

# NEW PSYCHOACTIVE SUBSTANCE USE IN THE REPUBLIC OF GEORGIA RESEARCH RESULTS



School of Law, Swansea University  
& Eurasian Harm Reduction Association, 2020



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## **Contributions**

This report is a publication of joint work between the Eurasian Harm Reduction Association (EHRA) and the School of Law, Swansea University.

The School of Law, Swansea University, founded in 1920, is a public research university located in Swansea, Wales. The School of Law brings together the disciplines of Law and Criminology in a thriving academic environment, supported by staff with extensive real-world experience. More information is available on the website: <https://www.swansea.ac.uk>.

EHRA is a nonprofit public membership-based organization uniting and supporting 303 harm reduction activists and organizations from Central and Eastern Europe and Central Asia (CEECA) to ensure the rights and freedoms, health, and well-being of people who use psychoactive substances. More information is available on the website: <https://harmreductioneurasia.org/>

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The author of this report is Ada Beselia. Research was supervised by Eliza Kurcevič. The Principal Investigator for the overall project is Dr. Rick Lines. Editor – Lily Hyde.

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## **Disclosure**

The views and opinion of the author presented in this report may not represent the views and opinions of EHRA or the School of Law, Swansea University.

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<sup>1</sup> <https://www.ukri.org/research/global-challenges-research-fund/>

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# ABBREVIATIONS & ACRONYMS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>BSS</b>	Behavioral Surveillance Survey
<b>CEECA</b>	Central and Eastern Europe and Central Asia
<b>CSO</b>	Civil Society Organization
<b>EDM</b>	Electronic Dance Music
<b>EHRA</b>	Eurasian Harm Reduction Association
<b>EMCDDA</b>	European Monitoring Centre for Drugs and Drug Addiction
<b>ESPAD</b>	European School Survey Project on Alcohol and Other Drugs
<b>EU</b>	European Union
<b>EUR</b>	Euro
<b>EWS</b>	Early Warning System
<b>FSW</b>	Female Sex Worker
<b>GEL</b>	Georgian Lari (National Currency)
<b>GeNPUD</b>	Georgian Network of People who Use Drugs
<b>GF</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>GHRN</b>	Georgian Harm Reduction Network
<b>GPS</b>	General Population Survey
<b>HCV</b>	Hepatitis C virus
<b>HIV</b>	Human Immunodeficiency Virus
<b>IBBSS</b>	Integrated Bio-Behavioral Surveillance Survey
<b>MIA</b>	Ministry of Health
<b>MSM</b>	Men who have sex with men
<b>NCDC</b>	National Center for Disease Control
<b>NPS</b>	New Psychoactive Substances
<b>OST</b>	Opioid Substitution Therapy
<b>PSE</b>	Population Size Estimation
<b>PWID</b>	People Who Inject Drugs
<b>PWUD</b>	People Who Use Drugs
<b>SW</b>	Sex Worker
<b>UN</b>	United Nations
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>USD</b>	US dollars
<b>VCT</b>	Voluntary Counseling and Testing

# SUMMARY

The project “*New Psychoactive Substance Use in Kazakhstan, Kyrgyzstan, Georgia, and Serbia*” was undertaken to generate a more accurate picture of the use of new psychoactive substances (NPS) in Kazakhstan, Kyrgyzstan, Georgia, and Serbia, and to assess harm reduction and law enforcement responses to the emerging issues related to use of NPS. In 2019, similar research was conducted in Belarus and Moldova<sup>2</sup>. Results from this project will supplement scarce<sup>2</sup> international data on the use of NPS in these countries, present a more accurate picture of their use, and provide information to national civil society organizations (CSOs) for political advocacy.

The present report provides research results from Georgia. The study was conducted in partnership between the Eurasian Harm Reduction Association (EHRA) and the School of Law, Swansea University, and funded by the Global Challenges Research Fund. The Principal Investigator for the overall project was Dr. Rick Lines of the Swansea University School of Law, and the research methodology was reviewed and approved by the Ethical Review Committee at Swansea University. This report was prepared by the consultant researcher for this project, Ada Beselia, a researcher from “Addiction Research Center – Alternative Georgia”. She was supervised by Eliza Kurcevič, Senior Program Officer at EHRA.

The study in Georgia was implemented in three stages:

- Stage 1**
  - Desk research to collect data from the literature. Data sources included official reports, mass media, peer-reviewed publications and literature not indexed in medical databases, Internet reports, and documents from national government and regional/international organizations.
  - Preparation of questionnaires for target respondents: individuals from relevant professional organizations/state bodies, based on the desk research, and people who use drugs.
- Stage 2**
  - Structured interviews and focus groups with key respondents.
- Stage 3**
  - Analysis of all material collected, and preparation of recommendations for further action.

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<sup>2</sup> <https://harmreductioneurasia.org/harm-reduction/new-psychoactive-substances/>

# COUNTRY OVERVIEW

The republic of Georgia is located between Asia and Europe, covers an area of 69,700 km<sup>2</sup> and shares borders with the Black Sea (west), Turkey (southwest), Azerbaijan (east), Armenia (south) and Russia (north). Georgia is a democratic, semi-presidential republic with a population of 3.7 million, one-third of whom live in the capital city Tbilisi. Georgian is the official language of Georgia. Georgia is divided into twelve regions: Abkhazia, Samegrelo-Zemo Svaneti, Guria, Adjara, Racha-Lechkhumi and Kvemo Svaneti, Imereti, Samtskhe-Javakheti, Shida Kartli, Mtkheta-Mtianeti, Kvemo Kartli, Kakheti, and Tbilisi.

The most recent Population Size Estimation (PSE) study, published in 2017, estimates that the number of injection drug users in Georgia is 52,500 with a prevalence of 2.24% in the 18–64 age group and 1.41% in the general population<sup>3</sup>. Based on the United Nations Office on Drugs and Crime (UNODC) World Drug Report 2018, Georgia has one of the highest prevalences of injection drug use in the world<sup>4</sup>.

In Georgia, treatment for substance use-related disorders is provided by both public and private facilities. By 2018, there were ten addiction treatment clinics providing in- and out-patient abstinence-oriented treatment in the country (eight of them in the capital city Tbilisi). In 2018 these clinics served 2,472 patients (1,545 in-patients). Opioid Substitution Therapy (OST) with methadone has been operating in the country since 2005, and with Suboxone since 2012. There are 18 state-funded sites in all major cities and two sites in prisons providing OST. Short-term OST is available in two (out of 15) prisons in Georgia. This methadone assisted detoxification treatment is limited to a 3–6 month period and can be provided to individuals who were on OST prior to imprisonment or can be initiated in prison. In 2018 these sites served 12,179 patients, 8,258 of whom were previously patients of methadone OST. Since 2017 funding for these programs has been fully provided by the state. A limited number of abstinence-oriented in-patient treatment episodes are also covered from the state budget. In addition to state-funded OST, there were ten private (commercial) sites offering buprenorphine (Suboxone®) substitution therapy for a fee to 3,921 patients<sup>5</sup>.

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<sup>3</sup> <http://bemonidrug.org.ge/wp-content/uploads/2014/07/PWID-PSE-Report-2017-ENG.pdf>

<sup>4</sup> <https://www.unodc.org/wdr2018/>

<sup>5</sup> <https://altgeorgia.ge/media/uploads/drug-situation-in-georgia-2018-summary.pdf>

**TBILISI**



# 1. Introduction

In Georgia, the most frequently used drugs (other than marijuana) have traditionally been opioids. Out of the substances belonging to the group of opioids, before 2000 raw opium (so-called “black” opium) was prevalent on the black market. From 2000, heroin import and use sharply increased. Wide use of poppy seeds through injection started in 2003, but decreased from 2004 after corresponding measures were implemented in response to the given practice<sup>6</sup>. The mechanisms for implementing the measures were based on Georgia’s effective legislation and aimed at drug demand and supply reduction. They included an entire package of amendments, which covered one of the most significant amendments with regard to distinguishing between drug crimes of different degree<sup>7</sup>.

