



Programme of Assistance for the Prevention of Drug Abuse and Drug Trafficking in the Southern Caucasus (SCAD Programme).

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DRUGS SITUATION IN GEORGIA

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ANNUAL REPORT

Programme of Assistance for the Prevention of Drug Abuse and Drug Trafficking in the Southern Caucasus (SCAD Programme) made possible to prepare and publish the given report.



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FOREWORD

Today Georgia is building a European type of state based on the rule of law. Our country has a very difficult heritage, part of which is the drug addiction problem.

The drug addiction problem was tabooed before the country gained independence, but since the 1990s the State has openly declared its existence. The problem became even more acute due to political, social and economic crisis in the country.

There are a number of factors that contribute to drug addiction and drugs illegal circulation in Georgia. These are:

- Unique geo-political position which contains a danger of developing the country into a corridor for drug flow from Asia to Europe;
- Non-existence of the tradition for the development and implementation of drug control and drug problem solution strategies, based on the respect of human rights;
- After gaining independence, total disintegration of the previous mechanisms, that, in spite of being questionable, were still effective that time;
- Lack of modern technologies and methodologies for controlling the problem by law enforcers, epidemiological surveillance, treatment, prevention and rehabilitation. In addition to that, insufficient financial resources to develop and implement the technologies and methodologies in question;
- Drug situation control has become especially difficult because of the uncontrolled territories resulting from the frozen ethno-political conflicts;
- Finally, it was actually impossible to control drug situation due to a wide scale corruption prevailing in the country before the "Rose Revolution".

In autumn 2003, along with the "Rose Revolution", government changes and the election of a new president, the country started serious efforts to fight corruption and reintegrate the State. Drug addiction is one of the most urgent problems for our country to solve.

The importance of this problem is proved by the fact that, at the initiative of the Georgian Ministry of Labour, Health and Social Security, the Drug Policy Council – the Health Minister's advisory body was set up in 2004. The Council is currently working on the development of an effective drug policy for the country.

Having said the above, it is extremely important to note that Georgia is not alone in its fight against the reduction of drug demand and supply. It is backed by the international community, the European Union, the UN and other international structures and organisations. This could be demonstrated by the Southern Caucasus Anti Drug Programme and the support provided by it to the efforts made on the national level to solve the drug problem in Georgia.

The given report is one of the examples of the useful activities carried out by the South Caucasus Anti Drug Programme. It is difficult to overestimate the importance of these first steps (objective description of the drug situation in Georgia and reflection upon it) for both Georgia and the entire Southern Caucasus, since they are a necessary precondition for developing an effective drug policy in the country, and, also, in the whole region.

Therefore, introduction of effective, modern and internationally used methods for collecting, coordinating and analysing drug related information as well as the setting up of the relevant mechanisms (which is actually done by the National Focal Point on Drug Information operating within the framework of the Southern Caucasus Anti Drug Program) is exceptionally important.

As for the given report, elaborated within the framework of the project on Drug Information System, carried out under the Southern Caucasus Anti Drug Programme, it represents another effort aimed at the solution of the drug problem in Georgia.



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INTRODUCTION

The given report – „Drug Situation in Georgia, 2004"- is the second edition of the project aiming to create information system on drugs, initiated by the Southern Caucasus Anti Drug Programme.

With the support of the Drug Information System Project, the first („Drug Situation in Georgia, 2003") as well as the present edition were prepared and published. The both reports concerned the identification of needs from the perspective of assessing existing drug situation in the country. At the same time, the reports attempted to objectively and reliably describe and analyse drug situation in the country in correspondence with international standards.

In particular, during the preparation of the report, we were guided by the principles elaborated by the European Monitoring Center for Drugs and Drug Addiction (EMCDDA).

Those that have read the last year's report will see that this year's publication includes several sections that have already been published in the previous issue. These are chapters, which mainly cover historical aspects of the problem and issues related to the legislation.

We considered as necessary to include the above mentioned sections in the present publication as well, since in order to assess the drug situation in 2004 correctly, readers should be familiar with the historical and legal background. Also, there are no more left copies of the last year's report (it has all been distributed) and presently, not everyone can get hold of internet publications; based on our experience, several of the Drug Information Network member agencies do not have access to Internet. The above mentioned are the main reasons, why we decided to cover these issues again, in the 2004 report. They all deserve attention of readers.

The given report, as well as the last year's publication does not claim to be exhaustive. It can be said that it has more of a „Diagnostic" significance: it shows us where the weak link is in obtaining essential information on drugs or to identify the lack of coordination, necessity of either methodological or institutional development. The overall purpose of the publications is to encourage implementation of mechanisms of obtaining objective and reliable information in compliance with international standards.

EXECUTIVE SUMMARY

PART A: NEW DEVELOPMENTS AND TRENDS

I. NATIONAL POLICIES AND CONTEXT

LEGAL FRAMEWORK

Drug legislation derived from the Soviet period was effective in Georgia up to 2003. The state strategy based on it was primarily focused on law enforcement measures that were not reflective of democratic development needs of the country after it regained independence in 1990. In 2000, the country completed ratification of the relevant UN conventions. On December 5, 2002 the Parliament of Georgia adopted the law *On Drugs, Psychotropic Substances, Precursors and Narcological Assistance*. The basic principles spelled out in the new legislation provide for (a) maximum restriction of drug acquisition and use by individuals with due regard for human rights; (b) recognition of drug addicts as patients; (c) implementation of legislative policy to encourage persons to refer to medical professionals for treatment. The new legislation started functioning since March, 2003.

Legal attitude to drug users in Georgia is governed by the following provisions stipulated in the Administrative Code and the Criminal Code of Georgia: possession of drugs in minor quantities or use of drugs without doctor's prescription is punishable under the Administrative Code of Georgia. Drug use is only qualified as an offence if a person previously subjected to administrative punishment for drug use continues to use drugs or psychotropic substances without medical prescription during one year following the penalty.

An expert group of the Ministry of Justice of Georgia and the Ministry of Interior in 2003 prepared a draft law, which was to amend Chapter 33 on drug related crime, of the Criminal Code of Georgia.

It included the entire package of amendments, which covered one of the most significant amendments with regard to distinguishing between drug crimes of different degree (and corresponding punishment). The amendments aimed to define as a separate article crime related to selling of drugs and distinguish it as a grave crime from other types of crimes (i.e. purchase, storage, transportation, etc.). The draft law was discussed at the government session in October 2003 and was returned to the Ministry of Justice for further elaboration. The refined version was planned to be re-considered in the Parliament in 2004. However, due to ongoing fight against corruption in the country, and corresponding structural and institutional changes, the parliamentary discussion of the mentioned draft law did not take place in 2004. It is the task for the nearest future.

The mechanisms for implementing the measures based on Georgia's effective legislation and aimed at drug demand and supply reduction are at the stage of development now. For this reason, the enforcement of the law *On Drugs, Psychotropic Substances, Precursors and Narcological Assistance* is limited by the country's institutional and financial capacities.

INSTITUTIONAL FRAMEWORK

At the beginning of the 90s, two important institutional structures were set up in the country to combat drug demand and supply. In particular, the Georgian Research Institute on Addiction was established with the Ministry of Health and the National Bureau for Combat Drug Addiction and Narco-Businesses was set up with the Interior Ministry. Unfortunately, due to the crisis dominating different sectors of the country, it has not yet been possible to fully use the potential of those institutional structures.

In 1994 a State Inter-ministerial Commission on Fighting Drug Abuse and Illegal Drugs Trafficking was established. The Commission developed two national programs envisioned coordinated activities of the relevant bodies and institutions with a view to reducing demand and supply. None of the programs was translated into action, on the one hand - due to lack of funds, on the other hand - due to institutional deficiency: namely, there was no entity responsible for practical implementation of planned activities. The Commission itself has become a highly formalized, inactive body, *stillborn infant*.

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Currently, it is topical for the country to form an inter-agency coordination mechanism. As there is no like mechanism at the governmental level, the international sector tries to fill in this deficit. One of the examples of such coordination is the National Focal Point on Drug Information and its Drug Information Network that has started operation within the framework of the Southern Caucasus Anti Drug Programme since 2002. Initially the network united both the law enforcement bodies and health care agencies. Since June 2004 the NFP has been split into two: NFP on Demand and NFP on Supply. Thus the institutions operating within the shared information space for almost 3 years have broken again into law enforcers on the one side, and medical and public organisations on the other side, - which somehow worsens the coordination and cooperation potential. The reintegration of the network is a task to be solved in the near future.

The named deficit formed within the programme is balanced by the Georgian Anti-Drug Coalition, established in 2004 with the organizational support of SCAD. The Georgian Anti Drug Coalition is a non-registered voluntary association of institutions, aiming at the mobilisation of public/community resources to solve the drug problem in the country. It carries out its objectives through inter-agency cooperation.

NATIONAL PLAN AND STRATEGIES

In the existing situation where the old problem solving mechanisms are no longer effective while drug supply and demand related problems continually increase (see the further sections of the given report), the necessity of developing a new, balanced, multidisciplinary and modern approach becomes quite obvious. It is imperative to develop a national action plan based on the new approach that would rely on needs assessment and stakeholders analysis. The plan should be realistic in terms of its implementation potential and envision a capacity for monitoring, evaluation and impact assessment.

This need was recognized and responded to by the Georgian Ministry of Labour, Health and Social Security and by the end of 2004, at the initiative of the Minister of Health, the State Drug Policy Council – the Minister's advisory body, was set up to include 9 experts from the area. The Council is aimed at the development of effective drug policy and based on it national action plan. It is now working on the development of the given plan to have it finalised by spring 2006.

Closely cooperate with the Drug Policy Council such initiatives, as are: a. the project initiated by 'Open Society - Georgia Foundation' directed on the support of development of effective drug policy in the country; b. the SCAD projects directed on creation of drug information system and reinforcement and harmonization of national legislation.

SOCIAL AND CULTURAL CONTEXT

As for the initiatives undertaken by the government to solve the drug addiction problem, 2004 saw very few like initiatives, since the authorities focused on fighting corruption and the reintegration of the country, on the one hand, and the reorganisation of the country's main government structures and institutional mechanisms, on the other hand.

An important trend is observed regarding public initiatives: if before 2004 there were only 4 NGOs focused on drug issues, in 2004 another 3 organisations started to work on specifically drug demand reduction. This points to the fact that the public has started to mobilise itself in the named direction.

Another important development, as mentioned above, is the creation of Georgian Anti Drug Coalition, uniting all the government and non-government organisations involved in the sector, which directs its efforts on the mobilisation of public to Fight drug problem as its top priority.

The studies focused on the media coverage of the problem revealed that on the one hand there is a necessity of raising general professional qualifications of reporters/journalists, and on the other hand there is an acute need to carry out educational trainings on drug related issues for representatives of mass media.

II. DRUG USE IN GENERAL POPULATION

DRUG USE AMONG YOUTH

General population survey has not yet been carried out in Georgia due to the lack of financial resources. However, within the framework of the 'State prevention programme of drug addiction', the Georgian Research Institute on Addiction has regularly, since 2000, conducted school surveys among youth. The last school survey was implemented at the end of 2002 and early in 2003. In spite of the fact that we have already reflected this survey in the last years report, we made a decision to include the main thesis of it in the given edition as well, not to lack at all information on such an important epidemiological indicator as prevalence of drug use in the population.

The school survey was conducted among students of the three leading universities in Tbilisi. The questionnaire used was based on ESPAD questionnaire, with certain adaptations for Georgia. 800 students, both male and female, aged 17-22, took part in the survey. The questionnaire was to be filled individually. The main findings of the survey are as follows:

- The most frequently consumed drug, both for experimental and recreational purposes, is Marijuana (hashish, cannabis): 52.6% of young males took hashish at least once or twice in their lifetime, 7.8% - indicated regular consumption over last 12 months, 3.9% - regular consumption over last 30 days
- Drug consumption among young females is significantly lower than drug consumption among young males: only 3.4% female respondents had ever tested hashish and none of them confirmed any regular consumption
- Negative attitude to drug consumption (especially, to Marijuana consumption) is not prevalent among young people: only 50% of boys and 80% of girls indicated that they would reproach people using Marijuana; as for Heroin - 71% of boys and 83.5% of girls said they would reproach people using them.

III. PREVENTION

The system of drug abuse prevention is currently being established through the efforts of local and international institutions that initiate and implement relevant programs and projects, thus seeking to create a certain tradition conducive to further development of preventive approach in the country.

Presently, prevention work includes only irregular interventions at the school and community level; work at a family level and selective prevention is strictly limited. There are no necessary institutional mechanisms to carry out regular, strategically planned and coordinated prevention activities.

The 'State prevention program of drug addiction' is led by Georgian Ministry of Labor, Health and Social Security Department of Public Health and coordinated by Georgian Research Institute on Addiction. Including 2004, the highest priority of the program was drug intoxication examination; the next priority concerned epidemiological studies. Thus, direct preventive interventions were carried out on a limited scale and were underfunded.

Activities carried out within the non-governmental sector in the field of prevention are not regular. This irregularity is explained by a very small number of organizations actually focusing on the problem (for today - 7 NGOs act in the sector) and lack of finances. From 1996 to including 2004, non-governmental sector carried out 15 small scale prevention projects at school, family or community level (maximum length of those projects - 2 years, maximum size of a direct target group - in an ideal case, 350 individuals, maximum funds - in an ideal case, do not exceed 65,000 USD per year).

IV. PROBLEM DRUG USE

PREVALENCE AND INCIDENCE ESTIMATES

The nation wide data concerning drug users¹ in the country is gathered at the database of the Georgian Research Institute on Addiction (GRIA). The information is collected from the following sources: a. treated patients (with retaining their anonymity), b. individuals registered by the police because of being under drug intoxication, confirmed by the medical examination². The database is still under development to meet international standards.

At the end of 2004 the GRIA database had the total of 24†000 drug users and addicts registered, with 14†400 injecting opioid users³ and addicts⁴ among them. In terms of EMCDDA definition of iProblem Drug Useî, this should be translated into the estimate of 14†400 of persons fulfilling the corresponding criteria⁵.

According to opinion of national experts, the actual number of drug users is much higher in the country, could be estimated with a 15 - 20% discrepancy and stands in between 200†000 and 240†000; as for problem drug users, their actual number stands at over 80†000.

Among the 2016 new cases notified for their first time during 2004, 1733 were identified as drug users and 283 as addicts. Out of those new cases, problem drug users made up 59†%.

It should be mentioned that according to the information of the US State Department (www.state.gov/g/in/rls/nrcpt/2005/vol1/html/, International Narcotics Control Strategy Report 2005), in 2004 the number of drug users in Georgia has increased by 150 000 at the expense of consumption of Subutex, and, therefore, should be assumed existence of 275 000 drug users in the country. Unfortunately, due to impreciseness of the existing database, national experts can neither confirm nor deny this estimation.

Regarding the injecting drugs, in Georgia traditionally the most frequently used drugs have been opioids. The use of cocaine and amphetamine are not in use, as they are not actually available on the black market. Ephedrone⁶ and Pervitine,⁷ usually prepared through chemical refinement of medicines used against respiratory disorder and available from drugstores without any prescription, are used occasionally, only.

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

In 2004, important change took place in the structure of the used opioid group drugs in the country. According to the Interior Ministry, during the year the cases of Subutex⁸ import from Europe significantly increased. It has to be noted, that this medical product, usually employed for the purpose of substitutive therapy by means of sublingual administration, is basically used through injections in Georgia. The increase in the number of subutex users registered in 2004 is significant (from 20 officially registered for their first time cases in 2003 to 170 in 2004); It is most likely that Subutex constitutes a basic share of non-identified opioids (which increased from 210 officially registered for their first time cases in 2003 to 615 cases in 2004), since the accurate identification of this substance through chemical and toxicological analyses is difficult, especially after some times elapses after its use.

¹ Drug user: individual using any type of drug without doctor's prescription

² So called iregistered drug userî

³ Opioid user: individual using opioids without doctor's prescription

⁴ Addict: drug user with the developed dependence syndrome according to the ICD-10

⁵ EMCDDA definition of Problem drug use implies iinjecting drug use or long duration/regular use of opiates, cocaine and/or amphetaminesî; cocaine and amphetamines are not in use in Georgia (except of occasional use of some amphetamine-type drugs); therefore, numbers of injecting opioids users could be considered as corresponding to numbers of iproblem drug useî in Georgia

⁶ Amphetamin type drug

⁷ Amphetamine type drug

⁸ brand name for Buprenorphine based medication

The number of females constituted 1% of the overall number of registered drug users. However, by experts' estimation, the actual number is likely to constitute 4-5% of the overall number of drug users. In terms of age, drug use is most frequently practiced by people from 21 to 35. Breakdown by education level shows that among the individuals registered in 2004, 24% received higher education and 48% - high education.

PROFILE OF CLIENTS IN TREATMENT

Out of 300 individuals receiving treatment⁹ in 2004, 295 were opioid addicts; 99% were men; 25% - with secondary, and 65% - with higher education; the maximum age ranged from 26 to 30; the share of unemployed within the total number of treated patients constituted 88%.

As for accompanying diseases and complications, hepatitis B was diagnosed in 36 cases (12%), hepatitis C - in 162 cases (54%), B + C - in 45 cases (15%); besides, 30 patients (10%) suffered from TB, and 6 (2%) were infected with HIV.

Among the treated opioid addicts, the share of Subutex users clearly increased in 2004 (from 10 persons in 2003, to 88 persons in 2004). Decrease in the use of poppy seeds is also observed, which indicates the effectiveness of measures undertaken by the State in 2003 (Gamkrelidze A., at all, 2004).

IV. MARIHUANA

Although the use of marihuana does not fit into EMCDDA definition of problem drug use, we chose to include this chapter as follower of the 'problem drug use' division, the argument being that marihuana consumption is definitely on rise in the country, leading to serious health and social consequences, and besides it is a risk factor for turning-over to opiates.

The most frequently used illegal substance in Georgia is marihuana. Despite the fact that only 87644 marihuana users¹⁰ are currently officially registered in Georgia, according to experts estimates, their actual number 10 or 12 times exceeds the officially registered number.

It has to be noted that recently marihuana use has sharply increased in the country. Such an increase was especially prominent in 2002, when the number of registered marihuana users almost three times increased during the year.

Among marihuana users (especially its regular users), the number of males significantly exceeds the number of females. However, in the recent years, the use of marihuana (especially its episodic use) significantly increased among young women, and especially among school girls.

The age of marihuana users ranges from 13 or 14 to 50 years and above, reaching its peak at the age of 21 - 25.

V. TREATMENT DEMAND

As for the treatment services for addicts and the accessibility of services in question, they are still underdeveloped in Georgia. Shortcomings are clearly observed in the following directions:

1. Lack of treatment institutions for drug dependent individuals: there are only four clinics in the country, specialised in treatment of addiction. Three of those are located in Tbilisi: GRIA's in-patient clinic with capacity to serve 270 clients per year; Clinic 'Bemoni' - with capacity to serve 30 clients per year; Clinic 'Urant' (founded in 2004) with capacity to serve 20 clients per year. The fourth clinic, so called 'LRS Narcological Clinic' (founded in 2004) is located in Batumi, with capacity to serve 20 persons per year.

2. A narrow range of existing services: the main treatment procedure employed by the clinics is detoxication followed by the short term (2 weeks) out-patient rehabilitation implying psychotherapy,

⁹ By treatment we mean here in-patient treatment implying detoxication therapy followed by short term out patient rehabilitation (see chapter 'treatment demand')

¹⁰ Marihuana user: individual consuming Marihuana

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physiotherapy, etc. - where there is a high percent of drop out (i.e. in 2004 only 19% of treated individuals underwent out-patient rehabilitation); There are no post-detoxication in-patient treatment centres, therapeutic communes or other types of specific rehabilitation institutions; Self help approach is underdeveloped; Presently, there are no social rehabilitation programmes for addicts (it should be noted, that Global Fund is going to launch methadone substitution programme from the second half of 2005); Mandatory treatment cannot be implemented due to the lack of funding and institutional resources.

3. Clear imbalance between the provision/accessibility of central and regional services: in 2004, 92% of drug dependent individuals were treated in Tbilisi, capital of Georgia and only 8% - in the regions (Telavi, Batumi).

4. Huge gap between treatment demand and availability: the treatment of addicts is cash-paid in Georgia, - that is, insurance companies are not covering this type of treatment. Due to economical crises the state is unable to provide free treatment. For this reason, demand for treatment and the number of cases treated do not correspond to each other (in 2003 the number of charge free treatment cases in the country was 17 out of 306 treatment cases in total, in 2004 - 14 out of 300).

VI. HEALTH CORRELATES AND CONSEQUENCES

DRUG RELATED DEATH AND MORTALITY OF DRUG USERS

Since nineties, due to the number of reasons (stigma, structural problems, corruption), there was no system in place to register drug related death cases, or reveal drug related mortality in the country. In 2004 within the frame of Southern Caucasus Anti Drug Programme first steps were made towards filling in this gap. In particular, an epidemiological training providing professionals with the relevant methodology was organised; the task force uniting key experts from the relevant fields (pathologist anatomist, narcologist, toxicologist, statistician, etc.) was created; a retrospective cohort study implying comparison of data bases of the State Statistics Department's Demographical Unit and Georgian Research Institute on Addiction was conducted.

