuals. If the fine would not be submitted, then the addict can alternatively work for certain amount of days or spend the same amount of days imprisoned. According to this proposal, the administrative punishment is justified by the protection of public health as the authors believe that the punishment works also as a preventive measure for those who do not use drugs, and as a measure to stimulate entrance into treatment for those who already use drugs.

The packet of legislative changes prepared by the NGO ìAlternative Georgiaî implies the abolishment of both criminal and administrative responsibilities for drug use. According to the proposal, this is a necessary step for the protection of drug usersí human rights, the principle of humanity applied to addicted persons, and for the effective implementation of harm reduction programmes, that, again, protect public health by limiting the spread of HIV/AIDS and viral hepatitis B and C in the population.

At present, the Georgian Parliament is discussing both proposals, aiming to improve the legislation in a balanced way so that it improves the effectiveness of the fight against drug suppliers and distributors, ensures the safety of implementation of the harm reduction programme in every context (community, the penitentiary system, etc), and, finally, effectively limits the spread of drug use in the general population.

[11] Deputy Chairman of the Ministry of Health Public Health Department

1.4. LAWS IMPLEMENTATION

The implementation of the law ìOn Drugs, Psychotropic Substances, Precursors and Narcological Aidî in Georgia is limited by the countryís institutional and financial capacities.

For example, the number of people treated for free (that is, which is covered from governmental funds) declines on an annual bases: in 2003, out of the 306 officially registered treated individuals 17 were funded by the State; in 2004, out of the 300 officially registered treated cases, only 14 were financed by the State; and in 2005, out of the 603 officially registered treated cases, none of them was funded by the State. Also, rehabilitation/resocialization is almost non-existent in drug addiction treatment in Georgia. There is no appropriate rehabilitation system, substitution therapy is going on at an extremely modest scale and only because of international support: Global Fund supported methadone substitution therapy in the country since December 2005, and should serve up to 200 patients by the end of 2006.

Similarly, the law ìOn Drugs, Psychotropic Substances, Precursors and Narcological Aidî defines the need for and principles of compulsory treatment. However, since mechanisms to provide compulsory treatment are not in place yet, it is impossible to execute the courtís decision on compulsory treatment of an addict since the relevant structure responsible for referring addicts for treatment has not been established. Another definition stated in the law ìOn Drugs, Psychotropic Substances, Precursors and Narcological Aidî but never implemented so far in the country is the right of each addict to receive treatment for free (covered by the government) at least once in his/her life.

1.5. DEVELOPMENTS IN PUBLIC ATTITUDES AND DEBATES

A public opinion survey was conducted in September 2005, by the initiative and methodological guidance of the State Drug Policy Council (Sirbiladze et al., 2005). The survey used a structured questionnaire, designed on the basis of the preceding in-depth qualitative research. 200 respondents, residents of Tbilisi, participated in the survey. Stratified sampling was used so that the 200 sampled individuals were representative regarding age, gender and place of residence for the Georgian capital Tbilisi. The data were processed using SPSS. The survey aimed to obtain and analyze data on the following issues: the place of drug addiction in the rank of other problems and its last yearís dynamics; the readiness of the public to participate in the solution of this problem and the type of their involvement;

public perception of drug addicts. The survey resulted in the following conclusions:

- Respondents view the drug problem as the stateís second problem in terms of priority (unemployment was named as the top problem).
- 90% of respondents agreed to the statement - ìDrug situation worsened significantly in Georgia during the last yearî.
- Respondents perceive drug addiction as a problem ìderived from other problemsî (economic crisis, corruption, etc.), rather than an independent one. This means, that according to the respondentsí assumption, even a well planned drug strategy will not achieve anything unless we cope with the underlying problems.
- In some contrast to data above, majority of respondents (83%) believe that all the citizens should contribute to the solution of drug addiction problem.
- Altogether, 93% of respondents perceive a drug dependent person as ill, 88.4% - as unsuccessful, 83.3% - as unhappy, 75.8% -as predisposed to crime thus dangerous and due to this last characteristic 77.4% believes that drug addict is unacceptable for the society. Overall, characteristics given by the respondents point to the existence of stigma.

1.5.1. Civic sector initiatives

The civic sector has become more active in the solution of the drug problem in 2005, which is reflected in the development of NGO networking activity, on the one hand, and the activation of the mass media in the formation of public opinion in relation to the problem, on the other hand.

In 2005, the Georgian Anti Drug Coalition continued the awareness raising campaign started in 2003, on a voluntary basis and with the financial support of the German Embassy to cover non-personal expenses.

In December 2005, on the initiative of the NGOs working on harm reduction issues, the Georgian Harm Reduction Network was set up to unite 21 organizations advocating harm reduction approach/paradigm and aiming to support relevant legislative changes. The network has been actively working in this direction since the beginning of 2006.

In 2005, important steps were made to overcome the deficit of printed media publications and electronic media programmes (SCAD, 2005). With the support of the State Drug Policy Council (providing relevant training and methodological guidance), a journalistsí association called ìAnti Drug Press Club,î was set up to unite representatives of 54 different printed and electronic media companies, with the aim to raise the general level of public awareness through the coverage of various aspects of drug addiction problem.

Another journalistic association called ìHarm Reduction Press Clubî and aiming to support harm reduction strategy in drug policy was set up with the support of the ìOpen Society Georgiaî Foundation and the organizational and methodological support (the relevant training) of the NGO ìNew Wayî. Since 2006, the Press Club has been carrying out a targeted media publication campaign (contest of journalists on the best publication concerning harm reduction and drug policy, etc).

Although, in the view of the authors of this report, the quality of media broadcasts and publications on the problem still to be improved, as ìseeking for sensations or looking for those who could be blamedî style peculiar to the Georgian mass media in general, is still in place.

1.6. BUDGET AND FUNDING ARRANGEMENTS

The present chapter deals with the national and international budgets allocated for the purpose of drug demand reduction measures only[12].

The only programme in the field of demand reduction planned and financed by the state (partially, due to the lack of resources) is the State Prevention Programme, implemented by MoH Public Health Department, coordinated (till 2005) by Georgian Research Institute on Addiction[13]. The largest share of funds in the Programme has been allocated for the (Police-ordered) examinations of illegal drugs (or metabolites of illegal drugs) in living persons ñ majority urine tests. Before 2005, examination was part of the responsibilities of the Georgian Research Institute on Addiction, but since 2005 it has merged with the forensic (medical and psychiatric) examination services under the Ministry of Justice, as reflected in the 2005 budget of the Programme (find the table below).

The table shows the approved budgets of the State Prevention Programme by year. Due to the economic crisis in the country, it was not always possible to allocate full amounts to carry out planned measures. Moreover, as already mentioned, the largest share of the state programme funds were allocated for examinations of presence of illegal drugs in the urine of arrestees.

[12] No information is available regarding the state budget allocations for specialized staff in law enforcement agencies (police squad, customs, frontier police, prison staff etc.).

[13] Since 2005, the State Prevention Programme has become part of the State Programme for Health Support, Disease Prevention and Epidemiological Control of the MoH Public Health Department

Table 1: The development of governmental budget allocated to drug policy, prevention and treatment, in Georgia 1997-2005

Year	Budgetary plan (in GEL[14])
1997	430 000
1998	500 000
1999	320 000
2000	350 000
2001	500 000
2002	551 000
2003	500 000
2004	348 000
2005	150 000
2006	50 000

Thus the state has decreased the funding of drug demand reduction measures about ten times during the last 10 years.[15] By 2006, funding had been reduced to an amount allowing only administrative maintenance of the regional network of the narcological service, where the patients have to pay their treatments, though.

Important role in the drug interventions related funding is played by the international donors:

Within the framework of the Southern Caucasus Anti Drug Programme, 2,408,000 € has been spent in Georgia since January 2001 to January 2006. 280,000 € was spent in 2005 within the framework of the running projects (Reinforcement and harmonisation of national legislative and regulatory frameworks (1); Strengthening of interdiction capacity at the State Borders (2); Development of compatible system for intelligence gathering and analysis (3); School prevention (4); Drug Information System Project (5); Support of Prevention Work of Non-Governmental Organizations (6).

The total budget of the of ìOpen Society ñ Georgiaî Foundation Public Health Programmeís harm reduction projects (directed on improvement of the relevant legislation, raising journalistsí awareness of the drug problem, distribution of syringes to the target population, education and consultancy), implemented in 2001-2005, constitutes 117,399 €. The total budget for the projects implemented in 2005 is 64,240 €.

In 2005, the Embassy of Federal Republic of Germany allocated for the Georgian Anti Drug Coalition 6,500 € to carry out a wide scale raising public awareness campaign. At the end of the year, the German Embassy decided to continue support of the information campaign and allocated 8,000 € by 2006.

The total budget of the anti drug measures of the Global Fund of Fight AIDS, Malaria and Tuberculosis for 2005 (HIV/AIDS prevention among injecting IDUs: needles exchange, voluntary consultations and testing, substitution therapy) was 282,986 €.

We do not present the budgetary figures for HIV/AIDS and STD prevention project of the Save the Childrenís Federation, since, in addition to IDUs, its cover a number of other target populations, and, consequently, different relevant activities. Therefore, we were not able to obtain the budget broken down into categories that would clearly display drug related expenses only.

[14] 1 € = 2.30 GEL

[15] also by appropriate exclusion of the urine tests (that served as typical law enforcement/control activity) from the budget of treatment and prevention

PART B: EPIDEMIOLOGICAL SITUATION

1. PREVALENCE, PATTERNS AND DEVELOPMENTS IN DRUG USE

1.1. INTRODUCTION

It is difficult to scientifically analyze the trends in drug use without the adequate development of information collection/collation mechanisms or the relevant epidemiological research. A general population survey has never been conducted in Georgia. Youth surveys, carried out since 1999 about twice a year, cover (capital city) Tbilisi only, and do not give any information on the situation in the regions.

Drug usersí database (aka Narcologic Register ñ see below) that operated since 1985 under the the Ministry of Labour, Health and Social Security, was transferred to the Ministry of Justice in 2005 due to the creation of United Bureau of expertise under the Ministry of Justice. According to available information the database has stopped functioning since the date of transfer. Consequently, the registration of drug users no longer takes place in Georgia, which requires immediate response: as the inertia of the soviet ìregistration systemî is no more in place, it is the right time to introduce nation wide treatment demand indicator and relevant system of data base building following European standards.

The present chapter describes the drug situation in Georgia based on currently available information.

1.2. MAIN DEVELOPMENTS AND EMERGING TRENDS

Marihuana is the most widely spread illegal drug in the country, which is suggested by the data contained in the republican database till 2005 (SCAD, 2005), and youth survey results given below in the chapter ìDrug use among youthî.

Regarding injecting drugs, in Georgia traditionally the most frequently used drugs have been opioids. The use of cocaine and amphetamines is insignificant, as they are not actually available on the black market. Ephedrone[16] and pervitine,[17] home-made, prepared through chemical refinement of medicines used against respiratory disorder and available from drugstores without any prescription, usually were used occasionally, only; but, according to unofficial information from the clinicians and providers of VCT services in the framework of the different harm reduction programmes, there is some evidence that ephedrone use is on the rise in Tbilisi (Otiashvili D.[18], Todadze Kh.[19], Usharidze D.[20], personal communication).

Out of the substances belonging to the group of opioids, before 2000 raw opium (the so-called ìblackî opium) was prevailing in the black market. Poppy straw was less available in that period. From 2000, heroine import and use sharply increased. Wide use of poppy seeds was observed in 2003: by means of a complex chemical processing, a cocktail was made from poppy seeds to be used through injection. After implementing corresponding measures in response to the given practice, poppy seeds import and their abuse decreased from 2004.

In 2004 - 2005, an important change took place in the structure of the used opioid group drugs in the country. According to the Ministry of Interior, the cases of Subutex Æ[21] import from Europe significantly increased in that period. This medical product, used for the purpose of substitution therapy (NAIDA & SAMHSA, 2004) by means of sublingual administration, is basically used through injections in Georgia. The increase in the number of Subutex Æ users was reflected in the republican data base till 2005 (SCAD, 2005); one of the indicators of growth in Subutex Æ use is the increase of the number of Subutex Æ users among patients coming for treatment to narcological institutions. In 2004, 29% of patients admitted to clinics received Subutex Æ to alleviate opioid dependence syndrome, whereas in 2005, the number of such patients reached 39%.

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[16] amphetamine type drug, chemically methcathinone
[17] amphetamine type drug, chemically methamphetamine
[18] Chairman of the Union ìAlternative Georgiaî, Chairman of the Harm Reduction Network of Georgia
[19] Scientific Director of the Georgian Research Institute on Addiction, Ministry of Health Drug Expert, Methadone Maintenance Programme Director
[20] Director of the NGO ìNew Wayî
[21] brand name for buprenorphine based medication

1.3. SURVEYíS ON DRUG USE IN THE POPULATION

1.3.1. General Population Survey

As noted in the beginning of our report, no general population survey has been conducted in Georgia on drug use; the reason being high expenses related to such an exercise. Also financing of drug epidemiology is extremely restricted in the country.

1.3.2. Drug use among youth / school population

Since 1999 young people have been surveyed on regular basis (once per two years) within the framework of the state drug prevention programme (SCAD, 2005), using the 1999 version of the Pompidou group questionnaire (ESPAD) adapted to the Georgian cultural environment and specific goals of the study sponsors. The last surveillance was conducted by the Georgian Research Institute on Addiction in May 2005. 735 pupils from 13 different secondary schools of Tbilisi were covered by survey. The surveyed were born in 1988-1989. Interviewees were selected by random sampling method, 41% were boys and 59% - girls. The final number of forms processed was 732.

As expected, in the age group under investigation, the most common drug is marihuana (hashish): 30.3% of boys said that they had used hashish at least once in their life, whereas about 7% of boys said that they use it on a regular basis. 6.3% of boys reported using of hashish during the last 12 months and 8.6% - during the last 30 days. Regular use of hashish was not reported by girls at all; only 1.4% said that they had experimented with this drug.

Among the boys, in terms of lifetime prevalence hashish is followed by ecstasy (3.4%), Subutex Æ (2%), LSD (1.7%), opium (1.7%), morphine (1.4%), poppy seed (1.4%) and tramadol (1%); 7.4% of interviewed boys mentioned the use of sedatives and sleeping pills for several times without a doctorís prescription, and 5% - used antihistamines in similar non-medical pattern.

