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%).

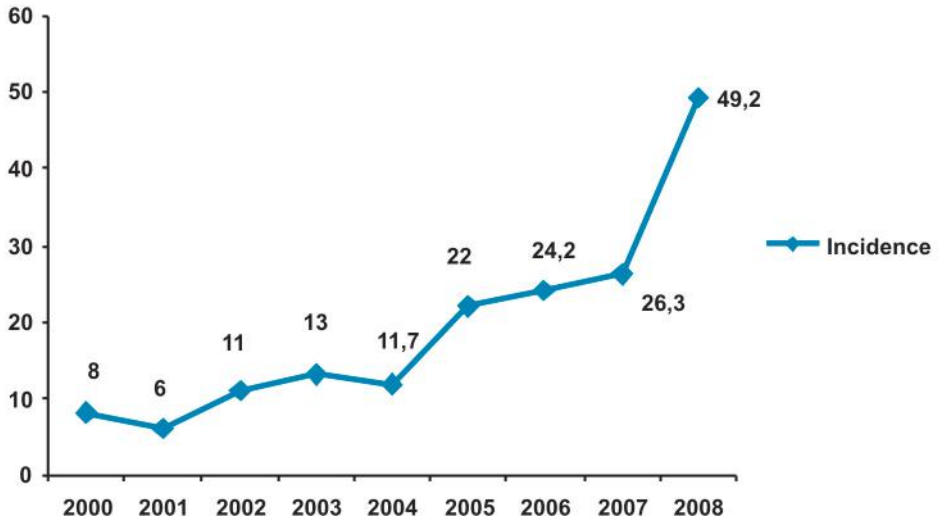

Figure 23. Known VHC incidence per 100,000 inhabitants in Georgia, 2000–2008(NCDC, 2007)

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

been done so far in Georgia. Addictologists working in clinics (Vadachkoria, 2008) report that drug users frequently develop skin infections and pneumonia. It is also widely recognised that psychological and mental health problems are frequent in users of both legal and illegal drugs and alcohol (Brady, 2005/8, Healey, 2008). Contrary to somatic disorders caused by drug use in given conditions, causality may be complex (with psychological disorder causing problem drug use and vice versa, and with factor/s that cause both problem drug use and psychological disorder independently (Adams, 2007, Borowsky, 2001/3, Cochran, 2006, Chang, 2007, Kaplan, 1997, Mueser, 1998). However, this relatively complex area with profound consequences for treatment is neglected as an area of study in Georgia so far.

4. SOCIAL AND LEGAL CORRELATES AND CONSEqUENCES

4.1. Social Problems

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. More than 70% of drug addicts in prisons (see next sub-chapter) held no legal job at the time of imprisonment. Data available on the current patients of substitution therapy programs point that more than 90% of users have higher and university education. However, these data alone cannot explain the social context of drug users.

Concerning drug-related public nuisance or community problems, no research or analysis has been done in the country. Similarly, there is no analysis available on the topics of a) drug use in Georgian society and its relation to stigma and b) willingness of drug users to discuss drug use against current drug legislation in Georgia.

There are, however, data on the social profile of IDUs gathered from needle exchange programmes (NEP). The NGO *Alternative Georgia* conducted research focused on risky behaviour of IDUs (Kirtadze, 2008b), which found in NEP Participants no illiterate people among those interviewed. It also found that 3% of respondents had incomplete secondary education, 39% had complete secondary education, 4% were students, 18% had incomplete university education, 34% were university graduates, and 2% held master's or doctorate degrees. 44% of those interviewed at the first stage of the study (381 probands) were married, while 31% were single. Marital status of 90.2% of the respondents did not change after six months, though 7.3% got married in that period. A significant part of the study participants were unemployed (73%), including 52% who were looking for jobs and 21% who were not looking for a job. A total of 23% were employed, including 10% who worked full time (35 hours a week or more), and 13% who worked part time (occasionally or less than 35hours a week). 4% of those interviewed were retired. These data slightly changed during six months: 62.5% remained unemployed, including 45.8% looking for jobs and 16.7% not looking for a job. For the study period, 31.9% were employed, including 13.9% working full time and 18% working part time. As seen from comparative analysis, the number of those employed increased by 9% in the period between the first and the second stages (the 6 month interval).

It can be concluded that in the surveyed Georgian sample, IDUs significantly differ from the conventional stereotype of an injecting drug user being uneducated and socially deviant. Although no special study has been done for this purpose (the aforementioned study did not analyze these details), everyday observations demonstrate that IDUs are generally not a group that is isolated or separated from society in Georgia. Those who are unemployed receive support from their families and none of those interviewed lives in the street or is perceives his or herself as a 'junkie'. This observation may be especially important for Georgia when shaping interventions based on experience from countries where problem drug users might sometimes represent a group that is more distinct from mainstream society.

4.2. Drug Offences and Drug-related Crime

According to the Ministry of Internal Affairs of Georgia (MIA), in 2006 criminal proceedings[13] for drug-related crime were initiated against 2,667 persons (13 women and 2,654 men). Of those, 26 persons were previously convicted for drug-related crimes and 24 cases involved juvenile suspects. In 2007, criminal proceedings were brought against 8,066 people (71 women and 7,995 men), including 64 who were previously convicted and 11 juvenile cases. In 2008, criminal proceedings were initiated against 9,151 persons (117 women, 9,034 men of who 193 were previously convicted and 24 were juvenile cases).

Table 3: Trends in the registration of drug-related crimes within the three last years (under Articles 260–274 of the criminal code of Georgia)

	2006	2007	2008
Registered cases of drug-related crime	3542	8493	8699
Cases qualified as *major crime*[15] out of those registered	1926	1970	2103

A comparison of data from 2006, 2007 and 2008 reveals a sudden and sharp increase in the number of drug-related criminal proceedings in Georgia. The disproportionate increase in minor crimes compared to a very little increase in what is classified as major crime suggests that the first increase resulted from intensified police activity generated by the practice of massive random searches of young men and their testing for the presence of illegal drugs (see Chapter 'Drug Legislation' above). However, this hypothesis needs to be further tested by a detailed breakdown of the types of drug-related crimes investigated by the police and by a careful assessment of court decisions. Thus far, existing information from the police and courts provides the following:

The number of people imprisoned due to drug-related crime over the last three years is as follows:

- 1,285 people were sentenced to imprisonment for illegal drug circulation in 2006;
- 1,625 people were sentenced to imprisonment for illegal drug circulation in 2007;
- 2,817 people were sentenced to imprisonment for illegal drug circulation in 2008.

Drug Testing

Drug testing is regulated by Administrative code of Georgia and by relevant decrees of the Ministry of Interior (MoI) and MoLHSA.

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'. The fine for the illegal purchase or storing of small amounts of drugs not intended for sale was increased from 100 to 500 GEL (from 50 to 250 €)[15]. The amended article also held the Ministry of Internal Affairs and the Ministry of Labour, Health and Social Affairs of Georgia responsible for issuing joint decrees to establish a procedure for the detection establishing the facts of drug use by an authorized person. In particular, according to the joint Decree #1049–233/n of 2006, in case of 'reasonable suspicion', which is not defined and thus allows for vague interpretation, of a person being in the state of inebriation caused by narcotic drugs or/and psychotropic substances, and/or having consumed a narcotic drug, representatives of law-enforcement bodies have the right to demand that the person have a laboratory test to determine the fact of drug use or inebriation.

Data on drug testing by the Main Forensic Unit of the Georgian Ministry of Internal Affairs are as follows (Alternative Georgia, 2008):

In 2006, police referred up to 25,000 persons for drug testing to the MoI Main Forensic Unit. Out of those referred, drug intoxication was confirmed in 9,089 people, including 7,787 people who classified under administrative offence, and 1,302 people (in both groups, men exclusively) with confirmed repeated drug use. The latter were charged with criminal offences, which in-

13 Initiation of criminal proceedings means filing a criminal case and conducting respective investigative actions.

14 A case classifies as major crime if it is a premeditated (deliberate) crime, punishable by a term of imprisonment not exceeding 10 years according to the Criminal Code, also an unpremeditated crime punishable by imprisonment for a term of over 5 years.

15 When average monthly income in Georgia is 368 GEL (approximately 145-170 Euros) in 2008

cluded a subgroup of 11 who were sentenced for drug use in the past.

