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CONTENTS

FOREWORD

Using drugs is an individual choice. Using drugs is also an individual and public health threat. The secret of success of a national drug policy lies somewhere between these two extremes and – depending on many factors – is as dynamic as human behavioral and societal trends.

As the chairperson of the Council on Infectious Diseases (CCM) in Georgia, I am very much aware of the impact that our daily work has on lives of thousands of Georgians. To avoid infection and both individual and public health damage through drug use the ideal tool is of course prevention of drug use: school and community programs should get our highest priority. For those who are involved in drug use, the state is obliged to provide both in civilian and penitentiary sector treatment and is encouraged to expand harm reduction programs in order to curb infection, diminish criminality and provide a guaranteed and safe environment for families of addicts and users.

On the other hand, the state is responsible for safety and protection of its citizens, who can become involved in drug related crime. Health policy makers should be aware of all facets of drug use, in health matters and beyond. Only then can they create the workable and flexible mechanisms that their specific country needs.

This Drug Situation Report of the South Caucasus Anti-Drug Programme can serve as one of the guiding tools for a healthy policy on drug use.

We thank all those who have been involved in preparing this report and its conclusions.

Sandra Elisabeth Roelofs
Country Coordinating Mechanism Chairperson
First Lady of Georgia

OVERVIEW

The 2006 – 2008 period in Georgia is characterized by intense discussion on drug policy issues. Two drug strategy documents were elaborated: one by the advisory panel of the Ministry of Labour, Health and Social Affairs (MoLHSA) and another by a consortium of non-governmental non-profit organisations (NGOs) supported by the private foundation Open Society Institute. Neither of the documents has been approved by the Government or Parliament of Georgia, rendering the effective implementation of both strategies presently unachievable. A National Drug Strategy – equivalent to strategies that are in place in EU member states, the United States, Australia and other countries – is still unrealized.

Similar developments are reflected during this period with initiatives in drug legislation: two different packages of proposed legislative amendments of drug laws were elaborated and submitted to the Parliament of Georgia for consideration. The removal of criminal responsibility for drug use, a differentiated approach towards drug crime (separation of drug use from drug dealing), the abolition or at least alleviation of the extreme practice of forced drug testing and other relevant issues are tackled in both proposed packages of legislative changes. Neither of the two legislative packages has been approved, rendering the entry into force of amended drug legislation in Georgia currently beyond reach. As a consequence, the need to adjust drug legislation in accordance to relevant international conventions and human rights principles remains an outstanding issue that is frequently raised by national and international bodies.

According to information provided by the Ministry of Internal Affairs of Georgia, the amount of drugs seized in 2008 remained low compared to the presumed scale of drug use in the country: 8.332 kg of heroin, 47.45 g of opium, 3.87 kg of marijuana, and 8992 pills of Subutex® were seized.

No reliable estimates on the extent of drug use exist in Georgia. Available figures are generally unrealistically high and employ unclear case definitions. A frequently cited figure of unknown origin asserts that there are 200,000 drug users in the country, of which 35,000 are drug addicts and 80,000 are problem drug users. These figures are not based on any evidence. From available data, marijuana is the most widely spread illegal drug in the country. In terms of lifetime experience, however, the need for treatment related to such use remains insignificant. Concerning injecting drugs, the most frequently used are opioids, among which heroin was the most widespread drug used in early 2000s. Since 2004, buprenorphine, which is commercially known as Subutex®, became common. From the end of 2008, the overall use of Subutex® has reportedly been decreasing in favour of other, more readily-available injecting drugs, such as *ephedrone* and *pervitin*[1]*based* home-made *drugs*, prepared through a chemical refinement process of medicines that are used against respiratory disorder and easily available from drugstores without a prescription. The use of cocaine and amphetamines remains very low; there are few signs of presence of these drugs on the black market (i.e. 0.02 g of cocaine was seizured in 2008).

At present there are no reliable data to describe the extent of drug-related deaths in the country since the system of proper registration has only recently begun. According to existing research, mortality among men of reproductive age that had a record of drug use in Georgia in 2003 was twice as high as the mortality rate among men of the same age with no such record.

According to data provided by the AIDS Centre, by 20 February 2009, 1,899 people infected with HIV/AIDS were officially registered in Georgia, out of whom 60% were infected through injecting drug use. Out of 32,244 individuals tested for HIV, 351 were positive. Out of those, 59.5% were injecting

1 Also known as 'jeff' or 'vint' and chemically known as methcathinone, an oxidation product of (pseudo)ephedrine = methamphetamine, the powerful stimulant is a reduction product of (pseudo)ephedrine

drug users (IDUs), and 10.5% were HCV positive. Out of 1,318 IDUs tested for Hepatitis B in 2007, 85 were positive (6.4%). Of the 1,438 IDUs who were clients of HR programs tested for hepatitis C in 2007, 788 were found to be positive (54.8%).

According to available seroprevalence studies, 1% – 3.6% of injecting drug users are infected by HIV. A much higher percentage of Georgian drug users is infected with viral hepatitis C (57.8% - 76% according to different studies).

In 2008, six addiction (narcologic) clinics operated in the country and detoxified 841 patients; substitution treatment of opiate addiction covered 552 patients. For the moment, there are 6 clinics with 60 beds and capacity to detoxify more than 1,000 patients during the year. The main service provided in the clinics is detoxification, which is not enough support to overcome addiction problems. Furthermore, the programme's orientation on temporary abstinence presents an obstacle for recovery. With the exception of the region of Adjara, all treatment procedures are paid by patients. The price (500 – 1,000 Euro), is significantly above the average family monthly income in the country (around 368 GEL, which is approximately 145 - 170 Euros). Beginning from the end of 2008, the National Budget started to co-fund substitution treatment: the MoLHSA funded procurements of pharmaceutical methadone, while patients pay for services.

Public funding allocated for drug demand reduction was limited but more or less stable prior to 2004 (around 300,000–500,000 GEL). From 2004 to 2007, allocations were dramatically reduced (50,000 GEL in 2006). Since 2007, there has been an increase in the allocated budget (400,000 GEL in 2007; 500,000 GEL in 2008). It is worth noting, however, that inflation of the Georgian Lari over the last ten years as well as the modest budgeted proportion of drug demand reduction services in the Ministry of Health budget reveal certain limitations.

From the early 1990s until late 2007, efforts in drug demand reduction by the Georgian government and international donors paid little attention to drug prevention. The period was often marked by sporadic activities , insufficient funding, limited projects and beneficiaries, and a lack of quality control mechanisms. In late 2007, UNDP launched the fifth phase of the EU-funded SCAD programme, one of whose objectives in the area of prevention is to inform the general population of the risks of drug abuse and HIV and to create or reinforce drug prevention capacity in schools. In 2008, USAID, in cooperation with the International Orthodox Christian Association and Patriarchy of Georgia, initiated a relatively large-scale primary prevention project, which has a perspective to be continued.

Similarly to drug treatment and prevention, drug related harm reduction does not receive government funding. However, due to the threat of HIV/AIDS in the country, and thanks to the attention of international donors (The Global Fund, other UN agencies, the European Union and its Member States, the Open Society Foundation, etc.), harm reduction is a relatively well-developed strategy in the field of drug demand reduction in the country.

SUMMARY OF MAIN TRENDS AND DEVELOPMENTS IN 2008

1. NATIONAL DRUG STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORK

The period preceding 2008 is characterized by increased drug policy discussions in Georgia. In 2006, the *State Drug Policy Council,* established by the Ministry of Labour, Health and Social Affairs of Georgia, was charged with drafting a National Anti-Drug Strategy. The Georgian Parliament debated the respective strategy in February 2007. The same year, the nongovernmental organization (NGO) *Alternative Georgia* drafted an alternative proposal for an anti-drug strategy, as well as an action plan, with the support of the *Open Society Georgia Foundation*. However, neither of the documents was approved by the Government or Parliament of Georgia as a normative act, rendering the documents non-legally binding and not able to be implemented. The passing of a national anti-drug strategy and action plan remains a target for policy makers.

According to existing Georgian legislation, drug use is an administrative offence with a maximum penalty of 500 GEL (approximately 220 Euro). Yet, the same person apprehended as a drug user for a second time offence within one year of his/her first drug offence bears criminal responsibility. In this case, punishment may be either imprisonment or "at least double the administrative fine." At the same time, a maximum amount of fine is not defined in the criminal code, which means that such a decision is at the discretion of the judge and could imply a ten-fold increase. Due to this "rubber law," there are cases of fines as high as 4,000 GEL (approximately 1,800 Euros) for simple drug use (i.e. for urine test positive for metabolites of illegal drugs).[2] A majority of key experts in the field strongly advocate for the complete removal of criminal responsibility for drug use from the law, and for improvements in the legislation to secure a better environment for efficient drug treatment in the country.

The Criminal Code of Georgia does not differentiate between illicit manufacture, production, purchase, storage, transportation, forwarding and sale of narcotic drugs, their analogues or precursors. All such criminal activities are placed under one paragraph/definition of crime rather than a differentiated approach to different drug offences.

Based on Article 45 of the Administrative Code of Georgia, the Ministry of Internal Affairs and the Ministry of Labour, Health and Social Affairs of Georgia issued joint Decree No 1049–233/n in 2006. According to the decree, in case of 'reasonable suspicion' (which is not specified/defined and thus allows for vague interpretation) that a person is in a state of inebriation caused by narcotic drugs or/and psychotropic substances, and/or has consumed a narcotic drug, law-enforcement officers can demand that the person undergo a test that should determine if the person used drugs or alcohol. According to the Beckley Foundation Briefing Paper XV: '[in 2007] ... there was a tenfold increase in the number of people force-tested for drugs during the seven months following the introduction of high penalties compared to the same period preceding this amendment: 22,755 vs. 2,706). In all 12 months of 2007, over 57,000 people were brought in for forced testing; only 38% tested positive for (metabolites of) illegal drugs, compared to 78% for the similar indicator in the previous year'.

In 2008, important activities and initiatives aimed at improving/updating the drug law occurred. This included advocating for the revocation of criminal responsibility for (simple) drug use, and for the creation of institutional mechanisms for the implementation of drug legislation (i.e. an interagency governmental body coordinating system of responses in the country).

According to Article 40 of the drug law adopted in 2002, the State should provide a full course of specialised drug treatment to every drug addict (at least) once in his/her lifetime. However, the law does not specify the type of treatment or components of the treatment course, which is why the bill is declaratory and not implemented with respective institutional mechanisms and supporting funding allocations.

2 In a situation when average monthly income family is around 145 - 170 €

Public funding allocated for drug demand reduction was limited but more or less stable prior to 2004 (around 300,000–500,000 GEL). From 2004 to 2007, allocations were dramatically reduced (50,000 GEL in 2006). Since 2007, there has been an increase in the allocated budget (400,000 GEL in 2007; 500,000 GEL in 2008). It is worth noting, however, that inflation of the Georgian Lari over the last ten years as well as the modest budgeted proportion of drug demand reduction services in the Ministry of Health budget reveal certain limitations. More specifically, the same sums mean effectively less resources than what was spent on drug treatment and prevention yearly in the beginning of the 2000s. Despite a reversal of the decrease of the portion of the Georgian budget line earmarked for drug treatment, the percentage of drug demand reduction in the total budget of the Ministry of Health remains substantially lower than in 2000-2003.

2. EPIDEMIOLOGICAL SITUATION

Prevalence, patterns and developments in drug use

No reliable estimates on the extent of drug use exist in Georgia. Available figures are generally unrealistically high and employ unclear case definitions. A frequently cited figure of unknown origin asserts that there are 200,000 drug users in the country, of which 35,000 are drug addicts and 80,000 are problem drug users. These figures are not based on any evidence.

Marijuana is cited to be the most widely used illegal drug in the world, and Georgia is probably no exception, as suggested by data contained in the narcologic register that was operational in Georgia until 2005, as well as according to findings of local youth surveys.

Concerning injecting drugs, the most frequently used are opioids, among which heroin was the most widespread drug used in early 2000s. Since 2004, buprenorphine, which is commercially known as Subutex®, became common. A medical product used for the substitution therapy of opioid addiction widely available through substitution therapy services in the European Union, United States, Australia, India, China and elsewhere, Subutex® entered the black market in Georgia and started to compete with heroin. According to experts' estimation, approximately one third of treated injecting drug users asked for treatment because of problems resulting from the non-medical use of Subutex®. Subutex® has been legally unavailable in Georgia; black-market buprenorphine is used through injections almost exclusively. From the end of 2008, the overall use of Subutex®, has reportedly been decreasing in favour of other, more readily-available injecting drugs, such as *ephedrone* and *pervitin*[3] based home-made drugs prepared through a chemical refinement process of medicines that are used against respiratory disorder and easily available from drugstores without a prescription. The use of cocaine and amphetamines remains very low; there are few signs of presence of these drugs on the black market (i.e. 0.02 g of cocaine seizured by the MoI in 2008).

Health Consequences

In 2008, six addiction (narcological) clinics operated in the country and detoxified 841 patients. In 2007, the corresponding number was 1,092. According to informal discussions with heads of clinics, the decreased number of patients of detoxification treatment could be plausibly explained by the increasing capacity of methadone substitution programs in the country.

The majority of the patients of the clinics are men (i.e. in 2007 there were only 11 women). Similarly to previous years, the majority of patients who were treated at addiction clinics were opioid users, most of them heroin addicts. The percentage of *buprenorphine* (*Subutex*®) users according to the data provided by 4 clinics (GRIA, Uranti, Bemoni and Batumi clinics) was 35%. There were also frequent cases of random opioid use, such as patients who used drugs that they managed to find. In 2007 as well as in 2008, there was an increase in the number of detoxification patients whose principal drug was homemade methamphetamines.

