

# THE DRUG SITUATION IN GEORGIA

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## SUMMARY

2015 was a remarkable year in terms of exploring the drug situation in Georgia: two nationwide epidemiological studies were implemented for the first time in the country, providing evidence on the use of psychoactive substances among young people and the general population. In the EU funded study conducted by the *National Centre for Disease Control and Public Health*, randomly selected 10<sup>th</sup> grade students were surveyed using the ESPAD method<sup>1</sup>. Furthermore, a general population survey was implemented among the representative sample of the country's households by the *Addiction Research Center Alternative Georgia* in cooperation with the *National Centre for Disease Control and Public Health* to study the use of tobacco, alcohol and drugs. The latter survey was funded by the *United States Agency for International Development* and the *Czech Development Agency*.

According to the ESPAD survey, alcohol is the most commonly used psychoactive substance among 16-year-old students in the country. 85% of students had used alcohol at least once in their lifetime and 43% reported the use of alcohol in the last 30 days. The beverage most commonly consumed by Georgian students is wine (40%), followed by beer (36%), strong drinks (30%) and alcopop (14%). Boys show a higher consumption rate for every drink in comparison with girls. 41% of the respondents (51% of boys and 30% of girls) reported an episode of heavy drinking in the last 30 days. As for illegal psychoactive substances, the most commonly used substances are marijuana or hashish (cannabis): 11% of students said that they had tried marijuana or hashish (cannabis) at least once in their lifetime, 8% used marijuana or hashish (cannabis) in the last 12 months and 4% of students had used the named substances in the last 30 days. 2.35% of respondents tried marijuana or hashish (cannabis) at the age of 13 or earlier. In addition to marijuana or hashish (cannabis) 11% of the surveyed teenagers reported the use of tranquilizers and sedatives without a doctor's prescription.

Similarly to the youth survey, the general population survey showed a high consumption rate of alcohol among the population of people aged 18-64. Namely, 91%- of respondents had used alcohol at least once in their lifetime. Men use alcoholic drinks more frequently and in larger amounts than women. One fourth of men consume at least 7 glasses of standard alcoholic drinks per drinking episode. The study also revealed a high rate for the use of psychotropic medications without a doctor's prescription. In particular, every tenth respondent has used a psychotropic medication without a doctor's prescription at least once in their lifetime. In addition, the rate for cannabis use once in a lifetime is also high (32% for men and 2.9% for women); 1.2% of the entire sample reported the use of cannabis in the last 30 days. The rate for the use of new psychoactive substances (bio, bio-smoke, spice, etc.) is very low (69 respondents out of the more than 4,800 survey participants). The rates for the use of other illegal drugs are also low, which might reflect the respondents' reluctance to admit drug use due to stigma and/or punitive drug legislation.

Survey results reveal the need for developing institutional mechanisms for drug misuse prevention in the country. The preventive measures currently implemented are not evidence based, do not meet the international standards and are mostly limited to fragmentary campaigns and public lectures. No studies are being carried out to evaluate the effectiveness of those interventions which makes it impossible to assess their impact.

<sup>1</sup> European School Survey Project on Alcohol and Other Drugs.

The last study aimed at the estimation of size of injecting drug users (IDU) was conducted in 2014, followed by experts' consensus according to which the number of IDUs in 2014 made up 49,700 individuals (49,208 – 50,192); the prevalence rate - 2,02% (2,00% - 2,04%) for 18-64 old population and 1,33% (1,32% - 1,35%) for the general population. According to the study conducted by the *Georgian Harm Reduction Network* the most commonly used injecting drugs among their beneficiary IDUs were opiates (24%).

Addiction treatment in Georgia is provided by public and private institutions as well as by a non-governmental sector. The treatment modalities include: (1) abstinence oriented, both in- and out-patient treatment (detoxification), accompanied by a short-term primary rehabilitation and short term psychosocial rehabilitation, and (2) substitution therapy implying Methadone maintenance program implemented since 2005 and Suboxone maintenance program implemented since 2012.

In 2015, the price for abstinence oriented therapy ranged from 1,500 to 2,800 GEL depending on the condition; the price of out-patient therapy ranged from 1,200 to 1,600 GEL. At present, the opioid substitution therapy is being delivered via three following mechanisms: Global Fund financed programs providing free of charge treatment, State Substitution Therapy Program co-funded by the patient (150 GEL per month per person) and the State, and private sector implying out of pocket payment.

The specialized treatment programs are available in the three penitentiary institutions of the country. Namely, the methadone detoxification programs are operating in Tbilisi and Kutaisi pretrial detention isolators, and abstinence oriented treatment is offered by the Central Penitentiary Hospital.

In 2015, total of 933 patients, including, 28 women, underwent abstinence oriented treatment in the 7 existing addiction treatment clinics in the country. An increase in the number of treatment episodes for disorders caused by non-injected use of sedatives and sleeping pills continued in 2015 (26.4% of the total treatment episodes). In correlation with the previous years, the opioid use prevailed among the treated patients. 38.8% of patients treated in 2015 belong to the age group from 25 to 34, 36.6% - from 35 to 44.

Treatment within the frame of opioid substitution therapy programs in 2015 received 459 beneficiaries, including 41 women. Out of them, 4,105 patients were beneficiaries of the Methadone substitution therapy program (including 336 in the penitentiary system) and 554 - Suboxone substitution therapy program.

Before 2010, injecting drug use was the main route for HIV transmission in the country. This gradually changed, and by 2015 the share of injecting drug use had dropped to 28.5% while share of heterosexual contacts had increased to 50.2%.

There is no credible data on drug related deaths (DRD) in the country. According to the *Levan Samkharauli National Forensic Bureau* there were 7 drug related deaths in the country in 2014 and 5 DRDs in 2015, while data collected by the *Georgian Harm Reduction Network* estimates that there were at least 39 fatal overdoses in 2014 and 50 in 2015.

Harm reduction infrastructure and interventions are the most developed in the country, albeit none of them are funded by the Government and fully rely on international funding, which hinders their sustainability. The needles and syringe programs, due to the strict drug policy, imply the distribution of injection equipment rather than exchange. The reason is that while returning used syringes / needles, in the case of leftovers, the consumers might be punished or detained for possessing psychoactive substances. The number of syringes distributed per drug user reached 72 in 2015 which is in line with the HIV/AIDS national strategy indicator and exceeds the 2013 indicator (45 syringes). In 2015, 14 harm reduction

service centers were already operating in 11 cities of Georgia (Tbilisi - 4 centers, Zugdidi, Gori, Telavi, Sokhumi, Batumi, Poti, Samtredia, Kutaisi, Rustavi and Ozurgeti). To expand the coverage, since 2015, the harm reduction program has put 6 mobile laboratories into operation, which offer drug users and other populations with high risk behavior counseling on consumption related risks as well voluntary testing and counseling for HIV and viral hepatitis. By the end of 2015, 6 mobile laboratories had been operating in the country.

Last years have shown an increase in the amounts of drugs seized from illegal circulation. In 2014 the seized amount of cannabis reached 5 tons and amount of seized heroin - 591 kg; in 2015, 60 kg of amphetamine was seized. Such massive seizures are a result of the interception of a large number of substances not normally meant for the domestic market. The country's territory is only used as a transit corridor.

Article 45 of the *Administrative Offences Code* states that the first case of illegal use of drugs without doctor's prescription for 1 year or the possession of small amount of drugs for personal use only is fined with 500 GEL or, in exceptional cases, the Code provides for administrative imprisonment for up to 15 days. The same offences committed in the same year are considered a crime and are punishable under the Article 273 of the *Criminal Code*.

According to the Supreme Court of Georgia, the first instance courts heard 4,022 cases of drug related crime in 2015 and 4,126 people were accused of committing crimes. Like in the previous years, most drug related cases reviewed by courts fall under two articles of the Criminal Code. 54% of cases fall under Article 273 and 35% of cases under Article 260. Traditionally, drug related cases are mostly dealt with plea bargains (65% of cases). In most cases (55%) monetary penalty was used as the main or secondary penal measure.

Compared to the previous years, a significantly smaller number of individuals were convicted under Articles 260 and 273 of the Criminal Code in 2015. Also, imprisonment became a less frequently applied penal measure for the individuals convicted under the named articles.

The tendency of subjecting individuals to street drug testing also decreased in 2015. Compared to 2013, half as many individuals were subjected to drug testing in 2015. Similarly to the previous years, the use of narcotic drugs was confirmed in 1/3 of cases.

In 2015 the civil society's demand to decriminalize substance consumption became remarkably strong; however, this has not, yet, entailed any tangible results.

The punitive legal framework does not allow for the implementation of balanced drug policy in the country. Nowadays it is based on punishment rather than care and more on supply reduction than reduction of demand.

*The Inter-Agency Coordination Council for Combatting Drug Addiction* is the leading coordination mechanism dealing with illegal drug circulation in the country. The Council is coordinated by the Ministry of Justice. It was very active in the years 2011-2014, but since 2015 has not conveyed any meetings. Active discussions about founding the national drug monitoring center held with EMCDDA experts in 2014 has also stopped.

In 2016, civil society activists founded *Georgia's National Drug Policy Platform* as a coordination mechanism initiated by the civil society. The Platform is created as the civil society's response to the repressive drug policy in the country. Its mission is to assure involvement of civil society, community groups and experts in development of a humane and balanced drug policy.

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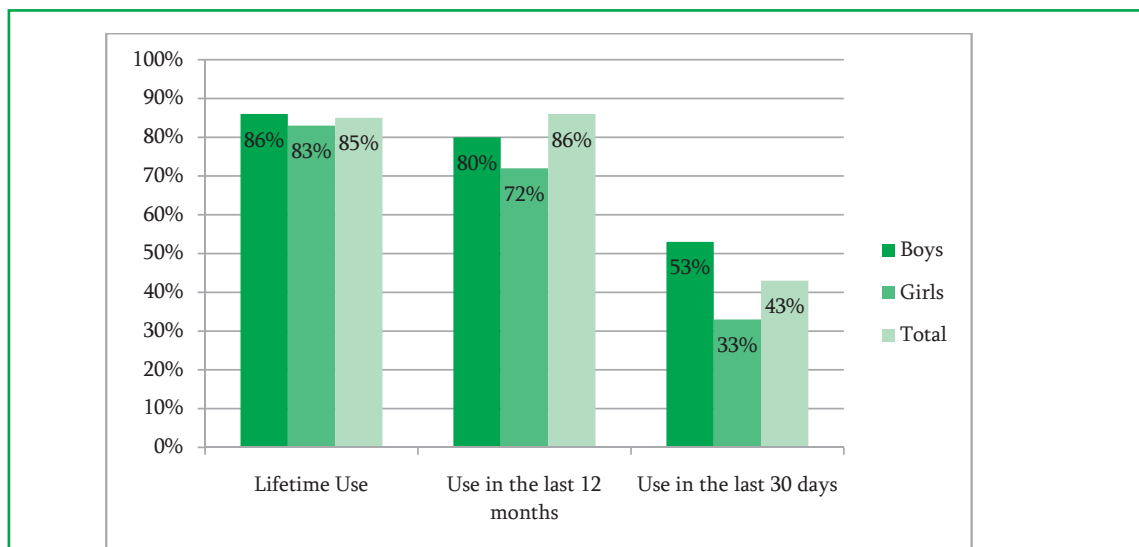
# 1. DRUG USE AMONG THE YOUTH AND GENERAL POPULATION

## 1.1. DRUG USE AMONG THE YOUTH

In 2015, the *National Centre for Disease Control and Public Health* (NCDC) conducted an EU funded nationwide survey to study the use of alcohol, tobacco and other drugs among young people in Georgia by the means of an European school survey method (ESPAD<sup>2</sup>). ESPAD target group - the 10<sup>th</sup> grade students were selected from different regions of Georgia and 73% of them constituted the ESPAD target group - the students born in 1999. The two-stage (school and class) proportionate simple random sampling was applied in the study, which resulted in a total of 2,477 fully completed questionnaires later subjected to processing.

