

The background features a white page with abstract blue geometric elements. Three circles of varying sizes are arranged vertically, each composed of concentric rings in different shades of blue. Two thin blue lines intersect at the top left, forming a large 'V' shape that frames the circles. A large, partially cut-off blue circle is visible in the bottom right corner.

# Shadow Report

*Georgia 1998-2008*

**Union "Alternative Georgia  
Tbilisi, 2009**



ალტერნატივა ჯორჯია  
Alternative Georgia



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***The views expressed herein are those of authors and in no way reflect opinions of EHRN***

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## CONTENTS

<b>1. Patterns of drug use</b>	<b>4</b>
<b>2. Prevention</b>	<b>4</b>
<b>3. Treatment</b>	<b>4</b>
<b>4. Harm reduction</b>	<b>6</b>
<b>5. Infectious diseases</b>	<b>7</b>
<b>6. Legislation</b>	<b>7</b>
6.1 Human rights	9
<b>7. Narcotic drug supply</b>	<b>9</b>
<b>8. Prisons</b>	<b>10</b>
8.1 Population of prisons	10
8.2 Conditions in prisons	11
8.3 Infectious diseases in Prisons	12
<b>9. Conclusions</b>	<b>13</b>
<b>10. Recommendations</b>	
<b>14</b>	

## **1. Patterns of Drug Use**

Exact scale of drug use in Georgia is not known. Nevertheless, society and experts agree that the number of drug users has grown considerably over the last ten years. Currently the experts assume that about 200 000 – 250 000 individuals use drugs of different types and some 30 000 – 50 000 of them may be problem drug users (injecting drugs on a regular basis or/and addicted to drugs).

Regional and national transformation process (opening the sovereign borders, international integration, and growth of migration) has affected on the performance of the illegal drug market. Consumption of traditional cannabis and home-made opium substances has been supplemented with a wider consumption of new, more dangerous drugs. From 1996-1997 heroine entered the market, while Subutex appeared in 2001-2002 and the tendency of consuming home-made stimulants of met/amphetamine type drugs (Vint and Jeff) is observed from 2005-2006. We may assume that growth in consumption of stimulants is greatly conditioned by the deficit and increased prices of opium, heroine and Subutex, along with the transition of some consumers to relatively cheap and affordable stimulants.

Marihuana is the most widely used spread drug in Georgia. It is wiledly grown on the territory of Georgia as well as transited from neighbouring countries. Among the injecting drugs the most commonly used one is Subutex, heroine, opium and home-made stimulants (ephedrine, pseudo ephedrine and other).

The earliest age of injection drug use is average 20 years, while problem use is observed in the period of 25-35 years of age. As for the gender distribution, female drug users account for 2-3% of the drug user population.

## **2. Prevention**

Drug use prevention programmes in Georgia has been establishing over the last several years. Currently, prevention measures are limited to episodic interventions and no relevant institutional mechanisms exist for regular and strategically coordinated prevention. Towards this end actions are mainly carried out by NGOs with international donor support, though it should be noted that scope of coverage and scale of prevention measures are rather low and its quality and/or efficiency is not clear.

## **3. Treatment**

Currently the number of medical treatment and rehabilitation centers is rather scarce in Georgia. As of today, there are about 15 narcology clinics and several regional narcology centers and district health units throughout the country. The said increase has been witnessed in 2008. For instance in 2004 they were only 4 narcological clinics, in 2007 their number increased to 6,

which could treat 60 patients at a time. Their throughput throughout a year amounted to 400-500 patients<sup>1</sup>. As for the psycho-social rehabilitation centers, only 3 are operational with only support of Georgian Orthodox Church. A clear misbalance is observed in terms of service access in the capital city and regions. Over 90% of drug dependency treatment is mainly done in Tbilisi.

As for the types of medical treatment, currently there are mainly two forms as follows:

- 1 Medical treatment aimed at complete drug abstinence (detoxication);
2. Methadone substitution therapy programme.

It should be noted that the medical treatment is still beyond access, though in high demand. The aforesaid is conditioned by the high cost (1800-2000 GEL/900-1000EUR) of detoxication treatment. Besides, limited number of specialized medical institutions can not meet the demand of the consumers. In 2007 the detoxication treatment course has been benefited by 1092 patients, though in contrast with previous years the growth is significant. For comparison purposes it shall be mentioned that in 2004 treatment was delivered to only 300 individuals, while 608 have been treated in 2005<sup>2</sup>.