In regard to regular use (20 times and more), most frequently was reported heroin (1.3%), SubutexÆ (1.3%), and ecstasy (1%).

The reported use of hashish as well as for other drugs is very low among girls. Only statistically insignificant number of them said that they had ever tried LSD, poppy seed, vaporizing solvents, morphine, ecstasy, or, sedatives and sleeping pills without a doctorís prescription.

The first experience with drugs

According to survey results, 1.5% of the total population of surveyed (and 3.7 % of boys) reported that they had tried hashish under the age of 11. The majority of those young people who ever used hashish had their first experience with it in the age of 13-14, for other drugs, like ecstasy and heroin, from the age of 15 and older. Out of the boys that reported regular use of hashish, the first experience of using it under the age 11 was reported by 21.1 %. At the same age, 1.4% of boys tried opium and 1% - tramadol.

As was mentioned above, reported drug use in the girls is low in general. There are very few cases of the use of SubutexÆ, codeine and poppy straw at the age of 12-13. The minimum age for the first use of hashish among the girls is 14. The first experience with marihuana among girls shows the following age distribution: at the age of 14 - 0.2%, 15 - 0.5% and 16 - 1.2%.

Tobacco use

According to study results, the use of tobacco is quite high among the surveyed, especially males. 61% of boys and 38% of girls reported that had tried cigarettes at least once in their lives (lifetime prevalence); 29% of boys reported regular smoking (40 times and more).

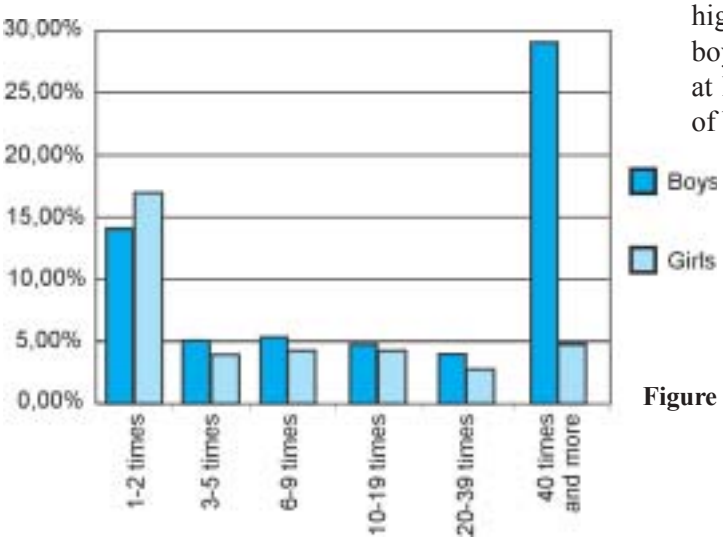


Figure 1: Tobacco use among school children

17.6% of boys and 1.6% of girls turned out to be active smokers, - that is they smoked more than 5 cigarettes a day during the last month.

There is a correlation between tobacco use (active smoking), on the one hand and frequent and regular use of hashish on the other hand. 63.3 % of the regular users of hashish report regular use of tobacco. 78.9% of them had smoked cigarettes 40 times and more and 21.1% - more than 20 cigarettes a day (or more than one packet) during the last 30 days. If we compare these results with the responses of the boys that have never tried hashish, we will see that only 14.4% of them uses tobacco on a regular basis, 17.6% had smoked cigarettes 40 times and more in their lifetime, and only 2.4% had smoked more than one packet (20 cigarettes) a day.

The age at which young people tried tobacco first is also different with hashish smoking and non-smoking males. Comparison with the above two categories (regular hashish smokers and those that have never used hashish) shows that the largest number of regular hashish users (36.8%) started to smoke on a daily basis at the age of up to 15, whereas only 4.8% of the boys of the other category started to smoke at this age on a daily basis.

Illegal drugs used for the first time

12.6% of the interviewees (28.2% boys and 1.6% of girls out of all the population of surveyed) relate the first experience with illegal drugs to marihuana. Also, 3.7% name sedatives and sleeping pills used without the doctorís prescription, 0.4% - vaporizing solvents, 0.3% - Subutex Æ, 0.1% - cocaine, and 0.1% - heroin.

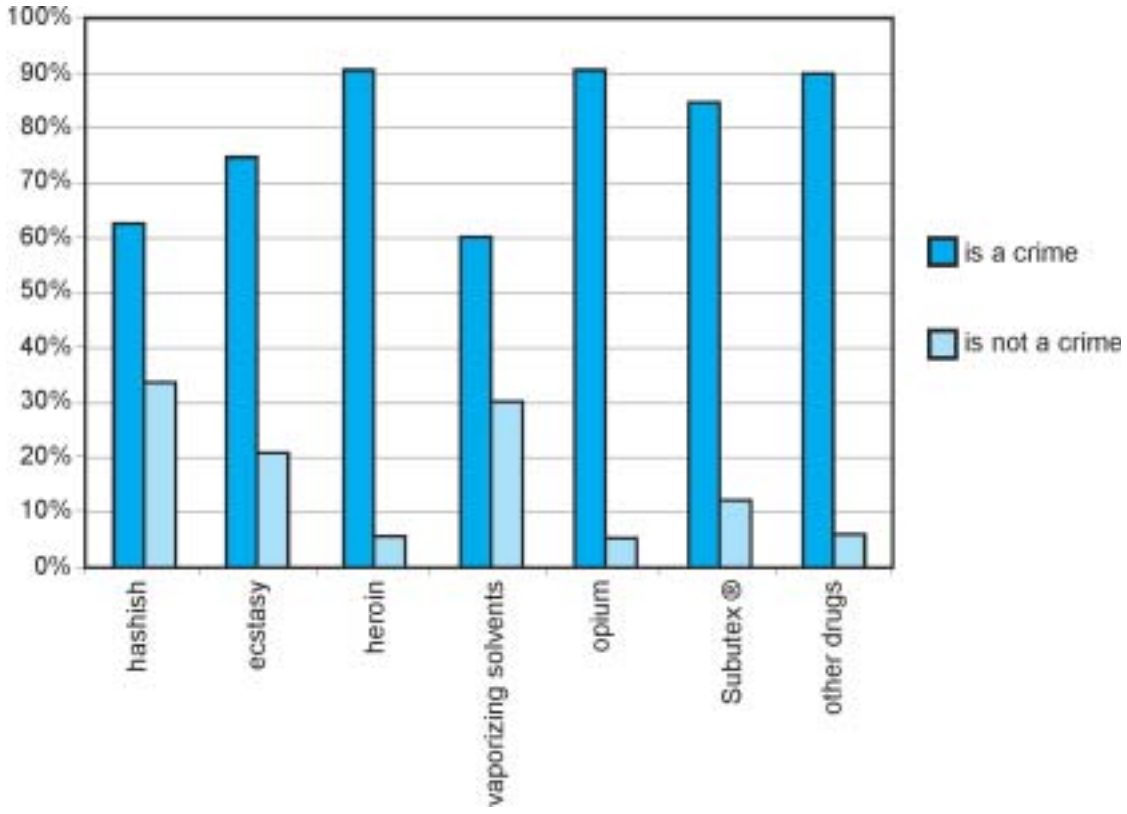
The reasons for trying drugs for the first time

The reasons for trying drugs first could be broken down into several categories (pleasure seeking, conformism, curiosity, escape from problems, inability to say ìnoî, etc), although, pleasure seeking and curiosity were found as the most frequently mentioning motivators both by girls and boys.

Correlation between being aware that drug use is a crime and use of drugs

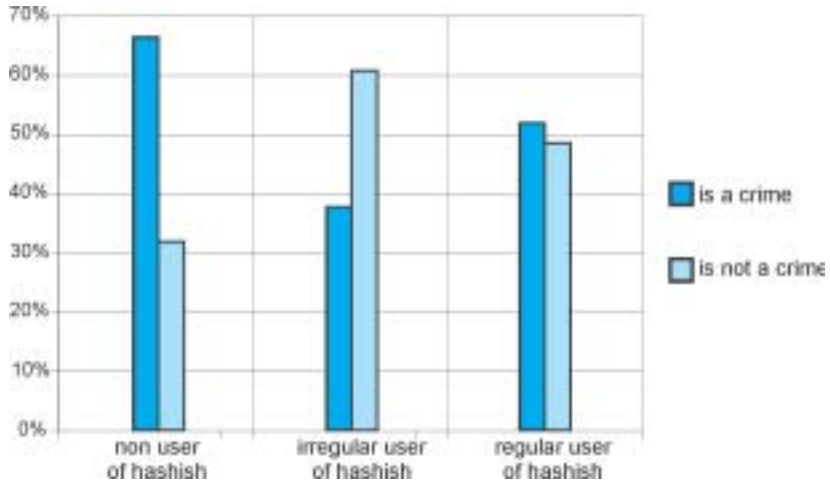
When the question ìIs it a crime to buy and use drugs?î is considered, the responses obtained are quite different for different drugs and also for those with and without experience in use of illegal drugs:

Figure 2: ìIs it a crime to purchase and use different drugs?î



We can observe significant correlation between not knowing (or not reporting) that buying and using hashish is illegal and the use of it:

Figure 3: Relationship between use of hashish and being aware that buying and using hashish is a crime, boys



Awareness of a negative impact of drug abuse on health

Altogether, 76% of the interviewees think that regular use of drugs poses high risk; 41% believe that episodic use of drugs poses a high risk; about 5.3% believe that episodic use of drugs does not contain any risk. 2.4% thinks that a regular use of drugs is not dangerous, either. Only 38.2% of interviewees believe that health of the people who smoke frequently and a large number of cigarettes is under risk. 41.8% believes that people frequently using alcohol face a substantial risk. 11% of the interviewees reported that they do not know to what extent people cause damage to their health by frequent or regular use of drugs.

Adolescentsí attitude to drug addiction, and, harmful behaviour in general

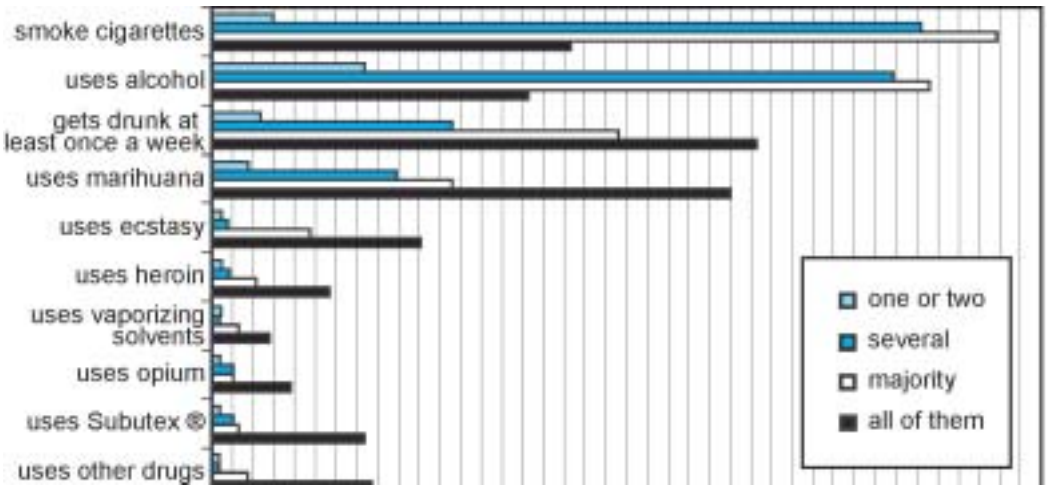
In response to the question ìWould you condemn the people involved in harmful actions?î about 49% said that they would condemn episodic drug users and 72% showed the same disposition towards regular drug users. At the same time, 44.6% of the interviewed (57.5% of boys) said that they would not condemn episodic users of hashish, and 20.7% (31.3% out of surveyed boys) was not inclined to condemn regular hashish users.

The picture is similar in case of ecstasy. 37.8% of respondents (46.8% of surveyed boys, 31.4% of girls) reported that they would not condemn those who had tried this drug once or twice; 17% of respondents (26% of surveyed boys, 10.7% of girls) do not think that a regular use of ecstasy deserves condemnation, either. There are also some respondents (about 15%) who have no clear opinion. They do not know whether they would condemn drug users or not.

Drug use in social environment

Answering a question: ìHow many of your friends are involved in harmful actions?î revealed the following picture (see the diagram):

Figure 4: How many of your friends do the following:



The given data reveals the fact that consumption and problematic use of the legal psychotropic substances (see the point ìgets drunk at least once per weekî in the diagram above), is significantly high among youth (16 years old in average).

1.4. INJECTING DRUG USE

Some definitions:

In general, the terminology labelling different types and patterns of drug use is not uniform in Georgia. Moreover, it is not always compatible with international definitions ñ such as those developed by EMCDDA. For the purposes of this publication, the reader should understand the terms as follows:

- **Drug user:** individual that has used any type of illegal drug without doctorís prescription ever; we could not say anything about timeframe for prevalence (lifetime, last year or last month), as information regarding that was not included into national database of drug users (narcologic register); thus, we are sure those people fall into the category of ìlifetime prevalence;î their representation in other categories as defined by EMCDDA is not known
- **Registered drug user:** individual registered by the police because of being under drug intoxication, which is confirmed by the medical examination
- **Drug dependent individual (addict):** injecting drug user with the developed dependence syndrome according to the ICD-10 as diagnosed by the commission of trained narcologist (medical doctor specialized in addictions)
- **Problem drug user:** identical to the EMCDDA definition (http://www.emcdda.eu.int)
- **Injecting drug user:** individual using drugs by the means of injection
- **Marihuana user:** individual that has ever consumed marihuana, again, without information either on time span or frequency

As mentioned in the introduction, before 2005, information on drug users including injecting drug users was contained in the republican data base under the Ministry of Labour, Health and Social Security. The database, called ìNarcologic Register,î was administered by the Georgian Research Institute on Addiction (that served also as central narcologic institution). Information was collected from the following sources:

a. Treatment centres (narcologic dispensaries and private clinics): treated patients (with guaranteed anonymity to anyone out of the (medical) narcologic system);

b. Police: individuals registered as a result of drug test (their personal data and test results are open to law-enforcement agencies).