According to the results of the study, in 2003 at least 120 persons died due to drug consumption (unfortunately, it was not possible to make a differentiation between overdoses and other cases). We should say that reality is different: the number of drug related death cases is much higher than indicated in this study. However, we can still see the difference: according to the study, the mortality index among drug user males of reproductive age is 5 out of 1000, and therefore is twice as much as mortality index among the total male population of the same age, which is 3 out of 1000.

DRUG RELATED INFECTIOUS DISEASES

HIV/AIDS

As of December 31, 2004, 638 HIV infected individuals are officially registered with the Centre for Infectious Diseases, AIDS and Clinical Immunology. According to expert estimates, real number of all HIV infected individuals might be about 3000 for Georgia.

IDUs compose about two thirds of the newly identified cases of HIV infection. At the same time, their share is slightly decreasing from 69% (total number of 328 HIV/AIDS cases out of 475 registered from 1989 to 2002) to 66.5% (total number of 424 HIV/AIDS cases out of 638 registered from 1989 to 2004).

Research indicates that the frequency of risky behaviors related to the potential spread of infectious diseases is high with IDUs, despite the fact that those in contact with helping institutions appear to be well informed about the risks. This confirms that the provision of information is not sufficient to change negative behavioral stereotypes and that harm reduction strategies need to be reassessed/developed in the country; in this context, novel strategies how to describe/understand the non-institutionalized drug scene are of highest importance for future research considerations in order to develop effective prevention.

HIV/AIDS IN PENITENTIARY SYSTEM

Since 1998, a total of 41 prisoners and convicts (1 woman and 40 men) have been identified as HIV positive within the penitentiary system by the AIDS Centre. Out of those 33 are HIV infected and 8 have developed AIDS. 37 (about 90%) are IDUs. IDUs are also infected with hepatitis B and C viruses and 4 of them have TB. Out of the identified individuals 5 died and 14 have been released so far. For the end of 2004, 22 HIV positive individuals are kept in the penitentiary institutions. All the HIV positive patients are registered with the AIDS Centre clinics.

The prevalence rate of HIV/AIDS in Georgia was 0.12% by 2004. The corresponding showing for the penitentiary system was 1.3%.

OTHER BLOOD BORN INFECTIONS

Hepatitis C is epidemic among IDUs in Georgia: available data gained from local surveys suggest that every second IDU is infected with the virus; the prevalence of chronic hepatitis B infection is almost 10 times lower among IDUs in Georgia, than that of chronic hepatitis C infection.

According to the unpublished data of the National Centre of Tuberculosis and Lung Diseases, prevalence rate for TB among IDUs in Georgia is not likely to be more than 7-10%; however, according to the data of Aids Center, TB prevalence rate among the patients undergoing treatment in the Center increased for 7 times from 1999 to 2004.

VII. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

Regrettably, responses to health correlates and consequences of drug abuse nowadays in Georgia do not correspond to the scale and complexity of the problems. I.e.: the systems for overdoses prevention, or treatment of psychiatric or somatic co-morbidity are not in place; the statistics reflecting frequency of emergency medical interventions in non-fatal cases do not exist at all. The situation is better regarding prevention of blood born diseases; the relevant operations here are implemented in the frame of the number of programs: both state and international.

PREVENTION AND TREATMENT OF DRUG RELATED INFECTIOUS DISEASES

The main principles of AIDS prevention in Georgia are spelled out in the law *On HIV infection/AIDS Prevention* approved by the Georgian Parliament in March, 1995 and revised in 2000 with a view to harmonizing it with present-day international requirements. The new version of the law was enacted on 1 January, 2001.

The National Program on Prevention and Control of HIV infection/AIDS has been operational in Georgia since 1994. The Department of Public Health of the Georgian Ministry of Labor, Health and Social Security is tasked with supervising the implementation of the program. The program is coordinated by the AIDS Center.

The UN thematic AIDS group brings together all organizations involved in the UNAIDS Program (UNICEF, UNDP, UNFPA, WHO, WB). The group works towards implementation of the UNAIDS guidelines in the country and collaborates with the government.

A special Anti-AIDS Service has been established in the country with the Infectious Diseases, AIDS and Clinical Immunology Research Centre as a head organization in it. The service includes almost 70 laboratories in various regions and towns of the country and carries out the following activities: epidemiological surveillance on HIV infection/AIDS; registration of HIV-infected patients and their medical examination; epidemiological research; anonymous testing and operation of hot telephone line; free testing for representatives of high-risk groups; donors' blood testing for HIV infection, viral Hepatitis B and C and syphilis; publication and dissemination of relevant informational materials, video films, video clips, etc.

Save the Children Federation, with the financial support of USAID, has been implementing in cooperation with the number of national institutions one of the large scale projects for prevention of sexually transmitted

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diseases and HIV in Georgia since May 2002. In 2004 the project, besides the other relevant target groups, covered 2 191 injected drug users, 681 sexual partners of IDUs, 553 IDUs in prisons, etc.

The Public Health Program of iOpen Society - Georgiaî Foundation in 1999 launched and has since been managing a Harm Reduction Program, implementing by the number of national institutions, in Tbilisi and Batumi; in 2004, preparatory activities were carried out in order to implement the Harm Reduction Program in the city of Sokhumi as well. From the launch of the program until the end of 2004, Harm Reduction Program served 594 clients and 77214 needles were given out.

In 2004 iOpen Society - Georgiaî Foundation together with the Georgian Research Institute on Addiction, participated and won the first lot of the tender by the Global Found with regard to the project iStrengthening of a system of National Responses for effective implementation of HIV/AIDS Prevention and control in 2003 - 2007î. The lot targets prevention of spread of HIV/AIDS among the injecting drug users; it implies harm reduction, substitution therapy via methadone, needles exchange\distribution programs; education and provision of optional consultations and testing to IDUs. Methadon substitution program is planned to start in 2005. At the first stage it will serve 60 individuals.

VIII. SOCIAL CORRELATES AND CONSEQUENCES

SOCIAL EXCLUSION

Regrettably no reliable information is available regarding drug abuse related social exclusion: in particular, there are no data reflecting drug related homelessness, unemployment, school drop outs, financial or social networking problems, etc.

One thing which is obvious in this regards - in Georgia do not exist so called istreet addictsî. That could be explained on the one hand by the Georgian drug legislation, according to which drug use in the country is criminalised; On the other hand, here plays a role stigma towards addiction existing in the Georgian society, which by the number of experts is considered as preventive factors against street addiction; and, finally here should be mentioned also Georgian traditionally strong family ties providing patronage to the vulnerable family member.

DRUG RELATED CRIME

In 2004, the Unit of Combat against Drug Addiction and Narco-businesses of the Principle Department for Criminal Investigation operating within the Ministry of Internal Affairs, and its local branches revealed 1941 drug-related crimes. Among those: drug contraband - 9 cases, drug dealing - 145 cases, illegal cultivation of narcotic plants - 244 cases. The rest of the cases concern illegal keeping, transferring, or revealing in secondary use of drugs after administrative penalty, which is a crime according to Georgian legislation.

1007 persons held administrative responsibility due to use of drugs without doctorís prescription.

1161 individuals were detained due to mentioned above drug related crimes; 1159 out of those held criminal responsibility. The majority of them are men - 1148 (99.6%), 1135 (97.7%) - unemployed. The age distribution is as following: 588 persons (51%) in the age group of 25-27; 422 persons (37%) - 30 and older; 113 persons (9%) - in the age group of 18-24; 38 persons (3%) - in the age group of 16-17.

In 2004 there is a decrease of the number of persons held criminal responsibility due to drug related crime. On the one hand that could be explained by the fact that law enforcement structures were in a process of reorganization and institutional changes while 2004; another reason could be that recently, the Interior Ministry basically focuses on the identification of drug dealers rather than the individuals using drugs.

According to the data provided by the Information and Statistics Service of the Supreme Court of Georgia, in 2004 alone first-instance courts heard the total of 1739 cases on drug related offences: of these 67.33% concerned Illicit cultivation, preparation, purchase, storage, transportation, or sales of drugs (Article 260, 252-I-II-III-IV-V of the Criminal Code of Georgia); only 0.34% of cases concerned illegal

trafficking and international transit of drugs (Article 262, 79-III-IV). Such a divergence in figures is indicative of the fact that it is necessary to strengthen drug control capacity at the borders.

DRUG USE IN PRISONS

In May 2004, the Georgian Research Institute on Addiction (GRIA) conducted a special survey aimed at the assessment of drug use and the related risky behaviour among the prisoners within the penitentiary institutions. The survey was carried out within the framework of the Southern Caucasus Anti Drug Programme. The survey covered 250 male prisoners, aged 28-60, detained in two different colonies. Only 3% of the respondents were convicted due to drug-related offence.

According to the results of the survey, 70% of respondents reported lifetime use of different drugs and 41% admitted the use of drugs in the places of detention. The frequency of drug use was distributed as follows: once per month - 28%, once per week - 14%, two - three times per week - 11%. 37% of drug users experienced the withdrawal syndrome in prison; 23% indicated the fact of overdosing.

Survey revealed that the drugs mainly used in penitentiary institutions are opioids and the basic way of administration is injection. 42% of the surveyed reported repeated use of shared syringes.

At the same time, there is not any system for drug dependence treatment in prisons or colonies, harm reduction programmes are not actually implemented, etc.

IX. RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES

Due to difficult economical conditions, nowadays in Georgia does not exist relevant infrastructures, institutions, or even operations directed on social reintegration of drug addicts. The system of basic social services in the country is quite poor, employment opportunities are very limited, and institute of social worker does not exist at all.

The situation is even worse regarding prevention of drug related crime: there is no system providing assistance to drug users in prisons; as about alternatives to prison for drug users (involuntary treatment, or social services, etc.) - again for today no mechanisms exist to implement them. To establish and develop the relevant infrastructures and services responding to drug addicts' social integration needs - is the urgent task.

X. DRUG MARKET

Georgia is not a drug producing country, drugs mostly enter the country from neighbouring regions. Thus Georgia can be considered as a transit country for drugs. So called 'Caucasian route', in case it is established, will cross the territories of Azerbaijan, Armenia and Georgia, and there is a real threat that this may become a stable drug trafficking route from Asia to Europe.

The situation is further compounded by the existence of uncontrolled territories that emerged as a result of long-lasting frozen ethno-political conflicts, as they provide additional 'gateways' for drugs to enter the country.

The black market mainly offers Heroin, Opium and Marijuana, in 2004 significantly increased Subutex supply which enters country from Europe, opposite to 'traditional' Asian routs.

Drugs are sold in the black market illicitly. There are no drugs available in the street. Drugs can be bought through the network of drug-addicts and dealers; however currently the so called 'discothèque' culture is entering the country, which can change the described pattern.

The prices of drugs at the black market in 2004 was as follows: for 1g heroin - from 300 to 400 USD; 1g opium - 20-25 USD; one 8 mg pill of Subutex - 100 USD; 1 capsule of Morphine - 5 - 7 USD; 5g Marijuana - 7-9 USD.

The data on drug seizures while 2004 provided by the Ministry of Internal Affairs Unit of Combat against Drug Addiction and Narco-businesses of the Principle Department for Criminal Investigations, show that

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the amounts of Opium and Heroin seized in 2004 were respectively 1kg.196gr. and 0.79kg. Comparison of these numbers with the numbers described in the chapter 'Problem drug use' shows that there is a huge gap between the amounts of drugs used and those seized in the country.

PART B - SELECTED ISSUES

XI. SOUTHERN CAUCASUS ANTI DRUG PROGRAMME

SCAD has been implemented since 2001 with a focus on the following objectives: (a) enhancement of cooperation amongst relevant institutions at the national and regional levels, (b) reduction of drugs' smuggling, (c) fighting against drug abuse, (d) creation and development of a reliable database on the problem.

Since 2001, the following projects are implementing in the frame of the programme: Reinforcement and harmonisation of national legislative and regulatory frameworks (1); Strengthening of interdiction capacity at Land Borders (2); Strengthening of interdiction capacity at seaports (3); Development of compatible system for intelligence gathering and analysis (4); School prevention (5); Drug Information System Project (6). Since June 2004 the program initiated two new projects, as are: Strengthening of Airports control capacity (7); Support of Prevention Work of Non-Governmental Organizations (8).

One of the most important institutional outcomes of SCAD is the National Focal Point on Drug Information created and functioning since 2002. From the very beginning, the activities of the NFP were based on establishment of the Drug Information Network uniting all the key agencies working in the field of drug supply and demand reduction. Since June 2004 the NFP has been split into two - NFP on Demand and NFP on supply (involving the relevant institutions), which somehow weakened the system. The reintegration of the network is a task to be solved in the near future.

XII. NEEDS RELATED TO DRUG EPIDEMIOLOGY IN THE COUNTRY

The evaluation of the epidemiological situation with drug dependence faces serious problems in Georgia, because of the number of reasons, as are: lack of funding needed for epidemiological surveys, non-existence of the state programmes on treatment, rehabilitation and dynamic monitoring, imperfect legislative and regulatory normative bases, etc.

Given the above problems, it is complicated to evaluate prevalence of drug use and drug dependence in the country; harm caused by drug use; the urgent and non-urgent death cases caused by drug use and mortality of drug users; use of drugs or drug addiction among somatic, surgical or trauma patients, etc. At the same time, the everyday practice shows, that the number of above listed cases is quite high.

Within the framework of the Drug Information System Project of the Southern Caucasus Anti Drug Programme, was carried out need assessment for the purpose of the assessment of the epidemiological situation in the country following the European standards and guidelines.

In 2004, in response to the needs identified, Georgian Research Institute on Addiction, with the financial and methodological support of SCAD implemented the following: study of drug use in the penitentiary system; project 'On the creation of unified confidential system on drug users based on the data of health care institutions'; special training directed on development of the relevant mechanism for the elaboration of drug related death and mortality indicator in the country, followed by forming of a task force uniting leading experts from the relevant fields; retrospective cohort study implying comparison of databases of GRIA and State Statistics Demographical Department.

In parallel, a special work directed on institutional development of drug epidemiology was conducted, as a result of which Drug Abuse Monitoring Centre was established on the base of Georgian Research Institute on Addiction. The Centre is operating in correspondence with the EMCDDA epidemiological standards. Currently it is in a process of institutionalization, - that is a task to be accomplished in the nearest future.

CONCLUSIONS

- It is necessary to continue work in the direction of refining drug legislation in Georgia; in this sense it is recommended to renew work on the draft law prepared by the experts of Ministries of Justice and Internal Affairs in 2003, which is aimed at improvement of chapter 33 of the Criminal Code that deals with differentiation between drug related crimes of different graveness.
- It is important to continue work in the direction of developing relevant institutional mechanisms for implementing the law "On Drugs, Psychotropic Substances, Precursors and Narcological Aid" (e.g. developing treatment capacity, creating necessary mechanisms for implementing in practice obligatory treatment, etc.).
- It is necessary to establish an interagency (i.e. inter-ministerial) body, subordinating to the President, State minister, or security Council, that will undertake responsibility to elaborate, implement and monitor anti drug policies in the country.
- It is necessary to elaborate the mechanisms for coordinating activities of different agencies working on solving of drug related problems.
- It is necessary to institutionalize into a single national structure the National Focal Point on Drug Information, created in the frame of SCAD, which would be responsible for creation and maintenance of comprehensive drug information system in the country.
- It is important to support the activities of State Drug Policy Council, in order to elaborate new, interdisciplinary, balanced and modern strategic approaches for dealing with this problem, and based on that effective drug policy.
- It is necessary to strategically plan activities in the direction of overcoming a social stigma regarding drug addiction. Primarily the mechanisms for adequately informing the public concerning drug issues should be elaborated.
- Representatives of mass-media should be specially trained and close cooperation must be maintained in order to have high quality coverage (television shows, radio programs, newspaper articles, etc.) on regular basis.
- It is necessary to elaborate the novel strategies directed on description/understanding of the "non-institutionalized" drug scene in order to develop effective prevention.
- It is necessary to plan and implement a survey studying prevalence of drug use within population.
- It is necessary to increase the scale and frequency of preventive activities among young people: It is of crucial importance to conduct strategic and purposeful work aimed at destroying the myth of "harmlessness" of marijuana.
- It is necessary to elaborate the mechanisms for conducting regular, strategically and tactically defined, coordinated prevention activities on school and community levels. It is especially important to increase the role of education system in this issue and maintain coordination between different structures.
- It is necessary to continue work in the direction of improving preciseness of the database on drug users and addicts maintained by GRIA. In order to implement this, the system of observing the dynamics of treated addicts and registered users should be introduced.
- It is necessary to plan relevant strategy and tactics in order to deal with the increased use of Subutex in the country.
- It is necessary to continue work in the direction of implementation of the world known effective practices of treating drug addicts (e.g. programs of social rehabilitation, therapeutic communes, etc.).

CONCLUSIONS

- It is necessary to plan and conduct systematic activities aimed at development of services of treatment for drug addicts in the regions of Georgia.
- It is necessary to continue establishment of the mechanisms directed on elaboration of DRD epidemiological indicator in the country (which started in 2004 within the frame of SCAD).
- It is necessary to find an effective form of preventing IDUs from conduction of risk behavior, as it appeared high level of awareness on this issue among IDUs doesn't keep them from that.
- It is necessary to elaborate effective, human rights based strategy and tactics of struggling with spreading of HIV/AIDS and other blood born diseases in the facilities of penitentiary system.
- It is necessary to establish tradition of keeping statistical data on medical intervention of nonfatal overdoses and treatment of psychiatric or somatic co-morbidities in order to plan relevant actions on non governmental and governmental levels.
- It is important to start proper registration of social exclusion cases related to drug abuse: in particular, statistics of homelessness, school drop outs, financial problems related to drug abuse, etc.
- It is necessary to strengthen the work of law enforcers within the country as well as in improving control of borders.
- It is necessary to strengthen strategic and tactic work on eradicating delivery of Subutex from European countries.
- It is also important to strengthen strategic and tactic work in the direction of struggling with illegal circulation.
- It is necessary to plan relevant actions/implement relevant programs in the direction of reducing harm caused by drug use in the facilities of penitentiary system.
- It is necessary to start work in the facilities of penitentiary system in the direction of preventing drug related crime: planning and implementing programs on prevention, treatment and social reintegration in prisons; elaborating the mechanisms for obligatory treatment, in case of drug use among young people proposing an alternative way of punishment, etc.
- It is necessary to legally institutionalize the Drug Abuse Monitoring Center created in the frame of SCAD and based at the Georgian Research Institute on Addiction, in order to support the development of drug epidemiology according to European Standards in the country.

PART A: NEW DEVELOPMENTS AND TRENDS

I. NATIONAL POLICIES AND CONTEXT

I.1. Legal framework

1.1.1. Laws, regulations, directives or guidelines in the field of drug issues (demand and supply)

1.1.1.1. Historical perspective

In Soviet Georgia, similarly to the rest of the Soviet Union, drug addiction was qualified as crime and fight against it was carried out mainly by law enforcement tools, though this by no way ruled out treatment. As far as prevention is concerned, it mainly implied prohibition and formal moral values prevailing among the public. Customs and border control in the soviet period were strong, opium was produced in certain regions under strict supervision by police and armed forces, and hence the level of drug accessibility and its availability in the black market was low. It is to be noted that the methods used in conditions of the totalitarian regime were per se effective in preventing the spread of drugs in the country.

The situation began to change in the 60-ies (post-Stalinis period): changes in ideology and liberalisation of the law enforcement system in a certain sense isoftened measures taken by the state to control drug supply and thus paved the way for the spread of drug addiction in the Soviet Union, including Georgia. Nihilistic attitudes of young people to the prevailing ideology contributed to a wide-spread use of drugs. Despite the acuteness of the problem, it was strictly forbidden to openly acknowledge its existence and respond to the problem engaging the public. That considerably limited a potential for prevention. In this context, the state initiated adoption of the Resolution of the Supreme Council of the Georgian Soviet Socialist Republic defining legal liability for the intake of drugs without doctoris prescription, as well as for the purchase and distribution of drugs. This statutory regulation resulted in a significant reduction in the spread of drugs in the country, and Georgia in fact set a model for other republics of the Soviet Union to follow.

Following independence, Georgia faced difficulties of the transition period: porous state borders and uncontrolled territories, civil war, high rate of crime, large scale corruption, crisis of values followed by pessimism in the society, long-lasting socio-economic and political crisis attended with unemploy-

ment, etc. All these undermined the system of safeguards against drugs previously existing in the country, and paved the way for a considerable rise in illicit circulation of drugs and drug addiction.

1.1.1.2. Development of drug legislation

As the Soviet system denied existence of drug addiction as a social problem, there was no relevant law in the Soviet space to effectively address the problem. Though, the contemporary legislation is based on the legislative measures conducted since late fifties of the last Century:

- * Georgia was the first among the republics of the Soviet Union to include in its Criminal Code (1959-1962) penalty for acquisition, possession and smuggling of drugs both with intent to sell or otherwise. It also criminalised the violation of regulations concerning manufacture, purchase, storage, registration and distribution of drugs.
- * The 1961 Single Convention on Narcotic Drugs was ratified on December 14, 1963.
- * Resolution No 3274-VI "On Fighting Against Manufacture and Distribution of Drugs" passed by of the USSR Supreme Council on 27 January, 1965 was followed by relevant statutory enactments in the republics. First Armenia (August 31, 1965) and later, other republics defined penalties for involving minors into the use of drugs.
- * The late 60-ies and early 70-ies saw introduction of penalty for distribution of drugs among population. Manufacture of narcotic drugs was a punishable offence in all Soviet republics except Lithuania. Penalty was introduced for cultivation of opium poppy and Indian cannabis plantations (except in Latvia, Lithuania, Estonia), as well as for setting up drug dens (except in Ukraine, Latvia and Estonia).
- * Resolution No 238-193 of 2 April, 1974 "Further Measures Against Drug Addiction" adopted by the USSR Council of Ministers marked an important contribution to the establishment of narcological (treatment of addiction) services. Directives of the USSR Supreme Council of 25 April, 1974; 8 February, 1977; and 19 October, 1982 logically followed from the resolution.