The first methadone substitution therapy programme was launched in 2005 with financial support of the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM). In total 3 programmes – one in Batumi and 2 in Tbilisi have rendered services to 300 patients. It is worth mentioning that from 2008 methadone programmes were opened on a nationwide scale with state funding. There are 8 programmes at large, which encompasses over 400 patients. The said programmes are based on co-financing principle, whereby half of the treatment cost (150 GEL/75 EUR) is paid by the patient. By the end of 2008 with support of the Global Fund a pilot programme was launched in one of the prisons of the penitentiary system, which is aimed to cover 50 prisoners.

Though the state funding of drug addiction treatment over the last ten years was rather limited, the increase in health care system funding has been apparent in the past 2 years for this segment.

**Table 1**

**Budget of the Ministry of Health in the Segment of Drug Addiction**

Year	Amount (GEL)	Amount in EUR
1998	500 000	250 000
1999	320 000	160 000

<sup>1</sup> Drug Dependency Treatment Assessment in Georgia; Scientific Research Institute of Narcology; Psycho-Social Consultation and Information Centre “New Way”, Tbilisi, 2008

<sup>2</sup> South Caucasus Anti-Drug Programme, Drug related situation in Georgia, Annual report 2005, Tbilisi 2006

2000	350 000	175 000
2001	500 000	250 000
2002	551 000	275 500
2003	500 000	250 000
2004	348 000	174 000
2005	150 000	75 000
2006	50 000	25 000
2007	450 000	225 000
2008	900 000	450 000

#### **4. Harm Reduction**

Harm reduction programmes are more or less developed in Georgia versus other programmes oriented at demand reduction. In this regard mainly NGOs are active in Georgia, who are mainly funded by international donors. The latter are mainly represented by the GFATM (service funding) and Open Society Georgia Foundation (advocacy). Harm reduction programmes were launched in 2001. Currently the Georgian Harm Reduction Network is operating on a nation-wide scale and encompasses 14 organizations. The said network was established in 2006 and has united the organizations that were already active in the field to make their work more efficient and coordinated.

As of 2008 some 8 syringe exchange programmes and 5 voluntary consultation and testing centers have been operating throughout Georgia. Besides, with co-funding support of the state and the GFATM methadone substitution therapy programmes are operational. For the year of 2008, in total the harm reduction programmes have covered 1500 drug users in syringe exchange programmes and total of 1700 consultations and testing (VCT) were conducted on HIV/AIDS and Hepatitis B and C .

Despite the aforesaid progress in the past several years the scope of harm reduction programmes operation is still marginal. According to the currently available data these programmes tentatively cover 2-5% of the target group (injection drug users), while in line with the recommendations of the World Health Organisation (WHO) they should cover at least 60% of the target population<sup>3</sup>. It is not possible to attract all those drug users for their involvement in the programme, who need these services. This occurrence is mainly conditioned by the fear of the existing repression legislation. Another problem is the lack of funding.

As Michele Sidibe, the executive director of UNAIDS said recently in one of his speeches “we all need to speak out loudly ... in favor of harm reduction. [...] clearly the evidence shows harm

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<sup>3</sup> WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users; World Health Organization 2009

reduction works. [...] We need to deliver programmes for injecting drug users at full scale.... and ensure universal access for all to harm reduction services”<sup>4</sup>

## **5. Infection Diseases**

Georgia, which has HIV prevalence indicator in the range of 0.1-0.2%, belongs to the group of countries which are characterised with concentrated low HIV epidemic. Despite the low prevalence of HIV infection, potential risk of increases in the number of HIV/AIDS cases exist that is mainly conditioned by the wide spread of injection drug use<sup>5</sup>. Out of the registered cases 76% were originally infected in Russia and Ukraine. In addition to this HIV infection has been transmitted to spouses and sexual partners of injecting drug users<sup>6</sup>.

