

DRUG REPORT 2019

NATIONAL DRUG OBSERVATORY OF GEORGIA

Tbilisi

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Acronyms

NPS - New Psychoactive Substances

HIV- Human Immunodeficiency Virus

Global Fund - Global Fund to Fight AIDS Tuberculosis and Malaria

ICD-10 - the International Statistical Classification of Diseases and Related Health Problems, tenth revision

AIDS - Acquired Immune Deficiency Syndrome

PDI - The Peer-Driven Intervention

IDU - Injecting Drug User

OST - Opioid Substitution Therapy

AOCG - Administrative Offences Code of Georgia

LEPL - Legal Entity of Public Law

CCG - Criminal Code of Georgia

NSP – The Needle and syringe programme

MIA - Ministry of Internal Affairs of Georgia

CI – Confidence interval

CND - United Nations Commission on Narcotic Drugs

DEA - United States Drug Enforcement Administration

EMCDDA – European Monitoring Center for Drugs and Drug Addiction

ESPAD - European School Survey Project on Alcohol and Other Drugs

EU-DAP – EU-DAP: European Union (School Based programme) for Drug Abuse Prevention

DRD – Drug-related deaths and mortality

DRID – Drug-related Infectious Diseases

NCDC – National Center for Disease Control and Public Health

GeNPUD - Georgian Network of People Who Use Drugs

GPS – General Population Survey

REITOX - Réseau Européen d'Information sur les Drogues et les Toxicomanies

INL - International Narcotics and Law Enforcement Affairs

INCB - International Narcotics Control Board

UNODC - United Nations Office on Drugs and Crime

TDI – Treatment Demand Indicator

THC – Tetrahydrocannabinol

WHO – World Health Organization

1. Introduction

The National Drug Observatory (hereinafter the "NDO") was established on 16 January 2020 upon the order of the Minister of Justice of Georgia №494 to implement evidence-based drug policy in the country. NDO is responsible to study the drug situation in the country, monitoring strategic directions (prevention, treatment/rehabilitation, harm reduction, supply reduction), producing reports, conducting target-oriented studies, implementing EMCDDA standards, processing epidemiological and statistical data based on respective indicators, analysing data, cooperating and exchanging information with relevant local and international organizations, including EMCDDA, issuing recommendations in response to the challenges existing in this field. NDO is structurally subordinated to the Inter-Agency Coordinated Council on Combating Drug Abuse and is led by the Secretary of the Inter-Agency Coordinated Council on Combating Drug Abuse who is also Head of Public International Law Department of the Ministry of Justice of Georgia. NDO is staffed by subject-matter experts, including permanent and invited experts specializing in drug prevention, treatment and rehabilitation, harm reduction, supply reduction, addictology, sociology and epidemiology.

NDO was the first to prepare the drug report. Its purpose was to describe the drug trends in Georgia in 2019 based on relevant and highly reliable data and to present the existing data in a structural way thus helping the government to see an overall picture of drug trends and develop a better understanding of strategic directions and indicators. The report is built on EMCDDA standards allowing for the collection of comparable and actual data.

Drug report 2019 comprises information on the national strategy for combating drug addiction in the country, overview of coordination mechanisms and legislation, including key information on legislative changes and initiatives of the parliament and constitutional court of Georgia. Based on the four-pillar drug policy, it describes in detail the current situation in the field of prevention, treatment/rehabilitation and harm reduction, measures taken by law enforcement bodies, the number of beneficiaries covered by harm reduction, treatment,

rehabilitation and prevention programmes, treatment episodes and other important statistical data, including the main challenges of collecting information in the strategic directions.

The report presents information on EMCDDA's five main epidemiological indicators:

- Prevalence and Patterns of Drug Use;
- High Risk Drug Use;
- Treatment Demand Indicator (TDI);
- Drug related deaths and mortality (DRD);
- Drug related infectious diseases (DRID).

In addition to the indicators, the report highlights the current situation in the penitentiary, crime prevention and probation systems in 2019, specifically, preventive, treatment, rehabilitation and harm reduction measures implemented for defendants and convicts, and other important statistical data.

The Drug Report covers relevant studies conducted in the country in 2019, such as European School Survey Project on Alcohol and Other Drugs 2019, PDI studies among IDUs, studies of NSP beneficiaries and other studies related to the drug distribution, risky behaviours, studies of drug scene of Georgia, drug consumption characteristics and trends. It should be noted that during the reporting period important drug addiction studies have not been conducted such as those implemented and realized in the EU countries and recommended by EMCDDA.

NDO was actively cooperating with relevant government agencies, civil sector NGOs and subject-matter experts while preparing the report and collecting the data.

We should also mention the epidemiological situation in 2020 both globally and in Georgia, caused by Covid-19 outbreak. Due to this emergency situation, NDO considered it necessary to provide an overview of mechanisms in response to the Covid-19 reality describing the special measures and studies conducted in 2020 in the Drug report 2019.

2. Coronavirus (Covid-19) pandemic

The new coronavirus (Covid 19) pandemic in early 2020 and actions taken against it affected the drug situation in the world. The drug situation in Georgia was also affected by the measures taken at the national level to contain the pandemic, such as social distancing and introduction of various controls.

As the country declared a state of crisis and emergency, the changes in the legal regulations affected OST programmes. Thus, effective from 13 March 2020, it was possible to take away a 5-day dose of medicament for the programme beneficiaries in Georgia. A similar practice, on such a scale, was first introduced in Georgia and lasted for months (the take-away practice was delayed for 3-4 weeks in September). In addition, general social distancing regulations to a certain extent affected the availability of harm reduction and treatment services.

A study initiated by EMCDDA and organized by the National Drug Observatory was started soon after the measures have been taken to contain the pandemic. The purpose of the study was to evaluate the impact of the pandemic on the Georgian drug market, drug addicts and essential services available for drug addicts. The final report of the study analyses the findings made from March to May 2020. This study was also conducted in EU and ENP countries¹.

¹ Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, Palestine *, Tunisia and Ukraine

The study used a Trendspotting methodology which allows for rapid and comprehensive analysis of newly emerging events and/or trends (EMCDDA, 2018).

The study data were collected from relevant state agencies,² low-threshold, treatment and psychosocial rehabilitation facilities.

Some key findings of the study should be mentioned:

- OST programmes continued uninterruptedly. In contrast, the existing situation caused positive changes in terms of drug users' enrollment in the programmes resulting in the higher number of new patients in OST programmes;
- During the period of anti-pandemic regulations, OST programme patients were allowed to come every sixth day to the treatment facility where they would be given a medication dose for the day on site and take home the remaining 5-day dose;
- Before the country declared a state of emergency, the number of beneficiaries applying to the harm reduction service centres were increased due to the desire of the clients to "supply" injection materials. However, after the travel restrictions, the number of beneficiaries coming to the centers has decreased. However, there are service centres where referrals have not decreased but rather increased;
- Organizations implementing psychosocial rehabilitation services and harm reduction programmes have introduced remote services based on the organization's internal regulations.
- The COVID-19 outbreak and actions taken against it affected the paying capacity of drug users resulting in less referrals for paid health services;
- The drug market has seen a decline of drugs supply, rising prices and deteriorating quality. In addition, oral medicines from OST programmes got to the black market and were used intravenously;
- Remote harm reduction services became particularly important in the face of anti-pandemic restrictions. The use of 10 Syringe Vending Machines (SVM) located in Tbilisi

² Public agencies - MIA, LLEP Crime prevention, non-custodial sentence execution and probation national agency, Center For Mental Health And Prevention Of Addiction Ltd, LLEP Revenue Service.

has increased significantly. This self-service device makes it possible to get syringes, needles, condoms, sterile means of harm reduction or information booklets.

The study and assessment of Covid-19 impact and the measures taken against it still remains a relevant issue. That is why this issue has been integrated into the current study, and will continue to be addressed in other thematic studies.

3. National laws

3.1. Analysis of legislative regulation on regulated substances

In 2019, national anti-drug legislation relied on several key framework laws and regulations, including the Law on Drugs, Psychotropic Substances, Precursors and Drug Abuse Treatment, which regulates issues related to the distribution of drugs, psychotropic substances and precursors in the country, establishes the legal framework of the public policy for the legal turnover of regulated substances and fight against their illegal trafficking, and the principles of drug abuse treatment. (Parliament of Georgia, 2012) There is also an Anti-Drug Law to combat drug crimes, to prevent drug addiction, use and distribution of drugs (Parliament of Georgia , 2007).

In addition, the law of Georgia on New Psychoactive Substances was adopted in 2014 to prevent anticipated threats to the health of population due to the distribution of NPS, to

prevent the illegal trafficking of NPS and ensure the coordinated work of relevant competent agencies (Parliament of Georgia, 2014).

Therefore, the Administrative Offences Code of Georgia and the Criminal Code define and establish the types and measures of administrative liability or criminal penalties for administrative offenses and criminal offenses related to drugs, psychotropic substances and precursors.

It is noteworthy that a number of steps have been taken in recent years to improve the national drug legislation and implement more liberal approaches focused on human rights. Legislative changes and novel approaches to regulations are often a result of the implementation of decisions of the Georgian Constitutional Court and / or an initiative of various public agencies and Inter-Agency Coordinating Council (hereinafter the "Council"). Among the changes that have taken place in recent years, there were a number of important legislative changes aimed at improving the drug policy and promoting liberal approaches:

- First of all, we should mention the amendment implemented in 2014 concerning the cases of alleged overdose. Based on this legislative change, provision of emergency medical care was no longer obligatory. This meant that cases of overdose had to be reported to the patrol police. The above-mentioned regulation significantly hampered timely and necessary medical intervention in many cases caused by overdose, which became a main reason for the implementation of the amendments;
- Later, in 2015, amendments were introduced to Article 260 of the Criminal Code³, resulting in the separation of the liability for illegal possession of drugs from the liability for the distribution of drugs. In particular, liability for possession of drugs was reduced to 6 years in prison instead of 11 years in prison. Severe sentence for trafficking remained the same.
- In 2017, a package of legislative amendments was developed within the Council to reflect the 24 October 2015 decision of the Constitution Court on the case of Beka Tsikarishvili (Constitutional Court of Georgia, 2015) versus the Parliament of Georgia in the national legislation. Thus, the legislative changes were prepared by a working group within the Council. Pursuant to these changes, a more liberal approach was established for the production, purchase, storage, transportation and shipping of small

³ Illegal manufacturing, production, purchase, storage, transportation, transferring or sale of drugs, their analogues, precursors or new psychoactive substances.

and large quantities of marijuana / cannabis, and their use without a doctor's prescription. In particular, administrative detention and imprisonment were abolished as a form of criminal punishment, and liberal approach applied to the quantities of marijuana and cannabis. It is noteworthy that these legislative changes did not intend to decriminalize the use of marijuana/cannabis but rather aimed to develop a liberal policy to these narcotic substances. The amendments abolished imprisonment for the using cannabis without a doctor's prescription , and for the purchase, storage, transportation and transfer of marijuana and cannabis in small quantities. In addition, the amendments to the Law of Georgia on Narcotic Drugs, Psychotropic Substances, Precursors and Drug Treatment redefines large and especially large quantities of cannabis and large quantities of marijuana;

- Amendments to the Code of Administrative Offenses reduce the fine for the purchase, storage, transportation, transfer and using without a doctor's prescription of small quantities of dried marijuana (up to 5 g), raw marijuana (up to 10 g) and cannabis (up to 10 g). Community service was introduced as a new alternative punishment, and administrative detention was completely abolished;
- The new Article of the Criminal Code 273¹ prohibits the use of imprisonment for the illegal purchase, storage, transportation, transfer and / or personal use of large quantities of dried herbal cannabis, raw herbal cannabis and cannabis plant. Imprisonment as a form of punishment applied only to large quantities;
- The amendments made in the Code of Administrative Offenses, Criminal Code and Law of Georgia on Combatting Drug Crimes in 2018 sought to implement 3 decisions/rulings of the Constitutional Court. Amendments were implemented in the ruling of the Executive Session of the First Panel of the Georgian Constitutional Court #1/16/770, dated 22 December 2016, in the case of the Ombudsman of Georgia versus the Georgian Parliament “ (Constitutional Court of Georgia, 2016); Decision # 1/13/732 of 30 November 2017 in the case of Georgian citizen Givi Shanidze versus the Parliament of Georgia (Constitutional Court of Georgia, 2017); decision #1/3/1282 of 30 July 2018 in the case of Georgian citizens Zurab Japaridze and Vakhtang Megrelishvili versus the Parliament of Georgia (Constitutional Court of Georgia, 2018):
 - o The legislative changes have effectively decriminalized the use of cannabis plant or marijuana in the cases where an individual uses them at his/her own place of residence. However, their use was prohibited in any other buildings.

- In particular, the above-mentioned legislative changes aimed to protect minors and persons under 21 years of age from the harmful effects of cannabis plant / marijuana. The legislative changes have introduced strict approaches and regulations to limit the access of teenagers and young people under the age of 21 to cannabis plant / marijuana. The purpose was to establish administrative liability for using without a doctor's prescription of marijuana by individuals under the age of 21 for recreational purposes. In addition, severe sentences shall be imposed for the use of marijuana in the presence of minors or in institutions for minors, such as educational establishments, libraries, youth camps, children's entertainment centres, and other facilities for persons under 18 years of age, including public gatherings for persons under 18 years of age or their adjacent areas in the vicinity of 150 meters;
 - Administrative liability was established for the use of marijuana in public places;
 - Pursuant to the legislative changes, driving a motor vehicle in a state of narcotic / psychotropic intoxication leads to criminal liability. Accordingly, these regulations were removed from the Code of Administrative Offenses;
 - More severe administrative penalties were prescribed for offenses involving promotion or advertisement of List I and II Regulated Substances, or for distribution of information about the sites of their production, consumption, use and purchase.
- In addition, ⁴ a draft amendment 8 redefining the quantity of narcotic substances was prepared within the Inte-Agency Coordinating Council for Combatting Drug Abuse. The draft amendment was in the phase of additional consultations.

It is noteworthy that despite the changes made, there are still several decisions of the Constitutional Court which the Council has started to implement and enforce in legislative regulations. Accordingly, thematic work groups were staffed by subject-matter experts.

Thus, it is required to enforce the decision of the Constitutional Court # 1/9/701,722,725, dated 14 July 2017, concerning the crime stipulated by article 265 of the Criminal Code of Georgia - illegal sowing, growing or cultivation of plants containing narcotics (Constitutional Court of Georgia, 2017).

⁴ Amphetamine, desomorphine, LSD, MDMA, methadone, methcathinone, methamphetamine, heroin.

At the same time, there is the decision of the Constitutional Court #1/6/770, dated 2 August 2019, stipulating that the regulatory content of Article 45 of AOCC conflicts with the first and second paragraphs of the Constitution of Georgia, which provides that administrative detention may be applied as a penalty for the use of narcotic substances and for the purchase and storage of such substances in the quantity intended for one-time use, provided that they are not highly addictive and/or do not result in aggressive behaviours. The provisions of (article 273) of CCG was also recognized unconstitutional. It provides that imprisonment may be applied as a penalty for the use of narcotic substances, their analogues and precursors, and for the purchase and storage of such substances in the quantity intended for one-time use, provided that they are not highly addictive and/or do not result in aggressive behaviours (Constitutional Court of Georgia, 2019).

4. National Drug Strategy and Coordination Mechanism

4.1 Interagency Coordinating Council on Combating Drug Abuse

The Interagency Coordinating Council for Combating Drug Abuse was established by the Decree of the President of Georgia (№751), dated 22 November 2011, to ensure effective and coordinated inter-agency cooperation against the spread of drug addiction, reduction of medical, social and economic harm caused by drug abuse and illicit drug trafficking. The composition of the Council was approved later on 7 May 2014 by the Decree of the Government of Georgia #342. (Government of Georgia, 2014).

The Council is chaired by the Minister of Justice of Georgia, and co-chaired by the Minister of Internally Displaced Persons from the Occupied Territories, Health, Labour and Social Affairs

of Georgia. The Public International Law Department serves as Secretariat of the Council, and the head of the department is a secretary of the Council.

To ensure efficiency of the coordinating functions, the Council is made up of officials from various departments;⁵ representatives of international and local non-governmental organizations are also involved in the work process and meetings of the Council as experts. (Government of Georgia, 2014).

In addition, the purpose of the Council's activities is to reduce the medical, social and economic harm caused by drug abuse, to develop a public strategy and relevant action plans against drugs, to periodically update and monitor its implementation. It is important that in response to current challenges, and to develop a public strategy to combat drug addiction, the Council prepares proposals and recommendations and ensures inter-agency coordination in the implementation of the public strategy.

The Council has permanent thematic working groups composed of stakeholders, representatives of government agencies, representatives of the civil society, international organizations, and subject-matter experts, including narcologists, addictologists, harm reduction experts, etc.

At the same time, the Council actively cooperates with international partner organizations and third countries and has relevant representation at the international level.

The Council actively cooperates with the EMCDDA and the European Drugs and Drug Addiction Information Network within the EMCDDA (hereinafter - Reitox), within the framework of the Memorandum of Understanding signed in 2015 between the Ministry of Justice of Georgia and the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction, 2015).

The Council also works extensively with the United Nations Office on Drugs and Crime (UNODC), The United Nations Commission on Narcotic Drugs (CND), the World Health

⁵ Ministry of Internally Displaced Persons from the Occupied Territories, Health, Labour and Social Affairs of Georgia; Ministry of Internal Affairs of Georgia; The Ministry of Education, Science, Culture and Sports; The Ministry of Finance; Special Penitentiary Service; General Prosecutor's Office; Administration of the Government of Georgia; The Parliament of Georgia; Supreme Court;

Organization (WHO), the International Narcotics Control Board (INCB), and the US Embassy's International Narcotics and Law Enforcement Affairs (hereinafter - INL), the United States Drug Enforcement Administration (hereinafter - the DEA) and the Council of Europe's drug policy cooperation platform (hereinafter - the Pompidou Group), which Georgia joined as the 41st member in 2020.

4.2 National Strategy On Combating Drug Abuse 2013 and Action Plan for Combating Drug Abuse 2019-2020

As mentioned above, the Council develops, approves and periodically updates its drug control strategy and action plan.

Representatives of relevant government agencies, independent experts, representatives of international and non-governmental organizations are involved in the development of these strategic documents.

The action plan fully reflects current international and European standards in the fight against drug addiction and is based on a national anti-drug strategy. The anti-drug strategy approved on 4 December 2013 and its corresponding anti-drug action plan for 2019-2020 are currently in effect (Ministry of Justice of Georgia, 2013). In preparing its strategic documents, the Council takes into account all the recommendations issued by international organizations, industry experts, non-governmental organizations and the Ombudsman Office.

It should be noted that the anti-drug strategy is based on a 4-pillar approach:

- Prevention;
- Treatment and rehabilitation;
- Harm reduction;
- Drug supply reduction.

In turn, the goals of the strategy are to establish a balanced and evidence-based policy, to identify the challenges in the country, and to implement a pragmatic and realistic strategy.

The national strategy on combating drug abuse and action plans formulate a new approach to the fight against drug abuse aiming to further strengthen the fight against drug related crime and, at the same time, to develop medical and social tools to combat drug abuse. The strategy

and action plans are equally focused on the introduction of effective measures to handle social, economic and health-related harm caused by drug abuse and to combat stigma and discrimination, including cooperation at the international level and coordination with partner organizations.

5. Drug use in the general population and young people

5.1 General population survey

The first study concerning the use of psychoactive substances in the general population was conducted in Georgia in 2015. The study used the Randomized Response Technique (RRT) (Kirtadze I, 2015).

Since then, no repeated study has been conducted at the national level. Four years have passed since the study was conducted. During this period, the drug trends in Georgia have changed so the results of the present study may not accurately reflect the situation in 2019.

In 2019, a qualitative study was conducted to study the behavioural characteristics of psychoactive substances which are popular among visitors to Tbilisi nightclubs. The results of the study showed that the most commonly used drugs are MDMA / ecstasy, amphetamine, marijuana / hashish, LSD, ketamine, Nbome, synthetic cannabinoids and psychotropic drugs. According to the same study, it is common practice to mix drugs and / or use them with alcohol. The most common combinations among the respondents are:

- Ecstasy / MDMA and ketamine;
- Ecstasy / MDMA and LSD (Brilliant);
- Cocaine / methamphetamine / amphetamine and ketamine (sugar);
- Ecstasy / MDMA, LSD and ketamine;
- Ecstasy / MDMA, amphetamine and ketamine.