I. NATIONAL POLICIES AND CONTEXT

Based on those directives, the USSR Minister of Health Care issued an order defining the need for minimal treatment of drug addicts, the rules of treatment and the subsequent expert medical examination. The government committed financial support for implementation of the order.

- * In the 60-ies administrative and criminal liability for the use of drugs was introduced in Georgia, Armenia, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.
- * In the late 80-ies, shortly before the disintegration of the Soviet Union, the USSR Supreme Council adopted two decrees (12 April and 22 April, 1987) providing for prohibition of cultivation of plants containing narcotic drugs, and defining criminal liability for the act.

1.1.1.3. The Law on Drugs, Psychotropic Substances and Narcological Aid

After independence in 1990, for 11 years Georgia had no law regulating circulation of psychoactive substances in the country. In 2000, the country completed ratification of the relevant UN conventions. On 5 December, 2002 the Parliament of Georgia adopted the law on Drugs, Psychotropic Substances, Precursors and Narcological Aid. The new law was the result of consistent collaborative efforts of national experts from the Ministries of Justice, Internal Affairs and Health. The national experts' working group established under the auspices of the SCAD project 'Reinforcement and Harmonization of National Legislative and Regulatory Frameworks' made a significant contribution to the elaboration of the law.

The law, on the one hand, regulates all aspects of licit circulation of controlled drugs, and on the other hand, makes provisions for treatment of drug addicts. The law is appended with the list of controlled substances and their maximum permissible quantities. It contains a detailed description of all substances subject to special control, and defines what quantities are qualified as punishable.

Thus, the new law:

- * prohibits manufacture of drugs and cultivation of plants containing drugs in Georgia;
- * prohibits circulation of drugs and their analogues;
- * establishes state monopoly over control of the circulation of drugs and psychotropic substances, over establishing their circulation quotas and

production of psychotropic drugs;

- * prohibits promotion and advertising of controlled drugs and substances except in special scientific literature;
- * introduces licensing for physical and legal persons involved in licit drug-related activities;
- * regulates the main principles of licit drug-related activities, such as: manufacture, production, refinement, storing, delivering, selling, exportation, importation, transit, re-export, registration, record-keeping.
- * regulates such issues as the use of controlled substances for medical purposes; the right to use these substances for transit patients; the use of controlled substances for expertise, education, research and veterinary purposes.
- * for the first time in Georgia treats drug addiction as a disease, and makes a provision on the applicability to drug addicts of all rights contained in the Georgian legislation;
- * stipulates that drug addicts shall be entitled to the same rights as persons with mental disorders (in this context, it is worthwhile to mention that the Georgian law on Psychiatric Aid which determines the rights of psychiatric patients is considered by experts as a progressive and liberal law that places emphasis on the protection of human rights and provides for responsibilities of the state with regard to patients);
- * provides for responsibilities of the state with regard to drug addicts and stipulates that the state shall bear costs for their medical examination, treatment and rehabilitation. However, taking into account the economic difficulties prevailing in the country, as well as a considerable number of patients, the above contribution by the state is defined in the context of the current state programme;
- * stipulates compulsory, on-the-ground and centralised registration of drug addicts and users;
- * makes provision for substitution therapy in the territory of Georgia;
- * makes provision for anonymity of treatment;
- * stipulates the need for and principles of compulsory treatment.
- * for the first time in Georgia determines conditions for basic compulsory treatment of persons in places of detention.

Adoption of the new law made it necessary to formulate relevant by-laws and introduce amendments in the administrative and criminal codes and

respective procedural codes. The process of legislative changes is underway. The group of national experts established within the framework of the SCAD project aimed at reinforcement and harmonisation of national legislative and regulatory frameworks are involved in the process.

Since the legislation started functioning (March 2003) relevant sub-normative acts were elaborated which regulate the rules of legal circulation of narcotics and psychotropic substances in relation to all subjects participating in legal circulation; rights and obligations, also responsibilities of all subjects involved in legal circulation were defined, mechanisms of control were elaborated and competent authorities were assigned for controlling these control mechanisms and legal circulation. In this sense entire legislation was renewed and according to the Georgian legislation it received status of a law.

Certain sub-normative acts related to this issue were prepared through which

- organizational matters of drug intoxication medical examination were regulated
- the charter of forensic-narcological examination was approved
- The methods of testing and levels of responsibilities among central, regional and local narcological organizations were defined
- a unified system of registration was created, on this basis a database of drug users and addicts is in a process of creation
- a system of anonymous registration of patients was elaborated
- the methodology of assigning treatment was elaborated together with its somatic contraindications
- the general principles of treatment were defined as well as guidelines for medical doctors for maintaining medical records

In 2003-2004 new construction and security standards and norms were elaborated for facilities where substances subjected for special control are stored, professional restrictions in relation to drug addicts were elaborated; the work in the direction of improving the law is still continuing.

1.1.1.4. Some legislative regulations on illicit circulation of drugs

The above law *On Drugs, Psychotropic Substances, Precursors and Narcological Aid* regulates all aspects of licit circulation of drugs. As far as illicit drug circulation is concerned, the relevant legal provisions are stipulated in the Administrative Code and the Criminal Code of Georgia.

Legal attitude to drug users in Georgia is governed by the following provisions. Under Article 45 of the Administrative Code of Georgia, purchase and possession of drugs in minor quantities or use of drugs without medical prescription is punishable with fine equivalent to 50-100 minimum wages, or socially useful labour for up to 30 days, or administrative detention for up to 15 days. Article 273 of the Criminal Code of Georgia stipulates that drug use is only qualified as an offence if a person previously subjected to administrative punishment for drug use continues to use drugs or psychotropic substances without medical prescription during one year following the penalty. In such case, the person concerned is punishable with socially useful labour for 120-180 hours, detention for up to 3 months, or deprivation of liberty for up to one year.

Other drug-related criminal offences are described in Chapter 33, Articles 260-274 of the Criminal Code of Georgia. In particular,

Illicit manufacture, production, purchase, storing, transfer, or selling of drugs is addressed in Article 260 of the Criminal Code of Georgia and is punishable with deprivation of liberty for up to 10 years. The same action, committed (a) on a larger scale; (b) by a group of persons; (c) using official position; (e) repeatedly is punishable with deprivation of liberty for 6 to 12 years. The offence described in Para 1 and 2 of this Article, committed on an especially large scale or by an organized group, is punishable with deprivation of liberty for 8 to 20 years, or with life sentence.

Illicit sowing, breeding and cultivating of plants containing narcotic drugs is addressed in Article 265 of the Criminal Code of Georgia and is punishable with penalty or deprivation of liberty for up to 5 years. The same action, committed (a) on a larger scale; (b) by a group of persons; (c) using official position; (e) repeatedly is punishable with deprivation of liberty for 2 to 7 years. The offence described in Para 1 and 2 of this Article, committed on an especially large scale or by an organized group, is punishable with deprivation of liberty for 5 to 10 years.

* * *

A group of experts from the Ministry of Justice of Georgia and the Ministry of Interior in 2003 prepared a draft law, which was to amend Chapter 33 on drug related crime, of the Criminal Code of Georgia.

The draft law included the entire package of amendments, which covered one of the most significant amendments with regard to distinguishing between drug crimes of different degree (and corresponding punishment). For example, the amendments for the article 260 of the Chapter 33 of Criminal Code of Georgia aimed to define as a separate article crime related to selling of drugs and distinguish it as a grave crime from other types of crimes. It would also make the corresponding punishment harsher. In the same way, punishment for other crimes would become lighter. Similar amendments were envisaged to Article 262 of the Chapter 33, which relates to psychotropic substances.

The draft law was discussed at the government session in October 2003 and was returned to the Ministry of Justice for further elaboration. The refined version was planned to be re-considered in the Parliament in 2004. However, due to ongoing fight against corruption in the country, and corresponding structural and institutional changes, the parliamentary discussion of the mentioned draft law did not take place in 2004. It is the task for the nearest future.

1.1.2. Laws implementation

The mechanisms for implementing the measures based on Georgia's effective legislation and aimed at drug demand and supply reduction are at the stage of development now. For this reason, the enforcement of the law *On Drugs, Psychotropic Substances, Precursors and Narcological Aid* is limited by the country's institutional and financial capacities.

For example, the number of people treated at the expense of the State declines on the annual bases,

and if by 2003 out of the 306 officially registered treated individuals 17 had been funded by the State, in 2004, out of the 300 officially registered treated cases, only 14 were financed by the State. Also, rehabilitation is a weak component in drug addiction treatment. There is no appropriate in or out patient rehabilitation system, or substitutive therapy. The Global Fund supported small scale methadone substitutive therapy serving 60 patients at the first stage is only planned for the end of 2005.

Another example: as was mentioned above, the law *On Drugs, Psychotropic Substances, Precursors and Narcological Aid* defines the need for and principles of compulsory treatment. However, mechanisms to provide compulsory treatment are not yet in place, it is impossible to execute a court's decision on compulsory treatment of an addict since the relevant structure responsible for referring addicts for treatment has not been established. Lack of funding is another obstacle impeding implementation of the law.

One more example is related to the supply reduction measures: till 2005, 99% of all drug-related crimes in the country were uncovered by Ministry of Interior agency responsible for combat against drug illicit circulation. However, before the Security Ministry has merged with the Ministry of Internal Affairs in 2005, the Ministry of Internal Affairs was responsible only for fight against domestic crime according to Georgian legislation. As far as drug smuggling was concerned, under the Code of Criminal Procedure, relevant interventions were the responsibility of the Ministry of State Security of Georgia.

If drugs are interdicted at the border, such cases should be addressed by customs and border departments, which is regrettably not always the case due to lack of adequate capacity.

It has to be noted that after the *Rose Revolution*, the law enforcement bodies of the country are in the process of reorganisation, which should make their fight against drug supply much more efficient.

1.2. Institutional framework, strategies and policies

1.2.1. Creating and coordinating an institutional mechanism to combat drug demand and supply, background

At the beginning of the 90s, two important institutional structures were set up in the country to combat drug demand and supply. In particular, the Georgian Research Institute on Addiction was es-

tablished with the Ministry of Health and the National Bureau for Combat Drug Addiction and Narco-Businesses was set up with the Interior Ministry. Unfortunately, due to the crisis dominating different sectors of the country, it has not yet been possible to fully use the potential of those institutional structures.

The Georgian Research Institute on Addiction was established in 1993 with the staff of highly skilled professionals, both practitioners and researchers, and has since become a leader in the area, responsible for carrying out basic research, introduction of new technologies, expanding relevant services and monitoring. The Institute was an administrative tool for the state to manage the area. However, due to severe financial crisis and budgetary constraints, in 1995 the state withdrew the status of a public service institution from the Research Institute on Addiction, along with other scientific institutions. This in fact cut off funding by the state and undermined a potential to manage the sphere.

In 1992 a department for combating illegal circulation of drugs was formed within the Ministry of Interior; later on, in 1994 this department turned into a National Bureau for Combating Drug Abuse and Narco-Business. Regrettably, this institutional structure with the Interior Ministry was not able to avoid corruption dominating, that time, law enforcement bodies. By now, after reorganization, it has been reorganized into the Unit for Fighting Drug Addiction and Illegal Drugs Circulation within the Principle Department for Criminal Investigations of the Ministry of Internal Affairs.

1.2.2. Coordination

After the country gained independence, the government started setting up new institutional coordinating mechanisms in response to the increased prevalence of drug abuse. For this purpose, in 1994 a State Drug Commission was created to fight drug addiction and illicit circulation. At the initial stage of its operation, the Commission was chaired by one of the deputies of the State Minister; later Ministers of Internal Affairs and Health were appointed as co-chairmen of the Commission. The Commission brought together senior officials of power structures (ministers, heads of state agencies), as well as the leadership of the Ministry of Health, the State Sports Committee, Customs and other relevant bodies. The Commission worked to integrate and coordinate efforts of different bodies and agencies in the fight against drug addiction and illicit drug trafficking. In order to meet its objectives, the Commission developed two strategic programmes: *the National Programme on Fight against Illicit Turnover of Drugs in Georgia* (1996-1997) and *the State Programme on Fight against Drug Addiction and Illicit Drug Circulation* (1998-2000). The programmes were based on multi-agency cooperation principle and envisioned coordinated activities of the relevant bodies and institutions with a view to re-

ducing demand and supply. The programmes were based on the top to bottom approach, to a certain extent owing to authoritarian inertia, with very little consideration given to community participation (population, local governance and self-governance structures, NGOs, etc.).

Regrettably, these governmental programs failed to see any effective implementation due to lack of funds (with minimum funds allocated for treatment, and no funds provided for prevention or rehabilitation). Thus, none of them was translated into action, and as there was no entity responsible for practical implementation of planned activities, the Commission itself has become a highly formalized, inactive body - *istillborn infant*.

Currently, it is topical for Georgia to form an inter-organisational coordination mechanism to solve the drug-addiction problem in the country. As there is no like mechanism at the governmental level, the international sector tries to fill in this deficit:

1. One of the examples of such coordination is the creation of the National Focal Point on Drug Information and its Drug Information Network that has started operation within the framework of the Southern Caucasus Anti Drug Programme since 2002. The network unites the law enforcement bodies working on the reduction of drug supply (Interior Ministry; Prosecutor's Office; Department for Punishment Execution with the Ministry of Justice; Supreme Court; State Customs Department of the Ministry of Finance), the organisations aimed at the reduction of drug demand (Public Health Department of the Ministry of Labour, Health and Social Security; Infectious Diseases, AIDS and Clinical Immunology Research Centre; Georgian Research Institute on Addiction; NGOs working in the sector) as well as the Ministry of Education.

Unfortunately, since June 2004 the NFP has been split into two: NFP on Demand and NFP on Supply. Thus the institutions operating within the shared information space for almost 3 years have broken again into law enforcers on the one side, and medical and public organisations on the other side, - which somehow worsens the coordination and cooperation potential. The reintegration of the network is a task to be solved in the near future.

The named deficit formed within the programme is balanced by the creation of the Georgian Anti-Drug Coalition within the Southern Caucasus Anti Drug Programme. The Georgian Anti Drug Coalition is a non-registered voluntary association of institutions, aiming at the mobilisation of

public\community resources to solve the drug abuse problem. It carries out its objectives through interagency cooperation.

2. The activity of the Prevention Task Force (PTF) operating since 2002 within the framework of the iSTI\HIV Prevention (SHIP) Projecti, implemented by iSave the Childreni Federation, is an example of an effective coordination initiative carried out by an international organisation. The working group's activity is based on cooperation between different institutions. It endeavours to contribute to the development of an effective policy for the effective treatment and prevention of STI and HIV/AIDS. The group is composed of the relevant ministries, UN structures and international organisations, as well as the government and non-government organisations representatives. Presently, PTF unites 30 active members.

3. The advocacy project of the Global Fund programme iStrengthening national response in Georgia in 2003-2007 to effectively implement HIV/AIDS, TB and malaria prevention and control measuresi is also based on interagency cooperation.

4. Mini Dublin Group in Georgia is another example of international coordination. The so called Dublin Group was founded in 1990. The group unites the European Commission, EU-Member States and UNODC as well as the United States, Canada, Australia, Japan and Norway. The Secretariat of the Group is staffed by the EU Council Secretariat. The Dublin Group is an informal coordination group made up of like-minded countries that meets periodically with three main objectives: 1. analyze and exchange views on international drug problems - as regarded production, trafficking and abuse - particularly in mainly-producing and transit countries; 2. to make recommendation both to its members and to its partner countries to how to address there problems; 3. to coordinate their response to these problems particularly as regards their members' cooperation with partner countries. The Dublin Group operates via so-called Mini Dublin Groups. The Mini Dublin Group Georgia is chaired by Germany that also holds the regional chair for Central and Eastern Europe.

All the described above important initiatives of the international sector and their viability prove the necessity of setting up inter-organisational coordination mechanisms at the state/government level, which will hopefully be considered as a priority in the near future.

1.2.3. National plan and strategies

In the existing situation where the old problem solving mechanisms are no longer effective and drug supply and demand related problems continually increase (see the further sections of the given report), the necessity of developing a new, balanced, multidisciplinary and modern approach becomes obvious. It is imperative to develop a national strategic plan based on the new approach that would rely on needs' assessment and stakeholders' analysis. The plan should be realistic in terms of its implementation potential and envision a capacity for monitoring, evaluation and impact assessment.

This need was recognized and responded to by the Georgian Ministry of Labour, Health and Social Affairs and by the end of 2004, at the initiative of the Minister of Health, the Drug Policy Council ñ the Minister's advisory body, was set up to include 9 experts from different areas. The Council is aimed at the development of comprehensive drug policy and based on it national action plan to solve the drug addiction problem. It is now working on the development of the policy paper and given plan to have them finalised by spring 2006.

Closely cooperate with the Drug Policy Council the following international initiatives: a. the project initiated by iOpen Society - Georgia Foundationi and implemented by the NGO iAlternativa Georgiai, directed on the support of development of effective drug policy in the country; b. The SCAD projects directed on creation of drug Information system and harmonization of the drug national legislation.

1.2.4. Implementation of policies and strategies

Given the deficit of the strategy to solve drug policy and drug addiction related problems, iThe state programme for drug addiction preventioni has been implemented in the country since 1997. It was the only programme in the sector planned and financed by the State. Unfortunately, due to the lack of financial resources usually it was only partially funded.

The State programme is led by the Ministry of Health Department of Public Health and coordinated by the Georgian Research Institute on Addiction. 10 regional centres and 21 district narcological consulting rooms in different parts of Georgia are also involved in the activities, which provides for across-the-coun-

try coverage of the programme. Narcologists working in the regions are united into the Republican Narcological Net. The Research Institute on Addiction provides methodological guidance for this network and operates the computerized database, which receives information on drugs and drug addicts from across the network.

Traditionally the biggest share of funds targeted examination of drug intoxication (usually, the distribution of the funds was as follows: examination ñ 60% of the allocated amount, treatment - 9%, rehabilitation ñ 10%). Before the end of 2004 examination fell within the limits of the competence of the Georgian Research Institute on Addiction, but since 2005 it has merged with forensic medical and psychiatric examination services with the Ministry of Justice. One more structural change occurred: the State Program became one of the components of the newly designed 'State Programme of Provision Support to Health, Prevention of Diseases and Epidemiological Control' of the Ministry of Labour, Health and Social security; the programme is led by the Department of Public Health.

The main directions covered by the State Programme for in 2004 were the following: epidemiological study of the prevalence of drug addiction; putting the database into operation; ensuring the

functioning of the country's narcological network; methodological and organisational guidance of the network; implementing primary and secondary preventive activities; improving the legislative and normative basis; developing the newest treatment, prevention and rehabilitation methods; improving the methods of drug intoxication examination, defining the chemical and toxic effects of new products and substances and disseminating the relevant information through the network in correspondence with the development of the country's drug market; implementing preventive measures through the Mass Media; active identification of drug intoxication, dynamic surveillance, rehabilitation, etc.

Due to the decreased funding and the reduction of the named component since June till the end of 2004, only drug intoxication examinations were being implemented in the country.

1.2.4. Impact of policies and strategies

As for the assessment of the impact of drug related policy and strategy, since, given the new legislation, a new national policy or strategy has not yet been developed in the country, correspondingly, the mechanisms for the assessment and monitoring of drug policy and strategy have not been adequately developed, either. This is the task to be solved in the near future.

1.3. Budget and public expenditure

Regrettably, studies directed on investigation of public expenditure related to drug use are not carried out in the country. It is the task for the nearest future.

1.3.1. Health care system budget

The table 1 contains State prevention programme's budgetary plans according to years. However, while

considering the budgets it should be taken into account that on the one hand, due to the lack of financial resources funding usually was only partial, and, on the other hand, usually, the biggest share of funds targeted examination of drug intoxication, as was already mentioned above.

Table 1: State Prevention Program's budgetary plans according to years:

Years	Planned Budget (in GEL)
1997	430 000
1998	500 000
1999	320 000
2000	350 000
2001	500 000
2002	551 000
2003	500 000
2004	348 000

1.3.2. International programmes

The Southern Caucasus Anti Drug programme's annual budget for Georgia makes up about 500,000 EUR (From January 2001 up to now 2,128,000 EURO has been spent under the programme.)

The total budget for the harm reduction projects implementing in the frame of 'Open society - Georgia' Foundation's public health program starting from 2001 is 195,677 USD, average annual budget starting from 2002 - 70,000 USD.

German Embassy provided 8,200 USD to support nationwide anti drug information campaign and the

Anti Drug Festival planned to be conducted by Georgian Anti Drug Coalition in June, 2005.

We do not consider here neither budget of the Save the Children Federation SHIP Project nor Global Funds HIV Prevention program, as these operations besides interventions directed to injecting drug users include variety of other interventions with the different target groups (e.g. female sex workers, men having sex with men and their partners, etc; two small clinic for testing; informational educational materials and public campaigns; surveillance studies, etc.); thus, it is impossible to identify what amount of funds is spent on solving of drug problem.

