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Country overview: Georgia

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Key figures

	Year	Georgia	Source
Surface area	2011	69 700 sq km	National Statistic Office of Georgia
Population	2011	4 497 600	National Statistic Office of Georgia
GDP per capita in Purchasing Power Standards ⁽¹⁾	2011	EUR 2 549.09	National Bank of Georgia, 2007, Annual report
Unemployment rate ⁽²⁾	2011	15.1 %	National Statistic Office of Georgia
Prison population rate (per 100 000 of national population) ⁽³⁾	2010	533.9	Council of Europe
Population below poverty line	2008	22.1 %	National Statistic Office of Georgia

1 Gross domestic product (GDP) is a measure of economic activity. It is defined as the value of all goods and services produced less the value of any goods or services used in their creation. The volume index of GDP per capita in purchasing power standards (PPS) is expressed in relation to the European Union (EU-27) average set to equal 100. If the index of a country is higher than 100, this country's level of GDP per head is higher than the EU average and vice versa.

2 Unemployment rates represent unemployed persons as a percentage of the labour force. Unemployed persons comprise persons aged 15 to 74 who were: without work during the reference week; currently available for work; actively seeking work.

3 Situation of penal institutions on 1 September 2010. Prison population rate per 100 000 inhabitants.

Georgia is located in the South Caucasus, a traditional trafficking corridor from Asia to Europe. The country consists of 11 regions; Tbilisi is the capital city with a population of 1 253 000. Other major towns are: Kutaisi (241 100), Rustavi (158 000), Batumi (137 100), Zugdidi (105 000), Chiatura (70 000), Gori (70 000), and Poti (50 900). The official language is Georgian, and in the territory of Abkhazia it is Georgian and Abkhazian. The main religion is Georgian Orthodox (83.9 % of the population in 2002). Other religious groups include Muslims, Armenian (Gregorian), Catholics, Baptists and Jews. The level of literacy is close to 100 % of the population. Georgia was annexed by Russia in the nineteenth century and then again by Soviet Russia in 1921, becoming the Georgian Soviet Socialist Republic and part of the Soviet Union. Following the break-up of the Soviet Union Georgia regained its sovereignty on 14 November 1990; by a popular vote it became a presidential republic. Since then the country has gone through several economic, political and social crises, and two internal political conflicts with the Russian Federation that eventually led to the Georgian–Russian war in August 2008. The war resulted in de facto Russian occupation of two important border regions of Georgia — Abkhazia and South Ossetia — and 288 000 internally displaced persons left those two regions. The relaxation of political, social and trade control since the fall of the Soviet Union and the existence of territories and borders not controlled by the legitimate government was accompanied by an increased and more visible use of illicit psychotropic substances and their greater availability.

Drug use among the general population and young people

No data is available on drug use among the general population; no general population survey has ever been conducted due to lack of funding, nor is one planned by the national authorities for the foreseeable future.

The first school survey to consistently follow international standards was conducted by the National Centre for Disease Control (NCDC) in the framework of the EU-funded South Caucasus Anti-Drug Programme (SCAD) in 2009 (Baramidze and Sturua, 2009). Using the European School Survey Project on Alcohol and other Drugs (ESPAD) questionnaire translated into the Georgian language and cultural environment, and following the ESPAD methodology of sampling and analysing of data, the study was designed as a pilot project geographically covering the capital city of Tbilisi. A sample of 384 students aged 15 to 16 and representative of the capital city were interviewed in spring 2009. The study found that marijuana was the most frequently reported drug: 3.2 % of all respondents stated that they had used marijuana or hashish during the last 30 days. Use of cannabis in the last 12 months was reported by 10 %, and use of marijuana at least once during the lifetime was reported by 17 %. Ecstasy was the second most frequently used illicit drug, with a lifetime use reported by 7.5 % of the survey respondents. The third most prevalent drugs were amphetamine-type stimulants, with a lifetime prevalence as high as 2 %. Lifetime use of crack cocaine was reported by fewer respondents (1.1 %) and the rate for heroin was even lower (under 1 %, i.e. within the statistical margin). Lifetime prevalence of powder cocaine use was reported by 0.6 %, and the same lifetime prevalence was found for GHB and anabolic steroids. At least one experience with drug injecting was reported by 0.6 % of respondents. Extrapolation from the sample suggests that the lifetime prevalence for any illegal drug among 16-year-old students in 2009 was as high as 20 % for Tbilisi, with major gender differences: 33 % lifetime prevalence for any illegal drug use among males and 8 % among females (Baramidze and Sturua, 2009).