In the latter case, drug test (of urine) was ordered by the relevant department of the Interior Ministry, transferring suspected individuals to the lab of the relevant narcologic dispensary. Due to the case definitions and the deficiencies in the registration system itself, the quality of the information in the Nacologic Register (database) did not meet international standards.

With the formation of the united bureau for forensic medical, psychiatric and drug examination in the Ministry of Justice in 2005, the narcologic database (its part dealing with persons tested positive in a drug test ordered by Police) was transferred to this newly formed unit. The bureau stopped the registration of drug users, due to which the information on positive drug tests is not currently available in Georgia. We can consider that as a window of opportunity to introduce treatment demand indicator and to implement relevant mechanisms of data collection based on international standards countrywide.

Meanwhile, the latest information available is on the up to 24,000 drug users registered in the Georgian Research Institute on Addiction database from 1985 till May, 2005. Out of those, up to 20% were patients ever received any treatment (that is, detoxification) and up to 80% were registered in consequence of police-ordered drug test.

Out of the 24,000 persons registered by the last day of 2004, up to 14†400 were injecting opioid users. To get a relatively accurate description of the current situation, the existing officially registered data were multiplied by a multiplier, guessed differently by different experts (the value of index ranging usually from 8 to 10). As a result, the number of drug users was estimated as 200,000 ñ 240,000. What share of these (life-time drug users by applying the most relevant definition) would be falling into the category of ìproblem drug userî is not known even by ìguesstimateî.

According to the US State Department, the number of Georgian drug users increased in 2004 by 150,000 at the expense of Subutex Æ users (INCSR, 2004); neither the source of this information nor the calculation is referred to in the document. If we would take this for granted, the number of drug users should have been at least 275†000. Local experts are not able to neither confirm nor reject this figure due to the substantial lack of relevant information.

However, we refrain from including any estimated data in this report and the figures above are presented in the historical context, rather than in the epidemiological one. The epidemiological research to be carried out within the framework of the SCAD in the near future with the use of the statistical nomination method, will make it possible to formulate scientifically based statements on the scope of injecting drug use in the country.

2. HEALTH CONSEQUENCES

2.1. INTRODUCTION

Analysis of the impact of drug abuse on human health, results in the following facts: according to the research done in the framework of SCAD programme in 2005, the mortality rate of registered male drug users[23] of reproductive age, at least two times exceeds the mortality rate of non-users of the same age; 65% of HIV infected individuals registered in the AIDS Centre are injecting drug users; epidemics of viral hepatitis C is observed among injecting drug users approaching treatment centres. The systematized data on other drug abuse related somatic or mental co-morbidity are not currently available. However, according to clinicians, such somatic co-morbidity as are viral hepatitis B and C, TB, pneumonia, and skin infections; additionally, infectious endocarditis and general sepsis are quite common. As about psychiatric co-morbidity, psychopathic development of the personality is observed almost among 80% of the patients (Vadachkoria D[24]., personal communication).

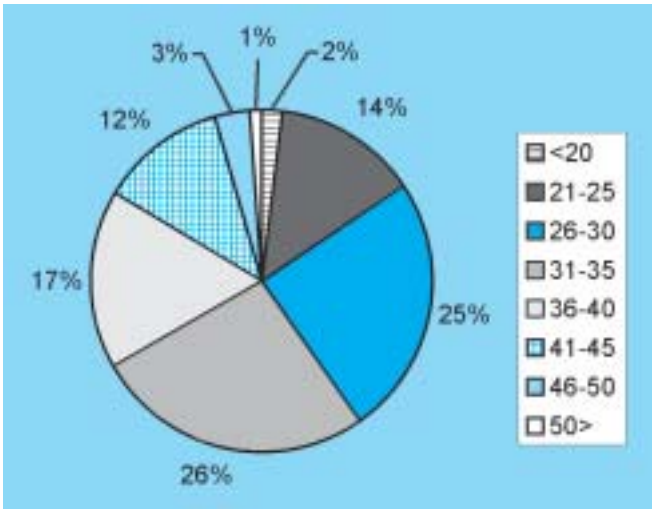
Given the situation described above, 2005 was marked with the doubled number of patients approaching specialized narcological clinics (603 against the average of 300 patients in the previous years) and long lines of patients waiting for treatment. There are different explanations for these facts, but no matter what the explanation is, the conclusion is the same: demand for treatment considerably exceeds the treatment offer currently available in Georgia, which requires the development of the right strategy for this sector.

2.2. DRUG TREATMENT DEMAND

In 2005, 603 drug users fulfilling the criteria of addiction as defined by International Classification of Diseases received treatment in the countryís addiction treatment institutions. This number exceeds about twice the number of patients treated countrywide in the previous years (to compare, in total 306 patients were treated in 2003, 300 patients - in 2004).

The majority of treated individuals were males. Out of 603 patients, only 4 (less than 1%) were women. 73% of patients resided in Tbilisi and 27% in different regions of Georgia. The patientsí age ranged between 19 and 56. The largest number of patients fell within the range of 26-35, which basically agrees with the previous yearsí data:

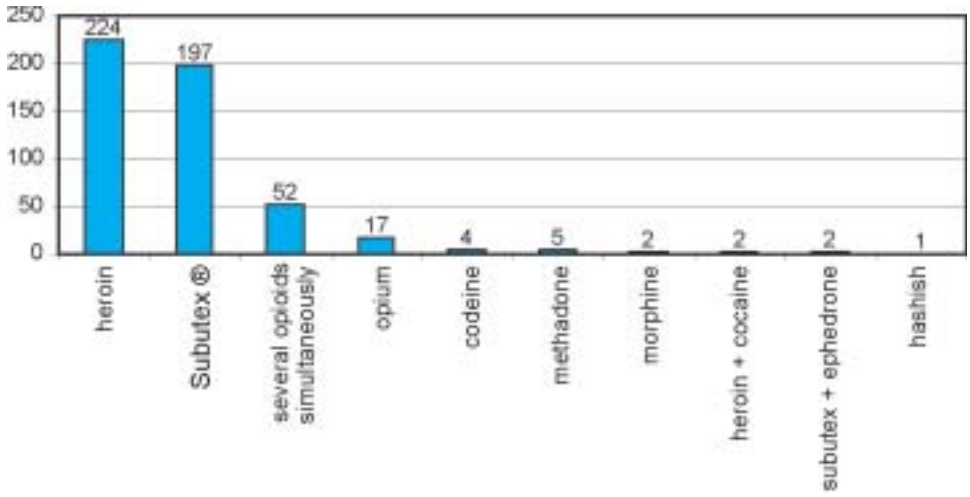
Figure 5: Age distribution of the individuals treated in addiction treatment clinics in 2005.



[23]that is, of different drug use severity, length and patterns
[24]Head of the Georgian Research Institute on Addiction Inpatient Clinical Department

The absolute majority (99%) of the individuals treated (detoxified) in 2005 were opioid users:

Figure 6: Distribution of patients by drugs used. (Patients treated in 2005 in Tbilisi)



In 2005, heroin and SubutexÆ were the most frequently used opioids in treated patients (addicts). According to clinical specialists (Kalandadze G., Sikharulidze Z., Vadachkoria D., personal communication), the use of Subutex Æ continued to increase that year, which is also proved by the substances used by treated patients (see table above).

A large part of opioid dependent patients display the pattern of polyvalent drug use, using anything that is available / they can afford at the moment. Therefore, they often use heroin, SubutexÆ, codeine and other drugs interchangeably.

According to the experts (see the chapter ìMain Developments and Emerging Trendsî), the home- made stimulator ìVintî containing ephedrone has become very popular lately. The individuals, using this product, actually do not reach addiction treatment institutions. One of the possible reasons could be that due to the relative cheapness of the named product, it is used by individuals in the lower social stratum, who cannot finance their own treatment. Another explanation could be that the epidemic is just beginning.

2.3. DRUG RELATED MORTALITY

Last year, the initiative for the registration of drug related mortality was launched within the framework of the Southern Caucasian Anti drug Programme (SCAD, 2005). In particular, a working group was formed in 2004 following the corresponding training. In 2005, after comparing the database of the Demographical Statistics Unit of the Statistics Department of the Ministry of Economical Development with the 2003 database of the Georgian Research Institute on Addiction (Narcologic Register), the lower limit was determined for the number of males of reproductive age that died in 2003 as a result of drug abuse. For the year 2003, this figure represented 6 persons per 1000 people, which is the double the mortality rate for the total population of males in 2003 (3 persons per 1000 individuals).

The working group continues its activity, and in 2006 is going on to carry out a small-scale cohort study of the list of individuals to be included into the methadone substitution programme. The number of deceased persons will be compared with the database of the Demographic Statistics Unit of the Statistics Department of the Ministry of Economical Development.

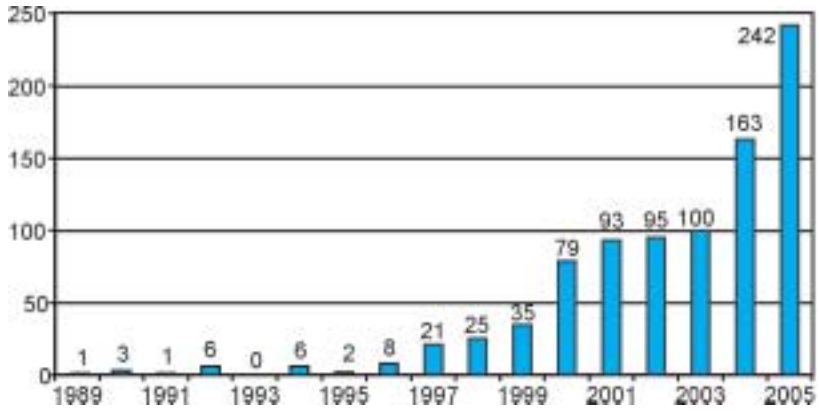
2.4. DRUG RELATED INFECTIOUS DISEASES

2.4.1. HIV\AIDS

2.4.1.1. The Prevalence of HIV /AIDS

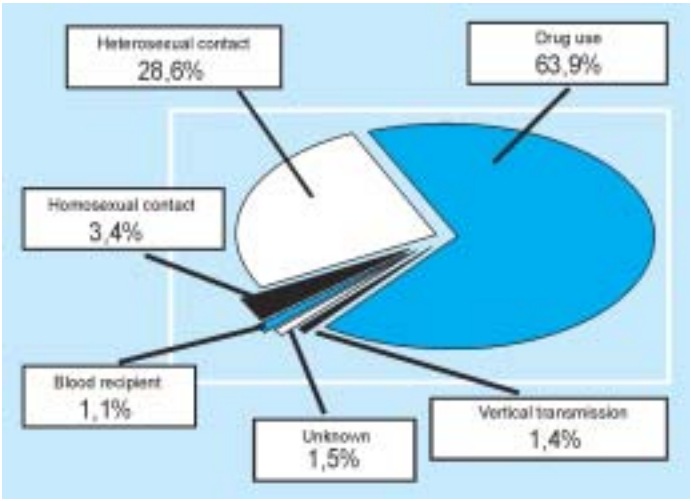
For the end of 2005, 880 HIV\AIDS cases were registered in the country. However, according to the estimates of a number of the local and international experts (Tkeshelashvli-Kessler A., 2005), the number of the infected in the country is likely to be over 3500. Out of the registered cases, 364 patients developed AIDS, and 191 patients died. Gender imbalance is as follows: 21% of women and 79% of men. Distribution of HIV/AIDS across the regions is not even, either: the majority of cases are concentrated in Tbilisi, followed by Samegrelo and Adjara regions. The number of HIV/AIDS cases annually identified in Georgia is small, but it has sharply increased in recent years:

Figure 7: Trend in known HIV\AIDS infections 1989-2005



Distribution of HIV cases by infection transmission routes is presented in the figure 13:

Figure 8: routs of transmission of HIV infection



Peculiarities of the spread of HIV in Georgia are the same as in the Eastern European countries (Pokrovskij, B., 2005; UNAIDS and WHO, 2005). Again, Injecting Drug Users (IDUs) present the major group at risk. But, judging by the experience of other countries, the AIDS epidemic is not restricted to drug users, only. Although, the main route for HIV spread in Georgia is injecting drug use, the role of heterosexual contacts in HIV transmission is slowly increasing. In the recent years, the HIV rate increased among homosexuals and the individuals involved in frequent non-permanent sexual relations. The number of HIV infected pregnant women is increasing, as well. The latter is the result of the transmission of the virus by IDUs to their wives and sexual partners (AIDS Center, unpublished annual report, 2005). The above facts demonstrate the spread of HIV infection from risk groups to wider layers of population.

Table 2: the prevalence of HIV infection identified in different groups of Georgian population as a result of the 2005 research conducted in the AIDS Centre (AIDS Centre, unpublished Annual Report, 2005)

#	Tested population	Number of tested individuals	O/W HIV positive	Prevalence %
1	IDU	2 100	68	3.2
2	Prisoners	1 300	23	1.76
3	Individuals having frequent non-permanent sexual relations	3 100	17	0.54
4	Homosexuals, bisexuals	194	8	4.1
5	Donors	23 400	12	0.05
6	Individuals with B and/or C viral hepatitis	4 500	20	0.45
7	Pregnant women	6 000	8	0.13

Out of the individuals tested in 2005 on HIV in the AIDS Centre (over 50†000), 2†100 were injecting drug users. Injecting drug users made up 53% (128 cases out of 242) of the total number of cases registered in 2005. All the IDUs are men, aging 29-42. Out of them, the number of drug addicts is small. Most of them do not use drugs regularly - only from time to time. In addition to HIV infection, these patients have viral hepatitis B and C, TB, pneumonia, skin infections, infectious endocarditis and sepsis. Chronic C hepatitis is observed in actually all the patients, and the prevalence of C hepatitis exceeds that of B hepatitis by 70%.

Interviews with IDUs tested on HIV infection carried out in the AIDS Centre in 2005 showed that 52% of respondents utilized used needles, without sterilizing them in advance. Also, young people and individuals who do not use drugs on a regular basis are more prone to risky behaviour than chronic drug users. Due to this, it is more likely that new cases of HIV infection will be observed mainly in this risk-group.