1.4. Social and cultural context

1.4.1. Public opinions of drug issues, attitudes to drugs and drug users

Unfortunately, surveys directed on studying of public opinion or attitudes towards drug addiction are not carried out at an appropriate scale or with an adequate regularity. For example, important research like a survey of general population has not yet been carried out in the country due to the lack of financial resources.

The school survey conducted by Georgian Research Institute on Addiction by the means of Pompidou questionnaire in 2001-2003 with young respondents (age 17 - 21), demonstrated that a large share of youth has no negative attitude towards drug use. For example, only 50% of young men and 80% of young women said that they would condemn the people using marijuana and 71% of young men and 83.5% of young women would condemn the people using heroine and other drugs of the opioid group.

The existing deficit of objectively substantiated information is somewhat compensated by small scale quantitative and qualitative surveys, periodically conducted by NGOs within the framework of international projects and programmes.

Like survey, financially supported by the EU TACIS programme, was conducted by the public union 'Bemoni' within the project 'Drug addiction prevention pilot model in Tbilisi'. The above project was implemented in 1999 - 2000 together with the international foundation 'Curatio' (Georgia) and Ost - West Institute for Social Management (Germany). Regrettably, no similar public opinion survey was carried out later, which makes it impossible to conduct objective analysis of the

relevant dynamics. However, if we base ourselves on common sense and professional experience, we can be sure that the results of the 2000 survey are not obsolete and somehow reflect the current situation as well.

Public opinion survey of drug addiction related issues was conducted using a specially compiled questionnaire. The results obtained were processed through the SPSS statistical programme. Total number of 381 respondents was composed of 113 males and 268 females. The group included representatives of different specialities (doctors, lawyers, journalists, psychologists) and students of the same specializations. The respondents were selected from the professional and student groups able to influence problem solution. The questions were related to the following issues: A. Awareness of the factors contributing to drug addiction; B. Attitude towards drug dependent individuals; C. Attitude towards the families of drug addicted individuals; D. Attitude towards the drug addiction problem. The main findings of the survey are described below:

- * According to a wide spread opinion there is a category of people (this opinion is held by over 25% of respondents) who are inclined to be drug addicts. Out of the external factors contributing to drug addiction respondents named improper upbringing and 'a bad company' (37.7% of respondents).
- * 'Drug addicts are criminals' - the opinion formerly held in the authoritarian society, was only shared by 4.5% of respondents. The majority thinks that drug addiction is a disease.
- * Respondents consider both alcoholism and drug addiction shameful, but alcoholism is considered to be more shameful than drug addiction.

- * Out of the reasons, due to which families conceal the fact of their member being a drug addict, shame and the desire to preserve one's family's face was named by 57.3%. 22% thinks that the reason is that the existence of a drug addict family member is an unsolvable problem, and 14.7% thinks that the concealment is caused by the fear that the blame will be put on the family.
- * As for the attitude towards drug addicts' family, only very few respondents said that they would avoid relating with such families. Most respondents will either continue normal relations, as if they know nothing of what is going on (24.8%), or will offer the family their help (46.9%).
- * If close family ties are going to be established with a drug addict's family, most respondents would not want their family member to marry a person having a drug addict in his/her family; 43.3% would advise the member of his family to change one's mind regarding marriage, and 34.4% would make any efforts not to allow such marriage happen.
- * The public is passive in the solution of this problem for two main reasons: those who think the problem to be important do not know how to solve or avoid it (65.4%); 21.3% thinks that only those people are active who are not directly involved in it.

Therefore, survey results clearly point to the existence of stigma and the necessity of overcoming it, on the one hand, and, the necessity of appropriately educating the public, on the other hand.

1.4.2. Initiatives in parliament and civil society

As for the initiatives undertaken by the government to solve the drug addiction problem, 2004 saw very few like initiatives, since the authorities focused on fighting corruption and the reintegration of the country, on the one hand, and the reorganisation of the country's main government structures and institutional mechanisms, on the other hand.

As for public initiatives aimed at combating drug addiction, there were not many like initiatives in 2004 either, since, as we think, the public has not yet realised the importance of the role it can play in the solution of the above problem, and, especially, in its prevention. Just the opposite. In 2002, within the framework of the prevention

project of the Southern Caucasus Anti Drug Programme, qualitative research was carried out using the focus group method. The research showed that the teachers in secondary schools for general education did not realise their own responsibility in the prevention of drug use among school children, and even in case they realised their responsibility they did not know how to operate in a professional way.

Despite this, representatives of the non-governmental sector have been carrying out regularly small scale community and school oriented prevention projects since 1995. An important trend is that if before 2004 only 4 NGOs were working in Georgia on drug addiction issues, in 2004 another 3 organisations started to work on specifically drug demand reduction. This points to the fact that the public has started to mobilise itself in the named direction.

Furthermore, as mentioned above, the Georgian Anti Drug Coalition, uniting all the government and non-government organisations involved in the sector, was established in 2004 with the organisational support from the SCAD. The Coalition regards the mobilisation of public to fight drug addiction as its top priority. In 2004, Georgia's Anti Drug Coalition prepared a public anti-drug campaign that will take place in summer 2005 with the support of the German Embassy. This will stimulate public initiatives and will help to mobilise society in this direction.

1.4.3. Media representations

In this field there is a shortage of carried research. We can only list two studies so far:

1.4.3.1. In 2002, a public union *ibemoni* carried out a research of two leading central newspapers – *Kviris Palitra* and *Dilis Gazeti* with regard to the coverage of drug addition and AIDS related problems during the year of 2002. The study results showed that in 2002, issues related to drug addiction were covered in the mentioned newspapers quite often (there were 74 publications during the entire year in one of the newspapers and 30 in the other); however, analytical articles that would contribute to find solutions to the problem were very rare.

Coverage of issues related to drug addiction often lacked competence and was done without taking into account corresponding UN recommendations (e.g. use of drugs with a non-medical purpose was

I. NATIONAL POLICIES AND CONTEXT

promoted; also information on profit that illegal drug trade generates was delivered in an incorrect way, etc)

AIDS problem was practically not covered (there were only 13 articles printed during the whole year)

1.4.4.2. Under the program of iMedia Initiative of the iOpen Society-Georgia Foundation, the project iLetís Overcome the Barrier Togetherî also studied almost all newspapers and magazines of Georgia in May-June of 2004 in terms of coverage of drug addiction and aids related issues (39 publications in total). The following conclusions were drawn as a result of the aforementioned study:

- During the studied two month period out of 132 articles covering drug addiction only 6 were of an analytical character (4.5%), 110 publications (83%) were news provided by the news agencies, that on their part relied on information delivered by law enforcement agencies.
- The majority of publications were not adequately competent neither from the point of view of knowledge of the issue nor of the professionalism (e.g. using only one source, etc).

- In 79 articles (59%) drug problem was covered partially; it was considered as a criminal matter and only law enforcement agencies were used as their only source.
- Only in two cases (1.5%) articles on drug problem were placed on the first page of newspapers.
- The absolute majority of articles were written by different journalists, which speaks about the fact that journalists do not specialize in these topics.
- Compared to 2002, number of articles on aids related problems has increased ñ during the two month period studied, their number was 27.

The above mentioned studies are a direct indication that on the one hand there is a necessity of raising general professional qualifications of reporters/journalists, and on the other hand there is an acute need to carry out educational trainings on drug related problems for representatives of mass media; finally, there is a need to have necessary financial and organizational resources in order to implement high standards of regular reporting on drug and AIDS related problems.

II. DRUG USE IN THE POPULATION

II.1. Drug use in the school and youth population

Regrettably, as we have already mentioned above, survey of general population has not yet been carried out in Georgia due to the lack of financial resources. However, within the framework of the 'State programme on drug addiction prevention' (see subchapter I.2.4.: 'Implementation of policies and strategies'), the Georgian Research Institute on Addiction has annually, since 2000, conducted surveys among students and teenagers with a view to identifying the extent and patterns of consumption of different drugs, characteristics and behaviour of users, as well as their attitude to drugs.

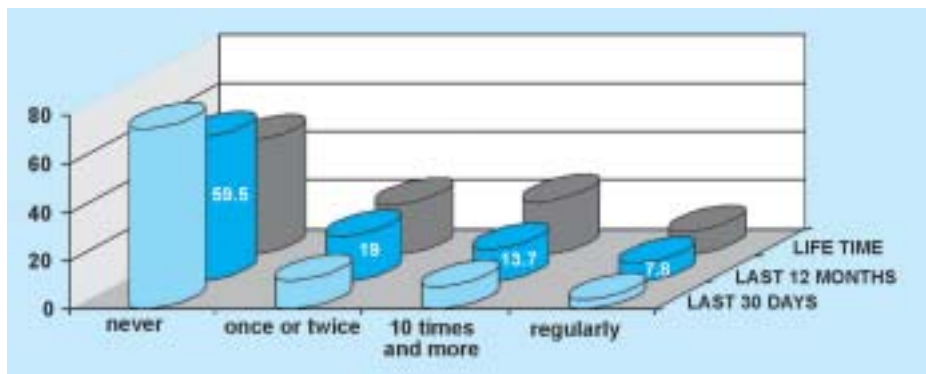
The last school survey was conducted at the end of 2002 and early in 2003, the next is planned to be carried out in 2005. In spite of the fact that we have already reflected the 2002 - 2003 survey in the last years annual report (Gamkrelidze a., at all, 2004), we made a decision to include the main findings of it in the given edition as well, not to lack at all

information on such an important epidemiological indicator as prevalence of drug use in the population.

The survey was conducted among students of the three leading universities in Tbilisi. The questionnaire used was based on ESPAD questionnaire, with certain adaptations for Georgia. Eight hundred students, both male and female, aged 17-22, took part in the survey. The questionnaire was to be filled out individually. The survey demonstrated the following findings:

- * The most frequently consumed drug, both for experimental and recreational purposes, is marihuana (hashish, cannabis).
- * 52.6% of male respondents took hashish at least once or twice in their lifetime. 7.8% of young males indicated regular consumption of hashish over the last 12 months, and 3.9% of young males indicated regular consumption of hashish over the last 30 days (see diagram I):

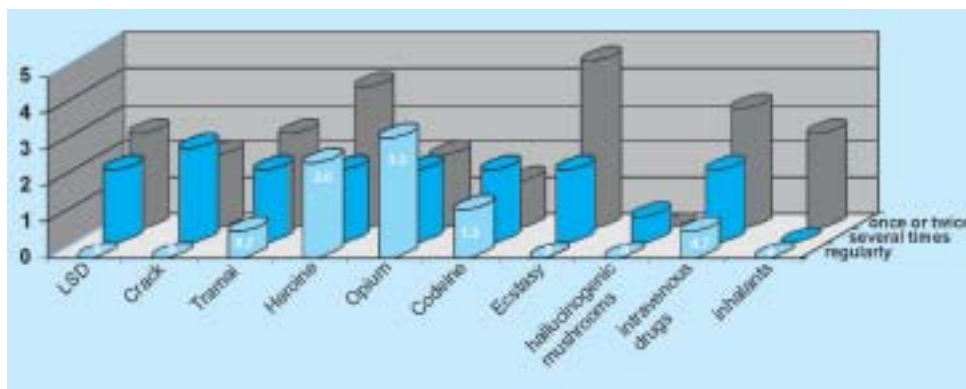
Diagram I



* Drug consumption among young females is significantly lower than drug consumption among young males. Only 3.4% of female respondents had ever tasted hashish and none of them confirmed any regular consumption. Consumption of other drugs among student girls is very limited.

- * According to student boys, in terms of experimental consumption Ecstasy (4.5%) ranks first after marihuana, followed by heroin (3.9%), Tramadol (2.6%) and inhalants (2.6%).
- * The most regularly consumed drugs after marihuana are opium (3.3%), heroin (2.6%), codeine (1.3%) and Tramadol (0.7%), (see diagram II):

Diagram II



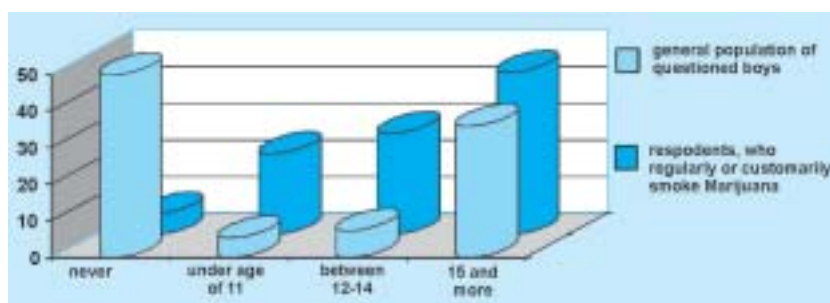
II. DRUG USE IN THE POPULATION

- * Almost 40% of male respondents indicated that marihuana was the first drug they tasted. Analysis of findings concerning young males that admit any type of drug use demonstrated that 90% of them took marihuana as their first drug. Most of male respondents under 15 pointed to marihuana and inhalants as their first drug.
- * Survey findings concerning drug consumption among student girls demonstrate that 0.7% of respondents tasted marihuana for the first time at the age of 12-14. Female respondents over

15 years of age point to Tramadol- and codeine-containing pills as their first drug.

- * Certain correlation has been revealed between drug and tobacco consumption: 95% of persons using drugs in one form or the other are regular consumers of tobacco. At the same time, daily tobacco consumption among these persons is significantly higher. There is also correlation between age of starting regular tobacco consumption and Marihuana use (see Diagram III):

Diagram III



- * Some findings furnish indirect estimates for the level of drug use among young people: 41.6% of male respondents indicate that some of their acquaintances and 17.5% indicate that most of their acquaintances smoke marihuana. Further 24.7% of respondents indicate that at least some of their acquaintances use heroin, 20.7% point to Tramadol consumption and 11% - to consumption of Ecstasy and stimulants among their acquaintances.
- * The survey demonstrated that negative attitude

to drug consumption is not prevalent among young people. Only 50% of boys and 80% of girls indicated that they would reproach people using marihuana. As far as heroin and other heavy drugs are concerned, 71% of boys and 83.5% of girls said they would reproach people using them.

The findings of the survey indicate an acute need to carry out drug use (especially, marihuana use) prevention activities on individual, group and societal levels.

III. PREVENTION

As it is well known, until the independence of Georgia, existing drug problem in the country was not officially acknowledged and correspondingly, there were no prevention activities carried out. The system of drug use prevention is currently being established through the efforts of local and international institutions that initiate and implement relevant programs and projects, thus seeking to create a certain tradition conducive to further development of preventive approach in the country.

Presently, prevention work includes only irregular interventions at the school and community level. There are no necessary institutional mechanisms to carry out regular, strategically planned and coordinated prevention work.

With regard to general prevention, there is no work carried out at a family level; selective prevention in the recreational context, groups-at-risk and families-at-risk is strictly limited and it does not go further than the few projects implemented by several non governmental organizations and activities carried out by the 'State prevention program of drug addiction'.

The 'State prevention program of drug addiction' is led by Georgian Ministry of Labor, Health and Social Security Department of Public Health, coordinated by Georgian Research Institute on Addiction (see subchapter 'Implementation of policies and strategies'). There are 10 regional 'narcological' centers and 21 consulting rooms involved in the

implementation of the program. Including year 2004, the highest priority of the program was drug intoxication examination; the next priority concerned epidemiological studies. Thus, direct preventive interventions were under funded and carried out on a rather limited scale. However, from 1997 up until now, in Tbilisi, as well as in other regions of Georgia, under the preventive component of the program, the activities were regularly carried out in the following directions: 1. educational work with local governance structures representatives, teachers, mass media and through mass media with wider public in; 2. Specific activities to identify high risk children and young people and carry out special preventive interventions with them.

Activities carried out within the non governmental sector in this field are not regular. This irregularity is explained by a very small number of organizations actually focusing on the problem (for today - 7 NGOs act in the sector) and lack of finances.

From 1996 to including 2004, non governmental sector carried out 15 small scale prevention projects at school and community level. Their work was supported both financially and methodologically by international organizations.

Under small scale projects, we mean that maximum length of those projects is 2 years, maximum size of a direct target group ' in an ideal case is 350 individuals, maximum funds ' in an ideal case do not exceed 65,000 USD per year.

III.1. Prevention at the school level

Presently there are no institutional mechanisms for the prevention of drug abuse at the school level. In 2002, with the support of the Southern Caucasus Anti Drug Program, deputy ministers of the Ministry of Education of Georgia and Interior Ministry signed a memorandum of mutual understanding with regard to cooperation in the field of prevention of drug abuse among children and young adults. A text book of prevention was prepared based on cooperation between the school, police and health institutions.

In order to practically implement the elaborated texts for drug use prevention, the non governmental organization 'Bemoni' held a training, which was attended by 27 teachers and psychologists representing various Tbilisi schools. The aim of the training was to launch the formation of preventive groups at Georgian schools and to

implement preventive strategies. Unfortunately, this initiative did not work, since after the 2003 'Rose Revolution' in Georgia, the management of both Ministries of Education and Interior changed. On the one hand, the signed memorandum lost its power, and on the other hand, the above mentioned ministries temporarily ignored the issue of prevention of drug abuse in schools, while granting higher priority to the fight against corruption, reforms and reorganization processes.

However, non governmental sector has not stopped its work in the direction of prevention of drug abuse in schools, with the small and discreet scope of activities:

III.1.1. In particular, in 2004, the public union 'Bemoni' with the financial support of Mercy Corps International ' continued the project 'Community

III. PREVENTION

Education Initiative in the Field of Drug Addiction and HIV/AIDS which began in 2003. The project aimed to support healthy life style among the youth of town of Sagarejo (East Georgia) and decrease the risk factors of spreading drug addiction and AIDS. The project was implemented in 4 Sagarejo schools. The following activities were carried out: 8 trainings for teachers for them to carry out prevention activities themselves; a peer educational training for 18 IX-X graders; a number of workshops and anti-drug actions attended by senior high school pupils, teachers and representatives of school administration, local self-governance bodies.

III.1.2. The Youth Anti-Drug Movement Our cause - free of drugs Georgia is an initiative that deserves to be mentioned. This initiative is carried

III.2. Prevention at the community level

III.2.1. Georgian Anti-Drug Coalition. In parallel to activities targeting the implementation of a healthy life style at the community level by the NGOs, in 2004, with the coordination of the Southern Caucasus Anti Drug Program, almost all the organizations working in the field of drug demand and supply reduction in the country united into Georgian Anti Drug Coalition. The coalition is not registered body, its membership is based on free will. The mission of the coalition is to mobilize professional and societal resources with the purpose to overcome the drug abuse problem in Georgia.

However, the coalition was not formed out of the blue. On the one hand, its members had been united into Drug Information Network initiated by the Southern Caucasus Anti Drug Program's Drug Information System Project. Thus, the coalition counts as its members not only non governmental organizations, but also respective units of the ministries of Health, Science and Education and Interior. On the other hand, since 2002, on June 26, International Day for Fight against Drug Abuse and Drug Illicit Turn-over, the network member agencies started to jointly carry out anti-drug campaigns that were widely covered by the mass media sources.

The information network and work carried out through these campaigns confirmed the effectiveness of joint

out under the Southern Caucasus Anti Drug Programme. The movement started with methodological and financial support of the SCAD, under the peer educational project implemented by an NGO iHuman. The project was launched in spring of 2004, starting its activities with so called ianti drug training based on a special scheme for 28 pupils of two of the Tbilisi schools. The teaching covered information on drugs and issues related to drug addiction and developing essential attitudes and life skills among children. In autumn of 2004 the project extended to include up to 100 school children from 10 Tbilisi schools. Now, the youngsters under supervision of NGO iHuman regularly publish anti-drugs movement newsletter, peer educational leaflets and organize anti-drugs actions.

efforts and thus encouraged creation of the Anti-Drug Coalition in the summer of 2004.

As soon as the coalition was established, it started fundraising in order to carry out anti drug campaign in 2005. The fundraising turned out to be successful and the Embassy of the Federal Republic of Germany in Georgia allocated 8200 USD with the purpose to organize anti drug festival. This can be considered as one of the indicators that the Anti Drug Coalition at its early stage of existence established itself as an independent sustainable body.

III.2.2. World Vision International's project iWe are learning to live. At the end of 2004 iWorld Vision International started a project iwe are learning to live, which aimed at improving the perspectives for future for socially unprotected adolescents and young adults aged 14-20. For this purpose in Batumi, Kutaisi and Telavi youth community centers were formed, which provide professional education and employment of young people, their multi-dimensional development, involvement in public activities. One of the main functions of these centers is supporting of healthy development of adolescents and young adults and prevention of such destructive behavior as alcoholism, drug abuse, etc. The project implies involvement of 900 young persons during 3 years.

IV. PROBLEM DRUG USE

Definitions

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

* **Drug user:** individual using any type of drug without doctor's prescription

* **Registered drug user:** individual registered by

the police because of being under drug intoxication, which is confirmed by the medical examination

* **Drug dependent individual (addict):** injected drug user with the developed dependence syndrome according to the ICD-10

* **Problem drug user:** similar to the EMCDDA definition (<http://www.emcdda.eu.int>)

* **Marihuana user:** individual consuming Marihuana

IV.1. Prevalence and incidence estimate

IV.1.1. By substances used

The nation wide data concerning drug users in the country is gathered at the database of the Georgian Research Institute on Addiction (GRIA). The information is collected from the following sources:

- treated patients (with retaining their anonymity),
- individuals registered by the police because of being under drug intoxication, confirmed by the medical examination. The database is still under development to meet international standards.