By 2005, Subutex tablets had rapidly become a drug of preference. At about the same time, homemade stimulants known as “jeff” and “vint” became widespread drugs for injection. By 2009, injection of Subutex had dramatically reduced, and poly-substance use became widespread<sup>8</sup>. In 2010, the first reports of injecting use of desomorphine (so-called “crocodile”), a home-made opioid produced from pharmaceutical drugs containing codeine, were documented<sup>9</sup>. By 2012 desomorphine and heroin were reported to be the most frequently injected drugs among drug users reporting last month use in the Integrated Bio-Behavioral Surveillance Survey (IBBSS)<sup>10</sup>.

According to anecdotal data and media reports, the topic of use of new psychoactive substances (NPS) started to become widespread in 2013–2014<sup>11</sup>. Anecdotal data and media reports suggested widespread use of new substances: synthetic cannabinoids, stimulants and hallucinogenic drugs. There were no evidence-based data available on the nature of NPS used in Georgia, prevalence of use, or characteristics of users. In April 2014, to respond to the problem of widespread consumption of NPS, the Law “on New Psychoactive Substances” was adopted in order to prevent potential harm to public health and combat illegal supply of these substances<sup>12</sup>.

According to IBBSS study 2015, heroin was the most misused substance among drug users in Georgia, followed by buprenorphine. A lower proportion of people who inject drugs (PWID) reported use of homemade opioid-type drugs like desomorphine and amphetamine-type stimulants (“vint”, “jeff”) compared to 2012<sup>13</sup>. Study results showed that 72.5% (1,476) had consumed drugs by non-injection methods during the previous month. About 10% of non-injection drug users mentioned consumption of NPS known by the names “bio cannabis”<sup>14</sup>, “crystal” or “bath salts”. Use of these drugs was more prevalent among the younger age group (<25 years) compared to their older peers (23.6% vs. 8.5% respectively).

IBBSS 2017 study results showed some changes in non-injection drugs consumption since 2015<sup>15</sup>. Overall, a higher proportion of PWID (82.2%) reported consumption of non-injection drugs during the last month in 2017, compared to the 2015 study. About one-fifth of them mentioned consumption of NPS (“bio cannabis”, “crystal” or “bath salts”). Buprenorphine and heroin (including so called “sirets”, which is a leftover from heroin production) were the leading injecting substances in the 2017 IBBSS. Every second drug user injected Subutex or Suboxone during the month prior to the survey. An increase in

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<sup>6</sup> [https://altgeorgia.ge/media/uploads/georgia\\_annual\\_rep\\_2005\\_best\\_version.pdf](https://altgeorgia.ge/media/uploads/georgia_annual_rep_2005_best_version.pdf)

<sup>7</sup> <https://altgeorgia.ge/media/uploads/eng-book-2004.pdf>

<sup>8</sup> [https://altgeorgia.ge/media/uploads/5\\_drug-report-eng-2013.pdf](https://altgeorgia.ge/media/uploads/5_drug-report-eng-2013.pdf)

<sup>9</sup> <https://altgeorgia.ge/media/uploads/drug-situation-in-georgia-2010-en.pdf>

<sup>10</sup> <http://bemonidrug.org/wp-content/uploads/2014/07/BSS-among-IDUs-2012-eng.pdf>

<sup>11</sup> [https://altgeorgia.ge/media/uploads/5\\_drug-report-eng-2013.pdf](https://altgeorgia.ge/media/uploads/5_drug-report-eng-2013.pdf)

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<sup>12</sup> [https://altgeorgia.ge/media/uploads/6\\_drug-report-eng-2014.pdf](https://altgeorgia.ge/media/uploads/6_drug-report-eng-2014.pdf)

<sup>13</sup> <http://curatiofoundation.org/wp-content/uploads/2016/03/PWID-BBS-Report-2015-ENG.pdf>

<sup>14</sup> The term “bio” is used to name synthetic cannabinoids in Georgia.

<sup>15</sup> <http://curatiofoundation.org/wp-content/uploads/2018/02/PWID-IBBS-Report-2017-ENG.pdf>

current NPS use (defined as use in the last 30 days) between 2015 and 2017 – 7.1% and 14.4% – was also shown by study results.

Although NPS have been used in Georgia for several years, a gap exists in both empirical research results and scientific literature on NPS, since most research related to illicit drug use in Georgia has traditionally focused on

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In April 2014, to respond to the problem of widespread consumption of NPS, the Law “on New Psychoactive Substances” was adopted in order to prevent potential harm to public health and combat illegal supply of these substances.<sup>12</sup>

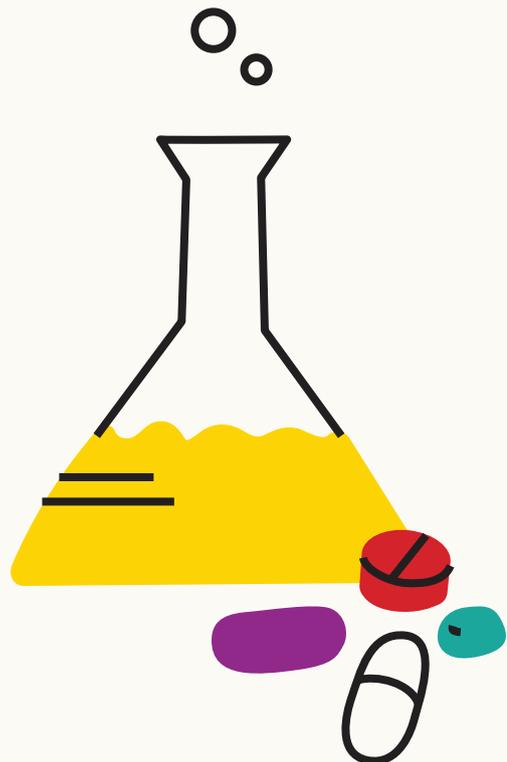
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problematic (injection) drug use and there are very limited or no data on non-problematic drug use (including NPS), its associated risks and consequences in the country. Furthermore, the exact number of NPS users is impossible to determine. In this study, our goal was to conduct a rapid assessment of the use of NPS, patterns of use, associated risks and response measures. This study aims to be the first step in developing a set of measures and interventions to reduce the risks of using NPS, starting with documenting the situation and adapting existing interventions to help people who already use NPS.

For our assessment, we used empirical evidence (Stage 2) and evidence gathered from published and unpublished reports

(Stage 1) on epidemiological, sociological, and criminological NPS data. Sources included information from government agencies, research centers, the media, public organizations that provide services to people who use drugs (PWUD), and available information on NPS from the Internet. Data gathered from these sources were supplemented by a literature search of national and international published studies on NPS, data collected from specialists and experts in this field, and data gathered directly from people who use NPS.

Thus, this report provides an overview of the phenomenon of drugs and NPS in Georgia, trends in NPS use, how NPS are distributed in Georgia, and how Georgia has responded to the harms associated with NPS use. We conclude this report with recommendations for decision makers and specialists in this field, including recommendations for members of the general public concerned about this issue. Our hope is that, by documenting the present situation, our results could be a first step in developing measures and interventions or adapting existing interventions to reduce the risks of using NPS.





