INVESTING IN THE HEALTHY FUTURE

Action plan of drug policy in Georgia for the period 2007 - 2009

Development in areas of treatment and risk minimisation

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2. Foreword

Situation in drug use and related problems has worsened in last ten years. Not only experts but also vast majority of public noticed this fact but still no concrete steps to adequatly respond to this problem has been undertaken. It seems that policy-makers didn't take notice of this social and health threat - drug use. It might well be that the tiny community of experts in narcology wasn't able to inform politicians properly, in an understandable way, and to give them clear informations about the situation and proposals of what to do.

There has been however efforts made to do so. Recently there are two different drafts of strategies available attempting to define direction of future drug policy but plan of concrete action is still missing. The European Monitoring Centre for Drugs and Drug Addiction defines drug policy strategy as a set of instruments or mechanisms aimed at directing drug policy principles towards objectives. Drug action plan goes a step further than the strategy. It is an instrument aimed at implementing of the strategy, in which objectives, targets, tasks, resources and responsibilities are clear, detailed and identified within a set timeframe (EMCDDA 2002).

In accordance with this definition the Union Alternative Georgia prepared this action plan and proposes concrete, clear and structured plan of steps that should be done in order to solve the most painful drug related problems. We prepared it as comprehensible and short as possible with the aim to properly inform and convince policy-makers about the necessity to undertake proposed steps in order to protect our children, families, communities and society against threats related to drug use and to save them the healthy future.

There are two reasons why we have concentrated on treatment, rehabilitation and harm reduction. First, action plan in drug prevention should be prepared by Ministry of Education, and in drug supply reduction by Ministry of Interior. Second, we are aware that due to limited funds available we can not solve all drug-related problems and fill all drug policy gaps at once. Thus, we suggest to start implement drug policy that will focus on priorities - it is on areas with the biggest potential to damage lives of our children and society - and the biggest threat to public health is intravenous and problem drug use.

This Action Plan and its implementation requires annually 4,355,343 GEL, which is about 146.2 GEL per head. But according to international experiences and research findings these expenditures invested today will without any doubt contribute to a healthy development of Georgia and save all of us tens of millions Lari that we would otherwise had to spend in near future to treat the adverse social and health consequences of the use of illicit drugs.

David Otiashvili, M.D.

Director of Union *Alternative Georgia*

3. Summary of recent situation in drug issues in Georgia

In the EU drug phenomenon is perceived as one of the major concern of public because of its serious threat to security and health of European society (European Council 2005). Similarly, Georgian public opinion survey in 2005 (Sirbiladze et al., 2005 in: Javakhishvili et al., 2006) reached inter alia following conclusions:

Public views drug use as the second most serious problem of Georgia (after unemployment).

90% of public agrees that situation in drug use significantly deteriorated during 2004.

83% of public believes that everyone should contribute to a solution of drug-related problem.

Public opinion is strongly supported with findings of scientists - authors of the Annual report on the situation in drug issues in Georgia in 2005 (Javakhishvili et al., 2006). Despite the fact that there is a lack of particular data on the extent, nature and consequences of drug use in Georgia following alarming facts have been observed and identified:

- There is very high availibility of drugs, and 75% of young people perceive it quite easy to get them.
- ***But,*** similarly to other countries the Georgian law-enforcement agencies succeed to seize very limited amount of all illicit drugs smuggled to and through the country.
- Young people start to use or experiment with hashish at the age of 13-14, and with other drugs - like ecstasy and heroin - from the age of 15.
- ***But,*** there are almost no primary prevention programmes aiming to educate people to prevent them from use, postpone their initiation in it or minimise risks related to drug use.
- According to national experts opinion there are 200 000-275 000 users of illicit drugs. In 2004 National database registered 24 000 of them, thereof 14 400 injecting users of opioids. As they are perceived as criminals they tend to remain hidden, and it is very likely that there is more drug users as well as injecting consumers than registered.
- ***But,*** there is a lack of treatment capacities, especially for users from lower social classes who can't afford to pay for treatment. In 2005 only 603 drug users entered treatment, but demand for it would be very likely much higher if it would be provided free of charge. Instead to be provided with treatment drug users are often send to prisons where they continue to use drug in even more risky way and environment.
- Injecting drug use presents the most serious threat to a public health due to related risks of spread of blood borne diseases among drug users and non-using population. This was proven in Georgia when 63.9% of all identified cases of HIV+ were injecting drugs users.
- ***But,*** there is a lack of harm reduction programmes aiming to prevent or minimise health and social risks related to drug use for individual users as well as for non-using population. Existing narcological programmes are out-dated, alternative evidence-based treatment is missing.
- According to information from Ministry of Justice drugs and drug use including most risky injecting applications are widespread in prisons.
- ***But,*** there is no treatment or harm reduction in prisons aiming to prevent or minimise risks of epidemics of drug-related infectious diseases - HIV/AIDS or Hepatitis among prisoners.

This huge gaps result from significant cuts in funds allocated in state budget for narcology during last 10 years. Governmental funding provided for prevention, treatment, rehabilitation, harm reduction, and research has dicreased from 430,000 GEL in 1997 to 50,000 GEL (22,400 €) in 2006. For illustration, the latter sum would allow to pay for detoxification of only 35 people suffering from addiction (without any subsequent treatment) (Javakhishvili et al., 2006).

4. Problem of drug use

Problem of drug use lies especially in its potential threat for public health, security and welfare. It is in particular possible adverse consequences of drug use in social, health, criminal, safety and economic areas of development of Georgian society. These may adversely influence - in a broader social context - a healthy development of individuals, local communities and the whole society whether they use drugs or not (Czech government 2005).

In its document Health for All in 21st Century the World Health Organization (1998) defines intravenous drug use as the main threat for public health. The reason is that injection drug use presents serious risk of a widespread of blood borne diseases - like HIV/AIDS, and Hepatitis B, C for the whole society, and not only for drug users as it was observed e.g. in South Asian countries or in Russia (UN AIDS 2003).

Thus, the risky behaviour of problem and intravenous drug users and measures to minimise potential health and social risks related to it for communities and the whole society are recommended to be a priority of any drug policy worldwide.

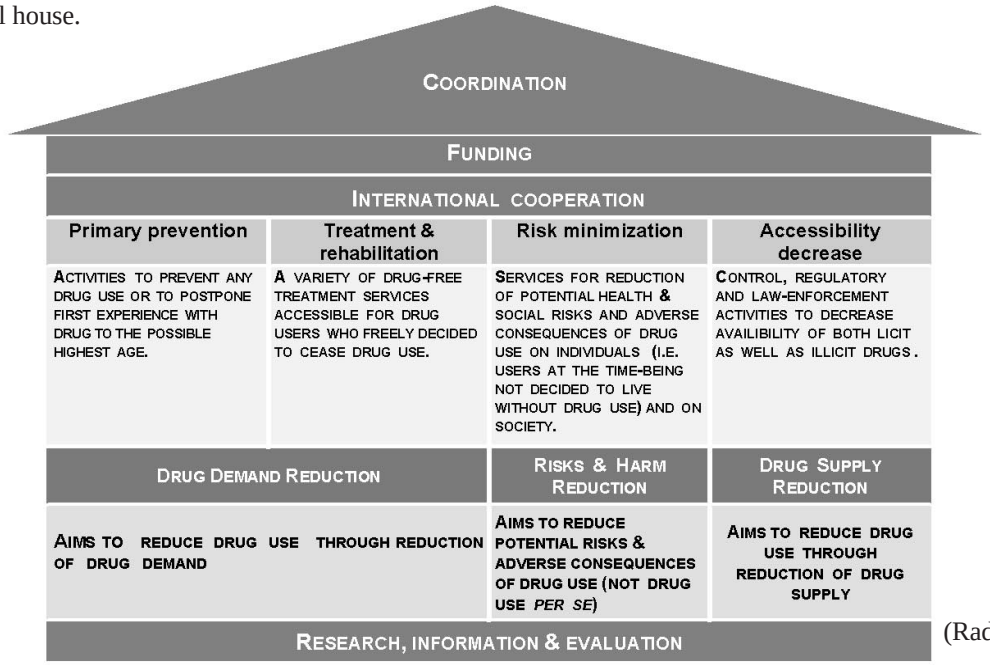
It doesn't mean though that measures of drug prevention and supply reduction are neglected and as such not implemented. But the priority task should be to avoid the most serious risks related to drug use first and then - step by step - implement other drug policy measures like primary prevention and drug supply reduction.

The main goal of this action plan - in accordance with the above philoshophy as well as with principles of modern evidence-based drug policy as presented in part 4. Complex model of drug policy (please see below), and proposal of the Georgian Drug Policy Strategy submitted by the Union Alternative Georgia thus will be:

To reduce potential risks and adverse consequences related to drug use for individuals, communities and whole society.

5. Complex model of drug policy

Multifaceted nature of the problem of drug use and responses to it requires complex, inter-disciplinary, inter-departmental, inter-sectoral and balanced approach in implementation of drug demand reduction as well as drug supply reduction measures. Thus, it seems obvious that policy should not only define approaches and measures related to drug production, trafficking and use, but also clarify its technical and organisational environment like coordination and funding. For better illustration drug policy can be portrayed as a house, in that it is built from a complex of various seemingly incompatible components (measures and interventions) to create a whole, which needs to satisfy certain standards. If you forget any one of these components (e.g. basement or roof), you can hardly build a functional house.



(Radimecky, 2004)

Definition - Drug policy is a complex and coordinated set of preventative, educational, treatment, social, regulatory, control and other measures including law-enforcement implemented at international, national, regional as well as local levels. Its main goal is to reduce potential risks and adverse consequences related to drug use for individuals, communities and/or whole society.

This goal is shared by all three basic strategies of any modern drug policy - drug supply reduction, drug demand reduction and harm reduction. These strategies are sometimes viewed as incompatible but they are not. Despite the fact that each of them is build upon different rationale and utilizes different measures and interventions they still attempt to reach the same goal to minimise potential damages caused by drug use in order to protect security and healthy development of individuals, communities and society.

Strategy	Drug Supply Reduction	Drug Demand Reduction	Harm minimisation
Main feature	Tackling organized production and trafficking of illegal drugs	Primary prevention, treatment and rehabilitation of drug users	Education, syringe and needle exchange programmes and substitution treatment
Primary aim	To reduce drug use through reduction of drug supply	To reduce drug use through reduction of demand for drugs	To reduce adverse health and social impact of drug use through minimisation risks related to drug use
Ultimate goal	To reduce potential adverse consequences related to drug use for individuals, communities and/or whole society.		