In 2007, police referred 57,000 persons for laboratory checking to the MoI Main Forensic Unit, of which drug intoxication was confirmed in 17,745 people, including 12,104 persons who classified under administrative offences and 5,641 people (8 women and 5,633 men) with confirmed repeated drug use including 30 for earlier drug use.

In 2008, police referred 43,029 persons for laboratory testing to the MoI Main Forensic Unit; drug intoxications were confirmed in 19,302 persons.

A comparison of statistics from 2006-2008 shows a growth in the number of persons examined for the presence of drugs/metabolites in body fluid. Consequently, a rise followed in respective administrative punishments in Georgia. For instance, the figure for the 7-month period from August 2007 exceeds the corresponding figures in the first 7 months of 2006 by 10 (22,755 compared to 2,706) (Otiashvili et al, 2008a). This significant increase is most likely due to the sanctioning of administrative fines based on the aforementioned joint decree of the Ministry of Internal Affairs and Ministry of Health that entitles the police to detain any person that is 'reasonably suspected of drug use'[16] and to take the person to respective laboratories for a (forced) drug test.

Consideration should also be given to the fact that the growth rate may be associated with the increased fine for drug use as an administrative offence, which rose from 100 GEL to 500 GEL beginning in December 2006 and which may have resulted in an economic interest among state authorities to collect fines.

4.3 Social and Economic Costs of Drug Consumption

In 2005, special research was implemented by the NGO *Alternative Georgia* to study the economic and social costs of drug consumption. Due to the dearth and poor quality of information on drug abuse, it was impossible to conduct a full-scale study that would meet international standards (Single, 2003). For this reason, the study results are not expected to be conclusive and the figures in it should be considered as approximate values based on a pilot study. The results *of* the study are reflected in the *Annual Report on the Drug Situation in Georgia for 2005* (Javakhishvili et al, 2006).

The research shows a clear imbalance between demand reduction and supply reduction measures as well as a clear link between the drug problem and the shadow economy. The *largest* costs were found in the shadow economy (82%) while the smallest costs were located in prevention and research (0.53%) and health care measures (0.2%).

The absolute cost of the drug problem for the country per year is found to be as high as 123,588,084 GEL, of which measures directly responding to the drug problem (i.e. drug demand and supply reduction) present less than 5% of the total amount. No further study of the drug related costs that may provide more reliable and exact evidence for policy makers has since been conducted in the country.

5. DRUG MARKETS

5.1. Availability and Supply

Traditionally, Georgia has not been considered to be a drug producing country, given that the majority of narcotic drugs with plant precursors (with the exception of marijuana) are produced in neighbouring or distant countries. With the increased trend in the domestic production of (pseudo)ephedrine-based drugs, the distinction between 'production-', 'transfer-', and consumption countries is losing both rationality and analytical importance.

Concerns exist over the potential for Georgia and the South Caucasus in general to become an area of greater drug transit of Afghan opiates headed to Europe as, for example, West Africa has become for Europe and Central America has become for North America in the traffic of South American cocaine.

Trans-national organized criminal groups are interested in new routes of transit, in addition to

16 It should be noted that the decree contained no definition of the 'reasonable suspicion' and no training was given to police officers on this issue. As a result, diverse and wide interpretation and use of the term is employed and extraordinary and rather unsystematically discretion has been made available to police in proceedings.

already existing ones, particularly when barriers emerge on well-established routes (for example along the long-established 'Balkan route'). The South Caucasus region is a natural bridge between Europe and Asia that links the Caspian Sea basin to the Black Sea on an east-to-west axis and is the juncture between the greater Middle East, Turkey, Iran and the Russian Federation. Government officials point to the trafficking of drugs through the territories of Armenia, Azerbaijan and Georgia by referring to reported seizures of Central Asian-originated opiates trafficked through Azerbaijan and Georgia destined for Russia, in the first case, and the European Union via ports in the Black Sea, in the second case. The conflict regions of the South Caucasus might also offer conditions for drug trafficking.

Drugs with the largest presence on the black market include heroin, opium, and marijuana, recently supplemented by Subutex®, which contains buprenorphine (Todadze et al, 2008d, Todadze, 2009b, Kirtadze, 2008b, Vadachkoria, 2008).

Changes in market related perceptions and behaviour

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.

5.2. Seizures

According to the information provided by the Ministry of Internal Affairs of Georgia, the following types of drug substances were seized in 2006, 2007 and 2008:

Table 4: Drugs seizure from illegal circulation by years

	2006	2007	2008
Heroin	5.6 k g	9.7 k g	8.3 k g
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
Metamphetamine			0.2577 g
Dypheniloxidate			0.7 g

5.3. Prices, Purity

The data on drug prices are officially provided by the Ministry of the Interior of Georgia. The costs indicated by these official data do not always correspond to the costs known from other informal sources (i.e. from the patients treated at the 'narcologic hospitals', from clients of low threshold services, etc.). At the same time, the methodological mechanism used for gathering data on the prices of drugs is not clearly formulated by the MoIA, thus, the systematic bias in reported data cannot be excluded.

The information on drug prices on the Georgian black market in 2008 provided by the MoI, drug clinics and low-threshold services that functioned in the country included the following:

Table 5: Drug prices in 2008

	Information provided by MoI	Information provided by clinics and low-threshold services, based on the reports of patients and service users
Heroin (per gram)	500 – 680 GEL	250 GEL
Opium (per gram)	30 – 50 GEL	250 GEL
Marijuana (per gram)	3 – 5 GEL	3 – 5 GEL
Morphine (per ampoule)	30 GEL	25 GEL
Subutex (per tablet)	425 – 460 GEL	500 GEL

There are no data available about the purity of seized drugs in the country.

6. TRENDS PER DRUG

Marijuana

Marijuana is the most widely used illegal drug in Georgia. Despite the fact that only 8,644 marijuana users were officially registered in the narcological register of Georgia from 1985 to 2005, according to expert estimates the actual number may be some 10 - 12 times higher (Lejava, 2008). According to data of the narcological register, an increase of marijuana users is observable. As a proxy indicator, in 2002, the number of registered marijuana users increased nearly three times in one year (550 in 2001 versus 1,500 in 2002), though that figure could reflect more intense efforts of police measures and searches. The narcological register is not operable since 2005 and no general population survey focused on drug use has been conducted in the country. As a consequence, no relevant research data are available to show the influence of marijuana use on the drug situation in the country. Specialized research is thus needed in this direction.

Opioids

Regarding injecting drugs, in Georgia the most frequently used drugs have been opioids. The use of cocaine and amphetamines has been insignificant, as they were not widely available on the black market. Before 2000, 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, 2005) by means of a complex chemical processing, a cocktail was made from poppy seeds to be used through injection. After the implementation of regulatory measures in 2004, poppy seed import and abuse decreased. From 2000, heroin import and use sharply increased (Lejava, 2008).

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. According to the Ministry of Interior, seizures by the MoI of Subutex® pills increased from 849

pills in 2004 to 9,562.6 and 9,655.5 in 2006 and 2007, respectively. The increase in the number of Subutex® users was also reflected in reports of detoxification clinics: in 2004 29% of patients admitted to clinics used Subutex® as their primary drug, whereas in 2005, the number of patients reporting use of Subutex® as their primary drug reached 39% (Javakhishvili et al, 2006). The increase in buprenorphine use is confirmed by a survey conducted in 2007 by the NGO Alternative Georgia among needle exchange program beneficiaries (see Chapter *Problem Drug Use*). It is important to understand that Subutex® was and is prohibited by law and has no approved medical use in Georgia till these days, thus any use of it in the country has been illegal.

Stimulants

The use of cocaine and amphetamines has historically been considered insignificant in the country as these drugs have not been widely available on the black market. In the past, the only reports that were available were those that focused on the use of ephedrine and pervitin prepared by simple chemical procedures from pseudo-ephedrine contained in cough medicines available from drugstores without prescription. However, according to unofficial information from the clinicians and providers of Voluntary Testing and Counselling (VCT) in the framework of various harm reduction programmes, there is increasing evidence that ephedrine-based drug use is on the rise in Tbilisi (Otiashvili, 2008).