## 2. The legal framework for the use and trafficking of psychoactive substances in Georgia

In Georgia, the main documents that regulate use and trafficking of psychoactive substances (including NPS that have been identified and included in the list of substances under special control in Georgia on the basis of appropriate UN conventions) are as follows:

- The National Anti-Drug Action Plan for 2019–2020<sup>16</sup>, approved by the Ministry of Justice, consists of four main directions: demand reduction and prevention, harm reduction, treatment-rehabilitation, and supply reduction. NPS are only mentioned in the supply reduction part (“Supply reduction of NPS”); however, there is a lack of clear mechanisms on the implementation, monitoring and/or evaluation of these action plans.
- The 2014–2020 State Concept of the Healthcare System of Georgia,<sup>17</sup> approved by Government Decree No 724 of December 26, 2014. The document sets out the main aspects of the strategic action plans and reforms to be implemented for the effective prevention and control of priority diseases (both communicable and non-communicable). The national policy in the field of healthcare involves epidemiological, social and economic realities and political declarations and platforms for actions in healthcare.
- The Criminal Code of Georgia (Criminal Code);
- The Administrative Offences Code of Georgia (Administrative Code);
- Decree of the President of Georgia, dated April 14, 2014: Law of Georgia on New Psychoactive Substances<sup>18</sup>, that prohibits illegal circulation of NPS. The purpose of this law is to avoid potential threats to the health of the population related to the distribution of NPS, to prevent the illegal circulation of NPS and to ensure the coordinated work of respective responsible agencies.
- Law of Georgia on Narcotic Drugs, Psychotropic Substances and Precursors, and Narcological Assistance, dated May 22, 2012<sup>19</sup>; The law lists the substances that are under special control and regulates the legal

circulation of drugs. The law is annexed with four lists containing “Narcotic Drugs Strictly Limited for Circulation” (I, II) and psychotropic substances and precursors (III, IV). The law determines the minimum limits of small, large and particularly large quantities of substances under special control. Small quantities are classified as administrative offences, whereas large and particularly large quantities are classified as criminal acts. Small quantities are not defined by the law for about three-quarters of the drugs, which means that even the smallest quantities of these drugs are considered as large amounts.

### 2.1

#### Administrative Code

The Administrative Code<sup>20</sup> article 45 regulates illegal manufacturing, purchase, storage, transportation, transfer and/or use of a small quantity of narcotic drugs, their analogues or precursors without a doctor’s prescription, that determines a fine of GEL 500<sup>21</sup> or, in exceptional cases, if the application of this measure is considered insufficient after taking into account the circumstances of the case and the person of the offender, administrative detention for up to 15 days.

Article 45<sup>1</sup> regulates purchase, storage, transportation, transfer and/or use of small quantities of cannabis plant or marijuana. Paragraph 1 of this article determines a fine of GEL 500 for purchase, storage, transportation,

<sup>16</sup> [https://www.justice.gov.ge/Multimedia%2FFiles%2F01.07.14%-2FANTI-DRUG\\_ACTION%20PLAN\\_2019-2020.pdf](https://www.justice.gov.ge/Multimedia%2FFiles%2F01.07.14%-2FANTI-DRUG_ACTION%20PLAN_2019-2020.pdf)

<sup>17</sup> <https://matsne.gov.ge/en/document/view/2657250?publication=0>

<sup>18</sup> <https://matsne.gov.ge/en/document/view/2330479?publication=3>

<sup>19</sup> <https://matsne.gov.ge/en/document/view/1670322?publication=8>

<sup>20</sup> <https://matsne.gov.ge/en/document/view/28216?publication=381>

<sup>21</sup> As of the end of May, 2020, 1 USD= 3.2 GEL and 1 EUR= 3.5 GEL

transfer of a small quantity of cannabis plant or marijuana; Paragraph 2 determines a fine of 500 to 1000 GEL for using marijuana in spaces other than private places<sup>22</sup>.

## 2.2

### Criminal Code

The Criminal Code<sup>23</sup> chapter XXIII regulates drug-related crime. Under this chapter, article 260 regulates illegal manufacturing, production, purchase, storage, transportation, transfer or sale of drugs, their analogues, precursors or new psychoactive substances:

- 1 Illegal manufacturing, production, purchase, storage, transportation or transfer of drugs, their analogues or precursors shall be punished by imprisonment for up to six years;
- 2 Illegal manufacturing, production, purchase, storage, transportation or transfer of new psychoactive substances shall be punished by imprisonment for up to five years;
- 3 The act defined in paragraph 1 or 2 that has been committed:
  - in large quantities,
  - by a group of persons with preliminary agreement,
  - using an official position,
  - repeatedly,
  - by a person who has previously committed any of the drug-related offences - shall be punished by imprisonment for a term of five to eight years.

- 4 Illegal sale of drugs, their analogues, precursors or new psychoactive substances shall be punished by imprisonment for a term of six to eleven years;
- 5 The act defined in paragraph 4 that has been committed:
  - in large quantities,
  - by a group of persons with preliminary agreement,
  - using an official position,
  - repeatedly,
  - by a person who has previously committed any of the drug-related offences - shall be punished by imprisonment for a term of seven to fourteen years.
- 6 The act defined in this article that has been committed:
  - in particularly large quantities;
  - by an organized group;shall be punished by imprisonment for a term of eight to twenty years or by life imprisonment.

In the same chapter, article 273 regulates the repeated commission of an act by a person who has been subjected to an administrative penalty. The fine defined in this article shall be not less than double the amount of the fine determined by the relevant article of the Administrative Code of Georgia.

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<sup>22</sup> In July 2018, the Constitutional Court abolished all administrative sanctions for cannabis consumption in private places [see: <https://www.constcourt.ge/constc/public/en/judicial-acts?legal=1949> ].

<sup>23</sup> <https://matsne.gov.ge/en/document/view/16426?publication=209>

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### 3. Analyses of desk research on trends in use of NPS in Georgia

#### 3.1

#### Drug Use in the General Population (GPS)

The (only) General Population Survey (GPS) on Alcohol, Tobacco and Drug Use, conducted in 2015, covered a representative sample of 4,805 respondents aged 18–64<sup>24</sup>. Nine-tenths of the study population had tried alcohol, with male-female differences such that males were more likely to have consumed alcohol recently compared to females. For tobacco smoking, an estimated 60.5% of males and 8.6% of females were current smokers. An estimated 15%–16% of respondents had tried cannabis. In the total sample, the number who have “ever used” this drug was significantly greater in males (32%) compared to females (2.9%). In some regions

more than 70% of males have tried cannabis products. Prevalence of current use of cannabis (defined as last month use) was estimated at 1.2%; however, in some regions more than 8% of males were found to be current cannabis users. The survey found very little use of inhalants, ecstasy, LSD, cocaine, amphetamines (including methamphetamine), homemade stimulants, heroin, opium, and other opioids such as methadone and buprenorphine. Use of NPS across the total sample was low (Table 1 Lifetime, last year and last month prevalence of use of NPS). Only 69 (3.3%) males and 3 (0.1%) females admitted ever trying NPS. The key group using NPS is young: most NPS users fell into the 18–39 age category.