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Prevention

Primary prevention of drug use by both the Georgian government and international donors has received limited attention so far. From the late 1990s on there has been sporadic activity, insufficient funding, limited projects and beneficiaries, and a lack of quality control mechanisms for prevention activities. Currently, drug prevention activities are either substituted by general programmes promoting a healthy lifestyle or they are, to some extent, integrated into HIV-prevention activities.

To address the gap in targeted school-based primary prevention, Ilia State University and Foundation Global Initiative on Psychiatry in cooperation with the Addictology Department of the Charles University in Prague initiated a project to pilot the European Drug Abuse Prevention Program (EU-Dap) in Georgia in 2012.

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Problem drug use

The extent of problem drug use in Georgia was traditionally calculated using estimates with unclear definitions and unknown authors that were widely used by media and decision makers. To overcome such an approach, a 'Study estimating the prevalence of injecting drug use in Georgia using the multiplier/benchmark method' was implemented in the framework of the [South-Caucasus Anti-Drug Programme](#) (SCAD) in 2009. Following the study results, an experts' Consensus Meeting was organised by the Country Coordinating Mechanism on HIV/AIDS (CCM). Combining different estimation methods, the Consensus Meeting agreed on the estimation of IDUs in the country as approximately 40 000 (95 % CI: 39 000–41 000), or 1.5 % (1.48–1.52 %) of the population aged 15–64 (Sirbiladze, 2010).

Until the mid-1990s, raw acetylated opium was prevalent in the black market. Heroin became the drug of choice for Georgian problem drug users (PDUs) from the late 1990s until approximately 2003–04. In the period 2004–08, the buprenorphine-based pharmaceutical drug Subutex® was illegally imported in large quantities from EU countries and dominated the Georgian drug market. Since 2008–09 home-made stimulants prepared from cough medicines containing pseudo-ephedrine or phenylpropanolamine (which are easily available from pharmacies without a prescription) have been among the most widespread injected drugs (Otiashvili et al., 2008; Kirtadze, 2008). In 2011, the range of readily accessible home-made injecting drugs was expanded to include 'Crocodile', a home-made opioid created from pharmaceutical drugs containing codeine (Sikharulidze, 2012; personal communication with Vadachkoria David). There is no consensus among the experts regarding what is the final injectable product in this case, although desomorphine is definitely present in the final preparation (personal communication with Tsulaia Ekaterine).

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Treatment demand

Reliable and valid national data on the overall number of patients treated for drug use disorders do not exist in Georgia, as the standards according to which existing clinics are collecting and processing the data on the treated patients differ significantly and are not coordinated. In 2011, some 270 people (of which two were female) received abstinence oriented inpatient treatment in the country's three clinics (out of four existing clinics). Cumulative data provided by the two private clinics (Bemoni and Uranti) suggest that the primary drugs of dependence for detoxified patients were opioids (60 %) and stimulants (15.6 %); polydrugs use, including psychotropic medications, was also significant (24.4 %). In 2011, there were 474 patients (367 males, 7 females) enrolled in the opiate substitution treatment (OST) programmes funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, while 1 878 individuals (of whom 17 were female) were in a methadone maintenance programme run by the state-funded OST services. For more details see the section on treatment response.

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Drug-related infectious diseases

By May 2012 the Infectious Diseases, AIDS and Clinical Immunology Research Centre (henceforth the AIDS Centre) had registered 3 307 cumulative cases of HIV, including 2 421 HIV-positive men (73 %) and 886 women (27 %). Most were 29 to 40 years of age at the time of testing. In 2 014 cases the infection has progressed to the AIDS stage, and 732 of these people have died.