6. Main problems, goals and measures that should be undertaken in Georgian drug policy in period 2007 - 2009

On the basis of situation analysis in drug issues as the main problem lack of political acknowledgement of the problems caused by drug use and weak commitment of decision-makers to solve them have been identified. The reason seems to be in lack of clear information transmitted from experts to politicians. This results in following specific problems that present most serious challenges for the Georgian policy-makers and society:

No.	Problem identified	Goal/-s implied	Measures that should be undertaken	Responsibility of:
1.	High level of availability of illicit drugs.	To stabilize or reduce availability of illicit drugs.	To tackle organized crime involved in drug production and trafficking.	Ministry of Interior, Police
2.	Steadily increase in numbers of experimental users of illicit drugs.	To halt rising number of experimental and recreational use of illegal drugs.	To develop system of drug education at schools and to implement it into practice.	Ministry of Education
3.	Increase in number of problem and injecting drug users vs. low accessibility of treatment.	To stabilize or reduce the number of problem/ injecting drug users through increased accessibility of treatment.	To establish minimal network of innovative and evidence-based treatment programmes in the most risky regions and in prisons.	Ministry of Health
4.	Serious threat for public health due to high proportion of blood borne infectious diseases among drug users.	To minimise risks related to injecting drug use to individiuals, communities and society.	To implement harm reduction services as an integral part of the network of treatment programmes in the most risky regions and in prisons.	Ministry of Health
5.	Disproportion between health legislation (drug addiction as a disease) and penal code (drug use as a crime) – obstacle to an effective and balanced drug policy.	To streamline disproportion in public health and criminal legislation in drug issues.	To acknowledge social and health factors contributing to drug use and addiction and to abolish punishment for use in penal code and prefer treatment to the punishment. Put the priority on the fight against organized drug crime.	Ministry of Justice
6.	Lack of coordinated activities of governmental and non-governmental agencies in the field of drugs.	To assure implementation of coordinated and evidence-based measures of drug policy.	To establish National Coordination Unit as advisory body to President in drug issues responsible for policy formulation, implementation, coordination of ministries involved and for funding of treatment programmes.	Office of President, Government, National Coordination Unit
7.	Lack of national funds allocated for implementation of key drug policy measures and interventions.	To assure stable and cost-effective funding of drug policy measures.	To establish Drug Policy Fund under the auspice of the Office of President from which programmes of treatment, harm reduction, training of staff, monitoring of situation and research in drug issues will be financed in the form of grants.	Office of President, Ministry of Finance, National Coordination Unit
8.	Lack of evidence-based informations on the extent, nature and impact of drug use on individuals, communities and society.	To obtain a complex set of informations about the situtation in drug use and its real consequences for Georgian society.	To finance and mandate the Drug Information System with the competence to collect complex data about drugs related issues in accordance with standards of the European Monitoring Centre for Drugs and Drug Addictions and to present it in the form of Annual Report.	Office of President and government, Drug Information Systém, National Coordination Unit
9.	Lack of professionals in the field of narcology with up-to-date knowledge and skills.	To assure an adequate capacity of well-trained and qualified experts in the field of drug policy.	To provide staff of newly established minimal treatment and harm reduction network with initial training, and to develop system of their continual professional education and implement it into practice.	Ministry of Labor, Health and Social Affairs, National Coordination Unit

7. Cost and benefits of proposed measures

7. 1. Opiate maintenance treatment

Methadone treatment is the most widely used and researched opioid replacement therapy (Hall et al 1998). It is used as part of the treatment for people whose use of heroin or other opiates dominates their life pathologically or becomes maladaptive, leading to a diagnosis of 'substance dependence' (American Psychiatric Association 1994) or 'dependence syndrome' (WHO 1992). The aims of substitution treatment can be summarised as being to:

Assist the patient to remain healthy, until, with the appropriate care and support, they can achieve a life free of illegal drugs;

- Reduce the use of illicit or non-prescribed drugs by the individual;
- Deal with problems related to drug use;
- Reduce the risks associated with drug use - e.g. death by overdose,HIV, hepatitis B & C, and other blood-borne infections from injecting and sharing of needles;
- Reduce the duration of episodes of drug use and chances of future relapse;
- Reduce the need for criminal activity to finance drug use;
- Stabilise the patient where appropriate to alleviate withdrawal symptoms;
- Improve participation in other medical care and improve overall personal, social and family functioning.

Cost-effectiveness of methadone maintenance treatment

Scientific evidence shows that methadone maintenance treatment is effective across a range of outcomes, and three investigations of its cost effectiveness (Goldschmidt 1976; Harwood et al 1988, Gerstein et al 1994) conclude that the "research suggests that the provision of methadone treatment is cost-beneficial, at least from a taxpayer's perspective, because of the substantial reductions in crime and drug use that occur".

A huge UK study has examined cost effectiveness of different treatment programmes including methadone maintenance (Gossop et al 2001). It concluded that "for every extra **£** 1 spent on treatment of drug misuse there is a return of **£** 3-5 in the cost savings associated with lower levels of victim costs of crime and reduced demands on the criminal justice system. These cost savings are only one part of the benefit from treatment. It is very likely, that the ratio of costs to benefits would change as treatment could help to reduce the number of premature deaths among drug users. Only a few averted deaths would add substantially to the calculated social cost savings. It suggests that the methadone maintenance treatment provides substantially better value for money than to leave drug users without any help or to incarcerate them.

According to WHO/UNODC/UNAIDS data clients of methadone maintenance treatment are six times less likely to be infected with HIV, than those who are out of treatment. Mortality rate for drug users in MMT is four times less comparing to the same indicator for non in-treatment users. Each dollar invested in maintenance treatment saves seven (7) dollars in criminal justice system costs. This ratio increases to **12/1** if savings in public health system are also calculated (WHO, UNODC, UNAIDS, 2004).

7. 2. Needle and syringe exchange programmes

Their primary goal is to prevent transmission of HIV/AIDS and other blood-borne viral infections like Hepatitis B and C that are spread between injecting drug users through the sharing of injecting equipment. Additionally, these programmes aim to limit transmission of these diseases to the wider, non-injecting population (Moss 1987). Alongside the exchanges that aim to increase the number of syringes in circulation, and encourage their return and safe disposal, programmes also use contacts with drug users to increase their impact by:

- provision of information and education - e.g. how to disinfect used syringes/needles;
- providing easier access to addiction treatment, health and social services; and,
- using outreach methods to contact hidden population. (World Health Organisation 1998)

Harm reduction programmes address a range of adverse consequences from drug use beyond HIV/AIDS and Hepatitis; e.g. abscesses or collapsed veins, or even the risk of overdose. Needle and syringe programmes also effort to engage injecting drug users in drug treatment and increase their social inclusion (Hunt et al 2003).

Costs and cost effectiveness of needle exchange and syringe programmes

There exists a strong body of evidence that needle and syringe programmes are effective in prevention of transmission of blood-borne viral infections, and several studies (Gold et al 1997; Lurie and Drucker 1997; Holtgrave et al 1998; Laufner 2001) have shown that they are cost effective, too. For illustration, an independent national review in New Zealand has calculated that each $NZ 1 spent on needle and syringe programmes yields a $NZ 20 saving in lifetime treatment costs (The Centre for Harm Reduction 2002) and an Australian study concludes that "needle and syringe programmes are effective in reducing transmission of both diseases and represent an effective financial investment by government" (Commonwealth Department of Health and Ageing 2002).

7.3. Treatment of drug users

Similarly to already quoted English research study, an American Drug Abuse Treatment Outcomes Study - DATOS evaluated effectiveness and cost effectiveness of treatment programmes for drug users. This research concluded that every extra $ 1 spent on treatment of drug users will save the society $ 5-7 that would be otherwise necessary to pay from public sources in order to cover costs related to crime committed by drug users, expenditures of the criminal and justice system and treatment of adverse consequences from drug use like HIV/AIDS or Hepatitis B and C. The study also found that there are no big differences in effectiveness between various types of treatment whether out-patient or in-patient. But the latter was found to be more efficient for long-term and heavy drug users.

7.4. Depenalisation and the harms associated with criminal penalties for drug use

Depenalisation or decriminalisation entails "removal of penal controls and criminal sanctions in relation to an activity, which however remains prohibited and subject to non-penal regulations and sanctions (e.g. administrative sanctions such as fines, public works or entry into the treatment)" (United Nations Office for Drug Control and Crime Prevention 2000). Depenalisation can be "dejure", involving changes to the legal statutes themselves, or "defacto", where the laws remain unchanged but the way the law is enforced by police is altered by administrative instructions. Dejure depenalisation can include prohibition with civil penalties, and partial prohibition. Under the former, possession and use remain illegal but civil rather than criminal penalties apply and more severe sanctions are maintained for larger scale production and trafficking offences.

Despite the common belief the evidence from all over the world suggests that depenalisation schemes are no worse than strict prohibition at deterring drug use, and the adverse social costs on individuals are significantly reduced. For illustration, the vast majority of the European Union countries applies more relaxed policy in relation to drug possession for personal use while the United States favours harsh punishment. The result is that in the EU there is about 0,5 % whereas in the U.S.A. about 2,4 % of problem drug users out of total population (Zabransky 2001). Also the number of people incarcerated due to their drug use is in the US considerable much higher than in the Europe. This simple comparison suggests that to prefer harm reduction and treatment of drug users to their imprisonment is for any society not only more effective but also more cost effective.

8. Key stakeholders in drug policy and their roles

According to a complex nature of the problem of drug use and responses to it in drug policy formulation and implementation various institutions and/or organizations at various levels of influence should be involved. Each of them will play in the drug policy its specific role in order to achieve the main goal of the Georgian drug policy - to reduce potential risks and adverse consequences related to it. Particular main responsibilities as well as competences of individual key players in the Georgian drug policy field are listed in following table:

Institution/-s	Responsibility	Competence
Government	To assure development and implementation of an effective drug policy in order to protect security and public health	To take strategic decision in drug policy issues. To appoint person/body responsible for drug policy implementation and coordination
National Coordination Body	Drafting strategy/ action plan of drug policy, submission of information and proposals to the government, data collection, analysis, and distribution of information for professionals/public	Coordination of key players and activities at national & local levels, control of fulfillment of tasks of action plan. Funding of programmes from the governmental drug policy fund
Ministry of Education	Concept and coordination of drug prevention in schools and school facilities including funding	Licencing and control of quality and effectiveness of primary prevention services providers
Ministry of Labour, Health and Social Affairs	Treatment, social services, rehabilitation of drug users & risk minimization	Licencing and control of quality and effectiveness of health and social services providers
Ministry of Interior	Drug supply reduction, law enforcement	Leadership and coordination of Police in drug area
Ministry of Justice	Penal Code and care for drug users in criminal and justice system incl. probation service	Proposals of legislative changes in Penal Code
Ministry of Defense	Prevention in drug issues in the army and army schools including funding	Coordination of preventative activities in army and army schools
Ministry of Finance	Allocation of funds for drug policy and control of their use	Economic control of the use of allocated funds
Ministry of Foreign Affairs	International cooperation in drug policy	Representation of the government in international institutions in drug issues
Local municipalities	Co-financing of local prevention, treatment, rehabilitation and harm reduction programmes	Control of local agencies in the area of drug demand reduction
Non-governmental organizations	Provision of services of prevention, treatment, rehabilitation and harm reduction for target population	Participation in drafting of strategy/ action plan of drug policy and expert advice to state bodies in drug issues

9. Structured plan of activities in areas of treatment and harm reduction

9.1. Coordination

Main goal/-s: To establish an effective system of both horizontal as well as vertical coordination of drug policy in order to contribute to an achievement of goals of Action plan.

Specific aim/-s	Activities	Budget GEL	Benefit	Deadline	Competence/ Responsibility	Verification of result achievement
1. To assure implementation of an effective and balanced drug policy	1. To discuss and aprove drug policy strategy and action plan	No additional costs needed	effective use of financial and humans resources within national institutions	XII/2006	President/ Government/ Parliament	Presidential or Governmental decision on Drug Policy Strategy and Action Plan
	2. To prepare and aprove a law or governmental decree on drug policy implementation and coordination	No additional costs needed	effective use of financial and humans resources within national institutions	VI/2007	Government/ Parliament, National Drug Policy Coordination Unit	Law or governmental decree on drug policy implementation and coordination Clear definition of responsibilities and competences of individual key stakeholders in drug policy
	3. To nominate and establish National Coordination Unit for Drug Policy under the governance of President Office in order to assure a complex and inter-ministerial approach of relevant state institution and implementation of evidence-based measures and intervention	61,965	effective use of financial and humans resources within national institutions	XII/2007	President/ Government/ Parliament, National Drug Policy Coordination Unit	National Coordination Unit (Office) for Drug Policy officialy established and opened
	4. To establish network of regional drug policy coordinators located in regional/ local authorities	46,800	effective delivery of drug policy measures and use of financial and human resources at regional/local level	XII/2008	President/ Government/ Parliament, Local authorities	Regional drug policy action plans Meetigs of regional drug policy coordinators with representatives of the National Drug Policy Coordination Body
2. Operational and effective coordination of drug policy implementation	1. Regular meetings of the National Inter-ministerial Committee for Drug policy composed from representatives of ministries involved in drug policy implementation	Cost covered by activity cost no.1.3	effective delivery of drug policy measures and use of financial and human resources at national, regional/local level	continuosly, at least 3-4 times a year	President/ Government, National Drug Policy Coordination Unit	Decision about future development in drug policy
	2. Evaluation of achivements of the Drug Policy Action Plan 2007-09 and its up-date in Action Plan 2010 onwards	Cost covered by activity cost no.1.3	continuation of effective delivery of drug policy measures and use of financial means at national level	VI/2009	Government, National Drug Policy Coordination Unit	Report on Drug Policy Action Plan 2007-2009 implementation, Up-date Drug Policy Action Plan 2010 onwards approved by the resident and government

9.2. Monitoring and research

Main goal/-s: To develop and enhance the capacity of the national monitoring system in order to obtain evidence-based informations necessary for planning and implementation of an effective and evidence-based drug policy.