According to drug users, in the recent period Subutex Æ has been major drug used along with heroin. Injecting use of Subutex Æ considerably increases the risk of HIV spread, as it is usually used by the group of 5 - 7 individuals, sharing one pill for injection.

Table 3: Behavioural patterns of drug users tested on HIV

1	Average age of first injection	18 years
2	Most frequently used injecting drug	heroin 47%
4	Utilization of the injection instruments used by others	52%
5	Sharing oneís own injection instruments with others	26%
6	Never cleaned	41%
7	Cleaning of used injection instruments (with water, spirit, fire)	38%
8	Awareness of HIV infection	90%

Non-injecting drugs and substances (alcohol, hashish, stimulators, ecstasy and vaporizing solvents) largely used by different age groups also contain risk: during intoxication, the named substances lower self-control and/or activate sexual drive, which, in its turn, contribute to the spread of sexually transmittable infections (AIDS Centre, unpublished annual report for 2005).

Therefore, like in other countries with low prevalence of HIV/AIDS, HIV cases in Georgia are, presently, concentrated in high risk groups.

2.4.1.2. Testing on HIV

In 1993, Georgia joined the Riga Declaration and the emphasis shifted from mandatory HIV testing (which was a case during the Soviet period) to large-scale prevention, where human rights, raising public awareness and citizensí participation in solving of HIV\AIDS problem became top priorities. Only blood donors are subjected to mandatory testing. Priority was given to the consulting and testing of groups at risk, e.g.: drug addicts, commercial sex-workers, prisoners, individuals with hepatitis B and C, sexually transmitted diseases and tuberculosis (TBC). Up to now, HIV testing and consulting are carried out in the National AIDS Centre in Tbilisi, Batumi and Zugdidi regional centres and in about 60 laboratories. Both consulting and testing are free and strictly confidential.

Within the framework of the HIV/AIDS prevention state programme, testing for HIV antibodies is provided free to the populations at risk. Before employing an individual or issuing him/her a visa, some institutions and services in Georgia require[25] a HIV test certificate. Testing is charged in cases like this.

Out of the screening methods used for HIV antibodies, fast/simple and immune-enzyme methods are used. For the purpose of the confirmation of questionable HIV positive results, the state programme provides to patients free testing through confirmation methods. The confirmation methods used are the Western Blot and PCR methods. An individual is informed about his HIV positive reaction only after confirming the diagnosis. Furthermore, he becomes registered with the dispensary unit.

2.4.1.3. Treatment of HIV\AIDS

Georgia is the first post-soviet country that guarantees100% availability of free treatment to all known HIV patients. Decision on the necessity of antiretroviral treatment is taken in accord with the official recommendations of the International AIDS Association. Free antiretroviral treatment has been carried out since 2005 with the financial assistance of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM), whereas a complete laboratory-instrumental examination and symp-

[25] i.e. Police, Military services, etc.

tomatic treatment of HIV infected patients is ensured by the United State Social Insurance Fund.

By the end 2005, 162 patients had undergone antiretroviral treatment. Out of them:

- 87 IDUs
- 60 patients infected through heterosexual contact
- 4 homosexuals
- 6 blood recipients
- 5 infected through vertical transmission (mother to child transmission).

In 2005, the first methadone substitution programme was launched by GFATM along with other harm reduction programmes that were recently triggered in the country by the spread of HIV and AIDS. In the mid-2006, 15 HIV positive drug users are involved in the named programme.

2.4.1.4.. HIV\AIDS in the penitentiary system

The prevalence of HIV/AIDS and high risk behaviour in the penitentiary system have been studied since 1998 on the initiative of the AIDS Centre and with the support of the medical service of the Ministry of Internal Affairs of Georgia (currently - Ministry of Justice) Penitentiary Department. To study HIV prevalence among the prisoners, they were consulted on HIV infection and underwent voluntary testing. Prisoners were tested for HIV antibodies within the framework of the HIV/AIDS State Prevention Programme.

In 2005, research was conducted in the following institutions: treatment institution for prisoners and convicts, Tbilisi prison #1, Rustavi prison #1, Batumi prison, Ksani #5 and #7 prisons. Over 1400 prisoners were consulted. Out of them 1302 (1090 males and 212 females) agreed to undergo testing. Their age ranged from 22 to 65. As a result of testing 23 HIV positive prisoners were identified. Out of the HIV infected patients identified through epidemiological anamnesis, one was a homosexual male, two had been in Ukraine before detention where they had non-permanent, unprotected sexual relations, and the rest of 20 HIV infected prisoners were IDUs using non-sterilized shared syringes. All the HIV positive patients were registered with the dispensary unit of the National AIDS Centre.

According to the research, from 1998 to 2005 (including), 67 HIV infected prisoners, in total, were identified in the institutions of the penitentiary system of Georgia. Out of them 7 died and 35 were released from prison. According to the data of December 2005, 25 infected patients are serving their sentence in Georgian prisons. They are periodically given lab tests and symptomatic treatment when needed. 6 prisoners with AIDS are undergoing antiretroviral treatment.

In 2005, HIV/AIDS prevalence made up 0.15% in total population and 1.76% in the institutions of the penitentiary system.

Although, the number of HIV patients identified in the penitentiary system is not significant, the interviews conducted in parallel with testing revealed the factors contributing to the spread of HIV infection in prisons and high risk behaviour among prisoners, which will probably contribute to a fast spread of the infection in the penitentiary system (such as: injecting drug use, homosexuality, using non-sterilized instruments for tattooing and piercing, no awareness on the rules for protected sex, etc).

2.4.2. Prevalence of hepatitis B and the related trends

The statistical department of the Infectious Diseases, AIDS and Clinical Immunology Research Centre registers acute and chronic forms of hepatitis B. In 2005, in total, about 2000 patients approached the Centreís hospital and out-patients unit due to different infections. The share of acute and chronic forms of hepatitis B is given in the table below:

Table 4: Share of patients with hepatitis B approached the AIDS Centre, by years

Hepatitis B	2000	2001	2002	2003	2004	2005
Acute	10.4%	10.7%	7%	6.3%	6%	6.5%
Chronic	14.7%	9%	8.5%	5.8%	5%	6%

The statistical data show that seroprevalence due to acute chronic hepatitis B has considerably decreased in patients of the National Centre on AIDS in the recent years. Also, the virology lab of the AIDS Centre was approached for testing on hepatitis B by about 1200 patients, out of which 9% turned out to be anti HBsAg positive. 82% of the named percentage was composed of men.

The majority (about 78%) of the individuals approaching AIDS Centre due to hepatitis B is IDUs, 12.3% underwent different invasive medical manipulations, 9.5% - reported to have STDs and 0.2% was blood recipient.

2.4.3. Prevalence of hepatitis C and related trends

According to the epidemiological research conducted in Georgia (Zaller, N. et al.2004) about 6% of the overall population is infected with hepatitis C, which is a very high amount. The share of hepatitis C cases among AIDS Centre patients by year is presented below:

Table 5: The share of the patients with hepatitis C by appealability to the AIDS Centre

2000	2001	2002	2003	2004	2005
47.2%	32.8%	27.75%	21.85%	23.3%	24.6%

The above statistics shows that the appealability due to hepatitis C significantly decreased from the year 2000. However, this showing has somewhat increased since 2004. Out of the 1400 patients tested for hepatitis C in the AIDS Centreís virology laboratory in 2005, 27.5% were anti HCV positive. 88% of the named figure was composed of men. Most patients (around 91%) are injecting drug users (IDU). That could be considered as an indicator of hepatitis C epidemic among IDUs in Georgia.

2.4.4. Prevalence of TB and the related trends

According to the WHO data, Georgia belongs to the countries with a high tuberculosis (TB) prevalence rate. In 2005, among the HIV patients newly registered with the AIDS Centre, TB co-infection was identified with 78 (41%). Out of the TB patients, 38% had the active form of TB and 62% - the latent form. The majority of patients have suffered from pulmonary TB. However, extra-pulmonary cases were also identified. As about transmission of the infection, 87.5% of patients were IDUs, 11% named unprotected sex as a possible transmission route for the infection, and 1.5% frequently underwent different invasive medical procedures.

Table 6: Share of TB co-infection among the HIV infected drug addicts registered with the AIDS Centre

Year	HIV cases	New cases	IDUs among them	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
2004	638	163	105	68
2005	880	242	128	78

2.5. OTHER DRUG RELATED CO-MORBIDITIES

So far no research has been made on drug related somatic or psychiatric co-morbidities in the country. However, in the process of preparation of the given report a round of interviews were conducted with clinicians from different treatment centres in Tbilisi. According to the interviewed clinicians, such somatic co-morbidity as are pneumonia, skin infections, infectious endocarditis and sepsis are quite common. As about psychiatric problems, psychopathic development of personality is observed almost among 80% of the patients. This issue needs further investigation, using an appropriate methodology.

3. SOCIAL AND LEGAL CORRELATES AND CONSEQUENCES

3.1. INTRODUCTION

Due to the number of reasons (see below) drug users in Georgia are a hidden population nowadays. Therefore, one could not observe such social indicators of the problem, as so called ìjunkiesí cultureî, etc.

As for other drug related social problems, such as school drop outs, homelessness, unemployment, etc. - the situation has not been studied thoroughly enough. There are clear indications of the existing correlation between drug related crime and unemployment - we can see in the chapter below that 90% of drug related offenders were unemployed in 2005, although we can not say whether this is the cause of the problem or its consequence.

In 2005, no major changes occurred in terms of efforts to limit the drug supply in Georgia: the largest share

(98%) of revealed drug related crime still concerned minor crime related to the drug illicit circulation inside the country, and not drug trafficking.

In 2005 the first pilot economical research (using limited source data of heterogeneous quality) was made to estimate drug related costs in the country by the NGO ìAlternative Georgiaî. The research suggests that the scale of drug related turnover of money on the ìblack marketî is significantly higher then all the other drug related costs, including drug supply and demand reduction measures implemented both on the governmental and non-governmental levels. At the same time, the study showed extremely low resources available for the demand reduction measuresí budget in Georgia.

3.2. SOCIAL PROBLEMS

As mentioned in the introduction, no reliable information is available regarding drug related social problems, such as homelessness, unemployment, school drop outs, financial or social networking problems, etc. One thing, which is obvious in this regard - there are no so called ìstreet addictsî nowadays in Georgia. This fact could be explained on the one hand by the Georgian drug legislation, according to which drug use in the country is a crime (see chapter ìLegal frameworkî); on the other hand, - by stigma connected with illegal drugs and addiction in Georgian society (see chapter ìDevelopments in public attitudeî), which is considered to prevent open appearance of drug use in the streets by significant number of national experts (Lejeva, G[26]., personal communication; Nizharadze, G., et all. 2005); and, finally ñ by cultural factors: Georgian strong family ties traditionally provide patronage to the vulnerable family member.

3.3. DRUG OFFENCES AND DRUG RELATED CRIME

In 2005, the Special Operative Department of the Ministry of Internal Affairs of Georgia investigated 2074 potential drug-related crimes (in 2004, it was 1941 detected crimes). Among those: drug smuggling - 34 cases (9 cases in 2004), drug dealing - 138 cases (145), illegal cultivation of narcotic plants - 109 cases (244). The rest of the cases concern illegal possession, transport, or second revealed use of drugs (the drug use detected for a second time (within a year after first one punished with administrative penalty) is a crime according to recent Georgian legislation).

In the same year 2005, additional 1890 persons (1007 in 2004) were punished by means of administrative law for use of psychotropic drugs without doctorís prescription.

In 2005, according to the data provided by the Information and Statistics Service of the Supreme Court of Georgia, 1722 cases (1739 in 2004) on drug related offences entered the first-instance courts of the country. Out of those: 1149 (66.7%) were concerning ìillicit manufacture, production, purchase, storing, transfer, or selling of drugsî (Article 260, 252-I-II-III-IV of Criminal Code of Georgia), 31 (1.8%) concerned ìillegal trafficking and international transit of drugsî (Article 262, 79-III-IV), and 542 (31%) - to ìother drug related crimeî (261, 263 - 274 articles of Criminal Code of Georgia).

1389 cases ended with the verdict, as a result of which 1165 individuals were convicted: 70% were convicted according to the article 260[27] of Criminal code of Georgia, 0.94% - with the article 262[28], and 29.6% - with the articles 261, 263 - 274[29]. Out of convicted individuals 40% were sentenced to prison, 41.8% received non-custodial punishment, 14.6% paid a fine, 2% - corrective work from one to two years.

As about some social characteristics of the convicted, they are as follows: 61 (5%) of them are females, 1050 (90%) - unemployed, 21.3% have university education, 73.7% - have secondary education, 5% - with fulfilled secondary education started but not completed. The age distribution is the following: 0.9% - in the 14 - 17 age interval; 21% - in the 18 - 24 age interval; 24.3% - in the 25 - 29 age interval; 48% - in the 30 - 49 age interval; 5.8% - 50 years old and older.

3.4. SOCIAL AND ECONOMIC COSTS OF DRUG CONSUMPTION

A complex study estimating the social expenses related to the abuse of psychotropic substances has never been conducted in Georgia so far. In 2005, the first step was made to study the economic aspect of the problem. In particular, the NGO ìAlternative Georgiaî conducted a research[30] to study the national expenses related to the abuse of psychotropic substances.

Due to the dearth and poor quality of information on drug abuse, it was impossible to conduct research meeting the international standards (see Single et al, 2001). For this reason, the study results are not expected to be conclusive and the figures in the table and diagram below should be considered as approximate values coming from pilot study as they are.

