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GENDER EQUALITY PROGRAMME

## ***A Historical Review of Drug Related Affairs in Georgia***

**Working Paper**

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## Introduction

When thinking and working on the issues of drug addiction, I realized that I could not escape the necessity of describing the local situation in Georgia, as the current situation in Georgia regarding drug policy is radically different from that of the European countries, and, accordingly, it is necessary to give a detailed review of what is happening in Georgia today and, more generally, what has happened in the recent period. Therefore, the aim of this paper is to present an overview analysis of the drug situation in Georgia, in order to describe today's situation in clearer and more understandable terms.

First, I decided to dwell on the most important factors, such as:

- a) a historical review since the time Georgia gained independence;
- b) drug legislation and its weaknesses;
- c) drug market and artificial scarcity of drugs of the opioid group and
- d) society's attitude to drug addiction and to drug users;

A review of these factors and the description of the situation will help me shed more light on the specific problems regarding drug use in Georgia and will help me to find some answers and solutions how to improve the existing situation.

## Georgia and drug use in the recent past

After Georgia gained independence in 1991, it became embroiled in a number of social, political, and economic problems, among these, a dramatic increase in the inflow of drugs on the black market as a result of which the country and its population found themselves facing one of the most severe problems.<sup>1</sup> A survey conducted on Georgia's population in 2005 shows that respondents name drug addiction as the fourth most severe problem after unemployment.<sup>2</sup>

Legal Analysis of Georgian Drug Policy (2012) shows that drug use has been regarded more as an offence than a health care problem for a very long time, and the law imposed both punishment and compulsory treatment on drug users.<sup>3</sup> The aforementioned analysis reviews the General Provisions of the Criminal Code that had been in force till 1999, and according to which drug use was regarded as an offence dangerous for the public.<sup>4</sup> Under Article 252<sup>5</sup> of the Code, within one year of the imposition of an administrative penalty, any purchase and storage of a small amount of narcotic substance without the aim

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<sup>1</sup> [Brownfield](#), W.R. (2006). International Narcotics Control Strategy Report: Volume I: Drug and Chemical Control. Available at:

<http://books.google.ge/books?id=0jnyNWFuhXYC&pg=PA289&lpg=PA289&dq=INCSR,+2006+Georgia&source=bl&ots=ism8Acb3MA&sig=taEWuZzjOy4j7ZKd5qi6lAfWoN0&hl=en&sa=X&ei=t8g9UfLpCMeiO7HqgIAB&ved=0CGYQ6AEwBg#v=onepage&q=INCSR%2C%202006%20Georgia&f=false>

Accessed: 11.03.2013.

<sup>2</sup> Javakhishvili, J., Kariauli, D., Lezhava, G., Stvilia, K., Todadze, Kh. and Tsintsadze, M. (2006). "Drug Situation in Georgia – 2005". Tbilisi, Georgia: Southern Caucasus Anti-Drug Programme.

<sup>3</sup> Jorbenadze, L. (2012). "Legal Analysis of Georgian Drug Policy". Available at: <http://www.drugpolicy.dsl.ge/drug%20policy%20research.pdf> Accessed: 18.03.2013.

<sup>4</sup> Ibid.

<sup>5</sup> Decree No. 351 of the President of Georgia of June 4, 1999.

of selling it or the use of a narcotic substance without a doctor's prescription was punishable with deprivation of freedom for up to two years or with correctional labor for the same term, or with a fine.<sup>6</sup>

As reviewed in the Legal Analysis of Georgian Drug Policy (2012), the Article 63 of the same Code envisaged compulsory treatment of alcoholics and drug users: if a person who had committed a crime turned out to be an alcoholic or a drug user on the basis of a medical report, he/she was to be sent to a specialized medical/preventive care facility for compulsory treatment.<sup>7</sup> If an alcoholic or a drug user was sentenced to imprisonment, he/she was to undergo treatment while serving the sentence. Illegal preparation, purchase, storage, transportation or shipment of narcotic substances with the aim of selling them was punishable with imprisonment for up to ten years or with confiscation of property.<sup>8</sup>

The author of Legal Analysis of Georgian Drug Policy (2012) argues that although the Criminal Code contained a detailed list of all punitive measures for the use of narcotic substances, according to the information of the World Bank (2012), due to the corruption in Georgia's law enforcement bodies in the 1990s, in most cases, such penalties were not imposed. But that did not mean that drug users got away with such offences. To avoid punishment, persons arrested while committing a drug-related offence had to cut a deal instead, after which they were under constant harassment by law enforcement bodies.<sup>9</sup> Not only individuals with drug use problems, but also any member of the society could become a victim of such harassment, which was common in the systems of the post-Soviet countries. And it is a fact that people implicated in drug-related offences were a source of constant income for the corrupt so-called 'law enforcers'.<sup>10</sup> For example, the US State Department's International Narcotics Control Strategy Report of 2004 describes Georgia's law enforcement agencies as 'overstaffed, under-equipped, poorly paid, and with a reputation of highly corrupt'.<sup>11</sup>

The problem was not limited to the corrupt system only. A much more serious danger of the diffusion of drug addiction and the development of irreversible processes in the country was related to the Georgian society's incorrect and distorted attitudes to the problem of drug use and addiction. After the disintegration of the Soviet Union, the country became destabilized, and unmanageable political processes got under way. Inside the country, a number of political forces were struggling for power and for the redistribution of various political-economic resources. Among them, persons close to the criminal underworld were distinguished by exceptional aggressiveness and influence.<sup>12</sup> Accordingly, in a large part of the society, fear and reverence to the criminal traditions and criminal bosses became prevalent.

