THE DRUG SITUATION IN GEORGIA

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BACKGROUND

The Drug Situation in Georgia 2014 Report (the Annual Report) is the result of a collaborative interdisciplinary team effort involving experts in the fields of addictology, epidemiology and psychology.

The process of drafting the Annual Report, and its structure, is based on standards of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Information is provided on five key epidemiological, law enforcement indicators and information available on response to illicit drug markets.

The Annual Report describes the status of affairs in the area of drugs in Georgia of 2014. Where possible, we show trends of the indicators.

The reporting period of 2014-2015 has not been marked by any considerable changes in drug situation in Georgia: drug use remains criminalized under Georgian legislation, drug users continue to be a hidden population, the practice of street drug testing persists and plea bargain, which falls under prosecutorial discretion, remains to be the only mechanism for reducing punishment prescribed by law.

Since 2014, new psychoactive substances (NPS) have been the focus of attention in Georgia, which has led to the adoption of special regulations ("Law on New Psychoactive Substances") and subsequent amendments to the Criminal Code of Georgia to criminalize illegal manufacturing, buying or possession of NPS, and other related actions. The law now includes 9 different classes of NPS according to their chemical structure and the list of 20 substances.

At the time of publishing of this report, the court ruled in a high-profile case that experts believe will catalyze subsequent improvements in legislation. The case involved a young musician Beka Tsikarishvili. Police found 70 grams of marijuana on him when he was searched in 2013, and was charged with buying/possession for personal use of large amount of drugs under Article 260 of the criminal Code of Georgia. He was facing imprisonment from 7 to 14 years. Civil society launched a permanent campaign to support him. The case was eventually heard by the Constitutional Court of Georgia, which ruled in favor of Beka Tsikarishvili in the complaint against the Parliament of Georgia and found that second paragraph of the Article 260 of the Criminal Code of Georgia is unconstitutional (for being in conflict with Article 42 of the Constitution).

During the period of drafting of this report, information about use of psychoactive substances among youth or general population in the country was not available. First nation-wide studies were carried out in 2015-2016 and therefore, will be reflected in subsequent reports about the drug situation.

Based on research findings, the number of high-risk drug users in Georgia in 2014 was estimated at 49,700 (49,208 – 50,192), prevalence among the population between the ages of 18-64 was estimated at 2,02% (2,00% - 2,04%), and at 1,33% (1,32% - 1,35%) among general population (Curatio International Foundation & Bemoni Public Union 2015b).

Study of beneficiaries of GHRN's Peer-Driven Intervention (PDI) in ten cities of Georgia in 2014 revealed that the most commonly used drug substances among the program beneficiaries over the last ten months include: homemade stimulants (30.5%), Desomorphine (31.2%), heroine (30.9%) and Subutex (18.1%) (Gogia 2015).

Both preventive activities and social rehabilitation are still fledgling in Georgia and there is no adequately developed continuous chain/system of measures required to manage the problem of drug abuse, comprising of prevention, treatment/rehabilitation, harm reduction and social rehabilitation.

Largest share of treatment costs are paid out-of-pocket by patients, while leading forms of treatment are abstinence-centered, both in-patient and outpatient treatment, and substitution therapy. The number of patients engaged in abstinence-centered treatment has reduced over the last 10 years as the number of participants of substitution treatment is growing. Total of 663 patients underwent abstinence-oriented treatment in Georgia in 2014, while the opioid substitution therapy had 3,968 beneficiaries.

While historically injecting drug use was the most common mode of HIV transmission in Georgia, starting from 2010 it has been replaced by heterosexual intercourse. In particular, in 2014 the share of injecting drug use as a mode of HIV transmission was reduced to 34.9% and the share of heterosexual intercourse grew to 52.8%.

Studies in 7 cities of Georgia in 2014 revealed that HIV prevalence among injecting drug users varies according to cities, with the lowest rate found in Rustavi (0.9%) and the highest in Zugdidi (4.8%) (95% confidence interval, 0.2%-11%) (Curatio International Foundation & Bemoni Public Union 2015a).

There are no credible data on drug related deaths and mortality in the country. According to Levan Samkharauli National Forensics Bureau, there were 7 deaths from drug overdose in 2014, while the GHRN estimates that there were at least 39 cases of lethal overdose in Georgia in 2014 (Gogia 2015).

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1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

1.1. INTRODUCTION

Georgia's Drug Policy has traditionally, focused its efforts on supply reduction rather than demand reduction and prevention. Therefore, in response to drug abuse, restrictive and punitive measures outweigh public health, social protection and inclusion approaches.

In recent years, a series of steps have been taken to develop institutional mechanisms for implementing a coordinated Drug Policy. In 2011, the *Inter-agency Coordination Council for Combatting Drug Addiction* (the Council) was created under the leadership of the Ministry of Justice. In 2012-2013 the Council facilitated development of the *National Strategy for Combatting Drug Addiction,* which was further developed into an Action Plan. The *National Strategy for Combatting Drug Addiction* planned to establish the *National Centre for Drug Monitoring in Georgia* in 2014; however the Drug Monitoring Centre had not yet been established as of the publication of this report in mid-2016.

1.2. LEGISLATIVE FRAMEWORK

1.2.1. Drug-related Laws and Normative Acts

Pursuant to administrative and criminal laws, the use of drugs in Georgia is criminalized. Article 45 of the *Administrative Offences Code* states that the first case of using drugs without prescription, or the possession in of drugs in small amounts (e.g. for personal use) without intention of sale, carry a fine of 500 GEL (220 €)[2] or in exceptional cases, administrative imprisonment for up to 15 days. If an individual is caught using drugs more than once during the same 12 months, they will be punished under the Criminal Law (Article 273 of the *Criminal Code of Georgia*) and subject to a range of fines and up to 12 months of imprisonment.

Article 116 of the *Administrative Offences Code of Georgia* contains provisions for driving a vehicle under the influence of drugs and/or psychotropic substances, as well as for refusal to undergo toxicological testing on drugs, which leads to driving license suspension for a term of three years (untill 2014 there was also Article 117, however this disposition has been moved to Article 116).

Testing individuals for drug intoxication/consumption is regulated by joint Order No. 1244-278/n of the Ministry of Internal Affairs, and the Ministry of Labor, Health and Social Affairs. The order was issued based on Article 45 of Administrative Offences Code of Georgia in 2006. Before 2013, as per the Order, police were authorized to stop citizens in public and require them to submit to an examination and urine screen test for suspected drug intoxication or consumption. Reasonable suspicion is the criteria for requiring an individual to submit to examination and testing for the presence of psychoactive

2 Official exchange rate at the end of 2014, 1 Euro=2.27 GEL (National Bank of Georgia)

substances in their system. However, the term "reasonable suspicion" was not defined, and, therefore, it enabled subjective individual interpretation. In 2013, the Law on Police replaced this term of "reasonable suspicion" with a wording "sufficient grounds for assuming (presuming)". Despite these changes, the procedure remains highly subjective with the same level of uncertainty.

Identification of drug use by an individual stopped in public is determined using rapid test and/or clinical urine screening test. This protocol does not provide for individuals with properly substantiated results and does not necessarily include confirmation of rapid test results.

Illegal sale of drugs and/or psychotropic substances, illegal manufacturing, storage, production, distribution, import or export is punishable under the Criminal Code of Georgia (for details see Annex 1: Chapter XXXIII of the Penal Code of Georgia: Drug-related offences). In 2015, an amendment was made to the Article 260 of the Criminal Code of Georgia; which reduced punishment for manufacturing, production, purchase and transportation without intent to sell, from up 12 years to up to 6 years.

Severity of punishment for drug-related crime depends on aggravating factors such as the amount of drugs seized. Controlled amounts are regulated by the revised Law of May 22, 2012 on Drugs, Psychotropic Substances, Precursors and Narcological Aids (so-called Framework Law); Annex No. 2 establishes small, large, or extremely large amounts for more than 200 controlled substances and 67 psychotropic substances. For many of the most commonly used psychoactive substances in Georgia such as amphetamine, methamphetamine and desomorphine (see Chapter 2) "small amounts" have not yet been determined. Therefore, any amount of these substances – even trace amounts left in the syringe - substances may be considered large and therefore punishment may be more severe.

In order to combat illegal supply of new psychoactive substances and avoid potential harm to public health, the Law on New Psychoactive Substances was adopted on April 16, 2014. The Law defines nine classes of chemical compositions (compounds) of new psychoactive substances and 20 new psychoactive substances. Relevant provisions of the Law were added to the Criminal Code of Georgia which established provisions making it illegal to manufacture, purchase, or store these 9 new chemical compounds and 20 new psychoactive substances.

In response to the use of homemade psychoactive drugs, primarily those including opioid based drugs like desomorphine ("crocodile") made of codeine, the *Law on Drugs, Psychotropic Substances, Precursors and Narcological Aid* was amended in 2014 based on joint initiative of the Ministry of Internal Affairs, and the Ministry of Labor Health and Social Affairs; which establishes criminal liability for sale of substances containing codeine, ephedrine, norephedrine and pseudoephedrine.

Pursuant to the *Law on Combatting Drug Crime*[3], *"*a person, user of drugs*"*[4] is deprived of personal freedoms (e.g. drive a vehicle) and the deprived of the right to occupy a position or certain jobs (medical job, lawyer, pharmacist, public and local self-governance related jobs). These rights shall be seized based on a court decision for a term of 3 years or more. The Law has been amended several times and in 2014 key amendments were added which included deprivation of the right to maintain pharmaceutical activities, or reinstatement of these rights after one third of the timeframe for these penalties has been completed. Early reinstatement may be achieved through plea bargain provided the subject has exhibited "good or appropriate behavior."

3 Law came into force in 2007

4 A person who committed a crime under the article 273 of the Criminal Code of Georgia

1.2.2. Application of the Law

The Judiciary applies the Law in accordance with the legal framework and recommendations of the *Supreme Court of Georgia*. (for details see Annual Report on Drugs Situation in Georgia for 2013, Javakhishvili, Otiashvili, and Tabatadze 2013).

A plea bargain provides an opportunity and means for mitigating the punishment under the Law. Plea bargains are conducted at the Prosecutor's level. A substantial portion of people arrested for narcotics use, purchase and storage, avoid imprisonment through plea-bargaining. Significant amounts of money received through plea bargain agreements are channeled into the law enforcement and criminal justice budget (see Chapter 9).

When a plea bargain agreement cannot be reached (e.g. fails due to restricting legal strategies in force) and the confiscated amount of drugs qualifies as a "large amount of narcotics" (purchased and stored for personal use), then the drug related sentence could be lengthy (7-14 years). In recent years the severity of punishment for cannabis (marijuana) began to change in response to the case of Beka Tsikarishvili a well-known musician and public figure. In summer 2013 Mr Tsikarishvili was in possession of 70 grams of cannabis (marijuana) which constituted a "large amount" under Article 260/2 of the Criminal Code which carried a 7-14 year prison sentence. Investigation of his case continued throughout 2014, the case moved to the Constitutional Court and was concluded in October 2015. Beka Tsikarishvili and his numerous supporters believed that the punishment was not proportionate, far too severe and would incur dignitary harm. The public campaign "Beka is not a criminal" greatly affected the process of the case and its outcome. The claim concerned the anti-constitutional nature (conflicting with the Article 42 of the Constitution of Georgia) of Article 260/2.a of the Criminal Code of Georgia. Ultimately, Beka's party won the case. According to experts, this loud case will not only leave its trail in terms of Law application, but it will also trigger legislative amendments.

1.2.3. National Action Plan and Strategy, their Evaluation

The *Inter-agency Coordination Council for Combatting Drug Addiction approved the National Strategy for Combatting Drug Addiction and the accompanying Action Plan* on December 4, 2013. Both documents were developed with active participation of stakeholders including experts, and both international and local non-governmental organizations (NGO's). Key thematic directions of the Strategy include; supply reduction, demand reduction, harm reduction, overcoming stigma and discrimination, coordination and international cooperation, in addition to research and data analysis.

Despite the fact that the 2014 Action Plan is detailed, and specifies responsible agencies/persons, participating institutions, necessary expenditures, timeframes, and measurable assessment indicators, no research evaluating process or outcomes of implementation was conducted by the State or the non-governmental sector; therefore, it is not possible to asses dynamics of implementation or draw any conclusions.

1.2.4. Coordination Mechanisms

The key coordination mechanism for addressing illicit drug trade in Georgia is the *Inter-Agency Coordination Council for Combatting Drug Addiction* (IACCDA or the Council), established in 2011 through Presidential

Decree and embedded in the Ministry of Justice. The aims of the Council are to: a.) Develop policies for prevention of drug addiction that are grounded in human rights; and b.) Develop the State Anti-drug Strategy with corresponding action plans, (including inter-agency coordination, implementation, monitoring, and periodic revisions as needed). In addition to government agencies, the Council invites select international organizations, NGOs and experts (without a right to vote) to participate in the work of the Council. The Council was mandated to establish the National Drug Monitoring Centre/National Focal Point (NFP) on Drug Information and began work on the NFP in 2014, however as of mid-2016 the NFP had not been established.

The *Commission for Facilitating Prevention of New Psychoactive Substances* (CFPNPS – the Commission) is another national inter-agency body, which was created in response to the emerging use of new synthetic psychoactive substances and established by joint Order[5] of three ministries and Article 6 of the Law on New Psychoactive Substances. The commission comprises representatives of the Ministry of Internal Affairs (MIA), Ministry of Labor, Health and Social Affairs (MoLHSA), and the Ministry of Finance of Georgia (MoF). Similar to the practices of the Inter-Agency Council, the Commission solicits input from experts on an as-needed basis.

1.2.5. Other Developments in Drug Policy

Beginning in 2013 a working group was created to examine pharmaceutical markets based on the memorandum signed between the Ministry of Internal Affairs of Georgia and the Ministry of Labor, Health and Social Affairs.

As a result of the advocacy efforts of the professional community activists working on drug policy, and civil society organizations, the MoLHSA issued an order in August 2014 under which health care providers are no longer obliged to inform the police about cases of drug related overdose[6]. It is expected that this change will increase access to medical services needed in cases of overdose, and therefore reduce overdose deaths.

1.3. ECONOMIC ANALYSIS

Traditionally, there has been no system tracking drug related expenditures in the country. This is due to the fact that the funding amounts allocated for and/or spent for drug related policy enforcement are not publically identifiable in institutional budgets or cost accounting reports. However, tracking drug related costs incurred by international non-governmental organizations (NGO's) and the Ministry of Labor, Health and Social Affairs is possible because their budgets and costs are broken down by content areas, including drug-related health and policy expenditures. Based on the information available the Addiction Research Center Alternative Georgia conducted a study revealing certain trends of drug expenditures in the country.

There are three main funding sources in the healthcare sector: 1.) Public funding for state budgets (primary funding sources are taxation and fines), 2.) International NGO's (primary funding source is the *Global*

5 Order # 344/#01-30/n/#147 from May 13 2014 of the Minister of Internal Affairs, Minister of Labor, Health and Social Affairs and Minister of Finance of Georgia (Commission was created based on the Law on New Psychoactive Substances and paragraph 1.1 of the given Order)

6 Before 2014 such an obligation was defined by the Order # 239/n from 5.12.2000 of the Minister of Labor, Health and Social Affairs

Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)), and 3.) Private sources (patient payment). In 2014 expenditures from all sources increased substantially from previous years. The amounts paid by the 2014 State Budget and out-of-pocket patient payments doubled from 2013 to 2014. Allocations and expenditures from international donors during this time period increased threefold. Significant increases in Global Fund spending on Programs targeting injecting drug users (IDU's) in 2014 may be attributed to the shift in the Global Fund priorities and focus on key target groups and effective and cost-effective interventions. (See Table 1 for detailed information.)

As for private expenditure increases (patient payments), it is possible that in previous years such expenses were not accurately recorded or reflected in reports. It is, otherwise, difficult to explain why total patients' out-of-pocket payments doubled while the scale of treatment did not double and the payment per patient per month remained unchanged at 110 GEL (48.50 €).

Table 1: Drug Related Health Expenditures for 2012-2014, thousand GEL
(Ministry of Labor 2015)

	Public			International		Private			
	2012	2013	2014	2012	2013	2014	2012	2013	2014
Harm reduction including agonist substitution therapy	1,317[1]	1,272[1]	3,773.5[1]	1,416	1,228	5,272.5	614[2]	1,268[2]	3,572.9[2]
Voluntary counseling and testing (VCT)[3]	125	105	580.5	676	453	489.2	0	0	0
Free in- and out-patient treatment and primary post-detox rehabilitation	u/k	628	615	0	0	0	u/k[4]	u/k[4]	u/k[4]
Total	**1,442**	**2,005**	**4,388.5**	**2,092**	**1,681**	**5,761.7**	**614**	**1,268**	**3,572.9**

[1]covers substitution therapy; public funding does not cover needle and syringe exchange programs

[2]amounts paid by patients towards agonist substitution therapy

[3] **covers funding** of voluntary counseling and testing of sex workers and men having sex with men (MSM)

[4] unable to obtain record of patients' contribution to hospital or outpatient treatment. Private treatment provider pays these expenses and no record could be obtained.

u/k indicates unknown or unavailable information

2. DRUG USE IN THE GENERAL POPULATION AND SPECIFIC TARGET GROUPS

2.1. INTRODUCTION

The first general population survey on drug use (the Survey) was conducted in December 2015, the year following the period covered in this report, through the USAID-funded *Addiction Research Development in Georgia* project. The Survey was conducted by the Addiction Research Centre "Alternative Georgia" in partnership with the National Centre for Disease Control (NCDC); *Addictology Department of the Charles University in Prague* provided methodological support. Research results will become available in 2016.

Similarly, the first national survey of drug use among young people based on ESPAD (European School Project on Alcohol and Drugs) methodology, on use of psychoactive substances (alcohol, tobacco and illicit drugs) was conducted in the fall of 2015 by the *National Centre for Disease Control* (NCDC) with methodological and financial support from EMCDDA - *European Monitoring Centre for Drugs and Drug Addiction*. Results of the Survey will become available in 2016.

2.2. DRUG USE IN A GENERAL POPULATION

National drug use data is currently unavailable; data will be made available in late 2016.

2.3. DRUG USE AMONG YOUTH

The most recent available data on use of psychoactive substances among school age youth and emerging adults was conducted by various organizations in several towns across Georgia in 2012. Results of these studies can be found in the Drug Situation in Georgia Report for 2013 (Javakhishvili, Otiashvili, and Tabatadze 2013).

2.4. DRUG USE IN DIFFERENT TARGET GROUPS AT NATIONAL AND LOCAL LEVELS

Epidemiological surveys among high-risk groups/populations for HIV/AIDS and other blood-borne diseases have been conducted in Georgia since 2002[7].