The study results cannot be generalized on a national level due to the limitations of the study, such as the small sample size, the limited area of the sampling field (confined only to the visitors of Tbilisi nightclubs) and the qualitative research method. It is impossible to interpret by the results of the above study, even about the peculiarities of the target audience behaviour. However, the study shows recent trends in the Georgian drug scene and demonstrates the need to study the use of psychoactive substances in the general population. (Beselia A, 2019).

5.2 Prevalence of psychoactive substances among young people

A study was conducted in Georgia based on the ESPAD methodology to obtain scientific knowledge about the use of alcohol, tobacco and other psychoactive substances among 16 year old students. Based on this methodology, the study is collaterally conducted in the EU and its neighbouring countries (35 countries in 2019⁶). The study methodology and its scale ensure

⁶ Italy, Portugal, Malta, Czech Republic, Germany, Netherlands, France, Iceland, Ukraine, Spain, Norway, Bulgaria Ireland, Kosovo, Montenegro, Denmark, Hungary, Romania, Serbia, Greece, Slovenia, Croatia, Slovakia, Macedonia, Macedonia , Poland, Austria, Sweden, Latvia, Cyprus, Estonia, Faroe Islands, Malta.

that the obtained results are reliable and generalizable at the national level, and comparable among the countries. The study was conducted twice throughout Georgia - in 2015 and 2019.

In 2019, the study was conducted throughout Georgia, except for the occupied territories of Abkhazia and South Ossetia. Two-stage (school and class) proportional simple random sampling was applied. Students were selected in proportion to school size, and then a class was selected in each school. A total of 280 schools were selected, of which 279 schools (245 public and 34 private) and 543 classes (485 public and 58 private) participated in the study. A total of 3092 sixteen year old students were selected for the study. Student involvement was quite high. Of the selected students, only 73 refused to participate in the study, despite parental consent. The questionnaire was prepared in Georgian, Armenian and Azerbaijani languages, therefore there were no language problems.

The study in Georgia is conducted by the National Center for Disease Control and Public Health (hereinafter - NCDC) with the technical and financial assistance of EMCDDA.

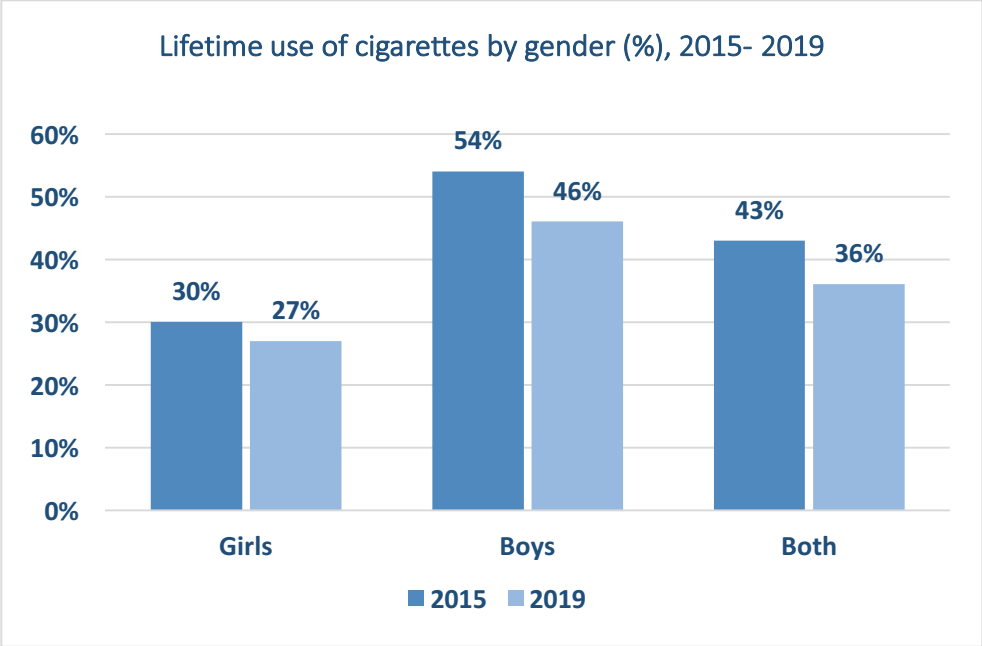
5.2.1. "Traditional" cigarettes and e-cigarettes

44.2% of the interviewed students said that it was quite easy or very easy to find cigarettes (47.5% for boys and 41.2% for girls).

According to the results of the 2019 survey, the lifetime prevalence of tobacco use is 36% (46% in boys, 27% in girls). 7% of the surveyed students are regular smokers (who have smoked 40 or more times in their lifetime).

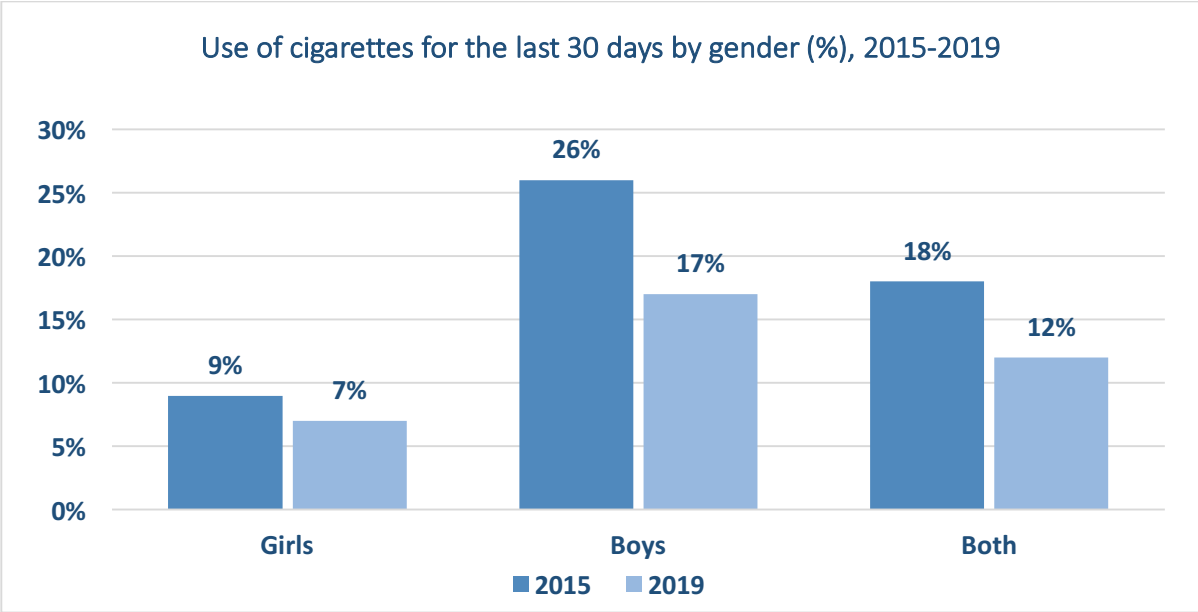
Compared to 2015, there was a statistically significant decline in the percentage of regularly smoking boys (6%, CI95% 3.1-8.9, $p < 0.0001$).

Chart #1. Lifetime use of "traditional" cigarettes by gender (%), in 2015 and 2019 (the National Center for Disease Control and Public Health).



Over the past 30 days, 12% of students surveyed have smoked tobacco. The figure is higher in boys (17%) than in girls (7%). This figure is lower compared to 2015 (18%). It is noteworthy that compared to 2015, the percentage of boys who have never used tobacco increased (9%, CI95% 5.7-12.3, $p < 0.0001$).

Chart #2. Prevalence of "traditional" cigarettes during the last 30 days by gender (%), in 2015 and 2019 (the National Center for Disease Control and Public Health).

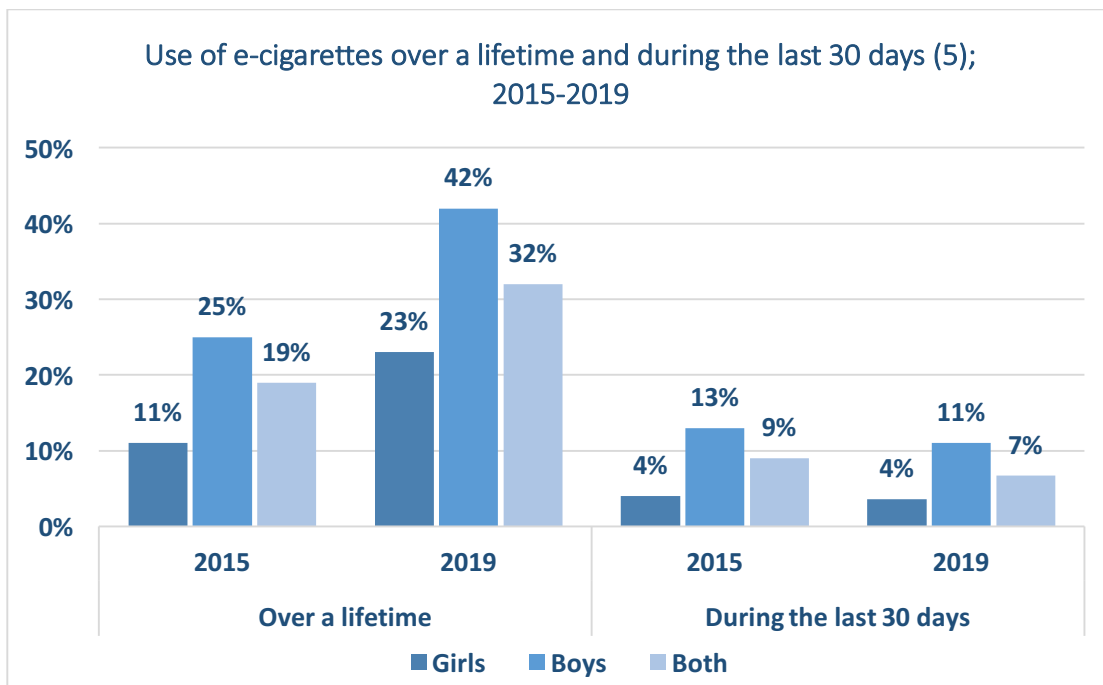


21% of the students surveyed (boys 28%, girls 14%) tried smoking at the age of 13 or younger, while 3% of the students started smoking every day at the age of 13 or younger (boys 4%, girls 1%). Compared to 2015, the percentage of children who started smoking at an early age (≤ 13 years) remained at 21%, while the daily smoking prevalence reduced from 4% to 3%.

33% of students (43% of boys and 25% of girls) have smoked an e-cigarette at least once in their lifetime, and 7% have smoked an e-cigarette during the last 30 days.

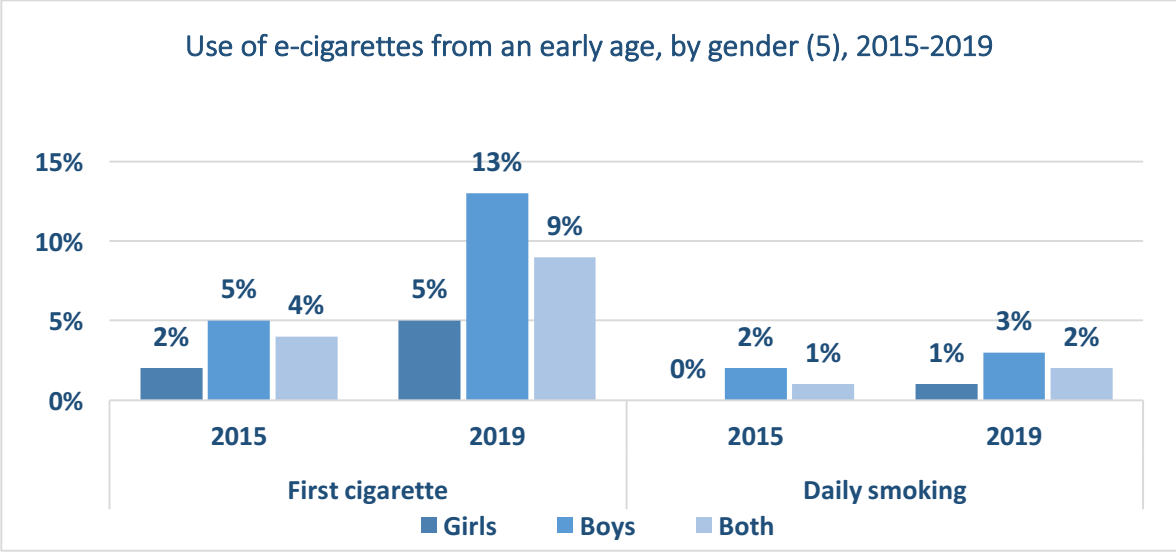
Compared to 2015, the share of young people who have smoked e-cigarettes at least once (13%, CI95% 10.6-15.4, $p < 0.0001$) has significantly increased both among boys (16%, CI95% 12.3-19.6, $p < 0.0001$) and girls (13%, CI95% 10.0-15.8, $p < 0.0001$).

Chart #3. Prevalence of e-cigarettes over a lifetime and during the last 30 days by gender (%), in 2015 and 2019 (the National Center for Disease Control and Public Health).



Compared to 2015, 2019 saw an increase in the number of students who started smoking e-cigarettes at the age of 13 or younger (5%, CI95% -3.7-6.3, $p < 0.0001$), while the prevalence of smoking increased by 1% in the last 12 months (1%, CI95% 0.35-1.64, $p = 0.0027$).

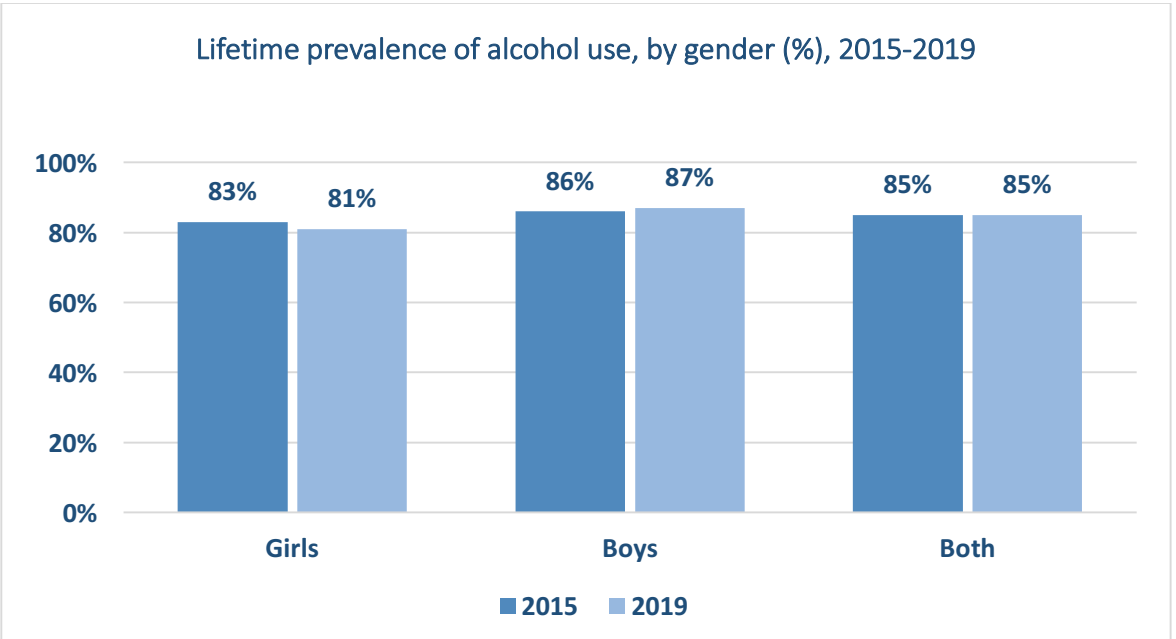
Chart #4. Smoking of e-cigarettes at an early age (≤ 13 years old) by gender, in 2015 and 2019 (the National Center for Disease Control and Public Health).



5.2.2. Alcohol

In 2019, 85% of the surveyed students have consumed alcohol at least once in their lifetime (87% boys, 81% girls). 16% of students who have consumed alcohol at least once in their lifetime have drunk alcohol 40 times or more (21% of boys and 11% of girls). Compared to 2015, the lifetime prevalence of alcohol consumption remains unchanged.

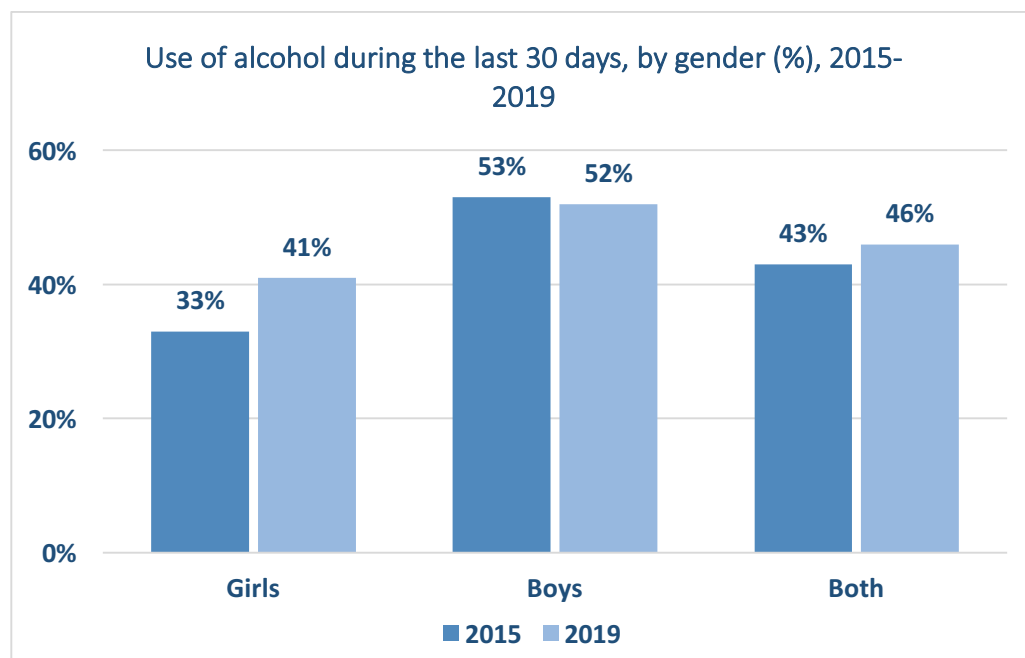
Chart #5. The lifetime consumption of alcohol by gender (%) in 2015 and 2019 (the National Center for Disease Control and Public Health).



75% of students (boys 78%, girls 72%) have consumed alcohol during the last 12 months. Among these students, 7% said they have consumed alcohol 20 or more times. Compared to 2015, there was a statistically significant decline in the prevalence of alcohol consumption during the last 12 months - by 20 or more (11%, CI95% 9.1-12.9, $p < 0.0001$). This change was particularly observed among boys (15%, CI95% 11.9–18.1, $p < 0.0001$).

46% of students have consumed alcohol during the last 30 days. Most of them (27%) drank alcohol once or twice. Frequent users (those who have consumed alcohol 20 or more times) make up 2% (boys 52%, girls 41%). Compared to 2015, the prevalence of alcohol consumption increased over the last 30 days among girls, as compared to boys (8%, CI95% 4.1-11.8, $p = 0.0001$).

Chart #6. Prevalence of alcohol consumption during the last 30 days by gender (%), 2015 and 2019 (the National Center for Disease Control and Public Health).



Beer (42%) and wine (39%) are the most common alcoholic beverages consumed during the last 30 days.

Students were asked how many times they had had alcohol intoxication (drunkenness) in their lifetime, during the last 12 months and during the last 30 days. 45% of respondents (boys 46%,

girls 45%) reported having had an episode of intoxication at least once in their lifetime. During the last 12 months, 28% of students (boys 30%, girls 27%) were drunk and intoxicated, and during the last 30 days, intoxication (drunkenness) was reported by 15% of students (boys 16%, girls 15). %).

Compared to 2015, there was an increased percentage of 1 or more drunkenness episodes in girls (9%, CI95% 5.0-12.8, $p < 0.0001$).