I am making an assumption, that Georgian young men adopted concrete models of the ideology and rules characteristic of the criminal underworld, and a concrete pattern of behavior, specifically, the behavior model of a 'good guy' which was based on the laws of the underworld, became automatically embedded in their consciousness. It is commonly known, that the criminal underworld has strictly defined unwritten laws and a hierarchy which operate both inside and outside penitentiary institutions.<sup>13</sup> The 'thieves'

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<sup>6</sup>Jorbenadze, L. (2012). "Legal Analysis of Georgian Drug Policy". Available at: <http://www.drugpolicy.dsl.ge/drug%20policy%20research.pdf> Accessed: 18.03.2013.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup>Jorbenadze, L. (2012). "Legal Analysis of Georgian Drug Policy". Available at: <http://www.drugpolicy.dsl.ge/drug%20policy%20research.pdf> Accessed: 18.03.2013.

<sup>11</sup> The Bureau of International Narcotics and Law Enforcement Affairs of the US Department of State, International Narcotics Control Strategy report of March 2004, Washington, <http://www.state.gov/j/inl/rls/nrcrpt/2003/vol1/html/29838.htm> Accessed: July 2012.

<sup>12</sup>Nordin, V.D. and Glonti, G. (2006). "Thieves of Law and the Rule of Law in Georgia", *Caucasian Review of International Affairs* 1 (1). Available at: [http://cria-online.org/1\\_5.html](http://cria-online.org/1_5.html) Accessed: 18.03.2013.

<sup>13</sup>Ibid.

hierarchy' is headed by a 'thief in law,' who wields absolute power, while the so-called 'good guys' – persons following thieves' traditions – occupy the second level on the hierarchical ladder of the underworld. The people who created role models for the young generation were mainly members of the 'Mkhedrioni' paramilitary group.<sup>14</sup> In the course of time, these popular young people with power, who initially fought for Georgia's independence, got involved in many criminal activities and, oftentimes, were also implicated in drug-related offences,<sup>15</sup> however, this increased their popularity and influence over the young generation even more. I am assuming that it was 'Mkhedrioni' that contributed the most to the creation of the behavior model of the so-called 'good guy'. One of the desirable attributes under this model, together with many others, was drug use by a 'good guy'; moreover, drugs constituted one of the main means of self-affirmation.<sup>16</sup>

Both of the important preconditions for drug use – the desire to use drugs and their availability – were more or less met in the Georgia of the 1990s. Perhaps, young men were eager to get as close to the 'good guy' model as possible by using drugs. As for the drug market, here as well, the situation was quite favorable for those who wanted to buy drugs – narcotic substances were imported from neighboring countries.<sup>17</sup> In this respect, the key role was played by the geographical location of the South Caucasus, which has an easy access to the sea, as a bridge between Europe and Asia.<sup>18</sup> The situation was made even worse by the uncontrolled territories formed as a result of the frozen ethnic conflicts, which served as additional gates through which drugs reached the country.<sup>19</sup> Accordingly, we have a picture where easy availability of drugs and the prevalent mentality created favorable conditions for drug use and for the enrichment of people involved in drug trade.

The majority of the male respondents I interviewed in my study (see *Drug Addiction in Georgia from the Perspective of Gender*, 2013) first tasted and started to use drugs at the age of 13-15, in the middle of the 1990s when respect for criminal mentality and the image of the 'good guy' were prevalent. The majority of the male respondents who took part in my study note that the primary and the most important cause of their drug use was the situation and the positive attitude to drug addiction that existed in the 1990s. Accordingly, I'm assuming that the unstable political and economic situation that existed in the country, the strong influence of the underworld and the wrong role models were some of the strongest catalysts for the diffusion of the 'epidemic' of drug addiction.

### **Changes and challenges on the Georgian drug market**

The situation began to change slowly from 2003 when a new government came into power through the Rose Revolution. In the framework of anti-corruption reforms designed to establish order and the rule of law, the government started destroying the positive and reverential attitude to drug addiction and the underworld in the Georgian society by forcible means.<sup>20</sup> Of course, these reforms were not implemented overnight, and they were accompanied by a number of negative aspects together with the positive side.

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<sup>14</sup>For detailed information, see: <http://en.wikipedia.org/wiki/Mkhedrioni> Accessed: 24.05.2013.

<sup>15</sup>Ibid..

<sup>16</sup>Kartvelishvili, S. (2013). "Why is it necessary to get rid of the 1990s?" Available: <http://lib.ge/book.php?author=1290&book=9239> Accessed: 24.05.2013.

<sup>17</sup>Gamkrelidze, A., Javakhishvili, J., Kariauli, D., Lezhava, G., Stvilia, K., Todadze, Kh. and Tsintsadze, M. (2003). "Drug Situation in Georgia – 2003". Tbilisi, Georgia: Southern Caucasus Anti-Drug Programme.

<sup>18</sup>Ibid.

<sup>19</sup>Ibid.

<sup>20</sup>Jorbenadze, L. (2012). "Legal Analysis of Georgian Drug Policy". Available at: <http://www.drugpolicy.dsl.ge/drug%20policy%20research.pdf> Accessed: 18.03.2013.

As described in the Annual Report - Drug Situation in Georgia 2005, in 2004-2005, important changes took place in the structure of the use of opioids in the country.<sup>21</sup> The changes carried out at the state level caused a decrease in the medications of the opioid group, and, according to the data of the Ministry of Internal Affairs, the use of Subutex R, which is imported from Europe, increased.<sup>22</sup> This sublingual medication, which is designed for the purposes of replacement therapy<sup>23</sup>, was mainly used in the form of injection in Georgia. The Annual Report - Drug Situation in Georgia 2005 demonstrates that one of the indicators of an increase in Subutex R use was the increase in the number of Subutex R users among patients who visited drug treatment institutions. In 2004, 29% of those who visited the clinics to alleviate dependence on opioids used Subutex R, while in 2005 the number of such patients reached 39%.<sup>24</sup>