TABLE 1

Lifetime, last year and last month prevalence of use of NPS

	MALE	FEMALE	AGE GROUPS				
			18-24	25-29	30-39	40-49	50+
Have you ever used NPS yourself?	3.3%	0.1%	1.2%	2.6%	2.3%	1.4%	0.7%
During the last 12 months, have you used NPS?	0.5%	0.0%	0.1%	0.6%	0.2%	0.4%	0.0%
During the last 30 days, have you used NPS?	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%

<sup>24</sup> [https://altgeorgia.ge/media/uploads/final\\_gps\\_en-updated.pdf](https://altgeorgia.ge/media/uploads/final_gps_en-updated.pdf)

### 3.2

#### Drug Use among School Students (ESPAD)

Substance use among youth was assessed within the European School Survey Project on Alcohol and Other Drugs (ESPAD)<sup>25</sup> in 2015.<sup>26</sup> Georgian students reported prevalence rates higher or slightly higher than the ESPAD average for five of the eight key variables studied. Trying NPS at least once in their lifetime, for example, was reported by 7% of students in Georgia, compared to the ESPAD average of 4%. As shown in **Figure 1**, the results for lifetime use of illicit drugs other than cannabis, tranquilizers or sedatives without prescription, inhalants and NPS were all above average. For three of the variables the results were below average.

### 3.3

#### Drug Use among Youth in Nightlife Settings

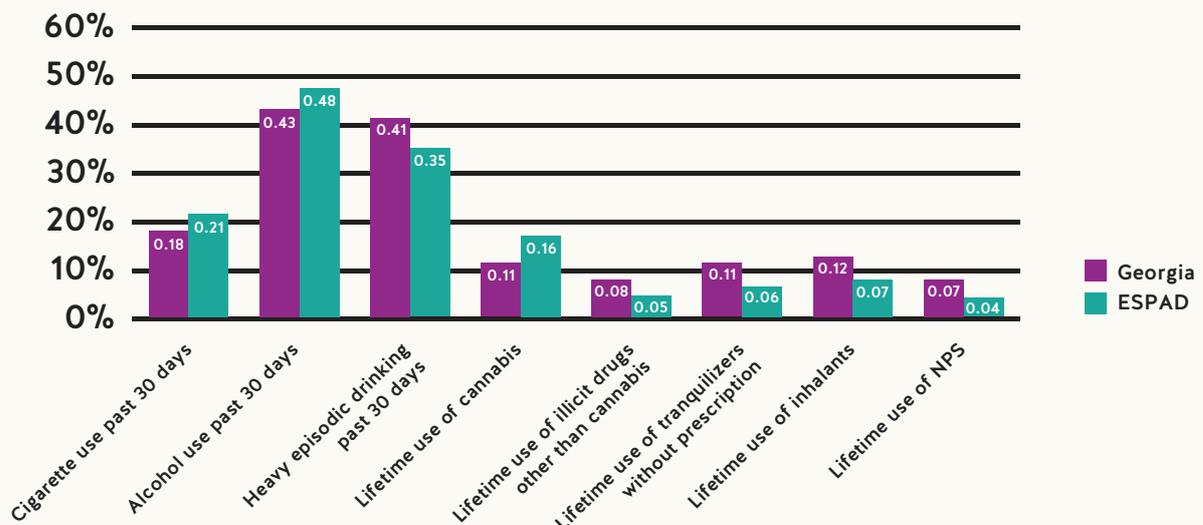
Reliable data on the emerging phenomenon of drug use among young people in nightlife settings are extremely limited in Georgia. There are only three previous studies focusing on drug use in nightlife settings. The first

qualitative study, conducted in 2018 among 16 nightlife attendees, describes experience of use of illicit psychoactive drugs in a club setting by frequent nightclub-goers.<sup>27</sup> The majority of respondents had experience with two and more drugs consumed in a club setting with the most prevalent substances being MDMA/ecstasy, amphetamine and synthetic cannabinoids. Most respondents had limited information regarding the drugs they consumed. This information was often provided by dealers or friends and was limited to the name of the drug and its expected effects. Receiving (often unknown) substances from unknown people was prevalent. The majority of respondents reported combining psychoactive substances with alcohol or mixing substances.

The second qualitative study among 30 young electronic dance music (EDM) event attendees describes the drug use experience of party-goers, motivations and consequences of use, perception of risks associated with psychoactive substance use in a nightlife setting, and practice to reduce those risks and adverse effects.<sup>28</sup> Results of the study showed that mixing multiple substances to get the desired effects was common.

FIGURE 1

Georgia and ESPAD averages according to eight key variables



<sup>25</sup> <https://www.ncdc.ge/Handlers/GetFile.ashx?ID=f501edd0-ab94-49b3-bcd3-b66c9db91ce5>

<sup>26</sup> The new ESPAD wave was conducted in 2019. Since the study results are being analyzed, the study report is not yet available.

<sup>27</sup> <https://www.tandfonline.com/doi/abs/10.1080/02791072.2019.1574997?journalCode=ujpd20>

<sup>28</sup> Kirtadze I, Beselia A, Mgebrishvili T, Gvasalia T, Chokheli M, Otiashvili D. No good time without drugs: Qualitative study among nightlife attendees in Tbilisi, Georgia. Under review. 2019

The drugs used most often by respondents were MDMA, amphetamine, cannabis, LSD, ketamine, NBOMe, synthetic cannabinoids and myorelaxants with psychotropic effects (lyrica, baclosan). Drug use in nightlife settings occurred in a group of friends and was perceived as an essential part of having a good night out. Respondents had almost no knowledge about and perception of risks associated with drug consumption. Knowledge about risk minimization strategies was very low or non-existent.

The third study was an online survey among 313 frequent club-goers.<sup>29</sup> The mean age of

participants (45% females) was 24.4 (SD=5.5); more than two-thirds visited clubs/festivals more than five times in the past year. Three-quarters of the sample (and 37% of females) used illicit psychoactive substances in the past 12 months, and 60.4% reported using such substances in the past 30 days. The main substances used during the last episode in a club/festival setting were MDMA/ecstasy, cannabis and ketamine. The use of dissociative drugs, hallucinogens, amphetamines, cocaine and NPS was also reported. **Table 2** presents detailed information about substances that were used during the last episode.

**TABLE 2**

**Main substances used during the last episode**

VARIABLE	LAST USED REGARDLESS OF THE PLACE, N (%)*			LAST USED IN A CLUB/FESTIVAL, N (%)*		
	Female	Male	Total**	Female	Male	Total
Cannabis/hashish	71 (79)	122 (83)	198 (81.5)	44 (49)	81 (55)	130 (54)
Ecstasy/MDMA	55 (61)	110 (75)	170 (70.0)	57 (64)	101 (69)	161 (67)
Hallucinogens-LSD, mushrooms, mescaline, psilocybin	8 (9)	25 (17)	33 (13.6)	5 (6)	14 (10)	19 (8)
Ketamine	9 (10)	20 (14)	30 (12.3)	7 (8)	17 (12)	24 (10)
Synthetic hallucinogens-LSD-type, NBOMe	9 (10)	16 (11)	26 (10.7)	6 (7)	7 (5)	13 (5)
Amphetamine/methamphetamine	9 (10)	15 (10)	25 (10.3)	4 (4)	6 (4)	11 (5)
Cocaine/crack	8 (9)	11 (7)	19 (7.8)	6 (7)	2 (1)	8 (3)
Buprenorphine	2 (2)	8 (5)	11 (4.5)	0 (0)	0 (0)	0 (0)
Synthetic cannabinoids	1 (1)	8 (5)	10 (4.1)	0 (0)	4 (3)	4 (2)
Lyrica, gaba gamma	5 (6)	5 (3)	10 (4.1)	0 (0)	0 (0)	0 (0)

<sup>29</sup> Otiashvili D, Beselia A, Kutelia L, Mgebrishvili T, Tabatadze M., Vardanashvili I, et al. Use of psychoactive substances by frequent nightclub goers in Georgia (country): Results of online cross-sectional survey. Under review. 2019.