[26] Chairman of the Supervisory Council of the Georgian Research Institute on Addiction
[27] ìillicit manufacture, production, purchase, storing, transfer, or selling of drugsî (see the chapter ìLegal Frameworkî)
[28] ìillegal trafficking and international transit of drugsî (see the chapter ìLegal Frameworkî)
[29] ìother drug related crimeî (see the chapter ìLegal Frameworkî)
[30] for more information on the research see www.altgeorgia.ge

Table 7: Costs related to the abuse of psychotropic substances in GELS

Costs of drug abuse (expenses)			
		Million GEL	%
1.	Reduced production level		
1.1	Due to mortality	15.336000	12.58
1.2	Due to morbidity	0,091200	0.07
	Total	15.427.200	12,65
2	Expenses of the law enforcement system		
2.1	Expenses provided for by law enforcersí budget	0,126000	0.12
2.2	Court expenses	0.254930	0.20
2.3	Expenses on prisonersí maintenance	0.753907	0.61
2.4	Bribes	5.400.000	2.46
	Total	6.534837	3.39%
3	Health care expenses		
3.1	Personal expenses for in and out patient treatment	0,175000	0.16
3.2	Budgetary expenses for the health care system - treatment and prevention	0,250747	0.20
3.3	Budgetary allocation during the year to cover AIDS prevention	0,234000	0.19
3.4	Health Ministry's expenses on examination	0.280000	0.22
	Total	0.939747	0.77
4	Prices for prevention and research Non-government programmes and grants	0.656300	0.53
5	Other direct expenses Car accidents and fires. No data available		
6	Direct loss at work places		
6.1	Personnel support and health care programme		
6.2	Programme for testing on drugs at work places	0.030000	0.02
	Total	0.6863	0.55
7	Drugs sold on the black market	100.000.000	82.64
	Total	123.588.084	100

As we see, the largest share of costs is related to shadow economy. The lowest figures we find in costs of prevention, research and health care interventions ñ a picture that fully reflects the situation in Georgia.

Since the authors of this report have included international funds for drug demand reduction in the budgetary line ìprevention ñ researchî, it is likely that this line, along with research and prevention, also includes harm reduction programmes. Stating this we are based on the investigation conducted by the authors of the given report in 2005 and aimed at the identification of the earmarking of international funding. According to this investigation, in 2005, a basic share[31] of international funding allocated for the purpose of the reduction of drug demand was used for harm reduction measures and only a small share for research and prevention.

As for what was labelled as ìthe health care system funds aimed at demand reduction,î the priority, as always, was the drug tests. The year 2005 was not exceptional in this respect. Therefore, it is very likely that the funds aimed at the drug tests exceed the budget allocated for the treatment of drug dependence, reha-

[31] see the chapters ìMajor strategies and activitiesî

bilitation, prevention, epidemiological research and harm reduction, in total. However, each of the named budgets is so small that such ìsubtle differencesî in funding will not have any strategic importance.

The research has revealed an imbalance between the supply reduction and demand reduction with the resources for supply reduction being significantly higher than those for demand reduction. One has to mention here that drug testing ñ a control, repressive measure by its very nature ñ is mislabelled as ìhealth/prevention intervention;î thus, the budgetary superiority of supply reduction is even higher than the study indicates.

4. DRUG MARKETS

4.1. INTRODUCTION

Georgia is not considered as a drug producing country[32] as drugs used here mostly enter into the country from neighbouring regions. In the view of national law-enforcement agencies, Georgia is considered as a transit country for drugs. Trans-national 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 ìCaucasus Routeî, 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 ìSilk Roadî passing across the region, etc. The situation is further complicated by the existence of uncontrolled territories that emerged as a result of long-lasting frozen ethno-political conflicts as they provide additional ìgatewaysî for drugs to enter the country (Kuhianidze A. et al. 2004).

The black market mainly offers heroin, opium and marihuana; during 2004 ñ 2005, SubutexÆ supply significantly increased, entering Georgia from Europe.

4.2. AVAILABILITY AND SUPPLY

In Georgia, drug dealer is called by the Russian word ìbarigaî, drug dealing - ìbariging.î Usually, ìbarigaî brings minor or large amounts of drugs into the country and distributes them among other minor ìbarigasî and drug users. Drugs can be bought through the network of drug users and ìbarigasî; there are no drugs available for drug-naÔve buyers in the streets; however, currently the so called discothËque culture is entering the country, which can change the described pattern. Often, drug users are drug sellers simultaneously.

The (ESPAD questionnaire based) survey, conducted in 2005 among teenagers of thirteen secondary schools of Tbilisi (see the chapter ìSurveys on drug use among populationî) gives us some information on availability of drugs:

In response to the question how the respondents obtained the drugs used first, 4.4% said that these were ìgiven by an older friendî; 2.8% tried drugs first in the circle of their friends, 2.2% were given drugs by friends of their age or a younger friend, 1.4% got them from one of their parents, 0.6% from an older sibling, 0.4% from a stranger or someone he/she did not know in person; 0.7% of those surveyed bought drugs from such a person; 0.1% got drug first from home without asking the parents for permission.

Responses to the question ìHow difficult is it for you to get drugs if you are willing to do so?î showed that about 25 % of interviewees, irrespective of gender, are not able to get any drugs. Out of the rest of the 75%, the majority says that it is quite easy to get hashish and ecstasy. According to interviewees, vaporizing solvents are most accessible, whereas the drugs that are most difficult to get are heroin, opium, and SubutexÆ. It is interesting to note that if we compare the answers of the total number of boys with those of regular hashish users, the boys that use hashish on a regular basis find it quite easy to obtain not only hashish, but any other drugs as well.

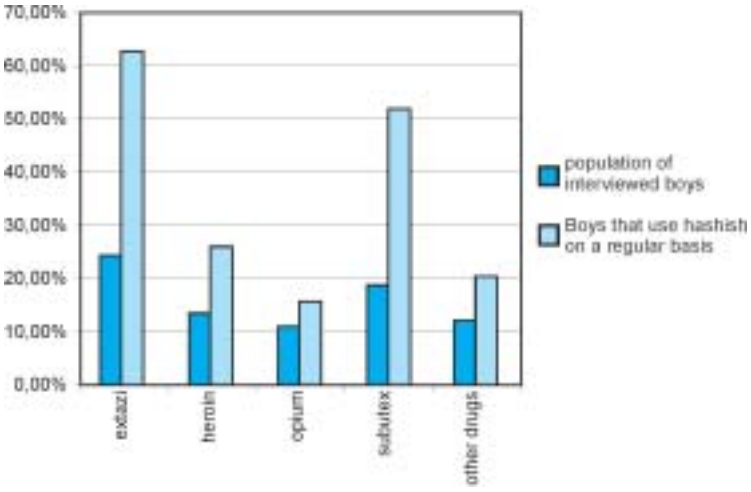


Figure 9: How easy it is to obtain different drugs if you are willing to do so

[32] exception in this regard is illegally cultivated marihuana

4.3. SEIZURES

The data on drug seizures by years provided by the Special Operative Department of the Ministry of Internal Affairs of Georgia are reflected in the Tables below:

Table 8: Destruction of Cannabis plants by year

Years	2000	2001	2002	2003	2004	2005
Quantity in metric tones	43.9 t	31.5 t	112.5 t	38.3 t	32.2 t	32 t

Table 9: Drugs seized from the illicit turnover by years

	1999	2000	2001	2002	2003	2004	2005
heroine (kg)	2.291 kg	4.99 kg	5.519 kg	3.35 kg	3 kg	0,79 kg	4.18 kg
opium (kg)	14.7 kg	6.629 kg	16.6 kg	1.21 kg	8.4 kg	1.19 kg	4.84 kg
marihuana (kg)	32.3 kg	43.9 kg	31.5 kg	59.6 kg	42.4 kg	34.1 kg	39.43 kg
buprenorphine (SubutexÆ)	_	_	_	_	1000 pills	0.34 kg 849 pills	0.39 kg

Comparison of these figures with figures described in the chapter ìInjecting drug useî shows that there is a large gap between the amounts of drugs used and those seized in the country.

4.4. PRICES AND PURITY

There is no reliable information available on purity of the drugs seized in 2005, or being in the illegal turnover. As about the prices on the ìblack marketî, they are as follows:

Table 10: Prices of the drugs on the ìBlack marketî

Drugs	Price
1 gr of heroin	238 - 317 €
1 gr of opium	12 - 16 €
1 capsule of morphine	4 - 5 €
1 gr of marihuana	2 - 3 €
1 pill of Subutex Æ	79 - 87 €

5. TRENDS PER DRUG

5.1. INTRODUCTION

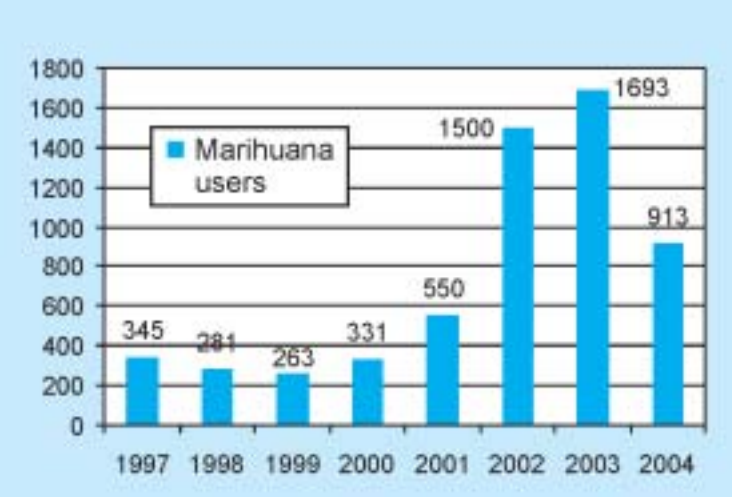
Marihuana is suggested by the local experts to be the most widespread illegal drug in the country (see the Chapter ìPrevalence, patterns and development in drug useî). Regarding the injecting drugs, in Georgia traditionally the most frequently used drugs have been opioids (see subchapter ìInjecting drug useî).

5.2. MARIHUANA

Despite the fact that only up to 8†644 marihuana users[32] were officially registered in Georgia from 1985 till 2005[33], according to expert ìguesstimates,î their actual number is 10 - 12 times higher. During the last years, registered cases of marihuana use have sharply increased in the country. As a proxy indicator, we can point out the year 2002, when the number of registered marihuana users[34] almost three times increased during the year:

[32] one pill of Subutex Æ = 0.008gr
[33] for definitions, see the Chapter ìInjecting drug useî
[34] as was described above, the national register on drug users stopped its functioning due to the transferring it from MoH to the MoJ United Bureau of expertise, thus we can not show here figures reflecting state of arts in 2005
[35] Taking into account that the registration has reflected rather Police activities than drug situation in the country

Figure 10: Number of newly registered marihuana users in 1997 - 2004



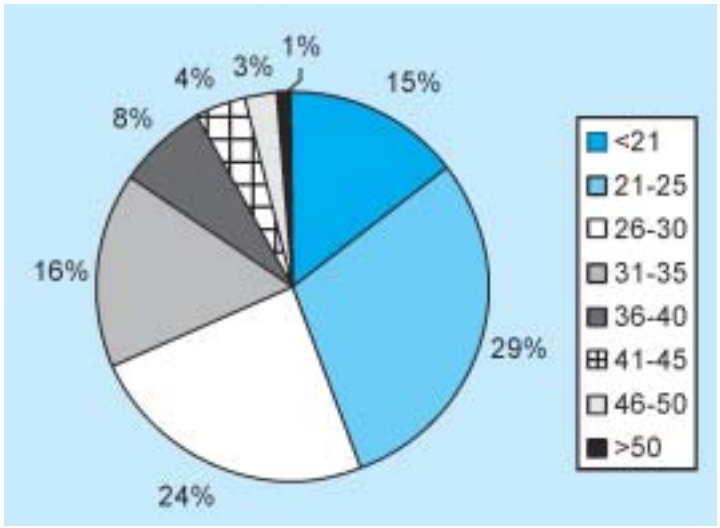
Observed increase in registration of marihuana users during recent years could be related to several factors:

- ♦ Marihuana has become more accessible, especially at the expense of the marihuana crop illegally cultivated on the territory of Georgia;
- ♦ Use of marihuana is ìfashionableî among the youth;
- ♦ The local and foreign mass media might contribute to a certain extent to the popularity of this type of drug. They often transmit messages on the use of Marihuana by well-known people and its safety for health, and, sometimes, even its positive effect on health, the advisability of the legalisation of this product, etc.
- ♦ The Police shifted its activities to the marihuana users,[36]
- ♦ and any of possible combinations of these factors

Among registered marihuana users (especially registered regular users); the number of male users significantly exceeds the number of female. However, in the recent years, the use of marihuana (especially its episodic use) significantly increased among registered young women, and especially among schoolgirls surveyed in Tbilisi (see the Chapter ìDrug use among youthî).

Within the registered users, the age of marihuana users ranges from 13 to 50 years and above. Nevertheless, as shown in the diagram, it reaches its peak at the age of 21 - 25.

Figure 11: Breakdown of the marihuana users officially registered in the Narcologic Register database, administered by GRIA in 2004, by age groups



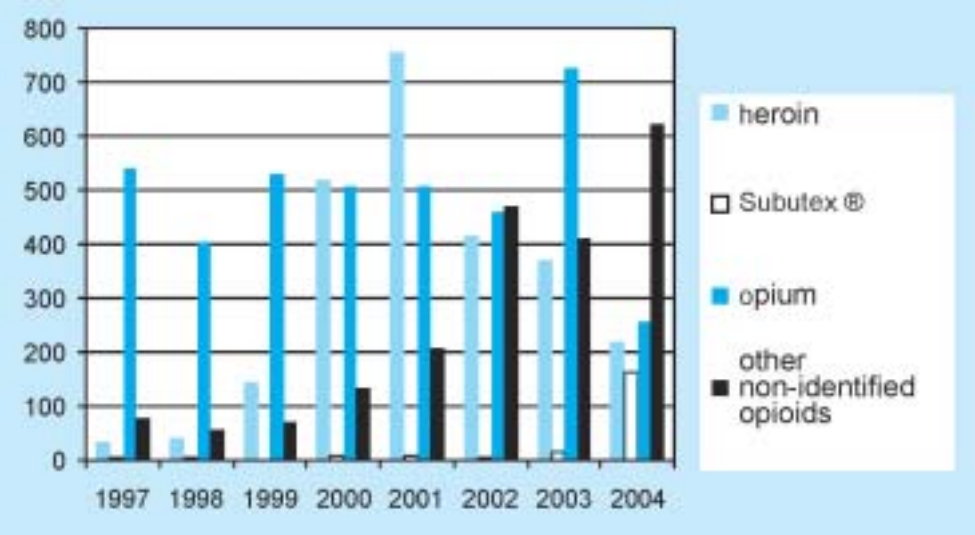
5.2. OPIOIDS

Before 2000, raw opium (the so-called ìblackî opium) was prevailing in the black market. Poppy straw was less available in that period. From 2000, heroine import and use sharply increased. Wide use of poppy seeds was observed in 2003: by means of a complex chemical processing, a cocktail was made from poppy seeds to be used through injection. After implementing corresponding measures in response to the given practice, poppy seeds import and their abuse decreased from 2004. In 2004 - 2005, an important change took place in

[36] one of possible reasons being that arresting them is relatively easy compared to users of other drugs (they are most numerous ñ thus easy to find ñ and largely non-violent ñ thus safe to deal with)

the drug scene: SubutexÆ, imported from Europe, and administered by injections (differently from European countries, where this medical product is usually employed for the purpose of substitution therapy by means of sublingual administration), started to compete with heroin on the black market. SubutexÆ abuse has started to draw professionalsí attention in 2000. Judging from numbers from Narcologic Register, its illegal use has been continuously increasing, and in 2004-2005 it reached figures multiplying the figures 2003 by factor of 8. The figure below shows the distribution of registered opioid users and registered opioid addicts by types of opioids used.