Eighty five percent of students (86% of boys and 83% of girls) reported use of alcohol at least once in their lifetime, 43% - using alcohol in the last 30 days (Figure 1).

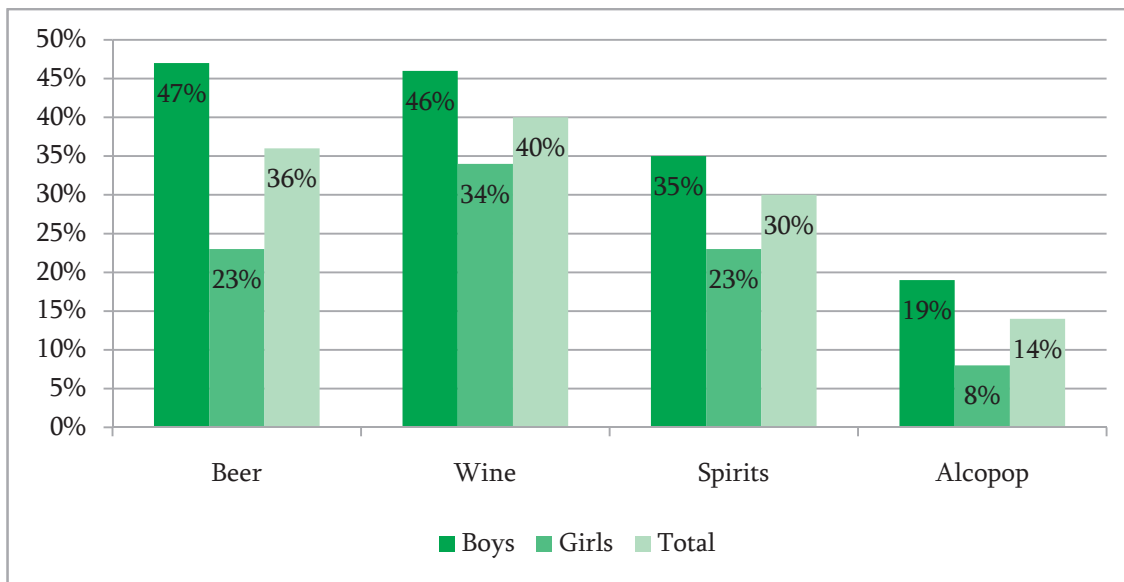
**Figure 1: Lifetime, Last Year and Last Month Use of Alcohol by Gender (percentage)**  
(NCDC 2015a)



The beverage most commonly consumed by Georgian students is wine (40%), followed by beer (36%), spirits (30%) and alcopop (14%). Boys show a higher consumption rate for all sorts of drinks in comparison with girls - 51% for boys and 30% of girls (41% of the total sample) reported heavy drinking episodes at least once in the last 30 days.

2 European School Survey Project on Alcohol and Other Drugs

**Figure 2: Consumption of Different Drinks in the Last 30 Days by Gender (percentage)**  
(NCDC 2015a)



Wine was identified as the most commonly used beverage in early age. According to 64% of students, they had at least one glass of wine at the age of 13 or earlier; followed by beer (57%), strong drinks (36%) and alcopop (30%). More boys reported drinking alcohol in early age as compared to girls.

11% of students (19% of boys and 3% of girls) said that they had tried marijuana or hashish (cannabis) at least once in their lifetime; 8% (14% boys and 1.5% girls) used marijuana or hashish (cannabis) in the last 12 months, and 4% of students (7.2% boys and 0.6% girls) – in the last 30 days; 2.35% (3.7% of boys and 1% of girls) tried marijuana or hashish (cannabis) at the age of 13 or at an early age.

In addition to marijuana and hashish (cannabis) the most frequently consumed drugs are tranquilizers and sedatives used without a doctor’s prescription by 11% of the surveyed students. These are followed by magic mushrooms (3%), tablets (medication) mixed together with alcoholic drinks to induce the state of “being high” (3%), “bio” spice (2.6%), hallucinogens (2%) and analgesics to “feel high” (2%).

Students consider cannabis (21%), tranquilizers/sedatives (12%), ecstasy (9%) and “bio” spice (7%) as the most easily available drugs.

For more detailed information on drug use among the studied sample see Table 1:

3 Bio – Georgian slang name of any type of NPS

**Table 1: Consumption rates for the psychoactive/narcotic substances used at least once in a lifetime, in the last 12 months and in the last 30 days (NCDC 2015a)**

Lifetime Use	Boys	Girls	Total
Cannabis	19.0	3.1	11.5
Inhalants	10.5	14.1	12.1
Amphetamine	3.1	0.6	3.0
Methamphetamine	2.0	0.1	1.1
Ecstasy	7.2	1.1	4.4
LSD and other hallucinogens	3.7	0.9	2.4
Cocaine	2.3	1.2	1.8
Crack	1.6	0.2	1.0
Heroin	2.7	0.8	1.8
New psychoactive substances (NPS)	9.9	3.4	6.8
Last Year Use	Boys	Girls	Total
Cannabis	13.9	1.5	8.1
Inhalants	5.2	6.9	6.0
Amphetamine	1.8	0.3	1.1
Methamphetamines	1.2	0.1	0.7
Ecstasy	3.3	0.6	2.7
Cocaine	1.7	0.6	1.2
Crack	1.3	0.1	1.4
New psychoactive substances (NPS)	17.4	10.2	14.1
Last Month Use			
Cannabis	7.2	0.6	4.1
Inhalants	3.1	3.5	3.3

## 1.2. DRUG USE AMONG THE GENERAL POPULATION

The first general population survey of tobacco, alcohol and drug use was conducted in Georgia in 2015, by the *Addiction Research Centre Alternative Georgia* and the *National Centre for Disease Control and Public Health* with the financial support of the United States Agency for International Development (USAID) and the Czech Development Agency (CzDA). 4,805 respondents aged 18-64 were selected for a representative household survey. The sampling technique was based on a multi-stage cluster design by probability proportional to size approach. A high (99.3%) percentage of the selected households participated in the survey, which points to the reliability of the survey and the generalizability of obtained results.

The study results reveal a high rate of alcohol consumption. In particular, 91% of respondents reported that they had tried alcohol at least once in their lifetime; men consume alcoholic drinks more frequently and in larger amounts than women; one quarter of current alcohol drinking males consumed 7 or more standard drinks on average at every drinking episode<sup>4</sup>.

According to the survey, the prevalence of use of psychotropic drugs without a prescription is also high. In particular, every tenth respondent has used a psychotropic medication without a prescription at least once in his/her lifetime. Especially high rates were observed both in male and female populations of Guria and Shida Kartli regions of Georgia.

4 Babor, T. et al., *The Alcohol Use Disorders Identification Test. Guidelines for Use in Primary Care*, Second Edition. 2001, World Health Organization

According to the study, cannabis is used by a larger number of men than women (32% against 2.9%). In Guria and Mtskheta–Mtianeti regions over 70% of men have used cannabis and its products at least once in their lifetime. Cannabis is most frequently used by the age groups comprising of individuals from 18 to 24 and from 30 to 39. 1.2% of the total sample reported the use of cannabis in the last 30 days.

The consumption rate for new psychoactive substances (“Bio”, Spice, Bio smoke, etc.) is very low (69 respondents in total). The prevalence rate of the use of other narcotic substances is also very low. Especially prevalence of recent use (12 months, 30 days) of drugs which are used by injection by problem drug users (PDUs - see below) might not reflect the real situation, since PDU users aren’t largely represented due to punitive legislation and stigma.

For more detailed information on the use of psychoactive substances by gender and age see Table 2:

**Table 2: Lifetime, Last Year and Last Month Use of Psychoactive Substances (weighted data)**  
(Kirtadze, Otiashvili, and Tabatadze 2016)

Lifetime prevalence of	Males	Females	18-24	25-29	30-39	40-49	50+	Total
Inhalants	0.2 ±0.1	0	0.1±0.1	0	0.1±0.1	0.4±0.2	0	0.1±0
Non-prescribed psychotropic pharmaceuticals	11.0 ±1.6	10.2 ±1.4	7.6±1.6	7.3±1.7	8.9±1.4	13.6±2	12.4±1.7	10.6 ±1.4
Cannabis	32.4±1.7	3.1 ±0.4	12.7±1.3	19.6±2.1	22.0±1.6	18.1±1.7	14.7±1.1	17.3 ±0.9
Heroin	1.4±0.5	0.1±0	0.6±0.3	0.6±0.5	0.9±0.5	1.0±0.3	0.5±0.2	0.7±0.2
Opium	0.7±0.2	0.1±0	0.3±0.1	0.5±0.5	0.4±0.2	0.5±0.2	0.3±0.1	0.4±0.1
New psychoactive drugs	3.4 ±0.7	0.1 ±0.0	1.4±0.5	3.2±1.0	2.5±0.7	1.6±0.5	0.6±0.2	1.7 ±0.4
Homemade stimulants	0.9±0.3	0	0.3±0.1	0.8±0.5	0.9±0.4	0.3±0.1	0.2±0.1	0.4±0.2
Other opiates/analgesics	0.4±0.1	0.1±0.1	0.2±0.1	0.5±0.4	0.1±0.1	0.4±0.2	0.2±0.1	0.3±0.1
Non-prescribed methadone	1.4±0.6	0	0.6±0.3	1.0±0.7	0.8±0.5	0.7±0.3	0.5±0.2	0.7±0.3
Non-prescribed Subutex	1.9±0.6	0.1±0	0.8±0.4	1.7±0.8	1.2±0.5	1.4±0.4	0.4±0.1	1±0.3
Cocaine	1.3±0.5	0	0.3±0.1	0.6±0.5	1.0±0.5	0.7±0.3	0.6±0.2	0.6±0.2
Amphetamines	1±0.4	0.1 ±0.0	0.2±0.1	1.1±0.7	0.5±0.3	0.7±0.4	0.3±0.2	0.5±0.2
Ecstasy	1.2±0.3	0	0.7±0.4	0.5±0.3	0.7±0.3	0.9±0.3	0.2±0.1	0.6±0.1
LSD	0.8±0.2	0	0.3±0.2	0.6±0.4	0.5±0.3	0.7±0.3	0.1±0	0.4±0.1
Any illegal drugs	47.1	3.8	18.5	30.6	31.6	27.4	18.6	24.7
Alcohol	98.4	87.7	87.5	94.3	94.5	94.1	91.2	92.4
Tobacco	85.1±1.0	23.9±1.3	47.1	56	60.5	55.5	49.3	53.4±0.8
Last year prevalence of	Males	Females	18-24	25-29	30-39	40-49	50+	Total
Inhalants	0	0	0	0	0	0	0	0
Non-prescribed psychotropic pharmaceuticals	8.6	7.5	6.1	5.7	6.9	11.1	10.3	8.6
Cannabis	6.6 ±0.6	0.5 ±0.1	5.1±0.9	6.9±1.1	4.7±0.7	2.5±0.6	1.0±0.4	3.4±0.3