Synthetic cathionones, bath salts	1 (1)	6 (4)	7 (2.9)	0 (0)	0 (0)	0 (0)
Synthetic ecstasy/ MDMA	0 (0)	4 (3)	4 (1.6)	0 (0)	0 (0)	0 (0)
Sedatives	2 (2)	4 (3)	6 (2.5)	0 (0)	0 (0)	0 (0)
Opioids (tramadol, morphine, codeine)	1 (1)	0 (0)	1 (0.4)	0 (0)	0 (0)	0 (0)
Fentanyl	0 (0)	1 (1)	1 (0.4)	0 (0)	0 (0)	0 (0)
Heroin	0 (0)	1 (1)	1 (0.4)	0 (0)	0 (0)	0 (0)
Methadone	1 (1)	0 (0)	1 (0.4)	0 (0)	0 (0)	0 (0)
Antihistamines	0 (0)	1 (1)	1 (0.4)	0 (0)	0 (0)	0 (0)
<p>* - Exceeds 100% due to use of multiple substances  ** - Due to the low number of respondents in other gender categories data for only <i>females</i> and <i>males</i> are presented</p>						

## 3.4

### Drug Use among MSM

#### 3.4.1 Population Size Estimation

According to the newest (2018) PSE data for three cities: Tbilisi, Batumi and Kutaisi, population size estimates suggest between 1.01% and 2.19% of adult males in Georgia are men who have sex with men (MSM): 18,500 (12,100–26,200).<sup>30</sup> Adjusted MSM population prevalence was 1.85% in Tbilisi, while a lower prevalence rate was estimated in Kutaisi and Batumi at 1.69% and 1.31% respectively.

#### 3.4.2 Behavioral Surveillance Survey

Behavioral Surveillance Survey (BSS) studies have been carried out from 2007 (2010, 2012 and 2015) among the MSM population in two cities of Georgia: Tbilisi and Batumi. A third city (Kutaisi) was added in the latest wave of BSS conducted in 2018.<sup>31</sup>

According to the study, injection drug use (3.2% on average among MSM for three cities) as well

as heavy (every day) alcohol consumption (3.9% on average among MSM for three cities) are not widespread among MSM. However, non-injection drug use during the last 12 months was mentioned by 44% of the respondents in Tbilisi, 75% in Batumi and 48% in Kutaisi. Marijuana was the most frequently cited non-injection drug followed by ecstasy and synthetic cannabinoids (“bio”).

Furthermore, questions were asked about sexual contacts under the influence of alcohol and drugs and sexual contacts with injection drug users. In Tbilisi 9.7%, in Batumi 25.7% and in Kutaisi 5.3% of respondents reported having had sex under the influence of alcohol during the last 12 months. As for having sexual contacts under the influence of drugs, marijuana use was reported by low percentages of MSM (6.2% in Tbilisi, 6.5% in Batumi, 10.9% in Kutaisi). A small number of respondents in Batumi and Kutaisi (only six cases in each city) and 12.8% in Tbilisi had unsafe sex with injection drug users during the last 12 months.

<sup>30</sup> [https://ecom.ngo/wp-content/uploads/2019/05/CIF-MSM-SIZE\\_-Eng.pdf](https://ecom.ngo/wp-content/uploads/2019/05/CIF-MSM-SIZE_-Eng.pdf)

<sup>31</sup> <https://ecom.ngo/wp-content/uploads/2019/05/MSM-BBS-Report-08-04-2019-ENG-Final-formatted.pdf>

### 3.4.3 Chemsex Study

The very first chemsex study conducted in Georgia in 2019 aimed to explore chemsex practice and patterns of use of psychoactive substances in a sexual context and to assess related health risks.<sup>32</sup> Five qualitative focus groups among MSM, four in-depth interviews with experts in the field and a quantitative online survey among 407 MSM were conducted.

About two-thirds of respondents (67.3%) have used psychoactive substance(s) at least once in their lifetime, of those 86.5% used it/them in the last six months. Over half of respondents (58.2%) reported having sexual contacts under the influence of alcohol or drugs in the past six months, of those more than two-thirds (68.8%) reported using drugs for the purpose of stimulating and enhancing sexual practice. The majority of the participants who use drugs in a sexual context were in the 18–24 age group. Most often used substances in sexual contexts were: poppers (53.2%), marijuana (40.5%), GHB/GBL (30.8%) and MDMA/ecstasy (28.3%). It should be mentioned that none of the participants reported using any type of opioids during the last episode of drug use

and/or in a sexual context. No drug injection practice in a sexual context (slamming) was mentioned by the participants; moreover, some focus group participants described injecting use as a frightening practice. As for method of consumption for GHB/GBL, participants reported using its liquid form orally, and anally with syringes (without needles).

Furthermore, results showed there is no or scarce knowledge on chemsex, safe drug use patterns, overdose and other associated risks among MSM.



**Over half of respondents (58.2%) reported having sexual contacts under the influence of alcohol or drugs in the past six months, of those more than two-thirds (68.8%) reported using drugs for the purpose of stimulating and enhancing sexual practice.**



### 3.5

#### Drug Use among Sex Workers

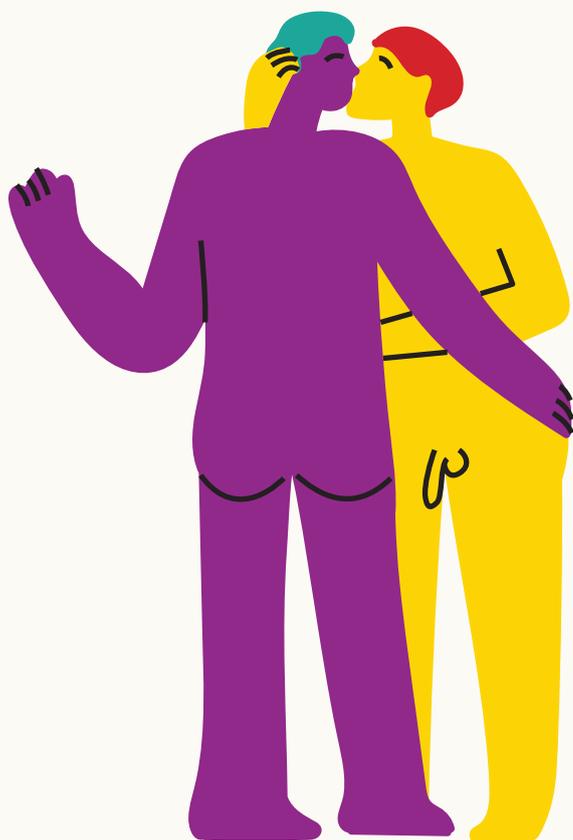
According to the latest PSE survey conducted in 2014, and the latest IBBSS in 2017, the estimated size of the female sex workers (FSW) population in Georgia is 6,525;<sup>33</sup> the estimated size for Tbilisi is 600 and 700 for Batumi.<sup>34</sup>

Results of IBBSS (conducted in Tbilisi and Batumi) show that the percentage of FSWs who used non-injected drugs during the last 12 months is 11% in Tbilisi and 20% in Batumi. The most frequently used non-injected drugs are sedatives/sleeping pills in Tbilisi, and marijuana in Batumi. As for injection drugs, 1.5% (three respondents) of FSWs in Tbilisi and 3.3% (five respondents) in Batumi reported having used them during the last 12 months. Vint/jeff/ amphetamines in Tbilisi and heroin in Batumi were listed as drugs that had been injected.

<sup>32</sup> Soselia G, Kvinikadze G. Georgia Chemsex Study: Chemsex and Use of Psychoactive Substances in Sexual Context among MSM in Georgia. Tbilisi, Georgia. 2020.