Figure 12: Breakdown of annually registered opioid users and opioid addicts by types of opioids used[37]



According to professionals, the majority of cases under the category ìOther non-identified opioidsî represent the use of SubutexÆ, too, which could be explained by the fact that in that period the methods for the chemical and toxicological identification of this substance (buprenorphine) were not adequately developed or implemented.

One of the indicators of growth in buprenorphine use is the increase in the share of SubutexÆ users from the patients asking for treatment at narcological institutions. In 2004, 29% of patients admitted to clinics received Subutex Æ to alleviate the opioid dependence syndrome, whereas in 2005, the number of such patients reached 39%[38].

5.3. STIMULANTS

The use of cocaine and amphetamines is traditionally considered as insignificant in the country, as they are not actually available on the black market. Ephedrone and pervitine, prepared through chemical refinement of cough medicines, available from drugstores without any prescription, usually were used occasionally only. But, according to the experts (see the chapter ìMain Developments and Emerging Trendsî and subchapter ìDrugs used by treated patientsî (within the chapter ì Treatment demandî), the home-made stimulator ìvintî containing ephedrone has become very popular lately. The individuals, using this product, actually do not reach addiction treatment institutions. One of the possible reasons could be that due to a relative cheapness of the named product, it is used by the individuals in the lower social stratum, who cannot finance their own treatment. Another explanation could be that the epidemic is just beginning.

6. DISCUSSION: CONSISTENCY BETWEEN INDICATORS, METHODOLOGICAL LIMITATIONS AND DATA QUALITY

The evaluation of the drug epidemiological situation and elaboration of the key epidemiological indicators faces serious problems in Georgia, because of a number of reasons, such as: lack of institutional mechanisms for reliable data flow, lack of funding needed for epidemiological research, non-sufficient implementation of the drug legislation (i.e. current problems with any evidence of drug users receiving treatment or other service after disruption of Narcologic Register, the non-existence of the state programme on treatment of substance disorders), imperfect legislative norms, etc.

Given the above problems, it is complicated to evaluate the consistency between the indicators presented in the

[37] No information is available for 2005 ñ see the chapter on problem drug use

[38] For more information on SubutexÆ use in Georgia see the Selected Chapter ìSubutexÆî

given report. Namely, we do not have for the moment reliable data on prevalence of drug use and drug dependence in the country, or on drug use related somatic and psychiatric co-morbidities; in the recent period cases of death caused by drug use are not actually registered by ambulances, reanimation or toxicological services, and we had to make a special research in 2005 to estimate mortality of drug users; there is no information on the use of drugs or drug addiction among somatic, surgical or trauma patients.

The situation is much better with the epidemiological surveillance of blood born infectious diseases, like HIV/AIDS, hepatitis B and C, in relation to which the use of drugs is quite substantially studied. Differently from this, the data on the tuberculosis in drug users is quite scarce.

Starting from 2002, since invention of the Drug Information System Project in the framework of the Southern Caucasus Anti Drug Programme (SCAD) a regular assessment of needs regarding drug epidemiology are being conducted in the country, accompanied by the relevant measures to follow the European (EMCDDA) standards. The measures are directed on creation of institutional mechanisms for development of drug epidemiology, on the one hand, and, on implementation of the relevant research, on the other hand.

The following institutional mechanisms for development of drug epidemiology have been established so far in the framework of the Southern Caucasus Anti Drug Programme: Drug Information Network has been created, uniting all the governmental and non-governmental agencies working in the field of drug demand and supply reduction; Information Flow Party was established providing permanent circulation of drug related information among the relevant agencies; National Focal Point on Drug Information has been created, started to function and elaborated and published three national and one regional (Southern Caucasus) drug annual reports; Drug Abuse Monitoring Observatory has been founded to promote drug epidemiology; two task forces: one working on drug annual report, and another one working on elaboration of Drug Related Death and Mortality indicator, have been formed and are functional.

As to maintenance of research, the following has been done in the interval between 2002 and 2005: a special research revealing drug related mortality has been implemented by Georgian Research Institute on Addiction in cooperation with the Statistical Department of the Ministry of Economical development; Drug use and the related risky behaviour was studied within the penitentiary system; Standard anonymous registration forms were developed for different types of medical services and distributed to the corresponding services in Tbilisi and regions to collect information on drug users. For the moment two researches are planned to be implemented: one of those is directed on further development of DRD indicator via cohort study of the patients being included in the Methadone Maintenance Programme waiting list; another one aims to evaluate amount of problem drug users in the country via applying statistical nomination method.

PART C: DEMAND REDUCTION INTERVENTIONS

1. STRATEGIES IN DEMAND REDUCTION AT NATIONAL LEVEL

1.1. MAJOR STRATEGIES AND ACTIVITIES

As mentioned in the beginning of the given report, the drug strategy for Georgia including demand reduction interventions is recently being elaborated. As for today, the measures undertaken in response to the problem are based on the priorities set by international non-government organizations. The situation for 2005 looks as follows[39]:

- At least 11,000 drug users participated in the harm reduction programmes implemented by different organizations and at least of 341†269 € (investigation of the authors of the given report by the means of the analyses of the data provided by the respective agencies) was spent on these programmes.
- A total of 603 patients underwent treatment in narcological clinics of the republic. None of these cases were financed by the government, non-governmental organizations, insurance fund or international donor.
- In 2005, the number of direct recipients of primary prevention programmes in the school environment or within the community was 130 (one hundred and thirty). At the same time about 2000 citizens took part in drug prevention mass public actions (displaying anti-drug posters, etc). The annual budget (from any sources) allocated for direct primary prevention activities constituted about 21,428 € in 2005. The scale of direct prevention interventions carried out at the school level has decreased since 2006: in 2005, the number of direct recipients of such programmes constituted 130 persons, whereas, their number had decreased to 16 by 2006, including August.

The data above show that today, harm reduction is a top priority for the country out of the measures aimed at drug demand reduction. This strategic direction is financed by the international sector. As for treatment and primary prevention, these strategic directions receive fewer funds from the Georgian government or the international sector, and, therefore, are implemented at a smaller scale.

1.2. APPROACHES AND NEW DEVELOPMENTS

The year 2005 was marked with two new trends in the field of the treatment and rehabilitation of drug dependent individuals. In December 2005, the first substitution therapy programme was launched in the country. This programme, financed by Global Fund, is implemented in the Georgian Research Institute on Addiction (based in Tbilisi). Altogether 60 patients were selected for treatment in the first stage of the programme. Treatment procedures started on December 28, 2005. By the end of the month, 8 patients were included in the programme. The rest of the patients were included in 2006. It is planned to provide treatment to 200 patients by the end of the year 2006. Two more clinics - one in Tbilisi (ìUrantiî) and one in Batumi (ìLTD Drug Addiction Centreî) are going to host methadone substitution programme in 2006, serving another 60 patients each.

Another novelty in the area of drug demand reduction is the initiative of the Patriarchate of Georgia. Since there is no institutional unit for the social rehabilitation of addicts (i.e. therapeutic communes or other similar programmes) in Georgia, and the provision of rehabilitation services is generally seen as an urgent need in the country, the Patriarchate of Georgia undertook the rehabilitation function at this stage, and, accommodated drug dependent individuals in Georgian monasteries after they voluntarily underwent the detoxification programme. In addition, a rehabilitation centre was set up in the Tagori monastery based on the 12 step method, which is operated by the NGO ìPeoniî.

2. PREVENTION

2.1. INTRODUCTION

At present, primary prevention implemented in the country is limited to fragmentary interventions. There are no relevant institutional mechanisms to carry out regular, strategically or tactically defined coordinated prevention measures at school, community or family level. Prevention activities are not targeting families at all, which might be seen as significant failure given the strong traditional role of families in Georgia. Selective prevention (recreation, risk groups, high risk families) is extremely limited and inconsistent.

[39] The figures are provided by local and international organizations operating in this field and are based on the totals of the individual figures included in the annual reports. The figures were given in USD, and were converted from us into euros

Primary prevention activities are implemented by the non-government sector almost exclusively[40]. From 1996 to 2005 (inclusive), a total of 17 small scale primary prevention projects were implemented by NGOs in schools, families and communities with the financial and methodological support of international organizations. The term ìsmall scaleî indicates the following: average duration of the projects was 8 months, the maximal number of the directly involved target individuals was 130, indirectly involved - approximately 20000, and the maximal funding - 23†809 €[41].

2.2. SCHOOL PROGRAMMES

The year 2005 was not very active in terms of primary prevention measures or, prevention at the school level as only one such project was implemented in the country:

Within the framework of the SCAD, from June 1, 2005 to March 31, 2006, the coalition of NGOs[42] (SCAD, 2006) implemented the project on primary drug prevention among the youth. The project aimed at the elaboration of a primary prevention conception at the school level. For this purpose, the instruments for qualitative and quantitative research were elaborated and the relevant research was carried out with teachers and students in secondary schools of Tbilisi and 4 regions, as well as with the representatives of the health and educational sectors. Based on the research, a conception for primary prevention at school environment was developed, as, a result of which, at the beginning of 2006, pilot training was conducted for 16 teachers in 2 secondary schools of Tbilisi. The conception was finalized as a result of the named training, and now, it is included as one of the important components into the anti drug strategy developed by the State Drug Policy Council.

2.3. YOUTH PROGRAMMES OUTSIDE SCHOOLS

In 2004-2005, a project was implemented by the NGO ìHumaniî in the framework of the SCAD, to initiate Youth Anti Drug Movement. The methodological approach of the project was based on the peer education paradigm. In the framework of the project, the so-called anti drug training, focused on raising awareness on drug dependence and life skills development, was conducted with 100 students in 10 secondary schools of Tbilisi. In 2004-2005, the adolescents involved in the project regularly issued an anti drug movement newspaper on a voluntary basis and arranged anti drug actions. The project was successful (SCAD, 2006), but from 2006, due to the unavailability of the necessary funding (as primary prevention neither was among priorities of the international donors, nor funded by the government) the facilitation of the movement was no longer possible and the youth anti drug movement had to be terminated.

In 2005, the organization ìWorld Vision Internationalî recommenced the 2004 project ìWe learn to liveî. Under the project, socially vulnerable young people aged 14-20, got involved in the community based youth centres that started operation in Batumi, Kutaisi and Telavi. The centres provided for vocational training, employment and comprehensive development of the young people as well as for their involvement in community activities. One of the functions of such centres is to facilitate a healthy development of young people in the regions and prevent risky behaviour, like alcoholism, drug addiction, etc. In 2005, the project served about 300 youngsters.

2.4. FAMILY AND CHILDHOOD

No family level prevention programmes are running in Georgia today.

2.5. OTHER PROGRAMMES:COMMMUNITY LEVEL PREVENTION

The anti drug coalition of Georgia[43], created under the coordination of the SCAD, continued primary prevention activities at the community level in 2005. In particular, with the financial support of the German Embassy, the coalition organized and held an anti drug festival in 2005. In 2006, the German Embassy continued to support the Georgian Anti Drug Coalition in its large scale public awareness campaign, and allocated, for this purpose, 8†000 €.

3. HARM REDUCTION

3.1. DESCRIPTION OF INTERVENTON

As described above, compared to other directions in drug demand reduction, harm reduction is carried out at a much more systematic scale in Georgia. The following three big programmes are being implemented at the moment:

[40] although the MoH Public Health Department of the Ministry of Health together with the Georgian Research Institute on Addiction implemented, from 1997, the so called drug prevention state programme; the main component of the programme was narcological examination

[41] in one instance, the number of direct beneficiaries of primary prevention was 300, and the budget - 50,000 €, but that was an exceptional case

[42] the project was implemented by the Public Union Bemoni, Georgian Research Institute on Addiction, association Humani, the Central Teacher Training Institute, the Georgian Ministry of Education and Science, the Psychological Assistance Centre with the Patriarchate and the MoH Public Heath Department

[43] The coalition represents a non-registered union based on the free will principle. It includes government and non-government organizations working in this field. The mission of the coalition is the publicís mobilization to solve the drug addiction problem.

3.1.1. ìOpen Society ñ Georgiaî foundation harm reduction programme in the framework of the Foundationís public health programme

The programme has been implemented since 1999. The activities are carried out in the following directions: improvement of the relevant legislation, raising journalistsí awareness of the drug problem, distribution of syringes to the target population, education and consultancy, substitution therapy (in which ìOpen Society Georgiaî foundation is an implementing partner of the Global Fund). The projects are run within the framework of this harm reduction programme, partner organizations are: ìAlternative ñ Georgiaî, the centre for psychosocial information and consultancy ìNew Wayî, ìTanadgomaî, the Centre for Infectious Diseases, AIDS and Clinical Immunology (all these operate in Tbilisi) and the Adjara Public Health Department (since 2004 - Adjara Health Care Republican Centre) in Batumi. A harm reduction project has been implemented in Sokhumi since 2005. Altogether, 12,717 drug users were served in 2005 by different projects of the programme. An important event in the framework of the programme was the international conference ìScience, compassion and security: towards pragmatic drug policyî, held in autumn 2005.