7 *Save the Children Federation's* office in Georgia, with financial support from the *United States Agency for International Development* (USAID), and the Bio-Behavioral Surveillance Survey (BBSS). The first round of the BBSS was conducted in 2002 in Tbilisi among commercial sex workers, the second and third rounds were conducted in 2004 and 2006 covering Tbilisi and Batumi. The next rounds of BBSS, with the financial support from Global Fund continued in both cities, in 2009, 2012 and 2014. For more information see the corresponding annual Drug Situation in Georgia reports.

2.4.1. Drug use among commercial sex workers

In 2014 the sixth round of the Bio-Behavioral Surveillance Survey (BBSS) among commercial sex workers was conducted by the *Curatio International Foundation* together with *Centre for Information and Counseling Tanadgoma*. The BBSS research has been conducted in the two largest cities in Georgia - Batumi and Tbilisi. The aims of this ongoing research are to measure the prevalence of HIV infection, Hepatitis C (HCV), gonorrhea and syphilis and related health risk behaviors. The 2014 study employed stratified time and location sampling methodologies. A total of 280 female sex workers were surveyed (n=160 in Tbilisi and n=120 in Batumi). The median age of respondents in Tbilisi was 40 and 38 in Batumi; with almost half of respondents over the age of 40 (50.6% in Tbilisi and 42.5% in Batumi). The majority of respondents were Georgian nationals (83.8% in Tbilisi and 92.5% in Batumi), with secondary and vocational education (79.4% in Tbilisi and 82.5% in Batumi). The home residences of the majority of sex workers are different from the locations of their sex work. In Tbilisi 71.9% of respondents and 93.3% of respondents in Batumi stated that they are from other towns and cities of Georgia. More than 60% of respondents are divorced or separated. Majority of respondents (70% in Tbilisi and 67.5% in Batumi) noted that they had participated at least in one of the previous BBS surveys.

In reference to their use of psychoactive substances, the 2014 BBSS revealed the following (See Table3): The prevalence of daily alcohol consumption varied widely by location; 21.7% (n=26) drank daily in Batumi while only 9.4% (n=15) of respondents in Tbilisi reported consuming alcohol on a daily basis during the previous 12 month period. Injecting drug use was low with 1.9% (n=3) in Tbilisi and 0.8% in Batumi (n=1) reporting injecting drug use in the last 12 months. The injecting drug users were relatively young and reported injecting Subutex and heroin. In Tbilisi 6.3% of respondents reported other non-injecting drug use with a similar rate of 5.8% in Batumi. The most prevalent non-injecting drugs used by respondents were prescription sedative/tranquilizers.

Table 2: Use of alcohol and illegal drugs by female sex workers in the last 12 months in 2014
(Curatio International Foundation & Medical-Psychological Center Tanadgoma 2015)

Alcohol and Drug Consumption	%	n/N
Daily alcohol use	14.6	41/280
Non-injecting drug use	6.1	17/280
Sedatives/sleeping pills	4.3	12/280
Injecting drug use	1.4	4/280
Subutex® use	1.4	4/280
Heroin use	0.7	2/280

2.4.2. Drug use among men having sex with men (MSM)

Curatio International Foundation and *Centre for Information and Counseling Tanadgoma* jointly conducted a cross-sectional study in 2012 among men having sex with men (MSM). The aim of the Research was to assess HIV-infection risk behavior among the MSM population. In Tbilisi, 218 MSM were interviewed. Median age of men was 27, more than half of them (55%, n=120 respondents) had completed higher education,

the vast majority – 90% (196/218) – were ethnic Georgians; 72% (156/218) have never been married. In regards to substance use, 9.2% (20/218) reported using alcohol daily in the previous 12 months, and 17.9% (39/218) reported using illicit drugs at least once in the previous 12 months. Cannabis was the most prevalent illicit drug used. A small percentage (6 respondents) reported injecting drug use in the previous 12 months; four used buprenorphine; only 1 reported sharing a syringe. See Table 3 for results.

Table 3: Past year prevalence of alcohol and illicit drug use among MSM
(Curatio International Foundation and Centre for Information and Counseling Tanadgoma, 2012)

Last year prevalence	% (N=218)
Daily consumption of alcohol	9.2
Non-injecting drug use	17.9
Injecting drug use	2.8

3. PREVENTION

3.1. INTRODUCTION

As of the writing of this report, preventive science is not recognized and not practiced at the government level in Georgia. Therefore, prevention "activities" across the country are rarely based on scientific evidence and are not assessed in terms of effectiveness, ethics, or quality pursuant to UN standards (UNODC, 2015). In order for substance abuse prevention to be effective it must be based in science, implemented with fidelity, and be made available to the population across the lifespan (The National Centre on Addiction and Substance Abuse, 2015; Inaba & Cohen, 2014; Saxena, Llopis, & Hosman, 2006; UNODC, 2015).

Over the past decade Georgia's national education curriculum has begun to incorporate information on healthy lifestyles under the auspices of primary prevention. Since 2013 provision of information on HIV/AIDS related risk behaviors (including substance use) is supposed to be integrated into the science curriculum and delivered during biology classes for students ages 15-18. However, there is no consistent systematic approach for prevention education within the school curricula. Moreover, there are no evidence-based prevention programs that provide children (younger than 15) with information and understanding of the risks of substance use or misuse. Provision of evidence based prevention prior to early adolescence, when oppositional behavior and experimentation begin, is necessary for effective prevention (The National Centre on Addiction and Substance Abuse, 2015; Levi, Segal, Blasi, & Martin, 2015; Wittchen et al., 2008). Preventive interventions for youth before early adolescence are primarily extracurricular, fragmented and activity based (e.g. campaigns, contests, conferences) rather than outcomes based programs and strategies. Research has found such programs to be ineffective and unsustainable while leaving children ill-informed about risks factors and void of opportunities for developing population level protective factors (The National Centre on Addiction and Substance Abuse, 2015; National Institute of Drug Abuse, 2003; O'Connell, Boat, & Warner, 2009).

3.2. PREVENTION SYSTEM, STRATEGY, POLICY

According to data from the Ministry of Education and Science (MoES), in 2014 anti-drug and anti-nicotine topics were presented in natural sciences (grades 8-9) and civic education (grades 9-10) classes in public and private schools; in addition, some thematic contests, conferences and prevention campaigns were conducted. No evaluative data has been collected on knowledge and attitudes of children towards psychoactive substances before and after these strategies were implemented.

In 2014 the MoES developed a general education policy paper, titled the "School Environment Policy." The policy included a healthy lifestyles curriculum that was piloted in 10 public schools. The Ministry planned to disseminate the policy and program in all public schools in Georgia in 2015.

3.3. ENVIRONMENTAL STRATEGIES

The Code of Administrative Offences of Georgia regulates use and distribution of tobacco and alcohol.

Tobacco policies prohibit the following: a.) smoking tobacco in public places (including public transportation), educational and medical institutions, and in buildings/institutions serving children under 18; b.) selling tobacco products to persons under 18 and/or involving them in the tobacco sales or distribution business, c.) the sale of tobacco in pre-school facilities, near schools or near children's sections of shopping centers; and d.) it is prohibited to advertise smoking or broadcast images of smoking through television and mass media. However, marketing of tobacco on large billboards in visible locations is permissible. The Code of Administrative Offences regulates such advertisements and requires the inclusion of health warning signs on tobacco products/packages and advertising billboards.

Alcohol consumption is prohibited in public places, and it may not be sold to persons under the age of 18. Article 116 of the Code of Administrative Offences prohibits driving a motorized vehicle while under the influence of alcohol or other psychoactive substances.

Individuals who work for state institutions and public services may be required to undergo a medical exam and alcohol or other drug testing. A medical certificate of the employees' health conditions and alcohol and other test results are then submitted as a condition of employment per Georgian *Law of Georgia on Civil Service* (Parliament of Georgia 1997).

Under the Ministry of Education and Science framework of the *Safe School Program*, the Legal Entity of Public Law (LEPL) the *Bailiffs' Service* "Mandatory" functions have been to "maintain public order and safety in educational facilities. In order to eliminate violence and establish healthy lifestyle in educational facilities, the *Bailiff's Service* ensures that students do not carry any cold weapons or firearms, or consume alcohol and any other psychoactive substances (MoES, 2014). The Bailiffs' Service has carried out these functions in all public and some private schools since 2010. Bailiffs have been required to undergo special training and pass minimum training standards that include identification of signs and symptoms of drugs use.

3.4. UNIVERSAL PREVENTION

According to information provided by the MoES, in the framework of the 2013-2015 action plan of the *State Anti-drugs Strategy*, the following universal prevention measures were performed during 2014:

A National Curriculum Plan, which included content on how to combat so called "vicious habits", was integrated into the natural and social sciences and sports curricula. The relevant content is published on the web-portal http://elibrary.emis.ge/ge; http://ncp.ge/ge/home and is publicly available. And a special guidebook titled "Healthy Lifestyle" is in development to support this curriculum and will be published on the national curriculum web-portal and e-library of the MoES.

All schools received copies of the textbook on "Legal Culture" where one chapter is dedicated to "vicious habits and corresponding dangerous results" (MoES, 2015).

The Headmasters' program was complemented by priority topics on healthy lifestyle, such as "individual health as value", "healthy lifestyle, sports", "damage from vicious habits", "assessing correct and incorrect behaviors", "developing refusal skill and how to say no", etc..

In 2014 LEPL *National Centre for Professional Development of Teachers* introduced a special program for school teachers in class supervision; within the frame of this program, knowledge and skills necessary for introducing healthy lifestyle through classroom based curricula were developed among program participants. In 2014, 350 teachers participated in this program.

According to the MoES, one of the priorities for prevention interventions in 2013-2015 has been institutionalization of various initiatives on healthy lifestyle suggested by educational facilities, non-governmental and private organizations. With technical assistance of the *Georgian HIV Prevention Project* (GHPP), MoES first introduced the healthy lifestyle curriculum during the 2013-2014 academic years, with the use of a specialized textbook for biology teachers. Students 15-18 years old receive information on HIV/AIDS, illicit drugs, tobacco, and alcohol use related harm and early pregnancy risks through their biology courses. According to prevention science, it is critical to integrate prevention work in the school curriculum not only at the stage of adolescence, but also across the lifespan thus providing a continuous chain to support developing healthy lifestyle related skills prior to adolescence, when they manifest oppositional attitudes and behavior (The National Centre on Addiction and Substance Abuse, 2015; UNODC, 2015).

3.5. SELECTIVE AND INDICATED PREVENTION

Since 2013 the *Child Care and Psychological Assistance Centre* (CCPAC – the Centre) has been operating in Tbilisi under the LEPL *Bailiffs' Service* of the MoES; as an institutional mechanism of indicated prevention. The primary clients of the Centre are children and adolescents with behavioral problems referred by schoolteachers, administrators and bailiffs. As of 2014, branches of the CCPAC were opened in Batumi, Kutaisi, Poti, Telavi, and Gori Bailiffs' regional offices.

In 2013, with assistance of the Ministry of Corrections of Georgia, the *Psychological Education Prevention Program* was introduced for convicted juvenile offenders, probationers and other at-risk groups of adolescents. The aim of the program are to promote and normalize healthy lifestyles and prevent misuse of psychoactive substances.

3.6. PREVENTION CAMPAIGNS

Anti-drug campaigns in Georgia are the most common forms of universal prevention measures; however they are not evidence-based and have not been scientifically evaluated. Outcomes based research is needed to determine the effectiveness of these interventions.

Annually, including 2014, the LEPL *National Centre for Disease Control* under the Ministry of Labour, Health and Social Affairs conducted anti-tobacco awareness campaigns which consisted to the publication and dissemination of various leaflets and brochures on the harms of smoking tobacco.

According to information from the Ministry of Education and Science, the "School Essays and Drawings" program for "Provision of Incentives for Specifically Talented Young People" approved by Order No. 233 on 6 March 2014, the drawings and essays competition on anti-drugs topic was held. Youth authors of selected essays addressed peers with one-minute speeches.

In 2014, the Ministry of Internal Affairs (MIA) conducted a large-scale anti-drug campaign to prevent the use of Bio-drugs (new synthetic compounds); the title of the campaign was "No to Bio-Drugs – Let us change attitudes together!" The aim of this campaign was to disseminate information on adverse results of drug use and the illegal sale and circulation of these drugs. The specific focus of the campaign was the new psychoactive substances called "Bios" in Georgia. According to the MIA, the following events were conducted under the framework of this campaign: anti-drug public service announcements (PSA's) were developed; MIA representatives met with school and university students to discuss "Bios"; a special competition for the best anti-drug media-products was held with participation of students from the Tbilisi State University Journalism School. According to the MIA, "key messages of the campaign reached all segments of population, especially the most vulnerable group of youth, which, naturally, facilitated reduction of drugs use and prevention of drugs use in the country" (MIA, 2015b).

In March 2014, the government of Georgia approved a new version of the *State Youth Policy* that had been developed in 2013 under the coordination of the Ministry of Sport and Youth Affairs of Georgia with input from several agencies. The State Youth Policy underscores the importance of providing healthy lifestyle information to Georgian youth. According to the Ministry of Sport and Youth Affairs, a priority of the State Youth Policy in 2014 was "healthy lifestyle and engagement of youth in cultural and creative activities" with the aim of increasing awareness of health and popularizing healthy lifestyles. A variety of cultural, creative and sports events were held as part of the programs which included students' days, educational events, intellectual competitions, and sports events with the slogan "Choose a Healthy Lifestyle." In 2014 the Ministry of Sport and Youth Affairs also conducted an anti-tobacco awareness campaign, which included the publication and dissemination of informational anti-tobacco materials during the aforementioned events (Ministry of Sport and Youth Affairs of Georgia, 2015).

4. HIGH RISK DRUG USE

4.1. INTRODUCTION

Term "high risk drug use" is used as an analogue for what was previously referred to as "problem drug use" and both terms in Georgia imply "injecting" drug use. This is a narrower definition than the term used by the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) [8]. Information on high-risk drug use in Georgia is based on the following sources: Bio-behavioral Surveillance Surveys (BBSS), population size estimation studies, and program data from service-providing organizations. Since 2002 surveys have been performed biannually by the non-governmental organizations *Bemoni Public Union* and *Curatio International Foundation* with support of international organizations.

4.2. PREVALENCE OF INJECTING DRUG USE

Bio-behavioral Surveillance Surveys (BBSS) are conducted every two years in Georgia. In 2014, it was conducted in seven cities by the *Curatio International Foundation* and *Bemoni Public Union* with support of the *Global Fund to Fight AIDS, Malaria and Tuberculosis* (GFAMT). The BBSS was a questionnaire that utilized respondent-driven sampling methods and recruited 1,951 participants. For purposes of identifying prevalence of problem drug use, a multiplier method was used, as well as a modified version of capture-recapture methodology and network size estimation methods. Final estimates were established by triangulation of data generated through these methods. An experts' consensus meeting was conducted to review research results; the group determined that in 2014 the estimated number of high risk drug users was 49,700 (49,208-50,192), prevalence of high risk use among the 18-64 age category was 2.02% (2.0%-2.04%), and 1.33% (1.32%-1.35%) among the general population (Curatio International Foundation & Bemoni Public Union, 2015b).

For comparison, we present the results of the same study previously conducted in 2012 *by Curatio International Foundation and Bemoni Public Union*. In 2012 the estimated number and prevalence of injecting drug users was calculated based on four different methodoligcal approaches for multivariate indicators and coefficients; in addition, nomination techniques were used in the survey of a hidden population (6 cities of Georgia, N=1,791) using respondent-driven sampling. Following the completion of the 2012 study an expert consensus meeting had also been conducted. Consensus was reached to set the estimated number of high risk drug users in Georgia at 45,457, and the prevalence in 18-64 age group was set at 1.65% (Curatio International Foundation & Bemoni Public Union, 2012). Because the same methodology was used in both the 2012 and 2014 studies, it can be concluded that the prevalence of high risk users has increased since 2012 (Curatio International Foundation & Bemoni Public Union 2012)[9].

8 The European Monitoring Centre for Drugs and Drug Addiction, http://www.emcdda.europa.eu/activities/hrdu

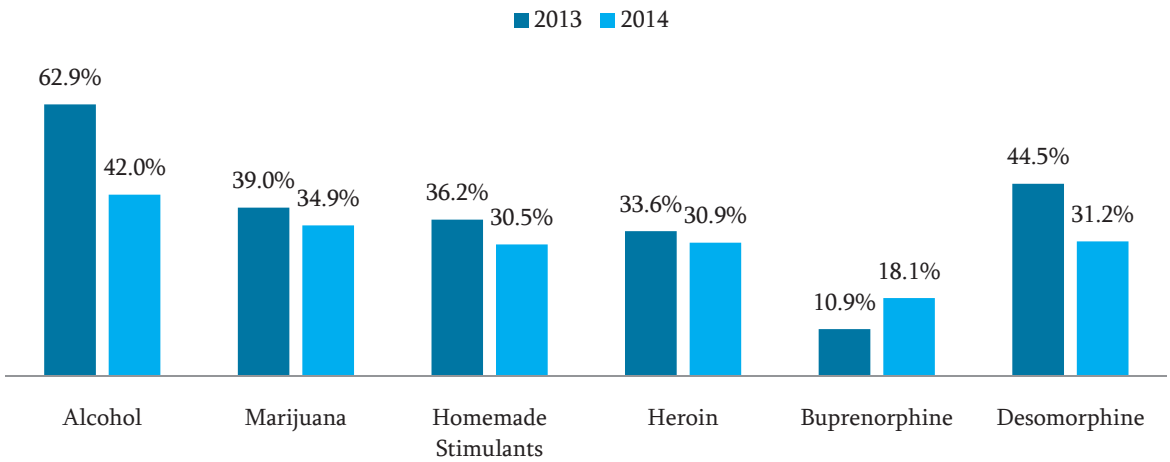
9 In 2009 in 5 towns of Georgia – Tbilisi, Batumi, Telavi, Gori and Zugdidi – the research on injecting drug users was conducted; according to it (N=1 127) following parameters are received: 39 000-41 000 high risk drug users, and prevalence in the 18-64 age group is 1.5% (1.48% - 1.52%) (Curatio International Foundation & Bemoni Public Union 2010); but due to methodological differences it is impossible to compare data of 2012 and 2014: in 2009 the coefficient was used based on information received from various sources on injecting drug use and a research implied respondent oriented sampling.

4.3. CHARACTERISTICS OF HIGH RISK DRUG USERS

4.3.1. Data from Georgian Harm Reduction Network

Georgian Harm Reduction Network (GHRN) annually collects routine data on beneficiaries of the *HIV/AIDS prevention program*. In 2014, GHRN conducted a survey among participants of the *peer-driven intervention (PDI)* to study prevalence of psychoactive substances or injecting drug use and related risk behavior. Notably, this survey aimed to recruit hidden populations that have never been in contact with HIV/AIDS prevention services. A total of 1,728 injecting drug users were interviewed (6% female) from 10 cities of Georgia (Tbilisi, Gori, Telavi, Zugdidi, Batumi, Kutaisi, Samtredia, Poti, Ozurgeti, Rustavi). The median age of respondents was 34 (mean=34.8, SD=10.8, range 18-75 years); average length (duration) of injecting drug use was 10 years (mean=10.9, SD=8.1, range 1-40 years). At the time of the survey, 73.4% of respondents were unemployed, 41.5% had never been married, and 39.6% had incomplete secondary or higher education.