Specific aim/-s	Activities	Budget GEL	Benefit	Deadline	Competence/ Responsibility	Verification of result achievement
3. To collect a complex set of data about the extent, nature and impact of drug use as the basis for planning and implementation of future drug policy measures.	1. Conducting General Population Survey with a focus on drug use among general population in line with guidelines of the European Monitoring Centre for Drugs and Drug Addiction.	30,000	Contribution to an increased knowledge and understanding of	XII/2007 + continually every 3-4 years	Ministry of Labor, Health and Social Affairs, Drug Information System, National Drug Policy Coordination Unit	Survey conducted, data analyzed, results presented and used for planning of future activities within drug policy implementation.
	2. Conducting European School Population Survey on Alcohol and Other Drugs (ESPAD) 2007 with a focus on drug use among school population in line with ESPAD guidelines.	15,000	characteristics of drug problems and related needs in the country.	XII/2007 + continually every 4 years with other European countries	Ministry of Labor, Health and Social Security, Drug Information System, National Drug Policy Coordination Unit	Survey conducted, data analyzed, results presented and used for planning of future activities within drug policy implementation.
4. Provision of complex, objective, and reliable informations about drugs, drug use, its consequences and responses to it.	1. Official establishment of the Drug Information System	45,705	Up-to-date and evidence-based	VI/2007	President, Ministry of Labor, Health and Social Affairs	Drug Information System officialy established and opened.
	2. Elaboration of a two-year plan of provision of information about drug issues for decision-makers and public	Covered by costs in activity no. 4.1.	informations for planning and implementation of effective drug policy	XII/2007	Drug Information System, National Drug Policy Coordination Unit	Plan of provision of information submitted to the president and government and approved.
	3. Elaboration and publication of the Annual Report on the Situation in Drug Issues in Georgia	Covered by costs in activity no. 4.1.	measures.	Annually in October	Drug Information System, National Drug Policy Coordination Unit	Published report.
5. Increase of public awareness in drug issues	1. Elaboration and publication of thematic papers for professionals and of press-releases	Covered by costs in activity no. 4.1.	Contribution to an increase of public awareness in drug issues.	continuously	Drug Information System, National Drug Policy Coordination Unit	Published thematic papers and press-releases
	2. Development of a thematic web-site informing professionals and public in drug-related issues	2,000	Contribution to an increase of capacity of professionals and of public awareness in drug issues.	VI/2008	Drug Information System, National Drug Policy Coordination Unit	Web-page with appropriate information made accessible for professionals and public
	3. Regular up-date of web page	Covered by costs in activity no. 4.1.	Contribution to an increase of public awareness in drug issues.	continuously	Drug Information System, National Drug Policy Coordination Unit	New information presented on the web-page

9.3. Treatment of drug users

Main goal/-s: To stabilize or reduce the number of problem/ injecting drug users through an increase in accessibility of treatment services to all groups of drug users in the most risky regions of Georgia as well as in prisons according to identified needs.

Specific aims	Activities	Budget GEL	Benefit	Deadline	Competence/ Responsibility	Verification of result achievement
6. To establish a minimal network of treatment and harm reduction services in the most risky regions of Georgia (6A + 3B type of agencies) in accordance with recent evidence.	1. Allocation of funds necessary for the establishment of the minimal network of treatment and harm reduction services in the most risky regions of Georgia (6A – out-patient clinics + 3B in-patient clinics – see annex 9.1.)	**4,087,160**	According to research in the USA and Great Britain 1 GEL invested into treatment will save the society 3-7 GEL that would be otherwise spent due to drug-related crime, costs of criminal and justice system and/or treatment of health consequences of drug use.	XII/2006	President/ Government/ National Drug Policy Coordination Unit	Amount of GEL allocated in state budget for the establishment of minimal network of narcology services
	2. Announcement of a tender for agencies/bodies interested to establish treatment and harm reduction services in particular regions .	**500**		III/2007	National Drug Policy Coordination Unit	Official announcement of tender
	3. Evaluation of application within the tender for the establishment of treatment and harm reduction services	**1,500**		VI/2007	National Drug Policy Coordination Unit	Results of tender
	4. Transfer of money and preparation of treatment and harm reduction services incl. their pilot provision	**43,122**		VIII/2007	National Drug Policy Coordination Unit	Money transferred to accounts of services providers
	5. Official launch of treatment and harm reduction services and their full operationality	**No aditional cost is needed**		Since I/2008	National Drug Policy Coordination Unit + services providers	Equipped and staffed programmes, launches of programmes
	6. Standard work of treatment and harm reduction services including annualy reports submitted to the Drug Information System	**4,134,865**		continuously/ every February	National Drug Policy Coordination Unit + services providers	No. of treated drug users, services delivered, statistics
7. To increase accessibility of treatment and harm reduction services in prisons	1. To establish a pilot treatment and harm reduction programme in one of selected prisons	**Planned by GFATM**		XII/2007	Ministry of Justice, Ministry of Labor, Health and Social Affairs, GFATM	Equipped and staffed programme, launch of programme
	2. Standard work of the pilot treatment and harm reduction service including annualy reports submitted to the Drug Information System	**Planned by GFATM**		VI/2008	Ministry of Justice, Ministry of Labor, Health and Social Affairs, GFATM	No. of treated drug users, services delivered, statistics
	3. Implementation of other treatment and harm reduction services according to identified needs	**Costs not included in current plan**		XII/2009	Ministry of Justice, Ministry of Labor, Health and Social Affairs	No. of treated drug users, services delivered, statistics

9.4. Risk minimisation

Main goal: To minimise risks related to injecting drug use to individiuals, communities and society.

Specific aims	Activities	Budget GEL	Benefit	Deadline	Competence/ Responsibility	Verification of result achievement
8. To get as much as possible of problem and injecting drug users in contact with harm reduction programmes in order to motivate them to change their risky behaviour.	1. To establish a minimal network of harm reduction and out-reach services in the most risky regions of Georgia.	Included in point 9.3. treatment	According to a New Zealand research each $NZ 1 spent on needle and syringe programmes yields a $NZ 20 saving in lifetime treatment costs. According to the UK and US studies £ 1 invested into methadone maintenance treatment can save the society £ 3-7. Vano's calculation	***Notice:*** harm reduction and out-reach services will be an integral part of both proposed types of treatment and harm reduction services (A+B) for drug users. Thus, the steps for their establishment will be done within activities in point 7.3.6. establishment of treatment and harm reduction programmes. Similarly costs related to an establishment and delivery of harm reduction and out-reach services are already incorporated in budgets of treatment and harm reduction programmes in the previous point.		

9.5. Professional education

Main goal: To enhance capacity, scientific knowledge and practical skills of professionals in the area of narcology in accordance with recent evidence in drug issues

Specific aims	Activities	Budget GEL	Benefit	Deadline	Competence/ Responsibility	Verification of result achievement
9. To assure adequate capacity of well-educated professionals in the field of treatment and harm reduction of drug users	1. Initial training courses for staff of centers selected into a minimal treatment and harm reduction network (approx. 2-5 days trainings for each group of professionals - narcologists, psychologist, social workers, out-reach workers)	12,590	The higher qualified staff the more cost-effective services and their price	VII-XII/2007	Ministry of Labor, Health and Social Security/ National Drug Policy Coordination Body	Numbers of trained professionals - members of staff of selected treatment and harm reduction centres, certificates about graduation
	2. Elaboration of plan of further education and of national training curricula for groups of professionals working in treatment and harm reduction centres	3,000		IX/2007	Ministry of Labor, Health and Social Security/ National Drug Policy Coordination Body	Plan of further education of professionals in treatment and harm reduction and training curricula developed
	3. Implementation of courses of further education of professionals in treatment and harm reduction (approx. 2-3-day courses for each group of professionals a year)	**Costs not included in current plan**		continuously according plan	Ministry of Labor, Health and Social Security/ National Drug Policy Coordination Body	Numbers of trained professionals - members of staff of selected treatment and harm reduction centres, certificates about graduation
	4. Elaboration of comprehensive national study materials for individual groups of professionals in treatment and harm reduction	**Costs not included in current plan**		XII/2008	Ministry of Labor, Health and Social Security/ National Drug Policy Coordination Body	Textbooks for individual groups of professionals in treatment and harm reduction

9.6. Funding

Main goal: To establish governmental drug policy fund to finance programmes of prevention, treatment, rehabilitation, and harm reduction as well as training of professionals, monitoring of situation and research in drug issues.

Specific aims	Activities	Budget GEL	Benefit	Deadline	Competence/ Responsibility	Verification of result achievement
10. To assure establishment and development of treatment and implementation of evidence-based measures and intervention of drug policy	1. To establish a national drug policy fund to assure accessibility of treatment and harm reduction services for most of at risks problem and injecting drug users	4,355,343	As discussed in points 7.3. and 7.4. recent investment in treatment and harm reduction programmes can save the society 5-20 times higher expenditures that	XII/2006	President, Ministry of Finance, National Drug Policy Coordination Body	Adequate funds available to implement this action plan
	2. To announce a tender for particular activities as listed in the action plan	Covered by costs in activity no. 6.2.	would be otherwise spent due to drug-related crime, costs of criminal and justice system and/or treatment of	I-III/2007	National Drug Policy Coordination Body	Tender procedure defined and approved by the President/ Government, Tender announced,
	3. Evaluation of application within the tender procedure for particular activities	Covered by costs in activity no. 6.3.	adverser health consequences of drug use. Vano's calculation	VI/2007	National Drug Policy Coordination Unit	Application for tender submitted, results of tender presented
	4. Transfer of money and preparation of treatment and harm reduction services incl. their pilot provision	Covered by costs in activity no. 6.4.		VIII/2007	National Drug Policy Coordination Unit	Money transferred to accounts of services providers
	5. Official launch of treatment and harm reduction services as well as of other intervention/activities and their full operationality	**No aditional cost is needed**		Since I/2008	National Drug Policy Coordination Unit + services providers	Equipped and staffed programmes, launches of programmes

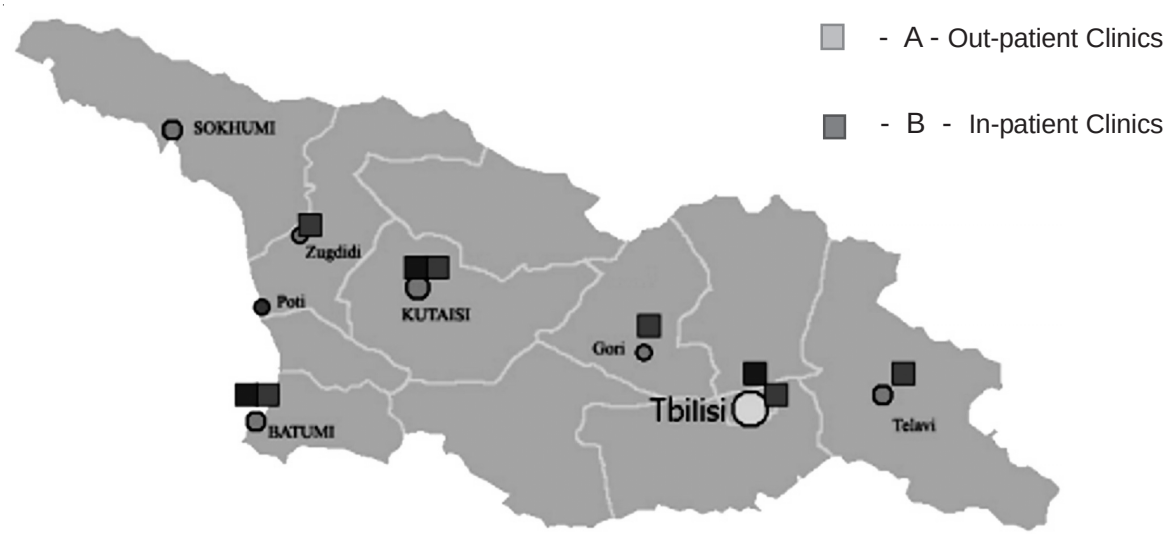
10. Annexes

10.1. Minimal network of treatment and harm reduction services

To achieve the aim to stabilize or reduce the number of problem/injecting drug users it is necessary to increase availability of treatment esp. for those from lower-income groups. Thus, this plan proposes to establish minimal network of 9 innovative and evidence-based treatment programmes in the most risky regions of Georgia and 1 in prisons. The network should be build in a following structure:

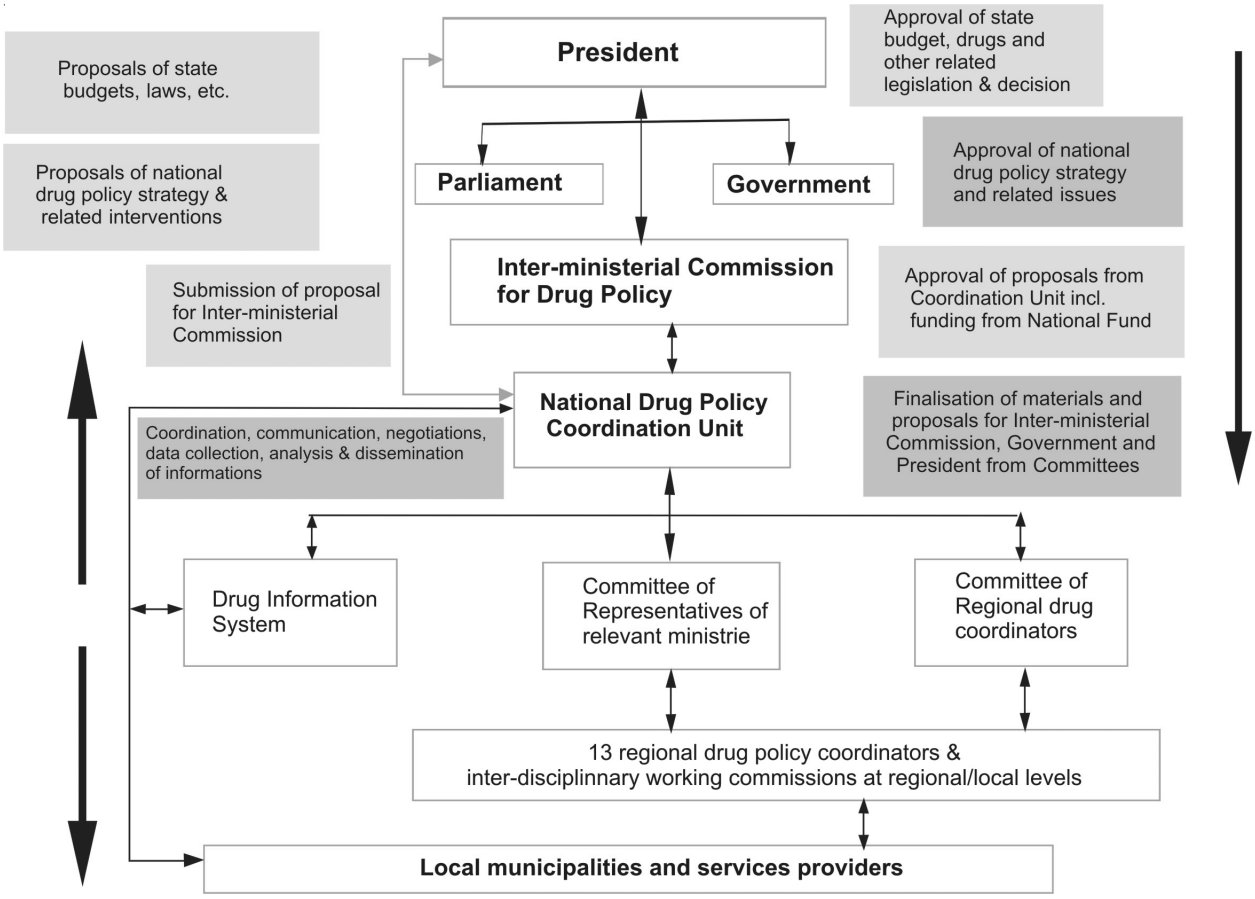
Type of treatment programme	**A – Out-patient Clinics**		**B – In-patient Clinics**	
Services provided	Professional Consultation (one time)		Professional Consultation (one time)	
	Out-patient Detoxification		Out-patient Detoxification	
	Psycho-social consultations and rehabilitation		Psycho-social consultations and rehabilitation	
	Outreach Needle and Syringe Exchange Programme		Outreach Needle and Syringe Exchange Programme	
	Methadone Maintenance Treatment		Methadone Maintenance Treatment	
	-		In-patient Detoxification	
	Voluntary Counselling and Testing		Voluntary Counselling and Testing	
Number of programmes in the minimal network in total	**6**		**3**	
Number of beneficiaries				
Services	Number of beneficiaries per year in one A/B center	Number of centers	Total beneficiaries per year	
Professional Consulting	1200	9 (6A+3B)	10800	
Out-patient Detoxification	150	9 (6A+3B)	1350	
Psycho-social consultations and rehabilitation	1500	9 (6A+3B)	13500	
Outreach Needle and Syringe Exchange Programme	350	9 (6A+3B)	3150	
Methadone Maintenance Treatment	70	9 (6A+3B)	630	
In-patient Detoxification	120	3 (3B)	360	
Total			29790	
Voluntary Counselling and Testing is provided to **15000 beneficiaries**				
Job title	***No. of staff***	***% of work-time***	***No. of staff***	***% of work-time***
Head Doctor	1	1.0	1	1.0
Narcologists	2	2.0	3	3.0
Psychologists	2	1.5	3	1.5
Social Workers	2	1.0	2	1.0
Nurses	2	2.0	4	4.0
Manager/Accountant	1	1.0	1	1.0
Cleaner	1	0.25	4	1.0
Security Guard	2	2.0	2	2.0
Pharmacist	1	1.0	1	1.0
Outreach Workers	2	2.0	2	2.0
Cook	-	-	2	1.5
Number of staff per programme	16	13.75	25	19.0
Expenditures	**GEL**	**Number of Centers**	**Total GEL**	
Center A	308,932	6	1,853,597	
Center B	744,511	3	2,233,563	
Drug Policy Coordination Unit	108,765	-	108,765	
Drug Information System	45,705	-	45,705	
Training, research and other expences	70,591	-	70,591	
Requested amount			**4,355,343**	1% of banking included
Location of programmes	1 in Tbilisi, 1 in Batumi, 1 in Kutaisi, 1 in Gori, 1 in Zugdidi, 1 in Telavi		1 in Tbilisi, 1 in Kutaisi, 1 in Batumi	

Location of the above characterised treatment programmes illustrates the map below:



10.2. Proposed system of drug policy coordination

Situation in drug use and related problems is shaped by influecences from various areas of public life - culture, history, social conditions, education, health system, economics, security etc. which are adversely affected by the development in drug use. Thus, an appropriate respond to drug use should be complex and coordinated set of preventative, educational, treatment, social, regulatory, control and other measures including law-enforcement implemented at structural (national), community and individual levels of influence. Such an approache requires involvement of key stakeholders with various backgrounds, expertise, knowledge and practice whose activities should be streamlined in order to cooperate and procede in one direction, and not to compete. To assure coordinated implementation of various types of drug policy measures following system of coordination is proposed to be established:



Inter-ministerial Commission for Drug Policy - chaired by President/Prime-Minister and composed of Ministers/Deputy Ministers of key stakeholders (for individual roles please see point 8.) - of Labor, Health and Social Affairs, Education, Interior, Justice, Defence, Finance and Foreign Affairs. Commission meets 3 - 4 times a year and takes the key decision in drug policy issues on the basis of proposal submitted by the National Drug Policy Coordination Unit. In strategic decisions asks President, Government and Parliament for an approval.

National Drug Policy Coordination Unit - located within the Office of President/Cabinet Office in order to assure a complex and inter-ministerial approach of relevant state institution and implementation of evidence-based measures and intervention at national as well as at local levels. The office is composed of 3 - 5 civil servants with expert knowledge in drug issues, project management and coordination. It collates information about the situation in drug issues, its development, drug policy measures implemented and their impact. On this basis the Unit prepares informations and proposals of measures and activities that should be undertaken, drug policy strategies and action plans and submitts them for discussion and approval of the Inter-ministerial Commission for Drug Policy eventually to President, Government and Parliament. The Unit coordinates activities of representatives of key stakeholders at following levels: national (ministries involved in the Inter-ministerial Commission for Drug Policy and Drug Information System), regional (regional drug policy coordinators and commissions), and local (local municipalities and services providers. Staff of the Unit represents Georgia in relevant international institutions employed with drug issues.

Drug Information System - an external agency for collection of data about the extent, nature and impact of drug use in the country with the use of standard procedures and guidelines of the European Monitoring Centre for Drugs and Drug Addiction that help to provide a comprehensive description and analysis of recent situation and needs in drug field. It is responsible for preparation of annual National report on the situation in drug issues which will serve to inform decision-makers, expert community and public about the state in drug field and its development.

Committee of Representatives of relevant ministries - is composed of representatives nominated by Ministres of ministries participating in Inter-ministerial Commission for Drug Policy plus 1 representative of Committee of Regional drug policy coordinators, and 2 representatives of services providers. Committee is coordinated by the staff of the National Drug Policy Coordination Unit, and it meets on a regular basis - once in month or two. The core role of the Committee is to discuss particular issues related to their everyday activities and problems appearing, and to prepare proposals of their solution for further discussion of the Inter-ministerial Commission for Drug Policy. Each ministry is responsible for fulfillment of its role as well as for fulfillment of their concrete tasks defined in the drug strategy or action plan. The representatives of ministries and other agencies report about implementation of their particular activities regularly to the Coordination Unit and annualy submitts data required by the Drug Information System that are necessary for preparation of the annual report. Under the coordination of the National Drug Policy Coordination Unit representatives of ministries also participate in preparation of information and reports required by the international institution or in drafting of strategies and action plans as well as in their evaluation.

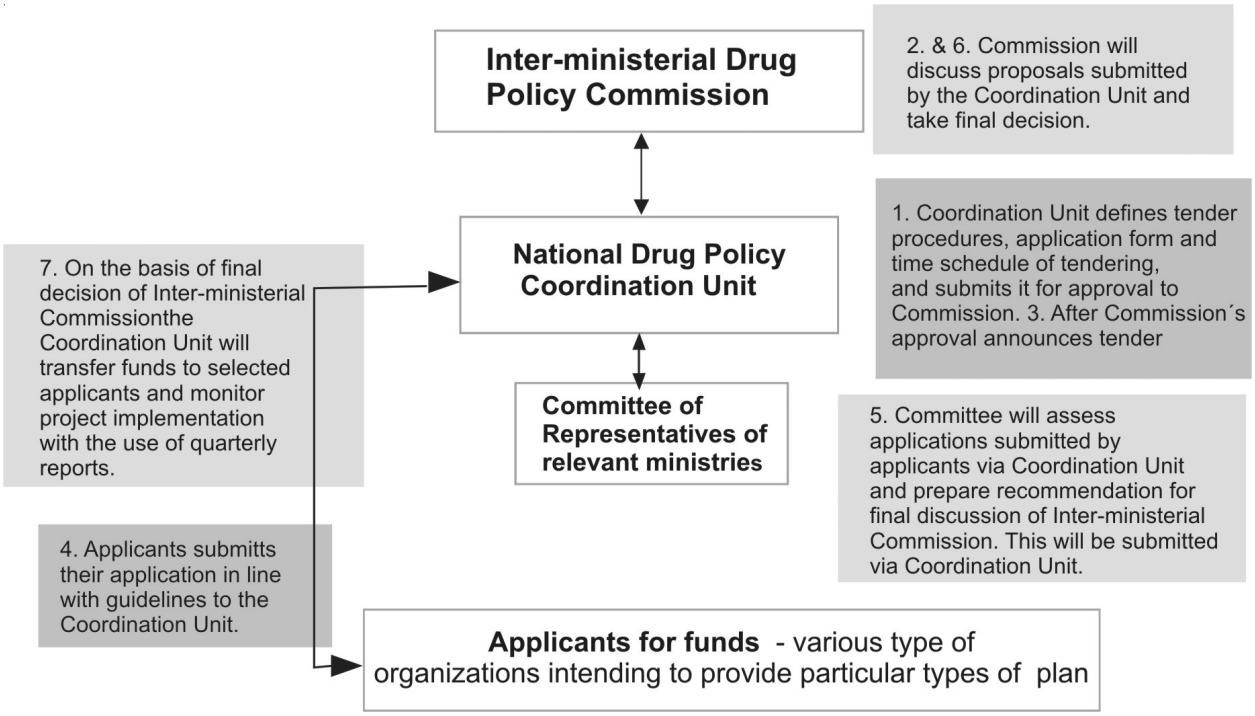
Further committee discusses submitted applications for funding of invididual programmes in drugs field and prepares proposal of funding for further discussion for the Inter-ministerial Commission for Drug Policy which takes the final decision. For funding purposes the committee meets at least 1 a year or in the case of need, e.g. in order to discuss proposal of the funding scheme for next year, to discuss funding priorities etc. Its conclusions in these particular issues are in the form of proposal or recommendation submitted to the final discussion and decision of the Inter-ministerial Commission for Drug Policy.