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

The project has been implemented since May 2002 in cooperation with the following organizations: international organization Programme of Appropriate Technologies in Health (PATH) and local NGOs ìTanadgomaî and ìBemoni.î Also, the project closely cooperates with the Infectious Diseases, AIDS and Clinical Immunology Research Centre, the Georgian Research Institute on Addiction, the Georgian Association of Dermatovenerologists (represented by the clinic ìHealth Officeî), and the Republican Centre for the Mother and Child Health Service in Batumi. Tbilisi and Batumi are the projectís target cities. Target groups are female sex workers and their clients, injecting drug users and their partners, men having sex with men, injecting drug users in the places of detention. In 2005, under the project, in addition to other risk groups, free consulting and testing was provided to 2,282 injecting drug users and 533 injecting drug users in the places of detention. Within the framework of the project, the processing of the results of the second-generation surveillance study with biomarker component was completed in 2005. It was carried out in Tbilisi and Batumi and covered 500 injecting drug users.

3.1.3. Anti drug component of the GFATM Programme ìStrengthening national response in Georgia to implement the effective prevention and control of HIV/AIDS, tuberculosis and malariaî

Anti Drug Component of the GFATM programme has been implemented since the year 2005 and covers needle exchange, voluntary testing and consultancy among injecting drug users and Methadone substitution therapy. The implementing partners are the following organizations: Georgian Research Institute on Addiction and ìOpen Society - Georgiaî foundation as main contractors, NGOs ìUrantiî ìNew Wayî and ìGabriel Kikodze Centre for Psycho-social Aid under Patriarchy of Georgiaî in Tbilisi, NGOs ìKsenoniî and ìOrduî in Zugdidi, NGO ìPoti Youth Allianceî in Poti, ìGori Shida Kartli Narcological Servicesî in Gori, ìNarcological Dispensary of Abkhaziaî in Sukhumi as sub-contractors. By August 2006, 68 patients had been covered by the Methadone Substitution Programme. The programme plans to include 200 beneficiaries by 2006.

3.2. STANDARDS AND EVALUATION

The main components of the all three described above harm reduction programmes are: voluntary testing and consultancy (VCT), needle exchange, and the substitution therapy within the framework of the Global Fund programme. Find below a brief description of the standards for each of the components [44]:

Voluntary testing and consultancy is carried out in accordance with the WHO guidelines. In 2005 the Infectious Diseases, AIDS and Clinical Immunology Research Centre specialists prepared and published a special manual (attached by the relevant methodological recommendations) on VCT, in compliance with the WHO guidelines[45].

As for needle exchange, even though these measures have been implemented since 2001 in Georgia, specialists question the efficiency of such programmes: due to drug use criminalization in the country needle exchange programmes face certain obstacles, especially in Tbilisi, because when drug users get to the exchange centres with the syringes dirty with blood, there is a possible threat to be caught by police. For this reason, the procedure has been changed, and now, instead of exchange, injection instruments mainly are provided to users.

Within the framework of the SCAD, representatives of the NGO coalition, 5 non-government organizations[46] implemented a harm reduction project, one of the most

[44] information on testing see in the chapter on drug related infectious diseases

[45] both manual and methodological recommendations were published in 2006

[46] Association ìAlternative Georgiaî, the center for psychosocial and information and consultancy ìNew Wayî, the information and consultancy center on reproductive health ìTanadgomaî, ìAssociation of psychologists and psychotherapistsî, the center for medical, socio-economic and cultural issues ìUrantiî

important components of which was the qualitative research of injecting drug users. The methods applied were focus groups and in-depth interviews to identify the drug usersí harm reduction related needs, evaluate the efficiency of outreach interventions and plan realistic intervention strategies taking into consideration the Georgian context. Interviews and focus groups covered in total 60 injecting drug users and 10 specialists working in this field. Research outcomes showed that despite certain difficulties, related to the legal aspect of the implementation of some of the harm reduction components, outreach activities, especially needle exchange programmes, are very effective. Both specialists and injecting drug users noted important changes in injecting drug usersí behaviour (for example, decreased number of the cases of syringe sharing) with those individuals, who had been included in harm reduction programme for at least 3 months. The research report (SCAD, 2006; www.altgeorgia.org) contains recommendations on the effective implementation of harm reduction programmes.

4. TREATMENT

4.1. ìDRUG-FREEî TREATMENT AND HEALTH CARE AT NATIONAL LEVEL

The year 2005 saw an increase in the demand for treatment of drug dependent individuals (by 99% for detoxification of opioid-type drugs addicts). This is demonstrated by a sharp increase in the number of treated cases compared to the previous years: namely, 603 patients versus 300 treated in 2004 and 320 treated in 2003. Since there were no positive improvements in terms of the accessibility of treatment in the mentioned period, one of the possible explanations for such an increase could be related to the increase of the number of drug users and drug dependent individuals in the country. However, it is difficult to make a univocal statement, because, as noted above, there is no reliable information available on the number of problem drug users in the country.

Another explanation for the increased number of treated cases could be the following: increased awareness on the need for treatment (e.g., within certain percentage of opioid users with the 2-5 year long ìcareerî); or, the improved registration of treated patients; or, may be more patients started to approach officially registered, licensed treatment institutions, which implies the decreased number of the cases of illegal treatment. Finally, any combination of all the above factors cannot be ruled out.

The fact that in 2005, the three existing narcolgical inpatient hospitals managed to ìaccommodateî twice as many patients as those in the previous years means that before 2005 they did not operate at full capacity. Another interesting trend observed in 2005 was that long queues of patients were formed to register in advance for treatment in these in-patient hospitals, which had never happened before. This means that the increase in treatment demand probably will show more stable, trend-like pattern.

Medical treatment of drug dependent individuals is not financed by the government (with the exception of the Adjara region), donor or private organizations. The patients pay for themselves. The detoxification costs from 300 to 540 € in different clinics, which is quite a large amount given the economic situation in Georgia. Many individuals, willing to undergo treatment, cannot afford it. Thus, the number of treated cases does not reflect the actual level of demand for treatment in the country.

Basic problems:

1. Because of the non-existence of free treatment, treatment of drug dependence is inaccessible for many potential patients.
2. There is not enough number of ìnarcologicalî treatment institutions operating in the country. The capacity of the existing ones is not adequate, either. In 2005, the three major ìnarcologicalî institutions operating in Tbilisi (Georgian Research Institute on Addiction, private clinics Bemoni and Uranti), operated at full capacity. Despite this, they were not able to fully meet the existing demand. In the three of the institutions, there were long waiting lists throughout the year of individuals seeking treatment.
3. Imbalance between Tbilisi and the regions still exists. Apart from Tbilisi, drug dependence is treated in Batumi and Telavi, only (in Telavi, it takes a very limited form). Out of the drug dependent individuals treated in 2005, 89% underwent treatment in Tbilisi, and only 11% in the regions.
4. The range of services is rather limited. The basic form of treatment is detoxification, followed by short term (up to 2-4 weeks, each of which should is 100 € approximately) inpatient medical/psychological rehabilitation. Unfortunately, due to financial problems, most patients cannot afford a complete treatment course.
5. There are no post-detoxification residential treatment centres in Georgia, such as after care facilities or therapeutic communities.
6. There is no half-way employment or half-way houses or any other rehabilitation system for ex-users.
7. Professionals believe that the cases of illegal treat-

ment are still rather frequent in Georgia (Kalandadze G[47]., Sikharulidze Z[48]., Vadachkoria D., personal communication). Illegal treatment can hardly be regarded as ìtreatmentî, as it is usually carried out by less qualified doctors (or nurses), not equipped with the relevant medicaments, it does not include neither proper case management nor monitoring.

Positive changes:

1. The first substitution therapy programme was launched in the Georgian Research Institute on Addiction in December 2005, with 180 patients on the waiting list.
2. On the initiative of the Patriarchate of Georgia, in cooperation with the NGO ìPeoniî a special rehabilitation centre was opened for drug dependent individuals in the Tabori Monastery in Tbilisi, in October 2005; till the end of the year the centre served 30 patients. By July 2006 68 patients went through the rehabilitation programmes led by the centre, in four different monasteries of the country; the length of the patients stay at the monastery varies from 2 to 6 months. Each of the monasteries could serve 25 patients at the same time.
3. The number of addiction treatment institutions is increasing. A new clinic for drug addiction was founded in Tbilisi in 2005, which started operation in 2006.
4. The Adjarian Government allocated municipal funds for drug dependent individuals. Using these funds, 50 opioid dependent individuals received inpatient treatment in the Batumi LTD ìNarcological Clinicî in 2005.

4.2. SUBSTITUTION AND MAINTENANCE PROGRAMMES[49]

In December 2005, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) launched the first substitution therapy programme in Tbilisi, implemented by the Georgian Research Institute on Addiction. The patients were selected on the basis of opioid dependence substitution therapy methodology, according to the certain criteria.

Out of the 60 patients, selected for the inclusion into the programme, 56 were male and 4 female. Altogether 14 patients (out of which 2 were women) were HIV infected. At this stage, all the HIV infected active opioid users residing in Tbilisi that have shown interest in receiving treatment have been put on the list of patients to be included into the programme.
The treatment of patients started on December 28. Only 8 patients were included into the programme until the end of the month. The treatment of the rest of the patients started in January 2006, when the total capacity was reached. The waiting list was as high as 180. During 2006, another two programmes should be launched ñ an additional one in Tbilisi (with planned capacity of 60) and in Batumi (planned capacity 60).

4.3. AFTER CARE AND RE-INTEGRATION

There are no institutional mechanisms for after care or reintegration for the addicts on the national level. The interventions depend on individual or non-governmental initiatives, which have fragmentary character.

Institute of social worker does not exist in the country for the moment; self help movement is poorly developed: till the end of 2005 only one ì12 stepsî group existed in Tbilisi, with the core team of 5. At the end of 2005 NGO ìPeoniî initiated ì12 stepsî rehabilitation programme and started its implementation within one of the monasteries of Patriarchy of Georgia (Tabori), by the end of 2005, 30 addicts were included into the programme, by the end of July, 2006 - 176.

5. INTERVENTIONS IN THE CRIMINAL JUSTICE SYSTEM

5.1. ASSISTANCE TO DRUG USERS IN PRISONS

No institutionalized mechanisms exist in the country to carry out assistance to drug users in prisons on a national level. Although, there are some interventions in the framework of the harm reduction programmes led by international organizations: i.e. Save the Children Federationís SHIP project provides voluntary counselling and testing to IDUs in prisons, and in 2005 served 533 IDUs in places of detention.

5.2. ALTERNATIVES FOR PRISON FOR DRUG DEPENDENT OFFENDERS

In the Law ìOn Drugs, Psychotropic Substances, Precursors and Narcological Aidî mandatory treatment was invented as an alternative for prison for drug dependent offenders, but due to the fact that institutional mechanisms necessary for implementation of such treatment were not developed and the relevant funds were not allocated, it is not still in place.

[47] Director of the narcological Clinic Bemoni
[48] Director of the narcological Clinic Uranti
[49] for more detailed information see selected chapter ìSubstitution therapyî

PART D: SELECTED ISSUES

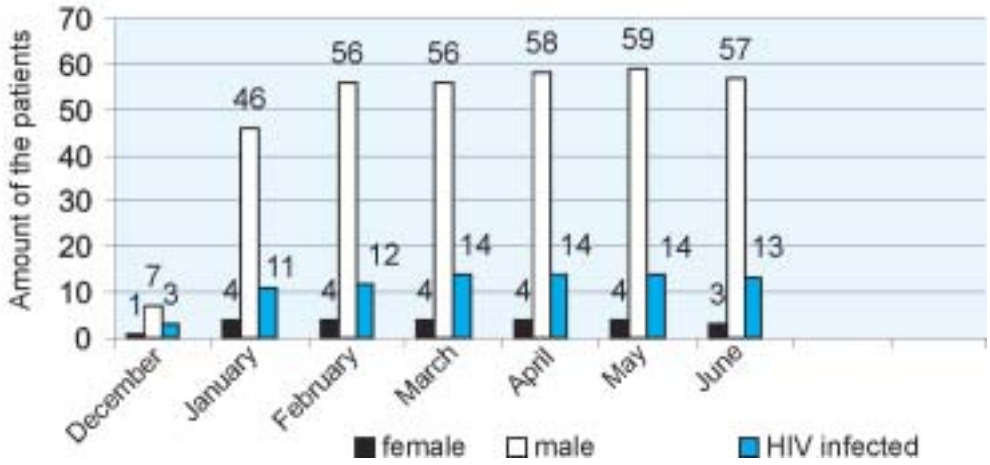
1. SUBSTITUTION TREATMENT

The first substitution therapy programme in Georgia started functioning in December 2005, in Tbilisi, in the framework of the GFATM Programme. The programme is implemented by the Georgian Research Institute on Addiction. The patients were selected on the basis of opioid dependence substitution therapy methodology. The criteria for the inclusion into the programme were the following:

1. Diagnosis of opioid dependence syndrome (active dependence) along with at least one of the criteria included in point 2;
2. a) Minimum age - 25; minimum 3 years of the use of opioid group drugs, along with at least 1 year injection use; at least two unsuccessful previous attempts to treat opioid dependence with other methods.
   b) HIV infection, AIDS;
   c) Pregnancy;
   d) In case of the presence of other special clinical and social indicators, decision of an expertsí board, as an exception.

The programme provides relatively high doses of methadone (80-120 mg) to the stabilized patients under supportive care. Methadone is used in the form of hydrochloride syrup. Psychologists and social workers actively participate in the treatment process. In total, the programme treats 60 patients.

Figure 13: The number of patients treated in the Georgian Research Institute on Addiction before June 2006 (including the number of HIV infected individuals and women)



The total number of patients is 68 (64 men and 4 women), out of which 15 patients (2 females, 13 males) are HIV infected. By that time, all the HIV infected active opioid users residing in Tbilisi that expressed their willingness to undergo treatment, had been included in the substitution programme.

In 2006 within the framework of Global Fundís programme, another two centres for substitution therapy will be set up in Tbilisi and Batumi. The latter will serve the Adjara region, which, is one of the most affected territories after Tbilisi in terms of the spread of drug addiction and HIV/AIDS. By the end of 2006, the number of beneficiaries of the substitution therapy programme should reach 200.