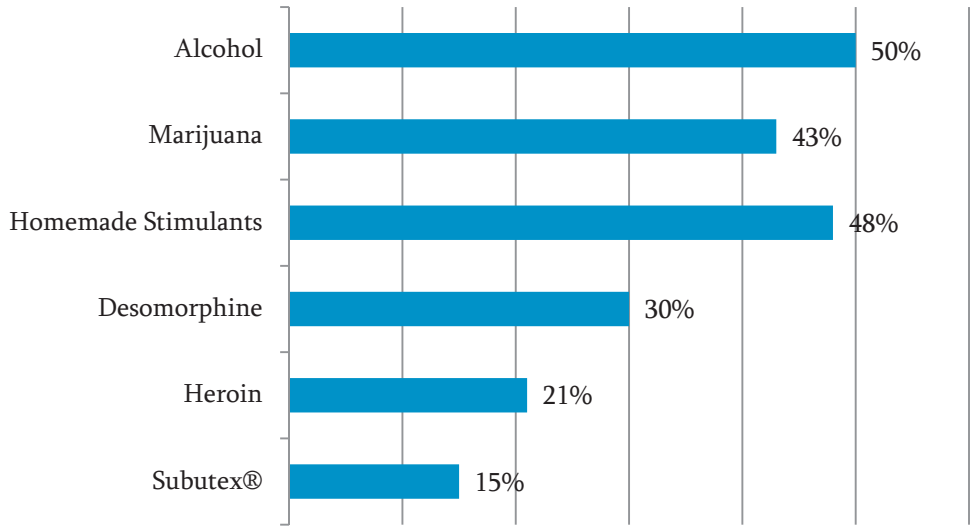
Figure 1: Prevalence of psychoactive substances use in the last 30 days
(Gogia 2014,Gogia 2015)



As Figure 1 shows the past month use rates among PDI participants for homemade stimulants, desomorphine and heroin were similar (~31%) to one another in 2014. Compared to 2013, the prevalence of use had decreased across all substances with the exception of buprenorphine. The most notable shifts from 2013 to 2014 occurred between alcohol (20.9% point decrease), desomorphine (13.3% point decrease) and buprenorphine, which increased 7.2% points. Data presented is statistically significant $p \leq 0.001$).

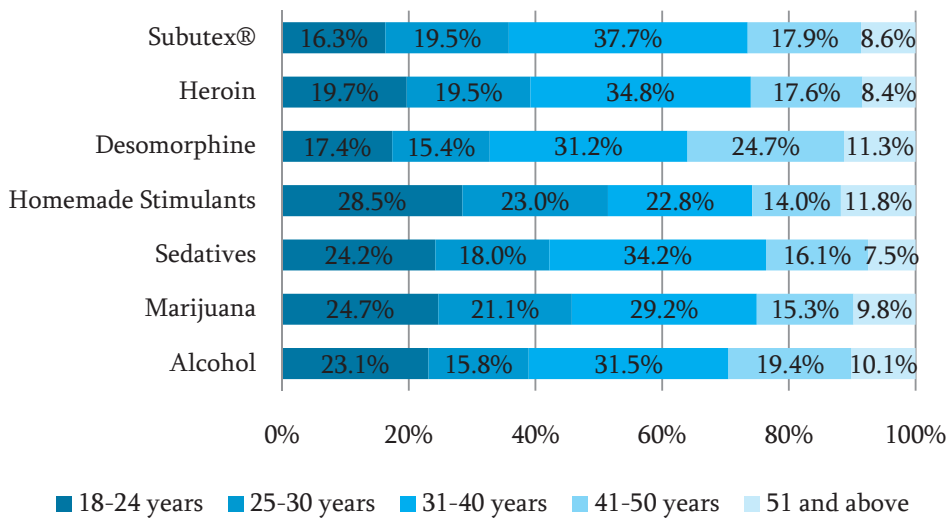
Among women (n=103), the use of homemade stimulants (48%) was more common than all other illicit psychoactive substances, and nearly equal to rates of alcohol use (50%) (See Figure 2).

Figure 2: Use of psychoactive substances and drugs by women in the last 30 days, 2014
(Gogia 2015)



Analysis of past-month use of psychoactive substances by age group, found that use was highest among the 31-40 year old age group for all substances except homemade stimulants, which were most heavily used by 18-24 year olds (see Figure 3).

Figure 3: Prevalence of psychoactive substances used in the last 30 days by age groups
(Gogia 2015)



Sharing of needles and/or paraphernalia during the last injecting was reported by 5.5% of respondents, 6.8% reported sharing syringes in the past month and 17.6% reported having shared a syringe during the previous 6 months. Forty-six percent of those who reported having shared a syringe stated that they shared a syringe with one person, while the others shared it with two to three people. Despite such high-risk behavior, the level of HIV testing was relatively low. The majority of women (65.7%) and men (86.4%) surveyed had never been tested for HIV.

Only 7.4% (n=128) of respondents had undergone opioid substitution therapy (OST) using methadone. Fifty-one percent of respondents (n=875) had never experienced an overdose, 13.7% (n=114) noted that in the past 6 months they had experienced an overdose at least once. According to respondents, the key

cause of overdose was heroin (54.6%) and desomorphine (20.5%). The percentage of users who had heard of Naloxone (an opiate/ opioid antagonist) was high 88.1% (n=1,522); however, the number of respondents reporting ever using naloxone during an overdose was rather low at 18.8% (n=318).

4.3.2. Data from Bio-Behavioural Surveillance Survey (BSS)

As previously noted, the Bio-behavioral Surveillance Surveys (BBSS) are conducted in Georgia once every two years. This chapter describes characteristics of respondents for the 2014 BBSS.

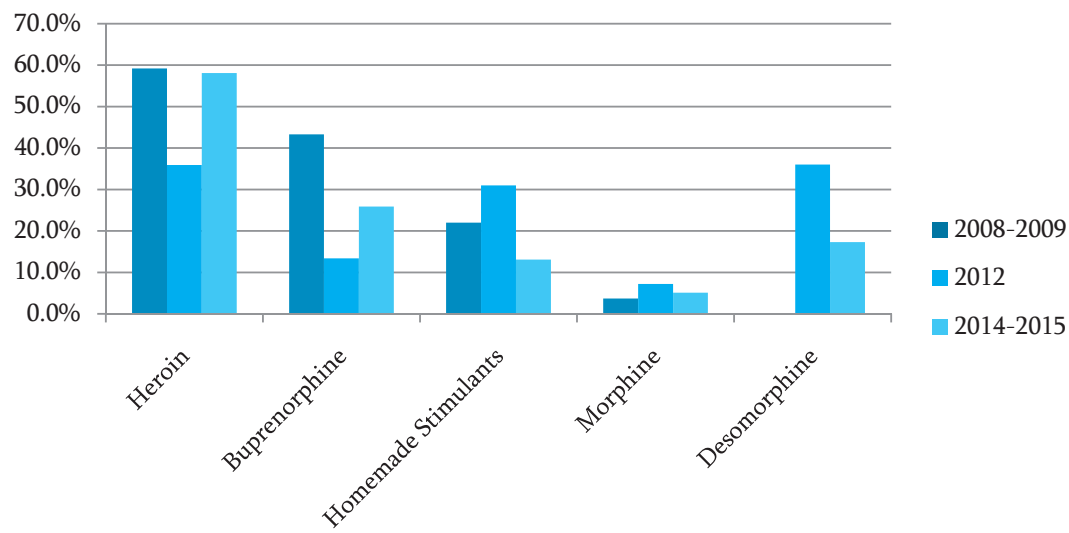
A cross-sectional study of people who inject drugs (PWID) used the respondent–driven sampling method (N=2,037). The percentage of female respondents was low 2% (n=41). The median age of respondents ranges from 37 to 42 years, with the majority belonging to the "41+" age group. The proportion of married respondents differed across cities (ranging from 33.6% - 56.5%). The majority of respondents (69%) were unemployed (as was the case for the 2009 and 2012 surveys). The age of initiation of drug use was similar to findings from 2012; the median age of first non-injecting drug use was 15-16, and 18-20 for injecting drug use.

Less than 6% of respondents reported consuming alcohol on a daily basis within the past 30 days in all cities, except Telavi where 5.8% reported daily alcohol intake. Tbilisi had the lowest prevalence of weekly alcohol consumption (7.1%), while Kutaisi had the highest with 16.3%.

Similar to findings from the 2012 study the most prevalent non-injecting drugs used during the past 30 days were cannabis and CNS depressants. 72.5% of the respondents (n=1,476), who reported non-injecting drug use (including baclofen, pregabalin, gabapentin and others, 69%); almost half of the respondents reported using hallucinogens. Ten percent of respondents reported using the new synthetic psychoactive substances referred to as "bios" (synthetic/bio-cannabis, crystal, or bath salts).

Injecting drug use had changed significantly from 2012. In 2012, heroin use was quite low at (35.9%) by 2014 the level of use had increased to 58.1% returning to 2008-2009 levels. Similarly, non-medical consumption of buprenorphine increased from 2012 and reached to 26%. It is noteworthy that the use of homemade injecting drugs (e.g. desomorphine and ephedrine) declined 2012 (See Figure 4).

Figure 4: Past 30-day prevalence rates of injecting drug use in 2008-2009, 2012 and 2014-2015 among BBSS respondents (Curatio International Foundation & Medical-Psychological Center "Tanadgoma", 2015)



In all cities heroin was the most frequently injected drug ranging from 45.1% in Rustavi to 67.6% in Batumi. There are differences in prevalence of other drugs; for instance, injecting use of buprenorphine in Gori was 13.4% whereas in Batumi it is 44%.

Significant differences were also noted between cities in terms of overdose rates. The proportion of respondents who experienced an overdose in the past 12 months ranged from a low of 5.6% in Rustavi to a high of 11.8% in Kutaisi.

The proportion of respondents who had never been treated for drug dependence ranged from a low of 63.3% in Batumi to 85.6% in Gori. At 14.7%, Batumi leads in terms of number of people who inject drugs (PWID) who had been engaged with a specialized treatment facility in the past 12 months.

The BBSS research report defines preventive program coverage as participants' knowledge about HIV testing possibilities, receipt of sterile injecting drug paraphernalia and/or condom distribution during the previous 12 months. Minimum coverage of preventive program was defined as follows: a service user knows where to take the HIV test and has received at least one of the following products: sterile injecting equipment, condoms, brochure/leaflet/booklet on HIV/AIDS, and qualified information on HIV/AIDS.

According to study results, composition of preventive packages differed across cities, with the highest program components coverage found in Gori. For instance, sterile syringes/needles were received by approximately a third of Gori respondents (30.1%). Full service coverage of the target population ranged from a low of 8% in Telavi to a high of 26.4% Gori. In general, coverage with preventive programs in the cities and towns studied was lower than the recommended minimum coverage.

One fifth of respondents (22.1%) in Tbilisi noted that they were aware of information about the syringe/needles programs. It should be noted that the population studied were more knowledgeable about the methadone program (91.4% in Telavi and 99.7% in Zugdidi) than about the clean syringe/needle programs.

According to the study, less than half of respondents (42.5%) stated that they injected drugs away from their place of residence in the previous year. The percentage of respondents who reported injecting drugs in another country varied greatly from city to city with the lowest rate among Tbilisi respondents at 29.4% with highest rates among, Batumi respondents 62.1%. The most frequently named country was Turkey (79.5%), followed by Russia (6.1%), Azerbaijan (5.9%), the Ukraine (5.2%), and other countries (3.3%).

5. ADDICTION TREATMENT

5.1. INTRODUCTION

The country made significant strides in the past three years in terms of creating institutional mechanisms for collection of information on treatment demand indicators. Namely, in 2013 the *National Centre for Disease Control and Public Health* (NCDC) designed a special data collection form, which contains questions about sex and age of patients admitted to drug dependence clinics, number of primary and secondary admissions, drug administration routes, primary drugs use and poly-drug use. In 2014 the form was refined based on the EMCDDA treatment demand indicator form; the ranking of age groups has changed and information about source of referral and data on patients with alcohol problems were added to the form. In 2015 NCDC prepared a package of amendments to the Order No. 01-27/n (Maintaining and Delivering Medical Statistical Information) of the Ministry of Labor, Health and Social Affairs of Georgia; which requires addiction treatment clinics to deliver monthly data to the NCDC on treated patients with substance use disorders. Based on these changes, future Drug Reports will contain more thorough information on treatment demand indicators.

Information provided in this Chapter is based on information provided by the *National Centre for Disease Control and Public Health*, as well as the Report on Addictology Treatment Standards prepared in 2015 through the TEMPUS project, aimed at developing institutional mechanisms of addictology education (Addictology Standards in Georgia. 2015).

5.2. TREATMENT STRATEGY AND POLICY

The strategy for treatment of substance use disorders is prescribed by the *State Strategy on Combatting Drug Abuse* (State Strategy on Combating Drug Abuse, 2014); it contains strategic objectives including the provision of evidence-based treatment for meeting the medical, psychological and social needs of people with substance use disorders and accessibility of harm reduction services in addition to provision of treatment, rehabilitation and harm reduction for prison inmates. Strategy notes that it is necessary to develop treatment and rehabilitation infrastructure, and raise relevant professionals. Focus is made on creating institutional mechanisms for ensuring quality of treatment. In addition, it distinctly speaks about necessity of creating institutional mechanisms of alternatives to punishment for drug users.

5.3. TREATMENT SYSTEM AND ITS ACCESSIBILITY

The Law of Georgia on Drugs, Precursors and Narcological Aid (the Law) regulates addiction treatment and establishes treatment and rehabilitation program funding sources, rules and conditions, - including the voluntary nature of addiction services and patient confidentiality and anonymity rights. Article 34/5 of

the Law determines types of mandatory medical assistance for people with drug addictions - including provision of addiction services in temporary detention or penitentiary facilities and treatment in prison and liberty deprivation institutions.

Pursuant to Articles 34-37, treatment in hospitals shall be delivered in accordance with approved or recognized national recommendations (guidelines) on clinical practice and state clinical condition management standards (protocols).

Types of services available in Georgia for individuals with drug related problems are as follows:

- abstinence-oriented treatment (detoxification) followed by short-term rehabilitation in a hospital,
- substitution therapy (e.g. opioid substitution therapy - OST)
- harm reduction services
- several psychosocial rehabilitation Programs, (these are still at the level of development)

Addictology services may be rendered by any legal entity working on prevention, diagnostics, treatment, rehabilitation and palliative care in Georgia (Government Resolution No 385, 17.12.2010, Government of Georgia, 2010).

Drug treatment, rehabilitation and harm reduction services are provided by non-governmental, governmental and also private institutions. Financing of addiction treatment is diversified. For example, there are three funding sources of opioid substitution therapy (OST) 1.) the Global Fund Project, 2.) the state substitution program, and 3.) direct out of pocket patient payment. The costs associated with abstinence oriented treatment are partially covered by the state in limited amounts or paid by the patient themself. Currently, neither the state universal health insurance nor private insurance mechanisms cover addiction treatment. For more detailed information see Table 4.

Table 4: Legal Status of the Treatment Facility and Funding Sources

Legal status of the service provider	Funding Source							
	a. International (Global Fund for combatting AIDS, TB and Malaria)		b. Fully covered by patients (out-of-pocket)		c. Fully covered by the state budget		d. Co-payment (State budget and individual payment)	
	OST	Abstinence-oriented treatment	OST	Abstinence-oriented treatment	OST	Abstinence-oriented treatment	OST	Abstinence-oriented treatment
Public	YES	NO	NO	YES	YES	YES	YES	NO
Private	YES	NO	YES	YES	YES	YES	YES	NO

Harm reduction and psychosocial rehabilitation are mainly delivered by NGOs.

5.3.1. Abstinence-oriented treatment

Pursuant to Georgian Law abstinence-oriented treatment may be provided by any medical institution that has a permit to perform "hospital activities" and has a minimum of three certified doctor-narcologists. Before 2010 narcological clinics had to have licenses issued by the Ministry of Labour, Health and

Social Affairs *Medical Activities Regulating Agency*. This requirement was annulled after 2010, following the Government Resolution No 385 of December 17, 2010 (Government of Georgia, 2010). The Resolution regulates issuance of the medical activities license and corresponding conditions, as well as issuance of permits for maintenance of "hospital activities" (in-patient clinics), corresponding procedures and conditions. This permission is enough to operate an in-patient addiction clinic.

Internal operational standards exist and are applied by all treatment facilities, be it an outpatient or in-patient facility. Internal standards cover treatment plans for all nosological units (diseases) in accordance with the 10th revision of International Classification of Diseases (ICD-10). Here, the following are described for diagnoses F11-F19: standard tests, necessary consultations and procedures and a list of medication used by the clinic during application of the relevant addiction treatment method. This serves as the basis for each clinic's service pricing and associated mandatory financial documents.

In 2008 a unified state program price formation standard was created that covers only two nosological units (F11 and F15) and is identical for all clinics. This standard includes 9 days of hospital detoxification treatment followed by 5 days of in-patient primary medical rehabilitation (in total 14 in-patient days) which are followed by additional 14-days of outpatient rehabilitation.

At the moment of drafting this report, 6 clinics in Georgia provided abstinence-oriented treatment; with 5 of them located in Tbilisi and 1 in Batumi (for more details on clinics see Annex 2: Information on the treatment institutions). Two out of 6 clinics are state run and 4 are private. Five out of six clinics receive state funding in the framework of the State Program for Treatment of Drug Dependence; it allows clinics to render free services to a limited number of patients. Overall, approximately 300 people annually receive state-funded treatment, but the rest (the majority) pay for treatment out of their pockets.

According to the Government Resolution No 279 from 31, January 2013, the cost of inpatient detoxification shall not exceed 1,250 GEL (550 €); and the primary rehabilitation cost shall remain in the limits of 1,000 GEL (440 €). Priority is given to funding for the most vulnerable groups such as HIV/AIDS patients, socially vulnerable families, and patients 18-25 years of age and those who have not yet been engaged in a treatment program. Similar to 2013, the cost of inpatient abstinence oriented treatment in 2014 cost 1,500-2,250 GEL and outpatient treatment cost 1,200-1,500 GEL (537-660 €).

All six clinics provided 2014 data on treated patients to the *National Centre for Disease Control and Public Health* (NCDC). According to the data, 663 people completed inpatient abstinence-oriented treatment in 2014, of which 1.8% (n=12) were women. The overwhelming majority of patients (95.6%) were in treatment for the first time in 2014; with just 4.4% in repeated treatment. Seventy-seven percent of patients self-referred to clinics, 19.7% were sent from an opiate substitution therapy (OST) Program, and 3% were referred by other means. Information on the distribution for sex and age of patients in treatment for 2014 are presented in Table 5.