Heroin	0	0	0	0	0	0	0	0
Opium	0	0	0	0	0.1±0.1	0	0	0
New psychoactive drugs	0.6 ±0.2	0	0.2±0.1	0.6±0.4	0.3±0.2	0.6±0.3	0	0.3 ±0.1
Homemade stimulants	0	0	0	0	0	0	0	0
Other opiates/analgesics	0	0.1±0.1	0	0.4±0.4	0.1±0.1	0	0	0.1±0
Non-prescribed methadone	0.30±0.1	0	0	0	0.3±0.3	0.2±0.1	0.1±0.1	0.1±0.1
Non-prescribed Subutex	0.1±0.1	0	0	0	0.2±0.1	0.1±0.1	0	0.1±0
Cocaine	0	0	0	0	0	0	0	0
Amphetamines	0	0	0	0	0	0	0	0
Ecstasy	0.1±0.1	0	0	0	0.2±0.2	0	0	0.1±0
LSD	0.2±0.1	0	0	0.3±0.2	0.3±0.2	0	0	0.1±0.1
Any illegal drugs	8.6	0.4	4.8	8.1	6.4	3.3	0.9	4
Alcohol	90.7±0.7	68.0±1.4	83.5±1.8	82.7±1.8	86.4±1.2	80.1±1.9	71.2±1.5	79.6±0.8
<b>Last month prevalence of</b>	<b>Males</b>	<b>Females</b>	<b>18-24</b>	<b>25-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50+</b>	<b>Total</b>
Inhalants	0	0	0	0	0	0	0	0
Non-prescribed psychotropic pharmaceuticals	5.1	5.3	2.4	3.6	3.9	6.4	7.2	5.2
Cannabis	2.5 ±0.4	0	1.7±0.6	3.0±0.8	2.0±0.5	0.8±0.3	0.1±0.0	1.2 ±0.2
Heroin	0	0	0	0	0	0	0	0
Opium		0	0	0	0	0	0	0
New psychoactive drugs	0.1	0	0.2±0.1	0	0.2±0.2	0.1±0.1	0	0.1±0
Homemade stimulants	0	0	0	0	0	0	0	0
Other opiates/analgesics	0	0.1±0.1	0	0.4±0.4	0	0	0	0
Non-prescribed methadone	0.2±0.1	0	0	0	0.2±0.2	0	0.1±0.1	0.1±0
Non-prescribed Subutex	0	0	0	0	0	0	0	0
Cocaine	0	0	0	0	0	0	0	0
Amphetamines	0	0	0	0	0	0	0	0
Ecstasy	0.1±0.1	0	0	0	0.2±0.2	0	0	0
LSD	0	0	0	0	0	0	0	0
Any illegal drugs	3	0.1	1.6	3.2	2.2	1.1	0.3	1.4
Alcohol	79.2±1.3	50.4±1.7	64.1±2.2	66.0±2.7	71.2±1.8	66.1±2.1	67.3±2.0	67.3±1.3
Tobacco	59.9	7.8	27.5	32.6	42.7	35.3	27.2	32.9

## 2. PREVENTION

Institutional mechanisms for drug misuse prevention are underdeveloped in the country. Implemented activities are not based on evidence, do not meet corresponding international standards (UNODC 2015) and are mainly limited to fragmentary campaigns and public/school lectures. No research has been conducted to evaluate implemented interventions which makes it impossible to make conclusions about their impact and effectiveness.

### 2.1. PREVENTION SYSTEM, POLICY AND STRATEGY

In 2014-2015, within the program of the Ministry of Education and Science “Implementation and monitoring of the national education plan”, a guide for teachers’ “Healthy Lifestyle” was developed, which, along with other issues, contains the material on the dependence on psychoactive substances. The guide has been uploaded to the following web-portal (<http://ncp.ge/ge/djansaghi-tskhovrebis-tsesi-rogoris-kompetentsia/djansaghi-tskhovrebis-tsesi>) and is accessible for any interested person.

### 2.2. ENVIRONMENTAL STRATEGIES

The latest data on environmental strategies of prevention (regulation of tobacco and alcohol consumption, drug policy, etc.) can be found in the 2014 report on the drug situation in Georgia (Javakhishvili, Otiashvili, and Tabatadze 2015).

### 2.3. UNIVERSAL PREVENTION

Within the framework of the State Antidrug Strategy Action Plan, the legal public body (LEPL) *National Center for Teachers’ Professional Development* conducts training for primary school teachers and class masters. One of the training modules is “Development of effective communication and cooperation skills in primary school children” dedicated to the development of different social skills among grade-schoolers, including ability to say “No”, assertive communication and peaceful resolution of conflict. The issues related to psychoactive substances or different risk behaviors are not explicitly presented in the module.

According to the Ministry of Education and Science (MoES), school children acquire preventive information (in particular, general information about dependence on different psychoactive substances and healthy lifestyle) within different teaching modules, like biology, civic education, etc. This information is presented in the form of “pervading” themes.

In 2015, MoES approved the *Parent Development and Involvement Program* in the framework of which it is planned to design an electronic guidebook which provides parents with information on their child's development and healthy lifestyle.

According to MoES the subprogram "Functioning of the medical center within public schools and activities of school doctor's", in addition to providing health care services to school children and staff, aims to promote a healthy lifestyle and inform teachers and children on healthcare and prevention issues (Ministry of Education and Science of Georgia, 2016)

## 2.4. SELECTIVE AND INDICATED PREVENTION

In all public schools as well as several private schools in Georgia operates the LEPL *Bailiffs' Service* (the so called *Mandatum*) responsible for discipline and safety on the school territory. *Bailiffs' Service* staff is also responsible for identification of psychoactive substance consumption cases and the prevention/eradication of drug use. The staff goes through preparatory courses where they receive information on the risks related to the consumption of different substances as well as on the general drug policy.

*The Child Care and Psychological Assistance Centre* under the Bailiff's service targets schoolchildren with different behavioral problems, including adolescents with problems related to psychoactive substances, though there is no data collected on provision of services to such kids, which makes it impossible to reflect on the effectiveness and impact of the service for children and adolescents who misuse drugs.

*The Ministry of Sport and Youth Affairs of Georgia* implements activities aiming to establish a healthy lifestyle (physical exercises, expeditions, workshops on civic education) (Ministry of Sport and Youth Affairs of Georgia, 2016). The LEPL *Crime Prevention Center* and the *Ministry of Justice* of Georgia carry out preventive work with vulnerable groups, like children and adolescents referred by schools due to delinquency problems, juvenile probationers and convicts, internally displaced adolescents, etc. The named interventions did not target psychoactive substances in 2015.

## 2.5. CAMPAIGNS

On November 10-17, 2015, MoES of Georgia organized an International Week of Science and Innovation, in the framework of which public lectures on biopsychology and neuroscience of psychoactive substance abuse as well as the effect of harmful habits on the sleep-wake cycle were delivered.

On June 26, the International Day against Drug Abuse, was celebrated by many educational institutions throughout the country. Presentations were made on drug abuse, HIV prevention and prevalence - (Georgian Ministry of Education and Science, 2016).

## 3. PROBLEM DRUG USE

Since 2013, the term Problem drug use (PDU) of the *European Monitoring Center for Drugs and Drug Addiction* (EMCDDA) was substituted by the term High Risk Drug Use which is defined as “recurrent drug use that is causing actual harms (negative consequences) to the person (including dependence, but also other health, psychological or social problems), or is placing the person at a high probability/risk of suffering such harms” (Thanki & Vicente, 2013)<sup>5</sup>.

### 3.1. PREVALENCE OF INJECTING DRUG USE

The survey aiming to determine the size of injecting drug users’ population has been conducted in Georgia three times using different methods (capture-recapture methodology, network size estimation, multiplier method). The expert consensus method was applied to the results of each survey to determine the size of injecting drug users’ population. According to the last expert consensus, the estimated number of injecting drug users was 49,700 in 2014 (49.208-50.192), the prevalence rate was 2.02% (2.00%-2.04%) for 18-64-year-old population and 1.33% (1.32%-1.35%) for the general population. The table below reflects the results of all the three surveys (Table 3).

**Table 3: Studies Estimating the Population Size of Injecting Drug Users**

Number of cities covered by survey	Year	Central showing /1000 Age 18-64	Lower limit /1000 Age 18-64	Upper limit /1000 Age 18-64	Estimated number of users	Lower limit of estimated number	Upper limit of estimated number	Methods used	Sources of information	Source
5 cities	2009	1.46	1.48	1.53	40,000	39,000	41,062	Multiplier method	LTS; CJS; DRID; OST; TR; OTH;	1
6 cities	2012	1.5	1.63	1.67	45,000	44,434	45,524	Multiplier method	LTS; CJS; DRID; OST; TR; OTH;	2
7 cities	2014	2.02	2.0	.04	49,700	49,208	50,192	Multiplier method and network size estimation method	LTS; CJS; DRID; OST; TR; OTH;	3
(1) Upper and lower limits at 95% confidence interval										
(2) TR = Treatment results; GPS = General population survey; DRD = Drug related deaths; OS = Other surveys; SS =Social services; LTS = low-threshold services; CJS –Criminal justice system; HO = Hospitals; OST = Opiate substitution treatment register ; OTH =Other source; DRID = Infectious disease register ES =Emergency service										
1. Tamar Sirbiladze, Lela Tavzarashvili, Tomas Zabransky, Lela Sturua (2009). Estimating the Prevalence of Injection Drug Users in Five Cities of Georgia, 2008. Tbilisi, Georgia.										
2. Tamar Sirbiladze, Lela Tavzarashvili (2013). Estimating the Prevalence of Injection Drug Users in Georgia, 2012. Bemoni Public Union, Tbilisi, Georgia.										
3. Curatio International Foundation & Bemoni Public Union (2015). Population Size Estimation of People Who Inject Drugs in Georgia, 2014. Tbilisi, Georgia.										