5.2.3. Illicit Drugs

25% of respondents (boys 28% and girls 22%) reported that getting marijuana / hashish / cannabis / "grass" is quite easy or very easy. This figure is higher compared to 2015 (21%).

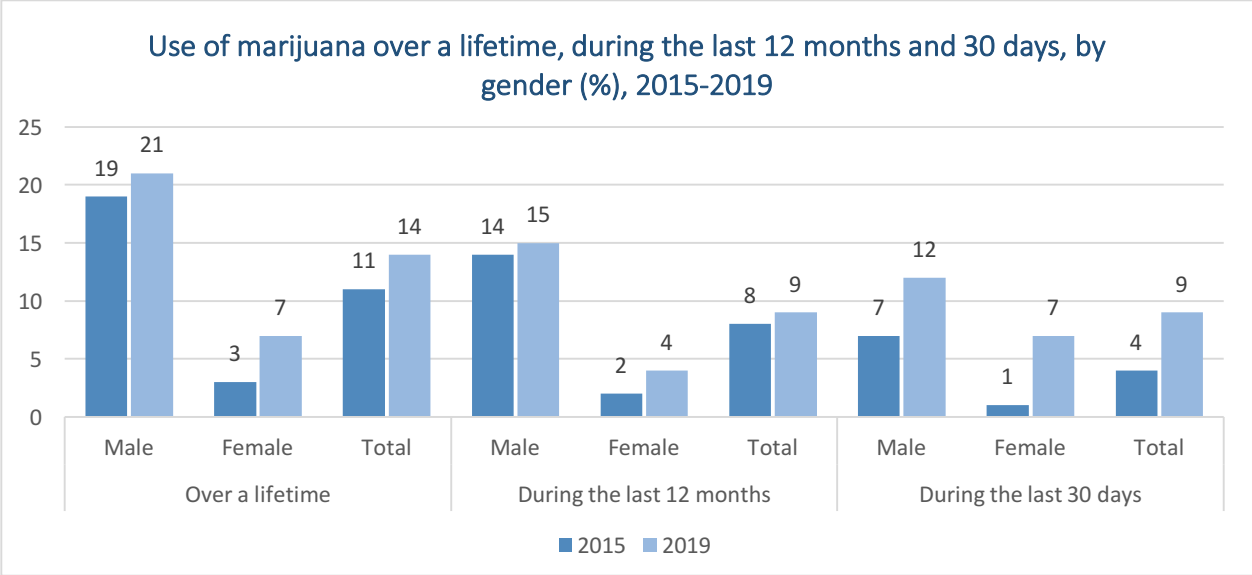
14% of students reported having used cannabis or Cannabis resin (hashish) at least once in their lifetime. Most students consumed it only 1-2 times (6%), followed by those who consumed it 3-9 times (4%). Consumption rates are higher in boys (23%) than in girls (7%).

During the last 12 months, cannabis or Cannabis resin (hashish) has been consumed by 10% of students (boys 13% and girls 3%). Most of them reported having used the drug only 1-2 times.

During the last 30 days, cannabis or Cannabis resin (hashish) has been consumed by 10% of students (boys 13% and girls 7%). Also, the majority of these students (5%) report that they have used it 1-2 times, while 1% of the students are frequent users (10 or more cases of smoking).

Compared to 2015, there has been an increase in the lifetime prevalence of cannabis and its products (11%) for the last 12 months (8%) and for the last 30 days (4%). The figures for 2019 are as follows - lifetime (14%), for the last 12 months (9%) and for the last 30 days (9%) (see the chart).

Chart #7. Marijuana use over a lifetime, for the last 12 months and 30 days by gender (%), in 2015 and 2019 (the National Center for Disease Control and Public Health).



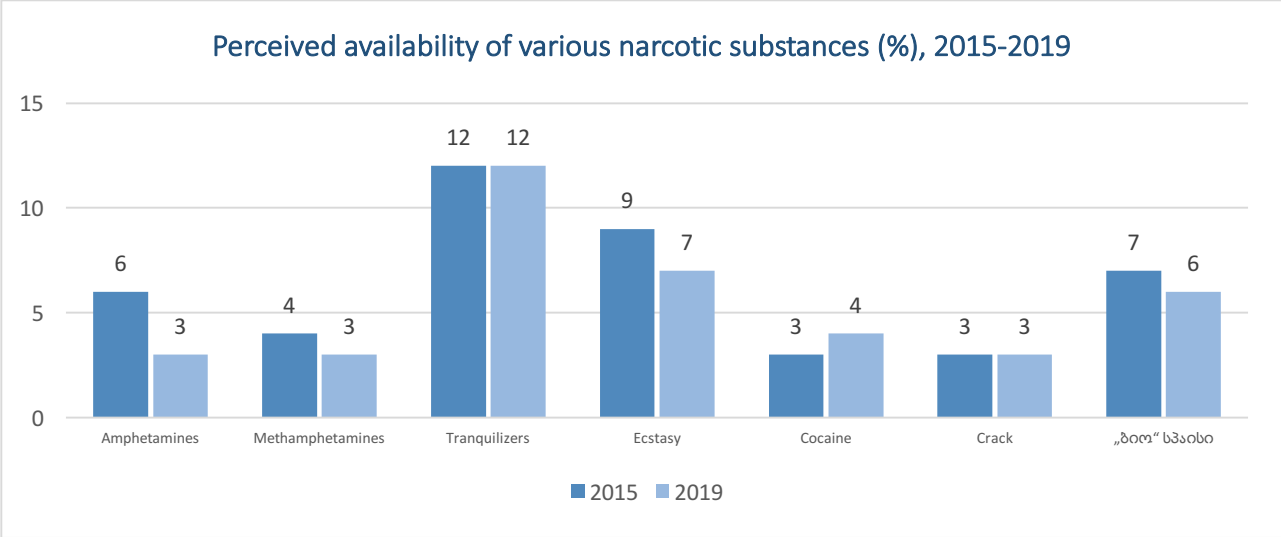
3% of the surveyed students (4% boys and 2% girls) used cannabis or its products for the first time at the age of 13 or younger. The majority of students (5%) first tasted cannabis at the age of 15 (9% boys and 3% girls). Compared to 2015, the number of students who consumed cannabis at the age of 13 or younger has increased, although the increase is not credible.

10% of students (16% boys and 5% girls) use a wild tobacco "grass"; Cannabis herb / skunk is consumed most often (5%; boys 8%, girls 2%).

When asked how difficult it would be for the students to find the seven listed substances (amphetamine, methamphetamine, tranquilizers / sedatives, ecstasy, cocaine, crack, and bio-spice), if they wished, the answers were distributed as follows: Tranquilizers / sedatives (12%), ecstasy (7%), bio-spice (6%), cocaine (4%), amphetamines (3%), methamphetamine (3%) and crack (3%). Finding all the substances is easier for boys than for girls; except for tranquilizers / sedatives.

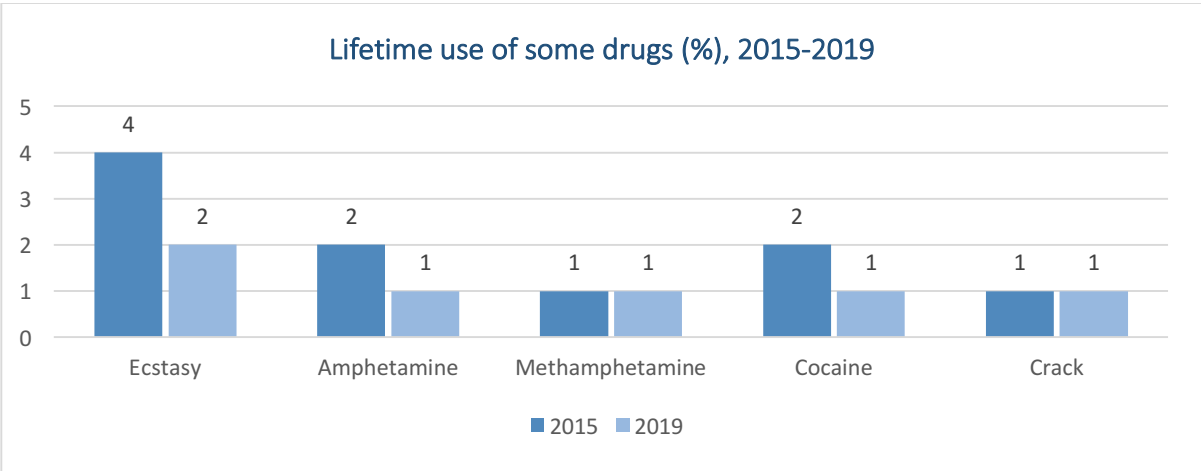
Compared to 2015, perceived availability of amphetamines (3%, CI95% 1.9-4.1, $p < 0.0001$) and ecstasy (2%, CI95% 0.5-3.5, $p = 0.0059$) has decreased.

Chart N8. Perceived access to different substances by gender (%), in 2015 and 2019 (the National Center for Disease Control and Public Health).



The most commonly used drug over a lifetime is ecstasy, which was used by 2% of surveyed students (boys 3% and girls 2%). The prevalence of other drugs is equal totalling 1%. Compared to 2015, the lifetime prevalence of ecstasy among boys significantly decreased (4%, CI95% 2.4-5.7, $p < 0.0001$).

Chart #9. The lifetime prevalence of ecstasy, amphetamine, methamphetamine, cocaine and crack by gender (%), in 2015 and 2019 (the National Center for Disease Control and Public Health).



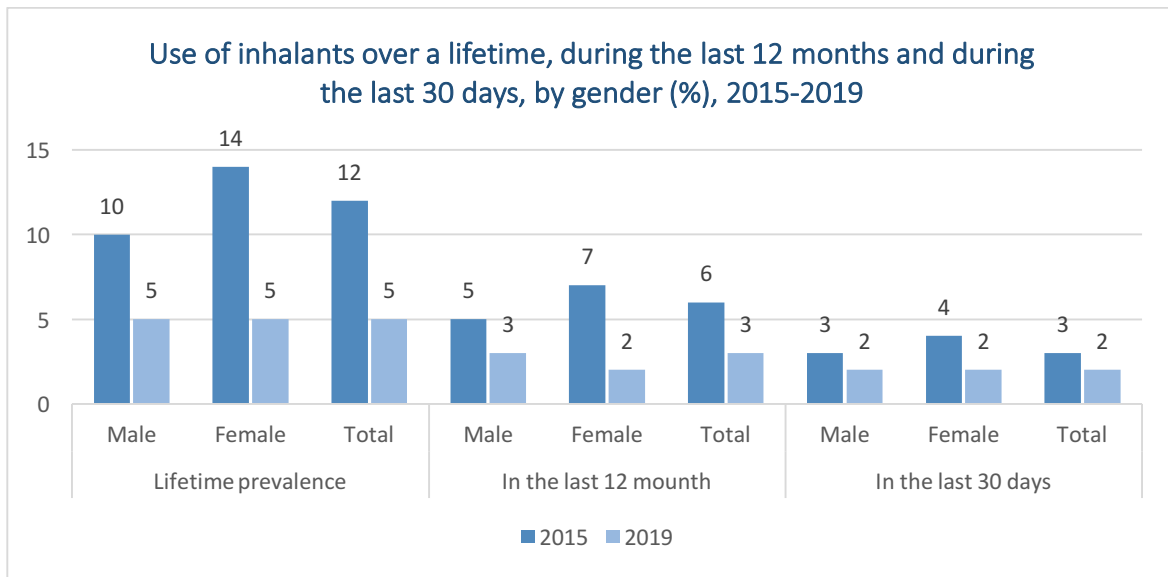
The term "illicit drugs" in the questionnaire also included tranquilizers or sedatives (using without a doctor's prescription), LSD (LSD) or other hallucinogens, relevin, heroin, "magic

fungi", gamma hydroxybutyrate (GHB), anabolic steroids, injectable drugs (eg. heroin, cocaine, amphetamines), tablets (medicines) with alcohol, and painkillers to "get high".

In addition to cannabis or Cannabis resin (hashish), the most common drugs are tranquilizers and sedatives (using without a doctor's prescription) - 3%, followed by hallucinogens (2%), "magic fungi" (1%), tablets (medicines) with alcohol to "get high"(1%); analgesics (1%) and anabolic steroids used to "get high", as reported by 1% of students. Injecting drugs (eg. heroin, cocaine, amphetamine) were reported by 1% of students. As compared to 2015, only the prevalence of injecting drugs has increased.

During the survey, the students were asked about inhalers. 5% of respondents (5% of boys and 4% of girls) have used inhalants at least once in their lifetime. 3% (3% of boys and 2% of girls) used inhalants during the last 12 months. Also 2% (2% of boys and 2% of girls) used inhalers during the last 30 days. Compared to 2015, prevalence of inhalant consumption is significantly reduced both over a lifetime, during the last 12 months and during the last 30 days.

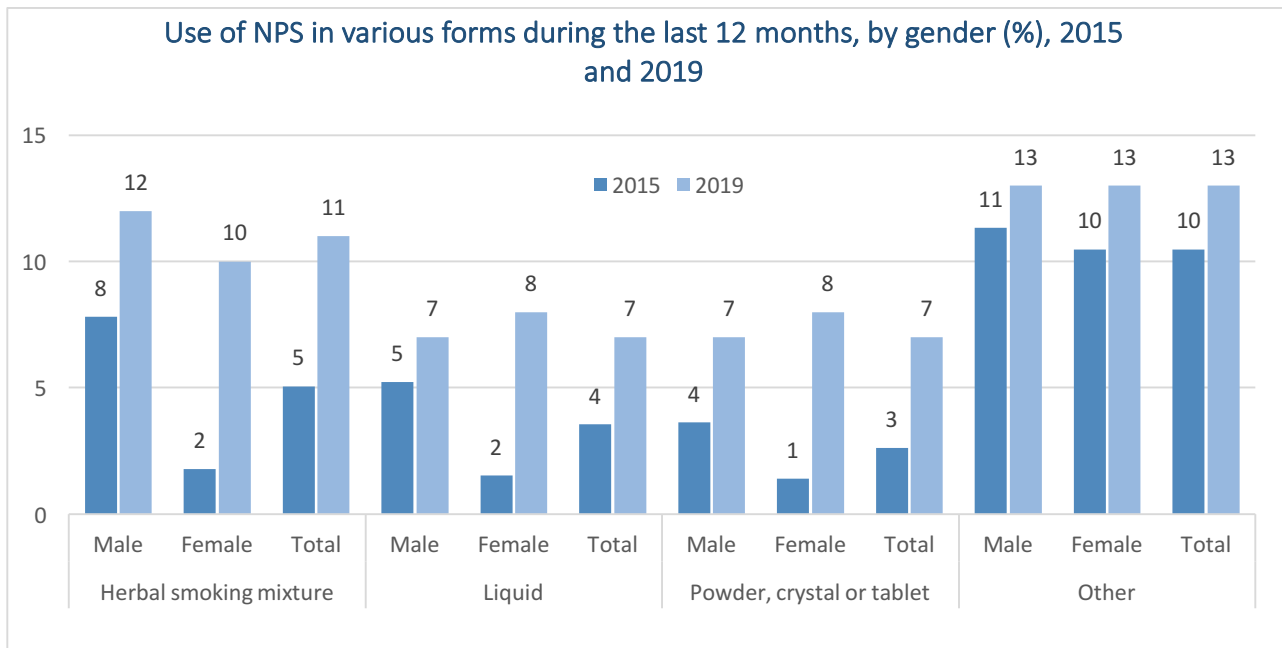
Chart N10. Use of inhalants over a lifetime, during the last 12 months and during the last 30 days by gender (%), in 2015 and 2019 (the National Center for Disease Control and Public Health).



Students were asked a separate question about the use of new psychoactive substances. 2.8% reported (boys 4.6% and girls 1.2%) that they had used it in their lifetime, while 1.8% (boys 3.0% and girls 0.8%) had used it during the last 12 months.

11% of students (12% of boys and 10% of girls) reported having used such substances in the form of a herbal smoking mixture; 7% (boys 7% and girls 8%) reported having used it in liquid form; 7% (boys 7% and girls 8%) in powder, crystal or tablet form and 13% (boys 13% and girls 13%) - in other forms. 1% (boys 2% and girls 1%) reported ever using synthetic cannabinoids, while 1% (boys 1% and girls 0%) reported ever using synthetic cathinones. Compared to 2015, the use of herbal smoking mixture increased significantly (5.9%, CI95% 4.5-7.3, $p < 0.0001$), especially among girls (8.7%, CI95% 7.0-10.3, $p < 0.0001$). The prevalence of liquid (6.7%, CI95% 4.7-7.7, $p < 0.0001$) and powder, crystal or tablet (6.6%, CI95% 5.1-8.1, $p < 0.0001$) was also increased among girls.

Chart N11. The prevalence of new psychoactive substances in different forms during the last 12 months by gender (%), 2015 and 2019 (the National Center for Disease Control and Public Health).



6. High risk of drug use

The EMCDDA uses five key epidemiological indicators to study drug use, one of which is problem drug use. It is defined as "injecting use of drugs or long-term, regular use of opiates, cocaine and / or amphetamines." Since 2012, this indicator has been revised. As a result, both the term and its definition have changed. Thus, since 2012, the EMCDDA has replaced the term with "high-risk drug use", which it defines as "re-use of drugs causing direct harm to a person (in addition to drug addiction, it includes psychological, health and other social problems) or posing a similar problem / high risk probability (Danica Thanki and Julian Vicente, 2013). In Georgia, this indicator is equivalent to injecting drug use. Behavioural surveillance surveys are conducted periodically to gather information on it, while the peer-driven intervention (PDI) and NSP evaluation surveys are conducted to study the behaviour of beneficiaries of harm reduction programmes. It should be noted that the Behaviour Surveillance Survey determines the size of injecting drug user population.

6.1 Injecting Drug Use

The estimated size of injecting drug users population in Georgia was last determined in 2016 as part of Behavioural Surveillance Survey conducted by the Bemon Community Association and the Curatio International Foundation. No studies were conducted in 2019 to determine the population of injecting drug users, so the latest data are not available.

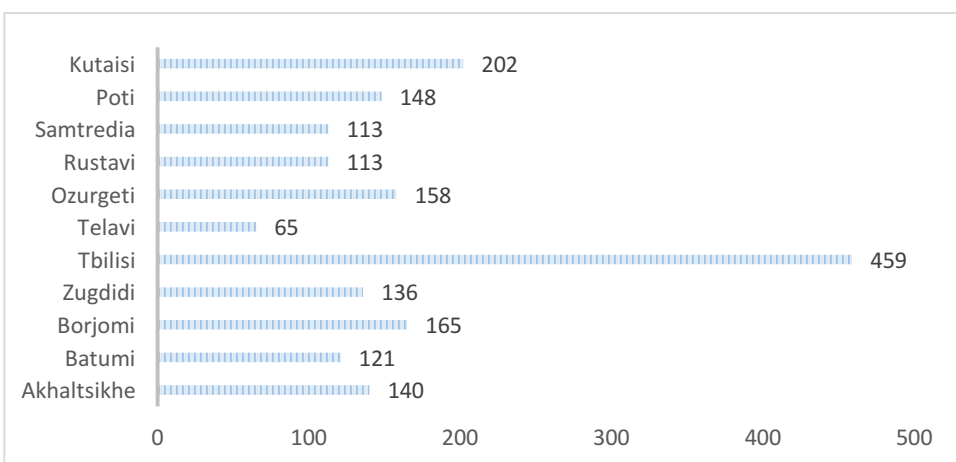
6.2 Evaluation of Peer Driven Intervention

In order to reduce the harm caused by drug use, the organizations which are part of the Georgian Harm Reduction Network carry out PDI aiming to raise awareness of injecting drug users through peer education about the harm caused by drug use, including awareness on important issues such as risky injection and sexual behaviours, hepatitis B and C, syphilis, overdose and infection diseases prevention, and reducing the risks associated with drug use. The target group of the intervention is injecting drug users who are not beneficiaries of harm reduction programmes services. To evaluate the intervention, a cross-sectional survey is conducted, which aims to study the behaviour of PDI beneficiaries related to injecting drug use, sexual and other risk behaviours, and to determine the level of awareness about viral infections (HIV / AIDS, hepatitis C). The survey was last conducted in 2019. The survey data

were collected in 11 cities (Tbilisi, Telavi, Gori, Rustavi, Kutaisi, Samtredia, Ozurgeti, Zugdidi, Poti, Batumi, Borjomi) by 9 harm reduction service organizations. The beneficiaries were surveyed for 9 months, from October 2018 to June 2019. According to one of the inclusion criteria, the study included only those individuals who had never used HIV prevention programmes before. Based on these and other criteria and the survey protocol, the data were eventually generated from 1,820 respondents (Georgian Harm Reduction Network, 2019).