First case of HIV/AIDS was identified back in 1989. Since then the occurrences have been steadily increasing. As of December 2008 the number of registered HIV/AIDS cases has been 1850, out of which 350 were new. Though on the grounds of unofficial sources the number of such cases is roughly over 3500. Out of the registered cases 59.5% are injection drug users and out of the drug users at large 64.4% are infected with hepatitis C<sup>7</sup>.

It is worth noting that Georgia is the first country out of the former Soviet Union, which provides free of charge treatment to all the AIDS infected patients. With financial support of the Global Fund the anti-retro-viral (ARV) treatment has been provided for free in Georgia. By the end of 2008 461 patients have undergone rather efficient ARV treatment in the conditions of both consultations and testing being charge-free and strictly confidential.

In 1993 Georgia ratified the Riga Declaration, as a result of which it assumed obligation to focus on wide-scale prevention of HIV/AIDS versus obligatory testing (commonly accepted in soviet era). To solve the HIV/AIDS problem the human rights, public awareness and co-participation were becoming top priority. Despite the revised priorities the attitude of law enforcement bodies towards injection drug users – the main target group of HIV/AIDS prevention have not changed.

## **6. Legislation**

Legislation of Georgia declares drug addiction as a disease and drug addicts as a diseased people (Law on Narcotic drugs, Psychotropic Substances, Precursors and Narcological Aid).

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<sup>4</sup> Speech by Michele Sidibe, executive Director of UNAIDS, Donor Conference Harm Reduction, 28 January 2009, Amsterdam, The Netherlands

<sup>5</sup> Nations General Assembly Special Session on HIV/AIDS, Monitoring the Declaration of Commitment on HIV/AIDS, Georgia Country Report 2006, Reporting Period January 2003 -December 2005  
[http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_georgia\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_georgia_en.pdf)

<sup>6</sup> Tkeshelashvili-Kessler, A., Del Rio, C., Nelson,, K., Thertsvadze, T. (2005). The Emerging HIV Epidemic in Georgia. International Journal of STD and AIDS. 16: 61-67

<sup>7</sup> Global State of Harm Reduction 2008, mapping the response to drug-related HIV and hepatitis C epidemics;International Harm Reduction Association (IHRA) 2008

The same legislation promulgates the consumption of narcotic substances as an offence. Article 45 of the Administrative offences Code of Georgia envisages a fine in the amount of 500 GEL (250 EUR) for consumption of narcotic drugs if taken without doctor's prescription. Repeated consumption of drugs within a year qualifies for a criminal offence.

Criminal Code of Georgia was passed in 1999 and along with other important offences the drug offences were also captured within its coverage. As mentioned above, the Code promulgates an offence of consumption of drugs without doctor's prescription. The said action may lead to the penalty sanctions to be levied from the offender in the amount of 2000 GEL (1000 EUR) or detention for a period of upto one year (Article 273, Criminal Code of Georgia). The amount of the referred fine as well as the amount of administrative fine in frequent cases turns into a heavy burden to the households of drug users, given the fact that the average salary in Georgia is approximately 560 GEL/280 Euros<sup>8</sup>.

Besides the consumption of narcotic drugs, Article 260 of the Criminal Code of Georgia regards the acquisition and storage of drugs as an offence. The referred article does not distinguish the purpose of possession of drugs. Namely, an individual may have narcotic drugs for either personal use or for sale. Simple composition of the occurrence qualifies for imprisonment for 11 years, while if onerous conditions apply the term may be increased to 20 years or life time imprisonment.

Besides, it is worth noting that Parliament Decree issued in 2003 On the List of Small, Large or Significant Quantities of Narcotic Drugs and Psychotropic Substances seized from illicit turnover does not envisage small quantities for a lot of substances. Quantities of those substances that have pre-defined amounts are very low or do not match daily doses of consumers. For instance, small quantity of heroine is not indicated and seizure of any amount of this substance will qualify for the seizure of large quantity of narcotic drug.

Law on fight the Drug Crimes was passed in 2007. In line with the law the drug users are restricted certain civil rights for a period of 3 years. These includes: right to driving a vehicle, legal practice, medical practice, teaching and other occupational rights.

The above listed laws are supplemented with the infringed practice of drug testing. From November 2006 the drug testing became subordinated to the agency under the competence of the Ministry of Interior. Since then the number of people referred to testing has been nearly increased by tenfold. For comparison purposes we hereby present the data for 2006-2007.