Table 5: Age and sex distribution of patients treated in 2014 (Gamkrelidze et al. 2014)

Age Groups	Total Number (N=663) and Percentage		
	Men (n = 651)	**Women (n = 12)**	**Total (N=663)**
15-24	60 (9.2%)	0 (0%)	60 (9.04%)
25-34	228 (35%)	2 (16.6%)	230 (34.7%)
35-44	280(43%)	6 (50%)	286 (43.1%)

45-54	71 (10.9%)	4 (33.3%)	75 (11.3%)
55-64	10 (1.5%)	0 (0%)	10 (1.5%)
64<	2(0.3%)	0 (0%)	2 (0.3%)
Total	651 (98.2%)	12 (1.8%)	663 (100%)

In both years treatment clients most often reported opioids as principal drugs of abuse. At the same time, the number of people receiving treatment for addiction to other non-opioid sedatives also increased (see Table 6).

Table 6: Primary drugs consumed by patients in the abstinence-oriented treatment Programs in 2013 and 2014, in percentages (Gamkrelidze et al. 2014)

Most commonly used drugs	2013	2014
Heroin	49.7%	15.8%
Opium	0.3%	6.8%
Desomorphine	16.2%	9.8%
Buprenorphine	0.7%	8.9%
Methadone	14.9%	14%
Other opiates	0.7%	7.3%
Cocaine	0.5%	1%
Methamphetamines/ Amphetamines (not homemade)	-	1%
Homemade stimulants	6.1%	10.6%
Benzodiazepines	-	1.8%
Barbiturates	-	0.6%
Other sedatives	4.8%	16.3%
Cannabis based preparations	0.2%	1.1%
Poly-drug abuse	5.2%	5.0%

5.3.2. Opioid Substitution Therapy (OST)

At the time of writing this report, two types of opioid substitution therapy were offered in Georgia: 1.) methadone substitution therapy and 2.) Buprenorphine based medication – combination of buprenorphine and naloxone (Suboxone®).

The legal basis for OST was created in 2002 with the adoption of the *Law of Georgia on Drugs, Precursors and Narcological Aid*. The first OST Program began functioning with support from the Global Fund to fight AIDS, Tuberculosis and Malaria in 2005. This modality of treatment has developed fairly quickly. In 2009 the Order No. 37/n of the Ministry of Labour, Health and Social Affairs *On Implementation of the Substitution Therapy Programs in Opioid Drug Addiction* developed an OST treatment framework including methodology, patient enrolment criteria, and discharge conditions. On 3, July 2014 this order was amended by the Ministry (Order No. 01-41/n), which concerned implementation of OST Programs in extraordinary circumstances (for instance, at the time of patient hospital admission, participating in the program, etc.), and the list of opioids and other medications approved for use in OST.

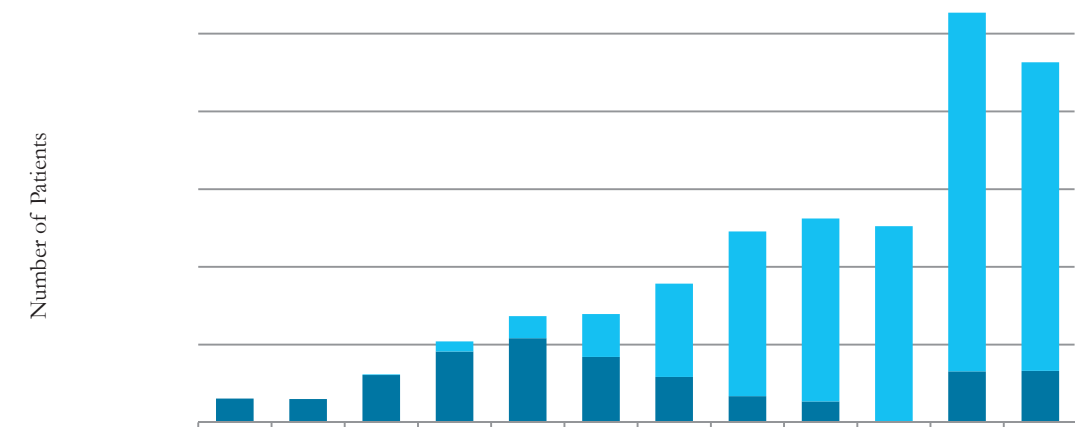
Today, in Georgia OST is being carried out utilizing three different funding mechanisms; the Global Fund Project, State Substitution Therapy Program, and private funding.

The State Program is based on the co-payment principle. The state covers the cost of methadone (from the budget of the *State Addiction Treatment Program*), and the patients cover the cost of associated services, (110 GEL/48 €) per month. The Government Resolution No. 279 (31 January 2013) regulates cost of the treatment voucher. Co-payment does not apply to HIV-positive individuals and persons below the poverty line who are entitled to free treatment. The state funds 1,800 beneficiaries monthly; 110 of them received combined buprenorphine/naloxone medication. Thirteen *State Opioid Substitution Therapy Programs* function in various regions of Georgia; 7 of them are in Tbilisi, and one in each of following cities: Poti, Kutaisi, Batumi, Zugdidi, Ozurgeti and Telavi.

A private Suboxone® substitution treatment Program has been functioning in Tbilisi since 2012. In 2014, 275 men and 3 women participated in the Program. Age distribution of patients in 2014 was as follows: 43% belong to the 35-44 age group, 40% to the 25-34, 13% - 45-64, 2% - 15-24 and 2% belong to the 55-64 age groups. As of 2016, patients pay 28 GEL (12 €) per visit.

The Global Fund (GF) Project provides free of charge OST for patients participating in the Program. Four substitution therapy centres function here with two of them located in Tbilisi, one in Gori and one more in Batumi. In 2014 in total 3,968 people received Opioid Substitution therapy in Georgia, out of them 49 were women (See Figure 5).

Figure 5: Number of patients who received OST and abstinence-oriented treatment[10]
(Gamkrelidze et al. 2014)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
OST	0	0	8	130	285	552	1,200	2,118	2,352	2,523	4,613	3,968
Detoxification	306	300	609	911	1,082	841	584	338	270		656	663

Short-term methadone detoxification is carried out in two correctional facilities of Tbilisi and Kutaisi (No. 2 and No. 8) with support from the Global Fund. In 2014, 474 inmates (including 4 women) utilized these services. Correctional Facilities Numbers 2 and 8 implemented methadone detoxification programs in cooperation with the Centre for *Mental Health and Prevention of Addiction* with support from the Global Fund.

10 Note: data for 2012 detoxification treatment are not available

5.3.3. Psychosocial Rehabilitation

Psychosocial rehabilitation of people with substance use disorders is at the initial stage of development in the country. Therapeutic communities have not been established yet, and existing psychosocial rehabilitation is primarily aimed at providing non-medical treatment. The Global Fund financed three outpatient psychosocial rehabilitation centers: *Kamara*, *Psychosocial Rehabilitation Centre of Patriarchy* and the Rehabilitation Unit of the *Centre for Mental Health and Prevention of Addiction*. The centers serve patients included in substitution therapy and abstinence-oriented treatment as well as former drug users. Clients are offered individual, group and family therapy, ergo and art therapies, computer classes, religious activities, peer-to-peer support, etc. Rehabilitation centers also offer HIV voluntary testing and counseling services. The combined maximum capacity of all three centers is 300 people.

Supporting employment of people with substance use problems remains a challenge. To address this gap, in 2014, the *International Organization for Migration* (IOM) initiated a pilot employment and social enterprise project for the purpose of social reintegration of people who use drugs and are engaged in psychosocial rehabilitation (for more details see 8.2 Social Reintegration).

6. HEALTH CORRELATES AND CONSEQUENCES

6.1. INTRODUCTION

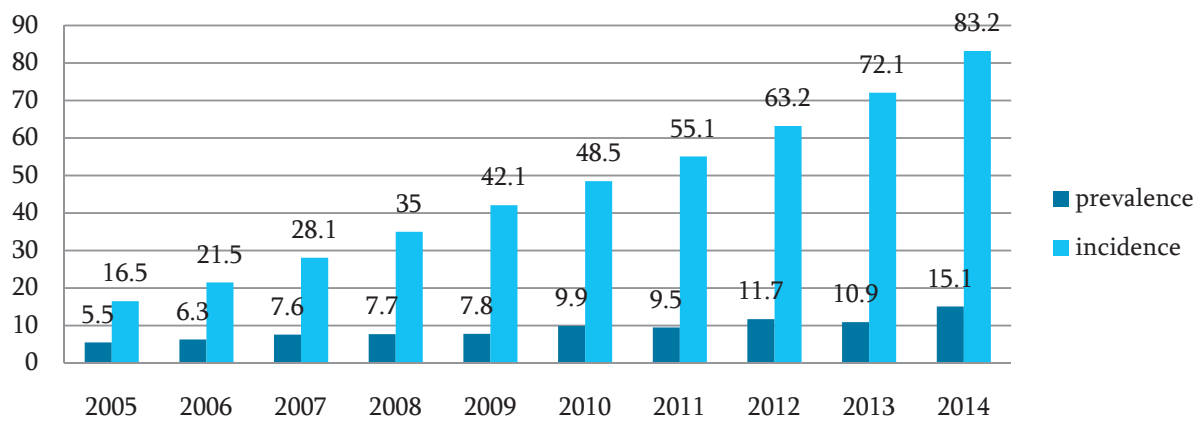
Sources of information on drug use related healthcare correlates and consequences are diverse. Institutional mechanisms for collecting and processing HIV/AIDS data are well developed due to creating and enacting a special governmental institution –*Infectious Diseases, AIDS and Clinical Immunology Research Centre* (AIDS Centre) – in the 1980s, right after beginning of the HIV/AIDS epidemic globally. Little information is available on non-lethal drug overdoses, or drug-related deaths and mortality. One of reasons is that after the break-up of the Soviet Union the data collection institutional mechanism was temporarily dysfunctional and was renewed only several years ago. Stigma is another reason because of which, traditionally, Georgian families try to conceal death caused by drugs. The third reason is unfavourable environment for overdose registration, which existed until 2014. Prior to this doctors called to cases of overdose had an obligation of reporting to police the use of drugs for non-medical reasons; which had been a significant barrier for seeking help. The 2014 legislative amendment abolished this obligation; it is expected that it will be followed by an increased trend in seeking help due to drug overdose as well as detection and improvement of registration of overdose episodes.

6.2. DRUG RELATED INFECTIOUS DISEASES

6.2.1. Newly Registered HIV/AIDS Cases

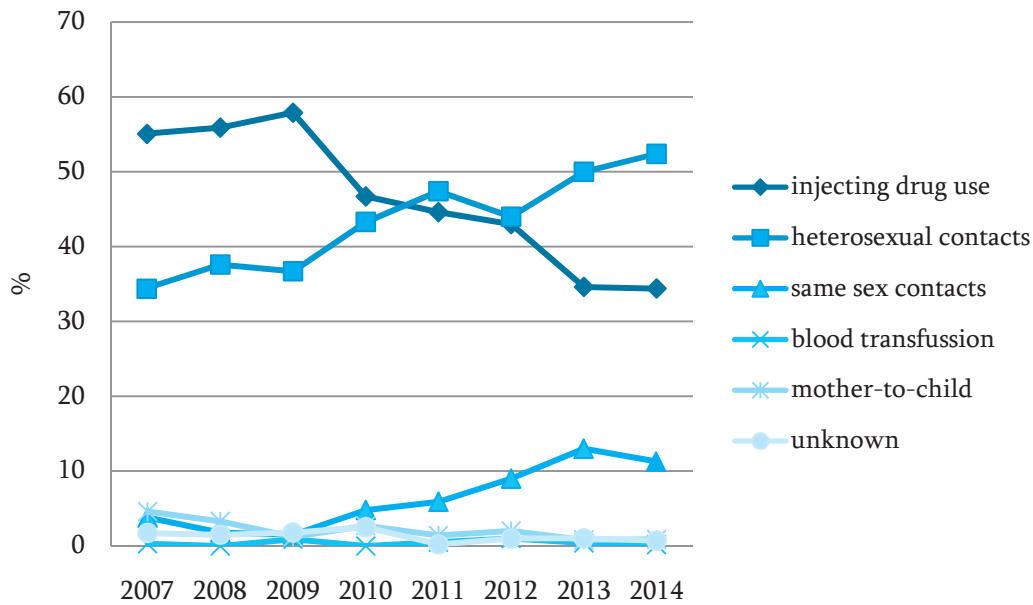
As of 31, December 2014, 4,695 cases of HIV/AIDS were registered in Georgia. In 2014, 84 AIDS related deaths and 564 new HIV cases were registered in the country. The incidence rate of HIV/AIDS is 15.1 per 100,000 citizens, which exceeds the rate for 2013 by 38.5%. The ratio of newly detected cases is 3:1 for men and women. Newly detected infections among people 25 years and younger accounted for 9.4% of all cases in 2014. (See Figure 6).

Figure 6: Annual incidence of HIV/AIDS (newly identified cases) for 2005-2014 per 100,000 inhabitants (Chkhartishvili and Chokoshvili 2015)



Historically, injecting drug use was the leading reason for expansion of the HIV epidemic in Georgia, but as of 2010 the situation has changed and shifted towards heterosexual contacts. In 2014, the proportion of injecting drug use among newly registered cases declined to 34%, and the proportion of heterosexual contacts increased to 52.8% (see Figure 7).

Figure 7: HIV transmission routes, 2012-2014, in % (Gamkrelidze et al. 2014)



Late diagnosis of HIV has been a serious problem in Georgia - 35.6% of newly diagnosed HIV cases are manifested at the AIDS stage. To control HIV spread among general population, State *Program on HIV/AIDS* conduct HIV tests of pregnant women, blood donors, various high-risk populations and other groups, including defendants and inmates.

In 2014 the *Georgian Harm Reduction Network* (GHRN) conducted 20,544 HIV tests for individuals utilizing the harm reduction programs. Out of the 20,544 tests, 91 tested positive for HIV and 52 cases were confirmed HIV-positive through follow-up testing. Note that the other 39 clients' status is unknown as not all results of confirmatory testing are reported back to the GHRN. A series of consultations accompanying tests was delivered: 20,543 pre-test and 20,538 post-test consultations and another 54 consultations were rendered following confirmation.

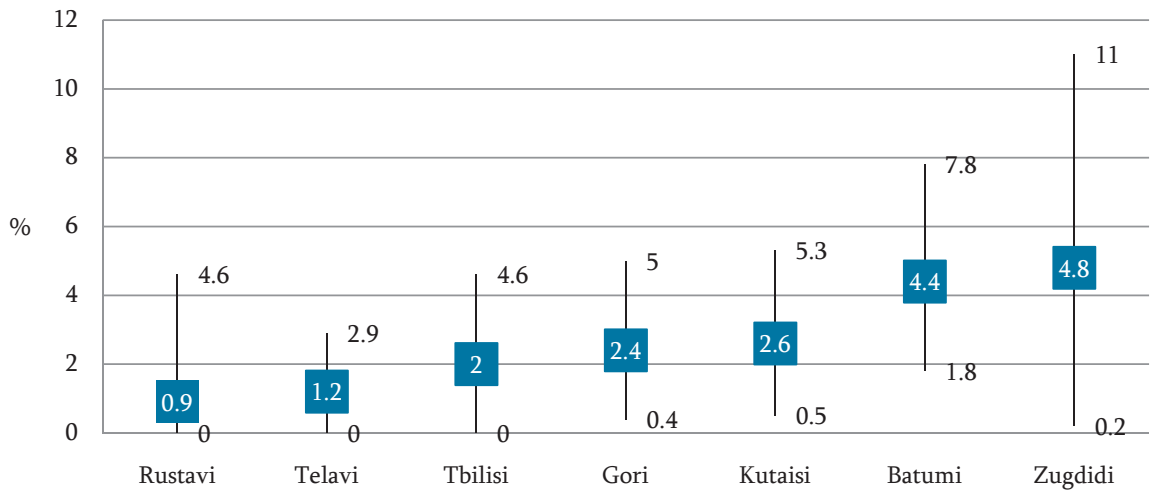
According to *the Infectious Diseases, AIDS and Clinical Immunology Research Centre*, the number of HBV/HIV registered co-infections in 2014 was 33, of which 27% (n=9) were IDUs. There were 177 newly registered HCV/HIV co-infection cases, out of which 70% (n=124) were injecting drug users. An additional 9 patients, who were dually infected with HBV/HCV and also HIV-positive, were registered; 44% (n=4) of whom were injecting drug users (Chkhartishvili and Chokoshvili 2015).

6.2.2. Seroprevalence of HIV

Bio-behavioral Surveillance Survey (BBSS) on IDUs has been conducted regularly from 2002 in Georgia. The most recent survey has been conducted in 2014 (see chapter 4). The research covered 7 cities of the country: Tbilisi, Rustavi, Gori, Telavi, Zugdidi, Batumi and Kutaisi. The survey showed that HIV

prevalence among IDUs differs from town to town with the lowest prevalence in Rustavi (0.9%) and the highest in Zugdidi (4.8%) (Confidence interval 95% Cl, 0.2%-11%) (See Figure 8).

Figure 8: HIV prevalence among IDUs, 2014
(Curatio International Foundation & Bemoni Public Union 2015b)



The Survey detected that HIV prevalence is higher in IDUs of 40 years old and above (see Table 7).