93.1% of those surveyed were males and 6.9% were females. The majority of respondents are from Tbilisi 25.2% (459 respondents). It should be noted that no women in Poti and Samtredia participated in the study. The average age of the respondents in men is 35.31 years (CI 95% 34.79 - 35.83, SD 10.95), and 34.9 years in women (CI 95% 32.93 - 36.87, SD 11.13). For detailed distribution of respondents by cities, see Chart #12.

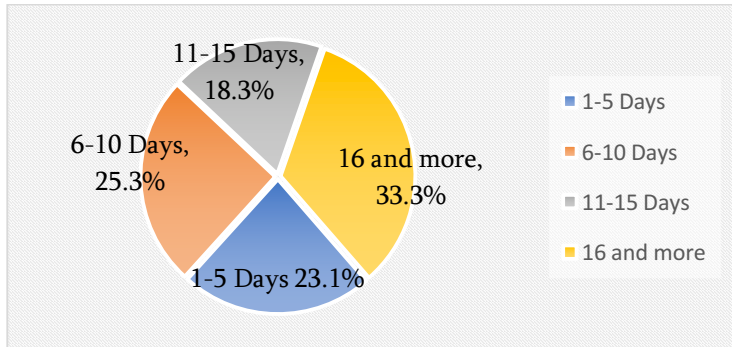
Chart N12. Distribution of PDI evaluation survey participants by cities (Georgian Harm Reduction Network, 2019).



The results of the survey showed that 73.6% of the respondents used injecting drugs for the first time under the age of 20, while the practice of regularly injecting drugs averaged 9 years for the whole sample (minimum 0 and maximum 40). The survey also showed a tendency for men to start using injecting drugs at an earlier age. They usually have more experience in injecting drugs than women. It should be noted that percentage wise, females injecting drugs are more likely to have household problems than men, with more women living on rent or in shelters. For the last 30 days, respondents used injecting drugs for an average of 13.76 days (minimum 1; maximum 30 SD = 8.67) (see Chart # 13). 77% of those surveyed report one

injection per day, 21% report two injections per day, and 3% report three or more injections per day. The study found that men inject drugs in larger groups, as compared to women.

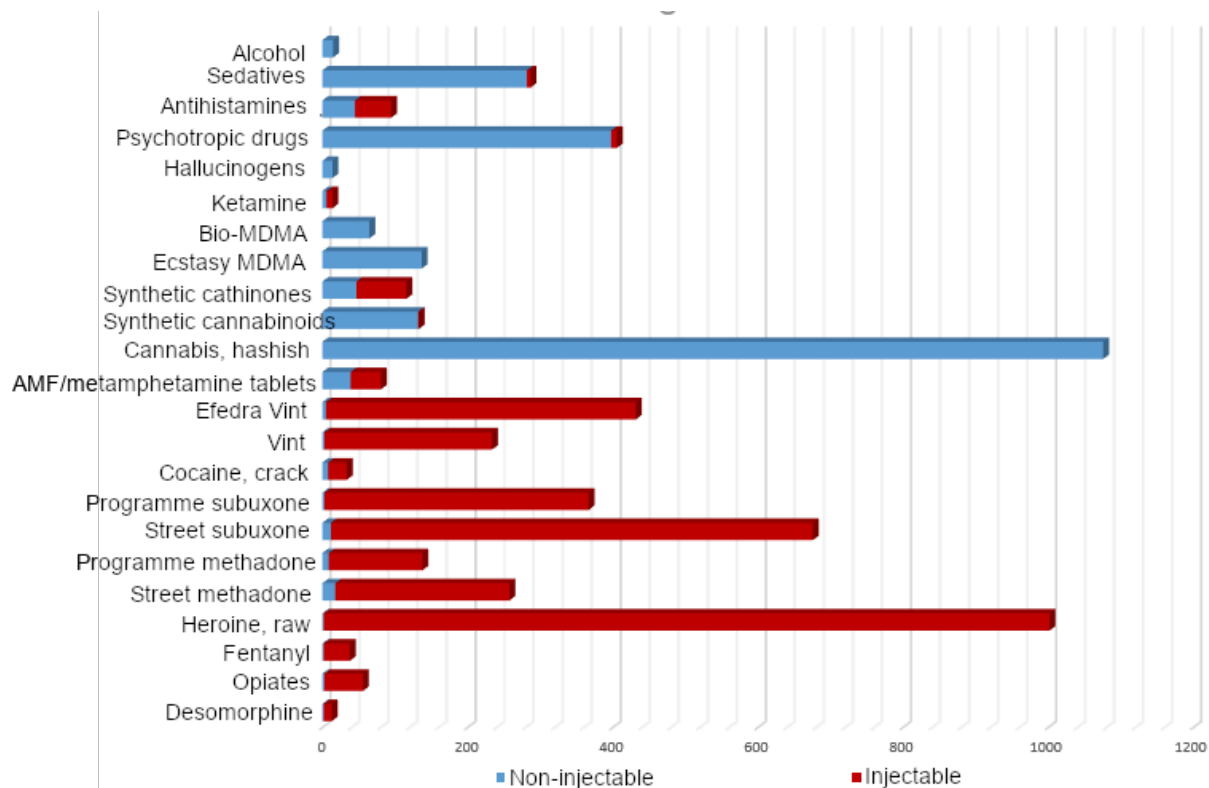
Chart #13. Use of injecting drugs by respondents of PDI evaluation survey for the last 30 days, with breakdown by days (Georgian Harm Reduction Network, 2019).



For the last 30 days, 55% of respondents most frequently used raw heroin, followed by street subutex, which is injected by 36% of respondents. See detailed information in Chart #14.

It is noteworthy that in terms of injecting use of psychoactive substances by cities, fentanyl consumption is either not found at all or single cases are reported in Akhaltsikhe, Kutaisi and Tbilisi. The exception is Borjomi, where 18.2% of respondents report its injectable use. It should be noted that the majority of surveyed subjects (88.2%) have never been involved in a methadone / buprenorphine + naloxone (suboxone) substitution therapy programme. As for the injecting use of stimulants, the homemade "Vint ephedra" (23% of the respondents) is used most often, followed by the homemade "traditional" Vint (13% of the respondents). The highest consumption of homemade Vints is recorded in Samtredia (67.3%) and Ozurgeti (58.2%).

Chart N14. Psychoactive substances used by respondents for the last 30 days, as part of PDI evaluation survey (Georgian Harm Reduction Network, 2019).



115 respondents (6.3% of respondents) reported at least one episode of overdose in the last 30 days. One of the causes of overdose is the problem of heroin dosing and mixing with other drugs or alcohol. Most often (76% of respondents) overdose developed from heroin. In order to get out of the overdose, 42% of the respondents (who had a case of overdose) mentioned the use of naloxone, 2.6% (3 respondents) sought emergency medical help, and only one respondent mentioned saline injection.

The survey used a standardized risk assessment tool to assess the risky behaviours of injecting drug users. The average value of the risk assessment battery index (RAB index) is 0.259 (minimum 0 and maximum 1) (HIV/AIDS Prevention Research Division, 2018). A gender-based survey found that risky behaviours were higher in women than in men. As for sharing syringes, needles or other injection tools during the last 6 months, 34% of respondents gave a positive answer. The longest experience of sharing injection materials was observed in Telavi, Akhaltsikhe and Zugdidi. Pharmacies (80%) are the main source of syringes and needles. 11 respondents reported using a syringe thrown in the street. It should also be noted that when asked how they cleaned the syringe during the last 6 months, 70% of respondents mentioned always using a new syringe while 95% of Akhaltsikhe respondents said they cleaned it with

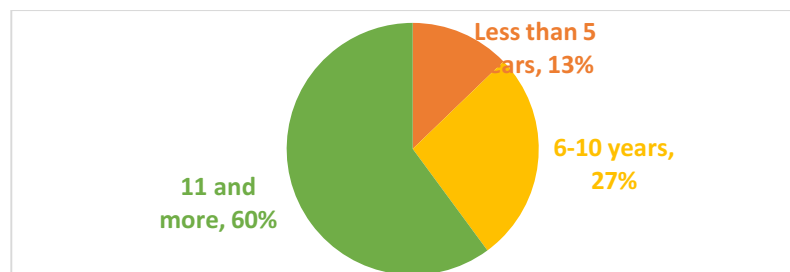
boiling water. In addition to sharing needles and syringes, the study found that cotton sharing has a fairly high ratio among the non-injectable tools, as reported by 26.9% of those surveyed. This ratio is especially high in Rustavi, where 92% of respondents report this practice.

6.3. Study evaluating behaviours of NSP beneficiaries

In 2019, a cross-sectional study was conducted to evaluate syringe and needle programmes. As part of this study, information was collected by 11 harm reduction service centres in 11 cities of Georgia (Tbilisi, Telavi, Gori, Rustavi, Kutaisi, Samtredia, Ozurgeti, Zugdidi, Poti, Batumi, Borjomi). The purpose of the study is to study drug-related behaviours among programme beneficiaries, to assess the level of awareness about HIV / AIDS and hepatitis C, and to identify risky sexual and injectable behaviours. A total of 987 respondents took part in the study. 98% of the respondents are men, and the average age of the participants is 41.48 years. The inclusion of a small number of women in the study does not allow for the sorting of data by gender, so only statistics for men are presented. (Georgian Harm Reduction Network, 2019).

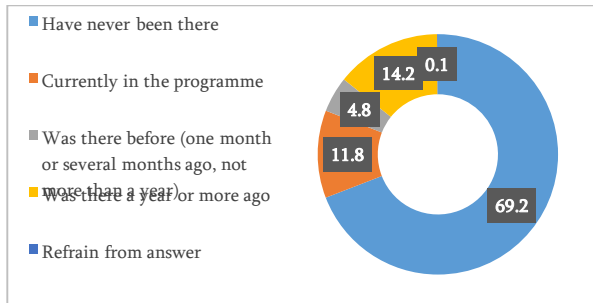
Study subjects started injecting drugs at an average age of 20 (minimum 14 and maximum 40 years). 60% of respondents have more than 10 years of practice in injecting drugs (see chart #15).

Chart #15. Percentage of respondents by duration of injecting drugs, according to the NSP evaluation study (Georgian Harm Reduction Network, 2019).



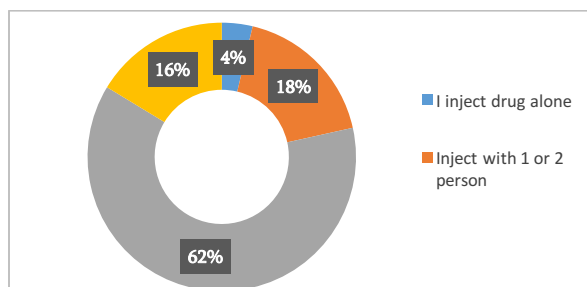
69.2% of respondents state that they have never been involved in opioid substitution therapy programmes. 11.8% of respondents were in the OST programme at the time of the survey. See Chart #16 for details.

Chart N16. Experience of NSP study respondents in using opioid substitution therapy programme. (Georgian Harm Reduction Network, 2019).



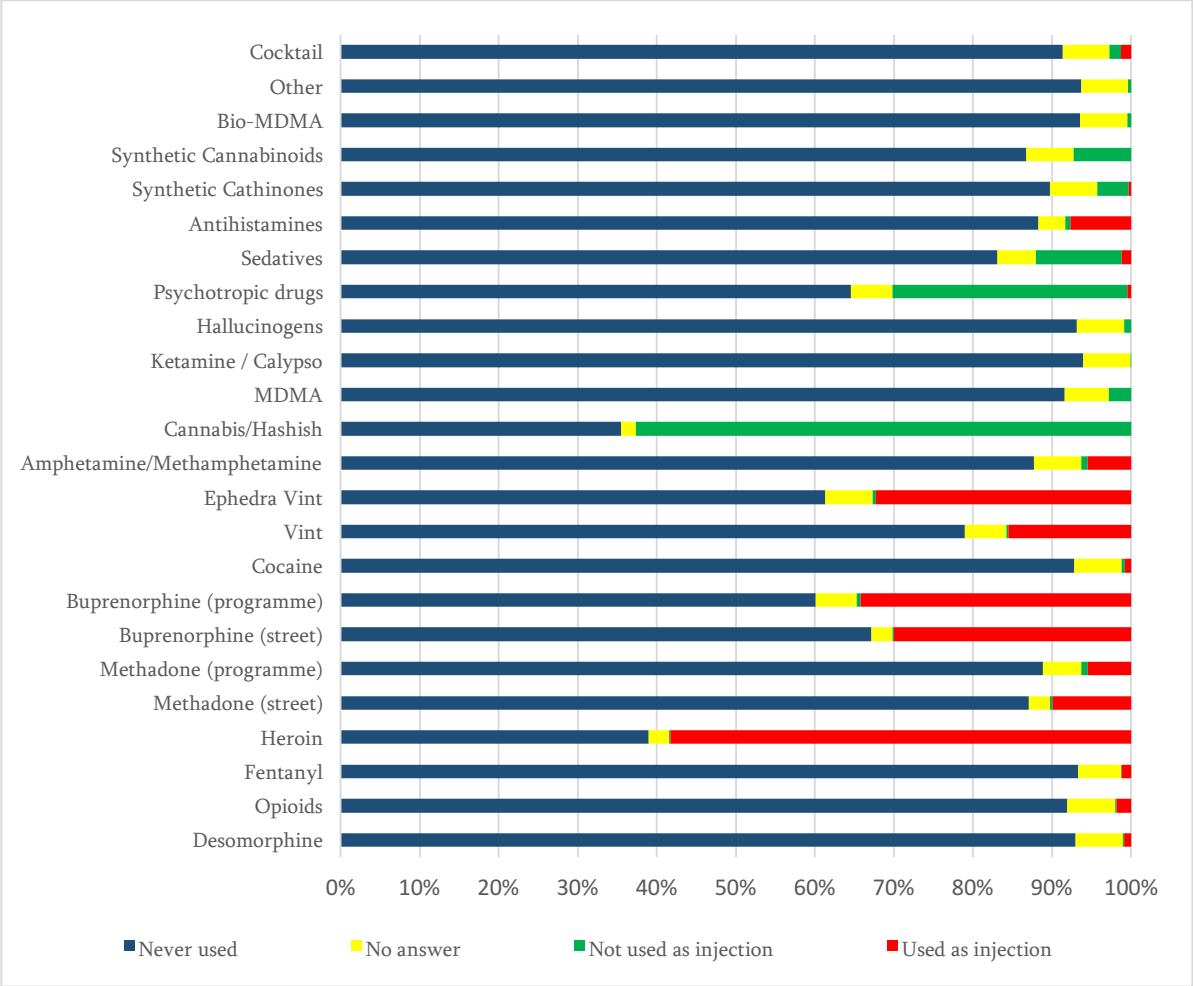
The average number of group members in one episode of injecting drug during the last month is 3.85 (max. 15). Only 4% of respondents indicated that they injected drugs alone without the group (see Chart #17).

Chart N17. Number of group members in one episode of injecting drugs during the last 30 days, according to the NSP survey. (Georgian Harm Reduction Network, 2019).



The average number of days during the last 30 days when respondents injected drugs was 17.72 days. 68% of the study subjects use injectable drugs once a day, 26.3% use it twice a day, and 4.1% three times a day. The most commonly used drug is heroin, which is used by 58.3% of respondents. 34.2% of respondents use buprenorphine from OST programmes, and 32.3% of respondents use homemade ephedra Vint. As for non-injectable drugs, 62.6% of respondents use cannabis / hashish, 29.7% use psychotropic drugs, and 10.85% use sedatives. For detailed information, please see chart #18.

Chart N18. Drugs used by respondents during the last 30 days with breakdown by ways of consumption, according to the NSP evaluation survey (Georgian Harm Reduction Network, 2019).



3.5% of respondents report at least one episode of overdose in the last 30 days. The most frequent cause of overdose is heroin overdose and mixing it with alcohol and other drugs. In terms of cities, the highest rate of overdose was reported in Rustavi, while no cases of overdose were reported by respondents from Borjomi, Batumi and Telavi. To get out of an overdose, 75% of the respondents used naloxone, 17% sought emergency medical help, and only one respondent mentioned saline injection.

According to the Injection and Sexual Behaviour Risk Assessment Battery used in the study, the RAB Index is 0.16 and the median is 0.125. The vast majority of respondents, 99.5%, stated that they would not share a syringe if they thought they were likely to be infected with HIV / AIDS. As for the source of syringes and needles, 96% of respondents mentioned the syringe and needle exchange programme, and 92.3% of respondents indicated that they always used a new syringe.

7. Prevention

As of 2019, unstructured measures are implemented in Georgia to prevent drug use. However, specific mechanisms need to be introduced and developed to ensure a comprehensive and unified approach at the national level, taking into account all forms of prevention (universal, selective, targeted and environmental). Most of the implemented projects are fragmented, having the form of a campaign for which there are no criteria and indicators to assess the effectiveness. The main goal of these campaigns is to raise awareness and promote a healthy lifestyle. However, to address the current challenges and prevent harm caused by psychoactive substance abuse in the country, at the request of the Inter-Agency Coordinating Council for Combating Drugs and with financial support of the EU project "EU Actions against Drugs and Organized Crime" (EU-ACT), by the end of 2019 the group started working on a unified state strategy for prevention - national strategy for the prevention of drug abuse 2021-2026, In order to develop the strategy, the Georgian experts together with the thematic working group, started to prepare a strategy document taking into account the current situation in the country and international experience.

The strategy aims to reduce the use of legal and illicit drugs for non-medical purposes. The strategy will pave the way for unified approaches and standards nationwide thus helping to achieve this goal and implement sustainable and comprehensive preventive measures.

In 2019, the National Center for Disease Control and Public Health, as part of the state healthcare programme component "Prevention of Addiction to Toxic Substances, Including Gambling", for the first time translated and adapted the school-based evidence method - EU-DAP in cooperation with the Global Initiative in Psychiatry - Tbilisi Foundation and the Iliani Institute for Addiction Research. In addition, within the framework of the project, professional development trainings were conducted for the staff of the Psychosocial Center of the Resource Office. Later, the Psychosocial Center of the Resource Office of LEPL Educational Institution within the Ministry of Education, Science, Culture and Sports of Georgia has started its implementation. At the initial stage, 11 public schools across Georgia were piloted to intervene with students, parents, teachers, and the administration. Under the project, sub-programmes such as programme for Students Under 13 Years of Age and Drug Prevention programme for 13-year-olds were implemented. The first sub-programme trained

28 teachers in 5 public schools using the evidence-based method (EU DAP Unplugged programme), while the second sub-programme trained 19 teachers in 8 public schools. For the purpose of implementing EU-DAP, educational materials (books, information cards) have been prepared for students. Their training will start in stages. In addition, with the support of the European Union and with the assistance of an international expert, resource officers were trained on issues such as motivational interviewing and the use of psychoactive substances for non-medical purposes. In addition, a report on the situation of substance abuse among minors in the country was prepared with the involvement of non-governmental organizations and government agencies. The NCDC also commissioned the Global Initiative in Psychiatry-Tbilisi Foundation and the Iliani Addiction Research Institute to set up a working group to develop a communication strategy and strategic plan for drug addiction prevention. These documents were submitted to the NCDC.

As part of the programme, a social media campaign was launched to prevent drug abuse prevention, in particular, 10 blogs, 88 creative posts, 10 infographics, articles published both online and in print media, and 2 educational videos. Public discussions on the topic of addiction were held in higher education institutions. Information materials for young people, parents and teachers were developed and published in Georgian, Armenian and Azerbaijani languages. A concept of mobile app and technical specifications of the concept were created to prevent addiction to drugs and gambling. A research component will be implemented to evaluate the EU-DAP pilot programme. Then, the programme will be gradually introduced in other schools.

The resource office of the educational institution signed a memorandum of understanding with 2 centers of psychiatric services. The memorandum provides for free services to relevant beneficiaries without the need to stand in line.