According to data from the AIDS Centre, from 1989–2002 the cumulative share of transmission due to drug injecting was stable at 69 %; from 2002 on the proportion of cases in which injecting was the transmission route began to decline while (reported) heterosexual transmission gradually increased.

As of May 2012, the cumulative shares of these two routes in all known HIV cases were 54.9 % for injecting and 38.1 % for sexual transmission. In 2011, some 47.4 % of registered HIV cases were linked to heterosexual transmission, while the figure for injecting drug use was 44.6 % (unpublished data from the National Centre for Disease Control). Further exploration of the AIDS Centre database suggests that in 2011 about 70 % of females reporting heterosexual transmission as a likely route of HIV infection had sexual partners who injected drugs (Chokoshvili Otari, 2012).

According to the [results of the Bio-Behavioural Survey \(BSS\)](#) conducted in 2008–09 among injecting drug users (IDUs) aged 18 years or older in five cities of Georgia, the prevalence of HIV ranged from 0 % in the town of Gori (on the border of the territories occupied by Russia) to 4.5 % (95 % CI 1.5–8.0 %) in the Black Sea coastal town of Batumi (Bemoni Public Union and Curatio International Foundation, 2010).

In 2011, some 1 240 new cases of chronic hepatitis B virus (HBV) infection and 1 932 new cases of chronic hepatitis C virus (HCV) infection were registered in Georgia (WHO/UNICEF, 2012). The total number of newly registered HBV/HIV co-infections was 27, of which 16 (59 %) were IDUs. The total number of newly registered

HCV/HIV co-infections was 167, of which 130 (78 %) were IDUs. Dual HBV/HCV infection in HIV-positive patients was registered in 16 patients, of which 12 (75 %) were IDUs (NCDC, 2012; WHO/UNICEF, 2012).

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Drug-related deaths

In the early 1990s the registration of drug-related deaths was interrupted and there were no data available pertaining to drug-related deaths or mortality until 2007. In 2004, a special drug-related mortality study based on matching the national narcologic register with the general population mortality register was launched by the Georgian Research Institute on Addiction (currently The Centre for Mental Health and Prevention of Addiction) within the SCAD Programme. As a result of this study, the lower limit for the number of males aged 18 to 64 that were registered with the narcologic register and died in 2003 was determined, which was 6 per 1 000 people of the same age group. This rate was double the mortality rate among the general population of males of a similar age group in 2003 (Todadze, 2006).

Since 2007, The Levan Samkharauli Forensic Expertise Bureau re-started registration of drug-related death cases, though the number of the registered cases is very low (from 39 cases in 2007 to 15 cases in 2011) and according to anecdotal evidence from the harm reduction services it does not reflect the reality in Georgia.

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Treatment responses

Currently there are four clinics providing residential drug dependence treatment in Georgia, three of which are based in Tbilisi and one in Batumi. The clinics have very limited capacity: there are 60 'addiction beds' that can provide detoxification treatment for about 1 000 patients per year, offering both in-patient and out-patient treatment. There is no mandatory health insurance in Georgia; some commercial insurance schemes cover addiction treatment, but most of the 'basic' ones do not.

Before 2006, a limited number of residential treatment cases were sporadically financed from the State budget, but from 2006–09 the State did not fund any drug treatment case. In 2009, the Ministry of Health resumed funding programmes for a limited number of treatment cases. In 2011, the State programme funded the treatment of 80 patients out of a total of 270 patients treated by the four clinics that are providing addiction treatment in Georgia.

The budget of the State Programme on Addiction in 2012 was GEL 2 755 000 (EUR 1 377 500) ([Ministry of Justice of Georgia, 2012](#)) and consists of three key components: inpatient detoxification and primary rehabilitation (GEL 624 000); implementation of detoxification therapy (GEL 1 310 000); and provision of substitution medication (GEL 817 000).