7. DISCUSSION

7.1. Consistency between Indicators

The Drug Information System Project has been part of the South Caucasus Anti-Drug (SCAD) Programme in Georgia since 2002. Under the project, Georgia has gradually created mechanisms for collecting, processing, coordinating, and analyzing comprehensive and quality information about the drug situation in the country. As part of the project, a network of drug-related institutions and organizations has been created, and mechanisms have been put in place to provide for countrywide circulation of non-confidential information on all drug-related aspects. This activity has been based on the gradual approximation of Georgia to the standards of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The above activities have resulted in three annual analytical country reports on the drug situation in Georgia and a South Caucasus regional report.

The biggest challenge for comprehensive description and analysis of the current drug situation in the country is scarcity and insufficient quality of information, deficient methods of data collection and analysis, and incompliance with international standards. On the one hand, there are no sufficient mechanisms for data collection and analysis. On the other hand, because Georgia is a developing country and lacks funds, sufficient resources are not allocated for scientific research preventing the realization of systematic studies that could provide scientifically standardized data related to the country's drug problem.

One of the major inconsistencies is the disproportion between estimates of the number of problem drug users in the country, which is usually mentioned as constituting up to 35,000 persons or more, and the increasing but still small number of patients receiving treatment in the country's clinics (1,200 persons in 2007 and 841 persons in 2008). The high estimate number of problem drug users is also inconsistent with the very low reporting of seizures of drugs by law enforcement bodies as well as the low effectiveness of random drug searches performed by the police on Georgian young men since 2007.

Still, another inconsistency is between the high prevalence of drug-related infectious diseases in drug users (see chapter *Drug Related Infectious Diseases*) and the relatively modest numbers of registered drug users as infected persons. The major weakness of the drug information system is the absence of reliable data on drug-related mortality. There is an obvious inconsistency between such a high estimates of numbers of problem drug users and a very low number of revealed drug-related death cases (see sub-chapter *Drug Related Death and Mortality*). These last two cases represent scarcity of data rather than inconsistency, which is another frequently cited challenge related to estimations of the size of drug use and its related problems in the country.

7.2. Methodological limitations and data quality

As mentioned above, since 2002 in Georgia a process of the creation of a drug information system is in place, which attempts to improve data quality to make it to correspond to EMCDDA standards. As of now, the situation is still far from satisfactory.

Drug Use among the General Population

No general population survey has been conducted in Georgia to understand respective drug use patterns. As a result, there are no scientifically-justified data available to evaluate the scale and types of drug use or society's attitude to narcotic drugs and drug users. Since 1998, within the framework of the *State Drug Prevention Program* funded by the Ministry of Health, the Scientific Research Institute of Addiction has conducted school surveys among secondary school teenagers to study patterns and attitudes towards drug use among them. However, the studies were not done based on international standards and the coverage of the target population was limited, as was the sampling method used. In 2008, the SCAD programme organised a pilot school survey based on rigorous ESPAD standards.

Problem Drug Use

The data on problematic drug use indicators is the most problematic in the country (see above). Due to the lack of scientific research, the information provided on PDU from the community of experts in the country since the 1990s is based on largely unrealistic estimates. Some sources quote 250,000 problem drug users while other sources refer to 80,000 or 35,000 problem drug users. To overcome this biased and non-scientific approach the SCAD Programme organised a special study '*Estimation of Problem Drug Use Prevalence by means of Prevalence Using Multiplier Methods*' in 2008, which will provide more realistic data on PDU in mid-2009.

Treatment Demand

Existing addiction clinics are the main source of information on drug treatment demand. As mentioned above, today there are no institutional mechanisms in place, such as a National Monitoring Centre for Drugs and Drug Addiction, to collect mutually comparable and consistent information on treatment. Recently, the SCAD Programme translated the Council of Europe Pompidou Group Treatment Demand protocol to the Georgian language and negotiated and achieved agreement with all narcological clinics to use the protocol for gathering data on in-patient treatment.

Drug-Related Deaths and Mortality of Drug Users

After Georgia regained independence in the 1990s, authoritarian control systems were removed but regulatory mechanisms typical for democracies were not put in place. Starting from the 1990s no drug-related mortality data gathering system was performed in the country. Firstly, this was due to the strong stigma pertaining to drug addiction (recognizing that a family member was using drugs and died because of drug use is a shame for a family, which sometimes tries all means to avoid such proclamations). Secondly, attempts to conceal the true diagnosis were made in fear of potential problems with law-enforcement. The third reason for the gap in drug-related mortality records is simply the possibility for creating opportunities for corruption by medical professionals, despite legal barriers.

This situation is changing gradually: SCAD's negotiation with the Ministry of Justice's Expertise Bureau has resulted in an agreement on revitalizing the mechanisms needed to be employed for drug-related mortality recording. Implementation of the mechanisms should be ensured by proper work with physicians of respective specialties (e.g. emergency, resuscitation, etc.)

Drug-Related Infectious Diseases

The situation in obligatory reporting of HIV-positive tests performed in medical settings is satisfactory due to the organizational work of the Infectious Diseases, AIDS and Clinical Immunology Research Centre. However, for monitoring of hepatitis B and C less attention is paid in the country in general. Consequently, injecting drug use is not satisfactorily monitored as a possible route for transmission.

Seroprevalence studies in drug users were performed only with regard to HIV in Georgia thus far. In 2008, the SCAD program encouraged the BSS study to be widened to include hepatitis C testing in risk populations (men having sex with men, commercial sex workers, and injecting drug users). However, there is no representative study involving IDUs focused on viral hepatitis B.

Indicators in law-enforcement (supply reduction) field

In view of existing indicators related to law-enforcement, mechanisms for respective data gathering, collection, coordination and analysis need to be improved substantially. In Georgia, no monitoring of the purity of seized drugs is performed; there is no systematic recording of data on each individual case of seizure, and other important information is missing. This is why it is not possible to derive any information about drug markets in Georgia using data on seizures. The data on drug-related investigations need to be more detailed as well as the monitoring of the development of investigated cases. The mechanisms for existing data collection in law enforcement agencies and in police (such as persons arrested, tested, etc.) are not transparent thus limiting their analytical use and external quality control.

There is also an evident need for compatibility of databases between the Prosecutor General's Office, the Ministry of Justice and the Ministry of Internal Affairs. In the framework of the SCAD programme, a task force has been created involving the participation of representatives from these three agencies and an agreement on the harmonization of relevant drug-related data has been made.

PART 3. DEMAND REDUCTION INTERVENTIONS

8. STRATEGIES IN DEMAND REDUCTION AT NATIONAL LEVEL

8.1. Major Strategies and Activities

During the Soviet period, a supply reduction system and corresponding strategies were more developed in Georgia than was a demand reduction strategy. Following independence, a demand reduction infrastructure appeared, albeit with limited capacities.

Treatment

In the early nineties the first two addictology clinics emerged, though both had very limited capacity (Georgian Research Institute on Addiction's clinic with 25 beds and Bemoni clinic with 6 beds). Since then, treatment capacity has developed in the country: there are presently 6 clinics with 60 beds and capacity to detoxify more than 1,000 patients during the year. The average stay of the inpatient client in the clinic is up to 2 weeks and detoxification is the main service provided. However, such service is generally considered to not be enough support to overcome the problem of addiction as such services tend to be oriented not on recovery but on temporary abstinence. All treatment procedures are presently paid by patients directly and are not covered by any form of health insurance (except substitution treatment of opioid addiction – see below). Starting from the end of 2008, the national budget began to co-fund substitution treatment. The Ministry of Labour, Health and Social Affairs pays for pharmaceutical methadone while patients pay for services (the work of doctors, nurses and other staff).

Due to the lack of consistent financing, many clinics fight for survival and as a result retard their development and diversification of provided methods of treatment. Treatment in Georgia is mostly limited to detoxification without proper psychotherapeutic services, which prove their effectiveness in the field of addiction treatment worldwide. Motivational interviews and Cognitive Behavioural Therapy are not available in Georgia. Social workers' provision of service has only recently begun to be discussed and formulated.

Prevention

Another direction in demand reduction, which first appeared in the nineties in Georgia, is primary prevention. In 1995, the first non-governmental NGO was founded by a group of professionals (*Bemoni*) who began to implement small-scale community and school prevention programs.

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 (see prevention chapter below).