In my opinion, the diffusion of Subutex R in Georgia coincides with the period of the emergence of the disco/club culture in the country. With the support of the Western-oriented government, different nightclubs, discos and bars were being opened extensively, a luxury the Georgian society did not have back in the 1990s. I think the disco/club culture created an alternative means for drug dealers to disseminate drugs. While Subutex R was very difficult to obtain, the so called 'club drugs' appeared to be very easily available in discos and clubs. A survey conducted in 2005 on the teenagers studying in the secondary schools of Tbilisi on the basis of the ESPAD questionnaire also confirms easy availability of hashish and ecstasy.<sup>25</sup> Seventy-five percent of the pupils surveyed declare that it is quite easy for them to obtain hashish and ecstasy. They also explain that it is particularly easy to obtain evaporative solutions in general (without specifying which ones), while they name heroin, opium, and Subutex as the drugs that are most difficult to obtain. Interestingly, a part of those surveyed (males) who acknowledge using hashish regularly, also acknowledge that they also have easy access to other narcotic substances.<sup>26</sup>

The Annual Report - Drug Situation in Georgia 2005 shows that, with a new government in place, serious changes were also gradually taking place on the black market.<sup>27</sup> One of the first changes, which the authors of aforementioned report outline, is the reduction of imports of raw opium and heroin, which, on the one hand, decreased the use of these substances, but on the other hand, increased the number of Subutex users. Most importantly, instead of alleviating the problem of drug addiction, reduction of the imports of the aforementioned substances transformed this problem and the Georgian society found itself facing a serious epidemic in the form of the use of home-made drugs. The danger of the diffusion of this epidemic is shown clearly in the aforementioned report, when the authors talk about the appearance of a new home-made drug called 'Vint'.<sup>28</sup>

The Report Drug Situation in Georgia – 2012 clearly shows that the strategy of reducing the supply of drugs in the country in the recent years was mainly directed to overcoming the illegal import of narcotic substances. The authors of the report believe that the disappearance of such 'traditional' narcotic substances from the black market as heroin and Subutex R, changed the drug scene sharply and contributed to the reduction in the use of stimulants and opioids.<sup>29</sup> In the struggle against drug use and addiction, the

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<sup>21</sup>Javakhishvili, J., Kariauli, D., Lezhava, G., Stvilia, K., Todadze, Kh. and Tsintsadze, M. (2006). "Drug Situation in Georgia – 2005". Tbilisi, Georgia: Southern Caucasus Anti-Drug Programme.

<sup>22</sup> Ibid.

<sup>23</sup>For detailed information, see: <http://en.wikipedia.org/wiki/Buprenorphine> Accessed: 18.04.2013.

<sup>24</sup>Javakhishvili, J., Kariauli, D., Lezhava, G., Stvilia, K., Todadze, Kh. and Tsintsadze, M. (2006). "Drug Situation in Georgia – 2005". Tbilisi, Georgia: Southern Caucasus Anti-Drug Programme.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

<sup>28</sup> Ibid.

<sup>29</sup>Javakhishvili, D., Balanchivadze, N., Kirtadze, I., Sturua, L., Otiashvili, D., Zabranski, T. (2012). "Drug Situation in Georgia 2012", Annual Report. Available at: <http://www.altgeorgia.ge/?lang=1&cat=27&id=55> Accessed: 10.07.2013.

new government also set a priority of applying punitive measures (high fines, incarceration, etc.) in addition to creating a deficit of ‘traditional’ narcotic substances on the market, which, in the opinion of many experts and representatives of the civil society, was and still remains connected with a lot of violations of human rights. However, part of the public believes, that the strategy based on punishment has resulted in a number of positive outcomes for the country, such as, the reduction in drug-related offences.<sup>30</sup>

### **Legislative changes and their weaknesses**

In the struggle against the use and distribution of drugs, many other countries, apart from Georgia, also resort to repressive tactics. During the past three decades, the abuse of narcotic substances has sharply increased the cases of criminalization of drug use around the world.<sup>31</sup> And criminalization has resulted in more frequent application of strict sanctions and imprisonment of drug users. It was surprising and unexpected that repressive drug policy was not very effective in decreasing the use or diffusion of narcotic substances. Moreover, it caused very negative consequences in terms of public health.<sup>32</sup> One of the serious weaknesses of criminalization of drug policy is related to home-made substances.

Since 2004, a stimulant called ‘Vint’, which contains ephedrine and is made in home conditions, has been slowly gaining ground in Georgia, and, at the initial stage, it is popular among lower social strata due to its relatively low price. According to the authors of the report Drug Situation in Georgia 2005, individuals who use this product, as a rule, do not use the services of drug treatment institutions.<sup>33</sup> On the one hand, the authors of the study related this to financial problems, because in 2004 the users of this drug mainly had a low social status and lacked the necessary financial means to receive treatment; but another possible explanation offered by the authors of the report had to do with the fact, that the epidemic had not yet spread and was only beginning. I do regard this explanation as a prophesy, since Drug Situation in Georgia – 2012 already shows clearly, that the use of home-made stimulants, sleeping pills, and other easily available psychotropic substances that can be bought in drugstores without a doctor’s prescription, is becoming increasingly popular in Georgia.<sup>34</sup> The aforementioned report indicates that, according to the beneficiaries of the needle exchange/distribution programs, the price of 1 gram of heroin, as well as one 8-gram tablet of Subutex, amounts to GEL 570, while both the home-made stimulants, such as ‘Vint’ and ‘Jeff’ costing GEL 10-20 and a newly introduced Desomorphine, aka ‘Crokodil’ costing GEL 20, are much cheaper. Easy availability of such substances, their low price, and the scarcity of the ‘traditional’ narcotic substances has led the Georgian society to the problem of ‘toxicomania’.<sup>35</sup>

### **Stricter drug legislation**

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<sup>30</sup>Javakhishvili, D., Balanchivadze, N., Kirtadze, I., Sturua, L., Otiashvili, D., Zabranski, T. (2012). “Drug Situation in Georgia 2012”, Annual Report. Available at: <http://www.altgeorgia.ge/?lang=1&cat=27&id=55> Accessed: 10.07.2013.

<sup>31</sup>Stevenson, B. (2011). "Drug Policy, Criminal Justice and Mass Imprisonment", Global Commission on Drug Policies, Working Paper Prepared for the First Meeting of the Commission Geneva Available at: [http://www.globalcommissionondrugs.org/wp-content/themes/gcdp\\_v1/pdf/Global\\_Com\\_Bryan\\_Stevenson.pdf](http://www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/Global_Com_Bryan_Stevenson.pdf) Accessed: 24.04.2013.