Substitution treatment of opiate addiction in 2008

3 Also known as 'jeff' or 'vint' and chemically known as methcathinone, an oxidation product of (pseudo)ephedrine = methamphetamine, the powerful stimulant is a reduction product of (pseudo)ephedrine.

was provided to 552 patients (in 2007 to 287 patients), of which 550 were male and 2 were female drug users, and of which 51 patients had HIV. By the end of 2008, 330 additional opioid addicts were on the waiting list.

Drug-Related Death and Mortality

All formerly existing Soviet-era drug-related deaths monitoring systems were destroyed during Georgia's independence in favour of new systems, which have taken time to create. In 2004, the Forensic Expertise Bureau was established at the Ministry of Justice, which began to work on the development of a monitoring system for drug-related deaths. The Bureau has data that relate only to cases investigated and tested by the Bureau headquarters in Tbilisi; branches of the Bureau in the regions are not covered so far. According to the Bureau's data, 26 deaths from drug overdoses were identified in Tbilisi in 2008 (39 cases in 2007).

The SCAD program implemented a cohort study in 2004, according to which the mortality among men of reproductive age who had a record of any drug use in Georgia in 2003 was double the mortality rate among men of the same age with no such record.

Drug-Related Infectious Diseases

By 20 February 2009, the Infectious Pathologies, AIDS and Clinical Immunology Research Centre (the AIDS Centre) had registered 1,899 cases of HIV, including 1,429 men (75%) and 470 women (25%). Most patients (60%) were 25 to 40 years of age at the time of diagnosis. Altogether, 999 have developed AIDS and 417 have died. Forty-seven cases of HIV have been registered in children (as of 30 July 2008); the average age is 11 years at the time of diagnosis. Forty-one people living with HIV/AIDS (PLHIV) are foreign citizens, and 163 live in prisons. There were 1,850 PLHIV registered by the beginning of January 2009 (prevalence rate of 30/100,000 inhabitants), including 351 new cases (incidence 8.16/100,000). Injecting drug use is the most frequent route of HIV transmission among all registered PLHIV (60%): in 2008, out of 32,244 patients (in 2007, 32,614) tested for HIV at the AIDS Centre, 351 (in 2007, 380) were injecting drug users.

In 2007, out of the 1,493 IDU clients of harm reduction program tested for HIV in Voluntary Counselling and Testing (VCT) centres functioning within the framework of Global Fund-supported harm reduction programs, 18 people were found to be positive (1.2%). Out of 1,318 injecting drug users tested for Hepatitis B, 85 were positive (6.4%). Of 1,438 clients of HR programs tested for hepatitis C, 788 were positive (54.8%).

Social and Legal Correlates and Consequences

According to current drug legislation, drug use is criminalised in Georgia, which largely contributes to drug users and drug use being a hidden population. Consequently, there are no 'intoxicated junkies' visible in the streets. Problem drug users as a subpopulation are not studied adequately, which limits the availability of knowledge regarding their social problems. Data available on the current patients of substitution therapy programs point out that more than 90% of users have higher and university education. Other data provided by *Alternative Georgia* unpublished study, "Social Profile of NEP Program Participants," finds no illiterate people among those interviewed; 39% of the clients had complete secondary education, 34% were university graduates, and 73% of the respondents were unemployed at the time of interview.

Drug Offences and Drug-related Crime

A comparison of data from 2006, 2007 and 2008 reveals a very sudden and sharp increase in the number of drug-related criminal proceedings in Georgia: 3,542 were reported in 2006 (out of which, 1,926 were classified as major crimes by the Police), 8,493 in 2007 (1,970 major crimes), and 8,699 in 2008 (out of which 2,013 were classified as major crimes). The disproportionately large increase in minor crimes compared to almost no increase in what is classified as major crime suggests that this increase resulted from intensified police activity related to the practice of massive random searches of young men and their testing for presence of illegal drugs and metabolites in body liquids.

Social and Economic Costs of Drug Consumption

In 2005, research was conducted by '*Alternative Georgia*' to study the economic and social costs of drug consumption. The research shows a clear imbalance between funding for demand reduction and supply reduction measures as well as a clear link between the drug problem wand the shadow economy. The greatest costs were found in the shadow economy (82%) while the smallest costs were found in prevention and research (0.53%) and health care measures (0.2%).

Drug Markets

Traditionally, Georgia has not been considered to be a drug producing country: the majority of narcotic drugs that have plant precursors (except marijuana) are produced in neighbouring or distant countries. However, there is an increasing trend in the domestic production of (pseudo) ephedrine-based drugs and traditional abuse of lethal and illegal pharmaceutical drugs. As such, the distinction between production, transfer, and consumption countries is losing both rationality and analytical importance.

Socioeconomic changes in Georgia over the recent decade have resulted in the transformation of the image of drug dealers as well as of the behavioural patterns of drug users. According to a study by I. Chavchavadze State University, while a drug dealer used to be traditionally considered in Georgia as a representative of low social strata, a loser, reprehensible and shameful, he is now perceived by society as a successful person having all necessary attributes of a prosperous man: a prestigious car, accessories, a house, etc. So he is perceived as a representative of a high social stratum and hence represents a role model. With regard to the change in drug-purchasing behaviours, the study showed that the launch of the system of bank credits made it easier for drug users to buy drugs by taking loans, if employed. On one hand, it temporarily reduces the probability of their criminal activity for the purpose of buying drugs, yet, on the other hand, drug users buy bigger amounts of drugs so that they can also sell them to pay off the bank loan. This, in fact, transforms them into drug dealers and they become subject to different criminal liabilities. The results of this study should be taken into consideration for developing a policy for addressing the drug market.

Drugs with the largest presence in the 'black market' include heroin, opium, and marijuana, supplemented by Subutex® containing buprenorphine, in recent years. According to the information provided by the Ministry of Internal Affairs of Georgia, the amounts of seized drugs still remain very low compared to the estimated use of drugs in the country:

	2006	2007	2008
Heroin	5.6 k g	9.7 kg	8.3 kg
Opium	218.2 g	127.1 g	47.45 g
Marijuana	1.2 kg (10kg raw)	1.3 kg	3.8 kg
Tramadol	29 g	38.8 g	8.5 g
Subutex	9562.6 pills (contained 76.5 g of buprenorphine)	9655.5 pills (77.2 g of buprenorphine)	8992.4 pills (71.93 g of buprenorphine)
Cannabis plants	17.2 kg	110 g	–
Methadone	17.18 g	96.1 g	178.97 g
Morphine	0.83 g	0,31 g	36.34 g
Codeine	5.1 g, 102 pills	–	0.735 g
Cannabis resin	4.49 g	–	–
Poppy	–	780 g	–
Cocaine	–	–	0.02 g
Methamphetamine	–	–	0.2577 g
Dypheniloxidate	–	–	0.7 g

3. DEMAND REDUCTION INTERVENTIONS

Treatment

Presently, there are 6 clinics with 60 beds and capacity to detoxify more than 1,000 patients per year. The average stay of the inpatient client in a clinic is up to 2 weeks. The service provided is almost exclusively detoxification, which is, according to contemporary scientific knowledge, not enough support to overcome the problem of addiction. All the treatment procedures are paid by the patients directly and are not covered by any form of health insurance (except substitution treatment of opioid addiction – see below). The price for the average two-week detoxification is relatively high: 500 – 1,000 Euros, which significantly exceeds the average monthly family income in the country (ca. 250 Euros). Due to the low accessibility of treatment, for which the main reasons quoted by treatment providers are the low number of treatment facilities and the high price, illegal abstinence treatment (i.e. detoxification carried out outside of certified/authorised treatment facilities) is believed to be frequent in Georgia (Todadze et al, 2008d, Chirikashvili et al, 2008).

Existing (narcologic) clinics allegedly suffer from a lack of financing, which clinic administrators claim is the main reason why modern treatment modalities, for which detoxification is only the start of a complex treatment plan, are significantly underdeveloped in Georgia.

Since the end of 2005, methadone substitution treatment has begun in Georgia with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). In the period of 2005-2008 the program covered 552 patients. During the same period, demand for such treatment was much higher (for the end of 2008 there were 330 patients on the waiting list of the program). Starting from the end of 2008, the National Government began a substitution program based on the co-funding principle: the Ministry of Labour, Health and Social Affairs (MoLHSA) budgeted ther purchase of pharmaceutical methadone while patients are to pay for services such as the work performed by doctors, nurses and other clinic staff.

Prevention

From the early 1990s until late 2008, efforts in drug demand reduction by the Georgian government and international donors paid little attention to drug prevention. The period was often marked by sporadic activities , insufficient funding, limited projects and beneficiaries, and a lack of quality control mechanisms. For example, only 20 projects were implemented in the period from 1993 to 2008, of which a maximum of 30,000 Euros per project was spent, involving only 130 direct beneficiaries and 2,000 indirect beneficiaries. The “State Prophylactic Program on Addiction” administered by the Public Health Department of the MoLHSA until 2003 was mainly focused on drug testing by stopping suspected individuals in public places and testing them as well as testing in work places. In 2004, this function was transferred to law enforcement agencies (Ministry of Interior and Ministry of Justice and their Bureaus of Expertise, respectively), but no significant steps were implemented by the State Program in terms of the creation of an institutional framework to support primary drug prevention in the country.

Since 2007, the Ministry of Education and Science of Georgia (MoES) has attempted to address drug prevention issues in its curricula by including a chapter on healthy lifestyles into one of two handbooks on Civic Education that is used in the country, as well as through a description of drug-related harm in the Biology course book that is used for the 8th grade. However, no complex strategy on primary prevention is in place. The SCAD program closely cooperates with the MoES in planning institutional mechanisms that would serve such a purpose.

Harm reduction

As with primary prevention, harm reduction programs assisting drug users have not been supported by the Government or any State agency. However, due to the threat of an HIV/AIDS epidemic in the country, and thanks to the attention of public and private international donors (The Global Fund to Fight AIDS, Tuberculosis and Malaria, other United Nations agencies, the European Union and its Member States, the Open Society Foundation, etc.), harm reduction

is a relatively developed strategy in the field of drug demand reduction. This point is evidenced by the increasing number of NGOs active in the field of harm reduction: by the end of 2008, 14 NGOs are united in the Georgian Harm Reduction Network, which continues to serve as a way to better represent the interests of their clients. In that year, harm reduction programs served a total of 3,615 clients, of which 1,200 were regular clients, 690 were IDUs engaged in needle exchange, 2,093 sought VCT consultations, and 1,527 sought HIV testing. There has also been a diversification of harm reduction interventions since the early 2000s when harm reduction measures were limited to needle exchange, distribution and raising awareness. In 2008, besides listed above, voluntary testing and counselling is in place countrywide.

PART 1: NATIONAL STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORK

1. DEVELOPMENTS IN DRUG POLICY AND RESPONSES

1.1 Political Framework in the Drug Field

In 2006, the *State Drug Policy Council,* established by the Ministry of Labour, Health and Social Affairs of Georgia, was charged with drafting a National Anti-Drug Strategy. The Georgian Parliament debated the respective strategy and on 13 February 2007 passed a Regulation on *Approval of Principal Directions of Georgia's National Anti-Drug Strategy (Regulation 4334 I-s).* The Regulation aimed to further develop and improve the anti-drug strategy and policies in the country.

The Regulation states that drug addiction is a global problem and a concern for all countries and that the use of narcotic drugs and psychotropic substances can bring grave results for Georgia, making the promotion of a national drug policy in the country all the more necessary.

Among the factors that are deemed necessary for the development of a national anti-drug strategy, the Regulation identifies drug-related situation analysis and research, the experiences of other countries, including countries with similar cultural and socioeconomic development patterns, the evaluation of activities of organizations and agencies working in the field of demand reduction, and studies of the society's attitude to the problem of drug addiction. The preamble of the Regulation states that it takes into consideration the requirements of the UN Conventions of 1961, 1971 and 1988 as well as the EU Main Principles and Objectives of the strategy to combat illicit trafficking of narcotic drugs and psychotropic substances (Parliament of Georgia, 2007).

Further, priorities for the national anti-drug strategy are identified by the Regulation (corresponding to the Principle Directions) and include the following: primary prevention of narcotic drug/psychotropic substance use; treatment and rehabilitation of drug addicts; harm reduction; increased control of narcotic drug/psychotropic substance/precursor supply; creation of a monitoring system for strategy implementation; effective public relations; capacity building; development of international cooperation; and, lastly, the improvement of respective legal frameworks. The anti-drug strategy developed by the State Drug Policy Council also included the objective of creating institutional mechanisms for coordinating the strategy implementation, namely, an inter-agency body subordinated to the President or Prime Minister, whereas the objective was not included in the parliamentary regulation.

According to the parliamentary Regulation, the Government of Georgia was meant to develop and an action plan corresponding to the named above Principle *Directions of the Georgia's National Anti-Drug Strategy*and to present it to the Georgian Parliament by 1 April 2007. However, the action plan was not developed, nor presented to the Parliament. Creation of the action plan is an urgent need for implementing the strategy as well as for unifying and adjusting the anti drug legislation in view of the strategy and the action plan.

The same year, the nongovernmental organization (NGO) *Alternative Georgia* drafted an alternative proposal for an anti-drug strategy, as well as an action plan, with the support of the *Open Society Georgia Foundation*. However, neither of the documents was approved by the Government or Parliament of Georgia as a normative act, rendering the documents non-legally binding and not able to be implemented. The passing of a national anti-drug strategy and action plan remains a target for policy makers.

The South Caucasus Anti-Drug Programme explicitly addresses the need for a normative act introducing the anti-drug strategy and the action plan(s) and specifically proposes the creation of an Advisory Board with the President of Georgia for developing the final version of the anti-drug strategy and action plan. If established, the Advisory Board would include representatives of ministries and other governmental agencies as well as independent local and international experts/specialists and criminal lawyers. By SCAD's recommendation, the final documents elaborated by the Board – the Anti-Drug Strategy and Ac-

tion Plan – should be approved by a Presidential Decree that would be binding for the Georgian Government and respective ministries. The Anti-Drug Strategy and Action Plan would enable development of a comprehensive package of amendments to respective extant laws.