<sup>5</sup> <http://www.emcdda.europa.eu/activities/hrdu>



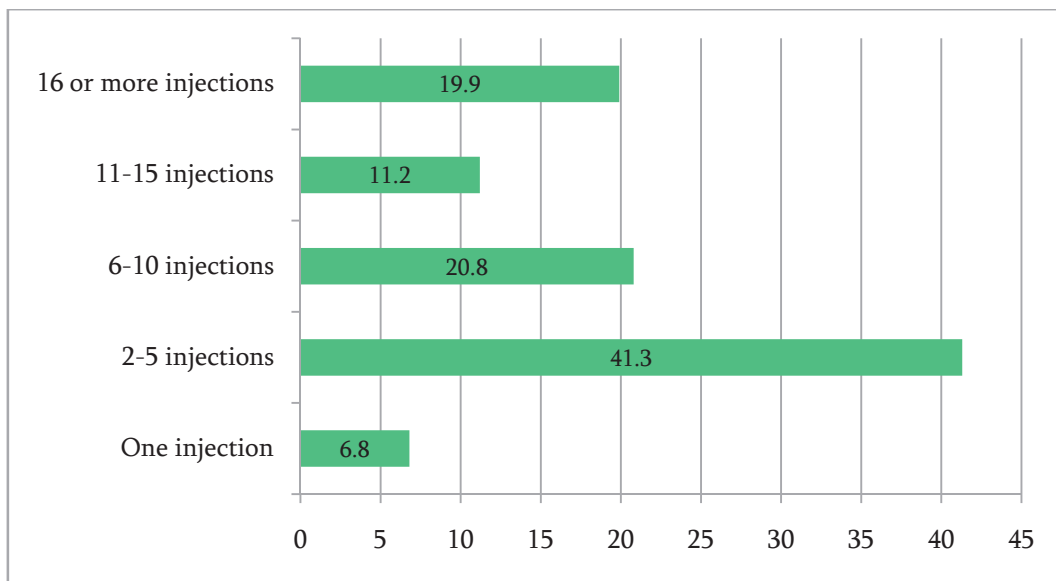
### 3.2. PATTERNS OF DRUG USE AMONG HARM REDUCTION SERVICE BENEFICIARIES

Information contained in this section is based on two surveys conducted by the *Georgian Harm Reduction Network*. Such surveys are conducted on a regular basis with the participants of the peer driven intervention and the needles and syringe (NSP) program.

#### 3.2.1. Drug Use among the Participants of the Peer-Driven Programs

The peer-driven intervention (PDI) employs the respondent driven sampling approach to recruit and study injecting drug use patterns of survey participants. This method enables them to attract new beneficiaries and involve them in HIV/AIDS prevention programs. In 2015, 1,939 respondents took part in the study, including 178 (9.2%) women whose average age was 35 (age median = 34 years, min=18 years, max=68 years; SD=9.6 years). According to study results, the average showing for last month injections made up 9.3 injections (median= 6; SD = 8.5; min = 1; max = 60) (Figure 3).

**Figure 3: Number of Injections in the Last 30 Days (GHRN 2015)**

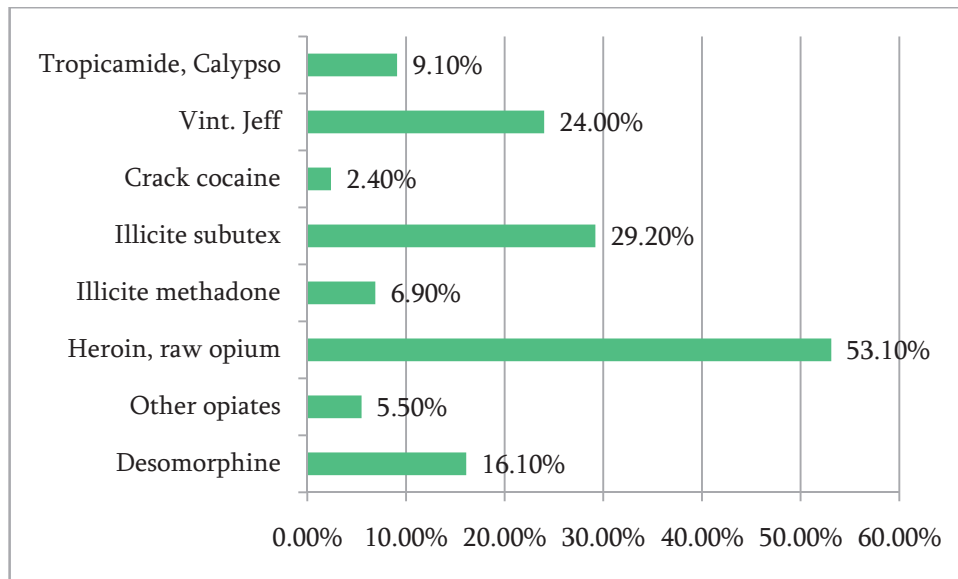


According to the study, injecting use of opiates (53%) significantly prevails over the use of stimulants<sup>6</sup> (24%). Injecting eye drops (calypso, Tropicamide<sup>7</sup>) were used in 176 cases (9.1%). See Figure 4 for detailed information on the use of different substances among program beneficiaries in the last 30 days.

<sup>6</sup> Here: “Vint” and “Jeff” - home produced amphetamine type stimulants.

<sup>7</sup> Tropicamide (Mydracyl) is an anticholinergic used as a mydriatic

**Figure 4: Substances Used in the Last 30 Days (GHRN 2015)**

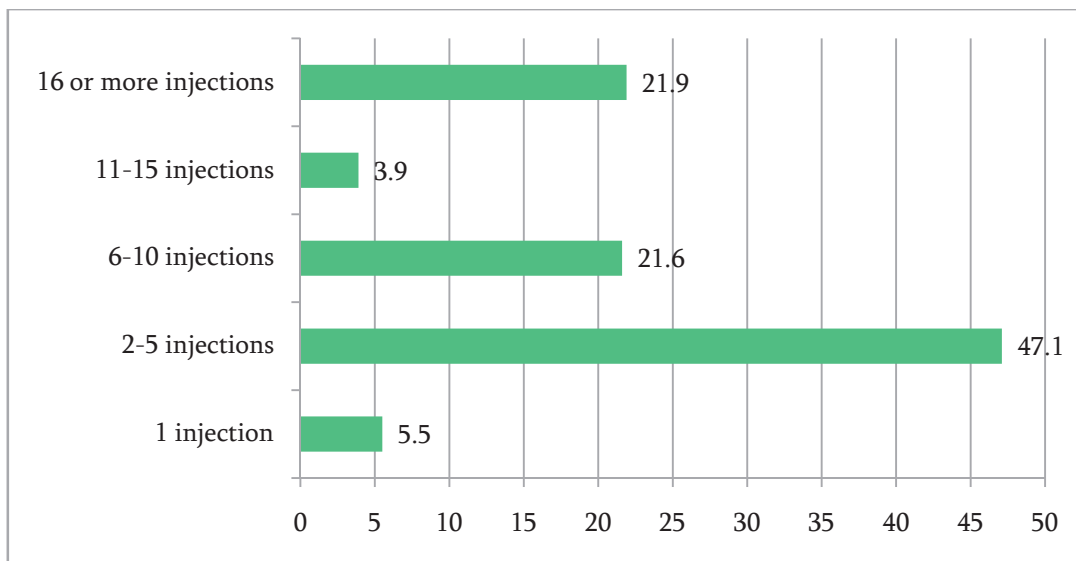


The use of synthetic cannabinoids was also recorded. In particular, 33% of respondents (654 people) reported use of cannabis and 17.2% (333 people) - consumption of so-called “Bio”.

### 3.2.2. Drug Use among the Beneficiaries of the Needle and Syringe Programs

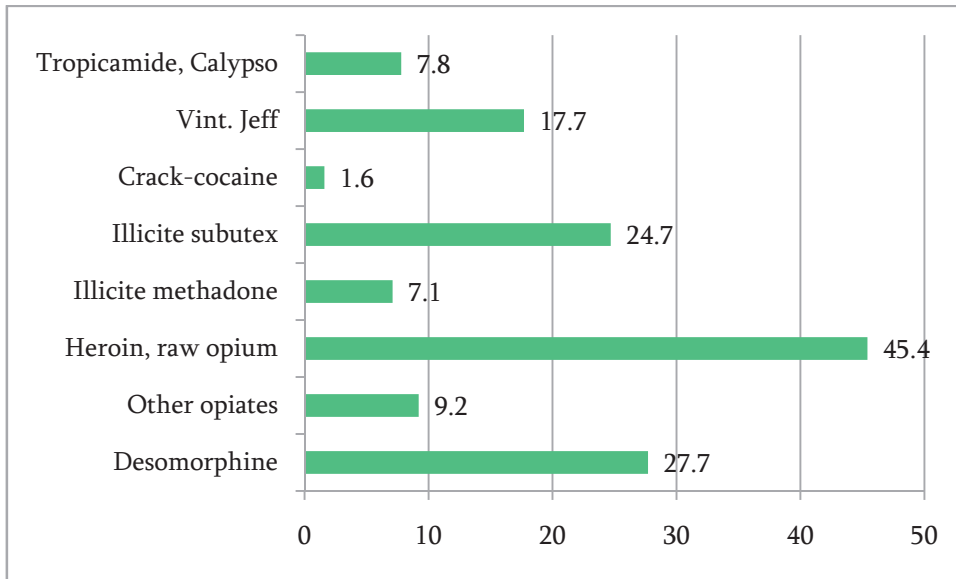
In 2015, the *Georgian Harm Reduction Network* collected information from 1,032 beneficiaries participating in the needle and syringe programs (NSP), including 119 women (11.5%) of the average age 39.5 (age median= 39; min=2 years; max=69 years; SD=8.5 years.). The average number of last month injections made up 11.9 (median = 5; SD = 8.5 ;). See Figure 5 for more detailed information.

**Figure 5: Number of Injections in the Last 30 Days (GHRN 2015)**



The overall picture of drug use obtained from the beneficiaries participating in the NSP does not significantly differ from that of the participants of the PDI; namely, 45.4% of respondents reported the use of heroin and 17.7% - Vint/Jeff (see Figure 6).

**Figure 6: Substances Consumed in the Last 30 Days (GHRN 2015)**



## 4. TREATMENT DEMAND

Under the Order 01-2/N of *the Ministry of Labor, Health and Social Affairs* (The Rule for Maintaining and Delivering Medical Statistical Information) addiction treatment clinics in Georgia are required to deliver monthly information on patients treated for the use of psychoactive substances to the *National Centre for Disease Control and Public Health*. Collection and delivery of information has to meet the EMCDDA standards.