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<sup>8</sup> <http://statistics.ge/main.php?pform=48&plang=1>

**Table 2.**

***Number of People Referred to Drug Testing***

	<b>2006</b>	<b>2007</b>
Positive	4140	20 292
Negative	1160	35 641
Refused	No Data	1442
Total	<b>5300</b>	<b>57 375</b>

Throughout 2007 the amount of money generated as a result of penalties for drug crimes totaled 20 000 000 GEL (10 million EUR). The same year the Ministry of Health in Georgia budgeted only 250 000 GEL (125 000 EUR) for the medical treatment of drug addiction. Though, it should be noted that in the recent past the state programmes have been both increased and developed to combat this pressing problem.

**6.1 Human Rights**

As mentioned above the consumption of narcotic drugs without a prescription of medical doctor is a criminal offence. Proceedings in relation to the occurrence are characterized with repressions and are not oriented at the improvement of health or social conditions of drug users. On the contrary, in the legislative space of Georgia the individuals suffering from drug addiction in legal proceedings qualify for legal offenders.

State intervention in private lives of individuals for the purpose of identifying the disease status of such people is the commonly used practice currently. Respect towards private life of a drug user, which in itself implies the right to privacy is far from being protected. Obligatory testing of drug users is aimed against the fundamental human rights. Throughout the entire legal proceedings right to keep the health condition of drug users in confidence is violated. It needs to be mentioned that post-detention attitudes applied by the state towards drug users are inhuman and undignified. In places of detention the applicable treatment measures are not offered, thus leading to the deteriorated health of the drug users.

It is also worth noting that people are stigmatised and discriminated for drug use. They are deprived of civil rights and excluded from the society.

Illicit acquisition, storage, sale and illegal consumption of drugs are frequently included in cases of human rights violations in the form of pressure, persecution and settlement.

Prior to the Rose Revolution in 2003 Article 260 of the Criminal Code of Georgia (Acquisition and/or Storage of Narcotic Substances) allowed the law enforcement bodies to act on their discretion. It is rather easy to fabricate proofs and evidence in investigative actions and operative search on the grounds of the above referred article of the law. This is conditioned by the fact that no high standard is defined for proofs and evidence for charging a person. For instance, in such occurrences a link of the accused is not defined with the narcotic substance. To confirm the legal fault it is not essential to define where, when and who were involved in the sale of the narcotic drugs.

### **7. Narcotic drug supply**

Georgia does not produce narcotic drugs. It is viewed as a transit country. Narcotic substances are mainly introduced to Georgia from neighboring countries and Europe. Geographic position of the country serves as a reason for turning Georgia into a transit country, along with the existence of uncontrolled territories within its sovereign borders (South Ossetia and Abkhazia). Mainly the following substances are available at the black market of Georgia: heroine, opium and Subutex. Narcotic drugs are mainly sold through conspiracy and among the network of acquaintants. Street sale of drugs is not currently practiced in Georgia. For the last several years preparation and usage of home-made stimulants has been practiced. This is mainly conditioned by its price. Preparation costs far cheaper (10-20 GEL/5-10EUR) than purchase of other narcotic drugs at the black market. As for marihuana, it is locally grown and also gets to Georgia from Asia.

**Table 3.**

***Amounts of Drugs Seized from Illicit turnover***

	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Heroine (kg.)	0.915	2.291	4.99	5.519	3.353	3	0.54	4.18	—	9.783	8.332
Opium (kg.)	16	14.7	6.629	16.6	1.206	8.4	2.097	4.84	—	127.19	47.45
Cannabis (kg.)	31.33	32.26	43.98	31.5	59.6	42.4	31.8	39.43	—	1,360	3.849
Buprenorphine Subutex						1000 pills	0.34 kg and 849 pills	0.39	—	77.24 kg (9655 pills)	8992 pills

The aforesaid may not be viewed as a successful performance of the law enforcement bodies and/or as an indicator of an increase/reduction of drug use or the number of users. These data clearly indicate that by taking into account the scale of drug use, the number of the seized drugs is quite low.

