# STRENGTHENING AND ADVOCACY OF DRUG-CHECKING SERVICE IN GEORGIA

Final report of the project

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## Acronyms

- ALTGEO Addiction Research Center Alternative Georgia
- EHRA Eurasian Harm Reduction Association
- EWS Early Warning Systems
- HCV Hepatatis C Virus
- HIV Human Immunodeficiency Virus
- NDO National Drug Observatory
- NPS New Psychoactive Drugs
- PWID People Who Inject Drugs
- SVMs Syringe Vending Machines
- PWUD People Who Use Drugs

#### Background

In Georgia, there is a surge of synthetic substances on drug market. According to European Web Survey on Drugs, 24% of adult population reported to consume New Psychoactive Substances (NPS) in the past 12 months<sup>1</sup>, while prevalence of NPS among adolescents comprised 1.8%.<sup>2</sup> To Address this issue, the Ministry of Justice has developed a national strategy of Georgian drug policy 2023-24 that aims at strengthening Early Warning System (EWS) in the country. Drug-checking is a crucial component of EWS, which has a positive impact on public heath by engaging with young people who use drugs for recreational purposes.<sup>3</sup> However, harm reduction services are prevented from delivering comprehensive drug-checking service due to legal barriers. In Georgia, it's still against the law for service providers to analyze drug-samples. Instead, they distribute drug-checking kits among People Who Use Drugs (PWUD) so they can test the psychoactive substances themselves.

<sup>1.</sup> European Web Survey on Drugs 2021: Emerging findings in Georgia

https://www.emcdda.europa.eu/publications/data-fact-sheets/european-web-survey-drugs-2021-emerging-findings-georgia\_en (data of access: 17.10.2023)

<sup>2.</sup> European School Survey Project on Alcohol and Other Drugs ESPAD 2019, Georgia

https://test.ncdc.ge/Pages/User/News.aspx?ID=ad6b0c64-cc1f-4193-a5e6-aa8b83d42c18 (data of access: 17.10.2023)

<sup>3.</sup> Drug checking, EMCDDA

https://www.emcdda.europa.eu/topics/drug-checking\_en (data of access: 17.10.2023)

As of now, services delivering drug-checking are scarce in the country. Community Alliance, created in 2018 with the idea of providing a harm reduction service at electronic music events, is the only service provider that serves the subgroup of PWUD in nightlife and club context. Mandala aims at promoting informed consumption by giving PWUD the opportunity to analyze drug samples and prevent overdose.

Community Alliance targets people who inject or use drugs by other modes, including women who use drugs and Chemsex participants. Services are available both at the organization's service center and at electronic music settings:

- Drug-checking service through acid reagents and test sticks.
- Package of sterile injection materials and naloxone.
- Package of sterile non-injection materials.
- Face-to-face and online counseling on issues related to drug use.
- Volunteering at nightclubs and electronic music festivals.
- Testing and counseling for blood-borne infections.
- Outreach activities in different districts of Tbilisi.
- Informational meetings aimed at raising awareness.
- A series of training sessions for nightclub and festival management teams.

The project funded by Eurasian Harm Reduction Association (EHRA) aimed to raise awareness on drug-checking services among community members and decision-makers. To expand drug-checking intervention in the country, Addiction Research Center Alternative Georgia (ALTGEO) initiated distribution of drug-checking kits via Syringe Vending Machines (SVMs) within the project supported by EHRA. Initially, in 2019 ALTGEO piloted the new intervention SVMs that supplemented the standard syringe exchange programs. Ultimate goal of SVMs was to access hard-to-reach groups of PWUD and cover unserved geographical areas. To adapted SVMs, the ALTGEO's team upgraded commercial vending machines and developed a computer software to track and record transactions and to display messages related to the study procedures. SVMs were installed near pharmacies and served both the general population and people who inject drugs (PWID). There was a special feature designed for PWID. Using the unique plastic cards, they could access to a hidden menu on the machine, allowing them to take HIV prevention kits.These plastic cards were given to beneficiaries from harm-reduction services and to those groups who had never used such programs.<sup>4</sup>

Implementing SVMs have proven that this machines are an acceptable, feasible and effective intervention for improving access to HIV prevention kits for PWID. Moreover, SVMs turned out to be successful service to provide an uninterrupted supply and attract hard-to-reach groups of women as well as young people.<sup>5,6</sup> High uptake of the intervention led us to expand this service and incorporate drug-checking kits into vending machines with an ultimate goal to reach young people who use drugs recreationally in the nightlife settings.