In 2015, all 7 of the addiction treatment clinics operating in Georgia delivered information on the treated patients to the *National Centre for Disease Control and Public Health*. Out of the 7 clinics, 6 are located in Tbilisi and 1 in Batumi.

The delivered information shows that in 2015, 933 patients received treatment at in- and outpatient programs, among them - 28 women (3%). Of all 933 patients, 867 went through the treatment for the first time (93%) while 66 were admitted repeatedly (7%).

In 2015, 26.4% of patients received treatment for disorders caused by non-injecting use of sedatives and sleeping pills. in correlation with the previous year, the prevalence of consumption for use of opioids was quite high: 30.3% of patients were methadone consumers; out of them 31,5% used methadone in the form of injection. 12.5% of patients named heroin as the most frequently used drug; buprenorphine was most frequently used by 6.9 %. See Figure 4 for more detailed information.

**Table 4: Narcotic Substances Most Commonly Used by the Patients of Abstinence Oriented Treatment Programs in 2013-2015 (NCDC 2015b)**

Most Commonly Used Drugs	2013	2014	2015
Heroin	49.7%	15.8%	12.5%
Opium	0.3 %	6.8%	1.4%
Desomorphine	16.2%	9.8%	1.4%
Buprenorphine (injecting/non-injecting)	0.7%	8.9%	6.9% (89%/11%)
Methadone (injecting/non-injecting)	14,9% (5.6%/ 9%)	14% (10%/4%)	30.3% 31.5%/68.5%)
Other opioids (injecting/non-injecting)	0.7%	7.3%	1.9% (72.2%/27.8%)
Cocaine	0.5%	1%	1.3%
Amphetamine/Methamphetamine (non-homemade)	-	1%	1.3%
Homemade stimulants	6.1%	10.6%	8.1%
Other stimulants (injecting/ non-injecting)	-	-	4.9% (47.8%/52.2)

Benzodiazepines (non-injecting)	-	1.8%	3.7%
Barbiturates (non-injecting)	-	0.6%	1.9%
Other sedatives (non-injecting)	4,8%	16.3%	20.9%
Hallucinogens (non-injecting )	-	-	1.9%
Inhalants (non-injecting)	-	-	-
Cannabis products	0.2%	1.1%	0.9%
Other	-	-	-
Poly-drug use (injecting/non-injecting )	5.2%	5.0%	20.5% (14.1%/85.9%)

The Age of 38.8% of patients treated in 2015 ranged from 25 to 34 and age of 36.6% from 35 to 44 (See Table 5).

**Table 5: Distribution of Patients Treated in 2015 by Age Groups and Gender (NCDC 2015b)**

Age group	Men	Women
15-24	7.8%	0.1%
25-34	37.8%	1%
35-44	35.4%	1.2%
45-54	12.6%	0.6%
55-64	3%	0.1%
65 +	0.4%	0

In 2015, the total number of beneficiaries of Opioid Substitution Treatment (OST) programs was 4,459, including 41 women. Out of this number 4,105 patients were beneficiaries of the methadone substitution therapy program (including 336 in the penitentiary system) and 554 of the Suboxone substitution program.

## 5. DRUG RELATED INFECTIOUS DISEASES

### 5.1 HIV/AIDS

According to the *National Center for Disease Control and Public Health*, in 2015, newly detected cases of HIV/AIDS in Georgia made up 170 for women and 547 for men (NCDC 2015b). The incidence rate was 19.3 per 100,000 population. 94 recorded death cases were AIDS cases. In 2015, compared to 2014, important trends were revealed: the number of new cases increased by 27%. In particular, by 17% increased the number of heterosexually transmitted new cases; by 122% the homo-bisexually transmitted new cases; and by 4% increased the number of new cases transmitted by injected drug use. 30% of new cases are revealed at the AIDS stage.

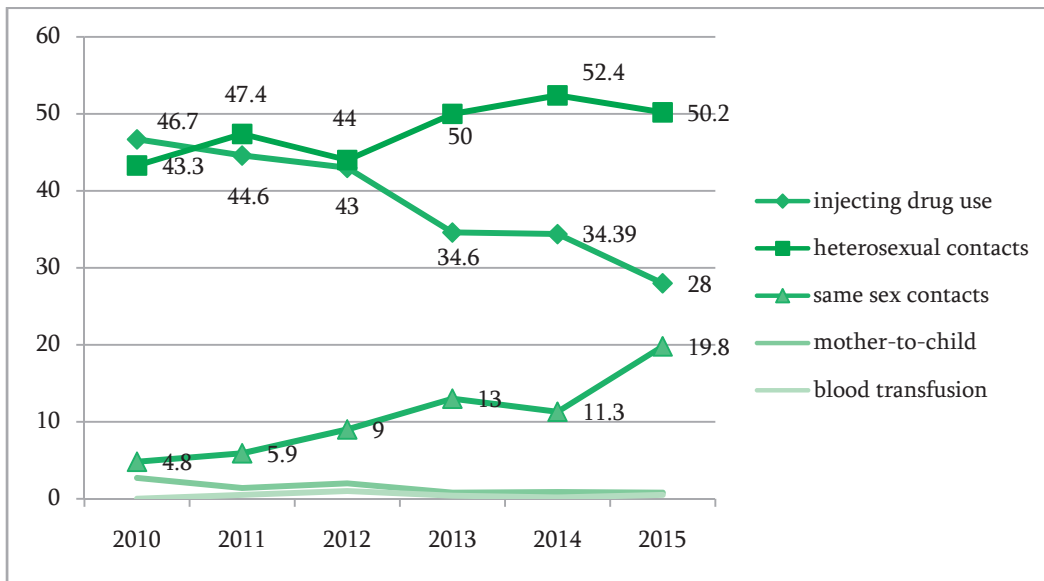
Within the HIV/AIDS state program voluntary HIV/AIDS testing is performed for pregnant women, donors, high risk and other groups, including defendants and inmates. Antiretroviral treatment is accessible for all.

**Figure 7: HIV/AIDS Incidence per 100,000 Population; Georgia, 2006-2015**  
(AIDS Center, Statistical Data, 2016)



Before 2010, the main route for HIV transmission was injecting drug use. Later heterosexual contacts became the main transmission route. By 2015, the share of injecting drug use had dropped to 28.5%, whereas the share of heterosexual contacts increased to 50.2%; share of homosexual contacts had also increased (19.8%).

**Figure 8: New HIV Cases, Transmission Routes; Georgia, 2010-2015 (NCDC 2015b)**



Out of 18,811 tests performed for injecting drug users in 2015 under the HIV/AIDS state program, 38 test results turned out to be positive. The HIV detection rate was 0.2%.

## 5.2. HEPATITIS C

According to the NCDC data 5,284 new hepatitis C (RNA confirmed) cases were detected at medical facilities of Georgia in 2015. The incidence rate was 142.2 per 100,000 inhabitants. There is no information on route of transmission among newly diagnosed cases of HCV in Georgia.

The nationwide population based seroprevalance study of B and C hepatitis with stratified, multi-stage cluster design with systematic sampling was conducted in 2015 within the framework of the hepatitis C elimination program with support of the *US Center for Disease Control and Prevention (CDC/Atlanta)*.

Of 6,010 participants, 433 (7.7%, 95% confidence interval (CI)=6.7-8.9) tested anti-HCV positive, and 311 (5.4%, 95% CI=4.6, 6.4) tested positive for HCV RNA. Anti-HCV prevalence varied by geography, with higher prevalence in urban compared to rural areas overall; the highest prevalence was in Samegrelo - Zemo Svaneti, a region in the northwest of the country. Anti-HCV prevalence was three times higher among men compared to women (12.1% vs. 3.8%) and varied by age; among men, prevalence peaked at 22.7% in the 40-49 age group, while it increased steadily with age among women to a maximum of 5.4% in women aged  $\geq 60$  years.

2.2% of participants reported a past or current tuberculosis diagnosis, and 0.2% reported ever testing positive for HIV, though neither were confirmed through laboratory tests.

In 2015, injecting drug users involved in Methadone Replacement Therapy (MRT) were tested for Hepatitis C. 18,385 tests were done and 9,059 (49%) were positive.

In April 2015, Georgia launched a hepatitis C elimination program by making the new curative treatment available to people infected with hepatitis C virus (HCV) and suffering from severe liver disease. From

April 2015 (or from the beginning of the C hepatitis elimination program) to 2016, over 36 thousand patients from the whole Georgian population approached service providing institutions and about 15,000 underwent treatment or are still undergoing treatment using the newest antiretroviral medication (*Sofosbuvir and Ledipasvir*; from 2016 *Harvoni* combining *Sofosbuvir and Ledipasvir*, which provides nearly a 100 percent cure.). Over eight thousand patients already completed treatment. Any person infected with the C hepatitis virus can participate in the program to get free treatment irrespective of the severity of fibrosis.

In collaboration with CDC and other partners, Georgia launched a program to eliminate HCV infection and to achieve a 90% reduction in Hepatitis C prevalence by 2020. The initial phase of the program provided HCV treatment to infected people with advanced liver disease and at highest risk for HCV-associated morbidity and mortality. By April 27, 2016, a total of 27,392 HCV-infected persons were registered; 8,448 (30.8%) started treatment, and 5,850 patients (69.2%) completed HCV treatment. The most common treatment regimens were *Sofosbuvir* in combination with *Ribavirin* (45.4%), and *Sofosbuvir* in combination with *Ribavirin* and *Pegylated Interferon* (33.9%). In February 2016, Gilead Sciences began providing (free-of-charge) the newer *Ledipasvir/Sofosbuvir DAA (Harvoni)* combination drug regimen (Gvinjilia et al. 2016).

To achieve the country's ambitious elimination goals and streamline efforts aimed at strengthening the national response to Georgia's hepatitis C problem, a long-term strategy (2016-2020) was developed. This strategy covers different directions including raising awareness of the population, surveillance, prevention, screening, diagnostics, and treatment.

### 5.3. HEPATITIS B

According to the NCDC data 1,398 new hepatitis B cases were detected at medical facilities of Georgia in 2015. The incidence rate was – 37.6 per 100,000 population. There is no information on the number of IDUs among the detected cases.

In 2015, injecting drug users involved in MRT were tested for Hepatitis B 15,161 tests were done and 856 (6%) were positive.

### 5.4. SYPHILIS

In 2015, injecting drug users involved in MRT were tested for syphilis. 15,097 tests were done and 593 (4%) were positive.



## 6. DRUG RELATED DEATH AND MORTALITY

The mechanism for recording deaths and mortality is currently under development in Georgia and is not yet based on the definitions and standards of the *European Monitoring Centre for Drugs and Drug Addiction*. At present, there is no a specialized database for the centralized recording of deaths caused by overdosing or allowing data analysis by gender, age, received substance, etc.