<sup>32</sup>Ibid.

<sup>33</sup>Gamkrelidze, A., Javakhishvili, J., Kariauli, D., Lezhava, G., Stvilia, K., Todadze, Kh. and Tsintsadze, M. (2005). “Drug Situation in Georgia – 2005”. Tbilisi, Georgia: Southern Caucasus Anti-Drug Programme.

<sup>34</sup>Javakhishvili, D., Balanchivadze, N., Kirtadze, I., Sturua, L., Otiashvili, D., Zabranski, T. (2012). “Drug Situation in Georgia – 2012”, Annual Report. Available at: <http://www.altgeorgia.ge/?lang=1&cat=27&id=55> Accessed: 10.07.2013.

<sup>35</sup> The term – “toxicomania” was introduced by Georgian drug rehabilitation experts in order to refer to the addiction on home-made drugs.

The struggle against drug use and addiction as a grave crime became especially strict from 2006 in Georgia, which was manifested in the announcement of a zero tolerance policy against individuals with drug addiction on the President's initiative and in making the Code of Administrative Offences stricter.<sup>36</sup>

As noted in the Legal Analysis of Georgian Drug Policy (2012), from July 25, 2006, a fine in the amount of GEL 75-150 stipulated in Article 45, increased to GEL 500. Acquisition and storage of narcotic substances in small amounts without the aim of selling them and the use of drugs without a doctor's prescription became punishable with a fine of GEL 500. If the court deems that this sanction is not enough, it has the right to sentence a drug user to up to 30 days of imprisonment.<sup>37</sup> On July 3, 2007, a law adopted by the Parliament changed the category of the crimes envisaged in Part 1 of Article 160 from grave to particularly grave,<sup>38</sup> which provides for 11 years of imprisonment for illegal preparation, production, purchase, storage, transportation, shipment, or sale of a narcotic substance.<sup>39</sup> As described in the aforementioned Georgian Drug Policy Analysis, the sanction envisaged by Part 2 of this Article was also made stricter, and it now provides for seven to 14 years of imprisonment if the aforementioned act is perpetrated: in large quantities, by prior agreement by a group of persons, using official capacity, more than once, by a person who has committed the crime specified in the Chapter of Drug-Related Offences of the Criminal Code.<sup>40</sup>

The author of the Legal Analysis of Georgian Drug Policy (2012) outlines the importance of acknowledging that the Criminal Code of Georgia did not and still does not differentiate between a drug user and a drug seller, the so-called dealer.<sup>41</sup> The author considers this as one of the grossest weaknesses against the background of the enacted changes, since an act of any drug user can be qualified under both Part 1 and Part 2 of Article 260, which indicates to an unfair attitude on the part of the legislator and makes it possible to impose punishment in a disproportionate manner.<sup>42</sup> The Criminal Code of Georgia also fails to make a distinction between a person ill with drug addiction, a recreational drug user, and a drug dealer in terms of imposing sanctions.<sup>43</sup>

Such an attitude of the legislator and the additional strict changes have led to grave consequences, and until today, numerous individuals with drug-dependence remain sentenced to ten years of imprisonment due to disproportionate punishment.<sup>44</sup> Against the background of the legislative changes, stricter laws, and numerous disproportionate penalties, the number of users of home-made narcotic substances keeps increasing, but 'toxicomania' is not the only problem that is being exacerbated due to the repressive drug policy.

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<sup>36</sup>Jorbenadze, L. (2012). "Legal Analysis of Georgian Drug Policy". Available at: <http://www.drugpolicy.dsl.ge/drug%20policy%20research.pdf> Accessed 18.03. 2013.

<sup>37</sup> Ibid.

<sup>38</sup>Under the Criminal Code of Georgia, there are three categories of crimes according to their gravity: less grave crimes punishable by imprisonment for up to five years, grave crimes punishable by imprisonment for five to ten years, and particularly grave crimes punishable by imprisonment for more than ten years. It is important what category of crime a person has committed in terms of removal of conviction record, pardon, early release, and conditions in a penitentiary institution, since persons who have committed particularly grave crimes face more impediments in making use of privileges envisaged by law.

<sup>39</sup>Jorbenadze, L. (2012). "Legal Analysis of Georgian Drug Policy". Available at: <http://www.drugpolicy.dsl.ge/drug%20policy%20research.pdf> Accessed: 18.03.2013

<sup>40</sup> Ibid.

<sup>41</sup> Ibid.

<sup>42</sup> Ibid.

<sup>43</sup> Ibid.

<sup>44</sup>Otiashvili, D., Sárosi, P., Somogy G.L. (2008). "Drug Control in Georgia: Drug Testing and the Reduction of Drug Use?" Available at: Accessed: 18.04.2013.

International experience has shown that repressive drug policy that is based on the criminal justice system is ineffective in terms of resolving problems of drug use and drug-related offences.<sup>45</sup>

For example, a study of recidivism in 15 states of the US found that a quarter of the individuals released from a penitentiary institution returned to prison within three years for violations such as drug use.<sup>46</sup> Therefore, it follows that the penitentiary system is not very effective in preventing drug use, because it mainly decreases drug use while the user remains incarcerated. Scholars explain the ineffectiveness of the penitentiary system in fighting drug addiction by the fact that, on release from a penitentiary institution, addicted persons experience a lot of difficulties and temptations. These difficulties and temptations are caused by stressors that increase the risk of repeated drug use.<sup>47</sup> These include the stigma associated with the status of an ex-offender, the need for housing and legitimate employment, stresses related to re-unifying with family, and a number of requirements for criminal justice supervision.<sup>48</sup> Returning to neighborhoods where the individuals with addiction problems used drugs, places them in an environment rich in drug cues, which can cause an intense desire to use drugs, the so-called ‘craving’.<sup>49</sup> Scholars also argue that the intensive desire to use drugs increases progressively when addicted individuals are re-exposed to the so-called drug cues after drug withdrawal.<sup>50</sup> This could explain why many drug-dependent individuals return to drug use after release from prison and highlights the need for ongoing treatment after release.