<sup>6.</sup> Costs of syringe vending machines in Tbilisi, Georgia https://www.researchgate.net/publication/372852439\_Costs\_of\_syringe\_vending\_machines\_in\_Tbilisi\_Georgia (data of access: 02.10.2023)



<sup>4.</sup> Smart Syringe Vending Machines: Research Capabilities and Implications for Research Data Collection https://www.re-searchgate.net/publication/356433815\_Smart\_Sy-

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<sup>5.</sup> Implementation and evaluation of a syringe vending machine trial in Tbilisi, Georgia https://www.researchgate.net/publication/359229782\_Implementation\_and\_evaluation\_of\_a\_syringe\_vending\_machine\_trial\_in\_Tbilisi\_Georgia (data of access: 02.10.2023)

## **Implementation process**

Initially, SVMs were stocked with HIV prevention kits designed specifically for PWID. SVMs were distributing the following packages: 1) kits with sterile injecting paraphrenalia for people using opioids and stimulants; 2) overdose kits with naloxone, syringe and leaflet; 3) coockers; 4) female & male condoms with lubricants; 5) HIV and HCV self-tests and 6) pregnancy tests.

Within the project funded by EHRA, SVMs provided an opportunity to serve people, including women and youth, who use so-called club drugs recreationally and are not covered by traditional harm reduction, treatment and prevention services.

EHRA-funded project started in April, 2023. At the initial stage, SVMs were modified in order to be able to distribute drug-checking kits. From the June onwards, SVMs started to convey Fentanyl test strips with an instruction and micro scoops as well as Marquis, Liebermann, Mecke reagents. Implementation process followed the below-given steps:

1. The product list displayed on the LCD screen was updated. Software was modified to distribute drug-checking kits.

2. Admin panel of the www.sigma.ge portal and beneficiary profiles were updated.

3. The database underwent modifications to collect socio-demographic data and information regarding the acquisition of drug checking kits.

4. The SVMs were redesigned by adding two trays or conveyors for each product to a total of nine SVMs, resulting in 18 trays or conveyors across these machines.

Opiates package
Stimulants package
Male condom with lubricant
Female condom with lubricant
Overdose package
HIV self-test
HCV self-test
Pregnancy test
Coockers
Fentanyl test strips
Marquis
Liebermann
Mecke reagents

#### **Test-kit materials**

During the EHRA project, two new test-kit materials were placed in the machines: Fentanyl strips and the Marquis, Liebermann, and Mecke reagents. Unlike other products, there was not any limits set for Fentanyl and reagent packages in order to observe demand. For detecting Fentanyl in a drug sample, DanceSafes's test kits were selected. Unlike other strips on the market, they did not produce false positives with Meth, MDMA, or Cocaine and had high specificity (90-98%). Moreover, these strips had been laboratory-tested specifically for harm reduction purposes. On the other hand, the Marquis, Liebermann, Mecke reagents were chosen, because Community Alliance already had a successfull experience using these kits in drop-in center and nightlife settings. Furthermore, these reagents had user-friendly drug-checking instructions and provide a more comprehensive picture when detecting unknown substances.

ALTGEO and Community Alliance together revised and updated the Fentanyl strips' pamphlets to ensure they were in sync with the latest version of the instructions. Regarding the Marquis, Liebermann, Mecke reagents, the instructional pamphlets were included in the reagent packages provided by the supplier. The pamphlets offered a guidance on how to utilize reagents supported by the color palettes provided detailed instruction. Additionally, two tutorials were developed by ALTGEO and were accessible on the www.sigma.ge.