The Ministry of Labour, Health and Social Affairs (MoLHSA) of Georgia has played a key role in governmental prevention activities for years. Before 2008, no other governmental institution was directly involved in planning and implementing prevention programs, though not always directly in primary prevention. Under the MoLHSA's Public Health Department (PHD), the State Drug Prophylactic Program was implemented from 1996-2004. In 2005 up until it ended in 2007, the program was incorporated into the *'Healthy life style program'* run by PHD, which also includes such directions as nutrition, physical activity, and psycho-social support. A component of the program included conducting drug tests for suspected drug users detained by the police. In parallel, starting from 1998, the program carried out school surveys on a biannual basis to evaluate then scale of drug use and its patterns among adolescents. The program spent only a small portion of its funds for risk group surveys (e.g. a street children survey in 2003) and for publications on prevention issues.

Starting from 2002, a number of NGOs emerged which attempted to contribute to primary drug prevention efforts in the country. Due to the lack of funding, many changed their original scope to implement harm reduction programs.

Harm reduction

Though similar to drug treatment and prevention, drug-related harm reduction does not receive state funding. Due to the threat of HIV/AIDS and thanks to the attention of international donors (Global Fund, other UN agencies, European Union and its Member States, Open Society Institute and other private donors), harm reduction is a relatively developed strategy in the field of drug demand reduction in the country as witnessed by

- The increasing number of NGOs active in the field of harm reduction. By the end of 2008, 14 NGOs were united in the Georgian Harm Reduction Network, which aims to represent members' interests as well as the interests of clients;
- The scale of harm reduction programs, which, in 2008, served a total of 3,615 different clients (1,200 regular clients, 690 IDUs engaged in needle exchange, 2,093 VCT consultations and 1,527 HIV screenings);
- The diversification of harm reduction interventions which transformed from needle exchange and distribution projects in the early 2000s to drug policy development, advocacy, awareness raising measures and voluntary counselling countrywide by 2008.

8.2. Approaches and New Developments

Currently the state is in the process of organizing an additional, partially-funded substitution program to be run alongside the GFATM-funded program. In the new program, the state budget will cover the costs of methadone and its import into the country while patients will pay for services. While methadone substitution treatment is one the best solutions economically and in terms of improving the legal and health status of problematic drug users, substitution programs do not satisfy needs of patients who wish to abstain from drugs, including legally-available pharmaceuticals. Also, substitution treatment of opioid addiction has no place in the treatment of addiction related to the use of other types of illegal and legal drugs.

According to conclusions of several international experts and representative bodies(Sirbiladze, 2006, Radzimecki, 2006) there is a need to develop a strategy that balances, in the first case, supply and demand reduction (the former has largely prevailed in Georgia so far) and, in the other case, a continuum of demand reduction measures involving specific primary prevention, medically-assisted and non-assisted treatment, harm reduction (risk minimization), re-socialization and rehabilitation. In such a continuum, none of the modalities is replaceable by any other modality. Clearly, state authorities bear the primary responsibility for relevant funding that would aim to establish such a balanced approach.

9. PREVENTION

9.1. School programs

In the late 1990s to the early 2000s a number of NGOs began implementing limited-scale prevention programs in the country, both community-based and school-based. Yet due to limited funding available for primary prevention, by 2003 nearly all NGOs initially identifying primary prevention as their main strategic objective began working in tertiary prevention and harm reduction. This occurred most likely due to the availability of funding available to support tertiary prevention and harm reduction activities by international donors.

In the late 1990s to the early 2000s, three NGOs implemented a number of school-based and community-based projects oriented at primary prevention. From 1997 to 2008, NGOs carried out 20 prevention projects, for which the largest annual budget was 30,000 Euro (€), and the largest number of direct beneficiaries was 130 people (both adolescents and their teachers and parents). The projects were funded by the World Bank, the European Union, USAID, the SCAD program and other donors. Project objectives included drug-related awareness raising, healthy lifestyles and critical health-related skills promotion, community mobilization for drug prevention, teachers' capacity building, etc.

Monitoring and evaluation of the prevention projects has been done so far by using quantitative indicators. No evaluation of the projects' longer-term impacts has been realized. The ma-

jor problem of primary prevention interventions identified by the authors of this report has been the fragmentary character of the projects and their lack of quality assurance mechanisms.

SCAD efforts

Primary drug prevention has been a cornerstone of the SCAD Programme, which prepared, published, and disseminated a primary prevention manual in 2003, designed and distributed a guide for public school drug policy-making in 2006, and conducted respective trainings for school teachers over several programme cycles. In 2008, SCAD cooperated with the Ministry of Education and Science of Georgia to include drug abuse prevention issues in school curricula, develop special extra- curricular programs for schools, and develop internal school policies for drug–free schools.

Initiative of the Georgian Patriarchy

In 2006-2007, the Catholicos-Patriarch of Georgia expressed his willingness to support and develop primary drug prevention in the country, following which an Anti-Drug centre was established by the Patriarch's Fund. Together with the International Orthodox Christian Charities (IOCC) and with USAID's financial support, the Centre began implementing a project directed at primary drug prevention among secondary school children in 2007. The project components have included drug awareness raising campaigns, a series of trainings on drug prevention for school teachers and priests, establishment of Orthodox Christian clubs for adolescents and other similar activities in eight public schools of Tbilisi. In 2008, the project served 200 direct beneficiaries (secondary school children).

Initiative of the Georgian Ministry of Education and Science

Recently, the Ministry of Education and Science of Georgia made important steps towards primary drug prevention. A chapter on drug abuse has been included in one of two approved[17] handbooks of Civic Education used in schools. The chapter was written and included into the handbook by a member of the Primary Prevention Working Group set up by SCAD in 2006. Drug abuse issues will be also indirectly included in programs for other school subjects, including a book on Biology for grade 8 which describes the harmful influence of psychotropic substances on the human nervous system. Still, if significant changes are to be achieved, institutional mechanisms for proper dissemination of drug-related issues for teachers and parents will need to be established (SCAD, 2008). One of the most pressing issues is to prepare school teachers who indicate that they are otherwise ill-prepared to discuss drug-related issues. Since November 2008, SCAD has addressed this issue by implementing a pilot training program for two selected schools based on established criteria. Lessons learned from the training will help elaborate a formal strategy to institutionalize drug education for children, parents and teachers. Further, extra-curricular programs in drug prevention are currently being designed for implementation.

9.2. Youth Programs Outside School

Primary Prevention Activities of the South Caucasus Anti Drug Programme

SCAD began implementing primary prevention outside schools in Georgia in 2002. The first activity established a multi-agency cooperation mechanism in the area of primary prevention, which culminated in the 2003 establishment of the Georgian Anti-Drug Coalition (GADCo) uniting 18 organizations and agencies involved in the planning and implementation of drug information campaigns. Under the umbrella of GADCo and as a result of extra curricular training of teenagers of 8 schools of Tbilisi, the Youth Anti-Drug Movement was founded, which unitied 100 youth. Members of both groups have been conducting information and education activities in the area of primary drug prevention for different target groups including students and teachers, physicians and civil servants. Booklets with preventive messages and other drug-related information materials (e.g. 'Answers to Frequently Asked questions about Drugs ('Addiction from A to Z'), 'How to Avoid Mistakes When Planning Public Anti Drug Events', etc.) were produced and published jointly by Youth Anti-Drug Movement and GADCo members.

17 Currently there are two handbooks of Civics approved by the MoES, both of which are in use. One does not include information on drug prevention and information on which handbook should be used on which scale in the country is not available.

9.3. Family and Childhood

There are only a few interventions targeting families in the field of drug primary prevention in the country. In 2008, SCAD provided a pilot training to two selected Tbilisi schools' supervisory boards, in which teachers engage with active school parents and at least one secondary school student. The composition of the schools supervisory board provides an opportunity to engage in the development of primary drug prevention policies not only by teachers, but also for parents and pupils. The results of the pilot training will be used in 2009 to design a formal primary prevention approach that assures the participation of school personnel, families and students.

10. REDUCTION OF DRUG-RELATED HARM

10.1 Description of interventions

Compared to other components in drug demand reduction, harm reduction is carried out at a substantially more systematic scale in Georgia.