Committee of Regional drug coordinators - is composed of regional drug policy coordinators (these are nominated by regional authorities) and coordinated by the staff of the National Drug Policy Coordination Unit. Committee serves to a transmission of decisions and tasks from the national to the regional and local levels as well as to a discussion about the situation and problems that might appear at the local/regional levels in relation to drug use or implementation of the national drug policy. The core role of the Committee is to discuss particular issues related to their everyday activities and problems appearing, and to prepare proposals of their solution for further discussion of the Inter-ministerial Commission for Drug Policy. Regional drug policy coordinators report about implementation of their particular activities regularly to the Coordination Unit and annualy submitts data required by the Drug Information System that are necessary for preparation of the annual report.

Regional drug policy coordinators - are nominated by regional authorities within their offices and their core tasks are similar to that of the National Drug Policy Coordination Unit but at the regional and local levels. Thus, they should collate information about the situation in drug issues, its development, drug policy measures implemented and their impact in their particular region. On this basis they should prepare informations and proposals of measures and activities that should be undertaken, regional strategies or action plans and submitts them for discussion to the head of regional office/government. Regional coordinators should coordinate activities of representatives of key regional/ local institutions, agencies and services providers from various fields - e.g. public health, social policy, education, police etc. and for this purpose the head of regional/local office/government should establish an inter-disciplinnary commissions at regional/local level as his advisory body in drug issues.

10.3. Proposed system of financing of activities from the National Drug Policy Fund

To assure establishment and development of missing network of treatment services and to implement other evidence-based measures of drug policy it is proposed to establish a National Drug Policy Fund. Consequently it is necessary to develop a tender procedure on which basis potential applicants might apply for funds to meet tasks defined in this action plan. The Fund will be established under the governance of the Office of President to assure inter-disciplinnary approach in funding, and managed by the National Drug Policy Coordination Unit. It should prepare proposal of tendering procedure including specification of activities that are due to be financed in particular calendar and standard form for application. Proposal made by the Coordination Unit should be approved by the President or Chair of the Inter-ministerial Commission. Organizational structure of the funding system incl. consecutive steps 1. - 7. could be illustrated as follows:



Tender, its procedure and application forms should be made available to all potential services providers. They have to elaborate their application for funds for particulare programmes establishment and development in terms of reference defined by the National Commission, and send it directly to the Coordination Unit. It prepares applications for discussion in the Committee for Funding that will prepare its recommendations which programme to fund on the basis of assessment of application forms for final decision of the Inter-ministerial Commission or President. Winners of the tender will be provided by grants to start to implement planned programmes and bound with an obligation to report on the progress of their activities quarterly to the Coordination Unit with the use of its standard reporting form.

From 2008 the best possible way seems to be to put deadline for submission of applications by the end of September thus the Coordination Unit, the Committee of Representatives of relevant ministries as well as Inter-ministerial Commission or President have time enough to assess all applications and to decide about them till the end of the year. So, the funds necessary to continue with services provision should be transferred to services providers in the beginning of the next calendar year.

10.4 Cost-effectiveness of Drug Policy Action Plan

Summary

In Georgia it is estimated that there is about 50,000 injecting drug users (IDUs). Every year, given there are no adequate treatment and harm reduction programmes 400 to 500 of them will become ill with HIV/AIDS and about 1250 - with Hepatitis C. The IDUs with this infection need about **370 million GEL** annually to be treated in Georgia.[4]

Our studies in the years of 2004-2005 have established that the annual economic harm caused to our society due to drug use amounts to **123 million GEL.** These costs are related to the spread of infectious diseases, loss of productivity due to morbidity and mortality, number of fatal drug overdoses, harms caused by different drug-related crimes, costs of prison and legal system, black market, etc.

Thus, all in all, the total economic damage caused by drug use in Georgia in 2003 amounted to **493 million** Georgian Lari, and it is very likely that these costs are on the rise.

In contrast, introduction of treatment and harm reduction programmes that we propose will cost annually **4,355,343 GEL**.

The economic effect produced due to the substitution therapy (with 630 participants/650.000 GEL) and syringe exchange program (with 3150 participants/750.000 GEL) in the first year will amount to **2.23 million GEL**. The main economic effect is reached given the substitution therapy and syringe exchange programs receive long-term financing reducing the spread of HIV/AIDS and Hepatitis C to minimum (76% of the total economic loss) and relevant expenses.

Discussion

Our studies in the years of 2004-2005 have established that the annual economic harm caused to our society due to drug use amounts to 123 milion GEL. The studies were carried out based on the data of 2003, according to which the total number of the drug users in Georgia was 150 thousand, including 50 thousand IDUs.[1]

According to the data of the Infection Diseases, AIDS and Clinical Immunology Research Centre every second IDU in Georgia is infected with Hepatitis C virus.[2] If for the sake of consistency of the data, we base on the statistical data of the economic study of 2003 with the calculations for 50,000 IDUs, instead of the analysis of drug development in the Southern Caucasus in 2004, according to which Georgia has 80,000 IDUs, it comes out that there are 25,000 problematic IDUs with Hepatitis C in Georgia. Almost every patient with Hepatitis C needs treatment, whose charge depends on the virus genotype. The annual treatment fee for genotype 1 is 21,000 GEL, and the fee for six-month-long treatment courses for genotypes 2 and 3 is 10,500 GEL.[3] Genotype one of Hepatitis C is mainly spread in North America and Europe, as well as Russia (60-80%), and the rate of spread of genotypes two and three varies between 15-35%. The IDUs with this infection need about 370 million GEL annually to be treated in Georgia.[4] This is the fee for treatment to be undertaken under sufficient financing.

Thus, all in all, in 2003, the economic damage caused by drug use in Georgia amounted to 493 million Georgian Lari followed by annual increase of potential costs at the rate of 18 million GEL to treat newly revealed cases of infectious diseases (the percentage increase was 3.6%). Presumably, the treatment cost for newly discovered infectious cases is more, for the same costs in the future years would increase due to the deterioration of drug situation. On the basis of correlation of the calculated economic indicator (493 million GEL) and the number of IDUs' population (50,000), approximately **9.800 GEL** of economic damage is calculated per user every year.

According to the analysis and expert assessments of different statistical information, it may be said that the dynamics of increasing the registered cases of HIV/AIDS at the rate of 20-28% can be seen for the recent years.[5] In 2004, a 5% increase of the registered cases of Hepatitis C could be observed.[6] According to this indicator, every year, given there is no adequate prevention 400 to 500 IDUs will become ill with HIV/AIDS and about 1250 - with Hepatitis C.

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[1] Financial-economic problems of the transition period, Ministry of Finance of Georgia, Scientific-Research Institute of Finances. Vol. VIII, 2005, pp. 361-385. This result was gained on the basis of such indicators as loss of productivity, costs of legal system, health protection fees, drug turnover on the black market, sold drugs, etc.

[2] Drug situation in the Southern Caucasus, 2004, annual report, ISBN 99940-0-758-0, p. 46, http://www.scadgeorgia.org/newsletter/gfx/news/Caucasus_Russ.pdf

[3] The treatment fees are taken according to the information by the Research Center of Infection Diseases, AIDS and Clinical Immunology.

[4] The data are calculated according to 60% spread of genotype one and 20% spread of genotypes two and three.

[5] Javakhishvili, J., Kariauli, D. , Lejava, G., Stvilia, K., Todadze, Kh. and Tsintsadze, M. (2006)

Drug Situation in Georgia - 2005. Tbilisi, Georgia: Southern Caucasus Anti-Drug Programme.

See also http://aidscenter.ge/epidsituation_geo.html Dynamics of new cases of HIV revealed in Georgia

[6] http://www.ncdc.ge/publikaciebi/B%20da%20%20C%20hepatitebi%202004.htm

According to the information by the Infection Diseases, AIDS and Clinical Immunology Research Centre, treatment fee for HIV/AIDS by the preparations of class one is 2500 GEL annually, and 19,000 GEL in complicated cases. In Georgia there are 207 people being treated for AIDS at present, with 197 patients treated with the preparations of class one and 12 patients treated with the preparations of class two. If considering the appropriate distribution percentage, it may be said that in 2007, additional 32 patients will need to be treated with preparations of class one, and 2 patients will be needed to be treated with preparations of class two. The treatment fee in this case will amount to 32*2500GEL+2*19000GEL=118000GEL. As for Hepatitis C, approximately 1250 new cases of patients with this virus will be presumably fixed annually among IDUs, including about 750 patients with genotype one needing 15 million GEL for treatment and those with genotypes two and three needing 2.5 million GEL for treatment. Therefore, the cost of treatment of new diseases will constitute approximately 18 million GEL.

As the consideration shows, the costs of treatment of infectious diseases of HIV/AIDS and Hepatitis C occupy the greatest place among the economic costs due to drug use (76% of the total costs. See Diagram 1). This type of cost increases by 3.6% every year (See Diagram 2 with a 10-year-long dynamics). Diagram 2 demonstrates that given the present tendencies in drug use is preserved the economic harm due to drug use during 10 years will drastically increase, mainly at the expense of spread of HIV/AIDS and Hepatitis C. Diagram 1 shows that about 8 million GEL out of 493 million GEL (constituting 0.59% thereof) are the amount for financing demand and supply reduction measures, including 6.53 million GEL (1.3%) for the legal system, 0.94 million GEL (0.19%) - for the health system, and 0.69 million GEL (0.13%) - for prevention and research.

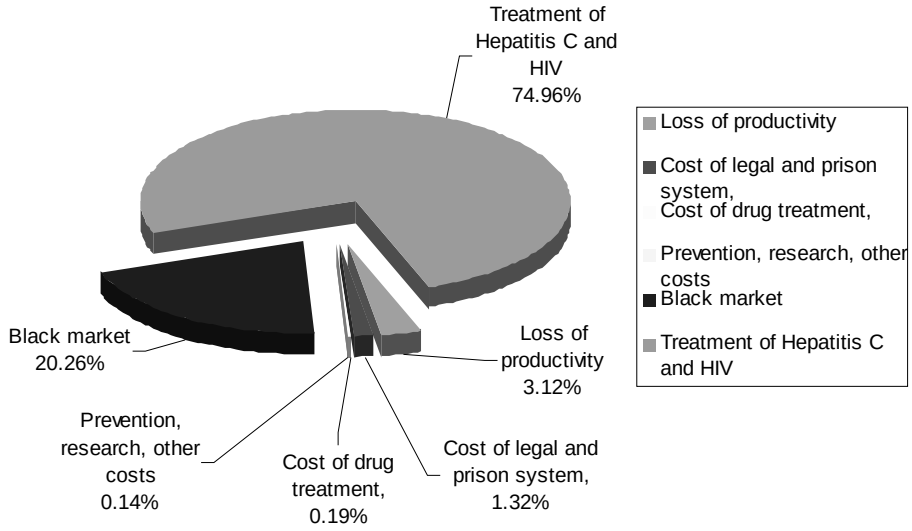

Diagram 1. Economic damage according to the origin of costs

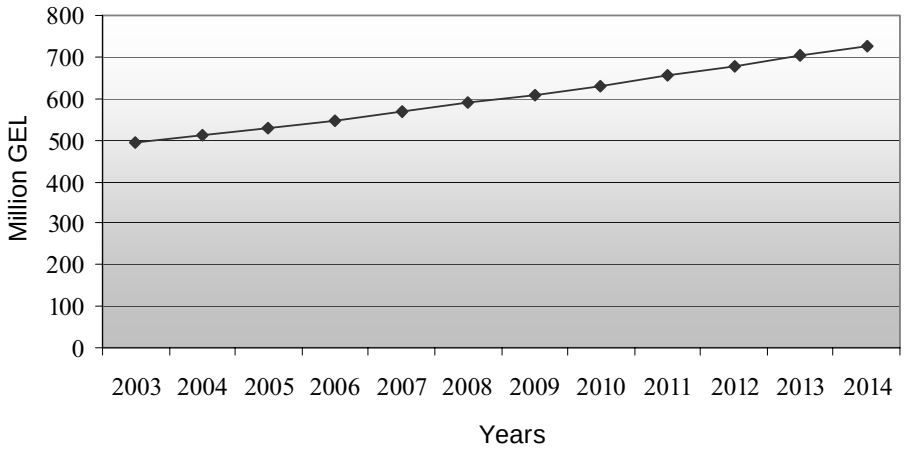

Diagram 2. Dynamics of Economic Cost of Drug Use added by 3,6% annually

If the greatest part of the economic costs due to the drug use is for the treatment of infectious diseases (370 million GEL, 76% of the total economic cost), putting the drug policy for prevention of HIV/AIDS and Hepatitis C into effect is to be put on the agenda. Efficiency of such a system is a long-term perspective, for neither HIV/AIDS, nor Hepatitis C are treatable diseases. Therefore, the main aim of the measures oriented towards the prevention should be the minimization of the mentioned diseases thus reducing the number of new cases.