Table 7: HIV prevalence by age groups
(Curatio International Foundation & Bemoni Public Union 2015b)

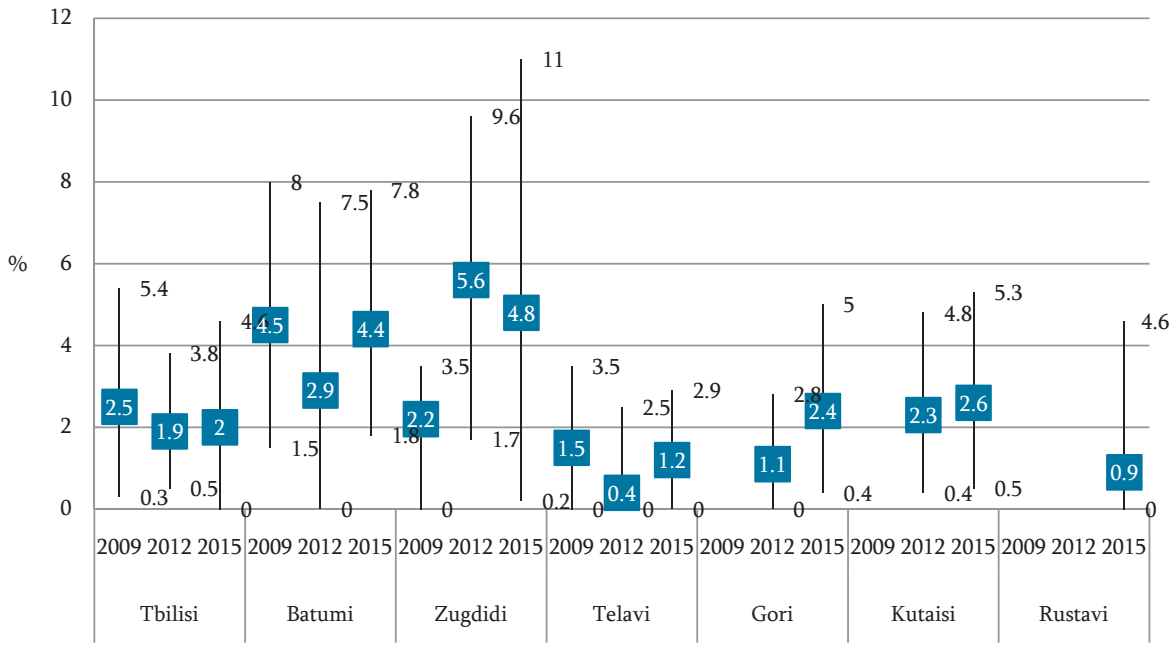
Age Groups	Percentage	Number out of Total Age Group Sample N
18-24	**0.6**	**1/162**
25-30	**1.3**	**4/302**
31-40	**1.7**	**11/642**
41 and older	**3.1**	**28/916**
All Ages	**2.2**	**44/2022**

Based on combined analysis of 7 towns the mean HIV prevalence was 2.2% (95% Cl 1.53-2.99); this figure does not significantly differ from that of 2012, which was 3% (95% Cl 2.20-4.04).

Figure 9 shows the HIV prevalence in cities by year for 2009, 2012, and 2015 (see Figure 9[11]). The indicator for Tbilisi has not changed since 2009 and remains below 5%. The situation is alarming in Batumi and Zugdidi. Batumi retains a high HIV prevalence since 2009 and in Zugdidi HIV prevalence has increased since 2009. In both cities relatively high prevalence among IDUs increases the risk for the spread of HIV infection in the general population. In Kutaisi and Gori indicators are on the same level, but it has increased since 2009 in the latter. In Rustavi, where the Survey was first conducted in 2015, the HIV infection prevalence is the lowest among all cities participating in the survey.

11 Figure shows average weighted, i.e. indicator calculated per population. Since similar analysis is conducted from 2009, the diagram shows data for 2009-2015

Figure 9: HIV prevalence of HIV/AIDS among IDUs, 2009-2015 by cities
(Curatio International Foundation & Bemoni Public Union 2015b)



6.2.3. Other Drug Related Infections

Viral Hepatitis

Based on existing data, Georgia belongs to a category of countries with high Hepatitis C (HCV) prevalence. It has been influenced by various factors like: collapse of the healthcare system in 1990s, insufficient quality standards at treatment facilities, which facilitated practice of unsafe injectings; lack of infection control and blood safety in the healthcare system; practice of sharing syringes between injecting drug users, etc. (Gamkrelidze et al. 2014).

Over the past several years the Georgian government made important steps to combat Hepatitis C; for instance: initiating free *National Program for HIV/HCV* co-infected patients (funded by the Global Fund as of 2011 in the frame of the HIV Program), free treatment of Hepatitis C for prison inmates, and 60% discount for general population on ribavirin and pegylated interferon combination.

In February 2014 together with the US *Centre for Disease Control* the Ministry of Labor, Health and Social Affairs (MoLHSA) started working on *National Strategy for Hepatitis C Elimination* and the Action Plan thereto. Immediate (short-term) strategy is already put to action and the long-term strategy is being developed (2015-2020). Simultaneously, the Government of Georgia started negotiations with Gilead pharmaceutical company, a global leader producing direct and highly active anti-viral medication, including Sofosbuvir and Ledipasvir/Sofosbuvir fixed dose combination. The Memorandum of Understanding (MOU) between Gilead and the Georgian government was signed on 12 April 2015, which is a necessary condition for providing persons in need of treatment with pharmaceutical products. The Table below shows dynamics of changing medication used for treatment of Hepatitis C in Georgia.

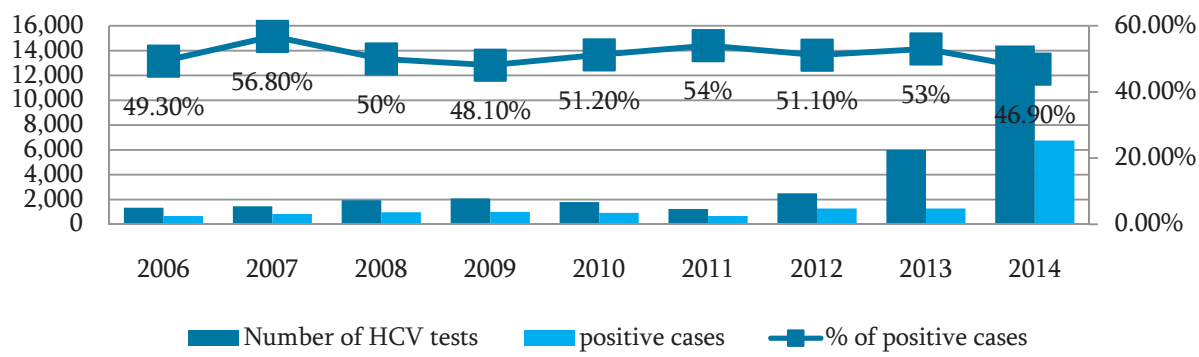
Table 8: HCV anti-viral treatment available in Georgia (National Centre for Disease Control and Public Health of Georgia 2015a)

Treatment	Treatment Year
Interferon alpha monotherapy	1996
Interferon alpha + ribavirin	1998
Pegylated interferon alpha	2001
Pegylated interferon alpha + ribavirin	2002
Pegylated interferon alpha + ribavirin + telaprevir or boceprevir	2011
Sofosbuvir + pegylated interferon alpha + ribavirin	2014
Sofosbuvir + ribavirin	2014
Sofosbuvir + ledipasvir	2015
Sofosbuvir + daclatasvir	2015
Ombitasvir + paritaprevir + ritonavir + dasabuvir	2015

As to the spread of HCV in the general population, the *National Centre for Disease Control and Public Health* had conducted the cross-sectional HCV sero-survey using stratified, multi-stage cluster design with random sampling of the general population of Georgia in May-August of 2015. In total 6,330 people completed survey interviews and 6,012 blood samples were collected and analyzed. Results of the survey enable us to estimate with statistical confidence, the scale of Hepatitis C spread in the general population, and among IDU's. According to preliminary data, 7.1% of the studied population was anti-HCV positive, and 5.16% were HCV RNA positive. Final results on HCV and HBV prevalence and incidence will be described in the next Drug Report.

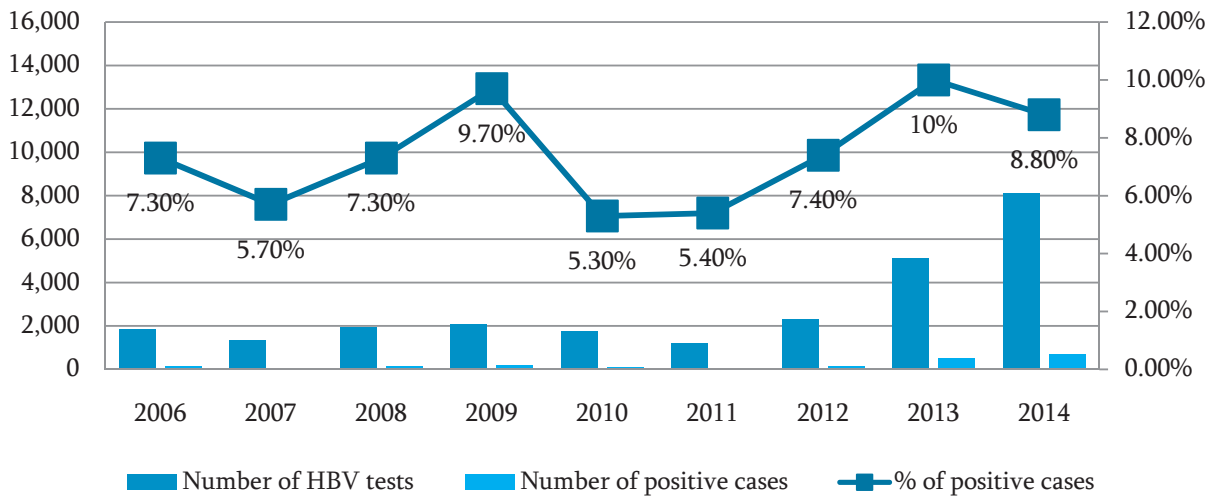
According to data of the *Georgian Harm Reduction Network* (GHRN), the main provider of low-threshold services to injecting drug users, 14,411 program beneficiaries were tested for HCV using rapid, simple testing in 2014, out of which 46.9% (n=6,751) were HCV positive (See Figure 10).

Figure 10: Hepatitis C testing of IDUs, GHRN programs' clients (Gogia 2014)



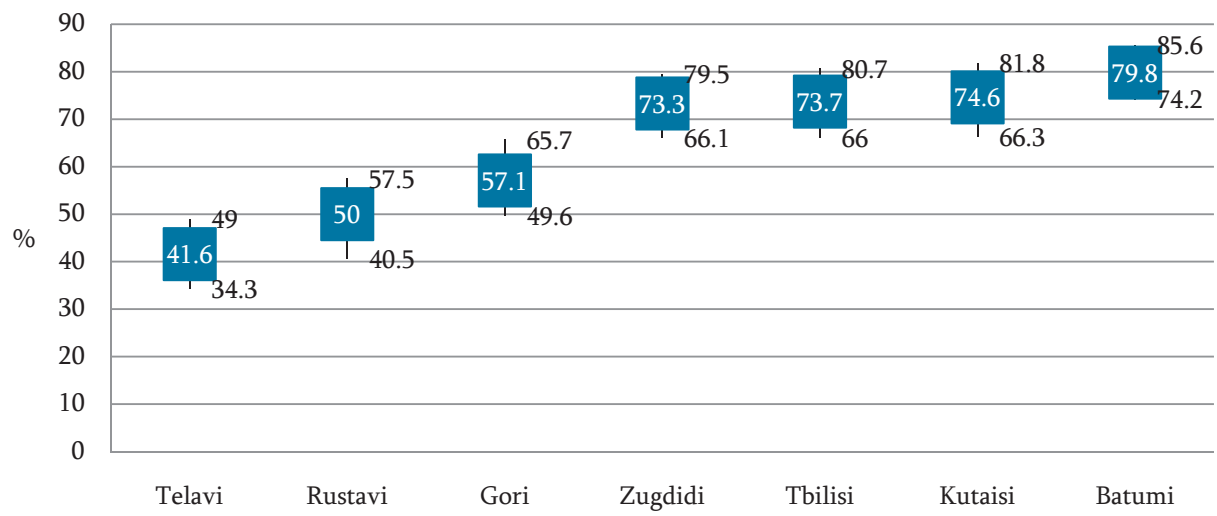
In 2014 the *Georgian Harm Reduction Network* had also conducted 8,122 Hepatitis B tests (HBsAg) among GHRN Programs beneficiaries and 8.8% (n=716) were HBV positive (See Figure 11).

Figure 11: Number of Hepatitis B tests and positive cases among IDUs (Gogia 2014)



According to the results of the 2014 Bio-behavioral Surveillance Survey (See Sub-chapter 6.2.2) in 7 surveyed cities, the pooled HCV prevalence rate was 66.2%. High HCV prevalence was found in Batumi, Kutaisi, Tbilisi, and Zugdidi. Surveys of previous years showed the same high prevalence rate for those cities, which may mean that injecting drug users did not exercise safe injecting practices in the beginning of their IDU career. Currently the highest prevalence is identified in Batumi and the lowest in Telavi (see Figure 12).

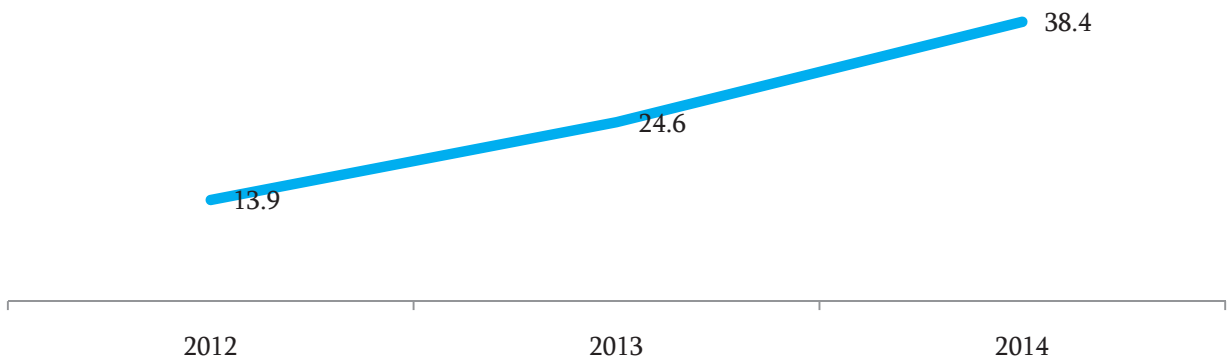
Figure 12: HCV prevalence among IDUs
(Curatio International Foundation & Bemoni Public Union 2015b)



Syphilis

In 2014, 1,431 new cases of syphilis were registered in Georgia. The incidence rate among all age groups was 38.4 per 100,000 citizens, which shows an increased incidence compared to previous years (See Figure13).

Figure 13: Syphilis incidence per 100,000 persons in 2012-2014 (Gamkrelidze et al. 2014)



Data on the number of IDUs among individuals identified as being infected with syphilis is unavailable. The Bio-Behavioral Surveillance Survey of 2014 did not include information on tests for syphilis. Therefore, we can only discuss syphilis using data from the Georgian Harm Reduction Network (GHRN) (Gogia 2014), which has regularly (annually) carried out RPR (Rapid Plasma Reagin) testing among its program's beneficiaries since 2010. In 2014, 10,149 RPR tests were performed, of which 4.8% (n=490) were RPR-positive (See Table 9).

Table 9: Syphilis among IDUs – number of tested and positive cases by years (Gogia 2014)

	2010	2011	2012	2013	2014
Number of tests for syphilis (RPR)	**523**	**344**	**1,622**	**4,759**	**10,149**
RPR prevalence %	**0**	**0**	**3%**	**4%**	**4.8%**

Tuberculosis

According to data of the *Georgian Harm Reduction Network*, in 2014, 4,075 TB tests were performed for IDUs participating in their Programs; 396 (9.7%) of them had positive results. Based on that they were referred to specialized medical facilities and 33 of them were enrolled into the *National TB program*.

6.3. OTHER DRUG-RELATED MORBIDITY

6.3.1. Non-lethal Overdose

It was determined that the State will begin the collection of information on non-lethal drug overdoses in accordance with ICD codes (F10-F19) in 2015 using statistical form IV-11, designed for this purpose, by the *National Centre for Disease Control and Public Health* (NCDC) in 2013 (National Centre for Disease Control and Public Health of Georgia, 2015b) .

The Annual Drug Report for 2013 contains information on two surveys conducted by the *Georgian Harm Reduction Network* (GHRN) on non-lethal overdose of their patients and beneficiaries, relevant knowledge and skills, and corresponding preventive activities (Gogia 2013).

According to information of the Ministry of Internal Affairs, in 2014 5 persons were fined due to driving under influence of drugs or other psychotropic substances (Article 116 of Administrative offences of Georgia); and 1611 persons were fined after resulting injuries for other persons, impairing other vehicles or traffic facilities as a result of driving under influence (Ministry of Internal Affairs of Georgia, 2014).

6.4. DRUG RELATED DEATH AND MORTALITY

Collecting information on drug related death cases was stopped in the 1990s and was reinstated in 2007 by the *Levan Samkharauli National Forensic Bureau*[12].

Table 10: Registered drug related death cases
(Levan Samkharauli National Forensic Bureau, 2015)

Year	Registered overdoses
2010	16
2011	16
2012	39
2013	28
2014	7

The number of documented overdose deaths is small and does not correspond to informal data from Harm Reduction Services and data from the *Georgian Harm Reduction Network*'s surveys (See GHRN Annual Report, 2015 and section 7 of this report). It may be assumed that legislative environments were an obstacle to obtaining accurate information. The Special Order of the Minister of Labor, Health and Social Affairs No. 239/n (MoLHSA, 2000), obliged eye-witnesses (or those assisting) in overdose cases to inform police, which hindered collection of information. Data prior to 2010 is unavailable. As previously mentioned, in the introduction of this section on health correlates, the mandate to inform law enforcement was lifted in 2014, and doctors are no longer obligated to inform police (except in cases where signs of other crimes are evident). This change in policy has helped create favorable conditions for collecting more accurate data in 2015.

12 For the present report, the number of drug-related overdose cases were confirmed in 2015; as a result, the numbers reported differ from those indicated in the 2013 report.

7. RESPONSE TO HEALTH CORRELATES AND CONSEQUENCES

7.1. INTRODUCTION

Harm reduction is the most developed approach in response to drug addiction problems in Georgia. The country began acting to stop the spread of the HIV/AIDS epidemic in 1980s. For this reason, with support of the *Global Fund to Fight AIDS, Tuberculosis and Malaria* (Global Fund) and other international donors, harm reduction-oriented measures and relevant infrastructures have been developed in the country. *Georgian Harm Reduction Network* is an important part of this infrastructure. Its' member organizations work both in the capital city and regions across Georgia on prevention of drug related death and blood-transmitted infections among injecting drug users.

As of 2014, development of institutional mechanisms for eliminating Hepatitis C began in Georgia, and the *Emergency Action Plan for Hepatitis C* was being implemented. As of the writing of this Report the *Long-term Hepatitis C Elimination Program Action Plan for 2015-2020* was still under development (See subchapter 6.2.3).

7.2. PREVENTION OF DRUG RELATED EMERGENCY SITUATIONS AND DEATHS

Data on drug related medical emergencies and death are scarce in the country (See sub-chapters 6.3 and 6.4). At the same time, *Georgian Harm Reduction Network* documented 528 cases of drug overdose. The largest number of overdoses were observed in Batumi (28%) and Rustavi (28%), followed by Sukhumi (12%) and Tbilisi (11%). These data were collected by the "Take Home Naloxone" project, which has been in operation since it was implemented in 2009 with financial support of the Global Fund for beneficiaries of the HIV prevention program. The goal of this project is to prevent death of PWID due to overdose. The project conducts trainings to facilitate raising awareness and create adequate response skills among PWID. An important component of the project is distribution of naloxone ampoules to PWID. According to information about the 2014 number of used naloxone ampoules; which were used as a result of naloxone injecting, 93% (n=489 of 528) of overdose cases survived with 7% (n=39) lethal overdose cases. No data on the type of substances associated with the overdose cases are available. Table 11 shows trends in distribution of Naloxone ampoules in the frame of the Program.