The main donor of harm reduction programs in Georgia is the Global Fund against HIV/AIDS, Tuberculosis and Malaria (GFATM). GFATM programs are implemented in coordination with the Georgian Harm Reduction Network, namely the *Open Society – Georgia Foundation* (Drug policy development, advocacy, research and information delivery), the NGOs *Alternative Georgia* (Drug policy, advocacy, research), *Akhali Gza/ New Way* (VCT, information delivery, needle exchange) and the *Scientific Research Institute of Addiction* (methadone program, VCT).

Eight needle exchange programs (NEPs) were implemented in Georgia in 2008, including 2 NEPs in Tbilisi and one each in Batumi, Zugdidi, Gori, Sukhumi, Kutaisi, and Telavi. There are also five voluntary testing and counselling (VTC) centres (two in Tbilisi and one each in Zugdidi, Kutaisi and Telavi). All centres are independent, whereas one of the facilities in Tbilisi functions both as an NEP and VCT.

According to statistics provided by the *Open Society – Georgia Foundation (Pertaia, 2008),* NEPs covered 1,307 permanent and 4,555 irregular individual clients in 2006. The standard before 2007 classified a client as permanent after eight face-to-face meetings with a program worker. In 2007, the standard was updated and clients were classified as permanent after eight meetings, including at least five direct and three indirect meetings.[18]

In 2007, 38,639 syringes were provided and 18,264 syringes were returned. 42,423 condoms were given out by NEPs. NEP workers believe that the reason for the low return rate (47%) is due to clients' fears of carrying used syringes with them, which they believe might entail imprisonment. According to existing law, any amount of illegal drugs found (including minuscule amounts left in paraphernalia) is punishable by imprisonment from 6 to 12 years (Georgian Criminal Code, Article 260).

In 2007, harm reduction programs covered 2,493 drug users as permanent clients, including 75 women. As a result of outreach activities, 7,699 information and education materials and 2,072 condoms were disseminated. The Voluntary Counselling and Testing (VCT) centres tested 1,493 clients of the harm reduction program on HIV, including 18 people who tested positive (1.2%). 1,318 program clients were tested for hepatitis B, of which 85 tested positive (6.4%). 1,438 clients of HR programs were tested for hepatitis C, of which 788 tested positive (54.8%).

According to the data, provided by *Open Society Georgia Foundation,* harm reduction programs served a total of 3,615 different clients in 2008 (1,200 regular clients, 690 IDUs engaged in needles exchange, 2,093 VCT consultations and 1,527 HIV testing).

In Georgia, activities of the VCT centres (the centers for voluntary testing and counselling on HIV/AIDS, founded in the framework of the different harm reduction projetcs) are limited to collection of biological material for HIV/AIDS and viral

18 Direct meeting implies face-to-face contact between a service provider and a client whereas an indirect meeting implies providing/exchanging injecting paraphernalia to the client via his peer (known as "secondary needle exchange" in most HR manuals and textbooks).

hepatitis testing. The tests are performed by the *Infectious Diseases, AIDS and Clinical Immunology Research Centre* laboratory as VCT centres have no testing capacity. In some cases, VCT centres do not meet with HIV-positive beneficiaries because some do not return for results of the HIV test and the VCT centres have no information about the individuals other than their initials. This situation leads to a discrepancy between the number of those who have received pre-test counselling and those who have received post-test counselling, the latter of which is twice as little.

Activities in the field of infection prevention (information, education and motivation) are carried out by low-threshold facilities. Overdose prevention (counselling and education) is also carried out by the low-threshold programs, as well as in treatment facilities. There are no other overdose prevention activities (such as naloxone distribution) available in Georgia.

Save the Children Federation project on the prevention of HIV/AIDS and sexually transmitted diseases (SHIP)

Since 2002, *Save the Children Georgia* in partnership with two local NGOs, Tanadgoma and Bemoni Public Union, has implemented the USAID-funded *STI/HIV Prevention (SHIP) Project* in Georgia, whose goal is to reduce the rate of transmission of sexually transmitted infections (STIs) and HIV in targeted urban locations in Georgia and to prevent transmission of STI/HIV to the general population.

The SHIP Project has been operational in three major cities of the Country, Tbilisi, Batumi and Kutaisi. Since May 2005, project activities also covered the separatist enclave of Abkhazia. Project interventions focus on most-at-risk populations including injecting drug users (IDUs).

Interventions targeting IDUs include face-to-face counselling, drug use prevention and STI/HIV education, training of IDU peer educators, and the development of tailored Information-Education-Counselling (IEC) materials. In 2007, around 4,000 IDUs and their sexual partners received voluntary counselling and testing services through project partner organizations and Healthy Cabinets operational under the SHIP Project that provide free-of-charge, anonymous and confidential STI/HIV services to Most at Risk Population (MARP).

10.2 Standards and Evaluations

The main components of harm reduction programmes in Georgia are VCT, needle exchange, and substitution therapy, which is considered a medical treatment with certain harm reduction elements when provided on a large scale. The information below provides a brief description of the standards for each of these areas:

Voluntary testing and consultancy is carried out in accordance with the WHO guidelines. In 2005, experts from the Infectious Diseases, AIDS and Clinical Immunology Research Centre prepared and published a special manual (attached by the relevant methodological recommendations) on VCT, in compliance with WHO guidelines.

Regarding needle exchange, measures have been implemented since 2001 in Georgia. Some national experts express concern with the efficiency of NEPs, which in their view, face serious obstacles related to the criminalization of drug use in the country which makes drug users who carry used syringes liable by the police for possession of drugs (GHRN Roundtables, 2007-2008). Taking this situation into account, the Georgian Harm Reduction Network now focuses on the distribution of injection instruments instead of exchange.

In recent years, the HR programs have obtained experience that permits conclusions to be drawn and used for further strategy development and planning, including change management to assure quality (Kirtadze, 2008b). Conclusions include:

- A stationary VCT centre and a NEP are more efficient if they function together as the combination of needle exchange and voluntary testing and counselling programs increases the quality and accessibility of services. It is thus more efficient to unite these two types of services to improve their coordination and cost effectiveness. The Georgian Harm Reduction Network decided

that two new centres (in Telavi and Kutaisi) will combine the two functions of NEP and VCT services.

- Implementation of rapid HIV/AIDS testing according to WHO recommendations would prevent discrepancies in the numbers of those receiving pre- and post-test counselling.

- As confirmed by experience, it is important to provide testing for hepatitis B and C and syphilis together with HIV/AIDS tests in injecting drug users, as testing would create conditions for controlling these four severe diseases in the target group, facilitate outreach work and provide better coverage for beneficiaries. Thus, starting from 2009, HR programs will use rapid test systems to simultaneously test for all four infections (HIV/AIDS, HCV, HCV, and syphilis). From those testing positive, blood samples will be collected and sent to the AIDS Centre for further testing/confirmation.

- It is problematic to attract female drug users to addiction treatment services. The percentage of females among HR and treatment programs is very low. It is necessary to consider the needs of female drug users when developing harm reduction programs and to offer them specific services (gynaecological care, information, etc.) together with typical HR services.

- Mechanisms should be put in place in existing HR programs in order to enable the programs to develop a culture of sharing experience. For this purpose, the Georgian Harm Reduction Network supported by the GFATM has established a methodological training centre that has prepared materials and trainings for continuous professional education of staff working for organizations that provide HR services countrywide. The Training Centre plans to establish an integrated data system to collect standardized information from existing Harm Reduction Programs in Georgia and to develop annual reports. The information system on low-threshold service users will be operational in 2009.

11. TREATMENT

11.1. 'Drug-Free' Treatment and Health Care at National Level

The demand for treatment of drug dependent individuals has been increased in recent years. This is demonstrated by a sharp increase in the number of treated cases compared to previous years. One of the possible explanations for the lack of improvement in the accessibility of treatment services in the country could be related to the increase of the number of drug users and drug dependent individuals. However, it is difficult to determine the cause since no reliable information is available on the number of problem drug users in the country. Other explanations for the increased number of treated cases could be a) that awareness on the need for treatment has increased, b) registration of treated patients has improved, or c) more patients began to approach officially registered, licensed treatment institutions, which might also imply a decreased number of cases of illegal treatment.