In recent years, considerable progress has been reported in the sense that governments of many countries have managed drug use and drug dependence as a public health problem which requires treatment, counseling, and medical intervention rather than incarceration.<sup>51</sup> Many studies show that drug treatment and counseling programs (the needle exchange program, compulsory treatment, educational and preventive activities, counseling, replacement therapy using drug substitutes like Methadone or Naloxone) are far more effective and productive than the criminal justice system and that spending on drug treatment is far more efficient than incarceration of drug-addicted persons, as treatment reduces substance abuse and recidivism and also saves expenses.<sup>52</sup>

Of course, it should not skip our attention that the stricter laws have indeed achieved the goal set by the Georgian state – they practically destroyed reverence to criminal mentality and weakened the society’s positive attitude to drug addiction and the young generation’s desire to achieve the image of a successful ‘good guy’ by consuming drugs. However, reforms seldom run smoothly, and, together with many positive results, we have seen the emergence of problems that the makers of the new drug policy did not expect.

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<sup>45</sup>Chandler,R.K., Fletcher, B.W., Volkow, N.D.(2009). "Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety", *The Journal of the American Medical Association*,301(2),pp.183-190.

<sup>46</sup>Langan P., Levin D. (2002). "Recidivism of Prisoners Released in 1994". Washington, DC: Office of Justice Programs, Bureau of Justice Statistics; Dept of Justice publication NCJ 193427.

<sup>47</sup>Shivy, V.A., Wu, J.J., Moon, A. E., Mann, S.C., Holland, J.G., Eacho, C. ( 2007). "Ex-offenders Reentering the Workforce", *Journal of Counseling Psychology*, 54(4), pp. 466–473.

<sup>48</sup>Ibid.

<sup>49</sup>Volkow, N.D., Wang, G.J., Telang, F., Fowler, J.S., Logan, J., Childress, A.R., Jayne, M., Ma, Y., Wong, Ch. (2006). "Cocaine Cues and Dopamine in Dorsal Striatum: Mechanism of Craving in Cocaine Addiction", *Journal of Neuroscience*, 26(24). pp. 6583–6588.

<sup>50</sup>Grimm, J.W., Hope B.T., Wise, R.A., Shaham, Y. (2001). "Neuroadaptation: Incubation of Cocaine Craving after Withdrawal", *Nature*, 412(6843), pp. 141–142.

<sup>51</sup>Chandler,R.K., Fletcher, B.W., Volkow, N.D.(2009). "Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety", *The Journal of the American Medical Association*,301(2), pp.183-190

<sup>52</sup>Stevenson, B. (2011). "Drug Policy, Criminal Justice and Mass Imprisonment", Global Commission on Drug policies, working paper prepared for the first meeting of the commission Geneva. Available at: [http://www.globalcommissionondrugs.org/wp-content/themes/gcdp\\_v1/pdf/Global\\_Com\\_Bryan\\_Stevenson.pdf](http://www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/Global_Com_Bryan_Stevenson.pdf) Accessed: 24.04.2013.



Together with the increase of ‘toxicomania’ and the deterioration of health problems, criminalization of drug addiction has entirely done away with the idea that drug addiction is a disease – a chronic disease<sup>53</sup> – and an individual who uses drugs is an individual who needs professional treatment. Criminalization of drug use has created a lot of obstacles for the group of individuals with drug dependence who are motivated to make use of treatment programs, receive assistance, and get rid of drug addiction. Studies show that when health care programs are easily available, the overuse of drugs and mortality caused by drug addiction sharply decreases.<sup>54</sup> Improvement and development of medical programs reduces drug addiction and drug use very effectively, but it becomes very difficult to make use of treatment services under repressive drug policy when individuals fear imprisonment and they may refuse to make use of treatment services because of this fear.<sup>55</sup>

In addition there are many structural problems related with drug treatment in Georgia which create a difficulty for individuals with drug use problems to enter the treatment and complete it successfully.

One of the many structural problems related to drug treatment in Georgia is that there are no common agreed criteria for the assessment of treatment effectiveness and treatment protocols and guidelines in Georgia.<sup>56</sup> According to the authors of the report Drug Situation in Georgia 2012, the treatment is still under the inertia of the biomedical model of the Soviet Drug Treatment approaches and puts less emphasis on the psychological, behavioral, social and spiritual dimensions of the patient (and, accordingly, of the disease). Usually, the treatment is limited to a 2-week detoxification course followed by one to six months of outpatient treatment after the patient has been discharged. The majority of patients leave outpatient treatment in the very first month, because, on the one hand, they think that one simple detoxification course is enough to improve their condition, and, on the other hand, they find it difficult to pay for the treatment. Abstinence-oriented treatment is mostly paid for by patients and the cost of treatment is very high.<sup>57</sup>

Another option to use drug dependence treatment is to be involved in replacement therapy program, however as it comes out the replacement therapy program has also some weaknesses and alone it cannot cover a considerable number of drug users.<sup>58</sup> The causes of this problem include a continuing lack of trained human resources in this field and a lack of institutions to provide proper, relevant training.<sup>59</sup>

Regarding the psychotherapeutic services, there is a huge lack of adequately trained staff, and there are no institutional mechanisms to ensure the training of specialists; accordingly, oftentimes, the approaches used

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<sup>53</sup>The National Institute on Drug Abuse (2011). “The Science of Drug Abuse and Addiction”. Available at: <http://www.drugabuse.gov/publications/drugfacts/understanding-drug-abuse-addiction> Accessed: 2.02.2013.

<sup>54</sup> Stevenson, B. (2011). "Drug Policy, Criminal Justice and Mass Imprisonment".

Global Commission on Drug policies, working paper prepared for the first meeting of the commission Geneva. Available at: [http://www.globalcommissionondrugs.org/wp-content/themes/gcdp\\_v1/pdf/Global\\_Com\\_Bryan\\_Stevenson.pdf](http://www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/Global_Com_Bryan_Stevenson.pdf) Accessed: 24.04.2013.