1.2. Legal Framework

According to existing Georgian legislation, drug use is an administrative offence with a maximum penalty of 500 GEL (approximately 220 Euro). Yet, an offender apprehended as a drug user for a second time offence within one year of his/her first drug offence bears criminal responsibility. In this case, punishment may be either imprisonment or "at least double the administrative fine." At the same time, the maximum amount of fine is not defined in the criminal code, which means that the decision on the amount of the fine is at the discretion of the judge and could, in theory, imply a ten-fold increase. Due to this "rubber law," there are cases of fines as high as 4,000 GEL (approximately 1,800 Euros) for simple drug use (i.e. positive metabolite urine test for illegal drugs).[4] A majority of key experts in the field strongly advocate for the complete removal of criminal responsibility for drug use from the law, and for improvements in the legislation to secure a better environment for efficient drug treatment in the country (Todadze et al, 2008d).

The extant Criminal Code of Georgia currently does not differentiate between illicit manufacture, production, purchase, storing, transportation, forwarding and sale of narcotic drugs, their analogues or precursors. Rather, it covers all of those criminal activities under one paragraph/definition of crime. Existing law in Georgia does not conform, to UN Conventions with respect to lists of psychoactive substances and substance amounts identified by law.

There are some other important aspects of the Georgian law related to drugs that are not fully in accord with modern, systematic, human rights and public wellness orientated governing legal systems of the developed world. Legal reform in Georgia is expected to address these problems in 2009, including through SCAD's and the Global Fund Expert Group's work with the Parliament of Georgia to advance drug-related legislative reform.

Law of Georgia 'On Narcotic Drugs, Psychotropic Substances, Precursors and Narcological Aid'

The Law of Georgia *'On Narcotic Drugs, Psychotropic Substances, Precursors and Narcological Aid'* was adopted on 5 December 2002 and to a certain extent complied with the key UN Drug Conventions. The law recognizes drug addiction as a disease and obliges the Government with responsibility for providing free medical care to drug addicts at least once in a lifetime. However, the law has not been implemented fully as no legal and economic mechanisms for such treatment have been developed. Amendments made in 2006 defined the jurisdiction of the Ministry of Finance for import to and export from Georgia of substances that are subject to special control. Other than the 2006 amendments, no significant legal changes have been made since 2002 to improve the law and harmonize it better with UN Conventions. At present, the law shows incompatibilities with the terminology of UN Conventions, a need for updates to the lists of narcotic drugs, psychotropic substances and precursors, and the creation of an effective addiction treatment system, as well as other legal aspects.

No changes have been made to the Parliament's Regulation of 2003 approving lists of small, medium and large amounts of narcotic drugs and psychotropic substances seized from illicit possessors or withdrawn from circulation (see Appendix 1 and 2 of this Annual Report).

Administrative Code

Several articles of the Administrative Code regulate drug-related offences including illicit purchase and possession of small amounts of narcotic drugs without the intention to sell, drug use without a physician's prescription, the failure to effectively protect drug-producing plants from abuse, driving or allowing others to drive a vehicle under the influence of alcohol, narcotics or psychotropic substances, and the refusal to undergo police-ordered testing on alcohol or illegal drugs consumption.

4 In a situation when average monthly income family is around 145 - 170 €

Amendments made to the Administrative Code in 2006 modified Article 45, *'Illegal purchase or storing of small amounts of narcotic substances without the purpose of selling, or use of narcotic substances without prescription'.* Namely, the fine for the illegal purchase or possession of small amounts of drugs not intended for sale increased from 100 to 500 GEL (from 50 to 250 €)[5]. The amended article also held the Ministry of Internal Affairs and the Ministry of Labour, Health and Social Protection of Georgia responsible for issuing joint decrees to establish a procedure for the detection of facts pertaining to drug use by an authorized person. More specifically, according to the decree, in case of 'reasonable suspicion' (which is not specified/defined and thus allows for vague interpretation) that a person is in a state of inebriation caused by narcotic drugs or/and psychotropic substances, and/or has consumed a narcotic drug, law-enforcement officers can demand that the person undergo a test that should determine if the person used drugs or alcohol.

Criminal Code

Chapter XXXIII of the Criminal Code of Georgia classifies drug-related crime and establishes respective sanctions. The Criminal Code criminalizes the following actions: illegal manufacture, production, purchase, storing, transportation, provision or sale of narcotic drugs, psychotropic substances, their analogues or strong substances or their analogues or precursors; the illegal exports of drugs and substances specified above from Georgia or other international transit; their illicit appropriation, creation of clandestine laboratories for their illegal manufacture, or storage; producing for sale or selling false prescriptions or other documents; violations of the order of manufacture, production, receipt, record, distribution, storage; transportation, provision or import; concession of apartment or other property for illegal use; instigation of drug use.

The dispositional part of the Criminal Code covering drug-related crimes has not been changed since 2005. In 2006, amendments were made to strengthen sanctions by increasing the lengths of imprisonment. No changes have been made to the issue of criminal responsibility for repeated drug use in 2008 (see above).

General Prosecutor's proposal for a Law on Combating Drug-Related Crime

In the context of combating drug-related crime, in 2007 the Prosecutor General's Office in Georgia initiated drafting of the *'Law on Tackling Drug Crime'* that was adopted by the Georgian Parliament on 3 July 2007 and subsequently signed by the President. Objectives of the law included facilitation of the fight against drug-related crime, prevention of drug addiction, prevention of drug use and the further spread of drugs, as well as measures for the further protection of interests of the public and the state against drug dealers and drug business promoters.

The law envisages important sanctions that are novel in the history of modern independent Georgia. Namely, on the basis of a court ruling, a 'drug user' (according to the given law, this term is defined as 'the person who has committed the crime provided by Article 273 of the Criminal Code of Georgia') shall be deprived of the following rights for a period of 3 years:

- right to drive a vehicle;
- right to practice a medical profession;
- right to practice a legal profession;
- right to work in pedagogical and educational institutions;
- right to work in national and local governments and public (government-funded) government agencies;
- right to be elected to parliament;
- right to manufacture, purchase, store and carry weapons.

For *facilitation* of drug-related activities (according to the given law, this term is defined as: 'the person who has committed the crime provided by Articles 260 except where the goal of selling a narcotic drug is confirmed, 261 except where the goal of selling a psychotropic substance is confirmed, 262, 263, 264, 265, 266, 267, 268,

5 The average monthly income in Georgia according to the State Department of Statistics was 368 GEL (145 - 170 Euro) per month per family in 2008 (GEORGIA, S. D. O. S. O. (2008) Statistical Data, Georgia, 2008).

271 or 272 of the Criminal Code of Georgia'),[6] a person shall be deprived of the above rights for a period of 5 years according to the proposal of the same law. In case of repeated drug-related crime, the period of deprivation from the rights listed above shall vary from 5 to 15 years depending on the severity of the crime. In discussion on the draft, several groups of experts expressed serious concerns regarding retroactivity of the law, which might toughen punishment for those persons who have already been punished for drug-related crime by limiting their specific rights for a subsequent period of time.

Trends of Drug Laws

2008 was marked by important trends towards improving and updating drug law in Georgia. On 31 January 2008 a group of experts of the *Global Fund to Fight AIDS, Tuberculosis, and Malaria* presented a package of draft drug laws to the Chairman of the Parliamentary Committee on Health and Social Issues (GFATM, 2008). The package of the draft laws includes the following bills: a new version of the *Law on Narcotic drugs, Psychotropic Substances, Precursors and Narcological [7]Aid,* changes and amendments to the *Law of Georgia on Public Services*, and changes and amendments to the *Criminal Code* and the *Administrative Code* of Georgia. This legislative package proposed by the GFATM Group revokes criminal responsibility, yet retains and strengthens administrative responsibility for simple drug use by increasing the fine up to 2,000 GEL (1,000 Euro), which is eight times the average monthly income. It also envisages that revenue from the fine should be used for the treatment of the drug addict. However, there is no institutional system in place which would guarantee such application of the collected fines and the establishment of such a system is not envisaged by the *Global Fund* proposal.

Concurrently, the *Georgian Harm Reduction Network* prepared a package of amendments that revocates criminal responsibility for drug use completely and significantly decreases applicable fines that – according to the proposal – are bound to average salaries in Georgia.

In the context of law-making, the SCAD program conducts a legal component which runs a Working Group developing drug law recommendations with membership of leading representatives of the juristic society including the *Georgian Young Lawyers Association*, '*Article 42 of the Constitution*', *Transparency International*, the *Public Defender's Office*, and professional addictologists. The group's objectives include the improvement of drug laws and their harmonization with UN drug conventions as well as implementation of best practices from the European Union. The group is planning to participate in the parliamentary legislative process that started in the second half of 2008.

1.3. Implementation of Laws

The Law *'On Narcotic Drugs, Psychotropic Substances, Precursors and Narcological Aid'* recognizes drug addiction as a disease, and gives responsibility to the State Government to provide medical care to drug addicts for free at least once in a lifetime. However, the law has not been implemented fully as no legal and economic mechanisms for such treatment have been developed. Similarly, the law also contains a paragraph that was foreseen to facilitate involuntary treatment but no legal, economic or other mechanisms were elaborated to this effect.

Amendments made in 2006 defined the jurisdiction of the Ministry of Finance for import to and export from Georgia of substances that are subject to special control. According to the *Anti-Drug Legislation Working Group,* which operates in the framework of SCAD (Skhvitaridze, 2008), the law requires updates to the lists of narcotic drugs, psychotropic substances and precursors, and the creation of an effective addiction treatment system, as well as other legal aspects.

Currently, in terms of drug testing, if on-site testing fails to confirm drug use but a well-founded suspicion remains, the person shall be subjected to laboratory testing. Official statistics confirm that the effect of the joint degree resulted in the dramatic increase in police drug-tests and a decrease in detection rates. According to a Beckley Foundation Briefing Paper XV: 'There was a tenfold

6 For the full wording of the respective articles, see Annex 1

7 Narcology: a name traditionally used for the exclusively medical discipline specialised on problems of addiction and the use of alcohol and illegal drugs in countries of former Soviet Union

increase in the number of people force-tested for drugs during the seven months following the introduction of high penalties compared to the same period preceding this amendment: 22,755 versus 2,706). More than 57,000 people were brought in for forced testing in 2007 and only 38% turned out to be under the influence of drugs, compared to 78% for the similar indicator in the previous year'(Otiashvili et al, 2008). From 1 January to 1 August 2007 31,851 persons were detained by the Ministry of Internal Affairs for testing, with only 11,038 proving drug use. Thus, only about 30% were under the influence of illegal drugs either at the time of the test or at some time in the previous hours or days[8]. Approximately 70% of those detained had not used drugs and yet were tested on the basis of a 'reasonable suspicion' as interpreted by law enforcement and as specified by the aforementioned regulation.

1.4. Developments in Public Attitudes and Debates

Georgia does not presently conduct a sufficient scope of systematic studies to assess public attitudes to narcotic drugs and drug use. The reason for this is, on the one hand, that the high costs of such studies are deemed prohibitive, and, on the other, that public bodies currently consider a scientific study of the problem to be a low priority.

Due to the lack of respective studies, there are currently no data available about public perceptions and attitudes to the use of illicit narcotic drugs. Based on existing stigma, the society seems to hold a predominately negative attitude to the problem of drug use. The lack of information does not appear to presently permit more specific judgements.

Of studies performed, the following information can be analyzed. In 2007, a study was conducted by the *National Curriculum and Evaluation Centre* of the *Ministry of Education and Science of Georgia* to investigate the psychosocial causes and mechanisms of risky behaviours related to tobacco use and the use of marijuana and alcohol among adolescents.

In the course of the study, 958 students of public secondary schools in Tbilisi, Kutaisi and Batumi (490 girls and 458 boys aged 13 to 18) were surveyed using a questionnaire developed specifically for the study. The questionnaire was evaluated for its reliability and validity and was found to be in accordance with international standards (Sadzaglishvili, 2008). Regression analysis attempting to identify important correlates of psychotropic substance use was applied for survey data processing.

The study found that indicators of all three risky behaviour patterns (tobacco, marijuana and alcohol use) were high among adolescents, especially among boys. 10.9% of those surveyed regularly smoked tobacco; 12.5% reported marijuana use at least once in their lifetime; and the percentage of alcohol use was as high as 20.3%. It appeared that one of the key psychological preconditions for the risky behaviours was *the intention* to behave in a risky way. Such behaviour appears to develop in the social group as a result of positive attitudes towards the three types of risky behaviours mentioned.

Close friends of adolescents apparently not only have a positive attitude towards tobacco and alcohol use but consider the use of these substances as standard behaviour. Positive association is also attributed towards the use of marijuana. It appears that adolescents do not identify the risky aspects and negative health-related or social consequences of marijuana use and consider such use rather as normal behaviour associated with personal recreation.

In families, teenagers reported displaying no fear of disapproval for tobacco use by their fathers, who appeared to represent a factor promoting the intention to smoke tobacco. Fathers were also reported to encourage teenagers to drink wine, on the one hand, because it is part of local culture and, on the other, - at least in the case of male adolescents - because the consumption of wine is interpreted as a symbol of a boy's coming of age.

Injunctive norms (approval of father and friends) as well as descriptive norms (high prevalence and acceptance of behaviours associated with drinking and smoking among schoolmates) cause high social normative pressure and posi-

8 The saliva tests are not specific for active drugs and also detect metabolites such as THCOOH, an inactive metabolite of cannabinoid d-9-THC; THCOOH remains in the organism for 6-36 days.

tive attitude towards binge drinking and smoking (Sadzaglishvili, 2008).

1.5. Budget and Funding Arrangements

As mentioned previously, according to Article 40 of the drug law adopted in 2002 the state commits to provide a full course of drug treatment to every drug addict once in his/her lifetime. The law does not specify, however, the type of treatment nor the components of the treatment course and lacks institutional mechanisms and allocated funding.