There are no mechanisms in place for the long-term follow-up of patients, and no national treatment guidelines or protocols exist; therefore, treatment effectiveness is not properly monitored and evaluated. In 2009 psycho-social rehabilitation services were introduced to strengthen the sustainability of the abstinence oriented treatment, though the number of patients involved both in AOT and psycho-social rehabilitation has declined every year since 2008.

Opioid substitution treatment was initiated in Georgia in 2005, with methadone as the only legal medication. Buprenorphine (under the formulation of Subutex®) was registered for use in substitution treatment in Georgia in 2010. Contrary to abstinence oriented treatment, demand for opioid substitution treatment (OST) and opioid-assisted detoxification is on the rise — there has been a steady increase in the number of patients, expanding geographical coverage and diversified treatment modalities included in the OST programmes. As of January 2012, a project funded by the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM) has run five OST sites (three in Tbilisi, one in Gori and one in Batumi) that use methadone for treatment; the capacity of these programmes is 450 treatment slots. In 2011, some 474 people (367 males and seven females) received OST at the GFTAM-funded sites. Additionally, the State co-funded 11 OST sites operating in different regions of Georgia, covering the costs of substitution medication, while patients paid approximately EUR 70 per month for services. In 2011, some 1 878 people received services in the frame of the State-funded OST programme with methadone (of which 17 were females). Methadone is also available in the GFATM-supported detoxification programmes in prisons. In 2011, some 107 prisoners were detoxified using methadone in a treatment site at Prison no. 8. One Suboxone® substitution site has been operational since 2010.

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Harm reduction responses

The harm reduction (HR) approach has been developing rapidly in Georgia due to its support by the international donors community (GFATM, relevant UN organisations, Open Society Institute, extensive EU-funded programmes, etc.) since 2002. One of the significant outcomes of these efforts is the emergence and rapid growth of the HR-focused non-governmental organisations (NGOs). In 2006, seven organisations working in the field of harm reduction formed the Georgian Harm Reduction Network (GHRN), which brought together 20 organisations in 2011.

HR activities covered by GFATM include: the distribution of injecting equipment, condoms, information materials; voluntary counselling and testing (VCT) on HIV, HBV, HCV, and syphilis; peer-to-peer education; raising awareness among people who inject drugs; and advocacy for legislative changes and policy reform facilitating provision of HR services. By the end of 2011 there were 10 HR sites of a combined type (clients could receive both sterile equipment for injection and VCT in the same site) run by members of GHRN in different towns of Georgia. In 2011 there were 19.38 sterile syringes distributed per client per year (Georgian Harm Reduction Network, 2012).

Beyond HR projects, HIV prevention efforts focusing on injecting drug users have been undertaken by the USAID-funded Georgia HIV Prevention Project (GHPP). The GHPP commenced in 2010 and provides: risk reduction counselling to people who inject drugs; counselling and testing on HIV; testing for HCV and HBV; and peer-to-peer education and outreach services by employing the model of community level interventions.

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Drug markets and drug-law offences

In recent years there has been a marked reduction in the availability of, and a subsequent increase in the price of, 'traditional' drugs such as heroin, or diverted medical substances such as Subutex®. Many drug users have switch to new home-made substances that are in general more toxic and harmful. Prices of traditional illegal drugs indicated by the Ministry of Internal Affairs of Georgia in 2012 are approximately EUR 250–285 per one gram of heroin, EUR 20–30 per one gram of opium, EUR 200–285 per one 8mg pill of Subutex®. In comparison, a single dose of home-made preparations of amphetamine-type stimulants or opioids costs EUR 3–5.

The amount of heroin seized by the Ministry of Internal Affairs of Georgia varied from 16.157 kg in 2007 to 0.886 kg in 2011; the amount of seized marijuana varied from 23.958 kg in 2006 to 33.34 kg in 2010; the amount of cannabis plants varied from 123.336 kg in 2006 to 70.4 kg in 2011. However, the amounts of illegal drugs seized in Georgia have been constantly smaller compared to those seized in neighbouring countries.