At the end of 2004 the GRIA database had the total of 24†000 drug users and addicts registered, with 14†400 injecting opioid users and addicts among them. In terms of EMCDDA definition of 'Problem Drug Use', this should be translated into the estimate of 14†400 of persons fulfilling the corresponding criteria: EMCDDA definition of Problem drug use implies 'injecting drug use or long duration/regular use of opiates, cocaine and/or amphetamines'; cocaine and amphetamines are not in use in Georgia (except of occasional use of some amphetamine-type drugs); therefore, numbers of injecting opioids users could be

considered as corresponding to numbers of 'problem drug use' in Georgia.

According to opinion of national experts, the actual number of drug users is much higher in the country, could be estimated with a 15 - 20% discrepancy and stands in between 200†000 and 240†000¹¹; as for problem drug users, their actual number stands at over 80†000.

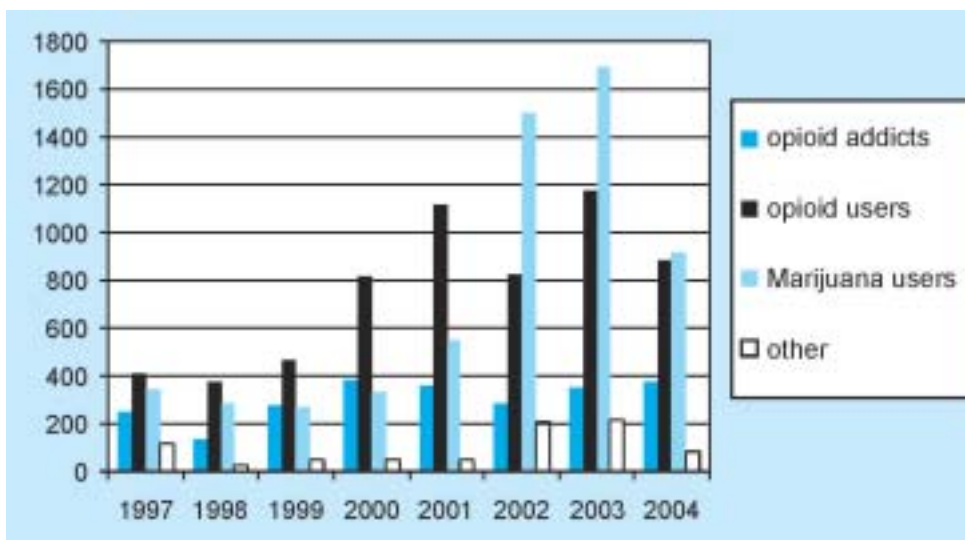
Among the 2016 new cases notified for their first time during 2004, 1733 were identified as drug users and 283 as addicts. Out of those new cases, problem drug users made up 59†%.

It should be noted that the number of drug users and drug dependent individuals registered in 2004 was somewhat lower than that registered in 2003 (Diagram I). The reason is that recently, the Interior Ministry basically focuses on the identification of drug dealers rather than the individuals using drugs. Since the registered people are mainly the individuals undergoing medical narcological examination at the request of the police, decrease in the police's interest in drug users is also reflected in the number of registered people.

¹¹ It should be mentioned that according to the information of the US State Department (www.state.gov/g/in/rls/nrcpt/2005/vol1/html/, International Narcotics Control Strategy Report 2005), in 2004 the number of drug users in Georgia has increased by 150 000 at the expense of consumption of Subutex, and, therefore, should be assumed existence of 275 000 drug users in the country. Unfortunately, due to impreciseness of the existing database, national experts can neither confirm nor deny this estimation.

IV. PROBLEM DRUG USE

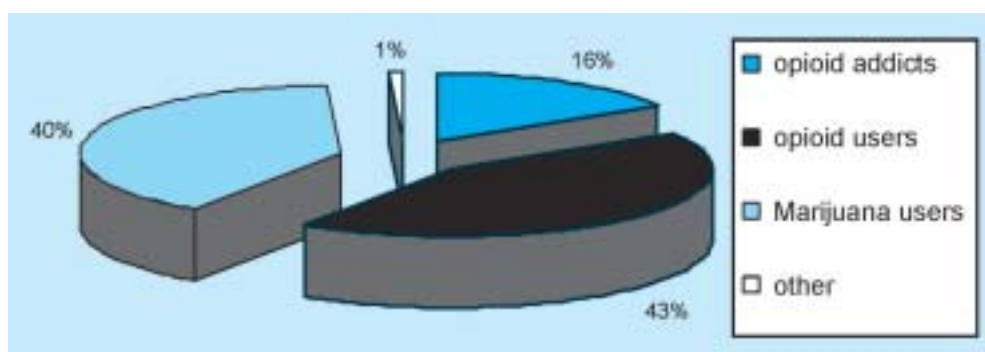
Diagram I ñ Breakdown of newly registered drug users and drug dependent individuals by years



Similarly to previous years, the most commonly used drugs were opioids and marihuana in 2004. Out of the 2016 individuals registered in 2004 for

their first time, 657 opioid users and 245 opioid dependent were identified (see Diagram II).

Diagram II ñ Breakdown of the individuals registered for their first time in 2004 by the types of drugs used.



IV.1.2. By injecting drug use

Regarding the injecting drugs, in Georgia traditionally the most frequently used drugs have been opioids. The use of cocaine and amphetamine is insignificant, as they are not actually available on the black market. Ephedrone¹² and Pervitine,¹³ usually prepared through chemical refinement of medicines used against respiratory disorder and available from drugstores without any prescription, are used occasionally, only.

Out of the substances belonging to the group of opioids, before 2000 raw opium (the so-called 'black' opium) was prevailing in the black market. Poppy straw was less available in that period. From 2000, heroine import and use sharply increased in the country. Wide use of poppy seeds was observed in 2003. By means of a complex chemical processing, cocktail was made from poppy seeds to be used through injection. After implementing

corresponding measures in response to the given practice, poppy seeds import and their abuse decreased in the country from 2004.

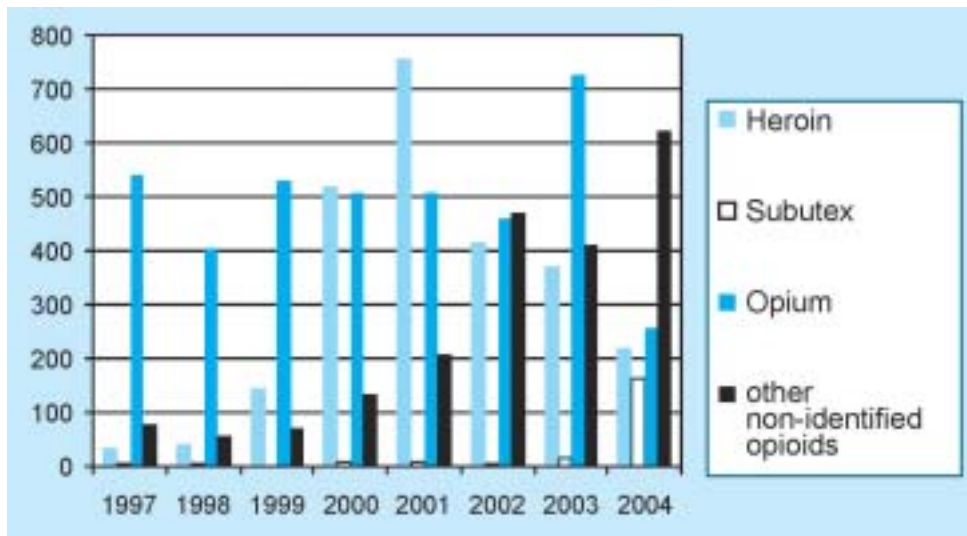
In 2004, important changes took place in the structure of the used drugs belonging to the opioid group (Nizharadze G., at all, 2005). According to the Interior Ministry, during the year the cases of Subutex import from Europe significantly increased. It has to be noted, that this medical product, usually employed for the purpose of substitutive therapy by means of sublingual administration, is basically used through intravenous injections in Georgia.

Diagram III shows the increase in the number of subutex users registered in 2004. It is most likely that subutex constitutes a basic share of non-identified opioids, since the accurate identification of this substance through chemical and toxicological analysis is difficult, especially after some time elapses after its use.

¹² Amphetamin type drug

¹³ Amphetamine type drug

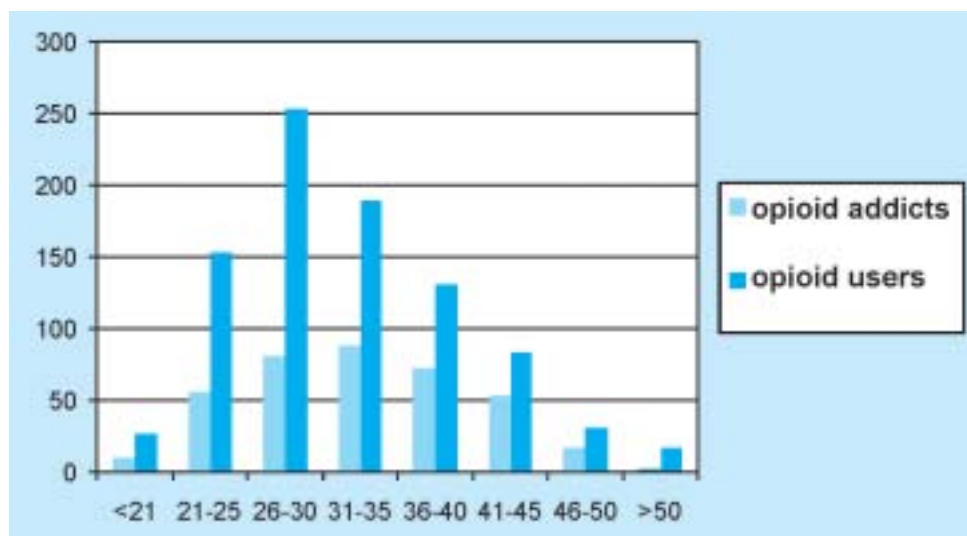
Diagram III ñ Breakdown of annually registered dug users and drug dependent individuals by the type of opioids used



Opioid users are most frequently encountered in the age group of 26 - 30, whereas opioid dependent

individuals most frequently fall under the age of 31-35.

Diagram IV ñ Breakdown of the opioid users and opioid dependent individuals registered in 2004 by age and diagnosis

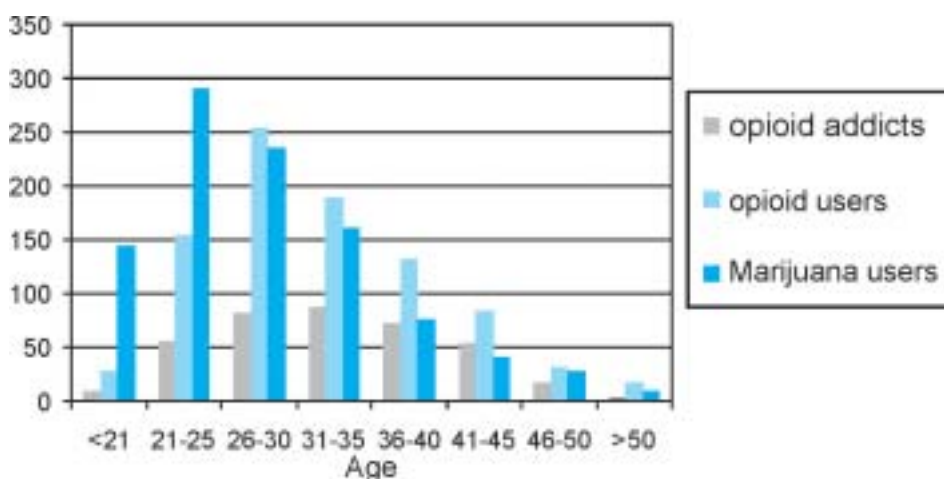


Among the total number of individuals registered for their first time in 2004, 1995 were men and 21 women, i.e. the share of women constituted 1% of the overall number of registered individuals. However,

by expert assessment, the actual number of drug using women is likely to constitute 4-5% of the overall number of drug users. In terms of age, drug use is most frequently practiced by people from 21 to 35.

IV. PROBLEM DRUG USE

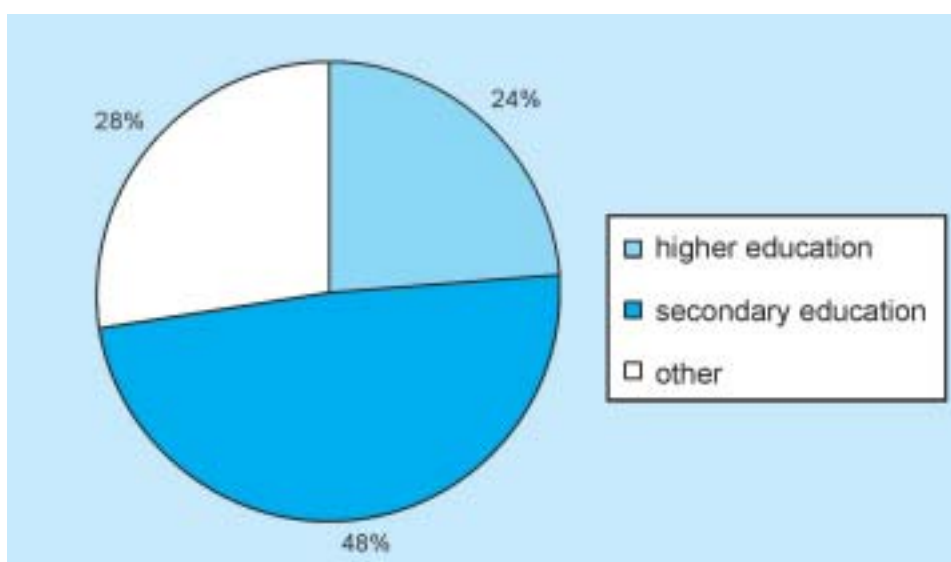
Diagram V ñ Breakdown of the drug users and drug dependent individuals registered in 2004 by age groups



Breakdown by education level shows that among the individuals registered in 2004, 24% received

higher education and 48% - high education (Diagram VI)

Diagram VI - Breakdown of the individuals registered in 2004 by education level

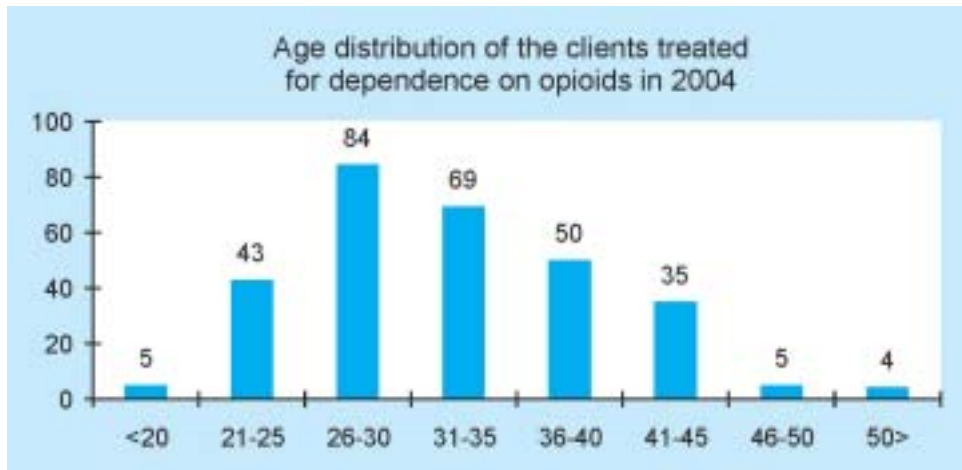


IV.2. Profile of clients in treatment

Out of 300 clients receiving inpatient treatment in 2004, 295 were opioid addicts. the majority of the clients were men (99%); 25% were with secondary, and 65% - with higher education; the share of unemployed within the total of treated patients constituted 88%.

The maximum age of treated individuals ranged from 26 to 30, whereas, by 2003, it had fallen between 31 and 35. Stemming from this, we could state that the age of clients somewhat reduced in 2004 (See Diagram I):

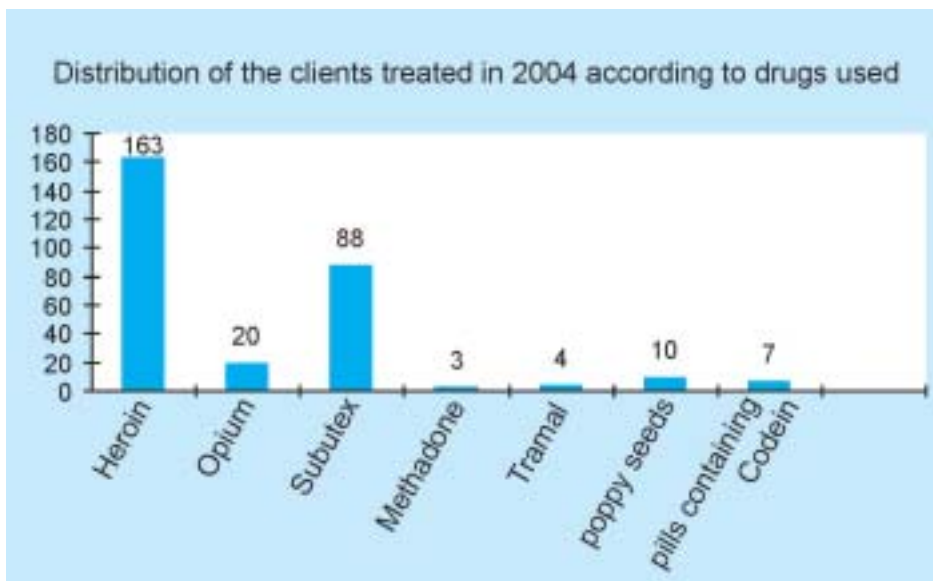
Diagram I



As for accompanying diseases and complications, hepatitis B was diagnosed in 36 cases (12%), hepatitis C - in 162 cases (54%), B + C - in 45 cases (15%); besides, 30 patients (10%) suffered from TB, and 6 (2%) were infected with HIV.

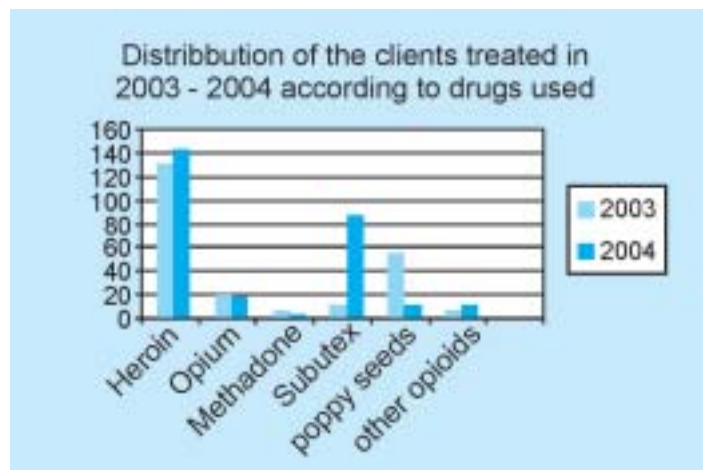
The treatment institutions in Georgia are basically approached by opioid users. For the last decade, the use of opioids has been steadily increasing in the country. Consequently, more opioid dependent individuals are now undergoing treatment (See Diagram II):

Diagram II



General trends in the use of drugs can be revealed by comparing the following figures (See Diagram III):

Diagram III



IV. PROBLEM DRUG USE

As we see, among the individuals using opioids in 2004, the share of Subutex¹⁴ users clearly increased, which was reflected in the increased number of Subutex users among treated clients.

Decrease in the use of poppy seeds is also observed, which indicates the effectiveness of measures undertaken by the State in 2003 (SCAD, 2003).

¹⁴ brand name for buprenorphine based medication

IV. MARIHUANA

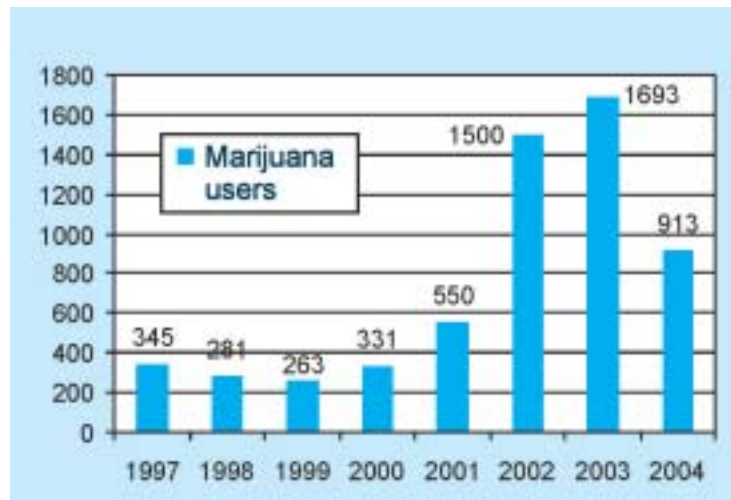
Although the use of marihuana does not fit into EMCDDA definition of problem drug use, we chose to include this chapter as follower of the problem drug use division, the argument being that marihuana consumption is definitely on rise in the country, leading to serious health and social consequences, and besides it is a risk factor for turning-over to opiates.