Efficacy of Opiate Substitution Treatment and Syringe Exchange Programs

The Manual by WHO of 2004 indicates that IDUs included in the substitution treatment programs become HIV infected six (6) times less that other IDUs do. The rate of mortality for drug users included in the Methadone substitution programs is four (4) times less compared with those not being treated. Every dollar invested in the substitution treatment program saves seven (7) dollars reducing the costs borne by a criminal and prison system. If adding the saved amounts of the health system, the proportion will be 12/1.[9]

What will the economic effect be given the system based on prevention HIV/AIDS and Hepatitis C comes into effect in Georgia?

Treatment with Methadone can prevent the spread of infectious diseases, loss of productivity due to morbidity and mortality, number of fatal drug overdoses, harms caused by different crimes, costs of prison and legal system, black market, etc.

Our project envisages Methadone treatment of 630 beneficiaries at nine (9) centers during one year. This number of patients constitutes 1.2% of the total target population. Only cost of Methadone is 562.5 thousand GEL per annum (See Tables Nos. 8.4 and 9.4 in annex 10.4) constituting annual 900 GEL per capita. If adding fees for a proper treatment course (personnel wages, office expenses), the cost of treatment of one person will presumably be 1026.3 GEL (our project envisages 3.79 million GEL for 30.000 beneficiaries, besides Methadone. This cost per person constitutes 126.3 GEL annually added by the price of Methadone at the rate of 900 GEL). The cost of MMT for 630 people amounts to 0.65 million GEL. This cost will substitute all other expenses (loss of productivity, crime, black market, etc.) besides the fees for treatment of infectious diseases among the beneficiaries. According to the total percentage, presumably 315 out of 630 beneficiaries are infected with Hepatitis C, and 25 out of the same are infected with HIV/AIDS needing the amounts for treatment at the rate of 4.6 million GEL.[10] So, the total cost of medical treatment of 630 beneficiaries included in the Methadone treatment program will reach 5.26 million GEL (cost of MMT + cost of HIV and HCV treatment). We have mentioned above that for one IDU there is 9.800 GEL of loss, and this amount will amount to 6.17 million GEL for 630 patients. Economic returns or saved loss in the first year of the Methadone program will be 0.91 million GEL. Here it should also be mentioned that new cases of HIV/AIDS and Hepatitis C will be prevented giving 0.22 million GEL of economy. All in all, the loss-and-profit account of the Methadone program at the end of the first year will be **1.13 million GEL.**

Efficiency of the syringe exchange programs is also widely recognized in the direction of harm reduction. Implementation of this program significantly reduces the probability of infecting with infectious diseases. This program will enable to prevent the spread only infectious diseases (HIV/AIDS and Hepatitis C), and its efficiency will be assessed according to the amounts of money saved due to the prevention of these diseases. The syringe exchange program under our project incorporates 3150 beneficiaries (6,2% of the total target population) during one year. This service will cost approximately 0,75 million GEL (about 43.000 GEL are spent for proper medical components at one center) (Tables 6.5 and 7.5); other amounts are spent for salaries, communal expenses, etc.). This cost per person constitutes 240 GEL. Presumably up to 1500 out of 3150 beneficiaries are infected with Hepatitis C, and about 120 of them - with HIV/AIDS. The syringe exchange program will enable to prevent about 33 new cases of HIV/AIDS and 75 new cases of Hepatitis C, giving the economy of **1.1 million GEL** due to no necessity for treatment those new cases.

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[8] For logically approved material see Return on Investment in Needle and Syringe Programs in Australia · Report, Commonwealth of Australia 2002

[9] *Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention : position paper* / WHO, UNODC, UNAIDS 2004 p.21

[10] As already mentioned, the treatment of Hepatitis C may not be financed at such an extent. Here we show what will be real and necessary expenses to treat Hepatitis C under normal conditions of financing.

10.5. Detailed budget of Action Plan

Table 1. Budget 2007 (GEL)		
1	Total salary	973,350
	among them	
	Salary	651,600
	Premium	321,750
2	Other expenses	2,808,271
3	Capital expenses	530,600
4	Banking (1%)	43,122
total		4,355,343

Wages

Table 2.1 National Drug Policy Coordination Unit - Salary (GEL)					
No	**Staff name**	**Staff unit**	**Unit salary per month**	**Monthly salary based on staff number**	**Annual salary based on staff number**
1	Chief coordinator	1	1,000	1,000	12,000
2	Assistant	2	800	1,600	19,200
3	Regional coordinator	6.5	400	2,600	31,200
Total		9.5		5,200	62,400

Table 2.2 National Drug Policy Coordination Unit bonuses (50% - of salary)					
No	**Staff name**	**Staff unit**	**Unit bonuses per month**	**Monthly salary based on staff number**	**Annual salary based on staff number**
1	Chief coordinator	1	500	500	6,000
2	Assistant	2	400	800	9,600
3	Regional coordinator	6.5	200	1,300	15,600
Total				2,600	31,200

Table 2.3 National Drug Policy Coordination Unit -Wages (GEL)			
No		**Month**	**Year**
3.1	Salary	5,200	62,400
3.2	Bonuses	2,600	31,200
Total		7,800	93,600

Table 3.1 Drug information system – salary (GEL)					
No	**Staff name**	**Staff unit**	**Unit salary per month**	**Monthly salary based on staff number**	**Annual salary based on staff number**
1	Chief	1	800	800	9,600
2	Assistant	2	600	1,200	14,400
Total		**3**		**2,000**	**24,000**

Table 3.2 Drug information system Bonuses (50% of Salary)					
No	**Staff name**	**Staff unit**	**Unit bonuses per month**	**Monthly salary based on staff number**	**Annual salary based on staff number**
1	Chief	1	400	400	4,800
2	Assistant	2	300	600	7,200
Total				**1,000**	**12,000**

Table 3.3 Drug information system - Wages (GEL)			
No		**Month**	**Year**
3.1	Salary	2,000	24,000
3.2	Bonuses	1,000	12,000
Total		3,000	36,000

Table 4.1 A – Out-patient Clinics Salary (GEL)						
No	**Staff name**	**Staff unit**	**Number of hired staff**	**Monthly salary for the unit**	**Monthly salary based on staff number**	**Annual salary based on staff number**
1	Chief doctor	1	1	500	500	6,000
2	Doctor-narcologist	2	2	450	900	10,800
3	Psychologist	1.5	2	450	675	8,100
4	Social worker	1	2	250	250	3,000
5	Outreach worker	2	2	250	500	6,000
6	Chief nurse	1	1	200	200	2,400
7	Nurse	1	1	150	150	1,800
8	Accountant/Manager	1.00	1	400	400	4,800
9	Cleaner	0.25	1	200	50	600
10	Security	2	2	500	1,000	12,000
11	Pharmacist	1	1	250	250	3,000
Total		13.75	16		4,875	58,500

Table 4.2 A – Out-patient Clinics bonuses (50% of Salary)						
No	**Staff name**	**Staff unit**	**Number of hired staff**	**Monthly bonuses for the unit**	**Monthly bonuses based on staff number**	**Annual bonuses based on staff number**
1	Chief doctor	1	1	250	250	3,000
2	Doctor-narcologist	2	2	225	450	5,400
3	Psychologist	1.5	2	225	337.5	4,050
4	Social worker	1	2	125	125	1,500
5	Outreach worker	2	2	125	250	3,000
6	Chief nurse	1	1	100	100	1,200
7	Nurse	1	1	75	75	900
8	Accountant/Manager	1.00	1	200	200	2,400
9	Cleaner	0	1	100	25	300
10	Security	2	2	250	500	6,000
11	Pharmacist	1	1	125	125	1,500
Total					2,437.5	29,250

Table 4.3 A – Out-patient Clinics Wages for one A clinics (GEL)		
1	Salary	58500
2	Bonuses	29250
Total		87750

Table 4.4 A – Out-patient Clinics Wages for six A clinics (GEL)		
1	Salary	351000
2	Bonuses	175500
Total		526500

Table 5.1 B – In-patient Clinics Salary (GEL)						
No	**Staff name**	**Staff unit**	**Number of hired staff**	**Monthly salary for the unit**	**Monthly salary based on staff number**	**Annual salary based on staff number**
1	chief doctor	1	1	500	500	6,000
2	doctor-narcologist	3	3	450	1,350	16,200
3	psychologist	1.5	3	450	675	8,100
4	social worker	1	2	250	250	3,000
5	outreach worker	2	2	250	500	6,000
6	chief nurse	1	1	200	200	2,400
7	nurse	3	3	150	450	5,400
8	accountant	1	1	200	200	2,400
9	cleaner	1	4	200	200	2,400
10	security	2	2	500	1,000	12,000
11	pharmacist	1	1	250	250	3,000
12	cook	1.5	**2**	250	375	4,500
Total		19	25		5,575	71,400

Table 5.2 B – In-patient Clinics Bonuses (50% of Salary)						
No	**Staff name**	**Staff unit**	**Number of hired staff**	**Monthly bonuses for the unit**	**Monthly bonuses based on staff number**	**Annual bonuses based on staff number**
1	Chief doctor	1	1	250	250	3,000
2	Doctor-narcologist	3	3	225	675	8,100
3	Psychologist	1.5	3	225	337.5	4,050
4	Social worker	1	2	125	125	1,500
5	Outreach worker	2	2	125	250	3,000
6	Chief nurse	1	1	100	100	1,200
7	Nurse	3	3	75	225	2,700
8	Accountant	1	1	100	100	1,200
9	Cleaner	1	1	100	100	1,200
10	Security	2	2	250	500	6,000
11	Pharmacist	1	1	125	125	1,500
12	Cook	1.5	**2**	75	75	900
Total		19			2,788	34,350

Table 5.3 B – In-patient Clinics Wages for one A clinics (GEL)					
1	Salary				71,400
2	Bonuses				34,350
Total					105,750

Table 5.4 B – In-patient Clinics Wages for three A clinics (GEL)					
1	Salary				214,200
2	Bonuses				103,050
Total					317,250

Other expenses and services

Table 6.1 Drug coordinating national unit - Office (GEL)					
No	**Name**	**Specification**	**Unit price**	**Qualtity**	**Total**
Stationery					
1	Standard stationery for training	Set of…	45.00	3	135.00
2	Blackboard (with support)	1,5X1m	100.00	1	100.00
3	Marker	White board	20.00	2	40.00
4	Printing cartridge	LazerJet 1300	105.00	1	105.00
5	Paper clips	Average size	0.05	20	1.00
6	Paper clips	Big size	0.10	20	2.00
7	Paper	80 gr. A4/500	7.00	6	42.00
8	Notebook	Journal size, with squares, 100 pages	1.00	10	10.00
9	Pens	Ball point pens(blue and black)	0.20	10	2.00
10	File	For papers, set of 100	6.00	2	12.00
11	Binder	Big size	1.60	5	8.00
12	Binder		1.40	5	7.00
13	Cardboard		0.20	10	2.00
14	Stapler	Small	1.00	2	2.00
15	Stapler	Big	4.00	2	8.00
16	File	Big	1.40	5	7.00
17	File	Thin	0.20	10	2.00
18	Office table equipment	Standerd,	7.00	5	35.00
19	Calculator		7.00	1	7.00
20	Desk lamp	With one bulb	8.00	3	24.00
Other equipments for office maintenance					
21	Bulb	60w	50.00	10	500.00
22	Trash bin		10.00	3	30.00
23	Broom		5.00	3	15.00
Technique					
24	Vacuum cleaner		100.00	1	100.00
25	Air conditioner (summer-winter)		1000.00	1	1000.00
26	Telephone	with key pads	30.00	3	90.00
27	Fax	PANASONIC/ PLAIN PAPER, KX-FP143RU	400.00	1	400.00
Furniture					
28	Computer table	with drawers and shelves	80.00	3	240.00
29	Computer table with chair	swivel, amortization	40.00	3	120.00
30	Bookshelf unit	with glass door, shelves, lock	170.00	3	510.00
31	Office table	with 3-4 units, desirably with lock	80.00	1	80.00
32	Chair	standard	25.00	15	375.00
33	Hanger	with drawers and shelves	30.00	1	30.00
34	to set a telephone line				200.00
Total					**4,241**