In 2019, the Georgian National Federation of Children and School Sports implemented the Georgian School Olympiad programme, the pilot programme of the Resource Office School League and the Fun Starts programme in order to promote a healthy lifestyle among young people. A total of 113,000 students aged 8 to 16 were involved, from more than 1,700 schools. In addition, the Georgian University Sports Federation organizes sports events every year to promote a healthy lifestyle. Up to 3,000 young people aged 18 to 26 take part in such events.

Public order and safety in the educational institution are regulated by the regulation approved by Order #06/N of the Minister of Education, Science, Culture and Sports of Georgia, dated 29

January 2019, while the resource office of the educational institution is responsible for maintaining security on the school grounds, detecting cases of supply and use of psychoactive substances and referring students to the relevant institution. An electronic database of violations at school has been maintained since 2015. From the database we know that alleged facts of supply and use of drugs at school have been reported to the police since 2017. Compared to 2018, in 2019 the number of detected drug-related violations decreased (2 cases of drug use and 14 cases of drug supply to school). It is noteworthy that all the detected facts were reported to the police.

Table #1. LEPL - Statistics of Drug Violations Detected at Schools by the Resource Office of the Educational Institution (Ministry of Education, Science, Culture and Sports of Georgia).

| TYPE OF VIOLATION: | 2017 | 2018 | 2019 |
|----------------------------------------------------|------|------|------|
| ALLEGED CASES OF DRUG USE ON THE SCHOOL GROUNDS | 1 | 5 | 2 |
| ALLEGED CASES OF DRUG SUPPLY ON THE SCHOOL GROUNDS | 11 | 19 | 14 |
| REPORTS ON ALLEGED DRUG VIOLATIONS TO THE POLICE | 12 | 22 | 16 |

Students who are allegedly taking drugs will be referred to the Psychological Service Center of the Resource Office where they will undergo appropriate psychological counselling. In 2019, 14 students were referred to the Centre. The trend of referring students to the centre has increased in recent years (see Table #2 for details).

Table #2. Statistics of students referred to the Psychological Day Center at the Resource Office (Ministry of Education, Science, Culture and Sports of Georgia) due to alleged drug use.

| | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------------------|------|------|------|------|------|
| Number of students | 4 | 0 | 5 | 10 | 14 |

8. Demand for treatment

According to the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, in 2019, 13 clinics treated patients addicted to psychoactive substances, including 1 public and 12 private medical institutions (see Table #3).

Table #3. Addiction treatment facilities in Georgia (Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs).⁷

| OPIOID SUBSTITUTION THERAPY | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| CENTER FOR MENTAL HEALTH AND PREVENTION OF ADDICTION | <i>Tbilisi, Telavi, Ozurgeti, Poti, Kutais Zestaponi, Sachkhere, Zugdidi, Gori Borjomi</i> |
| ADDICTION MANAGEMENT CENTRE | <i>Tbilisi</i> |
| CENTER FOR MEDICAL, SOCIO-ECONOMIC AND CULTURAL ISSUES - URANTI | <i>Tbilisi, Batumi</i> |
| GEORGIAN ADDICTOLOGY MEDICAL CORPORATION G AND G+ | <i>Kutaisi, Gori, Senaki Tbilisi, Kobuleti, Kvareli</i> |
| DETOXIFICATION PROGRAMME | |
| ADDICTION CLINIC NISHATI | <i>Tbilisi</i> |
| CENTER FOR MENTAL HEALTH AND PREVENTION OF ADDICTION | <i>Tbilisi</i> |
| CENTER FOR MEDICAL, SOCIO-ECONOMIC AND CULTURAL ISSUES - URANTI | <i>Tbilisi, Batumi</i> |
| ACAD. B. NANEISHVILI NATIONAL CENTRE FOR MENTAL HEALTH | <i>Khoni</i> |
| JOHNNY CHANTURIA MEDICAL CENTRE | <i>Tbilisi</i> |
| NEOGEN - ADDICTION CLINIC | <i>Tbilisi</i> |

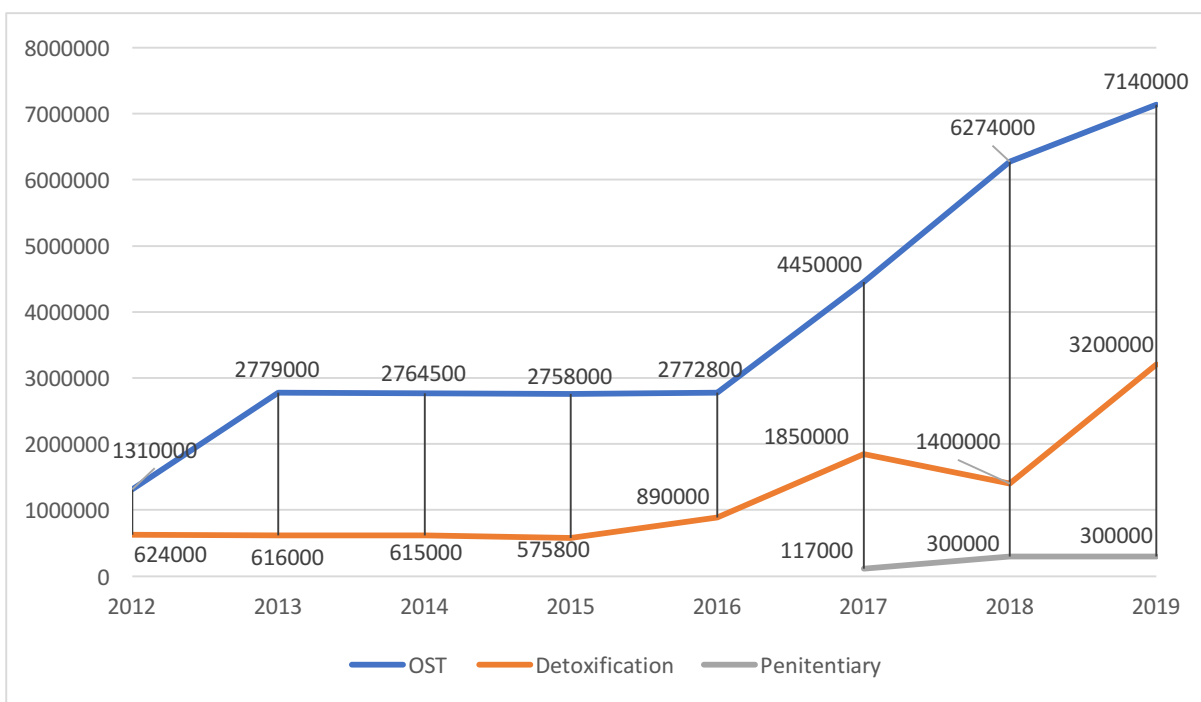
⁷ In Table N3 the clinics are sorted by profiles. That is why two clinics in the table are indicated several times, as these clinics perform both OST and detoxification programme.

BATUMI MEDICAL CENTRE
 KADUTSEI
 HOSPITAL SERVICE
 ST. GEORGE HEALTH HOUSE

Batumi
Kutaisi
Kutaisi
Tbilisi

In 2019, the amount allocated from the public health budget for the treatment of persons addicted to psychoactive substances amounted to 10 640 000 GEL. Out of this amount, inpatient detoxification and primary rehabilitation was GEL 3,200,000, opioid substitution therapy programme - GEL 7,140,000, psychosocial rehabilitation - GEL 360,000, provision of short-term and long-term detoxification with replacement pharmaceutical products in #2 and #8 penitentiary facility. Funding for long-term rehabilitation programmes was not included in the budget during the reporting period. In 2019, as compared to the previous years, the largest amount was allocated for both opioid substitution therapy and detoxification programmes. It is noteworthy that since 2016 there has been an upward trend in funding addiction treatment services. Since 2017, funding for opioid substitution therapy (short-term and long-term detoxification) has been started in the penitentiary system (see Chart #19).

Chart N19. Amount allocated from the public budget for drug programmes in 2012-2019 (Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia).



8.1 Abstinence-oriented treatment

In Georgia, abstinence-oriented treatment is provided by 10 clinics, of which 1 is public and 9 are private clinics. In 2019, the source of funding for the programmes was both the government and treatment costs paid by individuals. Given the current calculation and data collection method, the number of people undergoing abstinence-oriented treatment is not determined because clinics count only treatment episodes and not a specific number of people.

In 2019, 2,298⁸ episodes of abstinence-oriented treatment were reported (2 267 men, 31 women), including 1,561 inpatient treatment episodes and 737 outpatient treatment. 25-44 age group accounts for 70% of the treatment episodes (see table #4).

Table #4: Episodes of abstinence-oriented treatment by age groups (the National Center for Disease Control and Public Health).

| Age group | Treatment episode |
|-----------|-------------------|
| 15 – 24 | 95 |
| 25 – 34 | 678 |
| 35 – 44 | 938 |
| 45 – 54 | 508 |
| 55 – 64 | 75 |
| 65+ | 4 |

When patients are enrolled in abstinence oriented treatment, clinics use ICD-10 method to determine a major group of narcotic substances which caused mental and behavioural disorders. Opioid was the major psychoactive substance in 64.3% of treatment episodes in 2019. It is 11 times more than the treatment episodes where there were stimulant drugs other than cocaine (5.7% of total episodes). It is also noteworthy that in 23.8% of treatment episodes the major drug could not be identified, hence the ICD-10 code F19 was assigned (see Table #5 for details).

⁸ These data do not contain statistical information of the following clinics: Kadutsei, Hospital Service, Batumi Medical Centre.

Table #5. Identification of major drugs in abstinence treatment episodes according to the respective ICD-10 codes (the National Center for Disease Control and Public Health).

| MAJOR PSYCHOACTIVE SUBSTANCES | TREATMENT EPISODE | TREATMENT EPISODES IN %. |
|-------------------------------------|-------------------|--------------------------|
| F11 - OPIOID | 1,478 | 64.3% |
| F12 - CANNABINOIDS | 71 | 3.1% |
| F13 - SEDATIVES AND HYPNOTICS | 34 | 1.5% |
| F14 - COCAINE | 0 | 0 |
| F15 - STIMULANTS OTHER THAN COCAINE | 131 | 5.7% |
| F16 - HALLUCINOGENS | 4 | 0.2 |
| F18 - VOLATILE SOLVENTS | 0 | 0 |
| F19 - UNABLE TO DETERMINE | 548 | 23.8% |
| OTHER | 32 | 1.4 |
| TOTAL | 2,298 | 100% |

8.2 Opioid substitution therapy

As of 2019, opioid substitution therapy (OST) with two types of medication is available in Georgia: methadone and buprenorphine + naloxone (suboxone).

Buprenorphine + naloxone substitution therapy is offered by 4 private clinics and the Center for Mental Health and Prevention of Addiction Ltd in the country. The OST programme is implemented only by the Center for Mental Health and Prevention of Addiction Ltd., which has 19 departments and three offices across the country.

It should be noted that statistical information in OST programmes is maintained not by the number of persons involved but by the number of treatment episodes performed. This is due to the specifics of medical records-keeping.

In the case of OST public programmes, even though the patient is identified through his / her personal identification number, there are often cases when one patient leaves OST several

times during the reporting year and returns later. All such cases are documented each time by closing and reopening the patient history. As a result, the person's re-inclusion in the programme is recorded as a new case of treatment. As for private clinics, in order to protect privacy, patients enrolled in the programme are given a special identification code, which is generated using various variables (name, surname, personal number, mother's name, etc.). Due to different methodologies of privacy protection and registration, it is impossible to identify a patient's re-inclusion in the treatment. Each treatment is registered as a new case.

Based on the above, the statistical information is presented not by the number of persons included in the treatment but by the number of treatment episodes.

According to the data of the National Center for Disease Control and Public Health, 10,938 episodes of inclusion in the opioid substitution therapy programmes were registered during the reporting period. Of these, 7,369 episodes of treatment were registered in methadone substitution therapy programmes, 7,328 men and 41 women (see age distribution in Table #6), and buprenorphine + naloxone (suboxone) substitution therapy programme - 3,569 episodes, of whom 3,555 were men and 14 women.

Table #6. Age distribution of episodes related to the methadone substitution therapy programme (LEPL National Center for Disease Control and Public Health).

| Age | Methadone |
|---------|-----------|
| 15-24 | 73 |
| 25 – 34 | 1,656 |
| 35 – 44 | 3,250 |
| 45 – 54 | 1,873 |
| 55 – 64 | 471 |
| 65+ | 46 |

The Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia determines the amount of methadone hydrochloride and buprenorphine + naloxone required for opioid substitution therapy programmes based on demands for them in such programmes. For this purpose, it cooperates with the International Narcotics Control Board (INCB) to purchase the amount which the Ministry itself determined

as a quota. In 2019, the quota for methadone hydrochloride was set at 135 kg in the government-funded programmes. It was fully purchased and used in 2019-2020. In 2019, 119.53 kg (88.5%) were used. The unused part was carried forward and used in the first quarter of 2020 until methadone was re-purchased.

The minimum daily dose of methadone is 2 mg per client, the average is 42 mg, and the maximum is 400 mg.

The requested buprenorphine + naloxone (suboxone) combination in 2019 was 1,100 g (of which 80,000 were 8/2 mg tablets and 230,000 were 2 / 0.5 mg tablets). 2/0.5 mg. – 113,400 tablets (49%) and 8/2 mg. – 44 700 tablets (56%) were used. In 2019, a total of 693.42 g. were used due to a small number of patients. A part of medications (63%) was used in 2020.

The average daily dose of suboxon per client was 9 mg and the maximum dose was 18 mg.

9. Psychosocial rehabilitation

Based on the data of 2019, only short-term psychosocial rehabilitation programmes are available under the government funding programme in Georgia. The government did not provide funding for resident psychosocial rehabilitation programmes. There are a total of 6 service providers, one of which is public and 5 private. They are

- Psychosocial Rehabilitation Center of the Center for Mental Health and Prevention of Addiction Ltd;
- Information Medical-Psychological Center "Tanadgoma";
- Club Synergy;
- Kamara – psychosocial rehabilitation center;
- "Dendron" - a house of psychoconsultation and psychotherapy;
- Gestalt Therapy House - Psychological Counselling Center.

Psychosocial Rehabilitation Centres offer both intensive short-term psycho-medical rehabilitation after detoxification (2 weeks) and long-term psychosocial rehabilitation (6 months and more).

The Centre for Psychosocial Rehabilitation, built on the foundations of the Center for Mental Health and Prevention of Addiction Ltd., provided services to 171 beneficiaries in 2019.

Among them, 92 beneficiaries (91 men, 1 woman) underwent intensive short-term psycho-medical rehabilitation, including cognitive-behavioural and motivation enhancement therapy. 79 beneficiaries participated in the long-term psychosocial rehabilitation programme. Psychological, social, sports and rehabilitation components were used during the rehabilitation, including additional, informal components of the centre.

Compulsory and optional components used during the long-term psychosocial therapy included:

Components of psychological support:

- Psychodiagnostics;
- Individual psychocorrection;
- Group psychocorrection;
- Psychological counselling;
- Art therapy - ergotherapy;
- Consultation of beneficiaries and / or their family members / partners / caregivers.

Components of social support:

- Determining / assessing the beneficiary's condition and needs;
- Social counselling;
- Social support;
- Trainings for beneficiaries and / or their family members / partners / caregivers.

Sports and fitness components:

- Qigong therapy;
- Physical exercises.

Auxiliary, informal components of the Center:

- Self-help groups and club gatherings;
- Entertainment-cognitive activities;
- Computer software course - "Computer class";
- Spiritual help (e.g. meeting with a confessor).

In 2019, NGO Kamara served more than 70 beneficiaries within the framework of the psychosocial programme. Beneficiaries received the following types of services:

- Psychotherapy;

- Psychodiagnostics, psychoconsultation;
- Art therapy;
- Social support;
- Conflict management;
- Peer training;
- Promoting self-help groups.

By 2019, there was no unified system in the country that would fully describe the number of psychosocial rehabilitation programme beneficiaries, gender and age distribution, and other important statistical information.

10. Harm reduction

In 2019, the National Center for Disease Control and Public Health and the Georgian Harm Reduction Network implemented harm reduction programmes for IDUs and their sexual partners to reduce harm caused by drug use, through inpatient facilities as well as through mobile dispensaries and outreach work. The programmes were implemented by 10 subcontractor organizations in the form of 14 service centres operating in 13 cities of Georgia (Tbilisi, Rustavi, Gori, Telavi, Kutaisi, Borjomi, Akhaltsikhe, Samtredia, Ozurgeti, Zugdidi, Poti, Batumi, Sokhumi). In order to expand the geographical coverage, services were provided through 9 mobile harm reduction units in Kakheti, Shida Kartli, Samtskhe-Javakheti, Imereti, Kvemo Kartli, Racha-Lechkhumi, Samegrelo, Guria, Adjara regions and the border areas of Tbilisi.

Harm reduction programmes covered the following types of services:

- Pre- and post-counselling and rapid testing for HIV / AIDS, including screening for hepatitis B and C, syphilis and tuberculosis as part of a voluntary testing and counselling programme;

- Providing IDUs with sterile syringes, needles and other consumables (alcohol tampon, medical tourniquet, condom, etc.) through syringes and needles programme; Information-educational meetings and patient schools are held for peers, and educational materials are provided;
- Beneficiaries have access to some medical products such as intravenous, sedative and cardiac, analgesic, anti-inflammatory and first aid medications;
- Provide appropriate information and distribute naloxone to prevent overdose in IDUs;
- Harm Reduction Centres integrate a public programme to eliminate hepatitis C, so beneficiaries can receive information about treatment for hepatitis C and undergo some medical tests on-site which are required for enrolment in the treatment programme. In addition, three centres offer a full course of treatment, including medications. "Patient schools" for infected patients and their families are held every month in service centres with the involvement of infectious disease doctors;
- Ancillary services: Case Management; approach focused on IDU women, professional training; medical, psychological and legal consultations; peer-to-peer intervention;
- Sterile injection tools are always available through Syringe Vending Machines (SVM), 24/7, to maximize coverage of IDUs and delivery of sterile injectables. At this stage, SVM are available only in Tbilisi. The project is implemented by the Addiction Research Center *Alternative Georgia* in cooperation with the Georgian Harm Reduction Network and the National Center for Disease Control and Public Health.

From 1 January 2019 to 31 December 2019, the Georgian Harm Reduction Network served a total of 35,811 injecting drug users. 6% of service recipients were between the ages of 18-25. During the reporting period, the network served a total of 2,551 partners of injecting drug users.

The World Health Organization, the United Nations AIDS programme, and the United Nations Office on Drugs and Crime (UNODC) believe that the syringe and needle programme for injecting drug users is critical to preventing the spread of blood-borne diseases. The main purpose of these programmes is to use a sterile needle for each injection of drugs. To attain this goal, a minimum indicator has been set based on which at least 200 sterile syringes should be issued to IDUs during the year. WHO notes that even this indicator will not have an adequate impact on the prevention / reduction of blood-borne diseases. As part of the Global Strategy for the Elimination of Hepatitis C, it is recommended that at least 300 sterile syringes be issued per IDU annually (World Health Organization, 2019).

An average of 76 sterile syringes were issued per IDU annually in the total population of IDUs in the country, and the average number of sterile syringes issued in 2019 per beneficiary of the programme was 108 units. A total of 3,964,930 syringes were distributed by harm reduction programmes. In addition, during the reporting period, 13,059 naloxone ampoules were issued by the service organizations of the Harm Reduction Network of Georgia to prevent lethal consequences of overdose.

In 2019, the Georgian Network of People who Use Drugs (GeNPUD) carried out activities to raise awareness among the drug users about important issues, to protect their rights, conduct advocacy campaigns, to introduce and disseminate drug-related legislative changes.