<sup>33</sup> <http://new.tanadgomaweb.ge/upfiles/dftcontent/3/150.pdf>

<sup>34</sup> <http://curatiofoundation.org/wp-content/uploads/2018/03/FSW-IBBS-PSE-Report-2017-ENG.pdf>



## 3.6

### Harm Reduction Programs for People Who Use Drugs

#### 3.6.1 Harm Reduction Programs for PWID

In Georgia, implementation of harm reduction programs (needle and syringe program, voluntary counseling and testing) started in 2005 and since then has expanded in scope and scale. By 2019, there were 16 fixed sites (in 13 cities) and eight mobile harm reduction units operating in the country (Georgian Harm Reduction Network 2019). Furthermore, ten syringe vending machines are being implemented in Tbilisi (eight machines) and in Rustavi (two machines) till the end of 2020. All the above mentioned harm reduction services are fully funded by the Global Fund (GF) to Fight AIDS, Tuberculosis and Malaria.

In the Georgian context, “harm reduction” refers to low-threshold services that include:

- Provision of needles and syringes and other drug paraphernalia;
- Provision of condoms;
- Provision of naloxone for overdose prevention;
- Voluntary counseling and testing (VCT) for blood-borne infections (including Hepatitis B and C, TB, HIV);
- Case management and social support;
- Referral to specialized medical and non-medical services;
- Provision of information and education materials

#### 3.6.2 Organizations Involved in Harm Reduction Programs

Harm reduction programs for PWID are provided by the following organizations: Union “New Vector” (Tbilisi and Rustavi), Women’s Organization “Aceso” (Tbilisi), “Hepa+” (Tbilisi and Akhaltsikhe), “New Way” (Tbilisi, Kutaisi and Samtredia), Young Psychologists and Doctors Association “Xenon” (Zugdidi), Union “Step to the Future” (Telavi, Gori and Borjomi), Zurab Danelia Union “Tanadgoma” (Sukhumi), Union “Imedi” (Batumi), Association “Ordu” (Poti) and “Fenix-2009” (Ozurgeti).

#### 3.6.3

### Harm Reduction for Non-injection Users

There is a lack of harm reduction services for non-injection drug users in the country. Starting from May 2018, the project “Mandala” has been providing harm reduction services to EDM festival attendees. Due to popularity and demand for services provided by the project, “Mandala” turned into the community organization *Community Alliance*, that is present at almost all major EDM festivals in Georgia. The aim of *Community Alliance* is to help EDM attendees in case of drug/alcohol intoxication and to provide relevant services with so-called “trip-sitters” who take care of intoxicated people and help them to calm down and chill out in their tent, which is installed in the area of EDM events. The services provided by *Community Alliance* within the framework of “Mandala” include distribution of information materials on drug toxicity, drugs interactions, safety tips and how to avoid high-risk drug use or sexual behavior. In addition, they provide earplugs, condoms, water, sweet candies, tea and other goods. *Community Alliance* has established a network of peer supporters (outreach workers) consisting of 50 trained volunteers who are engaged in helping individuals in case of overdose. Furthermore, *Community Alliance* provides Marquis and Liebermann reagents’ testers for rapid drug checking with the collaboration of the drug checking foundation “Test Kitty”, that provides the above mentioned testers free of charge in some bars in Tbilisi. Since it is illegal for the consultants to test substances, they teach users how to check their substances with reagent tests (an instruction paper is also included in the kit package).

**In Georgia, implementation of harm reduction programs (needle and syringe program, voluntary counseling and testing) started in 2005 and since then has expanded in scope and scale. By 2019, there were 16 fixed sites (in 13 cities) and eight mobile harm reduction units operating in the country (Georgian Harm Reduction Network 2019). Furthermore, ten syringe vending machines are being implemented in Tbilisi (eight machines) and in Rustavi (two machines) till the end of 2020.**

**3.7**

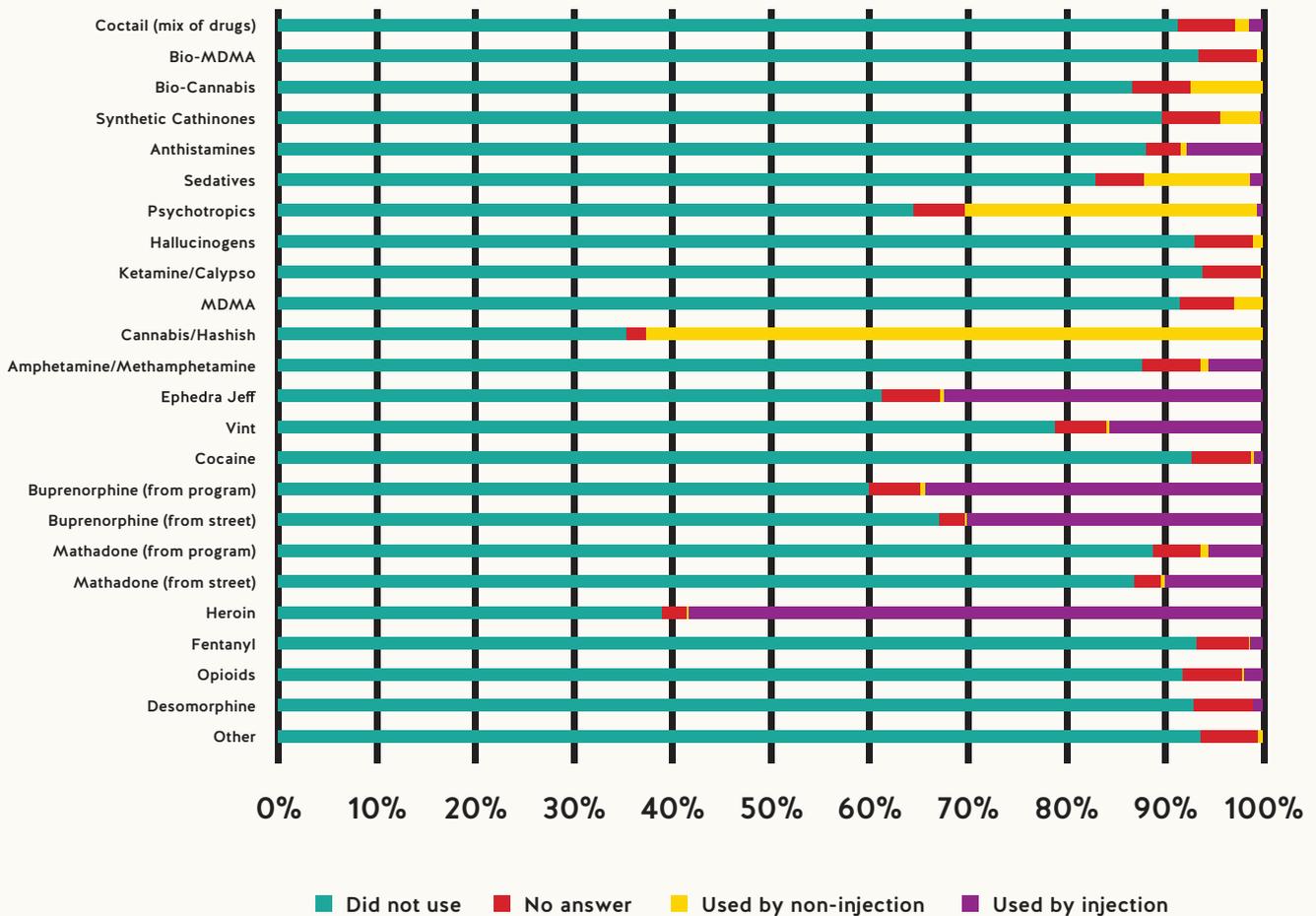
**Drug Use among Harm Reduction Service Beneficiaries**