The most frequently used illegal substance in Georgia is marihuana. Despite the fact that only

87644 marihuana users are currently officially registered in Georgia, according to experts estimates, their actual number 10 or 12 times exceeds the officially registered number.

It has to be noted that recently marihuana use has sharply increased in the country. Such an increase was especially prominent in 2002, when the number of registered marihuana users almost three times increased during the year (see Diagram I).

Diagram I – Number of newly registered marihuana users in 1997 - 2004



Observed increase in marihuana use during the recent years could be related to several factors:

- Marihuana has become more accessible, especially at the expense of the marihuana crop illegally cultivated on the territory of Georgia;
- Use of marihuana is 'fashionable' among the youth;
- The local and foreign mass media might contribute to a certain extent to the popularity of this type of drug. They often transmit messages on the use of marihuana by well-known people, its safety for health, and, sometimes, even its positive effect on health, the advisability of the legalisation of this product, etc.

Among marihuana users (especially its regular users), the number of male users significantly exceeds the number of young women. However, in

the recent years, the use of marihuana (especially its episodic use) significantly increased among young women, and especially among school girls.

Within the registered users, the age of marihuana users ranges from 13 or 14 to 50 years and above. Nevertheless, as shown in the diagram, it reaches its peak at the age of 21 - 25 (see diagram II):

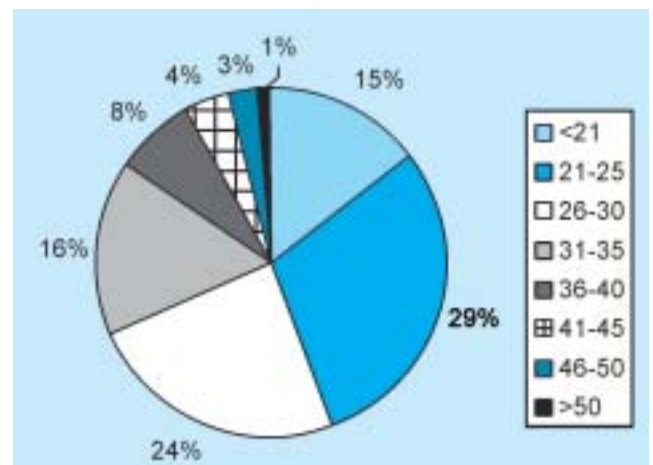


Diagram II – Breakdown of the marihuana users officially registered in 2004 by age groups

V. TREATMENT DEMAND

V.1. Treatment System

As for the treatment services for drug dependent individuals and the accessibility of services in question, they are still underdeveloped in Georgia. Shortcomings are clearly observed in the following respects:

1. Lack of treatment institutions for drug dependent individuals. There are only four inpatient clinics in the country, specialised in treatment of addiction. Three of those are located in Tbilisi: Georgian Research Institute on Addiction's in-patient clinic with capacity to serve 270 clients per year; Clinic 'Bemoni' - with capacity to serve 30 clients per year; Clinic 'Uranti' (which was founded in 2004) with capacity to serve 20 clients per year. The fourth clinic, so called 'LRS Narcological Clinic' (founded in 2004) is located in Batumi, with capacity to serve 20 persons per year.

2. A narrow range of existing services:

- The main treatment procedure employed by narcological institutions for the treatment of drug dependent individuals is de-toxication followed by ambulatory rehabilitation. However, the quality of the latter service is quite poor. An illustration could be that in 2004 only 19% of treated individuals underwent medical rehabilitation;
- There are no post-detoxication in-patient treatment centres, therapeutic communes or other types of specific rehabilitation institutions;
- Self help movement is underdeveloped among drug dependent individuals;
- Presently, there are no social rehabilitation programmes for drug dependent individuals.

However, it should be noted, that with the support from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM), the Georgian Research Institute on Addiction will launch methadone substitution programme from the second half of 2005. In the first year of its implementation, the programme will serve 60 appropriately selected individuals. The programme should have started in 2004, but it has been postponed for a number of reasons;

- Mandatory treatment cannot be implemented due to the lack of funding.

3. The third problem is a clear imbalance between the provision/accessibility of central and regional services. In 2004, 92% of drug dependent individuals were treated in Tbilisi and only 8% was treated in regions (Telavi, Batumi). This percentage has been reduced as comparing to previous years (in 2003 it was 90% and 10%, respectively). This data point to the necessity of implementing measures to develop services for drug dependent individuals not only in the capital, but also in regions.

Finally, the problem underlying the above issues is the following: The treatment of drug dependent individuals is cash-paid in Georgia - that is, insurance companies are not covering this type of treatment. Due to economical crises the state is unable to provide free treatment. For this reason, demand for treatment and the number of cases treated do not correspond to each other (in 2004 the number of charge free treatment cases was 14).

VI. HEALTH CORRELATES AND CONSEQUENCES

VI.1. Drug related deaths and mortality of drug users

Since nineties, due to the number of reasons (stigma, structural problems, corruption), there was no system in place to register drug related death cases, or reveal drug related mortality in the country. In 2004 within the frame of Southern Caucasus Anti Drug Programme the first steps were made towards filling in this gap. In particular, an epidemiological training providing professionals with the relevant methodology was conducted; the task force united key experts from the relevant fields (pathologist anatomist, narcologist, toxicologist, statistician, etc.) was created; a retrospective cohort study implying comparison of data bases of the State Statistics Department's

Demographical Unit and Georgian Research Institute on Addiction was implemented.

According to the results of the study, in 2003 at least 120 persons died due to drug consumption (unfortunately, it was not possible to make a differentiation between overdoses and other cases). We should say that reality is different: the number of drug related cases is much higher than indicated in this study. However, we can still see the difference: according to the study, the mortality index among drug user males of reproductive age is 5 out of 1000, and therefore is twice as much as mortality index among the total mail population of the same age, which is 3 out of 1000.

VI.2. Drug related infectious diseases

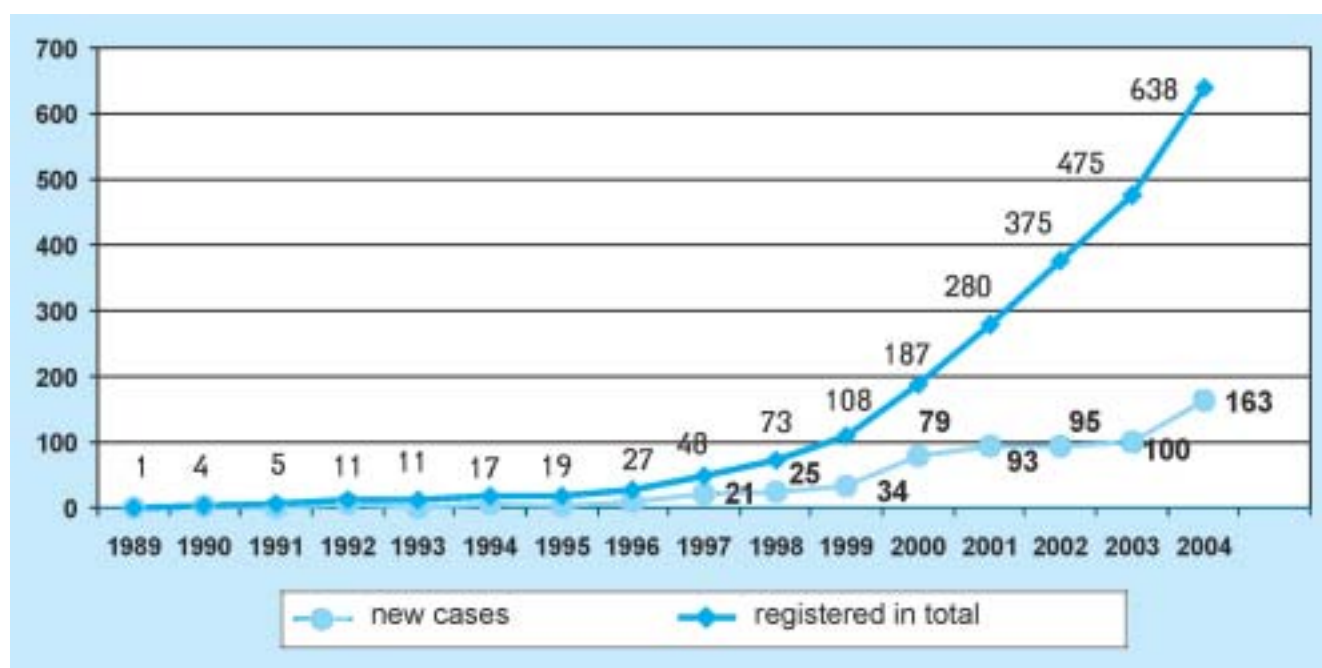
VI.2.1. HIV infection / AIDS

VI.2.1.1. Notified HIV infection

There exists a system of mandatory notifications of HIV infections identified in the medical facilities in Georgia. This system is anonymous and the data are gathered and processed at the Infectious Diseases, AIDS and Clinical Immunology Research Centre (hereinafter referred to as iAIDS Centre) of the Georgian Ministry of Labor, Health and Social Security.

The prevalence of HIV/AIDS infection is low in the general population of Georgia. However, since registering the first case of HIV/AIDS in 1989, slow but stable increase in the number of cases has been definitely observed. The year 2000 was exceptional in this respect, as the registered number of HIV cases doubled that year. Such a sharp increase was never recorded in the following years. Another 163 cases were identified in 2004 (see Diagram I):

Diagram I



VI. HEALTH CORRELATES AND CONSEQUENCES

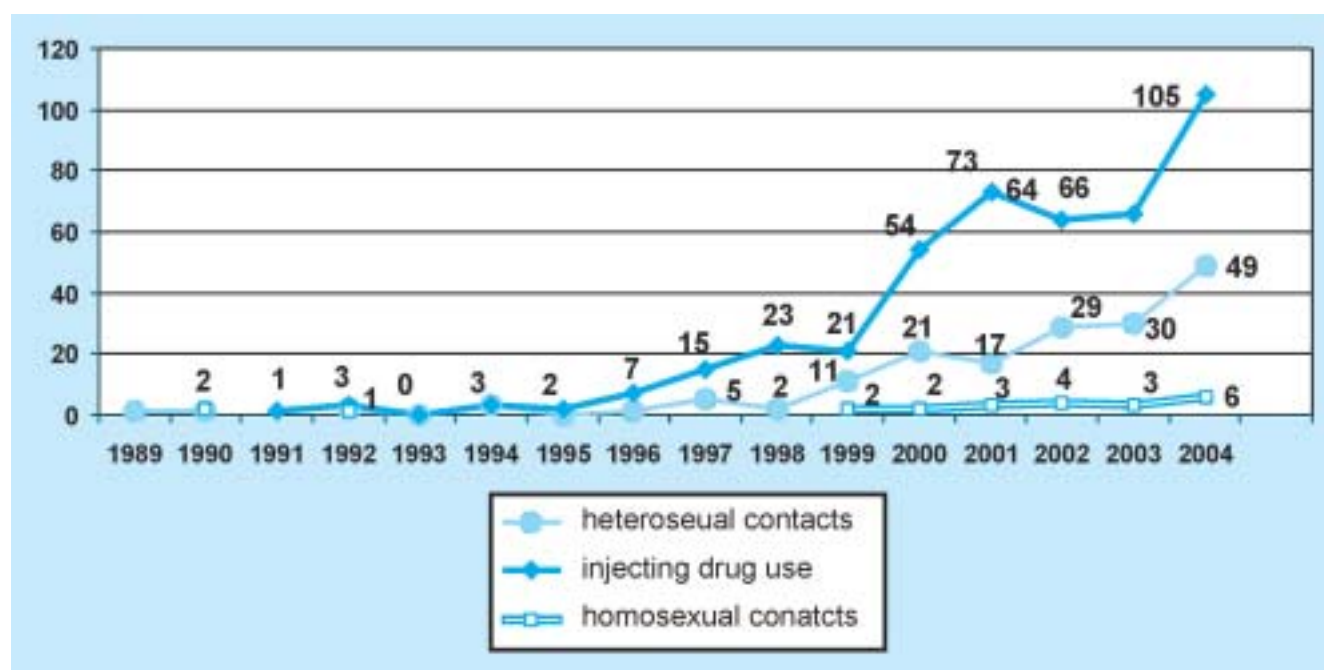
As of December 31, 2004, a total of 638 cases of HIV infection were officially registered by the AIDS Centre within last 15 years (cumulated prevalence). Out of them, 202 people developed AIDS and 118 died. According to expert estimates, the actual number of cases is about 3000.

The composition of the 638 HIV/AIDS cases registered in the country is as follows: 115 women, 523 men; the majority falls under the age group from 25 to 49. Most cases have been registered in Tbilisi (274 cases, out of which 24 are foreign citizens), followed by Ajara (100), Samegrelo (99), Imereti (56), Abkhazia (23), Kakheti (16), Poti (14), Kvemo Kartli (13), Shida Kartli (9), and Guria (8).

Very few cases have been registered in other regions.

In 76% of registered cases, the infection has been brought in from other countries, - individuals have been infected outside Georgia, basically in Russia and Ukraine. The rest of 22.3% is the result of the spread of the brought - in infection within Georgia. Besides, it has been transmitted, in the first place, to the individual's spouses and sexual partners. With the above taken into consideration, it seems quite likely that AIDS/HIV epidemic is recent in Georgia (Tkeshelashvili-Kessler, A. 2005). This is also confirmed by the dynamics of changes in the transmission modes observed throughout years (see Diagram II):

Diagram II:

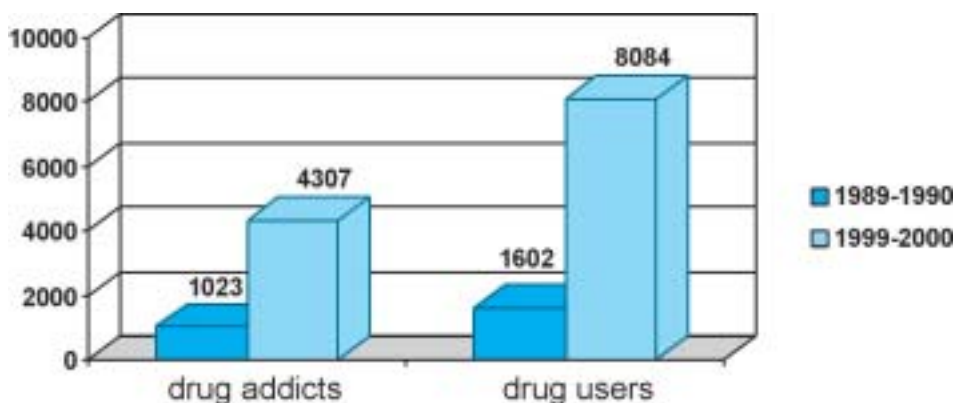


In 2003, 69% (328 persons out of registered 475) of identified PLHIV were injecting drug users (IDU). In 2004, their percentage among the infected individuals decreased to 66.5% (424 persons out of the registered 638). The majority of PLHIV identified in 2004 used drugs episodically, from time to time.

Most HIV positive IDUs registered with the AIDS Centre are men (97.3%). Women constitute 2.7% only.

It is important to note here that among the registered infected individuals the number of irregular drug users increased 5 times in recent years (see Diagram III):

Diagram III



Age groups range from 30 to 45. HIV infection among IDUs is often accompanied by hepatitis C and B, skin infections, pneumonia, infectious endocarditis, and sepsis. Chronic form of hepatitis C is observed in actually every patient, whereas the prevalence of chronic form of hepatitis B is

70% lower than that of HCV infection.

In 2004, the AIDS Centre conducted the study of the risk containing behavior displayed by HIV positive IDU patients (Aids Center, 2004). The results of the study are contained in the below (see Table I):

Table I

1.	Average age of first usage of drug	17
2	Average age of first drug injection	19
3	The most frequently used injected drug	Heroin (53%)
4	Experience of injected drug use	10 years
5	Usage of injecting instruments already being used by others	71%
6	Sharing of injecting instruments	38%
7	Cleaning of used injection instruments (by the means of water, alcohol, or fire)	24%
8	Not cleaning at all	75%
9	Be informed on HIV infection\AIDS (definition of passing HIV)	89%

Despite the fact that the patients examined at the AIDS centre are well informed about HIV/AIDS and know that HIV can be transmitted through the needles or syringes already used by other persons, the study shows that out of three individuals two use the syringes belonging to other people. Such a trend is more prominent with young drug users. They explain such a risky behavior by the trust based ritual, on the one hand (use of the syringes already utilized by a friend, brother or relative indicates trust), and by the fear of the police, on the other hand (if you use shared syringes, you do not have to carry them in your pocket, and, therefore, it is less likely that the police will discover them).

Experts believe that the incidence of the use of shared syringes might even increase due to the reasons mentioned above. All this demonstrates that the provision of information is not enough to change risky behavioral stereotypes and that we need to reassess/develop the strategies reducing drug abuse related harm in the country.

VI.2.1.2. HIV seroprevalence in IDUs in available cohort studies in Georgia

In the years 2000 - 2001 a joint Georgian - American cohort study was carried out in Georgia, investigating prevalence of HIV/AIDS, C and B

hepatitis among injecting drug users, and the correlation with the risk behavior. On the Georgian side AIDS Center was leading the research, on the American side - Jon Hopkins University and University of Emory representatives. 538 IDUs were studied, under the age group from 18 to 46. The study was carried out in Tbilisi, Batumi, Poti. As a result, 15 persons (2.6%) were revealed as HIV infected.

VI.1.1.3. Antiretroviral treatment

Both inpatient and outpatient treatment of AIDS patients is carried out by the AIDS Centre. Laboratory and instrumental testing as well as symptomatic treatment are financially supported by the Social Insurance United State Fund of Georgia. The treatment of the patients, who are in need of antiretroviral therapy (AR) according to official recommendations by the International AIDS Society (IAS), has been supported by the Global Found to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) since 2004. In 2004 within the framework of the state program was conducted clinical-laboratory testing to select patients for treatment. As a result, 85 patients were identified that are currently taking antiretroviral products. Their number will probably increase to 140 by the end of 2005.

VI. HEALTH CORRELATES AND CONSEQUENCES

There is a wrong perception that antiretroviral therapy is rarely used in IDUs. Those who share this opinion believe that injection of drugs and treatment adherence is incompatible, while presence of co-morbidities (i.e. hepatitis C) causes intolerance to ARV. Such problems occurred in some patients, but experience and published evidence proved that ARV treatment in HIV infected IDUs is successful when individual approach is used. Prerequisite of treatment success is treatment schedule tailored to the individual needs as well as patient's appropriate education.

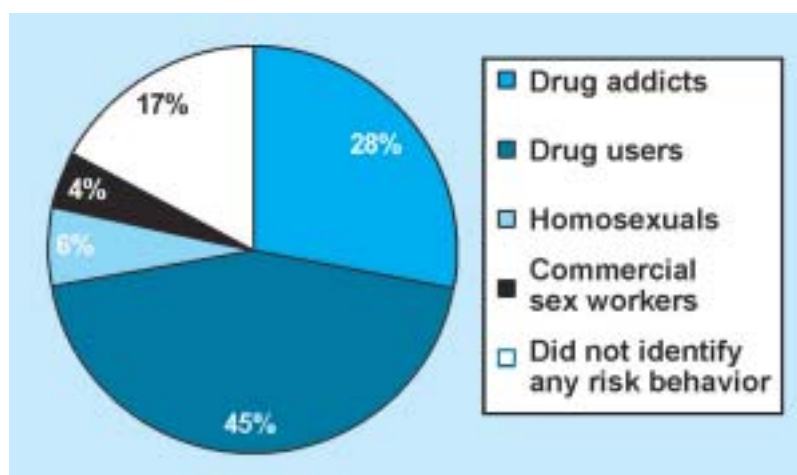
VI.2.1.3. HIV/AIDS in the penitentiary system

With the identification of the very first cases of HIV/

AIDS in Georgia, it became important to conduct an epidemiological survey within the penitentiary system. This would help to determine the prevalence of HIV infection and risk-factors involved as well as to evaluate the behavior of the vulnerable group.

Surveys have been conducted since 1998 in stages to cover all the institutions of the Georgian penitentiary system. Prisoners participated in surveys on a voluntary base. Questionnaires for anonymous interviews and agreement forms were completed to collect information on the demographic showings, case history and high-risk behavior of convicts and prisoners (see diagram IV).

Diagram IV



About 1500 convicts and prisoners received consultations on HIV/AIDS in 2004. Out of them 1†340 individuals (1†194 men and 146 women aged from 15 to 70) agreed to undergo HIV testing. According to basic socio-demographic characteristics, the group that refused testing did not differ from those who participated. 18 HIV infected prisoners were identified in 2004.

Since 1998, a total of 41 prisoners and convicts (1 woman and 40 men) have been identified as HIV positive within the penitentiary system. Out of them 33 are HIV infected and 8 have developed AIDS. 37 (about 90%) are IDUs. IDUs are also infected with hepatitis B and C viruses and 4 of them have TB. Out of the identified individuals 5 died and 14 have been released so far. Currently, 22 HIV positive individuals are kept in the penitentiary institutions. All the HIV positive patients are registered and monitored with the AIDS Centre clinics.

The prevalence rate of HIV/AIDS in Georgia was 0.12% by 2004. The corresponding showing for the penitentiary

system was 1.3%. Here should be mentioned, that the HIV seroprevalence found in the IDUs sample of the 'Save the Children' SHIP Project was as high as 1.1†% in 2002 (Dershem L., Todadze Kh., at all, 2002).