Table 6.2 Public utilities						
No		**Unit**	**Monthly expenses**	**Annual expenses**	**Unit price**	**Total**
1	Electricity	kw.	500	6,000.00	0.18	1080
Total						216

Table 6.3 communication expenses					
No				**Expenses for subscription**	**Annualy**
1	Telephone local			4	48
2	Telephone distant			50	600
3	Internet			50	600
Total					1,248

Table 6.4 travel allowance						
No	**Number of Centers**	**Travel**	**Daily expenses**	**days**	**Frequency of travel**	**Total**
1	7	50	40	2	6	**5,460**

Table 6.5 Total					
6.1					4,241
6.2					216
6.3					1,248
6.4					5,460
Total					11,165

Table 7.1 Drug information system - Office (GEL)					
No	**Name**	**Specification**	**Unit price**	**Qualtity**	**Total**
Stationery					
1	Standard stationery for training	Set of…	45.00	3	135.00
2	Blackboard (with support)	1,5X1m	100.00	1	100.00
3	Marker	White board	20.00	2	40.00
4	Printing cartridge	LazerJet 1300	105.00	1	105.00
5	Paper clips	Average size	0.05	20	1.00
6	Paper clips	Big size	0.10	20	2.00
7	Paper	80 gr. A4/500	7.00	6	42.00
8	Notebook	Journal size, with squares, 100 pages	1.00	10	10.00
9	Pens	Ball point pens(blue and black)	0.20	10	2.00
10	File	For papers, set of 100	6.00	2	12.00
11	Binder	Big size	1.60	5	8.00
12	Binder		1.40	5	7.00
13	Cardboard		0.20	10	2.00
14	Stapler	Small	1.00	2	2.00
15	Stapler	Big	4.00	2	8.00
16	File	Big	1.40	5	7.00
17	File	Thin	0.20	10	2.00
18	Office table equipment	Standerd,	7.00	5	35.00
19	Calculator		7.00	1	7.00
20	Desk lamp	With one bulb	8.00	3	24.00
Other equipments for office maintenance					
21	Bulb	60w	50.00	10	500.00
22	Trash bin		10.00	3	30.00
23	Broom		5.00	3	15.00
Technique					
24	Vacuum cleaner		100.00	1	100.00
25	Air conditioner (summer-winter)		1000.00	1	1000.00
26	Telephone	with key pads	30.00	3	90.00
27	Fax	PANASONIC/ PLAIN PAPER, KX-FP143RU	400.00	1	400.00
Furniture					
28	Computer table	with drawers and shelves	80.00	3	240.00
29	Computer table with chair	swivel, amortization	40.00	3	120.00
30	Bookshelf unit	with glass door, shelves, lock	170.00	3	510.00
31	Office table	with 3-4 units, desirably with lock	80.00	1	80.00
32	Chair	standard	25.00	15	375.00
33	Hanger	with drawers and shelves	30.00	1	30.00
34	to set a telephone line				200.00
Total					**4,241**

Table 7.2 Public utilities expenses						
No			**Unit**	**Monthly expenses**	**Annual expenses**	**Unit price**
1	Electricity	kw.	500	6,000.00	0.18	1080
Total						216

Table 7.3 communication expenses					
No				Expenses for subscription	Annualy
1	Telephone local			4	48
2	Telephone distant			50	600
3	Internet			50	600
Total					1,248

Table 7.4 Total					
6.1					4,241
6.2					216
6.3					1,248
Total					5,705

Table 8.1 A – Out-patient Clinics – office (GEL)					
No	**Name**	**Specification**	**Unit price**	**Qualtity**	**Total**
Stationery					
1	Standerd stationery for training	Set of…	45.00	3	135.00
2	Blackboard (with support)	1,5X1m	100.00	1	100.00
3	Marker	White board	20.00	2	40.00
4	Printing cartridge	LazerJet 1300	105.00	1	105.00
5	Paper clips	Average size	0.05	40	2.00
6	Paper clips	Big size	0.10	40	4.00
7	Paper	80 gr. A4/500	7.00	6	42.00
8	Notebook	Journal size, with squares, 100 pages	1.00	10	10.00
9	Pens	Ball point pens(blue and black)	0.20	20	4.00
10	File	For papers, set of 100	6.00	2	12.00
11	Binder	Big size	1.60	5	8.00
12	Binder		1.40	5	7.00
13	Cardboard		0.20	10	2.00
14	Stapler	Small	1.00	2	2.00
15	Stapler	Big	4.00	2	8.00
16	File	Big	1.40	5	7.00
17	File	Thin	0.20	10	2.00
18	Office table equipment	Standerd,	7.00	5	35.00
19	Calculator		7.00	2	14.00
20	Desk lamp	With one bulb	8.00	3	24.00
Other equipments for office maintenance					
21	Bulb	60w	50.00	40	2000.00
22	Trash bin		10.00	5	50.00
23	Broom		5.00	3	15.00
24	Towel		2.00	4	8.00
25	Bucket	10l.with plastic lead	5.00	2	10.00
26	Soap		0.80	28	22.40
technique					
27	Vacuum cleaner		100.00	1	100.00
28	Air conditioner (summer-winter)		1000.00	1	1000.00
29	Telephone	with key pads	30.00	6	180.00
30	Fax	PANASONIC/ PLAIN PAPER, KX-FP143RU	400.00	1	400.00
31	Generator	1-1.5kv	900.00	1	900.00
furniture					
32	Computer table	with drawers and shelves	80.00	5	400.00
33	Computer table with chair	swivel, amortization	40.00	5	200.00
34	Bookshelf unit	with glass door, shelves, lock	170.00	5	850.00
35	Office table	with 3-4 units, desirably with lock	80.00	5	400.00
36	Chair	standard	25.00	30	750.00
37	Hanger	with drawers and shelves	30.00	1	30.00
38	To set a telephone line				200.00
39	Internet installation				0.00
40	Set security system				400.00
Total					8,478.40

Table 8.2 Public utilities expenses						
No		**Unit**	**Monthly expenses**	**Annual expenses**	**Unit price**	**Total**
	Electricity	kw.	500	6,000.00	0.18	1080
	Gas	m.kub	30	360.00	0.32	115.2
	Garbage	1 take away	1.2	14.40	1	14.4
	Water	m.kub	3.6	43.20	3.6	155.52
Total						**1365.12**

Table 8.3 communication expenses					
				expenses for subscription	annualy
1	telephone local			4	48
2	telephone distant			50	600
3	internet			50	600
4	security system			200	2,400
Total					**3,648**

Table 8.4 medicine, reagents, syringes and other medical					
No	**Name**	**Specification**	**Unit price**	**Quantity**	**Total**
Syringe exchange - 350 beneficiaries per year					
1	disposable syringe	2 ml, 24-26 G	0.08	16875	1,350.00
2	insulin syringe	5 ml, 24-26 G	0.10	16875	1,687.50
3	insulin syringe	1ml	0.08	16875	1,350.00
4	disposable syringe	10 ml, 21-24G	0.08	4218	337.44
5	Equipment for blood transfusion	sterile, disposable, 26-27 G	0.08	5625	450.00
6	disposable syringes (2ml, 5 ml, 10ml, insulin 1 ml, so called "butterfly")	sterile, disposable G	0.17	144000	24,480.00
7	alcohol pads	disposable,in a package	0.04	56718	1,985.13
8	alcohol pads	disposable,in a package	0.04	144000	5,040.00
9	rubber gloves	medical,not sterile	0.56	500	280.00
10	Mask	medical, papery, disposable	0.35	83	29.05
11	container for destroying used syringes		12.40	32	396.80
12	condoms		0.26	8000	2,080.00
medicine and reagents					
13	Hydrargirum peroxide	3% -100 ml	0.28	2500	700.00
14	Iodide grout	5% -10 ml	0.21	833	174.93
15	Unguentum Heparins	25gr	0.70	500	350.00
16	HIV test (rapid)		2.10	350	735.00
17	HBsAg Test (rapid)	express test	2.27	350	794.50
18	Anti-HCV test (rapid)	express test	2.27	350	794.50
VCT - 1500 benificiaries per annum					
19	Rubber gloves	medical,not sterile	0.56	1500	840.00
20	Medical tripod		29.20	46	1,349.04
21	Testing tubes		0.08	1500	120.00
medicine and reagents					
22	HIV test (rapid)		2.10	1500	3,150.00
23	HBsAg Test (rapid)	express test	2.27	1500	3,405.00
24	Anti-HCV test (rapid)	express test	2.27	1500	3,405.00
25	HBsAg Test elisa		2.10	1500	3,150.00
26	Anti-HCV test elisa		3.50	1500	5,250.00
Out Patient 150 beneficiaries per annum					
	diagnostic activities		100	150	15,000.00
	Medicines	Naloxone and others	280	150	42,000.00
substitution therapy - 70 beneficiaries per annum					
	Methadone Aventis Pharma Deutschland GmbH L-Polamidon®	Daily dose	Price for daily dose	Number of benificiaries	Total per annum
26	**Oral Solution**	100 mg	2.45	70	62,597.50
	Vaccine for all staff	**for the total staff**		**per year**	
	hepetites B	**16**	148.75	3	7,140.00
	flu	**16**	52.50	3	2,520.00

Table 8.5 Total for Out patient A six clinics - other goods and service		
7.1	office	50,870.40
7.2	Public utilities	8,190.72
7.3	communication	21,888.00
7.4	medice	1,157,648.34
	Total	1,238,597.46

Table 9.1 **B – In-patient Clinics – office (GEL)**					
No	**Name**	**Specification**	**Unit price**	**Qualtity**	**Total**
Stationery					
1	Standerd stationery for training	Set of…	45.00	3	135.00
2	Blackboard (with support)	1,5X1m	100.00	1	100.00
3	Marker	White board	20.00	2	40.00
4	Printing cartridge	LazerJet 1300	105.00	1	105.00
5	Paper clips	Average size	0.05	40	2.00
6	Paper clips	Big size	0.10	40	4.00
7	Paper	80 gr. A4/500	7.00	6	42.00
8	Notebook	Journal size, with squares, 100 pages	1.00	10	10.00
9	Pens	Ball point pens(blue and black)	0.20	20	4.00
10	File	For papers, set of 100	6.00	2	12.00
11	Binder	Big size	1.60	5	8.00
12	Binder		1.40	5	7.00
13	Cardboard		0.20	10	2.00
14	Stapler	Small	1.00	2	2.00
15	Stapler	Big	4.00	2	8.00
16	File	Big	1.40	5	7.00
17	File	Thin	0.20	10	2.00
18	Office table equipment	Standerd,	7.00	5	35.00
19	Calculator		7.00	2	14.00
20	Desk lamp	With one bulb	8.00	3	24.00
Other equipments for office maintenance					
21	Bulb	60w	50.00	40	2000.00
22	Trash bin		10.00	5	50.00
23	Broom		5.00	3	15.00
24	Towel		2.00	4	8.00
25	Bucket	10l.with plastic lead	5.00	2	10.00
26	Soap		0.80	28	22.40
27	Washing powder	for dishes	3.50	12	42.00
28	Washing powder	for linen	2.75	60	165.00
technique					
29	Vacuum cleaner		100.00	1	100.00
30	Air conditioner (summer-winter)		1000.00	1	1000.00
31	Telephone	with key pads	30.00	5	150.00
32	Fax	PANASONIC/ PLAIN PAPER, KX-FP143RU	400.00	1	400.00
33	Generator	1-1.5kv	900.00	1	900.00
34	Washing machine	automatic	700.00	1	700.00
furniture					
35	Computer table	with drawers and shelves	80.00	6	480.00
36	Computer table with chair	swivel, amortization	40.00	6	240.00
37	Bookshelf unit	with glass door, shelves, lock	170.00	6	1020.00
38	Office table	with 3-4 units, desirably with lock	80.00	8	640.00
39	Chair	normal	25.00	30	750.00
41	Hanger		30.00	1	30.00
hospital furniture					
42	Bed	for one person	50.00	20	1000.00
43	Wardrobe		100.00	20	2000.00
44	Chair	normal	25.00	20	500.00
45	Table	dinner	100.00	20	2000.00
46	Cabinet	with drawers and shelves	40.00	20	800.00
Kitchen equipment					
47	Oven		600.00	1	600.00
48	Refrigerator		800.00	1	800.00
49	Water heater		600.00	1	600.00
50	Cupboard		500.00	1	500.00
51	Sink		300.00	1	300.00
52	Table		300.00	2	600.00
53	Chair		25.00	3	75.00
Bathroom-toilet – included in constructions					
	To set a telephone line				250.00
	Internet installation				0.00
	Set security system				400.00
Total					20,310.40