Public funding allocated for drug demand reduction was limited but more or less stable prior to 2004 (around 300,000–500,000 GEL). From 2004 to 2007, allocations were dramatically reduced (50,000 GEL in 2006). Since 2007, there has been an increase in the allocated budget (400,000 GEL in 2007; 500,000 GEL in 2008). The following table represents data provided by the MoLHSA's Public Health Department:

Table 1: Planned budgets of MoLHSA demand reduction measures by years

Years	Amount (in GEL)	Amount (in Euro)[10]
1997	430 000	215 000
1998	500 000	250 000
1999	320 000	160 000
2000	350 000	175 000
2001	500 000	250 000
2002	551 000	275 500
2003	500 000	250 000
2004	348 000	174 000
2005	150 000	75 000
2006	50 000	25 000
2007	400 000	200 000
2008	500 000	250 000

The officially allocated budget in 2007, GEL 400,000 (approximately 180,000 Euros), was earmarked for substitution therapy exclusively. However, the amount was not spent fully due to organizational problems related to tender procedures for methadone substance and service providers. In 2008, GEL 500,000 (approx. 227,000 Euros) was allocated in the state budget exclusively for substitution therapy of opioid addiction. According to data provided by the MoLHSA's Public Health Department, only GEL 300,000 was spent in 2008. Out of this amount, no allocations were made and no funds were spent neither on abstinence-oriented treatment nor towards the operating costs of narcologic care, primary prevention or harm reduction.

When analyzing the increased budget in 2007 and 2008, attention should be paid, on the one hand, to the inflation of the Georgian Lari over the last ten years and, on the other, to the proportion of the specific budget allocated for drug demand reduction in the total budget of the Ministry of Health. More specifically, the same sums mean effectively less resources than what was spent on drug treatment and prevention yearly in the beginning of the 2000s. Despite a reversal of the decrease of the portion of the Georgian budget line earmarked for drug treatment, the percentage of drug demand reduction in the total budget of the Ministry of Health remains substantially lower than in 2000-2003. A further limitation is revealed by the fact that no data related to the budget of supply reduction agencies are known other than the sum of fines collected within the administrative framework of drug law (see previous chapter on drug markets).

9 For November, 2008

PART 2: EPIDEMIOLOGICAL SITUATION

2. PREVALENCE, PATTERNS AND DEVELOPMENTS IN DRUG USE

2.1. Main Developments and Emerging Trends

Marijuana is cited to be the most widely used illegal drug in the world, and Georgia is probably no exception, as suggested by data contained in the narcologic register that was operational in Georgia until 2005, as well as according to findings of local youth surveys.

Concerning injecting drugs, the most frequently used are opioids, among which heroin was the most widespread drug used in early 2000s. Prior to this period, raw opium (aka 'black opium') dominated the drug market and poppy straw was less available. The use of poppy seeds for the production of illegal opiates was observed in 2003 (Javakhishvili et al, 2003). After the implementation of regulatory measures in 2004, poppy seed import and abuse has decreased.

From 2004-2005, an important change took place in the opioid black market: the illegal smuggling of *Subutex*® from the European Union increased according to seizures of this pharmaceutical drug and by the increase of *Subutex*® users undergoing treatment at narcological institutions. A medical product used for the substitution therapy of opioid addiction widely available through substitution therapy services in the European Union, United States, Australia, India, China and elsewhere, Subutex® entered the black market in Georgia and started to compete with heroin.

According to experts' estimation, approximately one third of treated injecting drug users asked for treatment because of problems resulting from the non-medical use of Subutex®. Subutex® has been legally unavailable in Georgia; black-market buprenorphine is used through injections almost exclusively. According to the survey among needle exchange program beneficiaries conducted in 2007 by *Alternative Georgia*, injecting use of buprenorphine and home-made stimulants represent an emerging public health threat in Georgia. Amphetamine-type stimulants were the most frequently injected drugs during the last month among the surveyed population. 95.5% of respondents injected *Subutex*®, which is the highest lifetime prevalence for any drug, whereas the lifetime prevalence of opium use was 84.2%, 80% for heroin, 75% for pharmaceutical opiates without prescription, 68.2% for sedatives without prescription, and 67.2% for home-made stimulants. Home-made stimulants were injected most often in the last 30 days, followed by *buprenorphine*, opium, heroin, sedatives, and marijuan (Otiashvili et al, 2008b). However, from the end of 2008, the overall use of Subutex®, has reportedly been decreasing in favour of other, more readily-available injecting drugs, such as *ephedrone* and *pervitin*[10] based home made drugs prepared through a chemical refinement process of medicines that are used against respiratory disorder and easily available from drugstores without a prescription. The use of cocaine and amphetamines remains very low; there are few signs of presence of these drugs on the black market (i.e. no seizures of cocaine in 2006 and 2007, seizure of 0.02g cocaine in 2008).

The Baseline Behavioural Surveillance Survey with Biomarker Component (BSS) conducted by *Save the Children Federation* among groups at risk in three Georgian cities (Tbilisi, Batumi and Kutaisi) described regional differences and trends at those sites in injecting drug use. In Tbilisi, from 2002 to 2006, the drug most injected changed: In 2002, 83% of injecting drug users (IDUs) who injected in the previous week reported injecting heroin; however, in 2006 this declined to 38%. The shift in injecting heroin to *Subutex*® went from 8% in 2002 to 80% in 2006. Injection of antihistamine (1% in 2002 compared with 50% in 2006) also rose.

10 Also known as 'jeff' or 'vint' and chemically known as methcathinone, an oxidation product of (pseudo)ephedrine = methamphetamine, the powerful stimulant is a reduction product of (pseudo)ephedrine.

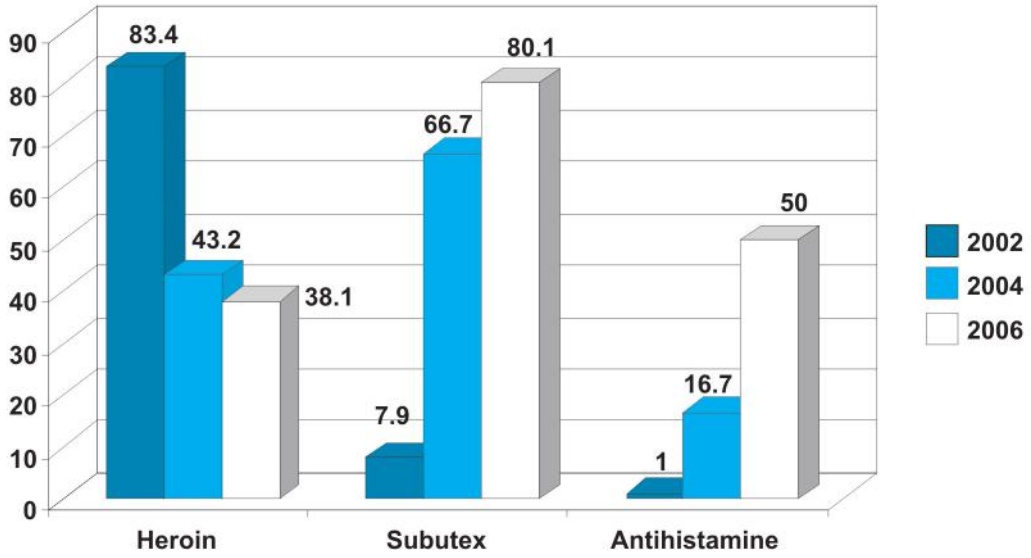

Figure 1: Percentage of IDUs by Drug Injected in the Previous Week, Tbilisi (Save the Children Federation, 2007-2008)

Heroin was the drug of choice for injecting in the previous week in 2004 (70%) and became more prevalent in 2006 (97%) among IDUs from Batumi, a city on the border with Turkey. The percentage of IDUs injecting *Subutex*® in the previous week remained almost the same. During the period a rise was reported in injecting antihistamine.[11]

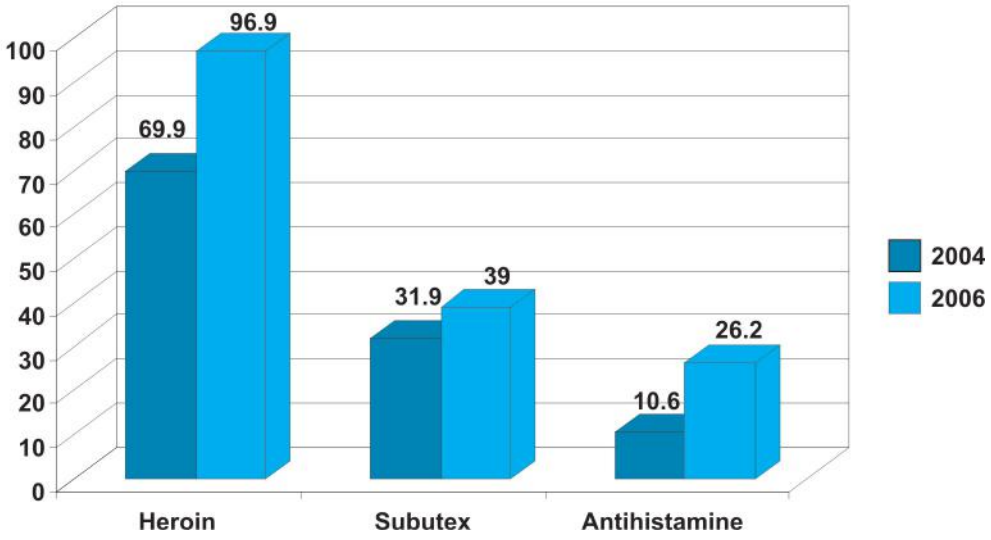

Figure 2: Percentage of IDUs by Drug Injected in the Previous Week, Batum (Save the Children Federation, 2007-2008).

For IDUs in Kutaisi (2007), the three drugs of choice for injecting in the previous week were opium (46.2%), subutex (37.4%) and heroin (30.8%).

Thus, even in a relatively small country with a small population, important regional differences exist in drug use and should be reflected accordingly in prevention, treatment and law-enforcement interventions.

2.2. Drug Use in the Population

There has been neither a general population nor a specific group survey (students, conscripts, minorities, labourers, convicts, sex workers, etcetera) conducted at national-level in Georgia thus

11 The drug users inject antihistaminic pharmaceuticals that have no primary psychotropic effect, because after certain chemical proceeding they acquire psychotropic effect.

far due to the high costs of such studies and the limited funding available for scientific studies in the country.

School and Youth Population

Youth surveys have been conducted regularly (approximately once in two years) in Georgia since 1998. The surveys used ESPAD questionnaires of the Pompidou Group as a base, though a number of differences from international ESPAD standards occurred including coverage and sampling methods. The last study was conducted in 2005 and the data obtained were included in the 2005 Drug Situation Report (Javakhishvili et al, 2006) and are not, therefore, discussed in the present publication.

SCAD is currently implementing a pilot school survey in compliance with ESPAD standards in the city of Tbilisi. The implementing agency of the pilot survey is the *Public Health Department*. While the importance of the study is methodological (the study will be conducted with the intention to standardise ESPAD methods in the Georgian environment and to prepare the country for application into the ESPAD project in 2011), the study also aims to provide important information concerning the capital city to influence decision-making in drug policy and strategy in the country.

While awaiting the results of the aforementioned survey and to fill the present information gap on contemporary drug use among youth, data have been analyzed from a study conducted by the *Georgian Ministry of Education and Science* in November 2007 titled '*Georgian Adolescents and High-Risk Behaviours*' Study (Sadzaglishvili, 2008), which attempted to identify correlating factors of tobacco, alcohol and marijuana use among students of high school age at Georgian secondary schools. The study used stratified random sampling to cover a total of 958 students of grades 9-11 from public schools in Tbilisi, Kutaisi and Batumi, including 490 girls and 458 boys aged 13-18. Three questionnaires were designed specifically for the study (different scales for tobacco, alcohol and marijuana use) based on the processing and analysis of data from focus group discussions conducted at the initial stage of the study. The study identified the following prevalence of use (and intentions to commit the respective behaviour in the future) of three substances (tobacco, alcohol and marijuana) among the surveyed adolescents:

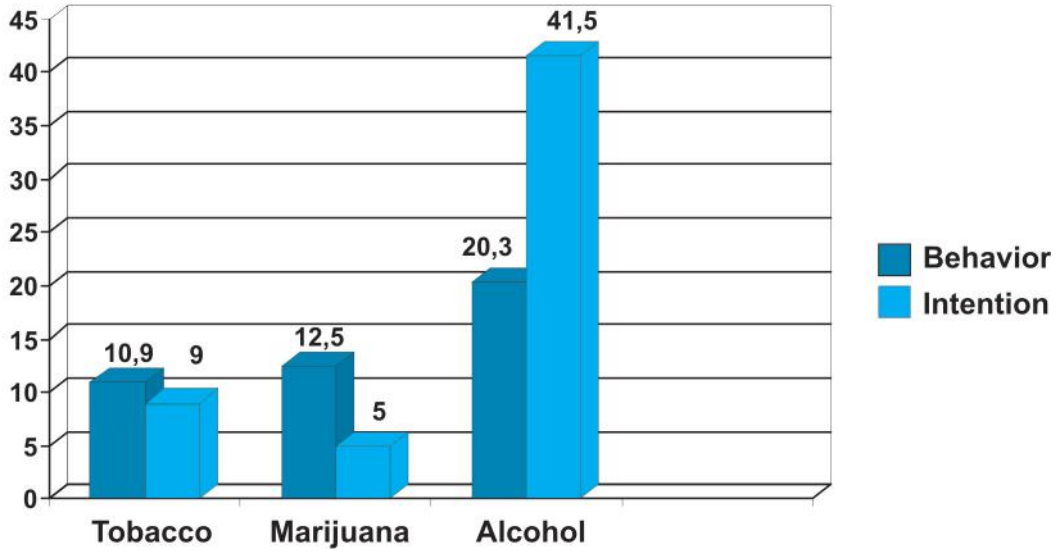

Figure 3: Percentages of risky behaviours and intentions regarding tobacco, alcohol and marijuana among the surveyed adolescent (Sadzaglishvili, 2008)

Concerning psychosocial risk factors contributing to risky behaviour, the study revealed the following:

Tobacco Use: According to the regression model, intention to use tobacco has an impact on adolescent's respective behaviour. Factors that have an impact on the intention include positive attitude to tobacco smoking, as well as adolescent's expectations that his/her father would not

punish or be angry with him/her should he/she smoke. See Graph 4:

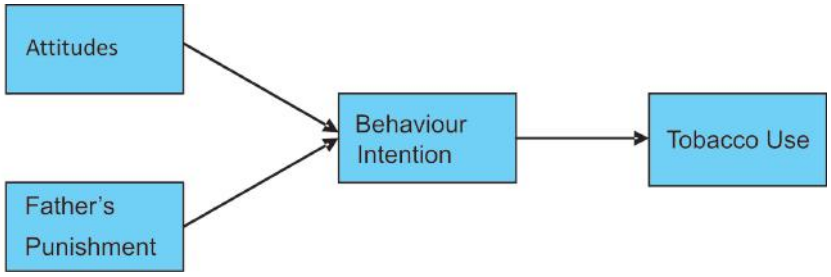

Figure 4: Factors that have an impact on the intention (tobacco) (Sadzaglishvili, 2008).