## **8. Prisons**

### **8.1 Population of prisons**

According to the imprisonment indicators Georgia is ranking third in Eastern Europe and Central Asia region after Russia (600 per 100 000 population) and Belarus (426 per 100 000 population). There are about 415 prisoners per every 100 000 persons<sup>9</sup>. According to December 2008 indicators there are 18 528 prisoners in penitentiary system institutions of Georgia. Out of them, 17 478 are men and 770 women. There are 280 individuals at juvenile prisons. The increase in prison population started in 2003. Since then the number of prisoners in Georgia has grown considerably (in 2003-2004 the number of prisoners totaled 7000 individuals). According to this data Georgia is at one of the leading positions of the world in terms of similar indicators.

One of the major reasons of imprisonment in Georgia is drug-associated crimes. Currently, there are several thousand prisoners serving their term for drug related offences. In 2007 the number of people convicted for drug related crimes has increased up to 2500 people. Majority of them have been detained for keeping small quantities of narcotic drugs. Though it needs to be noted that because of the repressing legislation, which is far from being complete, the majority of these prisoners are charged for drug use for personal purposes or storage. It needs to be noted that such repressing attitude can not ensure the eradication of further drug use. The detained prisoners continue the drug use even in prisons and their risky behavior is significantly deteriorated thus leading to pre-conditions of spread of HIV and other socially dangerous diseases.

### **8.2 Conditions in prisons**

Despite the fact that living conditions in prisons have improved recently the situation is still devastating. Prisons can not ensure the satisfaction with basic living space of all the prisoners, which is ensured in the legislation. Reason for this is the high volume of prisoners. The over-population tendency of prisons has gradually become more apparent over the last 4-5 years. The number of prisoners has been increased by 2.5 times over the past 10 years. Despite the fact that several new institutions have been built no adequate living space can still be provided to prisoners due to the sharp increase in their number.

As mentioned above, the percentage of prisoners in Georgia is among the highest In Eastern Europe and Central Asia. Living conditions are even more devastated in so called colonies, where the density of prisoners in barracks is even higher. In summer months some part of prisoner population sleeps outside in tailor made shelters. In such conditions the risk of especially dangerous diseases is rather acute. The steadily increasing numbers of tuberculosis observed recently are especially alarming. There are cases when prisoners of open forms of

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<sup>9</sup> International Centre for prison studies, Prison Briefs: Europe.  
<http://www.kcl.ac.uk/depsta/law/research/icps/worldbrief/?search=europe&x=Europe>

tuberculosis are placed with other prisoners thus leading to the high risk of infection transmission. Another reason of the fear is the increasing numbers of the so called resistance tuberculosis. Unfavorable situation exists in terms of blood transmission disease spread. Over-populated prisons creates good basis for infectious diseases, besides, disposable medical and hygiene equipment are scarce. Prisoners often share razors, practice tattoos with unsterile utensils. Besides, due to the inflow of injection drugs at prisons it is common to share syringes, needles and injection equipment. In such circumstances the complete denial on access to disposable medical items to inmates from prison administrations makes the situation far more burdensome.

Throughout the past ten years the law enforcement system has been transformed considerably. Before the 2003 revolution the prisons were mainly represented with so called soviet colony type of prisons, within which they could freely move around without limitation of contact between each other. By this time control mechanisms were absolutely eradicated to stop the entry of illicit substances and items. Narcotic drugs entered to prisons in uncontrolled quantities though. Cases of injection drug equipment sharing were also common. In 1999 experts of WHO (World Health Organization) named the prevention of HIV in Georgian prisons as one of the priorities. From this very moment NGO sector is getting more active towards the enforcement of HIV/AIDS prevention and harm reduction programmes in Georgia. Despite the fact that inmates were not allowed to keep syringes and needles in their cells, NGOs were permitted to distribute and donate syringes. The latter implied the transfer of syringes to local medical institutions, after which they were used both for medical and harm reduction purposes. Open type of institutions allowed for free and casual conversation and consultations thereby ensuring the efficient educational meetings opportunity. From 2003 the situation gradually changed. Reform of the system has conditioned the transformation of the majority of open institutions into semi-open and closed institutions. The latter had a positive effect on the control of prohibited substances in prisons, including the inflow of narcotic drugs. It was indeed a positive development, though at the same time the access of prison inmates to disposable injection accessories became gradually limited. In closed institutions comprehensive consultations became practically impossible. By the end of 2005 internal regulations were introduced in full force, according to which prison inmates were prohibited to keep syringes/needles. In such cases administrative measures may be carried out against them. Ultimately, it can be said with high degree of certainty that danger caused by the drug use in penitentiary system institutions of Georgia was significantly increased over the last 10 years.