A total of 700 kits of the Marquis, Liebermann, and Mecke reagents were purchased, alongside with 1000 Fentanyl strips and 600 pieces of 10-15 mg micro scoops.

The logistics team tended to stock each machine an average of 28 Fentanyl strips and 11-12 Marquis, Liebermann, and Mecke reagents averagely 4 times a week.

## Recruitment

During the first meeting attended by community members, ALTGEO's project team provided information about syringe and needle programs, Community Alliance, SVMs, and other harm reduction initiatives and introduced the www.sigma.ge platform. Meeting aimed to recruite people with current club drug use experience to distribute SVMs cards and information about the service among their peers.

For the heterogeneity of the PWUD, we recruited people with recreational as well as injecting drug use experience representing different subgroups. Within this project we adapted new ways to distribute SVM's cards among hidden groups of PWUD. Each recruiter was provided by SVM cards. We taught them how to create a unique identifier number ("ID code") consisting of 15-digits. Thus, they were able to distribute cards among their peers, and send us unique codes of new users and card numbers via WhatsApp for the activation. This approach worked because PWUD did not have to come in the office to obtain SVMs cards. Recruiters were mostly so-called club drug users and ravers, so they distributed cards in club context as well.

Additionally, we sponsored the post on Facebook that reached more than 14,000 people with over 3,000 engagement in a month. In total, five seeds (including two women) were recruited, and 118 SVMs cards were distributed using all of the abovementioned methods. During the project we attracted new beneficiaries including 98 men, 16 women, and four non-binary individuals with an average age of 32.

#### During EHRA project 118 new SVMs cards were distributed.



Once beneficiaries familiarized themselves with SVMs, we organized another meeting aimed to collect feedback from the beneficiaries. During the meeting they shared their experience of using SVMs and new test-kits. This meeting helped us to understand current challenges connected to machines, questionnaire and test-kits. During the meeting, attendees reported that using SVMs was very first attempt for all of them to contact any kind of harm reduction services. According to their feedbacks, SVMs appeared accessible to them as it was available 24/7, unlike the traditional harm reduction centers, which had limited working hours. Moreover, as beneficiaries stated, additional harm reduction instruments for safe consumption, such as pipes, would be desirable.

#### Survey design

Data collected through SVM. To collect the comprehensive statistics on drug-checking, Mandala and ALTGEO separately obtained data using the same questionnaire. Brief questionnaire was incorporated into SVM's screen asking two questions on the outcomes of drug testing. Once the beneficiary who obtained the product earlier returned to get the product again, a questionnaire popped up, and they could voluntarily answer the abovementioned questions on SVMs LCD screen.

1) WHICH DRUG DID YOU TEST? 2) WHAT WAS THE OUTCOME OF THE TESTING? To gather more information, ALTGEO's team also developed a comprehensive online questionnaire on Kobotoolbox platform. It was then uploaded on www.sigma.ge and asked about the testing results and drug use behavior. This questionnaire was in sync with the one used by Community Alliance except it was self-administered. Data collected by Community Alliance. In the first month of the project implementation, community Alliance developed a questionnaire to collect information from PWUD who had their substances tested. We developed an electronic database for collecting and storing drug-checking results and beneficiary-provided information. The questionnaire was created on the JotForm platform and aimed to gather valuable data about the tested substances, socio-demographics, result of analysis, prices, paterns of use, etc. The questionnaire design considered cultural appropriateness and sensitivity to ensure meaningful and accurate responses from the target population. During the process, 7 cognitive interviews were

The database was created for collecting and storing drug-checking results and beneficiary-provided information. It served as a centralized system to organize and manage the data obtained from substance testing and the information provided by beneficiaries, ensuring efficient data storage and retrieval for analysis and advocacy purposes.