2. SUBUTEX

In many countries, the medical drug SubutexÆ (containing opioid agonist/antagonist buprenorphine) is used for substitution therapy to treat opioid dependent individuals. The abuse of just this product has recently become a big problem in Georgia.

SubutexÆ is imported illegally into Georgia and is not used for medical purposes from abroad. These are likely to be European countries, where Subutex Æ substitution therapy is widespread. In the view of Georgian law enforcement agencies, the use of SubutexÆ is not adequately controlled in some of those countries, due to which it appears in the Georgian black market.

According to the Police information, Subutex Æ is smuggled mostly by Georgian citizens into Georgia. SubutexÆ dealing is quite profitable business. In Europe, the price of 1 pill of Subutex Æ is 1 €, whereas in Georgia it costs 100 € on average. Subutex Æ abuse has started to draw professionalsí attention since 2000. Judging from data from the Narcologic Register, its illegal use has been steadily increasing. In 2004-2005 it reached significant

figures in the Narcologic Register (see the figure below): another indicator of Subutex Æ utilization growth is the increase of the number of SubutexÆ users among the patients coming for treatment narcological institutions:

Figure 14: Use of different opioids by patients treated in 2004

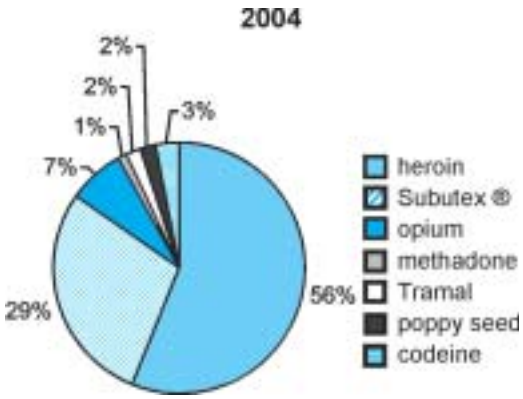
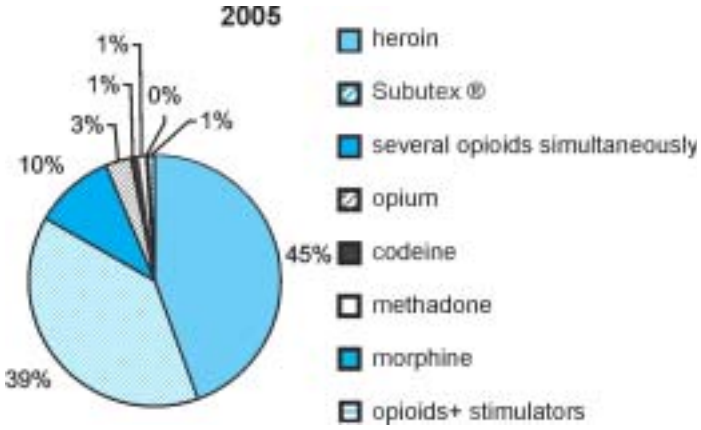


Figure 15: Use of different opioids by patients treated in 2005



What caused such a wide spread of Subutex Æ abuse in Georgia? The main reasons could be the following:

1. High availability driven by the extremely high profits for dealers (1 € for a pill in EU vs. 100 € in Georgia)
2. Relatively low price of the amount for single use (one pill is divided among 5 - 8 people, resulting in the price of 20 -12 € for one injection[50]).
3. Less manifested signs of drug intoxication comparing to heroin, morphine, opium, etc. Due to this, the state of drug intoxication is less visible for law enforcers, doctors, experts, family members, and colleagues.
4. Lasting drug effect, which makes it possible to use Subutex Æ once in 24 hours (compared to average of 3 doses per day with heroin and opium), without abstinence symptoms.
5. Less acute (even though longer) abstinence symptoms (compared to heroin).
6. Difficulty of identifying Subutex Æ through standard tests, enabling the users to evade the law. However, since 2005, immune-chromosome testing has been largely introduced in the country, as a result of which, the identification of Subutex Æ in the biological liquid no longer presents a problem.

Despite the fact that SubutexÆ is used to treat opioid dependence according to medical practice, its utilization in the form observed in Georgia is extremely harmful.

1. In the first place, this product is used through injection instead of being used sublingually, as indicated. Non-sterile pills are dissolved in boiled water and are injected intravenously.
2. As a rule, SubutexÆ is used in groups. Its solution is usually made in one vessel and is shared by several users. This increases the risk of the spread of HIV/AIDS, hepatitis and other diseases transmittable through blood.
3. Since SubutexÆ does not have a strong ìhighî, different psychotropic substances (antihistamines, sedatives, soporiphics) are added to SubutexÆ to strengthen the effect. Due to this, SubutexÆ use directly develops into poly-drug addiction.
4. After using SubutexÆ for a long period of time, especially in combination with psychotropic substances, abstinence is marked with heavy symptoms, expressed in strong emotions. It is advisable to study scientifically the dynamics of SubutexÆ abuse and the specificity of its abstinence.
5. Subutex Æ is especially popular among young drug users.

[50] While one dose of heroin is approximately 25 €

PART E: BRIEF INFORMATION ON SOUTHERN CAUCASUS ANTI DRUG PROGRAMME

Southern Caucasus anti Drug Programme, financed by EU, implemented by UNDP, has been carried out since 2001 simultaneously in Armenia, Azerbaijan and Georgia with the main strategic focus on strengthening regional cooperation for reducing drug transit from the Southern Caucasus to Western Europe.

The Programme addresses the following objectives: (a) enhancement of cooperation amongst relevant institutions at the national and regional levels, (b) reduction drug 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 September 2006, the first, second, third and fourth phases (SCAD-I, SCAD-II, SCAD-III, SCAD-IV) have been accomplished. The fifth phase (SCAD V) is currently in a process of planning and supposed to start from January 2007. Since 2001, the following projects are implementing in the framework of the programme:

Project directed on the Legal Assistance

The project is supervised by the UNODC. At the initial stage of the project an assessment of Georgian drug legislation against UN and EU standards has been implemented, and based on that an action plan to harmonize the legislation elaborated; a multi agency task force was formed, which has been functioning to realize the action plan. The task force has contributed to the elaboration of the present active drug legislation of Georgia and today, along with other activities, is participating in the further works directed on its harmonisation. In particular, the task force has been contributed to the amendments to the Criminal and Procedural Codes of Georgia adopted by the Parliament in 2005.

Under the auspices of the project, in 2005 an inter-regional seminar was implemented with participation of the representatives of prosecutors offices, courts, ministries of justice from Armenia, Azerbaijan, Georgia, Iran, Latvia, Kazakhstan, Ukraine, - devoted to the strengthening of cooperation between the respective countries in solving the drug problem. The second seminar was attended by judges and prosecutors from all three republics of the Southern Caucasus region.

Through the project, the Supreme Court, district and regional courts, and prosecutorís office were provided with appropriate equipment (computers).

Project directed on Strengthening of interdiction capacity at the State borders

From 2005 SCAD Land Borders protection, See Port Protection and Airport Protection projects (which were implemented separately) were merged as ìStrengthening State Borderís Interdiction Capacityî project. The project provides the border zones of Lagodekhi, Tsiteli Khidi (Red Bridge), Gardabani, Sadakhlo and Ninotsminda, Poti port and Tbilisi airport with the necessary equipment and training for staff members to strengthen their border monitoring capacity.

In 2005 in the framework of the project Drug Profiling Unit was formed uniting representatives of the following agencies of the Ministry of Interior: Police, State Borders Defence Department and Customs Department. A Memorandum of Understanding was signed between the leaders of the respective agencies, expressing good will for strengthening of cooperation, data exchange and setting up a joint\complementary tactics for dealing with drug problem.

Project directed on the development of compatible system for intelligence gathering and analysis

Under the auspices of the project, since 2001, corresponding agencies of the Ministry of Interior of Georgia, across the entire country, are being equipped with appropriate devices, equipment, and up-to-date software essential for precise data analysis. In parallel, staff of the Ministry of Interior is also being trained in the use of equipment and associated software.

Prevention project

Under the project, since 2002, a joint training was held for teachers from 15 Tbilisi schools, employees of health agencies and police officers; a manual on guidance for the prevention of drug abuse was written; 27 teachers and psychologists from Tbilisi schools attended a training devoted to piloting of the handbook. As a continuation of the projectís direction, under facilitation of SCAD, Georgian Anti Drug Coalition - voluntary union of the relevant governmental and non-governmental organizations was founded which continued primary prevention activities on a community and public level.

In 2005 a regional (Southern Caucasus) seminar was held, with participation of the representatives of the police, education and health care systems from Armenia, Azerbaijan and Georgia, to discuss the outcomes and further possible development of the prevention project. Additionally, the process of planning and evaluation of drug prevention activities was outlined by staff from the EMCDDA

Project directed on the support of Prevention Work of Non-Governmental Organizations

This project was implemented from June 2004 to March 2006 and represented a follow up of the previous described prevention project carried out by the Southern Caucasus Anti Drug Programme since 2002. This project was implemented in the period from June 2004 to March 2006, and, in fact, represented a follow-up of the above-described prevention work carried.

The project was orientated at supporting joint prevention work to be implemented by member organizations of the Georgian Anti Drug Coalition. In 2005, under the project, two pilot projects - ìElaboration of Primary Prevention Conceptionî (1) and ìReduction of Drug Related Harmí (2) - were designed and realized in the period from June 2005 to April 2006 (SCAD 2006). In May 2006 regional seminar to discuss the results of the project was held, with participation of professionals from the three countries of Southern Caucasus.

Drug information system project

The project commenced in 2002 and during its first phase the Drug Information Network was established, uniting all the governmental and non-governmental agencies working in the field of drug demand and supply reduction. A permanent information flow was established helping 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. In 2002 a National Focal Point on Drug Information was created. This was developed in 2004 to the present Drug Abuse Monitoring Observatory. This report, together with the last two drug annual reports and one regional drug report (SCAD, 2004; SCAD 2005 a; SCAD 2005 b), is one of the main products of the project.

REFFERENCES

- Dershem, L., Guorolla Bonilla, S., Sirbiladze, T., Todadze, Kh., Dallabetta, J., Tsagareli, T., and Stvilia, K . (2002). Characteristics, High-Risk Behaviours and Knowledge of STI/HIV/AIDS, and HIV and Syphilis Prevalence among Injecting Drug Users in Tbilisi, Georgia. Tbilisi: USAID.

- Kuhianidze, A., Kupatadze, A., Gotsiridze, R. (2004). Smuggling through Abkhazia and Tskhinvali region of Georgia. Tbilisi: TRACCC.

- Nizharadze, G., Stvilia, K., Todadze, Kh. (2005), HIV/AIDS in Georgia: a Social-Cultural Approach. Tbilisi: UNESCO.

- Pokrovskij, V. HIV/AIDS in Russia (2005). Jeneve: Federal Centre on AIDS.

- Single, E., Collins, D., Easton, B., Harwood, H., Lapsley, H., Kopp, P. and Wilson, E. (2003) International Guidelines for Estimating the Costs of Substance Abuse, 2nd revised edn. New York: WHO.

- Sirbiladze, T., Machavariani, M., Todadze, KH., Zakarashvili, T., Baramidze, L., Tsitskishvili, D., Javakhishvili, J., Baratashvili, P., Nadashvili, N. (2005), Georgian Anti Drug Strategy - Concept Paper, Tbilisi: MoH.

-Tkeshelashvli-Kessler, A., Del Rio, C., Nelson,, K., Thertsvadze, T. (2005). The emerging HIV epidemic in Georgia. International Journal of STD and AIDS. 16: 61-67.

- Zaller, N., Nelson, K.E., Aladashvili, M., Badridze, N., Del Rio, C. and Tsertsvadze, T. (2004) Risk factors for Hepatitis C virus infection among blood donors in Georgia. European Journal of Epidemiology 19, 547-553.

- Infectious Pathology, AIDS and Clinical Immunology Research Centre (2005). Unpublished annual report, 2004. Tbilisi: AIDS Center.

- SCAD (2004). Drug Situation in Georgia - 2003, Tbilisi. Gamkrelidze A., Javakhishvili J., Kariauli, D., Lejava, G., Stvilia, K., Todadze, Kh, Tsintsadze, M. (ed. Javakhishvili, J.), Tbilisi: SCAD.

- SCAD (2005 a). Drug Situation in Georgia - 2004, Tbilisi. Gamkrelidze, A., Javakhishvili, J., Kariauli, D., Lejava, G., Stvilia, K., Todadze, Kh, Tsintsadze, M.(ed. Javakhishvili, J.), Tbilisi: SCAD.

- SCAD (2005 b). Drug Situation in Southern Caucasus - 2004. Tbilisi. Asrian N., Javakhishvili J., Naibova A. Tbilisi: SCAD.

- SCAD (2006). The reports prepared by NGOs of Armenia, Azerbaijan and Georgia on implementation of pilot projects on drug abuse prevention and harm reduction. Tbilisi: SCAD.

- UNAIDS, WHO (2005). AIDS epidemic update. New York: UNAIDS & WHO.

- NIDA & SAMHSA (2004). Buprenorphine Treatment: a Training for Multidisciplinary Addiction Professionals, http://casat.unr.edu/mwattc/docs

- Union ìAlternative Georgiaî (2005). Concept of Drug Policy of Georgia. Tbilisi. www.altgeorgia.org

- http://www.emcdda.eu.int

- International Narcotics Control Strategy Report, INCSR (2005), www.state.gov/g/in/rls/nrcpt/2005/vol1/html/

- International Narcotics Control Strategy Report, INCSR (2006), www.state.gov/g/in/rls/nrcpt/2006/vol1/html/

ANNEX

1. FIGURES

2. TABLES

3. ABBREVIATIONS

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

STI	Sexually Transmitted Diseases
SCAD	Southern Caucasus Anti Drug Programme
SHIP	Sexually Transmitted Infections\Human Immunodeficiency Virus Prevention Project in Georgia (Save the Children Federation)
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations AIDS Fund
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Childrenís Fund
UNODC	United Nations Office on Drug and Crime
WHO	World Health Organization
WB	World Bank

FOR NOTES