The country started to maintain statistical records on non-lethal overdoses only in 2015. A special form, developed by NCDC is used for this purpose. The relevant data will be included in the next annual report. As for registration of fatal overdoses, it stopped in the 90s and was resumed in 2007 by the *Levan Samkharauli National Forensic Bureau* (see Table 6).

**Table 6: Drug Related Death Cases** (Levan Samkharauli National Forensics Bureau, 2016)

Year	Number of deaths
2007	54
2008	33
2009	19
2010	16
2011	16
2012	39
2013	28
2014	7
2015	5

Significant difference between the official statistical figures of 2014 and 2015 given in the table above and the corresponding data collected by *Georgian Harm Reduction Network* (see Table 7) is indicative that only a specific part of deaths caused by fatal overdose is reported and subjected to forensic examination.

**Table 7: Lethal and Non-lethal Overdose Cases among GHRN Beneficiaries** (GHRN 2015)

Year	Overdoses	Non-lethal outcome	Lethal outcome
2014	528	489	39
2015	892	842	50

From 2000, the Order of the Minister of Labor, Health and Social Affairs (#239/n) has represented a barrier for seeking help in the case of overdose which has biased official figures on the incidence of overdose cases. According to the Order, the medical institutions and doctors providing assistance in overdose cases were obliged, under the law, to inform the police on these cases. In August 2014 the Law was amended and the doctor/organization is no longer responsible for informing the police on overdose cases unless there were signs of other crime.

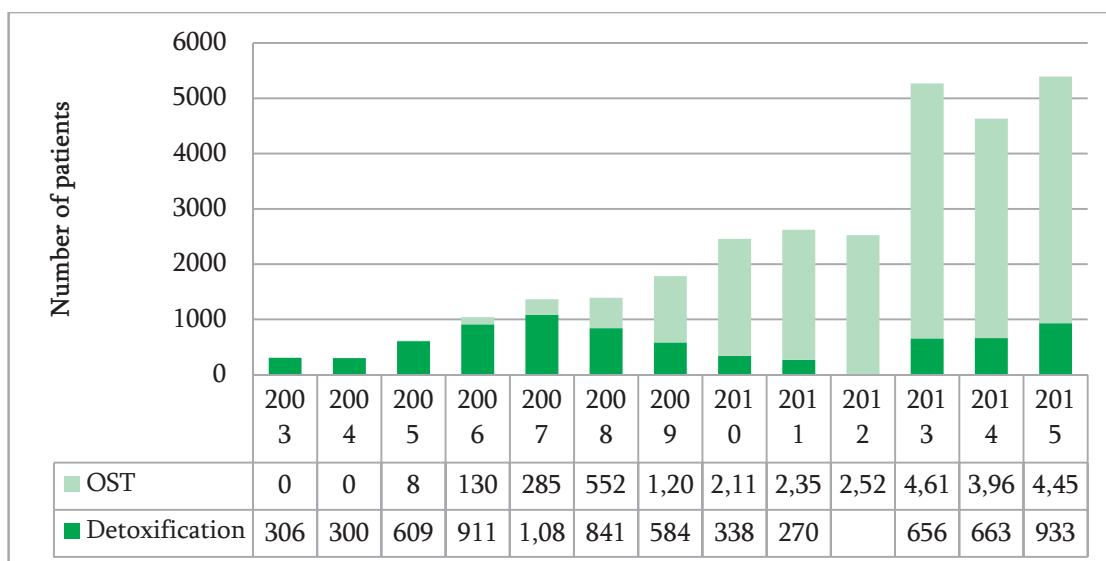
## 7. TREATMENT DEMAND: RESPONSE MEASURES

Addiction treatment in Georgia is regulated by *the Law of Georgia on Drugs, Precursors and Narcological Aid*. The Law determines the source of funding for treatment and rehabilitation programs covering drug users, the corresponding rules as well as the voluntary character of assistance and the conditions ensuring confidentiality.

A significant part of the *State Strategy on Combatting Drug Abuse* is treatment oriented. The document states the necessity of provision of special treatment for drug dependent persons meeting their medical, psychological and social needs. This requires implementation of treatment and rehabilitation methods based on evidence, development of corresponding infrastructure and human resources as well as the institutional mechanism ensuring quality treatment.

Individuals suffering from drug dependency in Georgia receive treatment in public and private institutions. Treatment can also be provided by a non-government sector. The types of treatment include: 1) abstinence oriented both in and out-patient treatment (detoxification) followed by the short-term primary rehabilitation and short term psychosocial rehabilitation and 2) substitution therapy. The figure below shows dynamics of enrollment of patients into abstinence oriented and substitution treatments by years:

**Figure 9: Patients Enrolled in Abstinence Oriented<sup>8</sup> and OST programs in 2003-2015**  
(NCDC 2015b)



In 2015, abstinence oriented treatment was provided in the following 7 specialized clinics:

<sup>8</sup> Note: No data available on abstinence oriented treatment in 2012

**Table 8: Functional addiction treatment clinics in the country in 2015**

Clinic	Type of services	Number of slots	Type of payment
Center for Mental Health and Drug Addiction Prevention (Tbilisi);	In/out	50	State; Global Fund; out of pocket
Center for Medical, Social-Economic and Cultural issues <i>Uranti</i> (Tbilisi);	In/out	6	State; Global Fund; out of pocket
Clinic <i>Bemoni</i> (Tbilisi);	In/out	5	State; out of pocket
Joni Chanturia Medical Center (Tbilisi);	In	10	Out of pocket
Psycho-Correction and Drug Addiction Expertise Center (Tbilisi);	In	10	State; out of pocket
Clinic <i>Neogeni</i> (Tbilisi);	In/out	15	State; out of pocket
Narcological Center (Batumi).	In/out	5	Global Fund; out of pocket

Two of the listed clinics are state owned and five are private. The clinics provide in-patient and out-patient detoxification followed by short term primary rehabilitation. The state annually finances 300 individuals, on average. Other patients pay their expenses out of pocket.

Under the government order #308 (30 June 2015) the price for a 14-day treatment course shall not exceed 1,600 GEL and rehabilitation price – 400 GEL.

Within the framework of the program, the social service agency registers beneficiaries in a priority order. Priority is given to the beneficiaries who meet the following criteria: Patients who have not been beneficiaries of the in-patient detoxification or primary rehabilitation component of the State Program; people living with HIV/AIDS; members of those families who are registered in the unified database of socially vulnerable households and whose rating score does not exceed 70,000 GEL; 18-25 year old patients; women.

In 2015, the price for abstinence oriented therapy was ranging from 1,500 to 2,800 GEL and the payment for out-patient therapy from 1,200 to 1,600, depending on nosological units.

At present, opioid substitution therapy is delivered using the following 3 mechanisms: *Global Fund* financing, State Substitution Therapy Program, and private funding. OST stands as a long-lasting treatment with a psychosocial component. There are two types of opioid substitution treatments in Georgia: (1) Methadone substitution therapy program is operating since 2005, and (2) Suboxone substitution therapy program - since 2012. The methadone substitution program is available at the following 3 facilities: *The Centre for Mental Health and Prevention of Addiction*, clinic *Uranti* and *Batumi Narcological Centre*; the Suboxone substitution program is delivered by the *Addiction Medical Management Center*.

## 8. HARM REDUCTION PROGRAMS

One of the declared priorities of the Georgian National HIV/AIDS Strategic Plan for 2016-2018 is scaling up harm reduction programs to improve the coverage of program beneficiaries<sup>9</sup>. Harm reduction programs include the NSP, which, due to the strict drug legislation in Georgia, involve distribution of sterile injection equipment rather than exchanging needles and syringes. This strategy was adopted to ensure that People Who Inject Drugs (PWID) are not caught by police and sanctioned for drug possession based on residue in used syringes. Other services of harm reduction strategies include risk reduction counseling, voluntary counseling and testing (VCT) for HIV and viral hepatitis, rapid screening for TB and referral to TB diagnostic centers, and peer support.

According to the Georgian National HIV/AIDS Strategic Plan, implementation of harm reduction interventions started in 2006 and since then, harm reduction services have been expanded in terms of the scope and the scale. The geographical accessibility of the relevant services has been improving over the last few years. In 2015, there were 14 functional harm reduction service centers in 11 cities of Georgia (Tbilisi - 4 centers, Zugdidi, Gori, Telavi, Sukhumi, Batumi, Poti, Samtredia, Kutaisi, Rustavi and Ozurgeti).

To further expand the coverage of PWID, a total of six mobile harm reduction units became operational in 2015 in Tbilisi and other regions of Georgia. These units offer risk reduction counseling as well as testing for HIV and viral hepatitis to drug users and other populations with high risk behavior.

In 2015, within the framework of harm reduction programs, 9,868 drug users were screened for TB. Out of them, 418 TB-suspected cases were referred to TB diagnostic centers. The prevalence of TB among PWID is unknown, as the information about confirmed TB diagnoses has not been notified back to harm reduction service provider organizations.

In 2015, 18,881 beneficiaries were tested for HIV under the low-threshold harm reduction programs. Out of them, 71 (0.4%) were tested positive and were referred for confirmatory diagnosis. The prevalence of Hepatitis C among injecting drug users remains high. In 2015, a total of 18,385 individuals were tested and of them 9,059 (49%) appeared to be infected with Hepatitis C virus. Out of the 15,161 individuals tested for Hepatitis B, 856 (5.6%) tested positive.

The coverage of harm reduction programs by cities and by types of services is shown in Table 9.

<sup>9</sup> The Georgian National HIV/AIDS Strategic Plan for 2016-2018; p. 8

**Table 9: Coverage of Harm Reduction Programs (GHRN 2015)**

GHRN subcontractors - Coverage 2015										
No	Organization:	City	Total number of IDUs reached at the site in 2015	Total number of syringes distributed	Number of beneficiaries tested on HIV	of them tested positive (screening results)	Number of beneficiaries tested on Help C	of them tested positive (screening results)	Number of beneficiaries tested on Help B	of them tested positive (screening results)
1	Union “Union Vector”	Tbilisi	2,026	302,450	2,073	4	1,314	988	1,036	26
2	International organization for women “Akeso:	Tbilisi	2,783	349,828	1,523	3	1,335	646	1,536	83
3	N(N)LE „Hepa +“	Tbilisi	1,939	325,980	1,618	9	1,640	623	477	11
4	N(N)LE „New Way“	Tbilisi	2,461	223,428	1,978	7	2,063	983	1,924	39
5	Young Psychologists and Doctors Association - “Xenon”	Zugdidi	2,102	368,806	1,709	14	1,782	946	1,799	103
6	Union “Step to Future”	Gori	2,307	355,517	1,233	3	1,319	581	1,141	52
7	Union „Step to Future“	Telavi	1,013	184,773	959	4	806	264	681	31
8	Zurab Danelia named union „Tanadgoma“	Sokhumi	698	139,306	470	9	814	388	813	15
9	Union “Imedi”	Batumi	2,405	306,582	1,422	6	1,020	556	978	69
10	Association „Ordu“	Poti	1,782	192,276	911	1	912	268	912	140
11	N(N)LE „New Way“	Samtredia	1,354	147,995	976	1	984	410	984	113
12	N(N)LE „New Way“	Kutaisi	2,027	195,132	1,994	7	2,025	1,022	1,099	67
13	N(N)LE „New Vector“	Rustavi	1,432	276,220	1,487	3	1,467	894	1,430	95
14	N(N)LE „Penix-2009“	Ozurgeti	1,316	243,492	703	0	904	490	351	12
<b>Total</b>		<b>11 cities</b>	25,645	3,611,785	18,881	71	18,385 <sup>10</sup>	9,059	15,161	856

The number of syringes distributed per drug user/per year reached 72 in 2015 which corresponds to the target set for this indicator in the National HIV/AIDS Strategic Plan. Even though the number of distributed syringes remains suboptimal, it should be noted, that this indicator has been improving since 2013 when the number of distributed syringes per beneficiary per year did not exceed 45.<sup>11</sup> Further scale up of service coverage indicators is planned for 2018 when the number of annually distributed syringes to one beneficiary should reach 101.