According to data from the Supreme Court of Georgia, 3 543 people were convicted of drug-related offences in 2011 (Article 33 of the Penal Code of Georgia). Some 1 523 of these were convicted for the illegal consumption of drugs. In addition, 5 717 people were subjected to administrative charges for the illegal consumption of drugs without a doctor's prescription (Article 45 of the Code of Administrative Offences). Thus, although the rate of imprisonment for drug consumption related offences has been gradually decreasing in the last three years, the number of people fined or subjected to conditional sentencing for these offences remains high relative to the population and the estimated number of drug users.

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National drug laws

Drug use per se constitutes an offence under Georgian legislation. It is punishable with both administrative and criminal sanctions. Illegal consumption of psychoactive drugs without a doctor's prescription is punishable by an administrative fine of GEL 500 (approximately EUR 250) for the first offence (Article 45 of the Code of Administrative Offences). The same offence committed during the same calendar year for a second time puts the person under criminal liability; the crime of 'repeated drug use' is punishable by imprisonment of up to one year and with a fine with a mandatory minimum of GEL 2 000 (approximately EUR 1 000) and no upper limit.

Court decisions on drug use offences are mostly based on rapid (stripe) test results (positive urine test for either illicit drugs themselves or the inactive metabolites of drugs) conducted by the forensic laboratory of the Ministry of Internal Affairs (MoIA). Unlike to developed countries, the confirmatory laboratory tests are not done as part of standard administrative and criminal proceedings, unless there is an appeal from the plaintiff's side.

Any individual towards whom police reportedly develop so-called 'reasonable suspicion' that s/he is intoxicated by illegal drugs can be subjected to 'street drug testing'. Although the term 'reasonable suspicion' was introduced as a legal justification for 'street drug testing' in the joint order N1049-233n issued by the Ministers of Internal Affairs and Health of Georgia in 2006, the document itself does not define the term of 'street drug testing'. However, such testing has become widespread. Out of 27 138 people tested for drugs and metabolites in 2011, less than a third (8 138) gave a positive result using the rapid (stripe) tests.

Possession of any amount of drugs is a criminal offence under the Penal Code of Georgia (Article 260), with no differentiation between the possession of drugs for personal use or for trafficking. This article provides for quite strict punishment: up to 11 years' imprisonment for a small quantity of drugs; 7–14 years for large amounts; and 8–20 years or life imprisonment for very large amounts of drugs. For the majority of substances that are widespread in Georgia there is no legal definition of what constitutes a small quantity, and therefore any amount found in the illegal possession of a person is deemed a large amount, leading to severe punishment.

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National drug strategy

In 2007, the Parliament of Georgia adopted a document setting out the main directions of the [National Drug Strategy](#). This document was prepared by the National Drug Policy Council, which functioned in 2005–07 under the umbrella of the Ministry of Labour, Health and Social Affairs (Ministry of Health, Labour and Social Affairs, 2006). The national priorities were defined as follows: treatment and rehabilitation; prevention; harm reduction; staff capacity building; informing the public; establishing a drug information system; coordination. The elaboration of the action plans according to the approved priorities and main aims was delegated to the relevant ministries, but no action was taken. Hence, the country was left with no formal or comprehensive drug strategy until 2012. In 2012 the Ministry of Justice of Georgia took the lead and started to facilitate strategy elaboration. The process is still ongoing.

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Coordination mechanism in the field of drugs

On 22 November 2011 the President of Georgia issued special decree no. 751 'On approval of the composition and regulations of the interagency coordinating council for combating drug abuse'. The newly established Interagency Coordinating Council started work in 2012, facilitated by the Ministry of Justice of Georgia. The Council unites representatives from the different supply and demand reduction governmental agencies, non-governmental legal entities and international organisations, experts and scientists working in relevant areas. The main objectives of the Council are: (i) the elaboration of drug abuse prevention policy based on human rights protection principles; (ii) the development, periodical revision and monitoring of the implementation of a national anti-drug strategy and corresponding action plans; (iii) the development of proposals and recommendations for elaborating the national anti-drug strategy; (iv) the coordination of interagency activities in the process of implementation of the national anti-drug strategy for the purpose of promoting implementation of corresponding measures.

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