The Georgian Harm Reduction Network (GHRN) collects data on socio-demographics, injection practices, knowledge of blood-borne infections and risk assessment among its beneficiaries. From January to April 2019, a cross-sectional quantitative study was conducted among 987 clients of needle and syringe programs in 11 cities of Georgia.<sup>35</sup> Among the study participants, the most frequently used drugs (in the last month) by non-injection methods were as follows: cannabis/hashish (618; 62.6%), psychotropic medications (293; 29.7%) and

sedatives (107; 10.8%). Most frequently used drugs by injection were: heroin (575; 58.3%), buprenorphine from OST (338; 34.2%), ephedra vint (319; 32.3%) and street buprenorphine (296; 30%). **Figure 2** presents more detailed information on the psychoactive substances used by the respondents in the last month. In this figure the added prefix “bio” (to the name of some substances) refers to NPS, since the word was originally used to name all and any NPS in Georgia. However, as mentioned above, currently this term (separately, just “bio” without being added to any substance’s name) is almost exclusively used to name synthetic cannabinoids

**FIGURE 2**

**Psychoactive substances used in the last month (January to April 2019 survey)**



<sup>35</sup> <https://ghrn.ge/img/file/%e1%83%90%e1%83%9c%e1%83%92%e1%83%90%e1%83%a0%e1%83%98%e1%83%a8%e1%83%98-%e1%83%a8%e1%83%9c%e1%83%9e-2019.pdf>

### 3.8

#### Other Research Related to NPS Use

There are very limited or no data on the prevalence and patterns of NPS use in groups other than PWID. The only relevant study is an online survey among people using NPS (23% females).<sup>36</sup> About half of respondents reported using NPS in a club setting. Cannabis-, MDMA-, and LSD-type substances were most often used by this group. The prevalence of past year use of cannabis-type NPS was 79.3% (n = 280), followed by MDMA-type NPS (22.1%; n = 78) and LSD-type NPS (21.2%; n = 75). Almost half (49%) of respondents were current users

(defined as use in the past 30 days) of NPS. Among current NPS users, about 45% reported consuming a single NPS in the past 30 days, with others consuming two or more NPS in the past month. About 10% of respondents reported injecting NPS at least once in a lifetime. The majority obtained their NPS from friends and used such substances in a group of friends. Respondents identified a range of negative and positive health and social effects and linked them to the consumption of a particular substance. Detailed perceived effects of NPS use on physical and mental health are presented below (**Table 3**).

**TABLE 3**

**Perceived effects of NPS use on physical and mental health**

VARIABLE	CANNABIS-TYPE N (%)	MDMA-TYPE N (%)	LSD-TYPE N (%)	CANNABIS vs. MDMA N (%)	CANNABIS vs. LSD N (%)	MDMA vs. LSD N (%)
I have no or negligible negative effects on my physical health	161 (58.1)	51 (68.9)	54 (75)	0.157	0.009	0.290
I have problems with coordination	58 (16.4)	1 (1.4)	3 (4.2)	0.001*	0.001	0.110*
Unstable heart rate	64 (18.1)	5 (6.8)	1 (1.4)	0.000	0.000	0.0285*
Helps with sleep	150 (57.5)	20 (27.0)	15 (21.4)	0.000	0.000	0.434
Disturbs my sleep	111 (42.5)	54 (73.0)	55 (78.6)	0.000	0.000	0.434
I have more energy	46 (16.9)	54 (72.0)	44 (62.9)	0.000	0.000	0.240
I have less energy	226 (83.1)	21 (28.0)	26 (37.1)	0.000	0.000	0.340
Increased appetite	191 (70.5)	15 (20.8)	15 (21.1)	0.000	0.000	0.966
Decreased appetite	80 (29.5)	57 (79.2)	56 (78.9)	0.000	0.000	0.966
I have no or negligible negative effects on my mental health	148 (53.6)	39 (53)	43 (59)	0.888	0.420	0.449
Unstable mood	113 (40.9)	13 (17.6)	11 (15.1)	0.000*	0.000	0.682
Paranoia	35 (12.7)	1 (1.4)	3 (4.1)	0.004	0.037	0.304
Hallucinations	20 (7.2)	1 (1.4)	12 (16.4)	0.058*	0.016	0.001
Difficulties with concentration	69 (25.0)	1 (1.4)	7 (9.6)	0.000	0.005	0.028*
I am more anxious	145 (58.5)	38 (55.9)	32 (50.0)	0.702	0.223	0.499
I am less anxious	103 (41.5)	30 (44.1)	32 (50.0)	0.702	0.223	0.499
I have better mood	77 (31.3)	32 (47.8)	36 (60.0)	0.012	0.000	0.167
I am more depressed	169 (68.7)	35 (52.2)	21 (40.0)	0.012	0.000	0.167

\* N is too small to calculate statistical significance.

<sup>36</sup> <https://www.tandfonline.com/doi/abs/10.1080/14659891.2019.1692927?journalCode=ijsu20>

### 3.9

#### Drug Markets

In Georgia, local drug production is limited to small-scale cultivation of cannabis and production of home-made opioids and amphetamine-type stimulants. In the last decade, following the development of internet technologies, drugs have become easier to access by online interactions. The only qualitative study that aimed to assess new trade models of drug procurement was conducted in 2019.<sup>37</sup> Study results suggest that an increase of Russian-language websites and sellers on the Georgian market has changed the culture of trading, and drug markets have moved from the physical space to the digital one. According to study results, the main ways of purchasing drugs in Georgia are as follows:

- Direct contacts with dealers via different social media and messenger apps: **Telegram; Facebook messenger; Whatsapp; Viber, Wicker.me**, etc.
- **Matanga** – an online Russian-language website where payment is made in Bitcoins. When users pay, they get exact coordinates with an accurate location and picture(s) indicating their hidden drugs. These addresses [where drugs are hidden beforehand] are usually located in the suburbs of the city, in forests, near lakes, etc. The site offers the opportunity to pre-order in case some products are currently out of stock.
- **AUTOSHOP** – an online market that offers its users only four drugs: MDMA, cocaine, hashish and ketamine. Like Matanga, it also has pre-ordering options.
- **Party Doc** – an online market where users can order hashish, MDMA/ecstasy and LSD in Tbilisi and DMT in Batumi. Like Matanga, payment is made in Bitcoins.

The main reasons participants stated for using online markets were convenience, the wide variety of drugs (including NPS) and the lesser probability of getting arrested. Research showed that the widespread practice of young recreational users is as follows: in every group which is willing to buy drugs, there is one (or two) person(s) with contacts with some dealers. Group members give money to these people,

who order and get drugs for friends and for themselves. Because of their mediator role, they are called “leg/legs”. In most cases “legs” get their dosage free of charge because of the risk they take while ordering and collecting drugs. Usually they are less stigmatized than dealers in Georgia.

### 3.10

#### Drug Seizures

Law enforcement agencies seize dozens of different controlled substances every year. Traditionally the largest volume of seizures is of cannabis products. NPS appears in drug seizure lists in 2016. Before the appearance of NPS, fentanyl was on the market from 2013. **Table 4** shows amounts of seized psychoactive substances by the Ministry of Internal Affairs (MIA) of Georgia in 2013–2018.<sup>38</sup>

### 3.11

#### Drug Intoxication Cases

In 2018, 2,277 admissions to emergency departments in the country were due to drug use including intoxications, mental and behavioral disorders.<sup>39</sup> **Table 5** presents the total number of ambulance calls and portion of drug intoxication cases.