### ***8.3 Infectious diseases in prisons***

Penitentiary system institutions to a certain extent represent endemic areas for such diseases as tuberculosis; HIV/AIDS, Hepatitis B and C. High prevalence of blood born diseases are closely linked to inadequate living conditions at prisons. Over-population at prisons provide good basis for the spread of such diseases. According to various data risky behavior associated to the injection drug use are commonly practiced at prisons, in the form of shared syringes, needles and injection equipment. All the aforesaid has conditioned high spread of blood born diseases in comparison with general population.

Screening testing of blood born infections at prisons was initiated from the beginning of 2005. Prior to this, similar services were not accessible at prisons. Respectively, no information is available on the spread of the diseases for the reporting period. Over the past years the situation towards this end has been positively transformed. It needs to be mentioned that officials of penitentiary department have played a positive role in allowing the NGO sector activities and their positive attitude at large towards health services oriented programmes. All the aforesaid has enabled us to monitor the indicator of HIV/AIDS and virus hepatitis spread in several prisons over the past several years.

**Table 4**  
**Spread of Blood Born Infections among Newly Contacted Inmates, 2006-2007**

	<b>2006</b>	<b>2007</b>	<b>2008</b>
Newly Identified HIV/AIDS cases	0.8%	0.9%	1.7%
Prevalence of HIV/AIDS *	0.29	0.31	0.34
Prevalence of Hepatitis C	52.6%	55.4%	60.8%
Prevalence of Hepatitis B	7.3%	4.3%	9.0%

\* Calculated from the total number of inmates.

The data presented above are about 10 times more than similar indicators of general population. It is worth noting that for the last several years the indicators of prevalence of these diseases were gradually increasing, which is mainly conditioned by sharp limitation of access on disposable injection materials. All the aforesaid creates good basis for the outburst of these disease epidemic and its further spread among general public.

As mentioned in the third part of the report in 2008 one pilot methadone substitution therapy programme was opened in one of the prisons of Georgia that will serve 50 prisoners. This is undoubtedly a step forward but still much is to be done in terms of availability of harm reduction programs in penitentiary system institutions. Syringe exchange programmes and relevant HIV/AIDS and Hepatitis B and C testing and consultations (VCT) as well as educational/awareness raising programmes should be provided to prisoners in order to avoid an outbreak of epidemic and its further spread to general population.

## **9. Conclusions**

Considering its geographic location, Georgia may turn into narcotic drugs transportation route linking Europe to Asia. As a result of the consideration, narcotic drug consumption may grow further as well as its negative results on public health and society at large. We especially mean here HIV/AIDS and hepatitis B and C pandemics. Clearly the measures of law enforcement institutions and “preventive” drug testing can not reduce these risks. UNGASS Country Report clearly states that prevalence of narcotic drug use in the country consistently increases and states that injection drug use is one of the main sources of HIV/AIDS transmission<sup>10</sup>. Decision of

<sup>10</sup> UNGASS Country Report, 2008

the Parliament and the Executive Government to follow up on the increasing consumption of narcotic drugs in Georgia and related risks is indeed a step made forward. Another positive development was the significant increase in state funding of opiat substitution treatment programmes. Though, as a result of drug consumption related risks and other associated problems the situation may only be improved through efficiency oriented, balanced attitudes. By implementing this policy it is possible to apply EU standards and approaches. To implement practical measures it is essential to properly distribute the financial resources and develop the data-based and cost-efficient strategies.

## **10. Recommendations**

As the recommendation to the Georgian government we provide the following:

- Develop state action plan/strategy on drug related problems with balanced approach to demand and supply reduction
- Relevant Law reform – decriminalization of drug use, etc
- Abolish the practice of mandatory drug testing
- More state funding on drug dependency treatment
- Support of harm reduction programmes
- Increased access to harm reduction/HIV prevention services of prison population
- Respect of human rights of drug users

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