<sup>55</sup> Roberts, M., Bewley-Taylor, D., Trace, M. (2005). "Facing the Future: The Challenge for National and International Drug Policy". The Beckley Foundation Drug Policy Program Report 6. Available at: [http://www.beckleyfoundation.org/pdf/Report\\_06.pdf](http://www.beckleyfoundation.org/pdf/Report_06.pdf) Accessed: 25.04.2013.

<sup>56</sup>Javakhishvili, D., Balanchivadze, N., Kirtadze, I., Sturua, L., Otiashvili, D., Zabranski, T. (2012). “Drug Situation in Georgia – 2012”, Annual Report. Available at: <http://www.altgeorgia.ge/?lang=1&cat=27&id=55> Accessed: 10.07.2013.

<sup>57</sup>Javakhishvili, D., Balanchivadze, N., Kirtadze, I., Sturua, L., Otiashvili, D., Zabranski, T. (2012). “Drug Situation in Georgia – 2012”, Annual Report. Available at: <http://www.altgeorgia.ge/?lang=1&cat=27&id=55> Accessed: 10.07.2013.

<sup>58</sup>Ibid.

<sup>59</sup>Ibid.

are not based on scientific evidence and the guidelines of the relevant structures of the UN.<sup>60</sup> Neither are the mechanisms of professional licensing in place.<sup>61</sup>

If we summarize the existing situation in terms of treatment services, we will get a picture in which the forms of treatment are undiversified and scarce, the quality of treatment is not ensured, and treatment is very expensive – all this makes it difficult to take patients' individual needs into account and to ensure their satisfaction with the treatment results. According to a study conducted in 2008, most of the drug treatment institutions aim at achieving abstinence and regard the duration of abstinence as the leading indicator of treatment effectiveness, whereas the leading indicator for the patient is the quality of life, which is ignored by the institutions and specialists providing the service.<sup>62</sup>

### **Debate about correct planning of drug policy**

There is a lot of evidence that, despite the zero tolerance policy, drug use and the volume of the black market still continued to expand. Moreover, this approach created a number of new problems.<sup>63</sup> However, it is also a fact that a number of statistical data speak in favor of a criminalized drug policy. The 2004 World Drug Report of the United Nations Office for Drugs and Crime (UNODC) states that 'though there has been an epidemic of drug abuse over the last half century, its diffusion into the general population has been contained. Less than 3 per cent of the global population (or 5 per cent of the population aged 15 and above) is certainly evidence of containment, particularly when compared with the annual prevalence rate of 30 per cent for tobacco'.<sup>64</sup>

One of the main criticisms against the drug legislation that exists in Georgia is that the entire legislation is oriented to collection of fines and making arrests rather than resolving the problem and reducing the number of drug users.<sup>65</sup> Besides, the existing legislation does not contribute to the provision of drug users with such services as voluntary counseling/testing on HIV/AIDS, needle exchange, and other harm reduction programs.<sup>66</sup>

However, the law enforcement bodies of Georgia have their own arguments regarding the productivity and effectiveness of the existing criminalized policy. As the Annual Report - Drug Situation in Georgia 2012 states, in 2012, the Prosecutor's Office and the Analytical Department of the Ministry of Internal Affairs of Georgia conducted statistical studies to assess the drug situation in the country.<sup>67</sup> The reports of both of these studies concluded that, thanks to the punitive measures (mass drug tests in the streets, arrest of users, etc.) taken by the law enforcement bodies, the drug situation in the country has improved. The authors of the reports regarded the decrease in the number of cases of revealed drug-related offences, mainly drug use

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<sup>60</sup> WHO, UNODC & UNAIDS (2008). Principles of Drug Dependence Treatment. Discussion Papers. 1st ed. Vienna, UNODC.

<sup>61</sup> Javakhishvili, D., Balanchivadze, N., Kirtadze, I., Sturua, L., Otiashvili, D., Zabranski, T. (2012). "Drug Situation in Georgia – 2012", Annual Report. Available at: <http://www.altgeorgia.ge/?lang=1&cat=27&id=55> Accessed: 10.07.2013.

<sup>62</sup> Todadze, Kh., Kavtashvili, E., Khintibidze, Q. (2008). The Assessment of Drug Treatment in Georgia. Tbilisi.

<sup>63</sup> Kana'iaupuni, S.M., Gans, M. (2001). "How Effective is Zero Tolerance?" Brief Review. Available at: [http://www.ksbe.edu/spi/PDFS/Reports/Educational\\_Policy/04\\_05\\_23.pdf](http://www.ksbe.edu/spi/PDFS/Reports/Educational_Policy/04_05_23.pdf) Accessed: 26.04.2013.

<sup>64</sup> The United Nations Office for Drugs and Crime (2004). "World Drug Report". Available at: [http://www.unodc.org/pdf/WDR\\_2004/volume\\_1.pdf](http://www.unodc.org/pdf/WDR_2004/volume_1.pdf) Accessed: 25.04.2013.

<sup>65</sup> Georgian Harm Reduction Network (2008). "Shadow Report on the Drug Situation in Georgia for the Years 2006-2007", pp. 3-15.

<sup>66</sup> Ibid.

<sup>67</sup> Javakhishvili, D., Balanchivadze, N., Kirtadze, I., Sturua, L., Otiashvili, D., Zabranski, T. (2012). "Drug Situation in Georgia – 2012", Annual Report. Available at: <http://www.altgeorgia.ge/?lang=1&cat=27&id=55> Accessed: 10.07.2013.