Marijuana Use: According to the regression model, the intention to use marijuana has an impact on an adolescent's risky behaviour. Factors that have an impact on the intention include positive attitude to marijuana use among adolescents, the adolescent's self-concept according to which 'marijuana users (including self) are just ordinary guys', and adolescent's expectations that 'marijuana use is something ordinary, and nothing special happens when you do it'. See Graph 5:

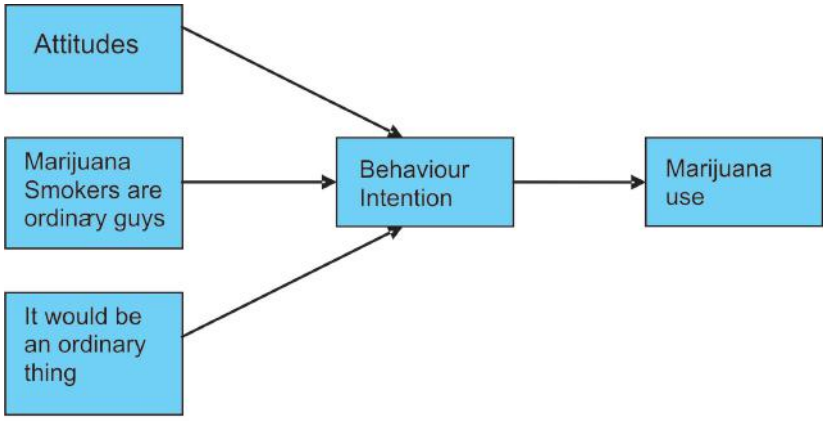

Figure 5: Factors that have an impact on the intention (marijuana) (Sadzaglishvili, 2008).

Alcohol Use: According to the regression model, the intention to drink alcohol has an impact on an adolescent's behaviour. Factors that have an impact on the intention include self-concept ('I look like one who likes drinking'), positive attitude to drinking alcohol, and social norms (on the part of the adolescent: 'My father would like it if I drank'; or, on the part of the father 'My boy is growing up'). See Figure 3:

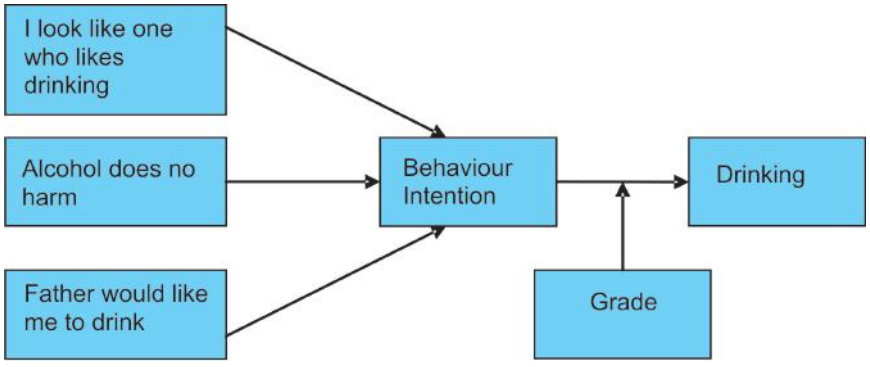

Figure 6: Factors that have an impact on the intention (alcohol) (Sadzaglishvili, 2008).

In addition, the study reveals that in the case of alcohol use an adolescent's age is a factor influencing the correlation between intention and behaviour. More specifically, drinking intention influences ninth grade students rather than eleventh grade students as the latter can drink without preliminary intention in an unplanned manner ($p<0.05$).

The analysis led the authors to following conclusions:

- The high correlation between intentions and risky behaviours of tobacco smoking, marijuana and alcohol use found in the study call for preventive actions/programs designed to target reduction/prevention of these intentions;
- In order to have impact, it is important for preventive programs to address psychosocial factors that motivate intentions to use drugs (whether legal or illegal);
- In relation to tobacco use, the attitude of society and parents to smoking is critically important, and the study clearly shows that working with adolescents as the only target group would not be efficient;
- It is necessary to raise adolescents' awareness about the risks related to marijuana use in order to oppose the image that marijuana smoking is 'an ordinary thing';
- It is necessary to motivate the national population to revise cultural norms so that alcohol consumption is viewed less favourably by parents in general and fathers in particular.

All the above confirms that it is inefficient to work with adolescents as the only target group in psychotropic substance prevention and health promotion programs. It is necessary to address all social strata including all age groups, children and parents, and to emphasize the urgent need for planning and implementing community-based prevention programs.

2.3. Problem Drug Use

No reliable estimates on the extent of drug use exist in Georgia. Available figures are generally unrealistically high and employ unclear case definitions. A frequently cited figure of unknown origin asserts that there are 200,000 drug users in the country, of which 35,000 are drug addicts and 80,000 are problem drug users. These figures are not based on any evidence.

To fill the gap in information on problem drug use SCAD has conducted a study estimating the prevalence of problem drug use in Georgia using the multiplier method. Results will be available in Spring 2009.

In 2007, the NGO *Alternative Georgia* conducted a pilot survey among needle exchange programme participants in 4 Georgian cities (Tbilisi, Batumi, Gori and Zugdidi) on *buprenorphine (Subutex ®)* nonmedical use. This population is believed to be the closest institutional population in its characteristics to the problem drug users' population as whole.

The questionnaire consisted of 13 questions on drug use history, drugs used, frequency of use, doses and reasons for drug use. questionnaires completed by 381 (13 female) injecting drug users were included in the final analysis. The mean age of participants was 32.6 years (SD 7.6) and 16.8% of respondents were below 25 years of age. The mean history of regular (at least twice a week) injecting use of any drugs was 98 months (SD 72.6) and was significantly longer than the mean Subutex® injecting career, 32.5 months (SD 21.3).

According to the survey, injecting use of buprenorphine and home-made stimulants represents an emerging public health phenomenon in Georgia. Additionally, amphetamine-type stimulants (*vint*, *jeff*, and *ephedrone*) were the most frequently injected drugs during the last month among the surveyed population. 95.5% of respondents injected *Subutex*®, which is the highest percentage of any drug followed by opium 84.2%, heroin - 80%, pharmaceutical opiates without prescription 75%, sedatives without prescription 68.2%, and home-made stimulants 67.2%. Home-made stimulants were injected most often in the last 30 days, followed by buprenorphine, opium, heroin, sedatives, and marijuana (Otiashvili et al, 2008b).

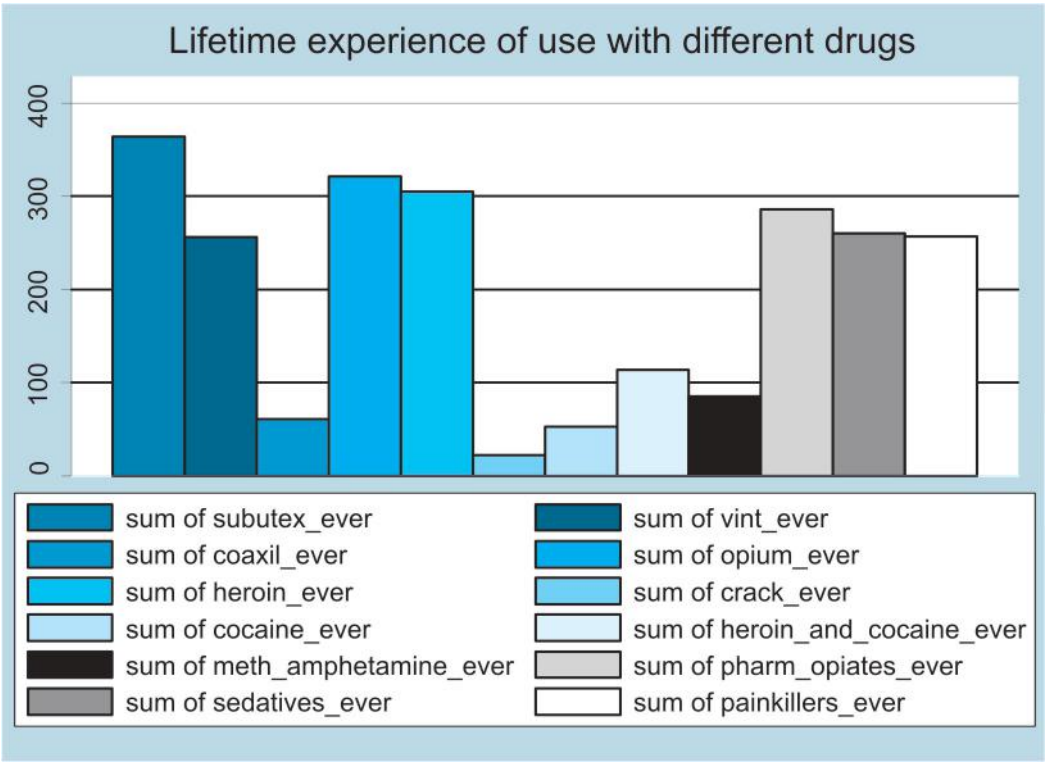

Figure 7: Lifetime experience of use of different drugs: total N= 381 (13 F) (Otiashvili et al, 2008b)

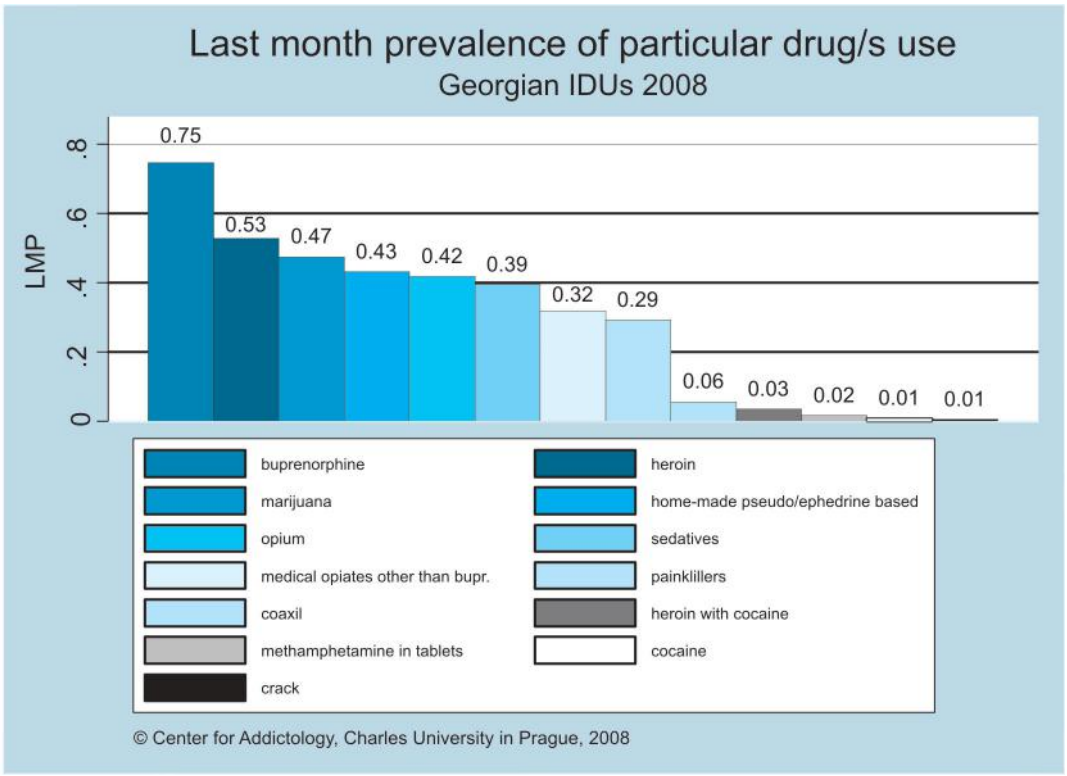

Figure 8: Last month prevalence of particular drugs use in percents of the sample (Otiashvili et al, 2008b).

As referred to earlier, The NGO '*Save the Children*' conducted a *Baseline Behavioural Surveillance Survey with Biomarker Component (BSS)* among groups at risk in three Georgian cities: Tbilisi, Batumi and Kutaisi. The project focused on high-risk groups, including PDUs.