Find below the revealed factors contributing to the spread of HIV/AIDS within the penitentiary system:

- Overcrowded prisons and poor hygienic conditions;
- Prevalence of illegal and risky behavior stereotypes (use of injecting drugs and homosexuality);
- IDUs constitute the basic share of individuals kept in the places of detention;
- Use of non-sterile instruments for tattooing and piercing;
- Most prisoners belong to socially vulnerable groups and refugees, who are most vulnerable to sexually transmittable diseases (STD), TB and HIV/AIDS.
- Scarcity of information on HIV/AIDS.

VI.2. 2. Spread of hepatitis C and the corresponding trends

According to the epidemiological data available in Georgia (Zaller, N., at all, 2004) 6.7% of the total population is infected with HCV, which is a very high rate. As a result, the number of HCV caused liver cirrhosis cases also increased. The rate of the spread of HCV infection almost equals the corresponding figures in Russia, exceeds the showings in the US and Europe and somewhat

falls behind the showings of the African and Asian countries.

VI.2.2.1. Notified cases of HCV

The statistical department of the AIDS Centre registers the cases of HCV infection. The overall number of patients approaching the Centeris in and out-patient clinics due to different infections makes up 2000. The dynamics of HIV cases by years is shown in the table II:

Table II

	2000	2001	2002	2003	2004
anti HCV	944 (47,2%)	656 (32,8%)	555 (27,75%)	437 (21,85%)	466 (23.3%)

The statistical data show that the detection rate due to hepatitis C decreased from 2000 to 2003, but by 2004 a slight increase in the number of cases was observed. A large number of patients (on average 93%) approaching the AIDS centre due to HIV infection belongs to the group of IDUs.

VI.2.2.3. HCV Seroprevalence studies

To evaluate the epidemiological situation related to the use of injecting drugs, 1730 injecting drug users, 4900 blood donors, 1480 randomly selected students and 933 individuals from general population were tested by the AIDS Centre in 1997-2003. Anti HCV was determined through the IFA method and the obtained results were confirmed using the Western Blot Test. The testing results show that every second IDU in the country is infected with HCV.

It has to be noted that the named epidemic does not exceed the corresponding showings in the European countries and somewhat falls behind the figures for the US.

VI.2.2.4. Treating HCV in IDUs

Physicians of the special profile - so called iinfectionistsi provide treatment of hepatitis in Georgia in the number of specialized treatment centers (as are: iTbilisi Infectious diseases clinic, iChildrenis infectious diseases clinic, iInfectious diseases, AIDS and clinical immunology research centeri, etc.). The tactics of the treatment in case of non users and users of drugs is almost the same. In case of chronic replicating form of C hepatitis the best treatment tactics is pegilated Interferon in combination with Ribavirine. The duration of the treatment depends on the genotype of the C hepatitis. In case of the first genotype, the treatment lasts 48 weeks; in case of the second and third - 24 weeks.

VI.2. 3. The spread of viral hepatitis B and the corresponding trends

VI.2.3. 1. Notified cases of HBV

The statistical department of the AIDS Centre registers the acute and chronic forms of HBV infection (see dynamics in the Table III):

Table III

	2000	2001	2002	2003	2004
Acute B hepatitis	209	215	139	126	121
Chronic B hepatitis	294	180	170	115	99

The table shows that appealability due to acute and chronic hepatitis clearly decreased from 2000 to 2004. About 81% of the patients approaching the AIDS Centre due to HBV infection constituted injecting drug users.

VI. 2.3.2. HBV Seroprevalence studies

In the frame of the mentioned above joint Georgian - American cohort study (2000 - 2001), investigation of HBsAg and anti-HBc in the blood samples of 538 IDUs was implemented. In a result, 309 patients (53%) were revealed as positive on HBsAg or anti-HBc-Total markers.

VI. HEALTH CORRELATES AND CONSEQUENCES

The research carried out by the AIDS Centre in 1997 - 2003 involved 1730 injecting drug users, 4900 blood donors, randomly selected 1480 students and 933 general population representatives. HBsAg and/or anti HBcTotal were defined in blood serum using the IFA method. The conclusions drawn from the above researches are as follows:

- Prevalence of HBsAg and anti-HBcTotal among IDUs 6 times exceeds the corresponding showings in healthy population;
- The majority of IDUs in Georgia (almost every second individual) show resistance to hepatitis B. However, according to the recent data a decrease in anti-HBc-Total prevalence is observed;
- Through using vaccination against hepatitis B, it

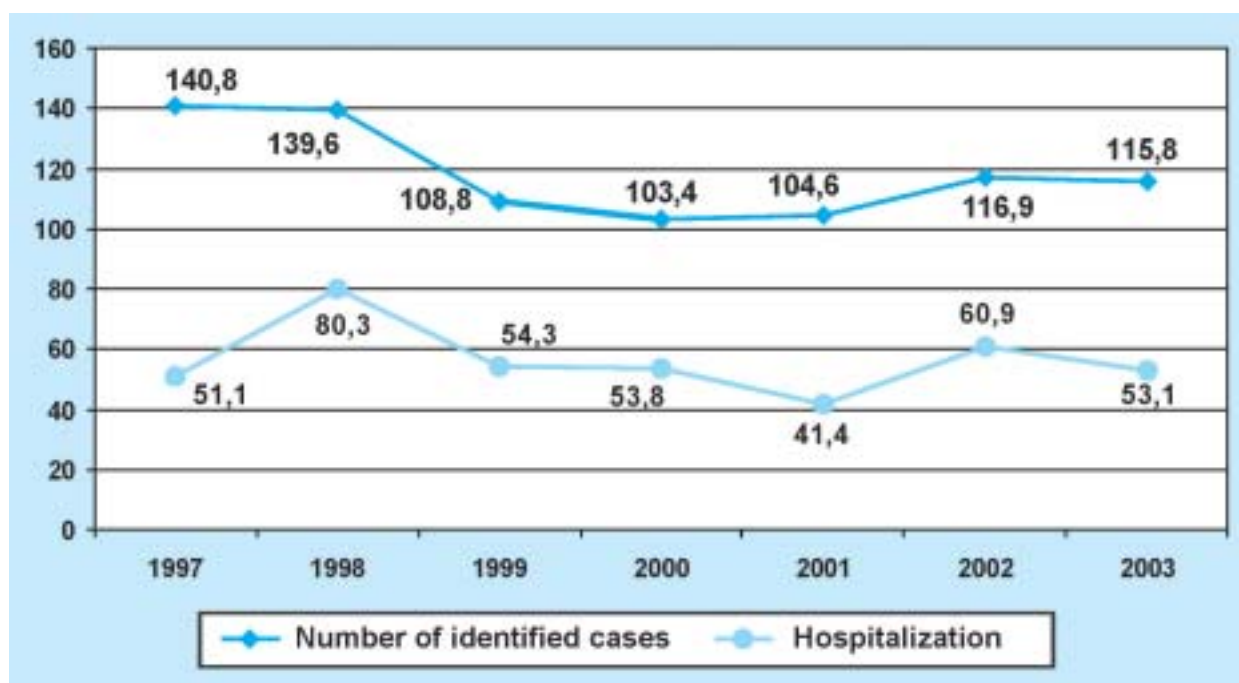
is possible to prevent its development in every second injecting drug user;

- Among IDUs, the prevalence of chronic hepatitis B is almost 10 times lower than the prevalence of chronic hepatitis C, which proves once again that comparing to hepatitis C, hepatitis B has significantly lower potential for developing into chronic disease.

VI. 2.4. TB spread and the corresponding trends

The morbidity rate for lung tuberculosis and the rate of admissions due to respiratory system tuberculosis in Georgia (1997-2003) is given below in the Diagram V:

Diagram V



The prevalence of TB disease is high and continues to increase among the HIV infected drug addicts registered with the AIDS Centre (see table IV). Most of them have lung tuberculosis, even

though extra-pulmonary cases have been also observed (TB of glands, military tuberculosis and few cases of meningitis).

Table IV

Years	HIV cases	New cases	IDUs among them	TB co-infection
1999	168	35	21	10
2000	203	79	52	21
2001	282	93	73	22
2002	375	95	63	26
2003	475	100	64	29
2004	638	163	105	68

According to the unpublished data of the National Centre of Tuberculosis and Lung Diseases,

prevalence rate for TB among IDUs in Georgia is not likely to be more than 7-10%.

VII. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

VII.1. Needs related to responses

Regrettably, responses to health correlates and consequences of drug abuse nowadays in Georgia do not correspond to the scale and complexity of the problems. I.e.: the systems for overdoses prevention, or treatment of psychiatric or somatic co-morbidity are not in place, the statistics reflecting frequency of emergency medical interventions in non-fatal cases do not exist at all.

The situation is better regarding prevention of blood born diseases; the relevant operations here are implemented in the frame of the number of programs: HIV/AIDS and STD State prevention program, Safe the Children Federation STIHIV Prevention Program, iOpen society - Georgiaî Foundationís Public Health Program, Global Fund for Fighting HIV/AIDS, Tuberculosis and Malaria HIV/AIDS prevention Program.

VII.2. Prevention and treatment of drug-related infections diseases

VII.2.1. Prevention

The main principles of AIDS prevention in Georgia are spelled out in the law iOn HIV infection/AIDS Preventionî approved by the Georgian Parliament in March 1995. The law formulates the main principles in the fight against HIV infection/AIDS, addresses the issues of epidemiological surveillance, medical examination and surveillance of HIV and AIDS infected patients, their legal and social protection, etc. The law was revised in 2000 with a view to harmonizing it with present-day international requirements. The new version of the law was enacted on 1 January, 2001.

The National Program on Prevention and Control of HIV infection/AIDS has been operational in Georgia since 1994. The Department of Public Health of the Georgian Ministry of Labor, Health and Social Security is tasked with supervising the implementation of the program.

The UN thematic AIDS group brings together all organizations involved in the UNAIDS Program (UNICEF, UNDP, UNFA, WHO, WB). The group works towards implementation of the UNAIDS guidelines in the country and collaborates with the government.

A special Anti-AIDS Service has been established in the country with the Infectious Diseases, AIDS and Clinical Immunology Research Centre as a head organization in it. The service includes almost 70 laboratories in various regions and towns of the country and carries out the following activities: epidemiological surveillance on HIV infection/AIDS; registration of HIV-infected patients and their medical examination; epidemiological research; anonymous testing and operation of hot telephone line; free testing for representatives of high-risk groups; donorsí blood testing for HIV infection, viral Hepatitis B and C and syphilis; publication and dissemination of relevant informational materials,

video films, video clips; participation in TV and radio coverage on AIDS prevention; organization of meetings with young people and teenagers, medical personnel and other target groups; training of peer educators. The Centre applies all modern methods and techniques of AIDS diagnosis and treatment. The Day on Fight against AIDS and the World Day in Memory of AIDS Victims have been marked every year since 1998.

Since 1999, UNFPA has been distributing free condoms via outpatient gynaecological services. With the financial support of USAID the organisation Public Services International (PSI) initiated a special project with a focus on three components: (a) condoms market research; (b) preparation and dissemination of informational, educational and advertising materials on safe sex; (c) selling of condoms with a considerable discount.

In 2004 Childrenís Federation and Youth Parliament of Georgia trained 38 peer educators In the frame of the iPrevention of HIV/AIDS and STI among youthî component of the Global Fundís program iStrengthening of a system of National Responses for effective implementation of HIV/AIDS Prevention and control in 2003 - 2007î. The trained peer-educators spread out their knowledge among more then 6 000 kids; 6 of them currently continue work in the youth summer camp iPatriotî.

Within the frame of a fifth component of a Global Fundís program iStrengthening of a national response in Georgia for prevention of and effective implementation of control on HIV-AIDS, tuberculosis and malariaî a coalition was created with participation of: Childrenís Federation, Teachers Post-Graduate Institute, UVENCO, NGOs iBemoniî, and iTanadgomaî (Support). From 2003 up to now the coalition has two main directions: 1. Development of substantial life skills in young people: in this sense 80 teachers from

VII. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

20 schools of Georgia were trained, who in their turn trained 3000 adolescents. 2. Training of peer educators: In 2004 80 students from different universities were trained who afterwards shared their skills and experience with peers.

STI/HIV Prevention (SHIP) Project in Georgia.

The Federation Save the Children, with the financial support of USAID, has been implementing the project for prevention of sexually transmitted diseases and HIV in Georgia. The project is being realised in partnership with the Programme for Appropriate Technology in Health (PATH), the local NGOs iTanadgomaï and iBemoniï, the Infectious Diseases, AIDS and Clinical Immunology Research Centre, the Georgian Research Institute on Addiction, the Association of Dermato-Venerologists of Georgia (iHealth Cabinetï clinic) and the Republican Centre of Mother and Child Health Services in Batumi. The SHIP Project started in May 2002.

The goal of the SHIP Project is to reduce the rate of transmission of STI/HIV in targeted urban locations in Georgia (Batumi and Tbilisi, as these locations have the greatest number of FSWs and IDUs). The Project is targeting the following high-risk groups: 1) Female sex workers (FSWs) and their clients, 2) Intravenous drug users (IDUs) and their partners, 3) IDUs in prisons and 4) MSMs (men having sex with men).

The main thrusts of the project are: 1. Quantitative and qualitative research of the target populations; 2. Interventions, focusing on high-risk behavior change among target groups (supportive counseling services, voluntary counseling for testing on HIV, out-reach and peer counseling network, etc.); 3. Support and capacity building of the relevant services; 4. Work with policy-makers through Prevention Task Force, made up of all stakeholders working in Georgia that are involved in STI/HIV Prevention (See sub-chapter icoordinationï).

In 2004 the project covered 2 191 injected drug users, 681 sexual partners of IDUs, 553 IDUs in prisons; 113 peer-educators were trained; in total - 3 538 beneficiaries. Besides that, 500 IDUs participated in Second Generation Behaviour Surveillance Study (BSS) with Biomarker carried out in 2004 in Tbilisi and Batumi.

iOpen Society - Georgiaï Foundationís Public Health Program. The Public Health Program of iOpen Society - Georgiaï Foundation in 1999 launched and has since been managing a Harm Reduction Program that aims to find solutions to harm caused by drugs used for non-medical purposes.

The work is going on in the following directions under the auspices of the program: taking part in introducing necessary amendments to the legislation; raising awareness of journalists with regard to drug problem; distributing needles among the target group; educating and consulting; preparing conditions for starting substitution therapy.

Since November 2001, three pilot projects have been implemented in the direction of distribution of needles/education; The projects are carried out by the following: in Tbilisi ñ Centre of Infectious Pathology, Aids and Clinical Immunology, non governmental organizations iSasoebaï and Centre for Psycho Social Information and Consultation iNew Wayï (Since 2004 only by the Centre for Psycho-Social Information and Consultation iNew Wayï); in Batumi ñ Adjara Public Health Department (Since 2004 called Adjara Health Republic Centre). In 2004, preparatory activities were carried out in order to implement the Harm Reduction Program in the city of Sokhumi.

In Tbilisi, during the implementation of the project, it was revealed that exchange of needles is met with certain resistance, since drug users were afraid of police when they went to the station for exchange of bloody needles. That is why mostly injection needles are given out.

From the launch of the program until the end of 2004, Harm Reduction Program serviced 594 clients and 77214 needles were given out.

Apart from this, in 2004 the Public Health Program of the Foundation together with the Georgian Research Institute on Addiction, participated and won the first lot of the tender by the Global Found with regard to the project iStrengthening of a system of National Responses for effective implementation of HIV/AIDS Prevention and control in 2003 - 2007ï. The lot targets prevention of spread of HIV/AID among the injecting drug users; it implies harm reduction, substitution therapy via methadone, needles exchange\distribution programs; education and provision of optional consultations and testing to IDUs. The program is planned to start in 2005. At the first stage it will serve 60 individuals.

VII.2.2. Testing

VII.2.2.1. Screening on HIV infection. Within the HIV/AIDS Prevention State Program, test of HIV anti-bodies is free for those that represent high-risk groups of HIV-Infection. Among those are: injected drug users and those carrying a HIV Virus Hepatitis, Tuberculosis patients, homosexuals,

prostitutes, those having STDs, individuals having many occasional sexual contacts, prisoners and individuals having clinical signs characteristic for HIV infection. Besides that, some institutions in Georgia, before they hire new employees or issue a visa, require a certificate of HIV infection test. In such case, test is not free.

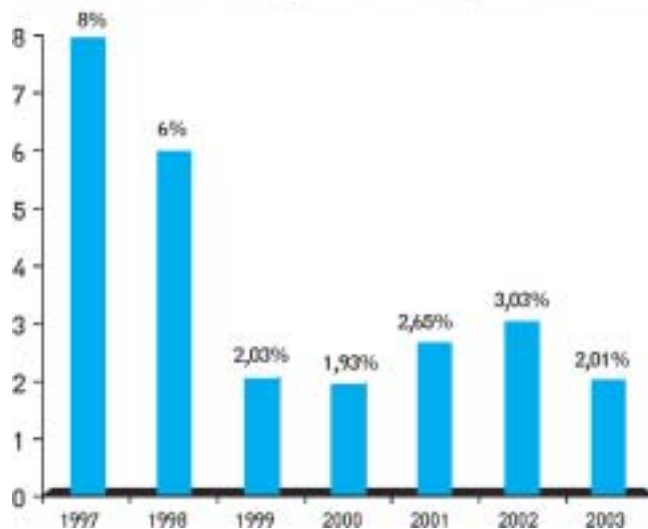
Among the fast and simple methods used for HIV anti bodies screening tests is world-wide practiced method of Ensym Linked Immunoferment Assay (ELISA). In case of the positive result, the state program also provides for free check up of patients applying the confirmative methods.

From confirmatory methods, HIV Western Blot Test and polymerization chain reaction (PCR) method

are in use. A person is notified about his diagnosis of being HIV infected only after the results are confirmed. Afterwards, he is registered in the Department of Out-patient Supervision.

VII.2.2.2. 'Safe Blood Program' of the Ministry of Health of Georgia. It should be noted that, since 1997 the Ministry of Labour, Health and Social Security of Georgia elaborated and started to implement 'Safe Blood' State Program that all blood donors should take mandatory blood test for free on HIV/AIDS infection, Hepatitis C, Hepatitis B and Syphilis. Under the aforementioned program, anti HIV figures according to years are given in the Diagram I:

Diagram I
Prevalence of C hepatitis among blood donors

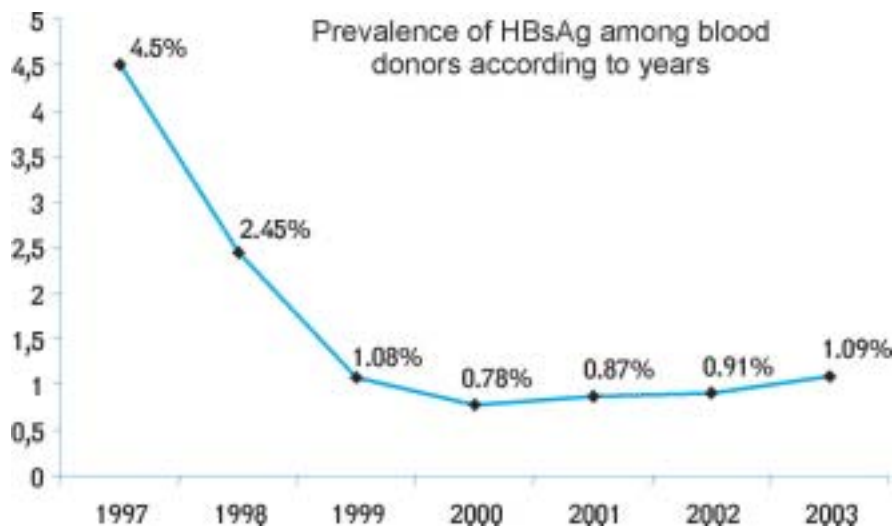


As a result of the study (Butsashvili, M. 2001), it was revealed that among the blood donors, number of C Hepatitis infected has decreased, which is partially conditioned by effective measures

taken by the Ministry of Health and by strict selection of blood donors.

Under the State Program of 'Safe Blood', HBsAg prevalence by years is given on the Diagram II:

Diagram II



VII. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

The figures on the picture show that HBsAg prevalence decreased initially but then an insignificant increase is detected among the blood donors. In the year 2000, commercial vaccination for Hepatitis B was imported into Georgia, which allows prevention of Hepatitis B in high-risk groups

not immune to Hepatitis. Also, a vaccination for Hepatitis B has been included in the State Vaccination Program since the year 2003. The program has been implemented in maternity houses immediately after the birth of a baby.

VIII. SOCIAL CORRELATES AND CONSEQUENCES

VIII.1. Social exclusion

Regrettably no reliable information is available regarding drug abuse related social exclusion: in particular, we have no data reflecting drug related homelessness, unemployment, school drop outs, financial or social networking problems, etc. One thing which is obvious in this regards - we do not have so called 'street addicts' nowadays in Georgia. This fact could be explained on the one hand by the Georgian drug legislation, according to which drug use in the country is criminalised

(see Sub-chapter 'Some legislative regulations on illicit circulation of drugs'); On the other hand, here plays a role stigma towards addiction existing in the Georgian society (see chapter 'Social and cultural context'), which by the number of experts is considered as preventive factor against street addiction; and, finally here should be mentioned also Georgian traditionally strong family ties providing patronage to the vulnerable family member.