There are five narcology clinics in Tbilisi (*Georgian Research Institute on Addiction*, *Bemoni*, *Uranti*, *Centre of psychocorrection and Narcology Expertise, Tanadgoma*). The only regional treatment centre for drug addicts is in Batumi *Addiction Treatment Centre*. There are 60 beds in the country altogether. During the last 3 years, four clinics were initiated but then closed due to different reasons. There are nine regional outpatient narcological centres and twenty outpatient facilities on the district ('rayon') level of which the majority work on narcological testing.

Two types of narcology treatment exist in Georgia: 1) therapy targeting abstinence in the short-term perspective (abstinence therapy) used for all types of illegal drugs, and 2) substitution/maintenance therapy for opiate addiction. Abstinence therapy is provided in two stages: detoxification and short-term psychological rehabilitation. The third stage recommended by internationally acknowledged standards of social rehabilitation (WHO, 2007) generally does not occur in Georgia. Abstinence treatment is not financed by the government donors or private organizations or foundations in Georgia. The only exception is in the region of Adjara, where the regional govern-

ment covers treatment costs for detoxifications. In the rest of the country, patients have to pay for treatment directly. The standard course of detoxification (usually 10-20 days in Georgia) costs 1,000 to 2,000 Lari (500–1,000 Euros) in different clinics. Compared to the average monthly income (368 GEL / 145-170 Euros), the price makes it difficult for many clients and their families to afford treatment services.

To reduce treatment costs, many patients choose to receive illegal treatment (Chirikashvili et al, 2008), whose quality is substantially lower than services provided in authorized clinics (Todadze, 2008d). At the same time, there are not enough treatment institutions operating in the country to satisfy demand if other financial arrangements, such as co-funding for patients, were to become available.

There is unbalanced treatment availability between Tbilisi and the regions. Apart from the capital, specialized abstinence-oriented treatment of drug addiction is only available in Batumi. In the rest of the country, the range of offered services is not full. The basic form of treatment is detoxification followed by short term (up to 2-4 weeks) inpatient medical/psychological rehabilitation. Due to financial reasons, most patients cannot afford the full treatment course. There are no post-detoxification residential treatment facilities in Georgia, such as after care centres or therapeutic communities, no half-way employment or half-way houses or any other rehabilitation system for ex-users.

Professionals in the treatment field believe that the cases of illegal abstinence treatment (i.e., detoxification performed outside treatment facilities that hold certification of national standards) are frequent in Georgia (Chirikashvili et al, 2008). Illegal treatment can hardly be regarded as being effective, as it is usually performed by unqualified doctors or nurses who are not equipped with relevant medicaments, case management skills, or monitoring capacities.

Patriarcate of Georgia tries to develop rehabilitation services for addicts in the country. Namely, at the initiative of the Patriarchate and in cooperation with the NGO *Peoni* a special rehabilitation centre was opened for drug dependent individuals in the *Tabori Monastery* in Tbilisi. Patients go through the rehabilitation programmes led by the centre, in four different monasteries of the country. The length of stay at the monastery varies from 2 to 6 months. Each of the monasteries could serve 25 patients at the same time. Another rhabilitation center for addicts functions within the *The Bishop St. Gabriel's Orthodox Psychologists' Association, with capacity to serve 20 patients at the same time.*

There is a new developments regarding involvement of local governance structures in the funding of addiction treatment services. Namely, the Adjaran Government allocated municipal funds to help treat drug dependent individuals primarily in Batumi.

Substitution and Maintenance Treatment

A pilot program of methadone substitution therapy was launched in Georgia in December 2005 within the framework of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The program operated within the framework of the Georgian Research Institute on Addiction.

In September 2006, a second centre was opened in the private addiction clinic *Uranti*, and in February 2007, a third centre was opened in *Batum, the Addiction Centre*. The three programs have been funded within the framework of the GFATM's project and coordinated by the *Georgian Research Institute of Addiction*. The programs embrace 225-230 patients at a time. From the origin of substitution therapy in Georgia to the end of 2008, the program covered 552 patients (550 male and 3 female), including 51 HIV+ patients. By 1st of January 2009, there were 330 persons on the waiting lists of Georgian substitution programs.

Description of current substitution therapy programs in Georgia

The programs offer to patients comprehensive medical and psychological assistance with some elements of social rehabilitation, namely the assistance of a social worker in solving family problems. Most patients receive maintenance substitution therapy and only a minority of them

are treated under a slow detoxification scheme. Thus, the period of time of a patient's participation in the program is unlimited and determined individually in view of the treatment dynamics, which are agreed with the patient. Daily doses of methadone are not restricted. Though the average daily dose in different centres is 60-70 mg, some patients receive 120-140 mg reflecting their individual needs. Patients are systematically monitored for use of other drugs and psychotropic substances and excluded from the program only rarely (a total of 8 cases to the end of 2007) and only for violations of the regimen (i.e. for repeated cases of drug use).

Experts who have analysed the main problems in substitution treatment of opiate addiction in Georgia have found rigidity in rules that preclude matching treatment to a patient's needs, which are deemed not to be in accordance to WHO recommendations. Namely, the experts have found the following to be true in Georgia (Todadze, 2008a):

- Legislation for substitution therapy is too restrictive and inflexible;
- According to existing regulations, patients must visit the facility on a daily basis to pick up drugs (except when ill or travelling);
- Not a single daily dose of methadone can be taken home, including by a stabilized patient;
- Physicians and nurses are burdened with a large administration of the programs.
- The programs do not offer the patients efficient social rehabilitation (i.e. employment, occupational training, etc.), which is due to the generally underdeveloped mechanisms of social rehabilitation in the country.

Trends in the health and social status of substitution therapy patients

The Institute of Addiction measures substitution therapy patients' condition by level of depression, anxiety and life quality. A study that involved 45 patients in the years 2006-2007 indicates positive developments (Todadze, 2008b):

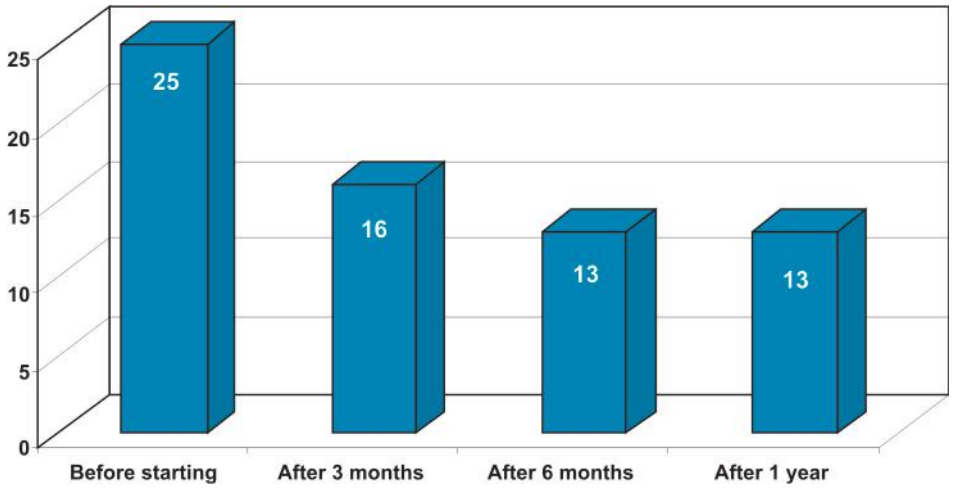

Figure 24: Depression Dynamics in Patients included in the Addiction Institute Substitution Therapy Program (Beck Depression Inventory) (Todadze, 2008b, Todadze, 2009b)