Table 11: Trends of naloxone ampoules distribution to PWIDs (Gogia 2014)

Years	2009	2010	2011	2012	2013	2014
Number of ampoules	2,400	1,848	288	1,396	1,628	9,881

7.3. PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES

With methodological and financial support of international organizations, Georgia as well as civil sector organizations, are working on prevention and treatment of drug related infectious diseases. Georgia has responded to HIV/AIDS and Hepatitis C with relevant state programs implemented by the public sector as well as non-governmental and private sector organizations.

The goal of the *State HIV Prevention Program* is to reduce transmission of HIV/AIDS through early detection of new cases and treatment. Universal access to antiretroviral treatment is provided in the framework of the program. As of 2013 and according to new guidelines on HIV-infection treatment the antiretroviral treatment is recommended if CD4 cell count is equal or less than 500; according to these guideline, early detection and engagement into treatment is one important means of preventing further spread of the disease.

The goal of the first stage of the *Program of the Ministry for Labor, Health and Social Affairs on Elimination of Hepatitis C* is to reduce morbidity, mortality and spread of infection caused by Hepatitis C (HCV) by means of gradual provision of population access to prevention, diagnosis and treatment. The program supports the diagnosis and enrolment of Hepatitis C patients into treatment with relevant medication (Sofosbuvir, pegylated interferon and ribavirin) appropriate to their qualifying medical criteria (e.g. liver fibrosis level). Treatment program eligibility includes the following: 1.) the person must be a citizen of Georgia with active HCV infection, 2.) they have a counter-indication to traditional PEG IFN and RBV Hepatitis C medication, 3.) they have never been treated before, and 4.) if they were previously treated their treatment failed or was unsuccessful. For the diagnostic component of HCV care, the state program envisages 70% co-payment by patients; this is reduced to a 30% co-payment by patients with a socially disadvantaged status. Medication is donated by the Gilead Sciences Inc. and is provided to beneficiaries for free. As of the writing of this report, during 2016, 6,000 individuals were engaged in this program.

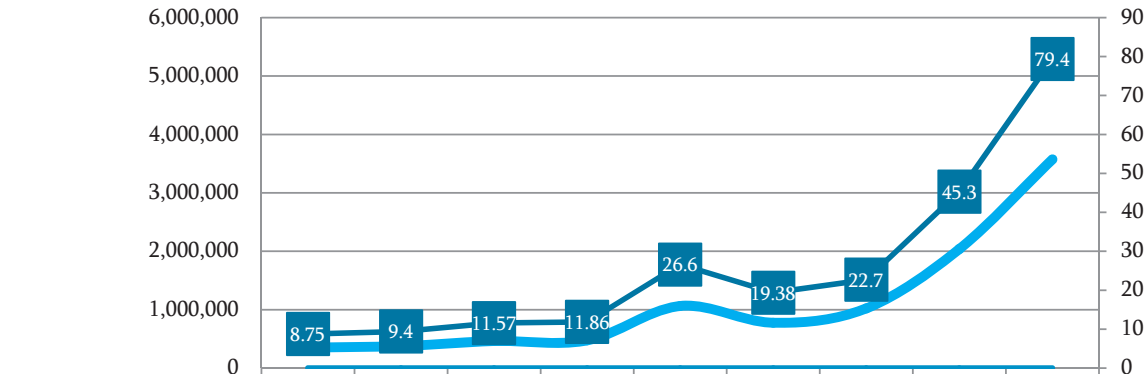
According to data of the *Infectious Diseases, AIDS and Clinical Immunology Research Centre*, at the end of 2014, 2,541 HIV/AIDS patients received antiretroviral (ARV) treatment; 1,094 individuals were infected via injecting drug administration. The 12-month survival rate for the entire infected population reached 86%, and was 83% among people who use drugs (Chkhartishvili and Chokoshvili 2015).

With support from the Global Fund, HIV/AIDS testing and consultation became available to all penitentiary facilities. In 2014 the number of inmates tested for HIV and Hepatitis C amounted to 8,000. Hepatitis C was diagnosed in 48% (n=3,800) of those tested and HIV/AIDS in < 1% (n=34) (detailed information on the treated cases is presented in Chapter 5).

Low-threshold services play a very important role in helping prevent dissemination of drug-related infections; the Georgian Harm Reduction Network offers such services. The Network unites 26 organizations and coordinates low-threshold activities in 11 towns of Georgia through its 14 service

centers. Together with other activities, the low-threshold centers also distribute sterile injecting equipment, condoms and informational materials in the PWID community. Figure 14 shows the distribution of clean injecting equipment per year from 2006-2014.

Figure 14: Number of distributed needles and syringes by years (Gogia 2015)



	1	2	3	4	5	6	7	8	9
Years	2006	2007	2008	2009	2010	2011	2012	2013	2014
Distributed syringes	350,340	376,480	462,883	474,785	1,064,3	775,222	1,021,8	2,038,74	3,573,40
Needles per IDU	8.75	9.4	11.57	11.86	26.6	19.38	22.7	45.3	79.4

Georgian Harm Reduction Network actively tries to increase geographic coverage of the program as well as its scale; therefore they apply peer-driven interventions. As of 2015 they plan to introduce mobile outpatient voluntary counseling and testing services.

7.4. RESPONSE TO OTHER HEALTH CORRELATES OF DRUG USE

Information on other drug use-related health problems and the response thereto is not currently collected. The only available source of information, where corresponding data may be found is *Georgian Harm Reduction Network* member-organizations. For instance, the NGO *Tanadgoma* provides mental health counseling to people who inject drugs (PWID) with psychiatric co-morbidities through a voluntary testing and counseling program (Gogia 2014). In addition, with support from the French organization *Medicine Du Monde* the NGO *New Vector* provides free medical assistance to PWID. For instance, in 2014 the *New Vector* rendered dental services to 814 PWIDs, and the liver fibroscan examination to 910 PWIDs with Hepatitis C (Labartkava, 2015).

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

8.1. INTRODUCTION

The first attempt to introduce psychosocial rehabilitation services in Georgia was made in 2012, but with limited success (Javakhishvili, Otiashvili, and Tabatadze 2013). In recent years psychosocial rehabilitation was removed from the policy agenda of the MoLHSA. Psychological assistance for people with drug addictions, and rehabilitation and social reintegration interventions for PWID were very limited in Georgia.

1. State expenditures of rehabilitation services for PWID in 2014 were similar to allocations in previous years. According to Government Resolution No 650 (2, December 2014) that approved state health programs for 2014, a total of 1,600 GEL (704 €) per patient was allocated by the state for medical services to treat drug addiction.

2. The state program also allocated funds for rehabilitation services for psychiatric and behavioral disorders caused by psychoactive substances, and primary psycho-physical rehabilitation in the amount of 400 GEL (176 €).

Within the framework of the state program, patients who undergo short-term treatment and are discharged from the clinic, are also entitled to receive counseling (free-of-charge) from medical narcologist and/or psychologists during a two week period on an outpatient basis.

According to the data from the Ministry of Justice of Georgia (MoJ), starting from November 2012 the LEPL *Crime Prevention Centre of the MoJ* began social rehabilitation and reintegration programs for people who were formerly incarcerated. This was considered innovative because such programs had not previously existed in Georgia (Ministry of Justice of Georgia, 2015). However, the number of inmates convicted for drug-related crimes who allegedly benefited from this program is unknown. In recent years, several donor-funded programs were initiated to facilitate the process of social reintegration of people who use drugs. A brief description of these programmatic activities is presented in section 8.2 Social Reintegration.

8.2. SOCIAL EXCLUSION AND DRUG USE

Data on social exclusion of people who inject drugs (PWID) are insufficient. This Chapter presents social indicators of people who use drugs, based on statistical data from the Bio-Behaviour Surveillance Survey (BBSS) of problem drug users (Curatio International Foundation & Bemoni Public Union, 2015a).

In the 2014 BBSS, in total 2,037 drug users were surveyed in 7 cities of Georgia; the majority (98%) were men. Among people interviewed for the study 95.5% were ethnic Georgians; this corresponds to the ethnic composition of the general population of Georgia. Currently, there are no data on drug use among

ethnic minorities since no specific research was conducted in ethnic minorities. Forty-five per cent of BBSS survey respondents reported to be internally displaced persons (IDPs).

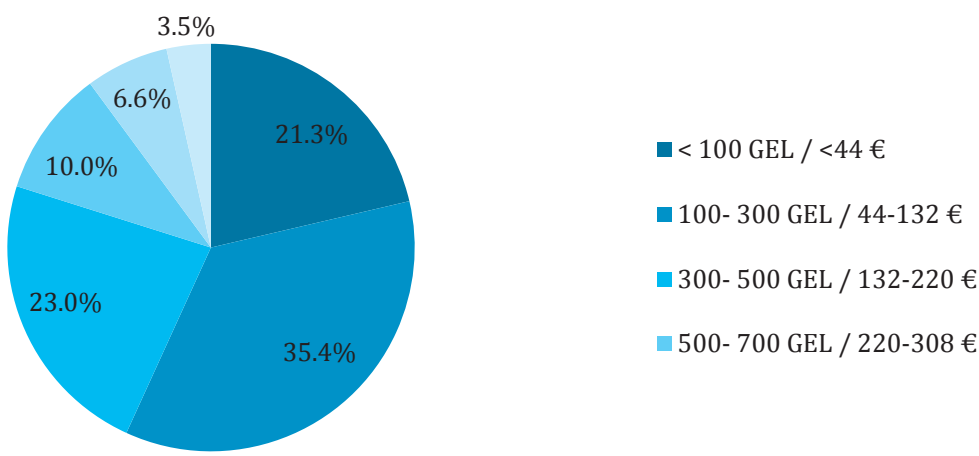
Marital status: almost half of respondents (45.3%) were married, and less than one-third of the survey respondents (32.2%) had never been married. Almost one-fifth of respondents (21.2%) were divorced or separated. Differences between cities were insignificant; the largest proportion of married persons was found in Kutaisi and Batumi with 56.5% and 55.6% respectively. The lowest proportion of divorced respondents lived in Zugdidi - 9.5%. 12.5% of respondents lived alone. The largest percentage of BBSS respondents who reported living alone were in Tbilisi (16.6%) and the lowest proportion reside in Zugdidi (7.2%). A small percentage of respondents (1.4%) stated that they lived with partners, with 4% in Tbilisi, 3% in Zugdidi and less than 2% in other cities.

Education: The majority of respondents (59.9%) had secondary or vocational education. Just over one third (35.5%) of respondents in all cities had higher education. The highest number of respondents with higher education was recorded in the capital city Tbilisi with 59.5% and the lowest in Zugdidi (27.6%). Very few respondents said they had never received any formal education (one respondent in Batumi and one in Zugdidi), or had only primary education (one respondent in Rustavi).

Employment: More than two-thirds of respondents (out of 2,037) were unemployed at the time the BBSS survey was conducted. The proportion of unemployed across all seven cities equaled 69% which ranged from 51.3% in Gori to 73.2% in Kutaisi. The percentage of respondents who were currently students was less than 1%. A large proportion of employed problem drug users participating in the survey said that they had temporary jobs. Only 8.9% of respondents had permanent paid jobs. The highest employment rate was in Telavi with 18.7% and the lowest in Zugdidi, where only 5.6% reported having a permanent job. The BBSS conducted in 2012 (Curatio International Foundation and Bemoni Public Union, 2012) found the highest employment rate among participants in Zugdidi (13.6%) however the situation there has detiorated and by 2014 only 5.6% were regularly employed.

Income: In all seven cities, the average monthly income of people who use drugs was 100-300 GEL (44-132 €); one fifth had monthly income less than 100 GEL (44 €). Sixteen percent of respondents reported that their monthly income was 500-1000 GEL (220-440 €); and only 3.5% of respondents earn more than 1,000 (440 €) per month. (See Figure 15).

Figure 15: Percentage of PWID by monthly income in GEL/EUR
(Curatio International Foundation & Bemoni Public Union 2012)



The data presented in Figure 15 indicate that PWID in Georgia belong to financially vulnerable groups: unemployment rates among drug users are 6 times higher than that of the general population. According to data from the *National Statistics Office of Georgia*, in 2014 the unemployment rate in the economically active population did not exceed 12.4%[13], while more than two-thirds of drug users surveyed (69%) reported being unemployed.

Monthly income of those employed is also significantly lower compared to the national income level in Georgia. According to official statistics the 2014 average monthly nominal salary of hired employees was 818 GEL (360 €)[14], however more than 90% of problem drug users surveyed earn less than the average monthly nominal salary. Furthermore, one-fourth of all respondents earned less than the living wage (154.5 GEL/68€)[15] necessary for an adult.

There is no information about drug use problems among homeless people in Georgia. Specific research to examine the prevalence of past or current drug use among homeless individuals has never been conducted in the country. The first temporary shelter for people residing in the streets was established in December 2013 by the government to help homeless people survive cold winters. According to MoLHSA, about 170-190 homeless people sleep in the Tents Town shelters. The criteria to accept beneficiaries for this housing are simple - personal inquiry, or referral from a patrol police officer who identifies and takes a homeless person to the tents.[16] The media published several cases of alcohol intoxication among shelter residents.[17] The professional community does not acknowledge that homelessness is a visible problem among drug users; however the problem of alcohol or other drug use among homeless people in Georgia has not been studied and requires further examination.

8.3. SOCIAL REINTEGRATION

A substantial portion of the programs which aim to support social reintegration of people who use drugs, are funded by international donor organizations. Since 2012 the LEPL *Crime Prevention Centre of the Ministry of Justice* has been working on rehabilitation and socialization of formerly incarcerated people. It is presumed that some of the formerly incarcerated people enrolled in this Program have been convicted for drug-related crime. However, disaggregated data about the beneficiaries by the type of conviction is not available. Activities performed with donor assistance and programmatic data on beneficiaries are described in the following section.

Programme of Social Enterprises of the International Organization for Migration:

As of June 2014, the International Organization for Migration (IOM) Mission to Georgia in a close cooperation with IOM Berne and Swiss Foundation Contact Netz started implementation of the Social Enterprises' Programme. The programme is titled "*Socio-Economic Integration through Social Enterprise Development to Address the Problem of Drug Abuse among Georgian Nationals, Including Returning and Potential Migrants"* and is supported by *The State Secretariat for Migration of Switzerland* (SEM). The Programme aims to rehabilitate and integrate people in addiction recovery who have emigrated or intend to emigrate from Georgia. The goal of this Programme is to help Georgia develop national capacities for socio-economic inclusion and

13 http://www.geostat.ge/?action=page&p_id=145&lang=geo
14 http://www.geostat.ge/?action=page&p_id=145&lang=geo
15 http://www.geostat.ge/?action=page&p_id=178&lang=geo
16 http://humanrightshouse.org/Articles/20431.html, accessed on March 14, 2015
17 Mindia Aptsiauri. Living a homeless life in Tbilisi shelter. January 13, 2014. http://www.georgianjournal.ge/society/25971-living-a-homeless-life-in-tbilisi-shelter.html

empowerment of people with a history of drug use as a sustainable solution to the drug abuse problem. *The Swiss Foundation Contact Netz which is an implementing partner of IOM in the frames of this project,* has long-standing expertise in social entrepreneurship for the rehabilitation of drug users and contributes by transfer of Swiss know-how.

During the inception phase of this Programme, IOM established the *Project Support Committee* comprised of relevant governmental stakeholders and international organizations. An open and inclusive grant competition was held, which resulted in the establishment of six social enterprises that are operated by five Social Enterprise Implementing Partners of IOM. These enterprises employ the target group and offer to the latter six months' duration therapy through work rehabilitation programme functional in the following scope of economic activities:

- Nursery for decorative flowers, shrubbery and trees and organic (bio) vegetable farming as well as breeding of animals, poultry and fish. The given Social Enterprise "Green Family" is operated by the *Gori Sapling Nursery of Gori Municipality*.
- Wooden (carpentry) workshop, which produces souvenirs, toys, and furniture and is operated by LTD *Perspektiva* under the *National Probation Agency of Georgia*.
- Cafeteria and a Car Wash Service Social Enterprises operated by non-commercial organization "Change the Scenario", which is a subsidiary organization of the LEPL *Centre for Crime Prevention under the MoJ*.
- The Art Café Social Enterprise, which is operated by the NGO *Kamara.*
- Advertisement Studio for the production of promotional materials, which is operated by the *Centre for Information and Counseling on Reproductive Health Tanadgoma*.

Throughout 2015-2016 social enterprises will offer long-term work rehabilitation services to a minimum of 120 people in drug addiction recovery. The Programme aim is to: a.) facilitate further integration of its beneficiaries, b.) raise public awareness through campaigns to sensitize potential employers and the public about the beneficial impact of integration services, and c.) disseminate information about the workforce capacity of programme alumni and raise employers' sensitivity towards the importance of former drug users' integration. This will contribute to overcome existing stigma among the general population and stimulate interest among potential employers.

With the assistance of the Global Fund, the *Anti-drug Centre* under the Patriarchy of Georgia has been working on psychosocial rehabilitation of drug users and their family members since 2007; in the frame of the Global Found Program, 152 beneficiaries received individual and/or group psychotherapy in 2014; 91 individuals referred to the Centre through the Church-Rehabilitation focal points. In total, 941 drug users or persons in remission received consultations on the hotline for users and their support network; 172 users were trained as peer-educators. A priest specifically trained by the Centre led 50 group sessions with beneficiaries. In the framework of the Global Fund project, the Centre conducts training for clergymen of Church-Rehabilitation focal points. *Anti-drug Centre* under the Patriarchy of Georgia notes that Orthodox as well as non-Orthodox persons are among the beneficiaries of the Centre. The majority of service users are men (Bekauri 2015).

Psychosocial Rehabilitation Centre Kamara is a local non-governmental organization, which has been functioning since 2010, providing assistance to people in recovery from drug addiction and their micro-social surrounding. *Kamara* offers the following services to substance-dependent individuals after detoxification: psycho-diagnosis, cognitive-behavioral therapy, yoga, group therapy, art-therapy, mytho-drama and

music-therapy. *Kamara*'s activities are partially funded by the Global Fund and the *Open Society Georgia Foundation* (Chokheli 2015). Most of their programs are funded by private donations and contributions. *Kamara* creates informal and "family-like" environments for beneficiaries of the Centre which facilitates retaining beneficiaries in the program for an average of 6-months. *Kamara* serves approximately 60 patients annually; however in 2014, 85 individuals benefited from these services. Of the 85, only 2 were women.

Kamara Rehabilitation Centre uses art-therapy which enables participants to create art in a therapeutic context. This Program increases participants' self-esteem and facilitates their social reintegration. There are public exhibitions where their artwork is sold. These exhibitions are aimed at reducing stigma and negative attitudes towards people who use drugs (Panjikidze 2015).