Table 9.2 Public utilities expenses						
No		**Unit**	**Monthly expenses**	**Annual expenses**	**Unit price**	**Total**
	Electricity	kw.	2000	24,000.00	0.18	4320
	Gas	m.kub	1500	18,000.00	0.32	5760
	Garbage	1 take away	1	12.00	1.2	14.4
	Water	m.kub		12.00	3.6	43.2
Total						10137.6

Table 9.3 communication expenses			
No		Expenses for subscription	Annualy
1	Telephone local	4	48
2	Telephone distant	50	600
3	Internet	50	600
4	Security system	200	2400
	Total		**3648**

Table 9.4 medicine, reagents, syringes and other medical					
No	**Name**	**Specification**	**Unit price**	**Quantity**	**Total**
Syringe exchange - 350 beneficiaries per year					
1	Disposable syringe	2 ml, 24-26 G	0.08	16875	1350.00
2	Insulin syringe	5 ml, 24-26 G	0.10	16875	1687.50
3	Insulin syringe	1ml	0.08	16875	1350.00
4	Disposable syringe	10 ml, 21-24G	0.08	4218	337.44
5	Equipment for blood transfusion	sterile, disposable, 26-27 G	0.08	5625	450.00
6	Disposable syringes (2ml, 5 ml, 10ml, insulin 1 ml, so called "butterfly")	sterile, disposable G	0.17	144000	24480.00
7	alcohol pads	disposable,in a package	0.04	56718	1985.13
8	alcohol pads	disposable,in a package	0.04	144000	5040.00
9	Rubber gloves	medical,not sterile	0.56	500	280.00
10	Mask	medical, papery, disposable	0.35	83	29.05
11	Container for destroying used syringes		12.40	32	396.80
12	Condoms		0.26	8000	2080.00
Medicine and reagents					
13	Hydrargirum peroxide	3% -100 ml	0.28	2500	700.00
14	Iodide grout	5% -10 ml	0.21	833	174.93
15	Unguentum Heparins	25gr	0.70	500	350.00
16	HIV test (rapid)		2.10	350	735.00
17	HBsAg Test (rapid)	express test	2.27	350	794.50
18	Anti-HCV test (rapid)	express test	2.27	350	794.50
VCT - 1500 benificiaries per annum					
19	Rubber gloves	medical,not sterile	0.56	1500	840.00
20	Medical tripod		29.20	46	1349.04
21	Test tube		0.08	1500	120.00
Medicine and reagents					
22	HIV test (rapid)		2.10	1500	3150.00
23	HBsAg Test (rapid)	express test	2.27	1500	3405.00
24	Anti-HCV test (rapid)	express test	2.27	1500	3405.00
25	HBsAg Test elisa		2.10	1500	3150.00
26	Anti-HCV test elisa		3.50	1500	5250.00
Out Patient 150 beneficiaries per annum					
	Diagnostic activities		100	150	15000
28	**Medications**	Naloxone and others	280	150	42,000.00
Substitution therapy - 70 beneficiaries per annum					
	Methadone Aventis Pharma Deutschland GmbH L-Polamidon®	Daily dose	Price for daily dose	Number of benificiaries	Total per annum
30	Oral Solution	100 mg	2.45	70	62597.5
	vaccine for all staff	**for the total staff**		**per year**	
32	Hepetites B	**25**	148.75	3	11156.25
33	Flu	**25**	52.50	3	3937.50
In-patient treatment - 120 beneficiaries per annum					
	Diagnostic activities		100	120	12000
	Medications		280	120	23600
meal					
	Daily price	Montly	Annualy	Benificiaries	Total
34	5	**150**	1800.00	120	216000.00
	total				**459975.14**

Table 9.5 Total for In-patient B 3three clinics - other goods and service					
9.1	Office				60,931.20
9.2	Public utilities				30,412.80
9.3	Communication				10,944.00
9.4	Medice				1,379,925.42
	Total				1,482,213.42

Trainings and research

Table 10.1 Trainings									
	Trainings	**Quantity**	**Duration (days)**	**Salary for trainers**	**Number of trainees**	**Business trip packedge for regional staff**			
						Quantity	Trip expenses (ormxrivi)	Meal for person/daily	Total
1	doctors	1	3	60	30	14	50	5	1,330
2	psychologist	1	14	60	18	8	50	10	3,760
3	social-worker	1	10	60	18	8	50	10	2,800
4	outreach-worker	1	5	60	18	8	50	10	1,600
5	nurse	1	5	60	33	16	50	10	2,750
6	pharmasist	1	1	60	9	4	50	10	350
7	Develop training materials								3,000
Total									15,590

Table 10.2 Research					
#	**Research**	Quantity	Number of survey partisipants	Price of 1 survey	Total
1	all population	1	3000	10	30,000
2	all educational facilities	1	1500	10	15,000
	Total				45,000

Table 10.3		
9.1		15,590
9.2		45,000
	Total	60,590

Tender announcement and Information technologies

Table 11.1		
#	**Activities**	**GEL**
1	Announcement of tender	500
2	**Estimation of Materials**	**1500**

Table 11.2		
#	**IT**	**GEL**
1	Creation of web-page	2000

Capital expenses

Table 12.1 capital expenses (lari)												
No	**Activities to be undertaken**	**1m.kv. Price**	**A1 m.kv.**	**A2 m.kv.**	**A3 m.kv.**	**A4 m.kv.**	**A5 m.kv.**	**A6 m.kv.**	**B1 m.kv.**	**B2 m.kv.**	**B3 m.kv.**	**Total**
1	Painting activity	8	150	150	150	150	150	150	1000	1000	1000	31,200
2	Setting iron bars for windows	60	10	10	10	10	10	10	100	100	100	21,600
3	Install iron doors	300	2	2	2	2	2	2	2	2	2	5,400
4	Parquet	30	65	65	65	65	65	65	350	350	350	43,200
5	Washrooms	2000	2	2	2	2	2	2	50	50	50	324,000
6	Heating system	30	0	0	0	0	0	0	400	400	400	36,000
Total												461,400

Hardware

Table 12.2 Hardware					
No	**Name**	**Specification**	**Unit price (lari)**	**Quantity**	**Total**
1	**Computer teqnique**	CPU/Intel analogue/P4/2.4 GHz/533 512 KB 478 pin; HDD/IDE 3.5"/80GB/Maxtor Mx6E030L0 7200rpm CD-ROM/IDE/Mitsumi 54x OEM; MONITOR/17" **UPS/APC**	1,200.00	54	64,800
2	Printer	PRINTER/LazerJet 1300 /A4,	400.00	11	4400
	Total				**69,200**

Table 12.3 Total capital expenses		
11.1	Capital expenses	461,400
11.2	Hardware	69,200
	Total	530,600

Reference List

American Psychiatric Association (1994) Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Washington: American Psychiatric Association.

Ballota, D. & D'Arrigo, L. (2002) Strategies and coordination in the field of drugs in the European Union, Report of the European Monitoring Centre for Drugs and Drug Addictions, http://www.emcdda.eu.int

Commonwealth Department of Health and Ageing (2002) Return on Investment in Needle and Syringe Programs in Australia. Canberra: Commonwealth of Australia.

Czech government (2005) National Drug Policy Strategy for the period 2005-2009, ISBN 80-86734-39-0, Prague: Office of the Government.

DATOS - Drug Abuse Treatment Outcomes Studies, http://www.datos.org

Gerstein DR , Johnson RA, Harwood HJ, Fountain D, Suter N and Malloy K (1994) Evaluating recovery services: The California Drug and Alcohol Treatment Assessment (CALDATA). Sacramento, CA: California Department of Drug and Alcohol Programs.

Gold M, Gafni A, Nelligan P, Millson P (1997) Needle exchange programs: an economic evaluation of a local experience. Canadian Medical Association Journal, 157(3). 255-262.

Goldschmidt PG (1976) A cost-effectiveness model for evaluating health care programs: Application to drug abuse treatment. Inquiry, 13, 29-47.

Gossop, M., Marsden, J. and Stewart, D. (2001) NTORS after five years: The National Treatment Outcome Research Study. London, United Kingdom.

Hall W, Ward J and Mattick R P (1998) Introduction. In, Ward J, Mattick R P and Hall W (Eds.) Methadone Maintenance Treatment and other Opioid Replacement Therapies. Amsterdam: Harwood.

Harwood HJ, Hubbard RL, Collins JJ, and Rachal JV (1988) The costs of crime and the benefits of drug abuse treatment: a cost benefit analysis using TOPS data. In Leukefeld CG and Tims FM (Eds.) Compulsory Treatment of Drug Abuse: Research and Clinic Practice. NIDA Research Monograph 86. Rockville, Maryland: National Institute on Drug Abuse.

Holtgrave D R, Pinkerton S D, Jones T S, Lurie P, Vlahov D (1998) Cost and cost-effectiveness of increasing access to sterile syringes and needles as an HIV prevention intervention in the United States. Journal of Acquired Immune Deficiency Syndromes & Human Retrovirology, 18(Supp. 1), 133-138.

Hunt, N., Ashton, M., Lenton, S., Mitcheson, L., Nelles, B. and Stimson, G. (2003) A review of the evidence-base for harm reduction approaches to drug use, http://forward-thinking-on-drugs.org/review2-print.html

Javakhishvili, J.D. (Ed.), Kariauli, D., Lejava, G., Stvilia, K., Todadze, K. & Tsintsadze, M. (2006) Annual report on the situation in drug issues in Georgia in 2005, not published.

Laufer F N. (2001) Cost-effectiveness of syringe exchange as an HIV prevention strategy. Journal of Acquired Immune Deficiency Syndromes. 2001. 28(3). 273-278.

Lurie P, Drucker E. (1997) An opportunity lost: HIV infections associated with lack of a national needle-exchange programme in the USA. Lancet. 1997. 349. 604-608.

Moss A (1987) AIDS and intravenous drug use: the real heterosexual epidemic. British Medical Journal 294, 389-390.

Radimecky, J. (Ed.) et al. (2004) Coordination of Drug Policy: An Instrument for Implementation of Effective Measures, Zaostreno na drogy (Drugs in Focus) 3/04, ISSN 1214-1089, Prague: Office of the Czech Government.

Stimson, G.V. (2003) Supply reduction, demand reduction and harm reduction - an introduction and review of concepts, MSc. Drugs Unit 8, Evidence based prevention and harm reduction, Imperial College London.

The Centre for Harm Reduction (2002) New Zealand Needle and Syringe Exchange Programme Review Final Report. Wellington: Campbell Aitken.

UN AIDS (2003) Global AIDS epidemics show no sign of abating: Highest number of HIV and deaths ever. UN AIDS Press release.

UNDCP (2000) World Drug Report 2000. United Nations International Drug Control Programme. Oxford: Oxford University Press.

WHO (1992) The ICD-10 classification of mental and behavioural disorders: clinical description and diagnostic guidelines. Geneva: World Health Organisation.

WHO, UNODC, UNAIDS (2004) Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention : position paper Geneva: World Health Organisation.

World Health Organisation (1998) Principles for preventing HIV infection among drug users, Copenhagen: WHO.

World Health Organization (1998) Health for All in the 21st. Century, www.who.org

Zabransky, T., Mravcik, V., Gajdosikova, H., Miovsky, M. et al (2001) Impact Analysis of the New Czech Drug Legislation - Summary Report, Prague, Office of the Government of the Czech Republic.