According to the results of the study conducted in 2006, in 300 surveyed injectors in Tbilisi, 38.3% of men (57.3% in 2004, 67.3% in 2002) and 30.8%

of women (57.1% in 2004) reported needle and/or syringe sharing in their lifetime, whereas 9% of male respondents (39.1% in 2004, 38.1% in 2002) and 25% of female respondents (50% in 2004) reported having shared needles within the last week. In Batumi in 2006, 64.1% (77.4% in 2004) of 195 men and all five women surveyed (60% in 2004) had shared paraphernalia at least once; 12.1% of men and 50% of women (60% and 0% respectively in 2004) had shared paraphernalia in the latest week; in Kutaisi in 2007, 54.5% of 200 respondents had shared needles, while 3.6% had shared them in the last week (unpublished data by *Save the Children*).

In 2007-2008, in the framework of The Global Fund to Fight AIDS, Tuberculosis and Malaria's (GFATM's) Project '*Strengthening Existing National Response for Effective Implementation of HIV/AIDS Prevention and Control in Georgia in 2003-2007*', the Open Society Foundation of Georgia conducted a study directed at the evaluation of risky behaviours among injecting drug users (IDUs). In addition to information on risky behaviour, the research provided certain information on the social profile of IDUs covered by the harm reduction programmes. The study was conducted by the Addiction Research Centre working with the NGO *Alternative Georgia*.

The objective of the study was to evaluate specifics of injecting drug use and related risky behaviours before beneficiaries enrolled in the needle exchange program (NEP) six months after their enrolment. Thus, the study was conducted in two stages with an interval of six months.

During the study, one hundred IDUs were interviewed in three towns in Georgia (Tbilisi, Gori and Batumi) using a structured questionnaire. The study questionnaire addressed the topics of drug use, infections, and risky sexual behaviours (the risk evaluation battery), as well as HIV and hepatitis C serostatus. At the first stage, 100 IDUs who had recently joined the NEP programme (among them 3 women) were interviewed. 74 IDUs (including 1 woman) from the same cohort were interviewed at the second stage.

Blood Borne Infections and Risky Behaviours among Harm Reduction Programme Beneficiaries: Among IDUs covered in the survey by Alternative Georgia (Kirtadze, 2008a), 41% had had an HIV test during their lifetime, including one respondent (2.4%) who had tested positive. 55% of those interviewed had been tested for hepatitis C, with 80% of them testing HCV positive. At the second stage of the study, 25% of the interviewed reported having had their first HIV and HCV tests, including one respondent (1.4%) who had tested HIV positive and 14 respondents (19.5%) testing HCV positive.

As for risky injecting practices, similar percentages of sharing injecting paraphernalia and syringes were reported both at the first and second study stages (30% and 31.94% respectively), confirming a high prevalence of risky injecting behaviour (syringe sharing practice) in Georgia.

During the six-month interval between the study stages, there was a decrease in paraphernalia sharing with several people, yet the practice of sharing paraphernalia with one single person remained high (26.39%). The percentage of risky sexual behaviour (having more than one partner) dropped from 91% to 79.2%. HIV awareness increased significantly from 49% to 77.5%.

The above data show that participation in needle exchange programs significantly increases beneficiaries' awareness about HIV/AIDS. However, knowledge received does not completely change risky behaviour (Kirtadze, 2008a).

3. HEALTH CONSEqUENCES

3.1. Drug Treatment Demand

In 2008, six addiction (narcological) clinics operated in the country and detoxified 841 patients altogether (in 2007 the corresponding number was 1,092). According to the staff of the clinics, the decrease in number of the patients of detoxification treatment could be explained by increase of capacity of methadone substitution programs in the country. The majority of the detoxification patients were men (only 11 women). Traditionally, the majority of patients who came to addiction clinics for treatment were opioid users, most of them heroin addicts. The percentage of *buprenorphine* (*Subutex*®) users (used as either

primary or secondary drug) in the 4 clinics which provided data for the given report (GRIA, Bemoni, Uranti and Batumi clinics) was 35%. There were also frequent cases of random opioid use, such as patients who used drugs that they managed to find. In 2007 as well as in 2008, there was an increase in the number of detoxification patients whose principal drug was home-made methamphetamines (Todadze, 2009a).

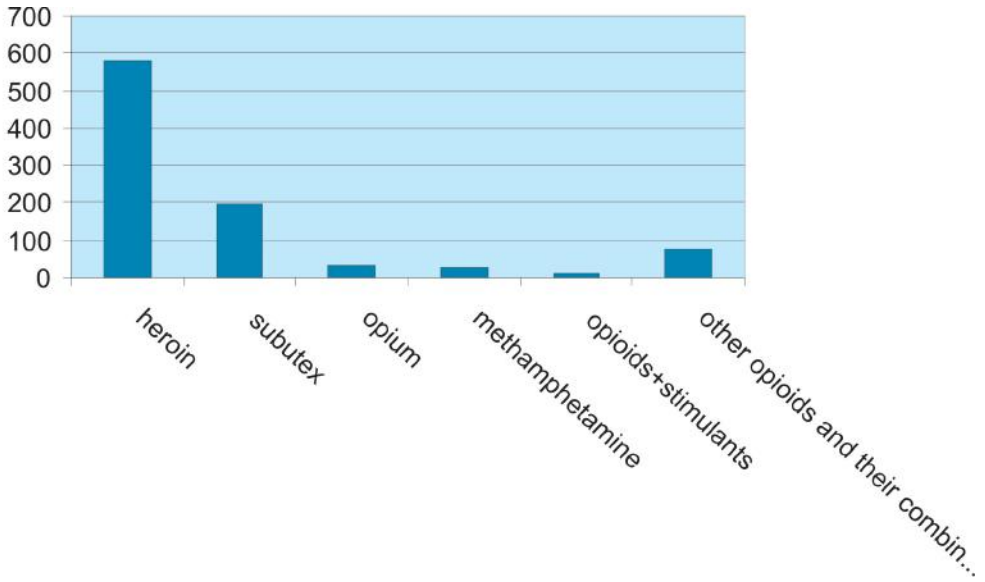

Figure 9: Principal Drugs Used by Patients of Detoxification Treatment (Todadze, 2009b)

In 2008, 73% (91% in 2007) of 841 (1,092 in 2007) patients were detoxified in clinics. 37% (9% in 2007) received outpatient treatment. Most of the inpatient detoxifications (97.4% in 2008 and 93% in 2007) were provided in clinics in Tbilisi, whereas only 2.6% (7% in 2007) were detoxified in Adjara at the newly-opened Batumi-based addiction clinic, Levgori.

In 2007, substitution treatment of opiate addiction covered 311 patients (306 male and 5 female drug users), including 44 patients with HIV from the beginning of the pilot programs (2005) to the end of 2007. At the beginning of 2009 there were more than 500 Global Fund patients.

Substitution treatment of opiate addiction in 2008 covered 552 patients (311 in 2008), 550 male and 2 female drug users, including 51 patients with HIV from the beginning of the pilot programs in 2005 to the end in 2008. By the end of 2008, 330 more people were on the waiting list.

There is an increasing trend clearly observed in the field of people treated both with and without opioid agonists in Georgia:

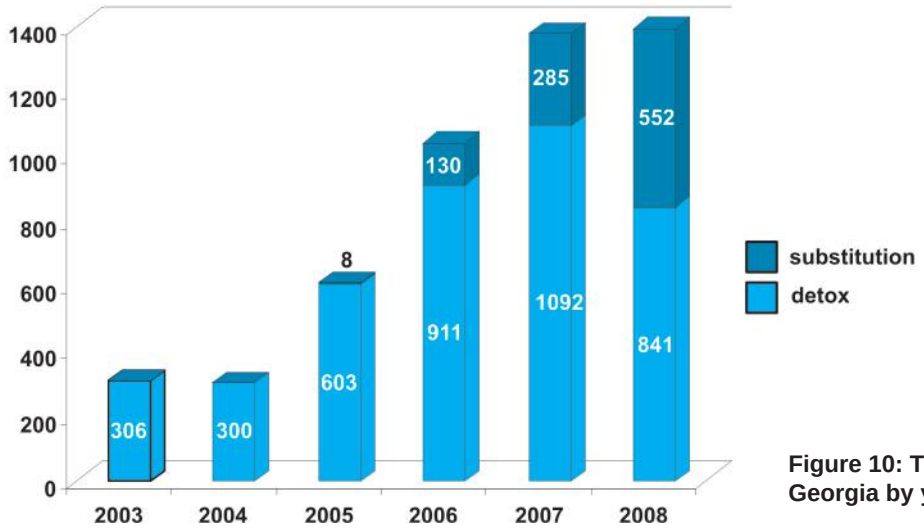

Figure 10: Treatment prevalence in Georgia by years (Todadze et al, 2008d)

The above figure shows that from 2003 to 2008 the number of treated IDUs increased. In 2008, the number of treated IDUs in detoxification schemes slightly decreased, which could possibly be explained by the increased capacity of the methadone substitution program in the country. The increase in treatment demand in the period 2003–2007 could be explained by several factors: In 2003 there were only three clinics in the country providing detoxification treatment followed by a short-term medical and psychological rehabilitation course. By 2007 there were 6 such clinics, which means that treatment capacity increased. It is also possible that the awareness of treatment options among addicts increased during the past 5 years. Finally, there is a possibility that the number of PDUs increased in the country within the last 5 years. However, none of the last two possible reasons are evidence-based and remain hypotheses for further research.

The majority of detoxified patients (detoxification, together with substitution, are the only treatment modalities provided in Georgia on routine basis – see below) belong to the age group from 25 to 39.

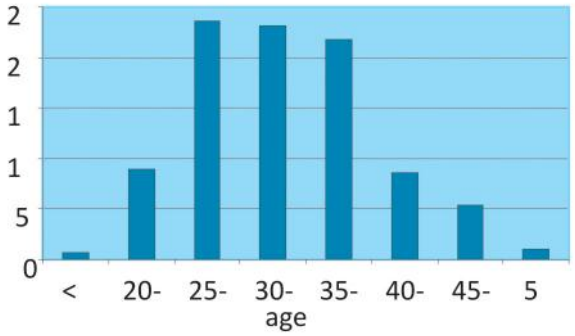

Figure 11: Detoxified Patients Distribution by Age, 2007 (Todadze et al, 2008d)

According to communication with heads of clinics (Sikharulidze, 2008) in Georgia, patients using opioids often use tranquilizers as well, and some opioid users use antihistamine drugs in parallel, which further aggravates the course of the disease and makes treatment more difficult. A substantial percentage of patients have other mental health problems (mood and personality disorders, post-traumatic stress disorder, etc.), yet such illnesses are rarely detected or are not reflected in the patient's history so that no relevant statistical information is available.

Substitution therapy

Most patients participating in the substitution therapy program are 30 to 50 years of age:

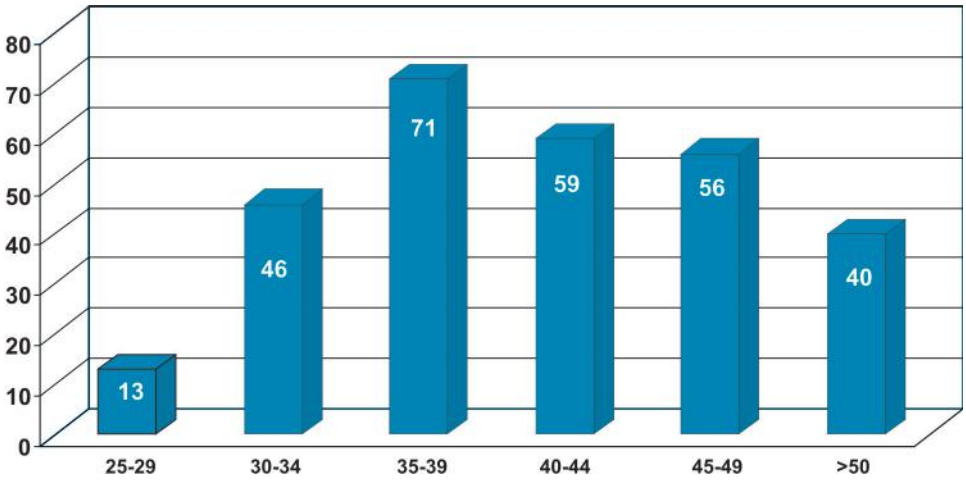

Figure 12: Age groups of methadone substitution therapy program participants (Todadze, 2009b)

Most patients currently involved in the substitution therapy program (STP) have finished university education (see Figure 13). One of the explanations for this fact could be the high threshold of Georgian STPs, requiring that patients undergo at least one drug treatment in the past (an exception is made only for HIV/AIDS patients). Other conditions also apply (see the Substitution treatment chapter in PART 3). Another explanation may be that since there have been no free treatment programs in Georgia since the 1990s, only people from comparatively well-off families are able to meet the requirement of 'unsuccessful abstinence-oriented treatment', and that the level of education in this social group is high.

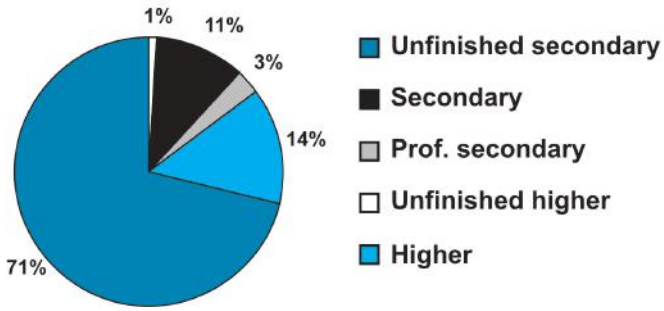

Figure 13: Finished education by patients of substitution program in Tbilisi (Todadze, 2009b)

Despite having higher education, many patients are jobless. Only 37% of the Tbilisi Addiction Centre patients receiving substitution treatment have stable jobs and only 14% of them work in the areas for which they were educated. 34% of patients are currently jobless, but seek employment, while 28% never worked and are not looking for a job.