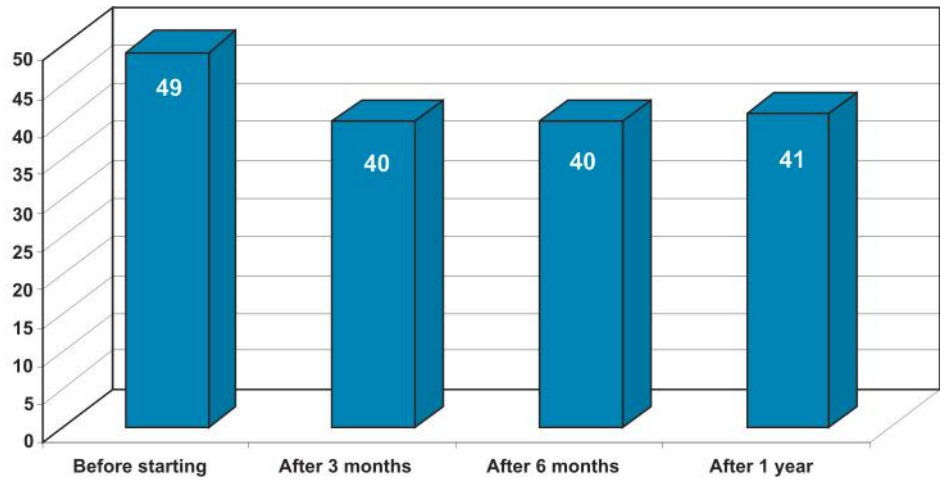

Figure 25: Anxiety Dynamics in Patients included in the Addiction Institute Substitution Therapy Program (Spielberg Anxiety Inventory) (Todadze, 2009b, Todadze et al, 2008d)

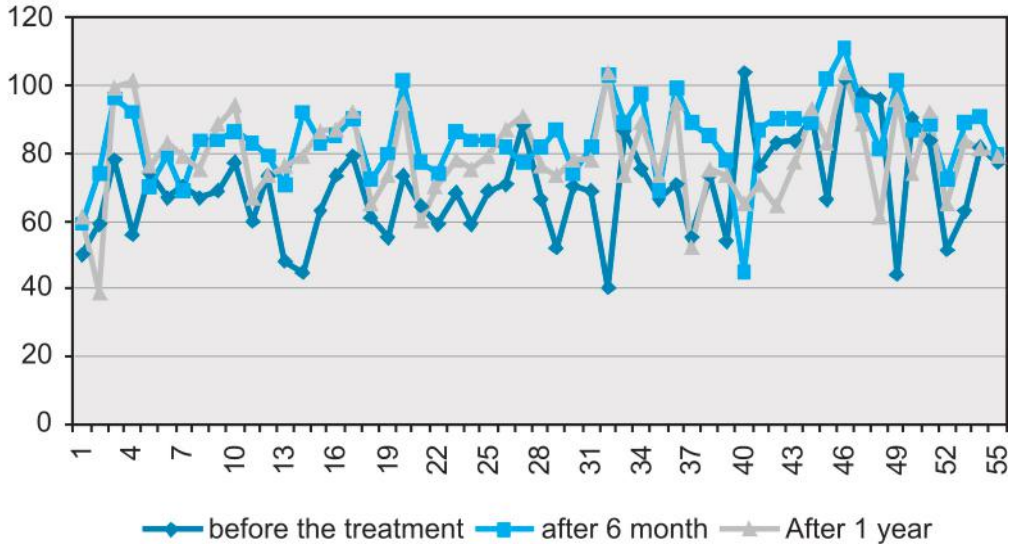

Figure 26: Trends in Life quality Indicators in Patients included in the Addiction Institute Substitution Therapy Program (WHO Survey questionnaire) (Todadze et al, 2008d)

Evaluation of Addiction Treatment Methods Practiced in Georgia: Opinions by Experts, Physicians, Patients and Relatives

The research, performed in the framework of Open Society Foundation Harm Reduction Program, allowed experts, physicians, patients and relatives to contemplate addiction treatment methods practiced in Georgia. The survey, which were conducted by the Georgian Research Institute of Addiction (Todadze et al, 2008d) found the *Opinion of experts:* inefficiencies in the addiction treatment system in Georgia for the following reasons: Treatment is mainly limited to a detoxification course and frequently does not include medical and psychological rehabilitation. Social rehabilitation programs do not exist and the range of treatment methods is limited. Further, there are no modern guidelines for addiction treatment and health providers' qualifications, especially those of nurses, psychologists and social workers do not meet international standards. At the same time, some experts mentioned significant steps that have been made to improve addiction treatment in recent years, including qualitative changes in treatment methods available in Georgia (Todadze et al, 2008d).

Opinions of patients, their relatives and physicianswere as follows: Patients and physicians

expressed opposiing views in the course of surveys. Patients believe that substitution therapy is the most efficient and humane method of treatment whereas the majority of surveyed physicians (67%) believe that the most efficient and humane treatment is inpatient detoxification followed by rehabilitation. Patients' family members consider a methadone program to be the most efficient and inpatient detoxification to be the most humane. Interestingly, drug users and their family members consider implantation of naltrexone (coding) the second most effective method. However, all three groups of respondents consider the method as the least humane (Todadze et al, 2008d).

11.2. After-Care and Re-Integration

As mentioned, there are no programs oriented at social reintegration of drug users in Georgia, except two programs established by the initiative of the Georgian Patriarchy of Georgia.

One rehabilitation program is implemented by staff of NGO Peoni. The program is based on a modified 12-step approach for those willing to give up drugs and is implemented at the *Tabori Monastery*. In 2007, the Tabori Rehabilitation Centre was approached by 397 people with substance disorders, including 175 people in the post-detoxification phase. Out of those, 157 people were referred to other monasteries. Seventeen patients have not used drugs up to present, four people remained at the monastery preferring to live a monastery life; five patients, including 4 drug users and one alcohol abuser, attended special certified counsellor training in Poland.

The Bishop St. Gabriel Rehabilitation Centre was established in January 2007 as part of the substitution therapy program with methadone under the GFATM Project '*Strengthening National Response for Effective HIV/AIDS Prevention and Control in Georgia 2003-2007*'. People with drug addictions can come to the centre regardless of their faith and confession and receive psychological support either in groups or individually, discuss spiritual issues, visit sacred places and get to know the monastery life. They also receive ergotherapy (occupational therapy), including painting, working with felt and enamel, and wood engraving. The centre staff also works with clients' family members. Since its opening, the Centre has worked with 120 drug users and has a capacity of 20 patients /beds.

12. INTERVENTIONS IN THE CRIMINAL JUSTICE SYSTEM

12.1. Assistance to Drug Users in Prisons

At present, there is no significant assistance to drug users in prisons. There are no abstinence oriented treatments (de-toxication, drug free units, therapeutic communities), no substitution treatment, no official harm reduction measures such as needle exchange, nor community links in the prisons for drug users. There is one attempt to fill in this gap by the NGO Peoni, which implements the Atlantis rehabilitation program in the female penitentiary colony No. 5. The program is based on modified 12-step principles. The program allowed sixteen female drug users passed a complete rehabilitation course in 2007. Additionally, one NGO is implementing projects involving prisoners: since 2001 NGO *Tanadgoma* have been providing VCT services to the number of prisons in the country (Rustavi colony no.2, The 5th Women's colony, qsani colony no.7, etc); Tanadgoma served 820 prisoners in 2008.

In 2008, Global Fund began designing a small scale methadone detoxification program for prisoners that should be operational in 2009. Similarly, SCAD plans to organise assistance to prisoners by refurbishing a treatment facility in one of the prisons in 2009.

12.2. Alternatives of Prison for Drug Dependent Offenders

At the moment, an alternative to prison is the 'procedural deal' which allows a person charged with a drug crime to pay a certain amount of money in order to be released from imprisonment. A person detained for repetitive drug use during one year is offered either imprisonment or to pay a sum decided by the court (there is no limit set in the law. One fine determined by the court was as high as 4,000 GEL). Since the sum of money paid in such cases is high and the regulations are not fully known, this provision, which does not regard the status of the convicted per-

son, cannot be seen as a standard alternative to imprisonment available for all with the same crime sentence

Treatment as an alternative punishment is stipulated in extant drug law. However, the law has not been implemented due to the absence of relevant mechanisms.

12.3. Evaluation and Training

There is no specific training provided to staff of penitentiary institutions who deal with addicted prisoners or to judges who decide on cases related to drug crime. A need exits for training to improve conditions for addicts in the penitentiary system of the country.

13. qUALITY ASSURANCE

quality assurance is weak is there are no relevant formal mechanisms in place other than ad-hoc recommendations. No governmental mechanisms are in place for either harm reduction or other areas of demand- or supply reduction. One exception is found in the harm reduction field, in which NGOs and professional association backed by international donors have created a monitoring and evaluation culture which has contributed to the development of quality assurance in provided services.