Drug-checking results were collected by Community Alliance's social workers with beneficiaries who came to receive drug-checking services (both at the drop-in center and at clubs and festivals). In the first stage of data collection, Mandala's social workers obtained verbal consent from the beneficiary to collect his data face-to-face in full confidentiality, and at the next stage, he asked questions sequentially and recorded the answers through an electronic gadget. The completed questionnaire was sent to the researcher for transfer to the electronic database. The data was analyzed by the SPSS program.



# **Results**

**9 SVMs** were operational in Thilisi as of October 2023 with MORE THAN 100 **NEW BENEFICIARES** using them on a regular basis



Two new packages were added to SVMs at the end of June. From June onwards a total of 425 Fentanyl strips and the Marquis, Liebermann, Mecke reagents were withdrawn by cardholders (almost 98% of cases, packages were withdrawn by male cardholders), of which 262 packages were Fentanyl test strips and the rest 163 were reagents.



Averagely, Fentanyl and reagents kits were obtained around 4:00 PM.

The mean age of the people who were obtaining the Fentanyl and Marquis, Liebermann, Mecke reagent test kits was 38 years. In general, the average age of SVMs users was about 36.5 years. From April till October, a total of 118 unique new cards were registered, of which 16 were used by women, the rest mostly by men. The average age of the people (new beneficiares) who obtained the cards was 32.

In terms of month-to-month distribution, the highest number of transactions involving Fentanyl strips and reagents was recorded in July (a total of 218 test kits), followed by September (n=97), August (n=85), and October (n=25). July was the busiest month for festivals and events, resulting in the highest number of transactions in that period. A quarter of Fentanyl strips and reagents were distributed on weekdays, while generally more than half of sterile equipment kits from SVMs were distributed during weekends and night hours. <sup>7</sup> Out of all products, opiates and stimulants packages, also male condoms with lubricants were top three taken products from SVMs along with Fentanyl and reagents.

Below-given graphic illustrates the percentage of products most commonly procured alongside with Marquis, Liebermann, Mecke reagents and Fentanyl test strips

Opiates Package	38%
Stimulants Package	26%
Male condom with lubricant	25%
Overdose Package	10%
HIV Self-Test	1%

<sup>7.</sup> Smart Syringe Vending Machines: Research Capabilities and Implications for Research Data Collection https://www.re-searchgate.net/publication/356433815\_Smart\_Sy-

ringe\_Vending\_Machines\_Research\_Capabilities\_and\_Implications\_for\_Research\_Data\_Collection (date of access: 11.10.2023)

During the project, Mandala provided services at festivals held both in Tbilisi and throughout Georgia. Data was collected over a period of 6 months, from April to September 2023, a total of 1398 drug testing cases were collected and analyzed. Among the owners' of 1398 samples brought for testing, 523 samples belonged to male, and 875 samples belonged to female. Sixty percent of the beneficiaries fell in 26-35 age category followed by 31.85% from 18-25 and 0.7% from 46-55 age categories.



The drug-checking service was performed at two locations, specifically at the drop-in center of the organisation and at events, testing was also possible by take-away at the desired location of the beneficiary.



Basic information in the questionaire was filled in at the beginning of taking the tester, and the result was reported to us remotly by the beneficiary.

The study showed that the largest number of samples were brought for testing at festivals and clubs (n=1041 samples), followed by drop-in center (n=287 samples), and finally take-away services (n=67 samples).

The prices on the drug market remained stable and almost unchanged, the minimum paid amount was 90 GEL (one pill of MDMA/Ecstasy), and the maximum was 1000 GEL (1 gram of cocaine). In the case of n=183 samples (out of total 1398 samples), the beneficiary could not name the price of the drug because this particular drug was either a gift or found.