VIII.2. Drug related crime

In 2004, the Unit of Combat against Drug Addiction and Narco-businesses of the Principle Department for Criminal Investigation operating within the Ministry of Internal Affairs, and its local branches revealed 1941 drug-related crimes. Among those: drug contraband - 9 cases, drug dealing - 145 cases, illegal cultivation of narcotic plants - 244 cases. The rest of the cases concern illegal keeping, transferring, or revealing in secondary use of drugs (after administrative penalty within a one year, which is a crime according to Georgian legislation).

In parallel, 1007 persons held administrative responsibility due to use of drugs without doctor's prescription.

1161 individuals were detained due to mentioned above drug related crimes; 1159 out of those held criminal responsibility. The majority of them are men - 1148 (99.6%), 1135 (97.7%) - unemployed. Their age distribution is as following: 588 persons (51%) - in the 25-27 age interval; 422 persons (37%) - 30 years old and more; 113 persons (9%) - in the 18-24 age interval; 38 persons (3%) - in the 16-17 age interval.

The statistics reflecting number of persons held criminal responsibility and drug related criminal cases filed by years is given in the Table I:

Table I

Years	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Persons, held criminal responsibility by years	1006	1192	1129	1028	1024	1183	1163	2047	2037	2126	3962	1159
Drug related criminal cases failed by years	871	1113	1267	1201	1107	1218	1366	1671	1783	1855	1945	1941

Table I demonstrates a significant increase of the number of persons held criminally liable since 1999 to 2003. This is explicable by the fact that the Soviet-time criminal code was in force in Georgia up to 1999. In 1999, Georgia adopted the new Criminal Code, much more stringent with respect to drug-related crimes that provided for criminal liability for this type of offences. At present the work to improve the current Criminal Code is underway with active involvement of the group of experts established within the framework of the SCAD project 'Reinforcement and harmonisation of national legislative and regulatory frameworks'.

In 2004 there is a decrease of the number of persons held criminal responsibility due to drug related crime. On the one hand that could be explained by the fact that law enforcement structures were in a process of reorganization and institutional changes while 2004; another reason could be that recently, the Interior Ministry basically focuses on the identification of drug dealers rather than the individuals using drugs.

According to the data provided by the Information and Statistics Service of the Supreme Court of Georgia, in 2004 1739 cases on drug related

VIII. SOCIAL CORRELATES AND CONSEQUENCES

offences entered the first-instance courts of the country. Out of those: 67.33% were concerning Illicit manufacture, production, purchase, storing, transfer, or selling of drugs (Article 260, 252-I-II-III-IV), and only 0.34% concerned illegal trafficking and international transit of drugs (Article 262, 79-III-IV).

VIII.3. Drug use in prisons

Before 2004, unofficial data pointed to a high level of drug use in penitentiary institutions. At the same time, there were no official statistical data reflecting the scale of such practice, and, consequently, facilitating the planning of the relevant response.

In May 2004, the Georgian Research Institute on Addiction (GRIA) conducted a special survey aimed at the assessment of drug use and the related risky behaviour among the prisoners within the penitentiary institutions. The survey was carried out within the framework of the Southern Caucasus Anti Drug Programme.

The survey covered 250 male prisoners, aged 28-60, detained in two colonies. Respondents were selected on the basis of age, type of offence, and the place of residence to form more or less homogenous groups. Selection was based on the random sampling procedure. The survey had a voluntary and

A similar picture was observed in the previous years, in 2004 this disproportion even slightly increased. Such a divergence in figures is indicative of the fact that it is necessary to strengthen drug control capacity at the borders.

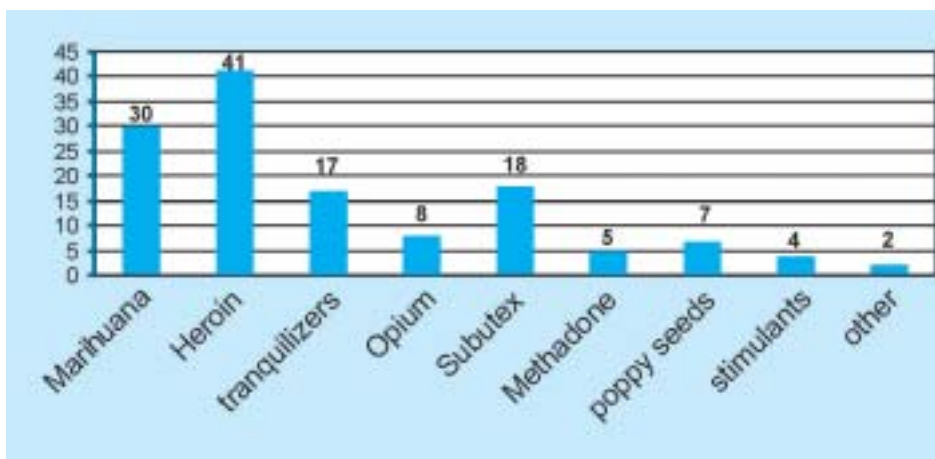
anonymous character. It is worth noting that only 3% of respondents were convicted due to drug-related offence (drug use, drug keeping or sale).

70% of respondents reported the use of different drugs during their lives and 41% admitted the use of drugs in the places of detention. The frequency of drug use was distributed as follows:

- Rarely (3-4 times per year) - 36% - (15% of the total number of respondents)
- Once per month - 28% (12%)
- Once per week - 11% (4%)
- 2-3- times per week - 11% (4%)
- Daily - 14% (6%)

30% of respondents reported the use of different drugs during the last month (See the Diagram I):

Diagram I: Drugs used during the last month



37% of drug users experienced the withdrawal syndrome in prison (15% of the overall number of respondents); 23% (9%) indicated the fact of overdosing.

Survey results show that the drugs mainly used in penitentiary institutions are opioids and the basic way of drug administration is injection. At the same time, prisoners point to the lack of disposable injection instruments, which increases the utilisation of syringes of common use, and, consequently, the

risk of spreading blood born infections.

- 87% reports the repeated use of personal syringes;
- 42% has used shared syringes;
- 52% reports that the syringes used by them were later used by others.

At the same time, there is not any system for drug dependence treatment in prisons or colonies, harm reduction programmes are not actually implemented, etc.

IX. RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES

Due to difficult economical conditions, nowadays in Georgia does not exist relevant infrastructures, institutions, or even operations directed on social reintegration of drug addicts. The system of basic social services in the country is quite poor, employment opportunities are very limited, institute of social worker does not exist at all. The situation is even worse regarding prevention of drug related

crime: there is no system providing assistance to drug users in prisons; as about alternatives to prison for drug users (compulsory treatment, or social services, etc.) - for today again no mechanisms exist to implement them. To establish and develop the relevant infrastructures and services responding to drug addicts social integration need - is the urgent task.

X. DRUG MARKET

X.1. Availability and supply

Georgia is not a drug producing country, and drugs mostly enter the country from neighbouring regions. Georgia can be considered as a transit country for drugs. Trans-national criminal groups are looking for new transit routes to be used in addition to those already existing (e.g. the Balkan route, etc.). The so-called 'Caucasus Route', in case it is established, will cross the territories of Azerbaijan, Armenia and Georgia, and there is a real threat that this may become a stable drug trafficking route from Asia to Europe. A decisive role here is played by the geographical location of the Southern Caucasus as a bridge between Europe and Asia, with an easy access to sea, the new 'Silk Road' passing across the region, etc. The situation is further compounded by the

existence of uncontrolled territories that emerged as a result of long-lasting frozen ethno-political conflicts as they provide additional 'gateways' for drugs to enter the country.

The black market mainly offers Heroin, Opium and marihuana, in 2004 significantly increased Subutex supply which enters country from Europe, opposite to 'traditional' Asian routs.

Drugs are sold in the black market illicitly. There are no drugs available in the street. Drugs can be bought through the network of drug-addicts and dealers; however currently the so called discothèque culture is entering the country, which can change the described pattern.

X.2. Seizures

The data on drug seizures by years provided by the Ministry of Internal Affairs Unit of Combat Against Drug Addiction and Narco-businesses of

the Principle Department for Criminal Investigation, are reflected in the Tables I and II:

Table I: Destruction of the Cannabis plants by years

Years	2000	2001	2002	2003	2004
Quantity	43.9 t	31.5 t	112.5 t	38.3 t	32.2 t

Table II: Drugs seized from the illicit turn over by years

	1999	2000	2001	2002	2003	2004
Heroine (kg)	2.291 kg	4.99 kg	5.519 kg	3.353 kg	3 kg	0,79 kg
Opium (kg)	14.7 kg	6.629 kg	16.6 kg	1.206 kg	8.4 kg	1.196 kg
Marijuana (kg)	32.3 kg	43.9 kg	31.5 kg	59.6 kg	42.4 kg	34.1 kg
Buprenorphine (Subutex)	–	–	–	–	1000 pills	3.39 kg 849 pills

Comparison of these figures with figures described in the chapter 'Problem drug use' shows that there

is a huge gap between the amounts of drugs used and those seized in the country.

X.3. Prices

The prices of drugs at the black market is for 1g heroin - from 300 to 400 USD; 1g opium - 20-25

USD; 1 capsule of Morphine - 5 - 7 USD; 5g marijuana - 7-9 USD.

PART B - SELECTED ISSUES

XI. SOUTHERN CAUCASUS ANTI DRUG PROGRAMME

XI.1. Prehistory

The history of the SCAD Programme dates from 2000. In particular, the International Narcotic Control Board (INCB) in its report of February 2000 wrote: In view of the overall rise of criminal activities in central Asia and the Caucasus, inadequate resources to deal with the problem, drug abuse and illicit trafficking, if left unchecked, would have devastating consequences for societies of those sub-regions. As a response to the described situation, in May 2000 the European Commission sent an independent expert assessment mission to the region. The mission aimed to study the drug-related situation, problems and needs at the regional (the Southern Caucasus) and national (Azerbaijan, Armenia, Georgia) levels. Following

the assessment, four major needs in the field of drug control were identified:

- Reliable and comparable data on all aspects of drugs
- Effective operational co-operation at national and regional levels
- Control measures against illicit trafficking/transit of drugs and precursors
- Prevention and treatment measures for drug addicts

To address these needs, the mission designed SCAD, with the main strategic focus on reducing drug transit from the Southern Caucasus to Western Europe.

XI.2. Description of the SCAD

The SCAD strategy adopts an integral approach tackling concomitantly three inter-linked aspects of the problem:

- To reinforce drug control capacities at the national level
- To develop drug prevention and treatment policies
- To foster regional co-operation and harmonize methodologies

The SCAD Programme has been implemented since 2001 with a focus on the following objectives: (a) enhancement of cooperation amongst relevant institutions at the national and regional levels, (b) reduction of drugs smuggling, (c) fighting against drug abuse, (d) creation and development of a reliable data base on the problem.

Based on the complex nature of the objectives, the programme has been implemented in stages. It is divided into several phases. Until now, the first, second and third phases (SCAD-I, SCAD-II, SCAD-III) have been accomplished. The fourth phase (SCAD IV) started in June 2004, and presently is in the process of implementation, due to be completed by the end of May, 2006.

Since 2001, the following projects are implementing in the frame of the programme:

Reinforcement and harmonisation of national legislative and regulatory frameworks

At the initial stage of the project, an expert team was formed, which has carried out an assessment of drug legislation of Georgia against the UN and EU standards; An action plan to harmonise the legislation of Georgia with UN and EU standards was elaborated. The expert team has also contributed to the elaboration of the present active drug legislation of Georgia and today, along with other activities, is participating in the harmonisation works of the legislation.

In particular, in 2004 the works were carried out to elaborate corresponding legal acts and to prepare amendments to the Procedural Code; Under the auspices of the project, two regional (Southern Caucasus) seminars were held. The first seminar focused on the issues of harmonisation of the legislation, while the second concerned the issues of cooperation and support between the neighbouring countries. The second seminar was attended by judges and prosecutors from all three republics.

Through the project, the Supreme Court, district and regional courts, and prosecutor's office were provided with necessary equipment (computers).

Strengthening of interdiction capacity at Land Borders

The project is helping border zones of Lagodekhi, Tsiteli Khidi (Red Bridge), Gardabani, Sadakhlo and Ninotsminda in strengthening border monitoring skills. Through the project, the above mentioned border zones were equipped with necessary searching and monitoring devices. In 2004, training for 45 border guards was organised to help them develop professional skills.

Strengthening of interdiction capacity at seaports

The project targets to strengthen the practice of monitoring of drug movement in Poti Port. In 2004, the port was allocated the necessary equipment; a training of border guards to develop their professional skills was also carried out.

Development of compatible system for intelligence gathering and analysis

Under the auspices of the project, since 2001, corresponding agencies of the Ministry of Interior of Georgia, across the entire country, are being equipped with necessary devices, equipment, up-to-date software essential for precise data analysis. In parallel, staff of the Ministry of Interior is also being trained (they are developing necessary expertise in several areas, including know-how to work with databases).

Prevention project

The project was carried out in 2002. Under the project, a joint training was held for teachers from 15 Tbilisi schools, employees of health agencies and police officers. Deputy Ministers of the Ministry of Education and Science and the Ministry of Interior signed a memorandum of understanding on cooperation in prevention of drug abuse among children and young adults (unfortunately, due to changes in staff members and general institutional reorganization, the memorandum has lost its force).

As a result of the cooperation between school, police and health institutions, a handbook for the prevention of drug abuse was written. 27 teachers and psychologists from Tbilisi schools attended a training especially organized for them.

It noteworthy, that with the completion of the project ñ prevention work is still being continued under the Southern Caucasus Anti-Drug Program. Furthermore,

it was developed and further expanded. More specifically, the Drug Information Network created within the SCAD iDrug information system project (see below), established a practice of regular joint prevention activities (public anti-drug actions, joint informational-educational work, etc). Drug Information Network, in 2004 established itself as Georgian Anti Drug Coalition, the mission of which is to carry out prevention activities at a public level.

In 2004, the Youth Prevention Project was launched with the methodological support of the SCAD Drug Information System Project. As a result of its activities a youth anti-drug movement iOur Cause ñ Drug Free Georgiaî was formed.

Drug information system project

The project is implementing since 2002. On the first stage of its implementation the Drug Information Network was created, uniting all the governmental and non-governmental agencies working in the filed of drug demand and supply reduction; Permanent information flow was established helping to identify which link of the information net requires methodological improvement and institutional development in order to make up for the lack of information (both strategic and tactical) on the problem; National Focal Point on Drug Information was created and started to function (although since June 2004 is divided into two: National Focal Point on Demand and Coordination and National Focal Point on Supply. To reunite the Focal Point is the task for the nearest future). Currently the Drug Abuse Monitoring Observatory is in the process of creation with the methodological support of the project. Finally, the given report, together with the last year's drug annual report, is one of the main products of the project.

* * *

At the fourth stage of the implementation of the program (SCAD IV), along with qualitatively developing the above listed projects, two other projects were launched:

Strengthening of Airports control capacity

The project aims to strengthen monitoring mechanisms of the Tbilisi airport through providing the airport with necessary equipment and training for staff.

Support of Prevention Work of Non-Governmental Organizations

This project, in fact, represents a logical follow-up of the above-described prevention work carried out by the Southern Caucasus Anti Drug Programme since 2002.

The project is orientated at supporting joint prevention work implemented by member organizations of the Georgian Anti Drug Coalition. In 2005, under the project, two pilot projects are to

be realized. By the end of the year, it is planned to hold a regional seminar on the prevention, with the participation of professionals from three countries of Southern Caucasus.

XII. NEEDS RELATED TO DRUG EPIDEMIOLOGY IN THE COUNTRY AND RESPONSES OF SCAD

XII.1. Needs related to drug epidemiology

The evaluation of the epidemiological situation with drug dependence faces serious problems in Georgia, because of the number of reasons, as are: lack of institutional mechanisms for obtaining of reliable data, lack of funding needed for epidemiological surveys, non-existence of the state programmes on treatment, rehabilitation and dynamic monitoring, imperfect legislative and regulatory normative bases, etc.

Given the above problems, it is complicated to evaluate the prevalence of drug use and drug dependence in the country or determine the harm caused to health by drug use. In the recent period

the urgent and non-urgent death cases caused by drug use are not actually registered by ambulances, reanimation or toxicological services. Also, there is no information on the use of drugs or drug addiction among somatic, surgical or trauma patients. At the same time, the everyday practice shows, that the number of above cases is quite high.

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

XII.2. Scad responses in 2004

Within the framework of the Drug Information System Project of the Southern Caucasus Anti Drug has been carried out need assessment for the purpose of the investigation of the epidemiological situation in the country following the European standards and guiding principles. In response to the needs identified the following activities were implemented in 2004 by the methodological and financial support of the Southern Caucasus Anti Drug Programme:

1. Drug use and the related risky behaviour was studied within the penitentiary system (see the chapter 'Drug use in prisons').

2. The Georgian Research Institute on Addiction has implemented the project 'On the creation of unified confidential system on drug users based on the data of health care institutions'. For this purpose a standard registration card was developed to include basic information, like a drug user's demographic data, drugs used, drug use duration and way of administration, diagnosis, and the treatment received. According to the named registration form information was collected from all the Georgian narcological services to be included into the single database. After the ending of the project, the database continued operation within the framework of the Drug Addiction Prevention State Programme.

3. Epidemiological training has been conducted to develop a mechanism for the elaboration of drug related death and mortality indicator. The training resulted in the creation of a task force focused on the solution of the named problem. The task force

involves leading experts from the relevant sectors, like epidemiology, examination, toxicology, statistics, pathology anatomy, and first aid. Currently, the task force is working on the development/implementation of relevant mechanisms to study the DRD epidemiological indicator.

4. In parallel to this, the Task force's activity was supplemented by another project implemented under the support and of the Southern Caucasus Anti Drug Programme ('Developing a mechanism to increase the reliability of the information on drug related urgent cases, mortality, infectious, somatic and other diseases.'). In 2004, the following activities were implemented within the framework of the project:

- Collecting and analysing the information at the disposal of the Statistical Department of Georgian Ministry of Labour, Health and Social Security and the other relevant services;
- Conduction of focus groups with the doctors from medical institutions focused on different areas (first medical aid, infectious diseases, surgery, and other). During group work the correspondence between actual and official epidemiological information was evaluated and the basic reasons for information concealment were identified, including
 1. Specificity of the disease;
 2. Legislative obstacles;
 3. Stigmatisation of drug users and drug dependent individuals;

4. Lack of coordination between the departments and institutions working on the national and regional levels;

5. Lack of qualified staff working in the are of drug addiction; at the same time, doctors working in other areas are not informed enough on the diagnostics and disorders caused by the use of drugs;

6. Financial problems.

- A number of training courses were held in the regions of Georgia with the participation of doctors from different fields of medicine.
- A number of training courses were held in Tbilisi with the participation of 74 specialists, doctor radiologists, doctors from the first aid service, infectious disease doctors, general practitioners, surgeons and traumatic surgeons.
- Standard anonymous registration forms were

developed for different types of medical services. The samples of given forms were distributed to the corresponding services in Tbilisi and regions.

We hope that the activities described above, as well as the implemented activities and those currently under implementation prepared a ground for the appropriate planning of future actions aimed at the investigation of the epidemiological situation in the country.

And, finally, should be mentioned that in 2004, a Drug Abuse Monitoring Centre has been established and operational within the Georgian Research Institute on Addiction - the leading organisation for the epidemiological research in the area. The establishment of the Centre is financially and methodologically supported by the Southern Caucasus Anti Drug Programme. The Centre operates in correspondence with the EMCDEA epidemiological standards.

PART C: BIBLIOGRAPHY and ABBREVIATIONS

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XIV. LIST OF ABBREVIATIONS

antiHCV	Hepatitis C virus serological marker
antiHBcTotal	Hepatitis B virus serological marker - total antibodies
antiHBs	Hepatitis B virus serological marker - antibodies against surface antigen
ARV	Antiretroviral therapy
DRD	Drug related death and mortality epidemiological indicator
EMCDDA	European Monitoring Center for Drugs and drug Abuse
ESPAD	School Survey Project on Alcohol and other Drugs
EU	European Union
FSW	Female Sex Worker
GFATM	Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria
GRIA	Georgian Research Institute on Addiction
HbsAg	Hepatitis B virus serological marker - surface antigen
HbeAg	Hepatitis B virus serological marker - replication marker
HCV	Hepatitis C virus
HBV	Hepatitis B virus
HIV/AIDS	Human Immunodeficiency Virus\Acquired Immune Deficiency Syndrome
IAS	International AIDS Society
ICD - 10	International Classification of Diseases no.10
IDU	Injecting Drug User
INCB	International Narcotic Control Board
JUVENCO	International Network for Peace and Cooperation
MSM	Men having Sex with Men
NIDA	National Institute on Drug Abuse (USA)
PATH	Program of Appropriate technologies in Health
PLHIV	Human Immunodeficiency Virus Positive
PSI	Population Services International
PTF	Prevention Task Force, created in the frame of Save the Children Federation project (see below SHIP)
STI	Sexually Transmitted Diseases
SCAD	Southern Caucasus Anti Drug Programme
SHIP	Sexually Transmitted Infections\Human Immunodeficiency Virus Prevention Project in Georgia (Save the Children Federation)
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations AIDS Fund
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Organization on Drug Control
WHO	World Health Organization
WB	World Bank