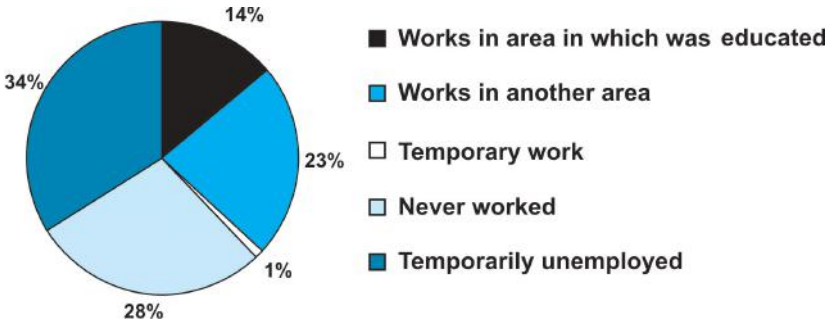

Figure 14: Employment status of substitution program patients in Tbilisi (Todadze, 2009b)

There is a tendency in terms of drugs used by the patients of the treatment institutions as observed and reported by treatment staff. Namely, there is an evidenced tendency of increase of *buprenorphine* use (see Figures 15 and 16).

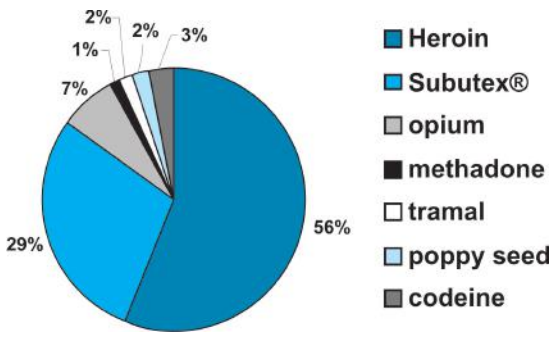

Figure 15: Use of different opioids by patients treated in 2004 (Todadze, 2009b)

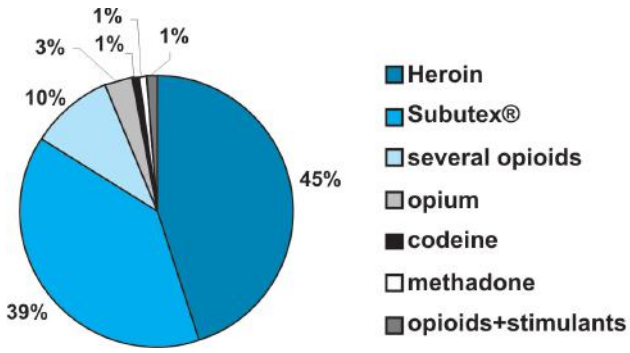

Figure 16: Use of different opioids by patients treated in 2005 (Todadze, 2009b)

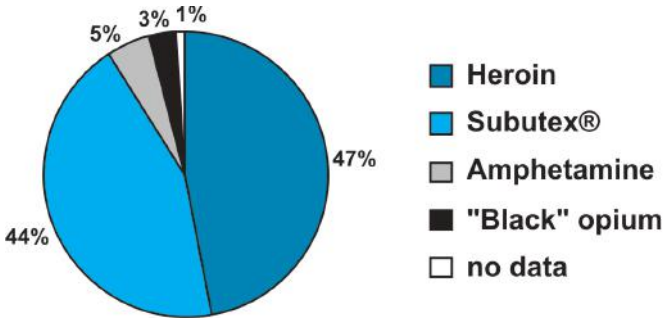

Figure 17: Use of different drugs by patients treated in 2007 (Todadze, 2009b)

According to the data provided to SCAD from the Bemoni and Uranti clinics and the GRIA, 35% of patients are buprenorphine users and 40% are heroin addicts.

Although the data are not fully consistent enough to be properly comparable, we may conclude that the main problem associated with the use of buprenorphine and heroin remains its scale among treated patients. Additionally, there is a new phenomenon of increased use of amphetamine-type stimulants among patients receiving medical treatment for drug addiction in Georgia.

81% of patients participating in the substitution therapy program are 30 to 50 years of age:

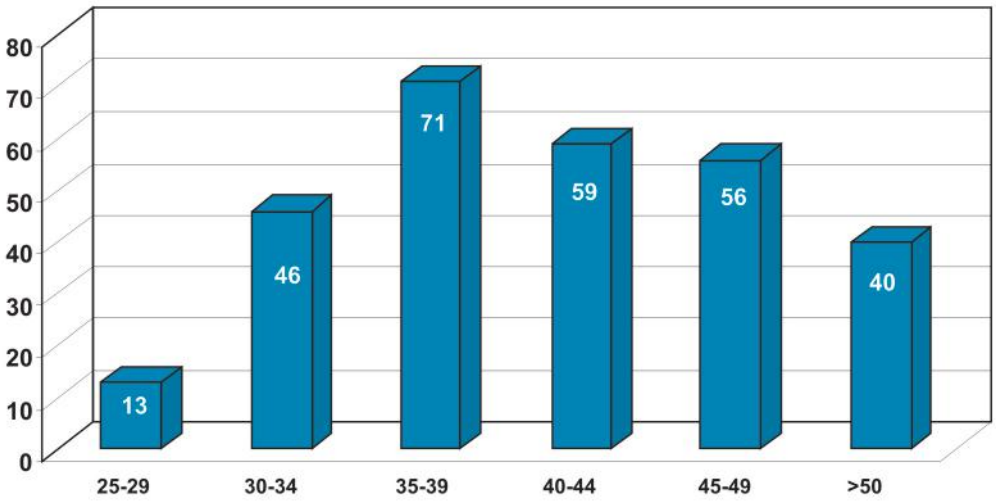

Figure 18: Age of patients engaged in the Global Fund Methadone Substitution Therapy (Todadze, 2009b)

Since the launch of the substitution therapy programs at the end of 2005 up to December 2008, 178 people dropped out of the programs (out of the 730 that started treatment). Of those, 65 (45 in 2007) dropped the program as they were arrested for different offences (according to providers unpfficial reports some of them committed crimes before entering the substitution program and others while being treated. For this report, it was not possible to gather the exact distribution of these cases). 63 (37 in 2007) persons successfully completed the course of treatment by slow detoxification from methadone, and left the program (see Figure 19):

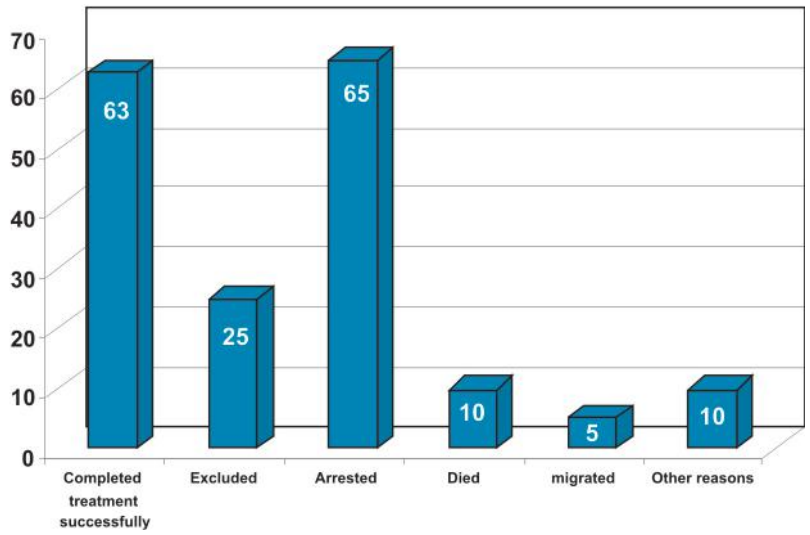

Figure 19: Causes for leaving the substitution treatment programs

3.2. Drug Related Mortality

Drug Related Deaths

No data on drug related deaths were recorded in Georgia from the 1990s to 2007. One reason was systemic: all former Soviet registration and monitoring systems were destroyed after Georgia regained independence and the creation of new systems took time.

Another reason is cultural: there is a strong unwillingness of families to acknowledge by registry the death of a family member to drugs. This unwillingness leads to illegal brokerage between families of the deceased and health authorities aimed to record “another cause of death.” Further, the stigma against drug users in Georgian society and fears of problems with the police due to the criminalization of drug use present other cultural reasons why data on drug related deaths are scarce in the country.

In 2004, the Forensic Expertise Bureau was established at the Ministry of Justice, which restarted registering drug-related deaths. The Bureau has data that relate only to cases investigated and tested by the Bureau in Tbilisi, which was 26 cases of drug overdose deaths, i.e. approximately 1% of all unnatural deaths in Georgia in 2008 (39 in 2007). Though the data do not cover the country in general and do not allow to be broken down according to the type of drug/s that caused the overdose, it is the first time when the Bureau broke the long drug death-related silence in Georgia. Data on the whole of Georgia are not yet available.

Overall Mortality and Causes of Death in Drug Users (cohort studies)

In 2004, SCAD set up a task force to conduct a special drug-related mortality study based on crossing the historic register of narcology patients and the register of the general population/ general mortality register. The study was conducted by the Georgian Research Institute on Addiction. According to the results of the study, mortality among men of reproductive age that had a record of any drug use in Georgia in 2003 was double as high as the mortality rate among men of the same age with no such record (Gamkrelidze et al, 2004).

3.3. Drug Related Infectious Diseases

The national AIDS Centre gathers information on HIV positive tests within the medical system and includes the information of the suspected way in which the infection was acquired, including injection drug use which is the most prevalent mode of transmission in Georgia.

The National Centre for Disease Control and Public Health maintains a register on all non-communicable and infectious diseases including *tuberculosis* (*TB)*, *hepatitis B* and *C.* However, no risk factors found in those infected (including injecting drug use) are recorded in the reports so far.

HIV/AIDS

By February 2009, the Infectious Pathologies, AIDS and Clinical Immunology Research Centre (the AIDS Centre) had registered 1,899 cases of HIV, including 1,429 men (75%) and 470 women (25%). Most patients (60%) were 25 to 40 years of age at the time of diagnosis. Altogether, 999 of those registered developed AIDS and 417 died. Forty-seven cases of HIV have been registered in children (as of July 2008) with an average age of 11 years. Forty-one people living with HIV/AIDS (PLHIV) are foreign citizens.

There were 163 prisoners among the PLHIV. Out of these, 63 currently live in prison, 26 died, and 74 have been released (AIDS Center, 2008).

By the end of 2008, there were 1,850 (1,179 in 2007) PLHIV registered (prevalence rate of 30/100,000 inhabitants), including 351 new cases (incidence 8.16/100,000) (NCDC, 2008b).

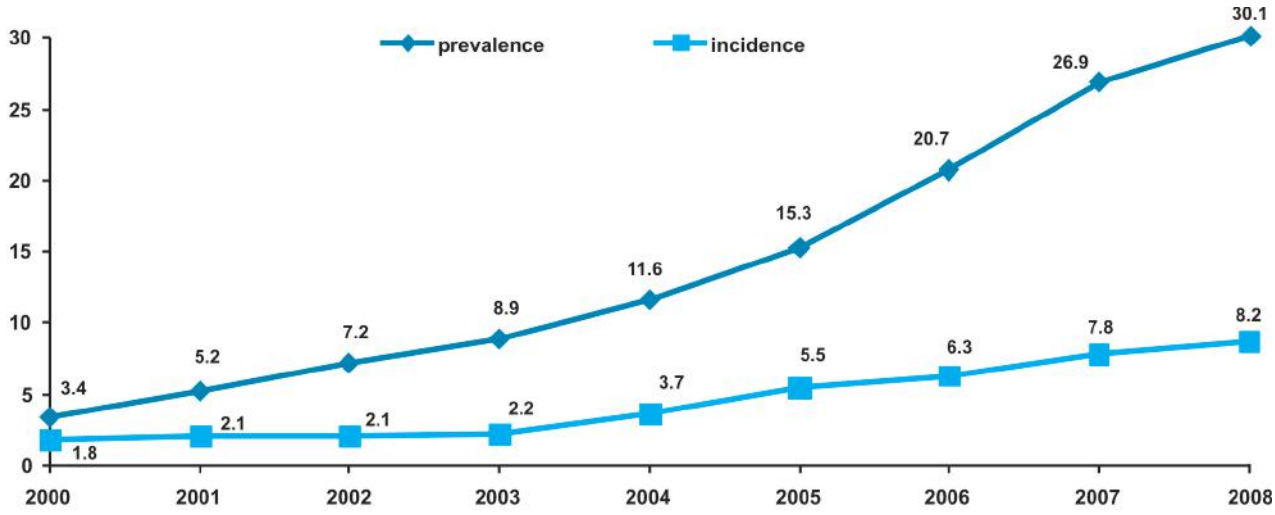

Figure 20: Prevalence and incidence of HIV/AIDS cases (per 100,000 inhabitants), Georgia, 2000-2007

As seen from the Figure, there is an increasingly sharp upward trend in the incidence and prevalence rates.

The following table shows PLHIV distribution by risk groups and gender.

Table 2: PLHIV Distribution by Risk Groups and Gender, Georgia, 2007(Clinical Immunology)

Risk groups	Gender	Registered at the beginning of year			Newly Detected			Registered at the end of year			Died within the year
		Total	AIDS	HIV	Total	AIDS	HIV	Total	AIDS	HIV	
TOTAL		912	305	607	344	151	193	1179	415	764	75
including:											
Injecting drug user	F	5	2	3	0	0	0	5	2	3	0
	M	538	195	343	187	89	98	671	251	420	52
Recipients of blood products	F	3	2	1	1	1	0	4	3	1	0
	M	4	4	0	0	0	0	4	4	0	0
Sexual contacts	F	214	52	162	86	25	61	291	79	212	9
	M	126	40	86	49*	23	26	167**	58	109	8
MTCT	F	3	2	1	7	4	3	9	6	3	1
	M	10	4	6	8	6	2	15	7	8	3
Unknown	F	6	3	3	5	3	2	10	5	5	1
	M	3	1	2	1	0	1	3	0	3	1

*) including 11 males having sex with males (MSMs)

**) including 30 MSM s

Injecting drug use is the most frequent route of HIV transmission among registered PLHIV. At the same time, there is a growing rate of HIV infection from heterosexual contacts and an increasing number of pregnant PLHIV, which increases the probability of HIV epidemics in the country. The threat is aggravated by a number of HIV-supporting factors including widespread drug use, high STI prevalence, growing migration and international contact, insufficient knowledge of HIV prevention and lack of relevant skills among health providers, low demand for condoms, low public awareness on HIV/AIDS, etc (NCDC, 2008a).