The unit for psycho-social rehabilitation and voluntary counseling and testing within the *Centre for Mental Health and Prevention of Addiction*, supports psychosocial rehabilitation of people who use drugs and is underwritten by the Global Fund. Patients enrolled in substitution therapy and people who have undergone in-patient and outpatient detoxification, receive rehabilitation through this unit. Beneficiaries are offered services including psycho-diagnosis, individual, group and family psychotherapy, cognitive–behavioral therapy, psychological counseling, art-therapy, ergo-therapy, conflict management, and self-help groups. Spiritual support is also organized by the Centre, as required and beneficiaries may meet Church representatives, who help them solve a variety of problems and begin the canonical life. The Centre has a well-equipped gym where physical and healthcare procedures are offered to beneficiaries. In addition to fostering physical health, the Centre helps patients overcome such mental health problems as anxiety, depression, and anger. The Centre supports vocational development through acquisition of computer skills training. In 2014, the Centre served 52 individuals. A total of 21 people completed the full 3-6 month rehabilitation Program in 2014 (Todadze and Mosia, 2015).

The European Union funded project Establishing Social Bureaus for Former Inmates, Prisoners and Probationers in Georgia (Kasrelishvili, 2015) was implemented by the *Centre for Information and Counseling on Reproductive Health Tanadgoma* in partnership with international non-governmental organizations – *Mainline Foundation and AIDS Foundation East-West*. This project provides education and consultation to socially vulnerable populations on HIV, Hepatitis B and C, psychological and medical issues, overdose prevention, and psychological rehabilitation based on the 12 steps Program model. Communication skills development training sessions are offered to Program beneficiaries who are seeking employment. In 2014 in Batumi, Kutaisi, and Zugdidi 631 individuals used social bureau services; 293 of whom were former inmates, 249 probationers, and 82 inmates. In 2014, the Project resolved problems for several beneficiaries such as the case of a formerly incarcerated individual in Kutaisi who became homeless when he was rejected by his family and abandoned. Through assistance from the social bureau, he was designated as a socially vulnerable single person and temporarily placed in a shelter. In Zugdidi, former inmates were employed as waiters at a hotel and in the hazelnuts factory based on the recommendation of the social bureau. However, these few cases are insignificant considering the scale of the overall problem in the country.

Currently there are no psychosocial rehabilitation services targeting female drug users; nor are there any plans to do so. Women with addictions suffer from double social stigma stemming from their status as women and their drug use. In addition to problematic drug use, many of these women are victims of domestic or gender-based violence.

Given the scale of the problem in Georgia, availability of psychosocial rehabilitation services for drug users and those in recovery, including geographical accessibility to such services, is insufficient. In addition, long-term rehabilitation and social reintegration-oriented services remain fully dependent on funding of international donor organizations; which creates risk for the sustainability of such services.

9. DRUG RELATED CRIME, PREVENTION OF DRUG RELATED CRIME, AND RESPONSES FOR DRUG USERS IN PRISON

9.1. INTRODUCTION

Statistics on drug-related crimes presented here were obtained through publically available data and written requests for data from these public agencies - the Ministry of Internal Affairs, the Chief Prosecutor's Office, and the Supreme Court of Georgia.

Primary drug offences are defined as a violation of drug related articles under the Criminal and Administrative Codes of Georgia. Secondary drug offences are defined as: the acts committed under the influence of drugs; offenses committed to obtain money to buy drugs; or offences committed by drug market participants (e.g. selling of drugs or violent crimes linked to the drug market). Secondary drug offences are not recorded in Georgia, therefore this report presents data on primary drug offences only.

9.2. DRUG RELATED CRIME

9.2.1. Criminal Punishment for Drug Offences

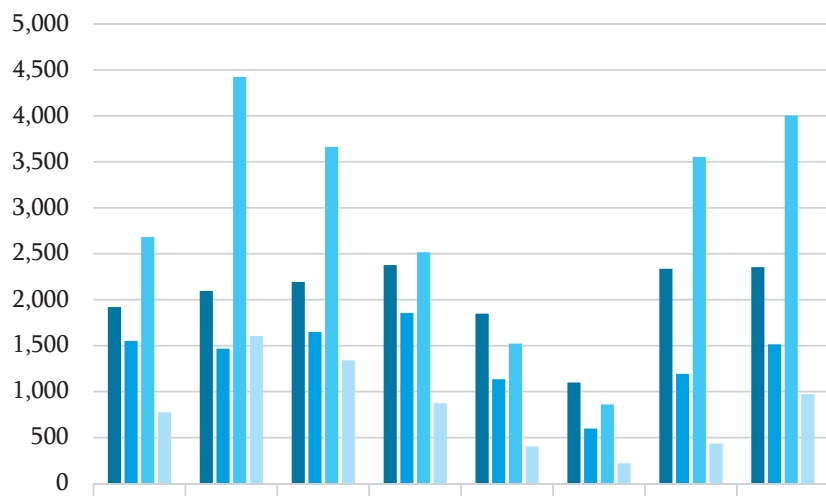
According to data supplied by the Supreme Court of Georgia, in 2014, first instance courts heard 6,452 cases against 6,666 persons accused of committing crimes under Chapter 33 of the Criminal Code of Georgia (CCG). The majority of cases reviewed (> 95%) concerned drug related crimes under Articles 260 and 273, accounting for 33.4% and 62% of all cases heard respectively. Article 260 violations result in imprisonment penalties ranging from 6 months to lifetime for following acts: illegal preparation, manufacturing, purchase, storage, transportation, transfer or sale of drugs, their analogues or precursors or new psychoactive substances. Article 273 violations result in sanctions (fine or imprisonment for a term of up to 1 year) for the following actions: illegal preparation, purchase, storage or illegal use of a drug, without doctor prescription, in small amounts for personal use committed two or more times during a 12-month period. Two-thirds of convicts under the Article 260 and one-fourth under Article 273 were sentenced to prison. Fines were issued as a primary and additional penalty to 45% of individuals convicted under both Articles, and plea bargains were reached in 71% of the cases (See Table 12).

Table 12: Number of cases and individuals reviewed by the First Instance Court in relation to drug related offences in 2014 (Supreme Court of Georgia 2015)

Criminal Code of Georgia	Heict	Among those applied punishment	Imprisonment	Provisional Sentence	Fine (as primary sentence)	Fine (as secondary sentence)	Community Works	Heard with plea bargain
	cases	persons	persons	persons	persons	persons	persons	cases
260	2,156	2,354	1,515	802	37	1,215	144	1,858
261	57	59	9	12	38	16		53
262	130	132	78	10	44	36		92
263	2	2			2			2
264	1	1		1				1
265	113	114	53	60	1	63		98
271		1		1		1		1
273	3,993	4,003	972	2,082	805	741		2,618
Total	6,452	6,666	2,627	2,968	927	2,072	144	4,723

The number sentenced under Article 260 did not change significantly in comparison to the previous year (2013), however the number of persons sentenced under the Article 273 increased noticeably. Imprisonment was used more frequently as a sanction in 2014 than 2013; 64% of cases in 2014 compared to 45% in 2013 for Article 260 and 24% of 2014 cases compared to 12% of 2013 cases for Article 273 (See Figure 16).

Figure 16: Number of individuals sentenced under Article 260 and 273 of CCG by years, 2007-2014 (Supreme Court of Georgia, 2015)



	2007	2008	2009	2010	2011	2012	2013	2014
Convicted under the article 260	1,919	2,095	2,193	2,376	1,849	1,100	2,336	2,354
Including imprisonment (260)	1552	1467	1649	1855	1,135	598	1,193	1,515
Convicted under the Article 273	2681	4423	3663	2517	1523	861	3553	4003
Including imprisonment (273)	775	1605	1340	874	403	220	435	972

9.2.2. Administrative Offences

According to the information from the Ministry of Internal Affairs of Georgia, in 2014 50,865 persons were subjected to drug tests. Test results showed that 14,005 persons tested positive for the presence of drugs in their system; most commonly detected drugs were marijuana (61.7%), opium (22%), methadone (12%) and buprenorphine (9.3%). The same individual is generally tested for the presence of several drugs. Therefore, data presented in Table 14 shows a sum of positive test results for various substances exceeding the number of persons who had positive drug panel screening results. Of all those tested in 2014, only 1% of people tested were women (see Table 13).

Table 13: Number of persons tested for drugs in 2014 at the main forensic-criminology division of the MIA (Ministry of Internal Affairs of Georgia 2015)

2014	Total number	Positive	Negative	Opium	Buprenorphine	Marijuana	Methadone	Methadoen	Cocaine	Tramadol	Ecstasy	Synthetics
January	6,482	2,139	4326	976	125	956	199	174	8	15	15	43
February	5,761	1,802	3,959	961	128	592	201	131	7	14	10	32
March	4,526	901	3,625	182	154	338	176	142	5	25	8	31
April	3,060	518	2,542	127	92	187	135	48	0	12	6	11
May	2,950	495	2,468	80	106	175	151	30	6	15	4	13
June	2,971	583	2,392	122	73	262	133	14	5	8	4	29
July	3,498	767	2,722	115	107	500	107	9	0	16	0	7
August	3,957	1,099	2,858	109	121	825	113	8	5	8	8	8
September	4,918	1,504	3,414	98	132	1,239	123	19	3	5	3	2
October	4,388	1,619	2,777	105	96	1,407	118	12	3	9	1	2
November	4,061	1,365	2,696	100	77	1,169	96	23	2	0	0	---
December	4,293	1,213	3,081	92	93	996	111	21	4	5	3	1
Total	**50,865**	**14,005**	**36,860**	**3,067**	**1,304**	**8,646**	**1,663**	**631**	**48**	**132**	**62**	**179**

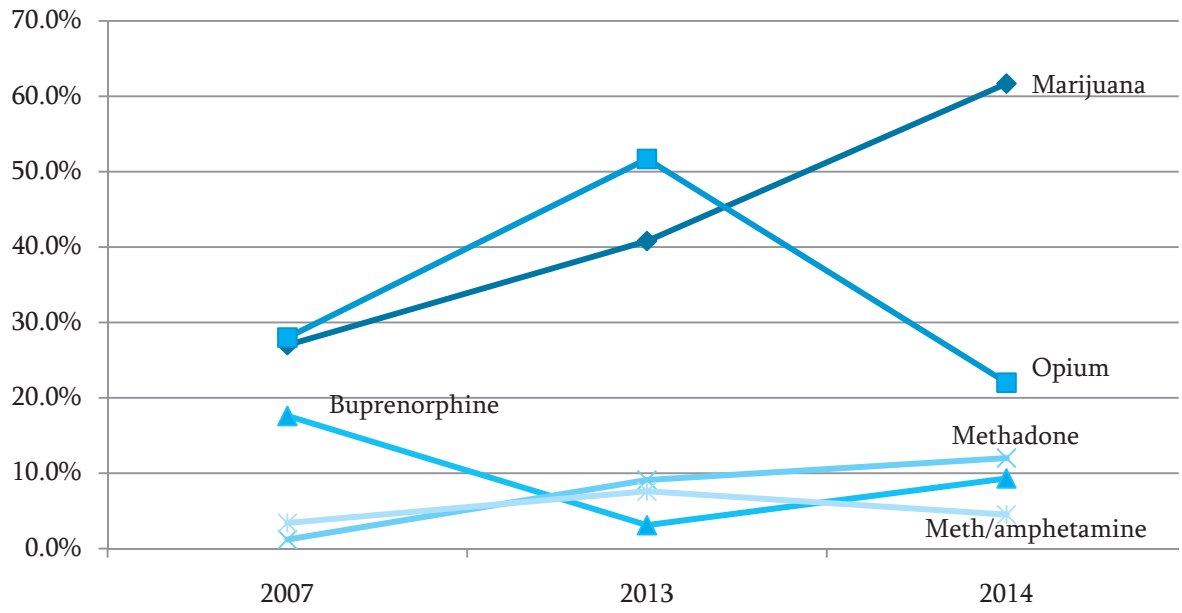
Table 14: Number of individuals by sex tested for drugs in 2014 by the main forensics-criminology division of the MIA (Ministry of Internal Affairs of Georgia 2015)

Sex	Women	Men	Total
Tested	485	50,380	50,865
Positive	112	13,893	14,005
Proportion of positive cases (%)	23	27.6	

Marijuana and opioids were the most frequently consumed drugs among those who tested positive in 2013 and 2014. There was a significant increase in detection of marijuana consumption in 2014 from 2013, and

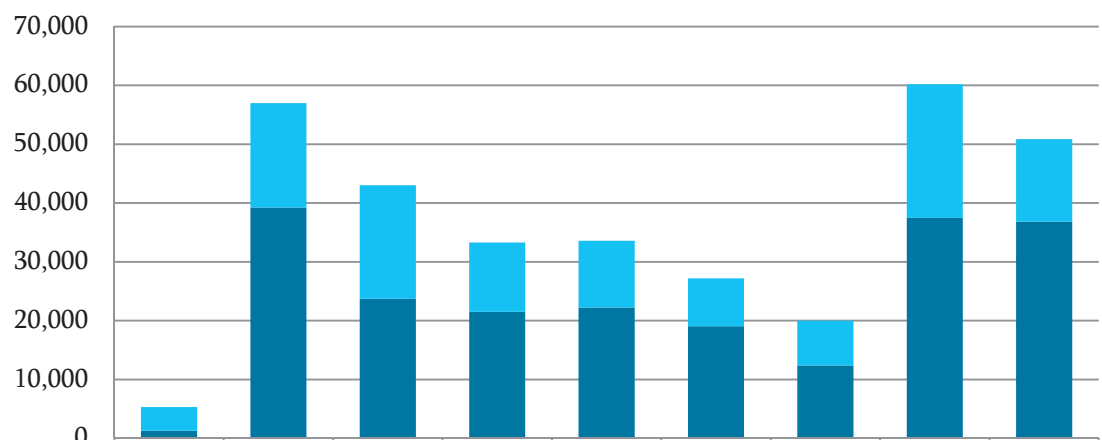
a significant decrease in opioid detection (See Figure 17). There has been a stable and substantial increase in detection of marijuana consumption since 2007.

Figure 17: Percentage of types of drugs people tested positive for during street drug testing in 2007, 2013 and 2014 – five most frequently detected drugs
(Ministry of Internal Affairs of Georgia, 2008, 2014, 2015)



Compared to 2013, the number of persons tested for drugs in 2014 had decreased by approximately 10,000 (See Figure 18). The proportion of positive results decreased as well; in 2014 positive results accounted for 27.5% of cases compared to 37.7% of those tested in 2013.

Figure 18 : Number of tested persons and positive results, 2006-2014
(Ministry of Internal Affairs of Georgia, 2007-2015)



	2006	2007	2008	2009	2010	2011	2012	2013	2014
Positive	4014	17,745	19,302	11,794	11,348	8,138	7,627	22,711	14,005
Negative	1,286	39,255	23,727	21,498	22,244	19,040	12,373	37,485	36,860

According to data from the *Supreme Court of Georgia*, in 2014, 9,161 rulings were made based on Article 45 of the *Administrative Code of Georgia* (consumption of controlled substances without doctor's prescription), of which 95% (n=8,694) resulted in monetary penalties. Unfortunately, since 2011 government offices have been unwilling to provide data on amount of fines collected for these violations. They have responded to written requests for this information by saying they cannot run statistics on the amounts paid based on this Article. However, prior to 2011 such information was available at the Supreme Court.

Table 15: Rulings of the First Instance Court based on the Article 45 of the Administrative Code of Georgia related to drug testing in 2014 (Supreme Court of Georgia 2015)

Judicial decisions	Number of individuals
Administrative imprisonment	115
Monetary penalty	8,694
Released from administrative responsibility	261
Case transferred to Prosecutor's Office for further investigation	91
Total	**9,161**

9.3. PREVENTION OF DRUG-RELATED CRIME

Georgia does not have a separate drug-related crime prevention strategy, and it is presumed that measures aimed at general crime prevention include components of drug use prevention as well. For example, the *LEPL Crime Prevention Centre under the Ministry of Justice* works on those matters, and facilitates rehabilitation and social reintegration of inmates following their release from prison For details please refer to chapter 3 sub section 3.5.

9.4. DRUG USE IN CORRECTIONAL FACILITIES

By December 2014, the combined population of 15 correctional facilities across Georgia totaled 10,372 accused and convicted individuals, of which 2.7% (n=281) were women (Ministry of Corrections of Georgia 2015). The number of prisoners who have a history of psychoactive substance use is not available. Ministry representatives admit that the use of psychoactive substances within its' facilities is a problem, however no precise data are available. As in previous years it is considered that Georgian prisons are drug free (i.e. drugs are not channeled into prisons), and, therefore not used. This subject was reviewed in detail in the 2013 Report.

9.5. RESPONSES FOR DRUG USERS IN PRISONS

According to 2014 Report of the Ministry of Corrections of Georgia: "Penitentiary health reform was successfully completed in 2014 (so-called "18-months reform"), which were designed to complete transformation

of the system in 2013-2014 (Ministry of Corrections of Georgia, 2014 Report 2014). These reforms envisaged system changes, which included improvement of prison medical infrastructure and capacity building of medical staff. More detailed information on changes introduced in the Penitentiary System in recent years was presented in the 2013 Report.

9.5.1. Treatment of Drug Addiction in Correctional Facilities

According to 2014 Report of the Ministry of Corrections, coverage of addiction services in the penitentiary system increased, namely new addiction treatment units opened, an awareness campaign against psychotropic medication dependence began, agreements with civil sector addiction clinics were signed and treatment/rehabilitation of inmates was initiated including methadone detoxification expansion and introduction of long-term substitution therapy (Ministry of Corrections of Georgia 2015b).

Specialized addiction treatment is available in three correctional facilities. Methadone detoxification Programs are available in pre-trial detention facilities in Tbilisi and Kutaisi. In addition, the central penitentiary hospital offers abstinence oriented treatment to inmates requiring such treatment. In 2014 474 accused and convicted inmates completed methadone assisted detoxification treatment, including four women. In-patient detoxification course were also delivered to four inmates.

9.5.2. Harm Reduction Activities

Harm reduction Programs have not been introduced to prisons. Similar to previous years it is presumed that illegal drugs do not enter prisons and therefore no drugs are used within the facilities. The only harm reduction component, which was implemented under the aegis of the HIV/AIDS prevention measures in correctional facilities, has been the voluntary counseling and testing (VCT). VCT offices function in all but two correctional facilities. This service is funded by the grant of the Global Fund.

9.5.3. Access to healthcare services and their delivery to drug users in correctional facilities

According to data from the Ministry of Corrections, in 2014 8,000 individuals in correctional facilities were tested for HIV and Hepatitis C virus. There were 34 HIV-positive results and 3,800 HCV-positive individuals (Ministry of Corrections of Georgia 2015a). In the frame of the *State Program for Elimination of Hepatitis C*, inmates are provided with universal access to specific services, which means that those requiring HCV treatment have an opportunity of receiving it. Antiretroviral treatment for HIV/AIDS was delivered to 75 patients (Ministry of Corrections of Georgia, 2014 Report 2014).