Low threshold harm reduction services in Georgia are delivered by non-government organizations, including community based organizations. These services are fully funded by the Global Fund. While the state provides co-funding for the OST program, it has never invested in low-threshold services run by civil society organizations. Full reliance on external support poses substantial risk to the sustainability of harm reduction programs.

<sup>10</sup> Testing indicator’s calculation is program based and is not a sum of indicators counted by centers.

<sup>11</sup> The Georgian National HIV/AIDS Strategic Plan for 2016-2018; p. 33

## 9. DRUG MARKETS AND DRUG RELATED CRIME

### 9.1 DRUG SEIZURES

The amount of main drugs/substances seized in Georgia in the years 2006-2015 is shown in Table 9. Unfortunately, we have no information on the frequency of drug seizure and can only present the totals for different drugs/substances seized during the year. Cannabis is still the leading substance in terms of amount seized from illegal circulation. Cannabis products are presented in the table in two ways: cannabis plants and marijuana. Record results were achieved in 2014 when the seized amount of cannabis plants made up 5 tons. In general, there is a stable trend of seizing an increased amount of cannabis products from illegal circulation.

During the last years there were several cases of seizing extremely large amounts of different narcotic substances from illegal circulation. A total of 591 kg of heroin was seized in 2014 and 60 kg of amphetamine in 2015. Such massive seizing is usually a result of the interception of a single drug shipment. In most cases, the large amounts of drugs the Georgian law enforcers managed to seize were not meant for the domestic market and the country's territory was only used as a transition corridor.

**Table 10: Amounts of Narcotic Substances (pure substances) Seized from Illegal Circulation in 2006-2015** (Ministry of Internal Affairs of Georgia, 2016)

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Heroin (kg)	8.59	16.15	12.11	5.05	1.71	0.47	0.29	117.62	591.89	3.04
Opium (kg)	0.22	0.14	0.05	0.12	0.09	0.09	0.01	0.05	0.21	0.07
Marijuana (kg)	26.24	23.64	28.29	43.70	27.06	48.47	30.08	71.60	57.39	107.12
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	199.46
Methadone (kg)	0.02	0.21	0.32	0.29	0.03	0.003	0.04	0.009	0.14	0.09
Subutex* (tablet)	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	60,354.6
Methamphetamine (kg)	0.002	0.0004	0.002	0.003	0.008	0.002	0.001	0.003	0.06	0.24
Morphine (kg)	0.003	0.004	0.03	0.006	0.007	0.005	0.004	0.002	11.76	0.008
Codeine (kg)						0.03	0.01	0.03	2.29	1.14
Fentanyl (kg)								0.0004	0.0008	0.0009
Desomorphine (kg)							0.001	0.01	0.0006	0.0002
Cocaine (kg)		0.0005	0.001		0.13		0.008	0.002	0.50	30.4
Ephedrine (g)		1.19	1.02	3.68	7.59	1.86	1.01	0.79	0.00015	0.003

Ecstasy (MDMA) (g)						0.000002	0.01	0.077	0.071	0.25
Pseudoephedrine (g)									0.07	0.11
Lysergic acid (LSD) (g)						0.0014	0.0019	0.0015	–	0.01
Pregabalin (kg)								0.59	15,4	7.75
Poppy (kg)						2.02	0.28	13.93	8.22	2.54
Buprenorphine* (kg)									0.25	0.02

\* Data on the seized amounts of buprenorphine follows the data delivered by the Ministry of Internal Affairs: Subutex in tablets (2006-2013) and buprenorphine in grams (2014-2015).

## 9.2. PRODUCTION AND SUPPLY

Located on a trafficking rout for Afghan heroin, Georgia itself does not have an organized manufacturing of illegal substances. Heroin for local consumption comes from Azerbaijan and Turkey. Illegal buprenorphine for non-medical injection use is smuggled from Europe. However, a small-scale kitchen production of self-manufactured amphetamine-type stimulants (Vint) and opioids (desomorphine, “crocodile”) has been a widespread practice. These home-made injection preparations are usually produced by a group of drug injectors for personal use. There have been no reports of dealing of these substances. In addition, locally grown cannabis is widely available and is the most prevalent illegal drug consumed in the country.

## 9.3 NEW PSYCHOACTIVE SUBSTANCES

Data on the use of new psychoactive substances (NPS; commonly referred in Georgia as “bio”) is extremely limited. It is unknown which groups are major consumers, which specific substances are used, or how those substances are obtained. Clients of harm reduction programs reported 17% prevalence of the use of NPS in last 30 days. Anecdotal information suggests that the major consumers of “bio” could be young experimentors and night clubbers.

## 9.4. DRUG-RELATED CRIME

According to the Supreme Court of Georgia, in 2015 first instance courts heard 4,022 cases of drug-related crime and 4,126 persons were accused of committing drug-related crime. Like in the previous years, most drug related cases reviewed by courts fall under two articles of the Criminal Code of Georgia (CCG) – Article 273 and 260<sup>12</sup>. 54% of cases fall under Article 273 and 35% of cases under Article 260. Traditionally, drug related cases are mostly dealt with plea bargains (65% of cases). In most cases (55%) monetary penalty was used as the main or secondary penal measure (see Table 10).

12 Article 260 envisages imprisonment (from 6 months to lifetime) for following acts: illegal preparation, manufacturing, purchase, storage, transportation, sending or sale of drugs, their analogues or precursors or new psychoactive substances. Article 273 envisages sanctions (fine or imprisonment for a term of up to 1 year) for following actions: illegal preparation, purchase, storage or illegal use without doctor’s prescription in small amounts for personal use.

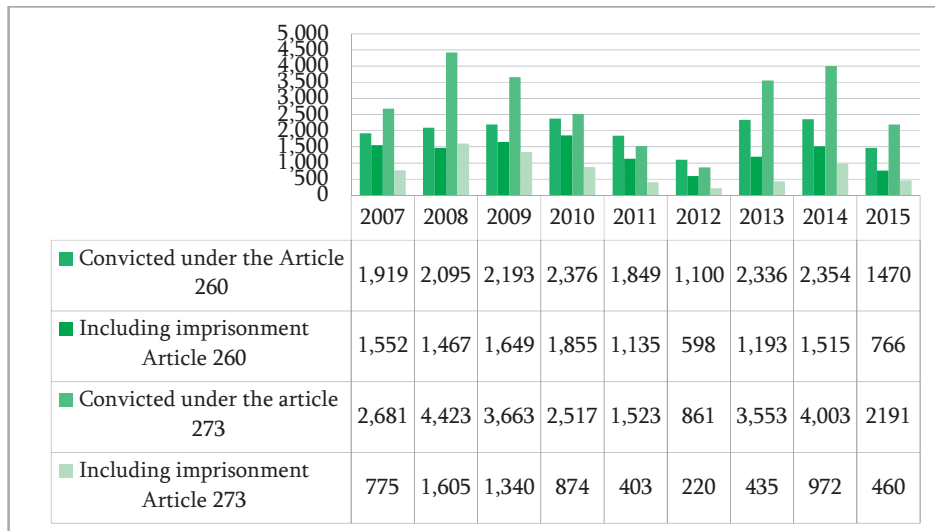
**Table 11: Number of Cases and Individuals Reviewed by the First Instance Court in Relation to Drug Related Offences in 2015 (Criminal Code, Chapter 33) (Supreme Court of Georgia, 2016)**

Criminal Code Article	Sentenced		Plea bargain		Number of convicts	Absolatory sentence	Penalty measures							Reviewed without applying penalty
	Case	Person	Case	Person			Imprisonment	Provisional sentence	Fine	Fine as secondary sentence	Community work	Amnesty	Postponed execution of the sentence	
<b>Total</b>	<b>4,022</b>	<b>4,126</b>	<b>2,604</b>	<b>2,680</b>	<b>4,110</b>	<b>15</b>	<b>1,357</b>	<b>1,728</b>	<b>821</b>	<b>1,390</b>	<b>197</b>	<b>6</b>	<b>1</b>	<b>1</b>
260	1,395	1,477	1,080	1,143	1,470	6	766	615	71	787	12	6		1
261.1-1	139	148	81	86	148		2	133	3	103				
261	59	60	53	54	60		8	24	28	21				
262	120	125	91	92	120	5	77	9	33	31			1	
263	13	15	12	14	15		4	2	9	4				
264	1	1	1	1	1		1							
265	105	106	95	96	105	1	29	7	8	54	1			
273	2,190	2,194	1,191	1,194	2,191	3	460	878	669	390	184			



Compared to the previous years, in 2015 a significantly smaller number of individuals were convicted under Articles 260 and 273 of the CCG. Also, imprisonment became a less frequently applied penal measure for the individuals convicted under the named articles (See Figure 16).