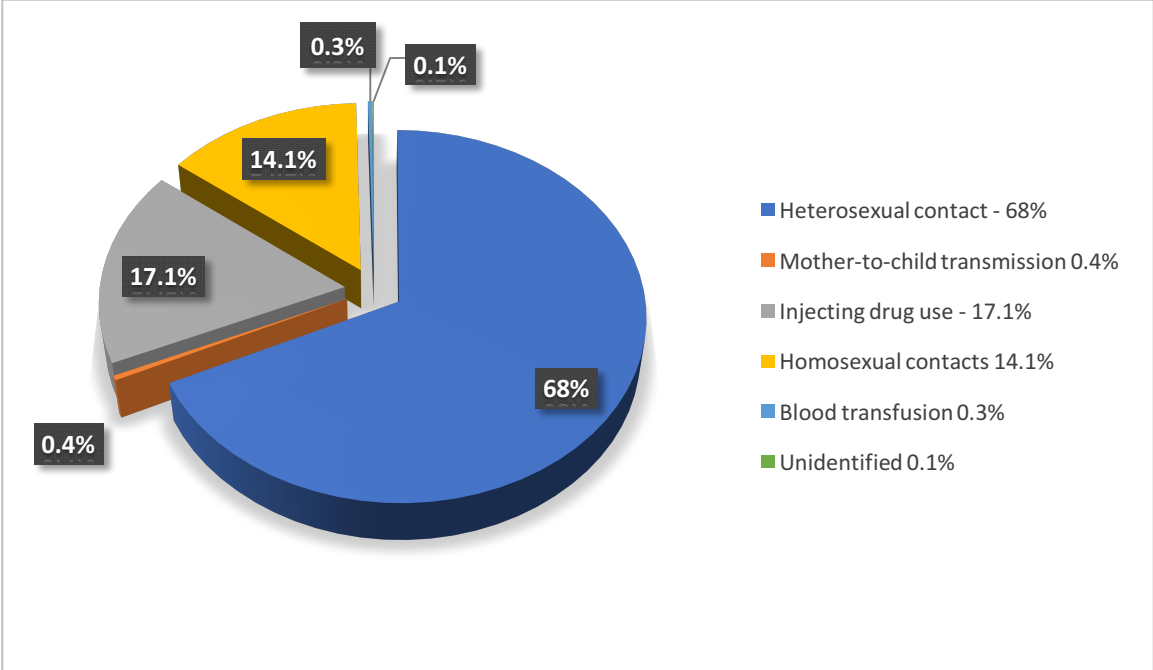
11. Drug related infectious diseases

11.1. HIV/AIDS

Georgia is one of the countries with the lowest prevalence of HIV / AIDS (National Center for Disease Control and Public Health, 2020). The total number of registered cases in the country by 2019 is 8,102, while the number of new cases is 668 (18 new cases per 100,000 population). There is no significant difference compared to the same data of the last two years. The prevalence of HIV / AIDS by regions remains constant, too. Tbilisi, Adjara and Samegrelo still account for the maximum number of new cases (in absolute numbers). 68% of new cases reported in 2019 are due to heterosexual infection. The share of infection through injecting drug use is 17.1%, followed by infection through homosexual contact - 14.1% (see Chart #20).

The high-risk groups for HIV transmission are sex workers, MSM populations and IDUs, with the latter group having a slightly higher prevalence of the virus (1%) compared to the previous year, despite the declining trend in recent years. Unprotected sex and injecting drug use are among the risks of HIV transmission (National Center for Disease Control and Public Health, 2020).

Chart N20. Distribution of HIV-infected people by ways of transmission in 2019 (Ministry of IDPs from the Occupied Territories of Georgia, Labour, Health and Social Affairs).



In 2019, under the HIV / AIDS state programme, 441,119 tests were conducted to detect HIV infection in the general population, of which 789 were further confirmed, with 81% (648 cases) testing positive. 39.7% of new cases were diagnosed at the AIDS stage. During the reporting period, 5,084 people benefited from AIDS treatment programmes (see Table #7), of whom 779 people participated in the treatment programmes for the first time. In 2019, 265 HIV-infected people developed AIDS and 117 died. In Georgia, HIV / AIDS treatment programmes are funded by the government. As a result, HIV / AIDS diagnosis is free of charge for risk groups, and treatment is completely free for Georgian citizens.

Table #7. Beneficiaries of the HIV / AIDS treatment and care programme, by years (Ministry of IDPs, Labour, Health and Social Affairs of the Occupied Territories of Georgia).

| PROGRAMME | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|-----------|------|------|------|------|------|------|------|
|-----------|------|------|------|------|------|------|------|

In 2019, 27,026 IDUs (66% of covered beneficiaries, 52% of the IDU population) underwent HIV / AIDS screening programmes. A total of 28,581 tests were performed during the reporting period, of which 657 tests were performed on female IDUs. A total of 50 IDUs tested positive in screening, of which 31 were confirmed by a (diagnostic) confirmatory test. 51% (16 IDUs) were included in the treatment. As for IDU partners, rapid tests were performed on the partners of 2,377 IDUs, 4 of whom were found to have a suspected positive case, and 3 tested positive in confirmatory tests. All three were included in the treatment.

67% of those surveyed in the PDI Beneficiaries Behaviour Survey have never been tested for HIV / AIDS. Only 30% of respondents report using a condom always or most of the time during the last 6 months. 24.7% indicate that they have had more than two sexual partners during the last 6 months, with whom they have used condoms sometimes or have not used it at all. It is also noteworthy that 8.6% of the respondents are not at all worried about the fact that they can be infected with HIV, while 17.5% are not at all worried about the fact that they may have already been infected with HIV (Georgian Harm Reduction Network, 2019).

11.2. Hepatitis C

Georgia is considered to be a country with a high prevalence of hepatitis C. A 2015 study by the Centre for Disease Control and Public Health found that 7.7% of the country's population have antibodies to hepatitis C, while 5.4% are infected with the active form of hepatitis C (Government of Georgia, 2016). A unified electronic database of hepatitis C screening has been created in the country to collect data. A unique number⁹ of people who have been tested for hepatitis C have been registered in this database. As of February 2020, 2,130,030 persons (57% of the total population)¹⁰ were tested, of which 133,913 were positive (6.29% of the total population). In 2019, 8,671 new cases of hepatitis C were reported (screening positive).

The country has been running a state programme for the elimination of hepatitis C since 2015. Under this programme, more than 64,500 people were treated by 2019, of whom 92% completed treatment. The recovery rate is 98.7%. By 2020, the programme aims to diagnose

⁹ Unique number of people - people in the unified electronic database of hepatitis C screening are identified by their identity cards.

¹⁰ The number of Georgian population indicated on the official website of the National Statistics Office of Georgia as of 1 January 2019 is used to signify the total population of Georgia (as a value).

90% of those infected, treat 95% of people with the chronic form, and cure 95% of those treated.

IDUs are also the high-risk group for the spread of the disease. Information about them is available through harm reduction programmes and studies conducted within such programmes (PDI, NSP).

In 2019, the Georgian Harm Reduction Network conducted a total of 27,147 rapid tests for hepatitis C, of which 635 tests were done on women. The screening revealed 4,255 positive cases among IDUs, of which 729 cases were confirmed by a confirmatory hepatitis C test. 300¹¹ IDUs (41.2%) were enrolled in the treatment. 2,305 rapid tests were performed on IDU partners. 89 cases were confirmed by screening, and 18 cases - by confirmatory testing. 39% (7 partners) were enrolled in the treatment.

The level of general knowledge about hepatitis C among the participants of the 2019 PDI study is high. However, one of the questions which is unclear to them is whether hepatitis C is transmitted sexually. 25% of the respondents either fail or answer the question incorrectly. It should be noted that 65.5% of the respondents have never been tested for hepatitis C. Of them 19.7% believe that they do not need to be tested for hepatitis C.

The majority of those surveyed - 63.3%, when asked where they would prefer to be diagnosed and treated for hepatitis C, answered that they prefer harm reduction service centres rather than hepatitis C treatment clinics (Georgian Harm Reduction Network, 2019).

983 respondents (99.6%) were tested for hepatitis C in the NSP Evaluation Survey. In addition, there is a high level of awareness about hepatitis C, as most respondents answer 94% of the questions correctly. 83.3% of respondents know that sharing non-sterile or used medical instruments can transmit hepatitis C, while 99.3% indicate that sharing used syringes or needles increases the risk of hepatitis C infection.

Of the 375 respondents involved in the treatment under the Public Hepatitis C Elimination programme, 90% reported completion of treatment and 327 respondents (87.2%) reported successful completion of treatment. Of the latter, 192 respondents (58.7%) reported having had a mandatory test to confirm the diagnosis at the end of treatment. 66.4% of respondents did not stop injecting drug use during the treatment, and those who stopped resumed injecting drugs after completion of the treatment. It should also be noted that some of the people

¹¹ This information is an indicator recorded by organizations implementing harm reduction programmes. It may differ from the actual indicator.

surveyed who were diagnosed with hepatitis C do not want to be treated, some talk about geographical inaccessibility, and some are reluctant because of the side effects of the treatment (Georgian Harm Reduction Network , 2019).

11.3. Hepatitis B.

In 2019, 26,184 screenings for hepatitis B (which detects active viremia) were conducted in harm reduction programmes. 93% of beneficiaries over the age of 25 took part in the testing 884 IDUs tested positive by screening. As for IDU partners, out of 2,346 tests conducted 60 were positive.

11.4. Syphilis

In 2019, 14,954 rapid tests for syphilis were conducted within the Georgian Harm Reduction Network. 93.2% of them were over the age of 25. The tests revealed antibodies in 204 cases. 43 IDUs were confirmed positive for syphilis. 36 beneficiaries were included in the respective treatment programme. 1,390 screening tests were performed on IDU partners, of whom 40 were positive. 11 of IDU partners were confirmed positive for syphilis, of whom only 7 were included in the treatment programme. Confirmative tests often were not conducted due to limited geographical coverage, so treatment was not available to everyone in their own city.

11.5 Tuberculosis

During the reporting period, 13,732 TB screenings were conducted under harm reduction programmes. The screening was conducted on the basis of a questionnaire developed by WHO. Screening revealed 138 positive cases. As a result, all were referred to the TB clinic for further confirmatory testing. Nine of those referred were diagnosed with tuberculosis. All of them were included in the treatment. 999 screenings were conducted among IDU partners. 12 IDU partners were referred to the TB clinic. One of them was confirmed positive and enrolled in the treatment programme.

12. Drug-related deaths and mortality

In Georgia, information on drug-related death(DRD) indicator is not collected in accordance with EMCDDA standards. In fact, it is not possible to reveal indirect deaths due to drug use

and collect statistical information related to it. Only information on the lethal consequences of drug intoxication can be obtained through the electronic system of birth and death records (Vital Statistics), which in 2017 was completely transferred from the Ministry of Justice to LLEP the National sCenter for Disease Control and Public Health. Drug-related deaths are recorded in the database in accordance with ICD-10, under Class XIX and XX codes:

Class XIX - Injury, Poisoning, Impact of External Causes:

- T40 - Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics (hallucinogens)
- T43 - Poisoning by, adverse effect of and underdosing of psychotropic drugs, not elsewhere classified.

Class XX - impact of external causes (main cause of death):

- X42 - Accidental poisoning by and exposure to narcotics and psychodysleptics (hallucinogens), not elsewhere classified
- X62 -Self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified
- Y12 - Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], with undisclosed intent, not elsewhere classified.

In addition to this database, information on deaths due to drug intoxication in the country is obtained from the Levan Samkharauli National Forensics Bureau. In 2019, 40 people died of drug intoxication, all of whom were men, with 75% of deaths falling into the 30-49 age category. The data are similar compared to the previous year (41 deaths in 2018). However, it should be noted that the figures for the last two years are 4 times higher than similar figures for 2016-2017 (see Table #8 and Table #9).

Table #8. Age distribution of people who died due to drug intoxication in 2019 (Levan Samkharauli National Forensics Bureau)

| Age interval | Number of deaths |
|--------------|------------------|
| 20-29 | 8 |
| 30-39 | 15 |
| 40-49 | 15 |
| 50-59 | 2 |

Table #9. Number of people who died as a result of drug overdose by years (Levan Samkharauli National Forensics Bureau).

| Year | Number of deaths |
|------|------------------|
| 2009 | 16 |
| 2010 | 15 |
| 2011 | 15 |
| 2012 | 38 |
| 2013 | 30 |
| 2014 | 06 |
| 2015 | 05 |
| 2016 | 10 |
| 2017 | 11 |
| 2018 | 41 |
| 2019 | 40 |

13. Penitentiary and probation systems

The Order of the Ministry of Corrections and Probation of Georgia #8467, dated 30 December 2015, *Determining Rules of Statistics in the Ministry of Corrections and Probation of Georgia, Terms of Processing and Submission of Statistics, and Its Implementing Agencies* does not provide for processing of statistics related to the commission of crimes under specific articles of the Criminal Code of Georgia. Accordingly, statistical data on persons convicted and accused of committing a crime under Chapter 33 of CCG are not kept in the penitentiary system.

13.1 Prevention

In 2019, the Special Penitentiary Service conducted a variety of preventive measures to understand the risks posed by drug use and to promote a healthy lifestyle. In addition to the related issues, a total of 112 training modules were conducted in the same year, with a total of 112 convicts participating, of whom 69% were male and 31% female. As for the age

distribution, 40% of convicts involved in information activities were between 14 and 20 years old.

Prevention-oriented measures during the reporting period:

- A preparatory course for release from jail is conducted for 6 months. It covers 3 modules regarding the use of drugs. The purpose of the modules is to develop understanding of the crime and punishment for drug crimes, and strengthen self-control. The course also addresses stigma and discrimination in drug addiction;
- HIV and AIDS module which teaches convicts about drug addiction and communicable diseases;
- The Healthy Lifestyle Course runs for 7 weeks. It aims to promote healthy lifestyles and safe behaviours in people with antisocial and / or criminal behaviours, providing participants with relevant knowledge and equipping them with social skills required for protecting them from risky behaviours.

13.2 Abstinence-oriented treatment

A convict with drug abstinence is transferred by a special penitentiary agency to a profile clinic in the civil sector, in particular, to the Center for Mental Health and Prevention of Addiction, where the convict is treated and consulted by narcologists, based on which an appropriate course of treatment is prescribed. It is noteworthy that the Special Penitentiary Service does not process data on the number of persons involved in abstinence-oriented treatment and their gender / age groups, therefore no statistical information is available in this regard.

13.3 Opioid substitution therapy programmes

Pursuant to the joint order of the Minister of Corrections and Probation of Georgia and the Minister of Labour, Health and Social Affairs of Georgia #92 #01-26N, dated 14 July 2016, the Center for Mental Health and Prevention of Addiction conducts opioid-induced abstinence treatment in penitentiary facilities. An opioid-dependent adult has the opportunity to engage in a methadone substitution therapy programme in no. 2, 5, and 8 penitentiary facilities. It should be noted that female defendants / convicts from no. 5 Penitentiary facility may access this programme in no. 18 facility.

According to 2019 data, only short-term and long-term detoxification is possible in the penitentiary system. Short-term detoxification with reduced doses of methadone lasts one month, while long-term detoxification lasts more than one month. During the reporting period, a total of 927 convicts benefited from the programme, of whom only 8 were women. 74% of men in the opioid substitution therapy programme belong to the 25-44 age group. For detailed information, please see Table #10.

Table #10. Number of persons involved in the Penitentiary System OST programme in 2019 (Special Penitentiary Service).

| <i>Age group</i> | <i>Gender of programme participants</i> | |
|------------------|-----------------------------------------|--------|
| | Male | Female |
| 15 - 25 | 25 | 0 |
| 25-34 | 252 | 1 |
| 35-44 | 428 | 2 |
| 45-54 | 186 | 3 |
| 55-64 | 23 | 2 |
| 65+ | 5 | 0 |
| Total | 919 | 8 |

13.4 Psychosocial rehabilitation programmes

In 2019, the Special Penitentiary Service implemented the following rehabilitation programmes for convicts addicted to harmful substances:

- **Atlantis** - A group rehabilitation programme for drug and alcohol addicts based on the 12-Step Methodology, which aims to raise awareness about the risks associated with drug use, maintain long-term remission, and teach the necessary prevention measures. The duration of the programme is 4 months, and if for some reason the programme cannot be effectively implemented or the goal cannot be achieved, the programme will be extended for an additional two months. It includes open and closed workshops and therapies led by consultants. A counsellor can be an outsider in a detention facility or a convict who has undergone a 12-step programme. The members of the therapeutic group are in a separate space for 4 months. The programme is implemented in Kutaisi #2 and Rustavi #5 penitentiary facilities;

- Art therapy for drug addicts - the programme includes a therapeutic module and work with clay. Its purpose is:
 - Self-deepening, harmonizing the unconscious and the conscious;
 - Strengthening the contours of I-structure;
 - Improving connections with the outside world;
 - Creating a symbolic decor.

The programme lasts for 3 months. The programme is implemented in Ksani #15 and Rustavi #16 penitentiary facilities.

- **Addicts Rehabilitation programme** - the programme is based on the cognitive-behavioural therapy approach, which aims to understand and teach the mechanisms of coping with drug demand, maintain long-term remission, understand the risks of relapse and teach the necessary prevention. The programme lasts for 6 months. It is implemented in Rustavi #12, #16, #17 and Ksani #15 detention facilities. In 2019, a Spanish expert updated the rehabilitation programme with the help of the EU-ACT project. In addition, psychologists from the penitentiary and probation system went to Spain on a study visit to learn about the local penitentiary system in Spain.

In 2019, 121 convicts and 149 non-custodial convicts underwent the rehabilitation programmes. Individuals addicted to narcotics and psychotropic substances may take part in the programmes. However, those involved in the programme are not identified based on their major narcotic substances. Table 11 presents the age distribution of convicts participating in the programme, and Table 12 presents the distribution of non-custodial convicts according to rehabilitation programmes.

Table #11. Age distribution of convicts involved in the rehabilitation programme during 2019 (Special Penitentiary Service).

| Age interval | Number of convicts |
|--------------|--------------------|
| 18-21 | 1 |
| 22-30 | 18 |
| 31-40 | 39 |
| 41-50 | 38 |
| 51-60 | 21 |
| 60 and over | 4 |

Table #12. Number of non-custodial convicts involved in rehabilitation programmes during 2019 (Special Penitentiary Service).

| Rehabilitation programmes | Number of non-custodial convicts |
|-----------------------------------|----------------------------------|
| Addiction - relapse prevention | 49 |
| A healthy lifestyle for minors | 66 |
| Life risks and personal resources | 34 |
| Total | 149 |

13.5 Infectious Diseases

The accused / convict undergoes a mandatory medical examination upon admission to the detention facility. During the examination, health condition is described, communicable diseases are identified and objectively documented. During the primary medical examination, laboratory and instrumental tests are performed on HIV / AIDS, hepatitis B and C, tuberculosis, syphilis and other sexually transmitted diseases. Further examination and treatment of identified diseases is voluntary. Adequate treatment is offered in the civil sector upon request, as part of the relevant public programme. As for statistical information, data on the most common diseases are presented in tabular form (see Table #13). It should be noted that the Special Penitentiary Service does not provide a breakdown of data tables by sex and age.

Table #13. Statistics of the most common infectious diseases in the penitentiary system in 2019.

| # | Item | I mont h | II mont h | III month | IV month | V mont h | VI month | VII month | VIII month | IX mont h | X mont h | XI month | XII month | Tota |
|---|----------------------------------------------------------------|----------------|-----------------|--------------|-------------|----------------|-------------|--------------|---------------|-----------------|----------------|-------------|--------------|------|
| 1 | TB screening | 4,781 | 4,745 | 4,765 | 4,586 | 4,747 | 4,961 | 4,951 | 4,472 | 5,086 | 4,913 | 4,084 | 4,209 | 56,5 |
| 2 | New cases of sensitive tuberculosis | 1 | 2 | 4 | 4 | 2 | 1 | 2 | 4 | 4 | 2 | 2 | 2 | 30 |
| 3 | New cases of resistant tuberculosis | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 3 |
| 4 | Individuals involved in the anti-tuberculosis DOTS programme | 3 | 2 | 4 | 4 | 3 | 1 | 2 | 4 | 6 | 2 | 3 | 2 | 30 |
| 5 | Individuals involved in the anti-tuberculosis DOTS + programme | 0 | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 6 |
| 6 | HIV / AIDS screening | 522 | 587 | 700 | 594 | 706 | 532 | 580 | 529 | 404 | 380 | 595 | 519 | 6,6 |
| 7 | New cases of HIV / AIDS | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 5 |
| 8 | People with HIV / AIDS | 98 | 92 | 96 | 83 | 86 | 89 | 89 | 92 | 93 | 83 | 85 | 86 | 1,0 |
| 9 | Screening for hepatitis B, C. | 706 | 806 | 845 | 904 | 1,005 | 824 | 859 | 541 | 505 | 714 | 609 | 555 | 8,8 |

| | | | | | | | | | | | | | | |
|----|-------------------------------------------------------|-----|-----|----|-----|----|-----|-----|-----|-----|----|-----|----|-----|
| 10 | Individuals involved in the treatment of hepatitis C. | 129 | 129 | 90 | 105 | 90 | 100 | 125 | 106 | 159 | 96 | 139 | 50 | 1,3 |
|----|-------------------------------------------------------|-----|-----|----|-----|----|-----|-----|-----|-----|----|-----|----|-----|

14. Drug-related crime

The General Prosecutor's Office of Georgia maintains statistical information on drug crimes specified in Chapter 33 of the Criminal Code. According to the information provided by the General Prosecutor's Office, in 2019, there were 5,141¹² cases of drug prosecution (4,988 men, 147 women, 6 unidentified). The highest rates of prosecution are recorded in Tbilisi (1,461), Samegrelo-Zemo Svaneti (904) and Kvemo Kartli (574). As for the articles of CCG, prosecution is most often brought under Article 260 (2,610 cases), followed by Article 273¹ (1,368 cases). For detailed information see Table #14.