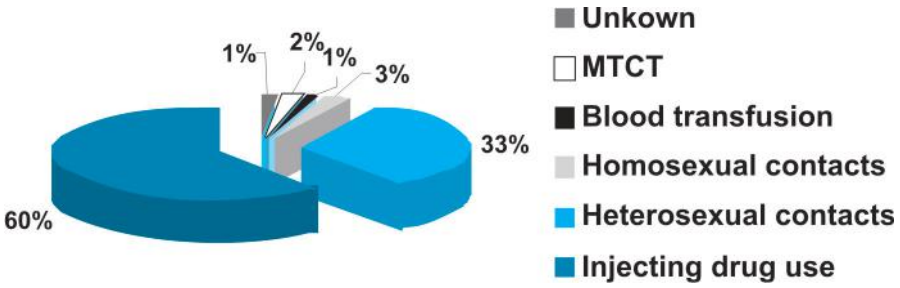

Figure 21: HIV/AIDS Distribution by Routes of Transmission (AIDS Center, 2008)

HIV/AIDS cases are distributed unevenly among Georgian regions, with 546 cases (50 per 100,000) concentrated in Tbilisi, followed by the regions of Samegrelo (270; 57/100,000), Adjara (243; 64/100,000) and Imereti (220; 31/100,000) (AIDS Center, 2008).

By UNAIDS standards, Georgia is a country with low HIV prevalence. Although the known HIV cases are so far low, experience of other countries demonstrates that Georgia might run a high risk of wide-scale outbreak.

In 2008, of the 32,244 patients who tested positive for HIV at the AIDS Centre, 351 were injecting drug users (IDUs).

In 2007, of 1,493 injecting drug users who tok part in the harm reduction program Voluntary Counselling and Testing (VCT) within the framework of GFATM, 18 people tested positive (1.2%) (Kirtadze, 2008b).

Non-injecting substance use (alcohol, hashish, stimulators, ecstasy, and volatile solvents) also increases the risk of HIV infection as it increases the propensity for risky sexual behaviours.

The *Baseline Behavioural Surveillance Survey with Biomarker Component (BSS)* conducted by Save the children among groups at risk in Tbilisi, Batumi and Kutaisi found the scale of risky behaviour (i.e. sharing of needles) to be high among IDUs in all the three towns covered by survey (in Tbilisi, 67% of respondents shared needles in their lifetime). The survey provides evidence that project interventions have reduced the number of IDUs practicing needle sharing (i.e. in Tbilisi a reduction occurred of 67% in 2002 to 38% in 2006), increased condom use during accidental sexual contacts, raised awareness on HIV transmission routes, and slightly increased awareness about voluntary and confidential HIV testing and counselling.

HIV Testing

HIV testing and counselling is provided by the AIDS Centre in Tbilisi, by regional centres in Batumi and Zugdidi, and in approximately 60 other laboratories. Counselling and testing are voluntary, free-of-charge and strictly confidential.

Free-of-charge HIV testing is available for at-risk groups in the frame of the State HIV/AIDS Prevention Programme (AIDS Center, 2008).

Rapid simple HIV tests and immunoenzyme assay are used as screening test methods for detection of HIV antibodies. All suspected HIV positive cases are then sent for free-of-charge confirmation testing by Western Blot and PCR test.[12] Patients with confirmed HIV positive tests are notified about the test results and registered for outpatient follow-up.

In 2008, 32,244 HIV tests were performed (32,614 in 2007); 351 (380 in 2007) were provided to self-reported drug users.

In 2007, of the 1,318 injecting drug users (clients of VCT services of the GFATM harm reduction program), who were tested for hepatitis B, 85 were positive (6.4%). Of 1,438 clients of HR programs tested for hepatitis C, 788 were positive (54.8%) (Todadze, 2008c).

HIV/AIDS Treatment

Since 2005, the *Global Fund on AIDS, Tuberculosis, and Malaria* (*GFATM*) has been supporting free-of-charge antiretroviral treatment (ART) to every interested known PLHA in Georgia. By using these international resources, the demand for ART has been fully covered. Laboratory testing and examination of PLHIV as well as symptomatic treatment are financed by the Agency for Health and Social Programs, a body of the Ministry of Labour, Health and Social Affairs (MoLHSA).

As of December 2008, ART was provided to 488 patients, including 262 injecting drug ex/users (IDUs).

The methadone substitution therapy program currently includes 51 HIV-positive patients (out of 552).

Hepatitis B and C Spread and Tendencies

According to the WHO, Georgia is one of the countries of the European region with high prevalence of hepatitis B and C (WHO).

Hepatitis B and C incidence rates are growing in Georgia, which is assumed to be to some extent due to widespread injecting drug use in the country. However, the increase in known incidence rate might occur at least partially due to increased number of people tested.

Of 351 patients tested by the AIDS Centre as HIV+, 209 were IDUs, among them 22 were HCV+, 26 were TB+.

Prevalence of HCV among HIV positive patients is high according to a study determining

12 PCR: testing via defining polimerize chain reaction in blood; Western Blot: imunoblot

the prevalence of and risk factors associated with hepatitis B virus (HBV) and hepatitis C virus (HCV). Almost half (48.57%) HIV positive patients are co-infected with HCV. Men were more likely than women to be co-infected with HCV (60.80% and 18%, respectively). The prevalence of HCV among injecting drug users was 73.40%. Drug users were at 3.25 times more risk (PR 3.25; 95%CI; CL--1.89-5.26; p<0.01) to be infected with HCV compared to non IDUs. The prevalence of infection with HBV (Anti-HBc) among HIV positives was 43.42% (76/175) and the prevalence of Chronic HBV (HBsAg positive) was 6.86% (12/175). The prevalence rate of HBsAg among IDUs was 8.51% and among non IDU participants 5.26%. Triple infection (HIV, Hepatitis C and chronic form of Hepatitis B--HBsAg) was found among 9 patients (5.14%). Infections were associated with injection drug use (88.88%) and were mainly related to the sharing of needles/syringes and other injecting medical devices (Badridze et al, 2008).

Hepatitis B Spread and Trends

According to the National Centre for Disease Control and Public Health (NCDC & PH), 1,732 new cases of hepatitis B were registered in Georgia in 2008, with an incidence of 40.2 per 100,000 (1,060 new cases in 2007 with an incidence of 24.2 /100,000).

The hepatitis B incidence rate (both acute and chronic cases) increased by 20.41% in 2007 from 2006 figures and by 60% in 2008 when compared to 2007. The increase was mainly due to the growing number of chronic cases that increased by 49.36%. Again, the increase in known incidence rate may have occurred at least partially due to the increase in testing.

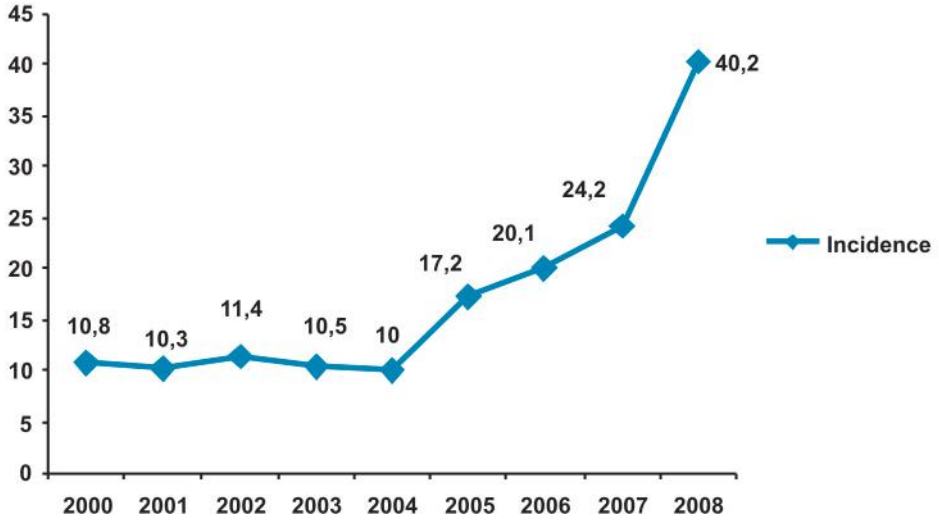

Figure 22: Known VHB incidence rate per 100,000 inhabitants, Georgia, 2000–2008 (NCDC, 2007)

According to a study of registered hepatitis B cases conducted by NCDC & PH, only 165 newly identified HBV+ persons were approached (69% of 238 new acute cases) with a request to identify the potential route of transmission. Of those, 6 patients reported (5.6%) it to be injecting drug use, 5 patients (3%) reported unprotected sexual contact, one patient (0.6%) identified mother-to-child transmission, 2 patients (1.2%) reported blood transfusion as a possible route of transmission, and 1 patient reported (0.6%) it to be haemodialysis. 19 patients (11%) reported nosocomial infection, while 131 (80%) patients identified other routes or failed to identify any (NCDC, 2007). A pervasive and strong stigma related to drug use in the country suggests that an unknown but possibly substantial portion of patients who did not indicate any potential route of transmission might be injecting drug users.

Hepatitis B Screening by *Save the Children Federation*

Hepatitis B was detected in 3% (9 male IDUs) of 300 IDUs screened in Tbilisi and in 2.6% (5 male IDUs) of 200 IDUs screened in Batumi. In

Kutaisi, hepatitis B was detected in 7% (14 male IDUs) of 200 IDUs screened (data published by '*Save the Children'(Save the Children Federation, 2007-2008)*. Despite some improvements, all three cities still have a large number of IDUs who have shared needles at least once, which accounts for the high prevalence of hepatitis among IDUs. It should be noted that viral hepatitis B (VHB) is the most wide-spread in Kutaisi, confirming the need for immediate intervention.

Hepatitis C Spread and Trends

Hepatitis C diagnostics has recently become available in Georgia and demonstrates that the number of registered HCV cases in the country has substantially increased since 1996. According to NCDC&PH, 2,117 cases (incidence rate 49.2 per 100,000) of hepatitis C were newly registered in 2008 (1,152 cases in 2007 with an incidence rate of 26.3 per 100,000). 15 people died of hepatitis C (lethality of 0.7%).

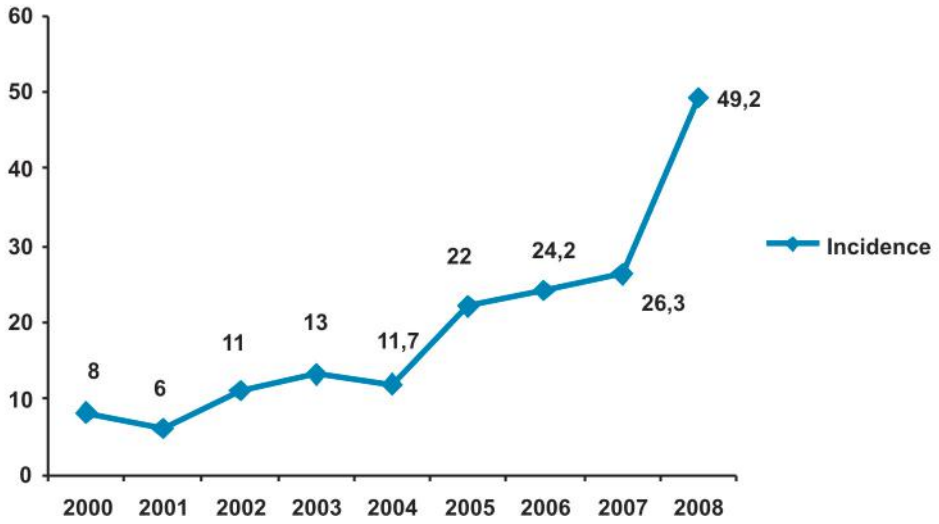

Figure 23. Known VHC incidence per 100,000 inhabitants in Georgia, 2000–2008(NCDC, 2007)

Hepatitis C Screening by *Save the Children* (Save the Children Federation, 2007-2008)

Hepatitis C was detected in 65% (177 out of 300) IDUs screened in Tbilisi in 2006. In Batumi, the incidence among IDUs for the same year was 76% (149 out of 200). In Kutaisi, hepatitis C was detected in 58% (111 out of 200) of IDUs screened.

The high rates of Hepatitis C were related to the high numbers of drug users who had shared needles at least once. It should be noted that according to the study, hepatitis C is the most wide-spread among injecting drug users in Batumi. This finding suggests the need for urgent intervention.

Tuberculosis Spread and Trends

The WHO considers Georgia one of the countries with high tuberculosis (TB) prevalence. According to data available in the country (official registration) 1,636 new cases of respiratory t**uberculosis** (TB) were registered in Georgia in 2008 (incidence rate of 38/100,000) (NCDC, 2007).

TB is considered a problem in Georgia. However, no studies aimed to determine the link between injecting drug use and TB have been conducted in the country so far.

GFATM has funded screening of injecting drug users (IDUs) for TB since 2006. From 1 August 2006 to 1 January 2009, 7,256 IDUs were screened. According to the data gathered covering the first 6 months of 2008, TB was detected in 11.8% of tested persons (NCDC, 2008a). Results show a high prevalence of TB co-infection among IDUs in Georgian cities.

Other Co-Morbidity to Drug Use

No special study aiming to determine if health problems are manifest more frequently among drug users than the general population have