**Drug checking site** 

Drop in center - 287 Events - 1041 Take away - 67

#### Physical state of a substance

Powder - 775 Crystal - 389 Pill - 196 Blotter - 35

Drugs found by accident has recently become quite a common practice among beneficiaries. They often bring unknown substances for testing. For analyzing and determining chemical content for the presence of specific drug, it is necessary to check the drugs with several reagents. The substances brought to be tested are usually presented in several physical forms, including powder, crystal, pill, and blotter. The majority of the samples are provided in the form of powder (n=775 samples).

The beneficiaries in the Community Alliance, among many other criteria, differ in whether or not they have already consumed the sample of the substance brought for drug-checking. The study showed that in 1058 cases of the samples brought for checking, they did not try the substance before drug-checking, and in 330 cases they tried. Among beneficiaries common reason for bringing their samples for drug-checking was their belief that contaminated and low-quality drugs were widespread on drug market (n=521 samples).



Among the substances brought for testing, MDMA/Ecstasy (n=904 samples) and Ketamine (n=218 samples) were the most prevalent, followed by relatively smaller proportion of amphetamine group drugs, including mephedrone (n=76), amphetamine (n=29) and Alpha PVP (n=3). There were cases when beneficiaries were not aware of substance/s they had that we considered as unknown (n=55 samples).

The study showed that the drug-checking results do not always match the expectations of the beneficiaries. For example, out of 904 samples brought under the name of MDMA/Ecstasy, its traces were detected in 732 samples , while the rest of them were amphetamine group drugs or could not be determined. We detected fentanyl (n=19), alpha PVP (n=63), methylone (n=32), and NBOMe (n=3) in the samples. In 102 samples, it could not be determined, and some of them were found to be non-psychoactive substances (salt n=12, sugar n=8).

After drug-checking, 61.2% reported that they would not use drugs after learning that they contained unknown or unwanted substances and 6% stated to consume them regardless of the results.

#### THE NAME OF THE DRUG

Cocaine - 78 LSD - 35 Ketamine - 218 MDMA/Ecstasy - 904 Amphetamine - 29 Aplha PVP - 3 Mephedrone - 76 Unknown - 55



#### THE RESULT OF DRUG CHECKING

Cocaine - 73 LSD - 32 Ketamine - 186 MDMA/Ecstasy - 732 Amphetamine - 28 Aplha PVP - 63 Mephedrone - 91 Methamphetamine - 15 fentanyl - 19 Unknown - 102 Methylone - 32 NBOME - 3 Sugar - 8 Salt - 12

#### **Summary**

During the project implementation process we gained valuable insights into the growing issue of NPS in Georgia, particularly among young people. It became evident that SVMs could significantly contribute to reducing the harm caused by NPS among this specific subgroup. Our project provided an opportunity to engage with recreational young users who might not have otherwise received information about drug-checking and harm reduction programs. As part of our initiative, we distributed SVM cards within hidden communities of PWUD, with the help of their peers who were primarily individuals associated with club drug use and the rave scene. This experience highlights the essential role of peer recruiters in attracting individuals to the services, and the option of not requiring on-site participation emerged as a significant factor in attracting beneficiaries, along with a high degree of trustworthiness.

As a result of the face-to face interviews (by Community Alliance) and online questionnaire (by ALTGEO), the following trends were revealed:

• MDMA/Ecstasy is the most frequently tested substance and is likely to be the most commonly used drug in clubs.

• Fentanyl was detected in the most commonly used drug (MDMA/Ecstasy) and after learning the results, all beneficiaries refused to use drugs contaminated with fentanyl.

• Since the spring, the tendency of contamination of different drugs with Alpha PVP and Methylone has increased, and Methylone is often found in the drug brought under the name of Mephedrone.

• Events and Club settings are perceived as the most favorable environment for drug-checking, and the most test-kits are obtained by men from 26-35 age category.

• The substances brought for drug-checking have undergone significant changes compared to the previous year, and the number of beneficiaries who want to test accidently found substances has increased. Most people reported that primary reason for utilizing drug-checking services is the information that there is a presence of contaminated and low-quality drugs on drug market.

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