Table #14. The number of persons prosecuted for drug crimes in 2019 according to the articles of the Criminal Code (Supreme Court of Georgia).

| CCG ARTICLE | NUMBER OF PERSONS ¹³ |
|-------------|---------------------------------|
| 260 | 2, 610 |
| 261 | 103 |
| 262 | 115 |
| 263 | 6 |
| 264 | 6 |
| 265 | 732 |
| 266 | 2 |
| 267 | 2 |
| 268 | 1 |
| 272 | 2 |
| 273 | 194 |
| 273' | 1, 368 |

In 2019, the Regional and General Prosecutor's Offices filed charges against 16 persons, and the investigation into drug crimes was discontinued in 2,189 cases. See Table #15 for information on termination of the investigation according to CCG articles.

Table #15. Number of discontinued investigations in 2019 (number of crimes) on drug crimes with breakdown by CCG articles (General Prosecutor's Office of Georgia).

¹² Prosecution data are counted by crimes. This means that in some cases, a person's prosecution is initiated under several articles, hence the total rate of prosecution exceeds the number of prosecuted persons.

¹³ The data are counted by crimes. For instance, if prosecution against 1 person is terminated under articles 260 and 273 of CCG, information on the person is recorded separately per article.

| CCG article | Number of crimes ¹⁴ |
|-------------|--------------------------------|
| 260 | 1, 122 |
| 261 | 29 |
| 262 | 200 |
| 263 | 18 |
| 265 | 184 |
| 270 | 1 |
| 272 | 1 |
| 273 | 15 |
| 273' | 618 |
| 274 | 1 |

See Table #16 for the number, gender, quantitative, and regional distribution of drug offenders in 2019. In addition, Table #17 presents the distribution of diverted persons according to the relevant articles of CCG.

Table #16. The number of persons diverted for drug crimes in 2019 (General Prosecutor's Office of Georgia).

| <i>Total number of diverted individuals for drug offenses</i> | | <i>77</i> |
|---------------------------------------------------------------|------------------------|-----------|
| <i>Including</i> | Female | 18 |
| | Male | 59 |
| <i>Age</i> | 14-17 | 14 |
| | 18-20 | 14 |
| | Over 21 | 49 |
| | | |
| <i>Including regional/general prosecutor's departments</i> | Tbilisi | 6 |
| | Kvemo Kartli | 19 |
| | Kakheti | 2 |
| | West Georgia | 21 |
| | Samegrelo-Zemo Svaneti | 11 |
| | Adjara | 18 |

¹⁴ The data are counted by crimes. For instance, if prosecution against 1 person is terminated under articles 260 and 273 of CCG, information on the person is recorded separately per article.

Table #17. The number of persons diverted for drug crimes in 2019 (General Prosecutor's Office of Georgia).

| CCG ARTICLE | NUMBER OF PERSONS |
|-------------|-------------------|
| 260 | 20 |
| 261 | 7 |
| 262 | 18 |
| 263 | 3 |
| 265 | 4 |
| 273' | 25 |

The Supreme Court of Georgia maintains statistical information on drug crimes under Chapter 33¹⁵ of the Criminal Code of Georgia.

In 2019, 3,859 drug crime cases were considered by district (city) courts of Georgia and 3,995 persons were convicted. Articles 260, 265 and 273¹ of the Criminal Code account for 93.3% of the cases. Article 260 of the Criminal Code concerns the illegal manufacturing, production, purchase, storage, transportation, transfer or sale of drugs, their analogues, precursors or new psychoactive substances, accounting for more than half of all the cases (50.7%). Article 273¹ of CCG (illegal purchase, storage, carrying, transfer and / or sale of cannabis or marijuana) accounts for 25.5% of the cases, while 17.1% of cases by trial that fall under Article 265 of CCG (illegal sowing, growing or cultivation of plants containing narcotics).

In 2019, out of 3,995 persons, 3,846 persons (96.3%) were convicted, 92% (3,673 persons) signed plea agreements, and the number of acquitted persons was 15 (0.4%). During the reporting period, a total of 3,971 persons were convicted for drug offenses under Chapter 33 of the Criminal Code. Sentences included imprisonment, probation, fines, and community service. 50% of convicts were sentenced to probation, 16.6% to fines, and 14.2% to community service. 19.2% (763 persons) were sentenced to imprisonment, including 78.6% (600 persons) convicted under Article 260 of the Criminal Code. For details, please see Table #18.

¹⁵ Chapter 33 of the Criminal Code of Georgia covers articles 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 273¹ and 274.

Table #18. Statistical information on the convicts and verdicts issued by the district (city) courts of Georgia in 2019 for the crime provided for by Chapter 33 of the Criminal Code (Supreme Court of Georgia).

| Articles of Georgian Criminal Code | Total cases heard with a verdict | | | Including | | | Convicted | Including those sentenced to | | | | | Verdict of guilty issued without punishment | Acquitted |
|------------------------------------|----------------------------------|--------------------------|-------------|--------------------------|-------------|-----------------------|-------------|------------------------------|-------------|-------------|-------------------|------------|---------------------------------------------|-----------|
| | | | | Verdict of guilty issued | | Plea agreement signed | | Imprisonment | Probation | Penalty | Community service | | | |
| | Case | % total under section 33 | Person | Case | Person | Person | Person | Person | % | Person | Person | Person | Person | Person |
| total | 3859 | 100,0 | 3995 | 3846 | 3980 | 3673 | 3973 | 763 | 19,2 | 1988 | 658 | 564 | 7 | 15 |
| 260 | 1956 | 50,7 | 2054 | 1945 | 2043 | 1840 | 2043 | 600 | 30,7 | 1407 | 35 | 1 | | 11 |
| 261 | 69 | 1,8 | 75 | 68 | 74 | 69 | 74 | 11 | 15,9 | 54 | 9 | | | 1 |
| 262 | 89 | 2,3 | 100 | 88 | 99 | 82 | 99 | 74 | 83,1 | 18 | 7 | | | 1 |
| 263 | 3 | 0,1 | 3 | 3 | 3 | 3 | 3 | 1 | 33,3 | | 2 | | | |
| 264 | 2 | 0,1 | 2 | 2 | 2 | 1 | 1 | | | 1 | | | 1 | |
| 265 | 659 | 17,1 | 662 | 660 | 661 | 632 | 655 | 60 | 9,1 | 366 | 186 | 43 | 6 | 1 |
| 267 | 1 | 0,03 | 1 | 1 | 1 | 1 | 1 | | | 1 | | | | |
| 268 | 2 | 0,1 | 2 | 2 | 2 | 2 | 2 | 1 | 50,0 | 1 | | | | |
| 272 | 2 | 0,1 | 2 | 2 | 2 | 1 | 2 | 2 | 100,0 | | | | | |
| 273 | 92 | 2,4 | 94 | 92 | 94 | 81 | 94 | 9 | 9,8 | 23 | 36 | 26 | | |
| 73.1 | 984 | 25,5 | 1000 | 983 | 999 | 961 | 999 | 5 | 0,5 | 117 | 383 | 494 | | 1 |

Cassation appeals related to drug crimes are referred to the Supreme Court of Georgia. During the reporting period, a total of 81 cases were heard under Articles 260, 262, 265 and 273¹ of Chapter 33 of the CCG, that is 2.1% of drug cases heard by the courts of first instance. The Supreme Court ruled in favour of 91 persons, including 2 acquitted. Persons accused under Article 260 account for 89% of the appealed cases (see Table #19).

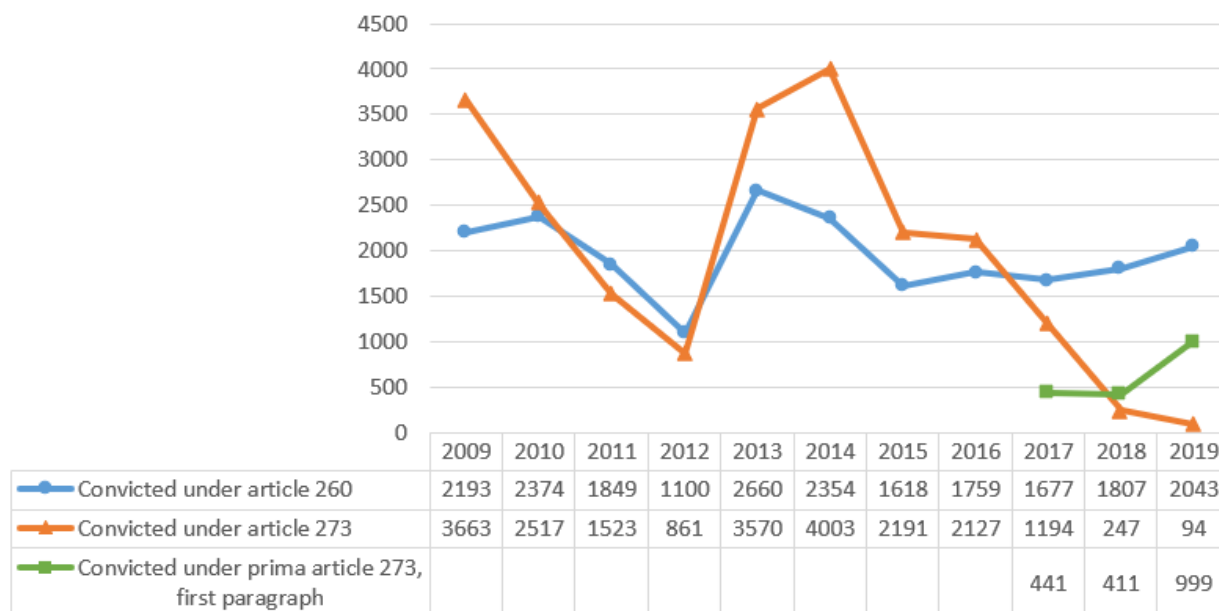
Table #19. Cases considered by the Supreme Court of Georgia in 2019 under cassation appeals related to drug crimes (Supreme Court of Georgia).

| CCG articles | Case reviewed | | Result of review | |
|--------------|---------------|--------|----------------------------|-----------------|
| | | | Recognized as inadmissible | Verdict changed |
| | Case | Person | Person | Person |
| | | | | |

| | | | | |
|------------------|----|----|----|---|
| 260 | 72 | 81 | 81 | |
| 262 | 7 | 7 | 6 | 1 |
| 265 | 1 | 1 | 1 | |
| 273 ¹ | 1 | 2 | 1 | 1 |

In 2019, the number of persons convicted under Article 260, Chapter 33 of the Criminal Code was 2,043. Since 2017, the number of persons convicted under this article has been growing, although it is behind the same indicator in 2014, when the number of convicts was 2,354. Since 2014, the number of people convicted under Article 273 of the Criminal Code has sharply decreased. In 2019, 94 people were convicted under this article, that is 12.7 times less than in 2017 and 42.5 times less than in 2014. The declining trend is largely due to legislative changes in recent years (see [Chapter three](#)). As a result of the legislative changes, new article 273¹ has been added to Chapter 33 of CCG since 2017. In 2019, the number of people convicted under Article 273¹ was 999, which is 2.4 times more than the same figure in 2018. See chart #21 for detailed information.

Chart N21. The number of persons convicted by the District Courts of Georgia from 2009 to 2019 under Articles 260, 273 and 273¹ of the Criminal Code of Georgia (Supreme Court of Georgia).



14.1 Administrative Offenses

In 2019, prime articles 45 and 45 of the Code of Administrative Offenses of Georgia¹⁶ were recorded together in the statistical reporting forms of the courts. For this reason, data on the illegal manufacturing, purchase, storage, transportation, transfer and / or use of a small quantity of cannabis/marijuana or other narcotic drugs, their analogues or precursors without a doctor’s prescription were combined. In 2019, a court verdict was issued against 6,922 persons under these articles. 91% of them were fined, 8% released from administrative liability, and only 3 persons were sentenced to administrative detention (see Table #20).

Table #20. Cases considered in 2019 by the district (city) courts of Georgia under Articles 45 and 45¹ of the Code of Administrative Offenses of Georgia (Supreme Court of Georgia).

| Decisions issued by the court | | Person |
|-----------------------------------------------|-----------------|--------|
| Total number of rulings rendered by the court | | 6,922 |
| Fine imposed as a penalty | | 6,322 |
| Exemption from administrative liability | Case terminated | 255 |

¹⁶ Article 45. Illegal manufacturing, purchase, storage, transportation, transfer and/or use of a small quantity of narcotic drugs, their analogues or precursors without a doctor’s prescription
 Article 45¹. Illegal manufacturing, purchase, storage, transportation, transfer and/or use of a small quantity of plant cannabis or marijuana.

| | | |
|-----------------------------------------------|----------------|-----|
| | Verbal warning | 311 |
| Imposition of administrative detention | | 3 |

According to the information provided by MoIA, in addition to the rulings rendered by the court under Articles 45 and 45¹ of the Code of Administrative Offenses, the number of persons identified in connection with the violation under Article 116¹⁷, Section 7 was 1,062, and the number of persons identified under Article 116, Section 5¹ was 1.

In 2019, a total of 10,518 persons were tested for drugs by the MIA. 64% of them (6,725 persons) tested positive. Table N18 shows the gender and age distribution of persons who were taken to the Drug Control Service of the Forensic Department of MIA and tested positive, with breakdown by regions. The vast majority of the persons taken for examination are 98% male, 2% female. Positive cases are 64.5% in men and 42.8% in women. As for the age distribution, 20% of the persons are in the 17-24 age category, while 59.2% are in the 25-44 age category. It is noteworthy that a total of 77 people under the age of 17 were taken for the test, of whom 73 are boys and 4 are girls, with 55.8% testing positive (57.5% in boys, 25% in girls). 41% (4329) of those taken for drug testing come from Tbilisi, which is the highest rate among the regions. It is followed by Samegrelo with 13.5% (1,419). 69% (2973) of those examined in Tbilisi and 73.5% (1043) of those examined in Samegrelo were positive. See table #21 for detailed information.

Table #21. Statistics on persons taken to the Drug Control Service of MIA Forensic Department in 2019 (Ministry of Internal Affairs of Georgia).

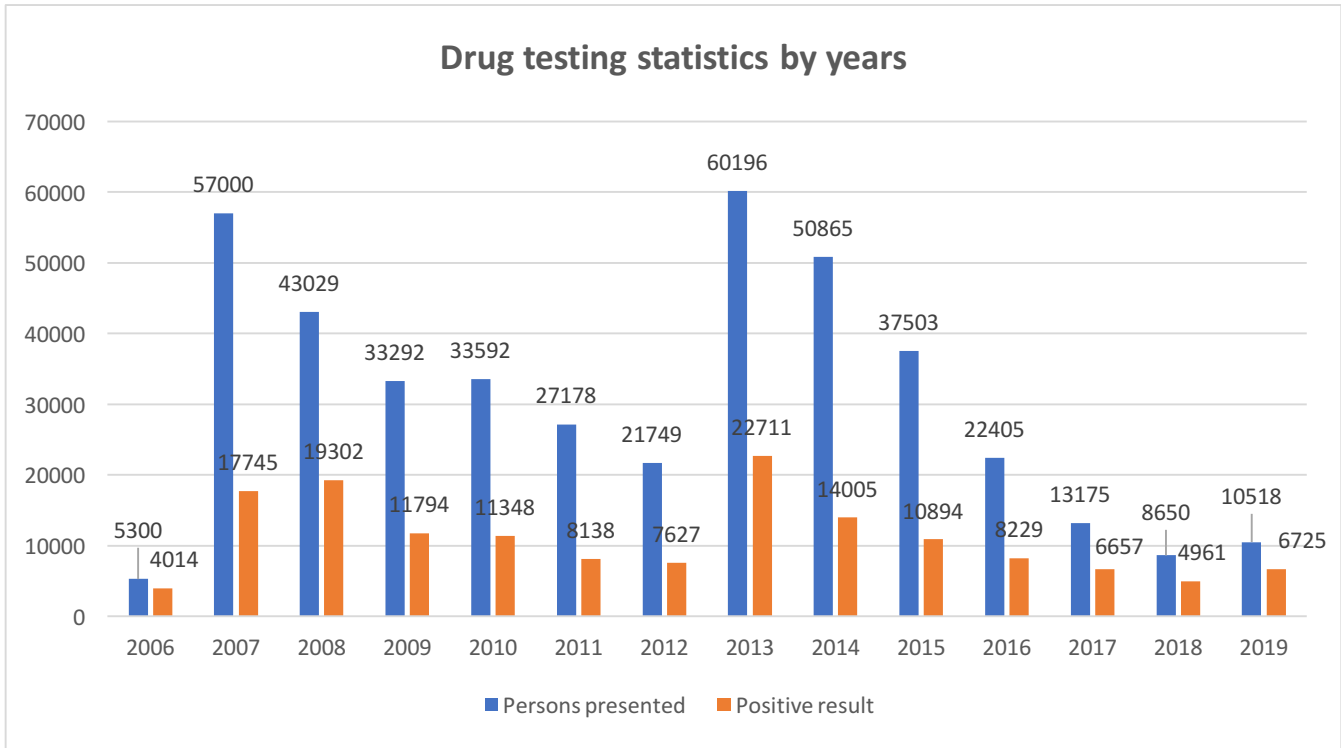
¹⁷ Article 116. Driving a vehicle in a state of alcoholic, narcotic or psychotropic intoxication or permitting another person in this state to drive a vehicle.