(which, in its turn, was deemed as an indicator of general reduction in the prevalence of drug use in the country), as one of the important indicators of improvement. As Javakhishvili et al (2012) explain, in order to substantiate such interpretation, representatives of the law enforcement bodies relied on the dynamics of statistics of registered drug-related offences from 2007 to 2011: 8,493 cases in 2007, 8,699 cases in 2008, 6,921 cases in 2009, 5,854 cases in 2010, and, finally, 3,984 cases in 2011 (the Ministry of Justice of Georgia, 2012).<sup>68</sup>

However, Javakhishvili et al (2012) have questioned this conclusion, stressing, that the statistics provided only by law enforcement bodies cannot – and should not – be regarded as an indicator of the decrease in the prevalence of drug use, because the reduction of registered drug-related offences may have been caused by other factors, such as:

- 1) decrease in the intensity of detention of drug users due to a change in the strategies of the law enforcement bodies;
- 2) users' switch to new home-made substances that can be made with precursors easily available in ordinary grocery stores, as a result of which the police was no longer able to detain them with the same intensity as before;
- 3) difficulty of revealing cases of drug use through routine urine analysis, again, due to the switch to new substances.

But the most interesting argument turned out to be the comparison of the new statistics starting from 2007, which were emphasized in the studies, with the statistical data of earlier years, for example, 2006: in 2006, the number of persons registered because of drug-related offences (mainly drug use) amounted to 3,542<sup>69</sup> (Javakhishvili, Sturua, 2009), which was lower than the analogous data of 2011; at the same time, the law enforcers had assessed the drug situation in 2006 as worse than in the following years.<sup>70</sup>

Therefore, Javakhishvili et al (2012) outline the fact that, although the statistics of the law enforcement bodies are very important, they still cannot provide us with enough evidence to make conclusions on the improvement/deterioration of the drug situation and, accordingly, to plan the right drug strategy.<sup>71</sup> The case given above makes it clear how important it is for a country to have a drug strategy that will be based on coherent and balanced (between the strategies of supply and demand), evidence-based (not based on assumptions), explicit, objective, and unbiased monitoring, which, unfortunately, Georgia does not have at this stage.<sup>72</sup>

Besides, we should take into account, that the resolution of drug-related problems is not connected only with drug policy, and together with pursuing the right drug policy, it is necessary to pay attention to such issues as the improvement of treatment of drug dependence, perfection of the existing services, development/adaptation of new services, providing prevention and educational activities, etc.

## Stigma

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<sup>68</sup> Ibid.

<sup>69</sup> Javakhishvili, D.J., Sturua, L. (Eds.) et al. (2009). "Drug Situation in Georgia – 2009". Tbilisi: Southern Caucasus Anti-Drug Program.

<sup>70</sup> Javakhishvili, D., Balanchivadze, N., Kirtadze, I., Sturua, L., Otiashvili, D., Zabranski, T. (2012). "Drug Situation in Georgia – 2012", Annual Report. Available at: <http://www.altgeorgia.ge/?lang=1&cat=27&id=55> Accessed: 10.07.2013.

<sup>71</sup> Ibid.

<sup>72</sup> Ibid.

During the repressive anti-drug campaign, the Georgian society developed a fear towards drug-using individuals. Of course, it is a noteworthy and big achievement that drug use is no longer considered as exemplary behavior, though, I think that transition from one social model – a positive model of a drug user (‘good guy’) – to another, radically different model – a drug user as a criminal offender – was made as a result of many repressive acts that infringed on human rights. The Georgian society still lacks an appropriate definition of an individual with drug use problems. The important fact that drug addiction is a chronic disease which is determined by bio-psycho-social factors<sup>73</sup> is still missing in the legislation, in the messages on drug addiction disseminated by the state, and in the public consciousness.

The structural changes in the drug policy have created a stigma at the legislative level which spread quickly in the society (see Japaridze 2013), and people came to regard a one-time ‘good guy’ as a criminal offender, which, I think, has not only failed to improve the situation, but also aggravated it.

The majority of the respondents who took part in my study (see the report Drug addiction in Georgia from the perspective of Gender 2013) argue that society views drug dependence as a crime, not as an illness, failing to differentiate between users and dealers, as well as between systematic and beginning users. Having the status of a drug user is equivalent to perpetual rejection and disgrace, which is the result of a serious work carried out at the governmental and legislative levels to make this label equal to the status of a criminal offender.

Individuals with drug use problems are normally discriminated and viewed as outcasts with no moral position in society. The society views them as outcasts with no moral values and position in society.<sup>74</sup> As noted by Roberts (2003), most government institutions have propagated the ideology that individuals addicted to drugs are dangerous people and threaten the peaceful co-existence in society. And this is clearly visible in case of Georgian government and drug policy too.

For example one fact that significantly contributed to the increase of stigma and discrimination against individuals with drug use problems may have been the entry into force of the July 3, 2007 Law on Struggle against Drug-Related Offences, which provides for the deprivation of important civil rights (such as the right to drive a motor vehicle, to practice medicine or law, to work at a teacher-training and educational institution, to work in treasury-funded (budget-funded) bodies of state government and local self-government, passive electoral rights, and the right to make, acquire, keep, and carry weapons) for the duration of three years for the act envisaged in Article 273 of the Criminal Code, i.e. the use of a narcotic substance.<sup>75</sup> As Jorbenadze (2012) explains, under this law, persons convicted under Article 260 are deprived of the right to drive a motor vehicle for five years and the right to practice medicine for ten years<sup>76</sup>. For the persons found guilty of selling drugs, the maximum period of deprivation of the rights is 15 years; in addition, they are deprived of the unlawfully obtained and unsubstantiated property. The main weakness of the law, according to Jorbenadze (2012), is that it does not envisage any exceptions in terms of early restoration of the rights or reduction of the duration of penalties.<sup>77</sup>

According to Roberts (2003), ‘Overzealous punishment in the form of prison sentences for drug users is also inconsistent with global trends.’ Roberts (2003) gives the example of the United States where ‘the rate

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<sup>73</sup>The National Institute on Drug Abuse (2011). “The Science of Drug Abuse and Addiction”. Available at: <http://www.drugabuse.gov/publications/drugfacts/understanding-drug-abuse-addiction> Accessed: 2.02.2013.

<sup>74</sup> Scottish Social Attitudes Survey (2009). Available at: <http://www.scotland.gov.uk/Publications/2010/05/19111419/0> Accessed: 9.10.2013.