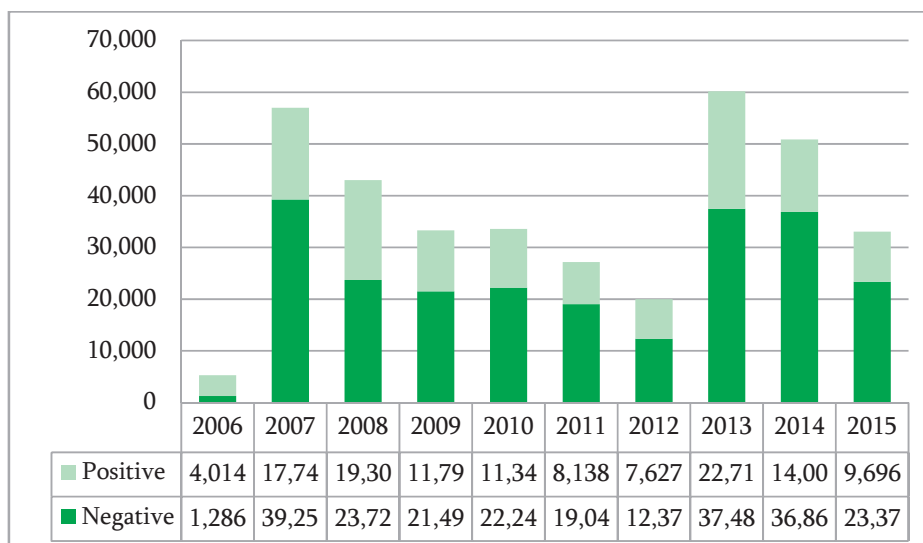
**Figure 10: Number of Individuals Sentenced Under Article 260 and 273 of CCG by Years, 2007-2015 (Supreme Court of Georgia, 2016)**



### 9.5. ADMINISTRATIVE OFFENCES

Compared to 2013, half as many individuals were subjected to drug testing in 2015. In line with previous years, the use of narcotic substances was confirmed in 1/3 of cases (see Figure 11).

**Figure 11: Testing for drugs: Positive and Negative Results, 2006-2015 (“Ministry of Internal Affairs of Georgia” 2016)**



## 9.6. DRUG SERVICES IN THE PRISON SYSTEM

As of January 1-st, 2016 there were 9,724 prisoners in the country (9,406 males and 318 females). 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 2015, 264 inmates completed methadone assisted detoxification treatment. Starting from March 2015, consultations by a multidisciplinary team (psychologists, neurologists, psychiatrists, narcologists) or individual consultation by doctor-narcologists are available for inmates with substance use related problems. Over the year there were 522 consultations provided by the multidisciplinary team and 565 consultations provided by doctor-narcologists. Patients who required pharmacological assistance received medication therapies. Fourteen inmates went through in-patient detoxification treatment.

## 10. NATIONAL DRUG LEGISLATION

Legal circulation of drugs in the country is regulated by the *Georgian Law on Drugs, Psychotropic Substances, Precursors and Narcological Aids* (so-called Framework Law) (adopted by the Parliament of Georgia in 2002 and amended in 2012), whereas illegal circulation of drugs is regulated by the *Administrative Offences Code of Georgia* and the *Criminal Code of Georgia*. The use of illicit narcotic substances is considered violation according to both codes.

Article 45 of the *Administrative Offences Code* states that the first case of illegal use of drugs without doctor's prescription for the first time during the year or the possession of a small amount of drugs for personal use only is fined with 500 GEL or, in exceptional cases, the Code provides for administrative imprisonment for up to 15 days. The same offences committed in the same year are considered a crime and are punishable under Article 273 of the *Criminal Code*.

Under the *Law on Combatting Drug Crime*, adopted in 2007, the person who has committed a crime under Article 273 of the Criminal Code is deprived of a number of rights (including driving a vehicle, working as a doctor or lawyer, being employed by public or local governance bodies, etc.). These measures are enforced through court resolution and are implemented for three or more years.

The *Criminal Code of Georgia* provides for the following punishable activities: illegal trading in drugs and/or psychotropic substances as well as illegal manufacturing, storing, production, selling, importing and exporting psychotropic substances (for more detailed information see the Criminal Code of Georgia, Chapter XXXIII: Drug related crime).

The severity of punishment for drug related crime depends on aggravating factors such as the amount of drugs seized. Controlled amounts are regulated by the *Framework Law* which defines small, large, or extremely large amounts for more than 200 narcotic substances and 67 psychotropic substances. For a number of narcotic substances commonly used in the country (e.g. amphetamine, methamphetamine and desomorphine) small amounts are not defined by the Law and any amount is considered as large amount.

In response to the use of homemade desomorphine, amendments were made to the Framework law on the joint initiative of the Ministry of Internal Affairs, and the Ministry of Labor Health and Social Affairs. These amendments provide for criminal liability for selling the medicines containing codeine, ephedrine, norephedrine and pseudoephedrine.

In response to the illegal circulation of new psychoactive substances, the *Law on New Psychoactive Substances* was enforced in 2014. New provisions were included into the Criminal Code, on the basis of which the manufacturing, purchase, storage, etc., of new psychoactive substances (9 different classes of NPS according to their chemical structure and the list of 20 substances) were criminalized.

Street drug testing for drug intoxication has become an established practice since 2006. It is regulated by joint order of the Ministry of Internal Affairs, and the Ministry of Labor, Health and Social Affairs (Order

#1244-278/n) issued on the basis of Article 45 of the Administrative Offences Code of Georgia. Under the order the police are authorized to stop citizens in the street to perform a drug intoxication test in the case of “sufficient grounds for assuming drug intoxication” (before 2013, the identical term used was “reasonable suspicion”, which, due to its ambiguity was open to different interpretations).

A large number of individuals arrested for drug use, purchase or storing manage to avoid imprisonment via plea bargain which is a mechanism established in the country and mitigates punishment under the Law. Plea bargain is applied at the level of Prosecutor’s office. If this mechanism does not work for some reason and the amount of seized substance purchased or stored for personal use is considered to be a “large amount” irrespective of the nature of the substance, the drug related sentence can be quite lengthy and provide for 7-14 years of imprisonment. The following case illustrates the described:

*Case: In 2013 a criminal proceedings was instituted against a young man who was arrested for keeping 70 g of marijuana, qualified as a ‘large amount’ under the Law. Under part two of Article 260 of the Criminal Code the young man was to be sentenced to 7-14 years of imprisonment for keeping and purchasing the drug for personal use. However, a public campaign organized in support of him prevented law enforcement. At the last stage, the case was moved to the Constitutional Court which, in 2015, satisfied the claim of his party against the Georgian Parliament. It was stated in the claim that Cause A of Part two of Article 260 was anti-constitutional. This successful campaign changed the drug related legal practice in the country and the purchase and storing of up to 70 grams of marijuana is no longer considered as basis for imprisonment.*

## 11. NATIONAL DRUG STRATEGY

The existing punitive legal framework in Georgia does not allow the implementation of a balanced drug related strategy. Traditionally, drug strategy in the country is more oriented on the reduction of supply and punishment than on the reduction of demand and care.

The *National Strategy for Combatting Drug Addiction* developed in 2012 on the basis of joint multiagency exercise coordinated by the Ministry of Justice was evaluated by EMCDDA experts as being in line with the international standards, and, therefore, allowing the implementation of a balanced strategic approach. The main directions stipulated in the document are reduction of supply, reduction of demand, harm reduction, overcoming stigma and discrimination, coordination and international cooperation, research and information analysis.

The *National Strategy for Combatting Drug Addiction* and the *Action Plan for 2013-2017* developed on the basis of the strategy were approved in 2013 by the *Inter-agency Coordination Council for Combatting Drug Addiction* which is the main coordinating body of drug-focused measures in the country. However, a large part of the action plan (e.g. development of prevention institutional mechanisms in the education system) is not supported by budgetary resources and cannot be implemented for the named reason. The implementation of the *Action Plan* is not monitored by government or non-governmental bodies. Due to this there is no evidence for evaluating its impact on the drug situation in the country.

## 12. COORDINATION MECHANISMS

*The Inter-agency Coordination Council for Combatting Drug Addiction* established under presidential order of 2011 is the leading coordination mechanism dealing with illegal drug circulation. The Council's main function is the coordination of inter-agency activities in the course of implementation of the state strategy combatting drug addiction. The Council is coordinated by the Ministry of Justice of Georgia. In addition to government agencies the so-called invited (without voting right) representatives of international organizations, non-government sector and expert community also participate in the Council's activity. The Council was very active in the years 2011-2014, but since 2015 it has become more passive and has not convened any meetings. Discussions about establishing of the national drug monitoring center held with EMCDDA experts in 2014 and 2015 also stopped.

*The State Commission Supporting Suppression of Distributing New Psychoactive Substances* is another coordinating mechanism created in response to the problem related to the consumption of new psychoactive substances (so called Bios). The commission was created on the basis of the Law of Georgia "On New Psychoactive Substances" (Article 6) and three ministers' joint order<sup>13</sup>. Commission members are representatives of the *Ministry of Internal Affairs, Ministry of Labor, Health and Social Protection, and Ministry of Finance*. The Commission invites experts in the case of need.

*The Working Group on Pharmaceutical Market Control* has been operating since 2013 on the basis of the memorandum signed by the Ministry of Internal Affairs and the Ministry of Health. It is another coordination mechanism functioning at the national level.

*Georgia's National Drug Policy Platform* is a coordination mechanism initiated by the civil society. It was established in 2016 by active members of the civil society, drug users' national network, NGOs and experts. The platform was created as the civil society's response to the repressive drug policy in the country. Its mission is to aid the involvement of civil society, community groups and experts in the development of drug related policy and support the formation and implementation of effective and humane policy.

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13 Joint Order №344/№01-30/n/№147 of 13 May 2014 of Minister of Internal Affairs of Georgia, Minister of Labour, Health and Social Affairs of Georgia and Minister of Finance of Georgia

## 13. DRUG RELATED RESEARCH

There is no set agenda in the country for drug related research. The research in the field is normally carried out within specific projects financed by international donors and reflects the donor's and/or project's needs and priorities. One of the examples is the behavior surveillance survey conducted by the *Global Fund* as well as the studies of the hidden population size. Another example is the 2015 year survey of tobacco, alcohol and drug consumption as a part of an USAID funded project. The results of such studies are important for informing the professional community and decision makers, for situation assessment and planning response strategies and measures. The funding of such research is questionable, since international funding is no longer available.

In rare cases, Georgian research organizations manage to obtain international research grants for clinical and behavior intervention studies. As a rule, such research is conducted in cooperation with foreign partners (universities). In such cases, research focus is determined by Georgian and foreign partners' research interests and the research situation in Georgia. In other words, a) research problem has to be important for Georgia and the other countries; and b) research results have to be interesting and useful for an international audience.

Local funding of research is available via research grant competitions of the *Shota Rustaveli National Science Foundation*.

There is no national scientific journal in Georgia focusing on drug consumption issues. Georgian researchers usually publish their works in the English language in international journals.

## ACRONYMS

CCG - Criminal Code of Georgia

HIV/AIDS – human immune deficiency virus/acquired immune deficiency syndrome

MIA – Ministry of Internal Affairs

EMCDDA – European Monitoring Centre for Drugs and Drug Addiction

ESPAD – European School Project on Alcohol and Other Drugs

GHRN – Georgian Harm Reduction Network

LEPL - Legal Public Body

MRT - Methadone Replacement Therapy

MoES – Ministry of Education and Science of Georgia

NCDC – National Centre for Disease Control

NSP – Needle and Syringe Programs

PDI – Peer Driven Intervention

PWID – People Who Inject Drugs

VCT - Voluntary Counseling and Testing

UNODC – United Nations Office on Drugs and Crime

USAID – United States Agency for International Development



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