Statistics on persons presenting to the Drug Control Service of MIA Forensic Department (2019)

| Region | Number of persons presenting to the Drug Control Service, by age groups and gender | | | | | | | | | | | Total | Number of persons with positive test result, by age groups and gender | | | | | | | | | | | Total |
|------------------------|------------------------------------------------------------------------------------|----------|-------------|-----------|-------------|------------|-------------|-----------|------------|----------|--------------|-----------|-----------------------------------------------------------------------|-------------|-----------|-------------|-----------|-------------|----------|-----------|----------|-----------|--|-------|
| | Under 17 | | 17-24 | | 25-44 | | 45-60 | | Over 60 | | Under 17 | | 17-24 | | 25-44 | | 45-60 | | Over 60 | | | | | |
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | | Female | Male | Female | Male | Female | Male | Female | Male | Female | | | |
| Abkhazeti | 27 | 2 | 895 | 27 | 2655 | 68 | 603 | 10 | 41 | 1 | 4329 | 15 | 1 | 674 | 16 | 1805 | 34 | 407 | 2 | 19 | 0 | 29 | | |
| Imereti | 4 | 0 | 145 | 3 | 421 | 3 | 166 | 1 | 17 | 0 | 760 | 1 | 0 | 84 | 3 | 277 | 0 | 100 | 0 | 5 | 0 | 4 | | |
| Samegrelo | 4 | 0 | 127 | 0 | 426 | 11 | 113 | 6 | 12 | 0 | 699 | 0 | 0 | 74 | 0 | 218 | 5 | 58 | 0 | 5 | 0 | 31 | | |
| Guria | 8 | 0 | 94 | 2 | 248 | 5 | 93 | 1 | 4 | 0 | 455 | 3 | 0 | 55 | 0 | 167 | 1 | 53 | 0 | 1 | 0 | 21 | | |
| Samegrelo-Zemo Kartli | 6 | 0 | 86 | 4 | 274 | 7 | 88 | 3 | 12 | 0 | 480 | 5 | 0 | 58 | 0 | 157 | 1 | 42 | 0 | 2 | 0 | 21 | | |
| Samegrelo | 8 | 2 | 235 | 6 | 810 | 22 | 294 | 11 | 29 | 2 | 1419 | 4 | 0 | 179 | 3 | 624 | 5 | 212 | 2 | 14 | 0 | 10 | | |
| Samegrelo-Lower Kartli | 5 | 0 | 231 | 0 | 322 | 1 | 99 | 0 | 2 | 0 | 660 | 4 | 0 | 98 | 0 | 158 | 1 | 66 | 0 | 0 | 0 | 31 | | |
| Samegrelo | 10 | 0 | 118 | 0 | 469 | 7 | 107 | 3 | 10 | 0 | 724 | 9 | 0 | 97 | 0 | 278 | 0 | 60 | 1 | 1 | 0 | 41 | | |
| Samegrelo | 1 | 0 | 184 | 0 | 608 | 4 | 170 | 1 | 24 | 0 | 992 | 1 | 0 | 120 | 0 | 355 | 0 | 81 | 0 | 4 | 0 | 51 | | |
| Total | 73 | 4 | 2115 | 42 | 6233 | 128 | 1733 | 36 | 151 | 3 | 10518 | 42 | 1 | 1439 | 22 | 4039 | 47 | 1079 | 5 | 51 | 0 | 67 | | |

MIA annually maintains the statistical data of persons who presented for drug testing. According to the data of 2006-2019, the number of people taken for drug testing has decreased almost 6 times compared to 2013, and the percentage of positive test results has increased. Thus, in 2013, 37.7% of those tested for drugs were positive, and in 2019, this figure was 63.9%. Since 2017, there has been an upward trend in the percentage of positive test results (see Chart #22).

Chart N22. Statistical data on drug testing conducted by MIA in 2006-2019 (Ministry of



Internal Affairs of Georgia).

15. Drug market

15.1 Production and Seizure of drugs

Drug production in Georgia is mainly related to home-made drugs, such as Vint, Jeff or so-called. "connifer vint", which is made by boiling the endemic plant Ephedra. These drugs are mostly used for personal use and are not characterized by large-scale, structured sales plans. Most cases involving the seizure of a particularly large amount of drugs by MIA are related to drugs produced in the territory of another country, which were brought into the country for transit or on-site sale. However, it should be noted that isolated incidents of psychoactive substances production were still detected. In 2019, the Ministry of Internal Affairs discovered 3 home-made drug laboratories in which the drug Alpha-PVP was made. According to the conclusion of the Forensic Department, 88,108.73 grams (88.1 kg) of home-made alpha-PVP were prepared for sale when the drug was seized from the laboratories. Their average value on the black market is GEL 20 million.

Among non-injecting drugs, we should mention the cannabis plant. Both endemic cannabis and imported hybrid varieties are cultivated in the country. The active ingredient of the latter - tetrahydrocannabinol (THC) is often much higher than that of the endemic cannabis. According to the information provided by MIA, there is a growing trend of cannabis cultivation, which, in turn, can be seen in the quantities seized.

MIA provides annual statistical information on the substances seized from the illicit trafficking of drugs throughout Georgia. According to the data of the ministry, the largest quantity of drugs seized in 2019 is cannabis plant - 2,573 kg, which is 2.5 times more than the quantity seized in the previous year. Since 2016, there has been a growing trend in the quantity of plant cannabis seized, including marijuana and cannabis gum (hashish) produced from it. The quantity of marijuana seized during the reporting period is 3.5 times higher than the quantity seized in the previous year, while the quantity of cannabis gum seized increased 16 times compared to the same period last year. As for heroin, a total of 6.32 kg was seized in 2019, which is 41% less than the quantity seized in the previous year. We should also note the MDMA, as the seized quantity (22,791 kg) is 11 times higher than in 2018. In 2019, the quantities of seized buprenorphine, methadone, mephedrone and oxycodone increased twice and more. At the same time, it should be noted that there was a downward trend in the seizure of morphine, tramadol, codeine, and opium poppy. As for the group of stimulants, we should

mention cocaine (1.15 kg) and amphetamines (7.23 g). Their seizure rate has been declining over the last three years. Detailed information on seized drugs can be found in Table #22.

Table #22. Number of drugs (pure weight) seized from illegal trafficking by MIA in 2012-2019 (Ministry of Internal Affairs of Georgia).

| Drugs ¹⁸ | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|---------------------|-----------|---------|-----------|------------|------------|---------|-----------|-----------|
| Marijuana | 30,088.90 | 109,330 | 85,898 | 107,127.50 | 52,347.97 | 48,254 | 68,190 | 241,971 |
| Cannabis (plant) | 21,078 | 366,294 | 5,422,970 | 199,460 | 115,218.70 | 155,930 | 1,097,207 | 2,573,000 |
| Cannabis Resin | 5,246 | 13,7 | 56.91 | 368,179 | 229,629 | 409,336 | 147.90 | 2,355 |
| Heroin | 297,491 | 72,879 | 589,305,8 | 3,041.80 | 96,869.40 | 813,888 | 10,934 | 6,320 |
| A-PvP | | | | | | | 650 | 21,201 |
| 2C-B | | | | | | 0,265 | 0,03 | 0,37 |
| 25I-NBOMe | | | | | | | 7.90 | 0,759 |
| 25G-NBOMe | | | | | | | 0,014 | 0,074 |
| Tramadol | 10.60 | 167 | 717,337 | 1,228.70 | 137,962 | 94.79 | 2,721 | 547 |
| Buprenorphine | 6,216 | 9.78 | 29.30 | 27.23 | 55.88 | 137.18 | 101.30 | 242.80 |
| Methadone | 41,918 | 9.48 | 78.21 | 57.37 | 221.36 | 192,727 | 83.87 | 789.50 |
| Mephedrone | | | | | | | 1.13 | 56.09 |
| Morphine | 4.65 | 2.27 | 11,799.20 | 8.67 | 3,053 | 12,988 | 147.77 | 109.46 |
| Desomorphine | 1,002 | 5.89 | 0.5653 | 0.2228 | 0.1157 | 0.0054 | | |
| Flumitrazepam | | | 0.02 | 0.001 | 0.132 | 6.90 | 0.0065 | 0.06 |
| Methamphetamine | 1,481 | 22.80 | 102,885 | 240.04 | 2,9193 | 1,086 | 28.72 | 25.45 |
| Codeine | 19,991 | 503.70 | 2,439.30 | 1,412.26 | 71,648 | 67,799 | 5,988 | 87.60 |
| Dihydrocodeine | | 0.2063 | | | | | 0.0031 | 11.20 |
| Thebaine | | | 0.0006 | 0.001 | 0.055 | 1.6716 | 52.02 | 2.53 |
| Amphetamine | 0.197 | 0.2 | 5,062 | 60,354.56 | 5,457 | 166,072 | 54.40 | 7.23 |
| Fentanyl | | 0.56 | 5,273 | 0,904 | 0,0784 | 0,5063 | 0.3 | 0.72921 |
| Carfentanyl | | | | | | | | 0.7249 |
| MDMA | 1.76 | 49,586 | 43.94 | 213,583 | 281.13 | 352.29 | 2,118 | 22,791 |
| NPS ¹⁹ | | | 7,743.60 | 1,809.11 | 1,473.45 | 6,471 | 680 | 4,780 |
| Cocaine | 8.29 | 0.15 | 318.57 | 24,120.40 | 200.36 | 9,096 | 4,399 | 1,150 |
| Diphenoxylate | | 27.51 | | | | 11,634 | 109 | 9.70 |
| Methylphenidate | | | | | | 28.40 | 21.49 | 6.31 |
| LSD | 0.0019 | 0.00149 | | 0.014 | 0.0424 | 0.033 | 0.007 | 0.0523 |
| Chlordiazepoxide | | 4.41 | 3,212 | 0.2 | 6,355 | 2.78 | 2.6 | 0.224 |
| Opium | 12,543 | 86.01 | 163,621 | 71.37 | 14.6 | 21,106 | 3.19 | 4.49 |

¹⁸ The number of drugs is represented in grams.

¹⁹ NPS - new psychoactive substances.

| | | | | | | | | |
|----------------------|-----|----------|-----------|----------|----------|----------|--------|--------|
| Poppy | 280 | 7,972.36 | 13,793.54 | 2,340.44 | 8,995.85 | 9,277.66 | 18,077 | 9,661 |
| Poppy Straw | | 2,322.46 | 129.78 | 463.91 | 85.41 | 257.21 | 38.45 | 456.80 |
| Oxycodone | | 7.24 | | 0.25 | 4.46 | 0.32 | 59.39 | 0.55 |
| Cyclobarbitol | | 1.84 | 15.35 | 6.1324 | 29.36 | | | |
| Tetrahydrocannabinol | | | | | 86.05 | 142,194 | 2,927 | 983 |
| Dimethyltryptamine | | | | | | 1.93 | | 2.97 |
| Psilocin mushrooms | | | 17,05 | | | 2,8463 | | 12.16 |
| Psilocin | | | | | | | | 0.007 |
| Tilidine | | | | | | 5.90 | 6.50 | |
| Methylfentanyl | | | | | | | | 0.45 |

15.2 Quality and price of drugs

In 2019, MIA conducted a laboratory test of substances seized on the black market as a result of expert forensic activities. The purity of drugs was determined, which means determining the concentration (content) of the main active ingredient in the composition of a specific drug. It is noteworthy that the identical quantity of active substances in identical drugs is very rare. They are slightly but constantly different from each other. Thus, the information provided by MIA presents an average indicator. Laboratory tests show that the purity of amphetamine and methamphetamine varies between 70-80% on average, which is the highest purity in Table #23. It is followed by cocaine - 60% and heroin - 35%. The average purity of MDMA is 5-10% and that of hashish is 5%.

Table #23. Results of laboratory tests of drugs done by MIA (Ministry of Internal Affairs of Georgia).

| Drug | Purity |
|--------------------------------|--------|
| Heroin | 35% |
| Amphetamine (crystals) | 70-80% |
| Methamphetamine (crystals) | 70-80% |
| Hashish | 5%* |
| Cocaine | 60% |
| MDMA | 5-10% |
| * Tetrahydrocannabinol content | |

According to the information provided by MIA, in 2019 the price of one gram of heroin on the black market ranged from GEL 700 to GEL 800, with the price of Subutex (8 mg pill) being half, ranging from GEL 300 to GEL 400. Methadone is the most valuable among the opioid drugs. The average cost of one gram of methadone is 1,800 GEL. As for ecstasy, the average price of one pill is 80-120 GEL. See detailed information in Table #24.

Table #24. Information provided by MIA about the average price of drugs on the black market (Ministry of Internal Affairs of Georgia).

| Drug | Price |
|----------------------------------------------------------------------------------|---------------|
| Subutex (8 mg) | GEL 300-400 |
| Cocaine (g.) | GEL 750 – 900 |
| Heroin (g) | GEL 700-800 |
| Marijuana (g.) | GEL 100 |
| Methadone (crystal) | GEL 1,800 |
| New psychoactive substances acting as cannabinoids (synthetic cannabinoids) (g.) | GEL 150 |
| Ecstasy (pills) | GEL 80-120 |

15.3 New psychoactive substances

New psychoactive substances (NPS) pose a public health challenge worldwide. NPS are defined as “substances of abuse, either in a pure form or a preparation, that are not controlled by the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic Substances, but which may pose a public health threat” (UNODC, 2020). Most of them are produced to imitate the effects of "traditional" controlled drugs (heroin, cocaine, MDMA, etc.). In recent years, their consumption is characterized by a growing trend. One of the contributing factors for this (in many cases) is the legal status and affordable price.

Information on the use of NPS in Georgia can be obtained from studies such as the Behaviour Surveillance Survey, PDI and NSP Evaluation programmes, and other targeted studies. Information on new psychoactive substances is very scarce, as no in-depth studies have been conducted to analyze the prevalence of new psychoactive substances, the harm caused by them, and other important characteristics. It is also noteworthy that in recent years the relevant MIA agency has detected new psychoactive substances which have never been seized before. In 2019, MIA for the first time found the following substances in the territory of the country:

- CARFENTANYL;
- 5 FLURO-MDMB-BUTINACA;
- 5FLURO-MDMB-PICA.

16. Conclusion

Active involvement of government agencies and the non-governmental sector in the information gathering process for the 2019 Annual Drug Report, key data and statistics related to the country's drug situation have been collected. The highly reliable information provides a clear and detailed picture of the situation in such strategic areas as drug prevention, treatment-rehabilitation, harm reduction, and drug-related crime. Statistical information is collected in accordance with EMCDDA standards and indicators, as it provides an opportunity to see and analyze a comprehensive picture of drug use, which is critical to the development of a human rights-based and balanced drug policy in the country. There are achievements and challenges in each direction. Ensuring sustainability of achievements and eliminating challenges is key to improving the country's drug situation.

In 2019, different types of preventive measures were fragmented, making it difficult to assess their effectiveness and sustainability. Nor does it allow for comparison. Evaluation and analysis of drug situation demonstrates the need to develop a unified, structured and synergistic approach to prevention.

There is a growing trend of funding for treatment services. In recent years, more funds were allocated from the national treasury for opioid substitution therapy and abstinence-oriented programmes, which is a prerequisite for developing a drug policy and meeting the demand for treatment.

Short-term rehabilitation programmes are being implemented in the country. However, residential-type rehabilitation programmes are a challenge. In 2019, only a few people had access to similar types of services, despite the fact that psychosocial rehabilitation component is considered an effective way to deal with the problem of drug addiction. No such residency programmes were funded by the state during the reporting period.

Harm reduction can be considered as one of the most stable directions, as the programmes improve every year with greater coverage of beneficiaries and geographical access. Despite the progress, the main challenge is the number of sterile syringes issued per IDU, as it lags far behind the indicator established by WHO for the issue of sterile syringes per year. This increases the risk of drug-induced damage and the spread of viral infections. Funds required

for implementing harm reduction programmes are covered by the government along with the Global Fund.

Law enforcement agencies are actively involved in the fight against drug abuse and detection of drug crimes. Besides, statistical information on drug crimes is collected every year. However, there are also challenges in this area, which are manifested in the processing of data according to the circumstances of crime (crime committed under the influence of drugs or for the purpose of using or obtaining drugs) - it is possible to register them only under Chapter 33 of CCG. At the same time, to study drug cases from the perspective of law enforcement agencies and in terms of drug-related crimes, the EMCDDA recommends that data be processed on crimes committed for psychopharmacological and economic-compulsive motives.

As for the penitentiary system, the fact that both preventive measures and treatment and rehabilitation programmes are implemented is a very welcomed step. Defendants / convicts have the opportunity to benefit from abstinence-oriented programmes, including short-term and long-term opioid substitution detoxification programmes. The challenge in this regard is the lack of a long-term substitution therapy programme. In addition, the number of persons accused and convicted under Chapter 33 of the Criminal Procedure Code is not registered, and the Special Penitentiary Service does not provide statistical information on persons who have undergone abstinence-oriented treatment.

In order to study the drug situation based on the five main epidemiological indicators introduced by EMCDDA, it should be noted that:

- drug use in the general population and young people - in European countries, studies such as the General Population Survey (GPS) and ESPAD are conducted to obtain information on this indicator, including wastewater analysis for triangulation of additional results, European web survey on drugs and other field studies. Of these studies, ESPAD was conducted in Georgia in 2015 and in 2019. Only once, in 2015, a general population survey was conducted by the addiction research organization *Alternative Georgia*. Wastewater analysis and European web surveys on drugs have never been conducted. There are no recent data on the prevalence of drugs in the general population of the country;
- To determine the number of high-risk users, studies are conducted using different methods (network size method, Capture-recapture method, coefficient technology, synthetic estimation and statistical modelling methods). To determine the estimated number of IDUs in the country, a survey was last conducted in 2017 using the network

sizing method and coefficient technology. No similar survey was conducted in 2019. Accordingly, there is no up-to-date information on this indicator;

- Treatment demand indicator is not used in Georgia, therefore the collection of information in this direction is fragmented in nature;
- Information of Drug-related deaths and mortality indicator is not collected in accordance with EMCDDA standards;
- Drug-related infectious diseases - data on infectious diseases in the country are collected by the LEPL National Center for Disease Control and Public Health and the Georgian Harm Reduction Network. The data are structured and statistical information is collected. However, it should be noted that within the framework of the harm reduction programmes, the unique number of people screened for viral infections (excluding HIV / AIDS) and tuberculosis is not determined. Only the number of testing and screening episodes are recorded. As a result, it is unknown how many IDUs underwent screening for hepatitis C and B, syphilis and tuberculosis in 2019.

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Laws

საქართველოს კანონი:

„ნარკოტიკული საშუალებების, ფსიქოტროპული ნივთიერებების, პრეკურსორებისა და ნარკოლოგიური დახმარების შესახებ“

საქართველოს კანონი:

„ნარკოტიკული დანაშაულის წინააღმდეგ ბრძოლის შესახებ“

საქართველოს კანონი:

„საქართველოს სისხლის სამართლის კოდექსი“

საქართველოს კანონი:

„ახალი ფსიქოაქტიური ნივთიერებების შესახებ“

საქართველოს სსრ უმაღლესი საბჭოს დადგენილება:

„საქართველოს სსრ ადმინისტრაციულ სამართალდარღვევათა კოდექსის სამოქმედოდ შემოღების შესახებ“

საქართველოს მთავრობის დადგენილება N 342 2014 წლის 7 მაისი:

„ნარკომანიასთან ბრძოლის უწყებათაშორისი საკოორდინაციო საბჭოს დებულების დამტკიცების შესახებ“

საქართველოს იუსტიციის მინისტრის ბრძანება N^o494 2020 წლის 16 იანვარი:

„ნარკოვითარების მონიტორინგის ეროვნული ცენტრის დებულების დამტკიცების შესახებ“

საქართველოს საკონსტიტუციო სასამართლო:

საქართველოს სახელით საქართველოს საკონსტიტუციო სასამართლოს პირველი კოლეგიის გადაწყვეტილება N^o1/4/592

საქმის დასახელება : საქართველოს მოქალაქე ბექა წიქარიშვილი საქართველოს პარლამენტის წინააღმდეგ.

საქართველოს საკონსტიტუციო სასამართლო:

საქართველოს სახელით საქართველოს საკონსტიტუციო სასამართლოს პირველი კოლეგიის გადაწყვეტილება №1/16/770

საქმის დასახელება : საქართველოს სახალხო დამცველი საქართველოს პარლამენტის წინააღმდეგ.

საქართველოს საკონსტიტუციო სასამართლო:

საქართველოს სახელით საქართველოს საკონსტიტუციო სასამართლოს პირველი კოლეგიის გადაწყვეტილება № 1/ 13/ 732

საქმის დასახელება: საქართველოს მოქალაქე გივი შანიძე საქართველოს პარლამენტის წინააღმდეგ.

საქართველოს საკონსტიტუციო სასამართლო:

საქართველოს სახელით საქართველოს საკონსტიტუციო სასამართლოს პირველი კოლეგიის გადაწყვეტილება №1/3/1282

საქმის დასახელება: საქართველოს მოქალაქეები – ზურაბ ჯაფარიძე და ვახტანგ მეგრელიშვილი საქართველოს პარლამენტის წინააღმდეგ.

საქართველოს საკონსტიტუციო სასამართლო:

საქართველოს სახელით საქართველოს საკონსტიტუციო სასამართლოს პირველი კოლეგიის გადაწყვეტილება №1/9/701,722,725

საქმის დასახელება: საქართველოს მოქალაქეები ჯამბულ გვიანიძე, დავით ხომერიკი და ლაშა გაგიშვილი საქართველოს პარლამენტის წინააღმდეგ.

საქართველოს საკონსტიტუციო სასამართლო:

საქართველოს სახელით საქართველოს საკონსტიტუციო სასამართლოს პირველი კოლეგიის გადაწყვეტილება N1/6/770

საქმის დასახელება: საქართველოს სახალხო დამცველი საქართველოს პარლამენტის წინააღმდეგ.