Annex no.1: List of Specially Controlled Psychotropic Substances in Georgia (for the full version see www.scad.ge)

Schedule N1 of Specially Controlled Psychotropic Substances in Georgia

N	Name	Chemical name
61	Efedrone	
71	Codeine – N-oxide	Codeine – N-oxide
73	Cocaine	methyl ester of benzoylecgonine*
74	Coca leaf, raw, dry	Coca leaf*
81	LSD, LSD-25, Lisergid	9,10-didehydro-*N,*N-diethyl-6-methylergoline-8 *â* -carboxamide
82	Marijuana	Marijuana
96	Methamphetamine	(+)-(S)-*N,á* -dimethylphenethylamine
115	Opium, raw	Opium
116	Opium extracts, opium fluid extract, opium tincture	Opium
162	Heroin	diacetylmorphine

Schedule N2 of Specially Controlled Psychotropic Substances in Georgia

N	Name	Chemical name
2	Buprenorphine	2l-cyclopropyl-7-α-[(*S*)-1-hydroxy-1,2,2-trimethylpropyl]-6,14-*endo*- ethano-6,7,8,14-tetrahydrooripavine
8	Codeine	3-methylmorphine
9	Methadone	6-dimethylamino-4,4-diphenyl-3-heptanone
10	Morphine	(5α,6α)-7,8-didehydro-4,5-epoxy-17-methylmorphinan-3,6-diol
16	Tramadol	rac-(1R,2R)-2-(dimethylaminomethyl)-1-(3-methoxyphenyl)-cyclohexanol

Schedule N3 of Specially Controlled Psychotropic Substances in Georgia

N	Name	Chemical name
5	Benzfetamine	*N*-benzyl-*N*,α-dimethylphenethylamine
18	Ephedrine	**([*R*-(*R**,*S**)]--[1-(methylamino)ethyl]-benzenemethanol)**
63	Flurazepam	7-chloro-1-[2-(diethylamino)ethyl]-5-(o-fluorophenyl)-1,3-dihydro-*2*H-1,4-benzodiazepin-2-one
65	Pseudo ephedrine	**([*S*-(*R**,*R**)]--[1-(methylamino)ethyl]-benzenemethanol)**

Annex no. 2: Small Amounts of Narcotic Drugs, Psychotropic Substances and Precursors Recovered from Illicit Possession and Circulation (for the full version see www.scad.ge)

N	Name of plants, substances and preparations	Amounts in grams
		Small
1	2	3
	Narcotic Drugs	
10	AMFETAMINE	–
26	BUPRENORPHINE	0.012
61	EPHEDRON	–
69	CANNABIS	10.0
70	CANNABIS OIL	–
71	CANNABIS RESIN	0.05
74	CODEINE (BASE AND SALTS)	0.2
75	CODEINE-N-OXIDE	–
77	COCAINE (base and salts, despite the existence of accompanying substances)	0.06
78	D-COCAINE	0.06
79	COCA LEAF, RAW AND DRY	10.0 20.0
89	METHADONE (BASE AND SALTS)	0.02
99	METHCATHINONE	–
110	MORPHINE (BASE AND SALTS)	0.04
112	MORPHINE METHYLBROMIDE	–
124	OMNOPONE	0.06
125	OPIUM, AMPHIONE (despite the existence of neutral fillers powder, sugar, starch, etc)	0.2

126	OPII MEDICINALIS	0.2
127	TINCTURAE OPII	0.5
128	EXTRACTI OPII	0.1
129	OPIUM EXTRACTION	0.1
162	TRAMADOL	1.0
176	Hand-made substances from PSEUDOEPHEDRINE or PSEUDOEPHEDRINE-containing preparations	–
178	OPIUM PIPPY (RAW AND DRY)	50.0 10.0
179	OPIUM HAY concentrate	0.1
180	OPIUM HAY EXTRACTS	
181	ANY OPIUM TINCTUR	
182	OPIUM TAP	0.1
185	HEROIN (despite the existence of accompanying substances)	–
Psychotropic substances		
1	2	3
12	DIAZEPAM	0.05-0.25
18	EPHEDRA EqUISETINA Raw Dry	50.0 25.0
20	THEOPHEDRINUM	20-50 tab.
24	KETAMINE	1.5-50.0
54	RELADORM	50 tab.
60	TETRAZEPAM	0.5-2.5
62	PHENAZEPAM	0.01-0.05
72	CYCLODOLE	0.06-0.25
Precursors		
5	EPHEDRINE	0.5
14	PSEUDOEPHEDRINE	5.0
16	ACETIC ANHYDRIDE	5.0

Note:

1. In case the 3rd vertical columns show only one number, then:
   a. Administrative liability is assumed up to (and including) the amount shown in the 3rd vertical column;
   b. Criminal liability is assumed for the amount over the 3rd vertical column;
2. In case the 3rd vertical columns show two figures, then:
   a. The amount exceeding that in the 3rd vertical column up to (including) the amount shown in the same column shall be deemed a small amount;
   b. Criminal liability is assumed from the maximum amount in the 3rd vertical column;
3. The examples shown in the 3rd vertical column does not mean that the given calculation applies only to the specified medication form. The calculation shall apply and extend to the form of any medication subject to special control.

Annex no.3: List of Drug Monitoring System and Sources of Information

- Georgian Ministry of Labour, Health and Social Security The National Centre for Diseases Control and Public Health Department;
- The Georgian Research Institute on Addiction;
- The Infectious Diseases, Aids and Clinical Immunology Research Centre
- The Georgian Ministry of Education and Science National Curriculum and Assessment Centre;
- The Georgian Ministry of Economical Development Statistical Department's Unit for Demographic Statistics;
- The Georgian Ministry of Internal Affairs Special Operative Department;
- Statistics and Information Service of the Supreme Court of Georgia;
- The Georgian Ministry of Justice Department for Punishment Execution;
- The Georgian Ministry of Justice National Forensic Expertice Bureau;
- National non-governmental organizations *Alternative Georgia, Bemoni, National Network for Protection Against Violence, New Way, Peoni, Tanadgoma, Uranti;*
- *Patriarchate of Georgia Anti-Drug Center; The Bishop St. Gabriel Orthodox Christian Psychologists'Association;*
- International organizations: *Save the Children, Global Fund for Fight against HIV/AIDS, Tuberculosis and Malaria, Open Society - Georgia Foundation.*

LIST OF TABLES USED IN THE TEXT

LIST OF FIGURES USED IN THE TEXT

LIST OF ABBREVIATIONS USED IN THE TEXT

antiHCV Hepatitis C virus serological marker
antiHBs Hepatitis B virus serological marker
ARV Antiretroviral therapy
DRD Drug related death and mortality epidemiological indicator
EMCDDA European Monitoring Centre for Drugs and drug Abuse
ESPAD School Survey Project on Alcohol and other Drugs
EU European Union
FSW Female Sex Worker
GADCo Georgian Anti Drug Coalition
GFATM Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria
GHRN Georgian Harm Reduction Network
GRIA Georgian Research Institute on Addiction
HCV Hepatitis C virus
HBV Hepatitis B virus
HIV\AIDS Human Immunodeficiency Virus\Acquired Immune Deficiency Syndrome
IAS International AIDS Society
ICD - 10 International Classification of Diseases no.10
IDU Injecting Drug User
INCB International Narcotic Control Board
INCSR International Narcotics Control Strategy Report
JUVENCO International Network for Peace and Cooperation
MARP Most at Risk Population
MoH Ministry of Health
MSM Men having Sex with Men
NIDA National Institute on Drug Abuse (USA)
PATH Programme of Appropriate technologies in Health
PCR Polymerisation Chain Reaction
PLHIV Human Immunodeficiency Virus Positive
PSI Population Services International
PTF Prevention Task Force, created in the frame of the Save the Children Federation SHIP project
VCT Voluntary Testing and Counselling

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GEORGIAN DATA BASES/SOFTWARE /INTERNET ADDRESSES

www.scad.ge – Website of SCAD Programme, containing information on the different components of the SCAD Program (Drug Information and Epidemiology, Prevention, Treatment, Legislation, etc), drug related news as well as drug annual reports published in the framework of the program

www.ziani.ge – Website of Georgian Harm Reduction Network, containing information on the activities and events initiated by the network and its member organizations, information on drug legislation and

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NOTES