<sup>75</sup>Jorbenadze, L. (2012). “Legal Analysis of Georgian Drug Policy”. Available at: <http://www.drugpolicy.dsl.ge/drug%20policy%20research.pdf> Accessed 18.03.2013.

<sup>76</sup>Ibid.

<sup>77</sup>Ibid.

of imprisonment has not changed over the past decade. Fourteen per cent of persons convicted of unlawful productions were sentenced to prison and approximately half of those charged with unlawful supply or possession with the intent to supply was sentenced to prison.<sup>78</sup> This has shaped the public opinion about individuals with drug use problems in the sense that the public views them as high-risk individuals who are a drain on the society and criminals.

Many studies make it obvious that stigma plays a major role as one of the main barriers to effective administration of treatment and recovery options for such individuals.<sup>79</sup> For instance, individuals with addiction problems may avoid treatment options due to the fear of rejection and condemnation from family members, as well as from the general public. At the same time, stigma has escalated discrimination against these individuals on the part of health care professionals and health care institutions. Trying to cope with and struggle against stigma is a very long-lasting and complex process. As Ben-Yehuda (1990) notes: ‘The only way to neutralize the deviant stigma is to create a countermovement that would attempt to use, or generate, power and to redefine morality and create a new symbolic-moral universe.’<sup>80</sup>

## Conclusion

On the basis of the overview given above, we get a picture according to which the situation in Georgia for the past 30 years has not been enviable – either in terms of the legislation on drug policy or treatment and rehabilitation options. At the same time, another, not less serious problem – the Georgian society’s incorrect attitude to drug addiction in the past 30 years – has been added to these problems. The historical overview given in this paper clearly demonstrates that the use, production, and supply of drugs is generally closely connected with a number of economic, social, and cultural issues, which once again proves, that drug addiction is not an isolated system; it is a complex problem influenced by many socio-demographic factors.<sup>81</sup> Problem use of drugs and, to some extent, drug trade itself are a dimension of wider structural, social, and cultural problems.<sup>82</sup> There is a lot of evidence that severe social, economic and political conditions create fertile grounds for widespread and problem use of drugs.<sup>83</sup>

The situation overview clearly outlines three particularly important factors which should be taken in to consideration when analyzing the Georgian situation regarding drug use:

a) The existing repressive drug policy in Georgia, which does not take into account the difference between drug users and drug sellers, the so-called drug dealers;<sup>84</sup>

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<sup>78</sup> Roberts, J. V. (2003). *“Penal Populism and Public Opinion: Lessons from Five Countries”*. Oxford: Oxford University Press.

<sup>79</sup> Johnson, B. A. (2011). *“Addiction Medicine: Science and Practice”*. New York: Springer.

<sup>80</sup> Ben-Yehuda, N. (1990). *“The Politics and Morality of Deviance: Moral Panics, Drug Abuse and Reversed Stigmatization”*. Albany: State University of New York Press, pp. 66-67.

<sup>81</sup> Roberts, M., Bewley-Taylor, D., Trace, M. (2005). "Facing the Future: The Challenge for National and International Drug Policy". The Beckley Foundation Drug Policy Program Report 6. Available at: [http://www.beckleyfoundation.org/pdf/Report\\_06.pdf](http://www.beckleyfoundation.org/pdf/Report_06.pdf) Accessed: 25.04.2013.

<sup>82</sup> Room, R. (2005). “Stigma, Social Inequality and Alcohol and Drug Use”, *Drug and Alcohol Review*, 25, pp. 143 – 155.

<sup>83</sup> Shaw, A., Egan, J., Gillespie, M. (2007). "Drugs and Poverty: A Literature Review." A Report Produced by the Scottish Drugs Forum (SDF) on behalf of the Scottish Association of Alcohol and Drug Action Team. Available at: <http://www.dldocs.stir.ac.uk/documents/drugpovertylitrev.pdf> Accessed: 26.04.2013.

<sup>84</sup> Jorbenadze, L. (2012). “Legal Analysis of Georgian Drug Policy”. Available at: <http://www.drugpolicy.dsl.ge/drug%20policy%20research.pdf> Accessed: 18.03.2013.

b) The artificial decrease of drug imports on the black market which contributed to a change in the type of drug addiction, increase in the number of users of home-made drugs, and the diffusion of ‘toxicomania’.

c) The lack of adequate and comprehensive information regarding drug use and addiction problem – I think, that most difficult and problematic processes, such as drug addiction boom, ‘toxicomania’, stigma, social rejection of drug users, low motivation to receive treatment, etc. may be consequences of the incorrect information that the society has and on the basis of which it responds to the problem of drug addiction.

I am assuming, that just as in the corrupt system (in the Georgia of the 1990s), such factors as corrupt law enforcement systems, easy availability of drugs, criminal underworld mentality, and incorrect attitude of society, made it very difficult to receive treatment (because a large part of society considered drug addiction as good form and failed to assess the real severity of the problem). Under the repressive drug policy, it is still difficult to make use of the treatment services and the situation of individuals with drug addiction in general also remains hard. As the society has constantly been given incorrect and distorted information about drug addiction, it is yet to be realized clearly, at the state and public levels, that the struggle against this problem requires treatment and prevention. Although the expert circles have frequently conducted discussions on the necessity of treatment in the recent years,<sup>85</sup> unfortunately, these discussions have yet to reach broad masses of society and no serious work has been done with the public in the form of information campaign. Accordingly, the society that is constantly fed with the cliché - drug user is a criminal - through the media, develops a negative and hostile attitude to drug-dependent individuals. And this hostile attitude, in its turn, brings negative consequences for the health condition of a number of individuals with drug use problems. Therefore, it comes out that the three essential factors reviewed in this paper – Drug legislation, Drug market and Society’s attitudes to drugs and drug addiction create a circle of a complex system which should be taken in to consideration when working on issues of drug addiction in Georgia.

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<sup>85</sup> For additional information, see: <http://www.tavisupleba.mobi/a/24942193/full.html> Accessed: 19.04.2013.