9.6. REINTEGRATION OF DRUG USERS AFTER RELEASE FROM PRISONS

Currently prisons do not operate any specific programs aimed at reintegration of drug users after release from prisons. Psychosocial reintegration programs are funded through the European Union and non-governmental organizations (NGO's).

As for post-prison psychosocial rehabilitation programs, the European Union funded project *Establishing Social Bureaus for Former Inmates, Prisoners and Probationers in Georgia* was implemented and has been in operation since 2012 by the *Centre for Information and Counseling on Reproductive Health Tanadgoma* in partnership with international NGO's – *Mainline Foundation* and *AIDS Foundation East-West*. The Project offers former prisoners counseling on HIV/AIDS, Hepatitis B and C, overdose prevention and psychological rehabilitation based on the *12 steps Program* model, in addition to communication skills training for those seeking employment. For more detailed information see Social Integration section of chapter 8 in this report.

10. DRUG MARKETS

10.1. INTRODUCTION

Due to lack the of monitoring of drug situations no comprehensive or consistent information on the circulation of illegal drugs and illicit drug market parameters have been collected to date. The primary sources of information for data on drug markets presented in this section are derived from addiction service providers, the Ministry of Internal Affairs (MIA) website, and letters from the MIA. The MIA letters were prepared and sent to the Annual Report team in response to our written requests for specific information. In addition data on drug use trends was provided by addiction service providers regarding the prevalence of drug use among their clientele.

10.2. DRUGS TRAFFICKING AND SUPPLY

Georgia does not have an organized mass manufacturing of drugs to supply domestic and/or external markets. The situation is quite the opposite, whereby preparation of homemade "small batch" synthetic injecting drugs (opioids and stimulants) is common practice among drug users in Georgia. Small networks of drug users (usually 3-5 people) prepare and use drugs at home. This type of drug production is for individual use only and there is no information to indicate distribution and/or sale of such homemade drugs.

It is currently not possible to assess availability of particular drugs in any reliable and valid way; the only available information comes from government reports on the amounts of drugs seized from illegal circulation or the frequency of various drugs used in specific period of time. Neither drug seizures nor drug tests performed by the law-enforcement authorities are used as an indicator of availability and accessibility of specific drugs (See Figure 17 for the most common positive drug tests results which include marijuana, opium, buprenorphine, methadone, and meth/amphetamines). For example, the largest seized amount of heroin in 2014 (592 kg – see Table 18) does not mean that heroin would have become unavailable in the Georgian drug market. Similarly, data from *Georgian Harm Reduction Network* and epidemiological surveillance surveys shows that in 2014 consumption of heroin and buprenorphine had increased (See Figure 17); however this does not necessarily indicate increased availability of those drugs. It is possible that in addition to availability users' choice of specific drug is affected by other factors.

10.2.1. New Psychoactive Substances

Information related to the availability of new psychoactive substances is given in the 2014 Drug Situation Report of the Ministry of Internal Affairs (within MIA competence) and the First Annual Report on Situation on New Psychoactive Substances (Ministry of Internal Affairs of Georgia, 2014; Ministry of Internal Affairs of Georgia, 2015a). According to these Reports, since 1 May 2014 (date of enactment of

the *Law on New Psychoactive substances*) the detection rate of use (based on the results of street drug testing) of new psychoactive substances reduced by 90% in a single 12-month period (from May 2013 – June 2014 n= 687 cases; from May 2014-June 2015 n=53 cases). Detection of import of new psychoactive substances significantly reduced in the same period of time – 53 cases vs. 5. Authors of the MIA Reports have interpreted this data as a reduction of use of new psychoactive substances by 90%. Common standards of epidemiology and drug situation monitoring suggest that indicators of reduced detection of specific substance by drug tests or reduced interdiction and detection of substances on the border are not sufficient for arriving at the conclusions drawn by the MIA. Moreover – supply of new psychoactive substances (NSP's) varies and the NSP's on the market are changing rapidly and thus cannot be detected in drug screening tests.

10.3. SEIZURES

In 2014 the largest amount of drugs in the history of Georgia were seized from illegal circulation. The primary drugs seized were heroin and cannabis. This may be attributed to an increased influx of these given substances as well as the effective work of police forces or revision of policing work priorities. Table 16 shows the quantities of drugs seized in 2006-2014.

Table 16 : Amount of drugs (pure substances) seized from illegal circulation in 2006-2014
(Ministry of Internal Affairs, 2007-2015)

	2006	2007	2008	2009	2010	2011	2012	2013	2014
Heroin (kg)	8.59	16.15	12.11	5.05	1.71	0.47	0.29	117.62	591.89
Opium (kg)	0.22	0.14	0.05	0.12	0.09	0.09	0.01	0.05	0.21
Marijuana (kg)	26.24	23.64	28.29	43.70	27.06	48.47	30.08	71.60	57.39
Tramadol (kg)	0.07	0.1	0.73	0.13	0.21	0.02	0.01	0.14	0.730
Cannabis plants (kg)	123.03	64.85	41.56	100.25	26.88	88.91	21.07	217.77	5,420.8
Methadone (kg)	0.02	0.21	0.32	0.29	0.03	0.003	0.04	0.009	0.14
Subutex (tablets)	10,852	16,232	13,757	7,022	2,815	3,031	777	1,678	-----
Amphetamine (g)			0.0063	0.68	0.87	0.29	0.19	0.26	57.52
Methamphetamine (kg)	0.002	0.0004	0.002	0.003	0.008	0.002	0.001	0.003	0.06
Morphine (kg)	0.003	0.004	0.03	0.006	0.007	0.005	0.004	0.002	11.76
Codeine (kg)						0.03	0.01	0.03	2.29
Fentanyl (kg)								0.0004	0.0008
Desomorphine (kg)							0.001	0.01	0.0006
Cocaine (kg)		0.0005	0.001		0.13		0.008	0.002	0.50
Ephedrine (g)		1.19	1.02	3.68	7.59	1.86	1.01	0.79	0.00015

Ecstasy (MDMA) (g)						0.000002	0.01	0.077	0.071
Pseudoephedrine (g)									0.07
Tramadol (kg)	0.07	0.1	0.73	0.13	0.21	0.02	0.01	0.14	0.73
LSD (g)						0.0014	0.0019	0.0015	
Pregabalin (kg)								0.59	15,4
Poppy seeds (kg)						2.02	0.28	13.93	8.22
Buprenorphine (kg)									0.25
*** -** Data in the Table may differ from data in previous annual reports. This report used the most recent data supplied by the MIA in the letter N2747853 dated December 12, 2015. Although all previous Annual Reports also used MIA information, in some cases the most recent data differ.									

10.4. PRICE/PURITY

Reliable and comprehensive information on price and purity of drugs consumed in Georgia is unavailable.

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ACRONYMS

HIV/AIDS –	human immune deficiency virus/acquired immune deficiency syndrome
ARV –	antiretroviral treatment
VTC -	Voluntary Testing /Consultation
MIA –	Ministry of Internal Affairs
BBSS –	Bio Behavioral Surveillance Survey
EMCDDA –	European Monitoring Centre for Drugs and Drug Addiction –
ESPAD –	European School Project on Alcohol and Other Drugs –
EUDAP –	European Drug Prevention Program
GARP –	Global AIDS Report
GHPP –	Georgian HIV Prevention Program
GHRN –	Georgian Harm Reduction Network
HRDU –	High Risk Drug Use
MSY –	Ministry of Sports and Youth Affairs
NCDC –	National Centre for Disease Control
PDI –	Peer Driven Intervention
RPR –	Rapid Plasma Reagin
UNAIDS –	United Nations AIDS Fund
UNICEF –	United Nations Children's Fund
UNODC –	United Nations Office on Drugs and Crime
UNGASS –	United Nations General Assembly Special Session
USAID –	United States Agency for International Development

TABLES

LIST OF FIGURES

BIBLIOGRAPHY

"Addictology Standards in Georgia." 2015. Tbilisi.

Bekauri, Nino. 2015. "Personal Communication." Tbilisi.

Chkhartishvili, Nikoloz, and Otar Chokoshvili. 2015. "Personal Communication."

Chokheli, Marina. 2015. "Personal Communication." Tbilisi.

Curatio International Foundation & Bemoni Public Union. 2009. "Estimating The Prevalence of Injection Drug Use in Five Cities of Georgia, Consensus Report." Tbilisi.

———. 2012. "Estimating The Prevalence of Injection Drug Use in Georgia." Tbilisi.

———. 2015a. "Bio-Behavioral Surveillance Survey Among People Who Inject Drugs in 7 Cities of Georgia." Tbilisi.

———. 2015b. "Population Size Estimation of People Who Inject Drugs in Georgia."

Curatio International Foundation & Medical-Psychological Center Tanadgoma. 2015. "HIV Risk and Prevention Behavior Among People Who Inject Drugs in 7 Cities of Georgia."

Gamkrelidze, Amiran, Maia Kereselidze, Manana Tsintsadze, Ketevan Ghambashidze, Marina Shakhnazarova, Nino Tsetskhladze, Nino Grdzelidze, et al. 2014. "Healthcare Statistical Yearbook."

Gogia, Marine. 2013. "Georgian Harm Reduction Network, Program Data." Tbilisi.

———. 2014. "Georgian Harm Reduction Network, Program Data."

———. 2015. "Georgian Harm Reduction Network, Program Data."

Government of Georgia. 2010. *Government Resolution No 385, 17.12.2010*. Tbilisi.

Inaba, Darryl, and William Cohen. 2014. *Uppers, Downers, All Arounders: Physical & Mental Effects of Psychoactive Drugs*. Seventh Ed. Medford, OR.

Javakhishvili, Darejan, Davit Otiashvili, and Mzia Tabatadze, eds. 2013. *The Drug Situation in Georgia*. Tbilisi.

Kasrelishvili, Vajha. 2015. "Establishing Social Bureaus for Former Inmates, Prisoners and Probationers in Georgia." Tbilisi.

Labartkava, Konstantine. 2015. "Personal Communication." Tbilisi.

Levi, Jeffrey, Laura M. Segal, Anne De Blasi, and Alejandra Martin. 2015. *Reducing Teen Substance Misuse: What Really Works*. Trust for America's Health.

"Ministry of Corrections of Georgia." 2015a.

———. 2015b. "System Statistical Report 2014."

"Ministry of Corrections of Georgia, 2014 Report." 2014. Tbilisi.

"Ministry of Education and Science of Georgia." 2014. Tbilisi.

———. 2015. Tbilisi.

Ministry of Internal Affairs of Georgia. 2014. "The Drug Situation in Georgia, 2014 Report." Tbilisi.

———. 2015a. "First Annual Report on Existing Situation in Georgia Relating to New Psychoactive Substances (1 May, 2014 – 1 May, 2015)." Tbilisi.

———. 2015b. Tbilisi.

Ministry of Justice of Georgia. 2015. "Georgia's Justice Sector Reforms." Tbilisi.

Ministry of Labor, Health and Social Affairs of Georgia. 2015. "Ministry of Labor, Health and Social Affairs of Georgia." Tbilisi.

Ministry of Sport and Youth Affairs of Georgia. 2015. "Ministry of Sport and Youth Affairs of Georgia." Tbilisi.

National Centre for Disease Control and Public Health of Georgia. 2015a. "HCV Anti-Viral Treatment Available in Georgia." http://ncdc.ge/Category/Article/4339.

———. 2015b. "IV-11 Form." http://ncdc.ge/Home/Search?str=%E1%83%A4%E1%83%9D%E1%83%A0%E1%83%9B%E1%83%90+IV-11.

National Institute of Drug Abuse. 2003. *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Rarents, Educators, and Community Leaders.* Second Edi. Bethesda, MD: National Institutes of Health, NIH Publication.

O'Connell, Mary Ellen, Thomas Boat, and Kenneth E. Warner, eds. 2009. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. National Academies Press.

Panjikidze, Salome. 2015. "Personal Communication." Tbilisi.

Parliament of Georgia. 1997. *Law of Georgia on Civil Service*. Tbilisi.

Saxena, Shekhar, Eva Jané Llopis, and Clemens Hosman. 2006. "Prevention of Mental and Behavioral Disorders: Implications for Policy and Practice." *World Psychiatry* 5 (1): 5–14.

"State Strategy on Combating Drug Abuse." 2014. Tbilisi.

"Supreme Court of Georgia." 2015. Tbilisi.

The National Centre on Addiction and Substance Abuse. 2015. "Guide for Policy Makers: Prevention Early Intervention and Treatment of Risky Substance Use and Addiction." New York.

Todadze, Khatuna, and Sopo Mosia. 2015. "Personal Communication."

UNODC. 2015. "International Standards on Drug Use Prevention." Vienna.

Wittchen, H.U., S. Behrendt, M. Höfler, A. Perkonigg, R. Lieb, G.E.E.A. Bühringer, and K. Beesdo. 2008. "What Are The High Risk Periods for Incident Substance Use and Transitions to Abuse and Dependence? Implications for Early Intervention and Prevention." *International Journal of Methods in Psychiatric Research* 17 (S1): S16–29.

Annex 1: Chapter XXXIII of the Penal Code of Georgia: Drug-related offences

Article No.	Drug-related offence	Range of sanction
Article 260	Illegal manufacturing, production, purchase, storage, transportation, dispatch or sale of narcotic drugs, its analogue, precursor or new psychoactive substance	Imprisonment from 6 months till lifetime imprisonment
Article 261	Illegal manufacturing, production, purchase, storage, transportation, dispatch or sale of psychotropic substances, its analogue or especially dangerous narcotic substances[18]	From fine to imprisonment up to 12 years
Article 262	Illegal import, export or international transit of narcotic drugs, its analogue, precursor or new psychotropic substances	Imprisonment from 5 years till lifetime imprisonment
Article 263	Illegal import, export or international transit in a large quantity of psychotropic substances, its analogue or especially dangerous narcotic substances	Imprisonment from 2 to 12 years
Article 264	Misappropriation or extortion of narcotic drugs, its analogue, precursor, new psychoactive substances, psychotropic substances, its analogue or especially dangerous narcotic substances	From fine to imprisonment up to 12 years
Article 265	Illegal planting, growing or cultivating of plants containing narcotics	From fine to imprisonment up to 12 years
Article 266	Establishment or maintenance of a covert laboratory for illegal production of narcotic drugs, its analogue, precursor, new psychoactive substances, psychotropic substances or its analogue	From 4 to 12 years of imprisonment
Article 267	Issuing a false prescription or other documents for the purchase of narcotic drugs, with the purpose of sale or its actual sale	From fine to imprisonment up to 13 years
Article 268	Issuing a false prescription or other documents for the purchase of psychotropic or especially dangerous narcotic substances, with the purpose of sale or its actual sale	From fine to imprisonment up to 12 years

[18] Narcotic drugs whose medical usage is restricted by Georgian legislation (http://police.ge/files/pdf/sakanonmdeblo%20baza/9.Law_on_Narcotic_Assistance.pdf)

Article 269	Violation of regulations for manufacturing, production, use, registration, storage, transportation, dispatch or import of narcotic drugs or its precursors	From fine to imprisonment up to 5 years
Article 270	Violation of regulations for manufacturing, production, use, registration, storage, transportation, dispatch or import of psychotropic and especially dangerous narcotic substances	From fine to imprisonment up to 2 years
Article 271	Provision of a residence or other premises for illegal use of narcotic drugs, its analogue, new psychoactive substances, psychotropic substances, its analogue	From fine to imprisonment up to 9 years
Article 272	Inducing someone in abusing narcotic drugs, its analogue, new psychoactive substances, psychotropic substances, its analogue	From fine to imprisonment up to 6 years
Article 273	Illegal preparation, purchase, storage of a small quantity of narcotic drugs, its analogue or precursor for personal use or its illegal use without medical prescription	From fine to imprisonment up to 1 year
Article 274	Evasion from compulsory medical treatment	Imprisonment up to 1 year

Annex 2: Information on the treatment institutions

Treatment Institutions	Address and a contact person	List of the services provided	Space size	Staff: medical doctor, nurse, etc.	Capacity (how many persons during the year receive service in average)	Treatment cost
Centre for Mental Health and Prevention of Addiction, *Public legal body*	21a Kavtaradze str, Tbilisi; Manana Beruchashvili	1. OST (state, 14 sites 6 in Tbilisi and 8 in regions) 2. Inpatient detoxification and primary rehabilitation (state and private).	40 beds	42-medical doctors (narkologists); 68-nurses; 11-social workers; 15 psychologists	-OST has treated 2300 persons ; -Inpatient detoxification and primary rehabilitation were passed – 363 persons; 132 persons in state program, and 231 persons in private sector _	OST-215 GEL, among them 105 GEL state money, and 110 GEL is a co-payment; for people under the poverty level and with HIV/AIDS – the service is free; Inpatient detoxification and primary rehabilitation in private sector- 2200- 2500 GEL, state program - 2250 GEL.
Medical Centre "Uranti", *Private clinic*	Nutsubidze platoo, 5, buildg 2a Zurab Sixarulidze	Detoxification inpatient and outpatient Primary reahab Substitution 4 sites , 2 programs from GF for fee, 4 programs from the State = 110Gel per month	10 beds, 800 qm	20 narcologists 25 nurses 6 psychologists 4 social workers Administration 10	Substitution 1000 clients Inpatient 15 pers per month	Inpatient detoxification and primary rehabilitation in private sector- 2200- 2500 GEL, state program - 2250 GEL.
Medical Centre "Bemoni" *Private clinic*	#16 S. Kavtaradze street, treatment combinat building, 7thflore Zaza Chikovani	Detoxification inpatient and outpatient Primary rehab 1 program from the State	5 beds, 453 qm	5 narcologists 9 nurses 3 psychologists 2 rehabilitation specialists 3 administration 3 cleaning ladyes	Inpatient 12-13 persons per month	Average prices; Maximal price for detox/ primary rehab 5500 GEL -1 month State program 2000gel
Medical centre named after Johny Chanturia) *Private clinic*	3 Eristavi str., Mzia Mujiridze	Inpatient detoxification and primary rehabilitation	5 beds	Psychologist 1, No social worker, doctor 6 narcologists	During 2013 year, 47 persons pass the detoxification, 2 from them were in state program	2250 GEL state program; 2300-2500 GEL-private

(*"Narcological Centre"*) in Batumi Public legal body	44 N.Jakeli str, Batumi. Lia Jincharadze	Inpatient detoxification and primary rehabilitation	5 beds	5 narcologists 10 nurses 1 psychologists 2 social workers	45 persons altogether treated during 2013 year - 31 persons were treated in state program and 14 persons in private sector.	
Clinic Neogeni *Private Clinic*	David Vadachkoria	Inpatient and outpatient treatment, detoxification, Primary rehabilitation	680qm	Medical doctor 6, Nurses 6 Psychologist 1	14 beds	State program (2250 GEL) and internal standard;