### 3.12

#### Drug-Related Death

Official data on drug overdose mortality is non-existent in the country. The MIA does not produce statistical data on overdose mortality cases. None of the state agencies declare which drugs cause each fatal overdose case. Before 2018, the only data on drug-related deaths were produced by Levan Samkharauli National Forensics Bureau (see **Figure 3**). According to the bureau, they have not produced this statistical data since 2017.

<sup>37</sup> Natenadze N. Drug procurement via Internet in Georgia. Tbilisi, Georgia: Ilia State University; 2019.

<sup>38</sup> Drug Situation in Georgia 2018. Retrieved from: <https://altgeorgia.ge/drug-situation-in-georgia/>

<sup>39</sup> Amiranashvili N. Assessment of first aid practices during drug overdose in clubs and festivals. Tbilisi, Georgia: Ilia State University; 2019.

**TABLE 4**

**Drug Seizure (net weight) in 2013–2018 (MIA, 2019)**

VARIETY	2013	2014	2015	2016	2017	2018
Heroin (kg)	117.6	591.89	3.04	96.87	0.81	10.935
Opium (kg)	0.05	0.21	0.07		0.02	0.0032
Marijuana (kg)	71.6	57.39	107.12	52.577	48.11	68.191
Cannabis (Plant) (kg)	271.77	5,420.80	199.46	115.219	115.93	1097.208
Methadone (kg)	0.009	0.14	0.09		0.19	0.0839
Subutex (kg)	1.678					12662
Amphetamine (kg)	0.26	57.52	60,354.60		166.07	54.5
Methamphetamine (kg)	0.003	0.06	0.24		0.0011	0.0287
Morphine (kg)	0.002	11.76	0.008	0.00306	0.01	0.148
Codeine (kg)	0.03	2.29	1.14	0.072	0.07	0.00037
Fentanyl (kg)	0.0004	0.0008	0.0009		0.0005	0.00037
Desomorphine (kg)	0.01	0.0006	0.0002		0.00001	
Cocaine (kg)	0.002	0.5	30.4	0.201	0.01	4.4
Ephedrine (gr)	0.79	0.00015	0.003			3.65
MDMA/Ecstasy (kg)	0.077	0.071	0.25		0.35	2.119
Pseudoephedrine (gr)		0.07	0.11			111.2
Tramadol (kg)	0.14	0.73			0.09	2.721
LSD (gr)	0.0015		0.01		0.03	0.01
Pregabalin (kg)	0.59	15.4	7.75			0.685
Poppy (kg)	13.93	8.22	2.54		9.28	18.078
Buprenorphine (kg)		0.25	0.02	6985 (pill)	0.14	*
Cannabis resin (gr)				**	409.34	148
Thebaine (gr)					1.67	52
Tilidine (gr)					5.9	6.5
Mushrooms containing psilocybin & psilocin (gr)					2.85	
Brolamphetamine (gr)					0.05	
Diphenoxylate (gr)					11.63	
Methylphenidate (gr)					28.4	21.5
Poppy straw (gr)					257.21	45.2
Poppy straw extract (gr)					0.89	***

Hydrocodone (gr)					0.51	0.0031
DMT (gr)					1.94	
THC (gr)					142.19	2928
Oxycodone (gr)					0.32	60
PVP (gr)						651
2C-B (gr)						0.04
25I-NBOMe (gr)						7.93
25G-NBOMe						0.014
Flunitrazepam (gr)						0.0065
New Psychoactive Substance (gr)				1473.45		681
Tenamphetamine (gr)						0.4
Diazepam (gr)						20.9
<p>* Total number of buprenorphine and Subutex (2018)  ** Total number of marijuana and cannabis resin (2018)  *** Total number of poppy straw and poppy straw extract (2018)</p>						

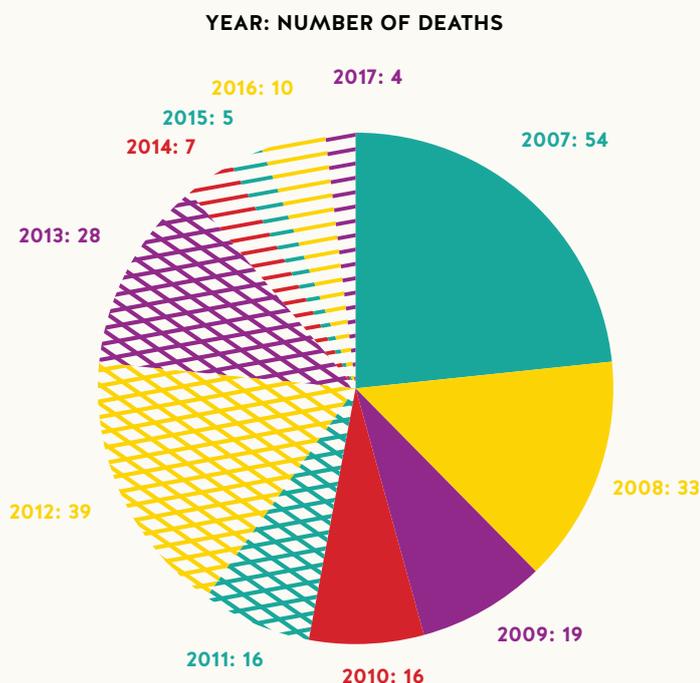
**TABLE 5**

**Ambulance calls and drug intoxication cases, 2016–2019**  
*(Source: Emergency Situations Coordination and Urgent Assistance Center)*

YEAR	TOTAL AMBULANCE CALLS	DRUG INTOXICATION CASES	PORTION (%)
2016	1427506	105	0.01%
2017	1360934	99	0.01%
2018	1405675	413	0.03%
2019	1394975	348	0.02%

**FIGURE 3**

**Number of drug overdose deaths by year  
(Levan Samkharauli National Forensics Bureau)<sup>40</sup>**



**3.13**

**HIV/AIDS Prevalence**

Georgia currently belongs to HIV/AIDS low prevalence countries. The estimated HIV prevalence in Georgia is 0.4% [0.3%–0.4%] among the adult population (aged 15–49). The estimated number of adults aged 15 and over living with HIV is 9,300 [8,000–11,000].<sup>41</sup> **Figure 4** shows annual dynamics of HIV cases registered in Georgia (Georgian AIDS and Clinical Immunology Research Center, 2020). The MSM population has the highest rates of HIV infection among all key populations in Georgia. An IBBSS (2018) conducted among the MSM population showed that 21.5% of MSM in Tbilisi, 15.6% in Batumi and 9.6% in Kutaisi were HIV positive.<sup>42</sup> As for HIV/AIDS prevalence among PWID, IBBSS (2017) results showed that

the HIV prevalence rate is 2.3%.<sup>43</sup>

According to Georgian AIDS and Clinical Immunology Research Center data, in recent years heterosexual contacts were the leading route of HIV transmission, followed by injection drug use and homosexual contacts. **Table 7** shows distribution of HIV cases by routes of transmission in 2017 and 2018.

About 37.4% of cumulative HIV cases in the country are attributed to injection drug use and 11.9% of cases are attributed to homo/bi-sexual contacts.<sup>44</sup> **Figure 5** presents Georgian AIDS and Clinical Immunology Research Center data on distribution of HIV cases by routes of transmission from 1989 to 2020.

<sup>40</sup> Drug Situation in Georgia 2016–2017. Retrieved from: <https://altgeorgia.ge/drug-situation-in-georgia/>

<sup>41</sup> <https://www.unaids.org/en/regionscountries/countries/georgia>

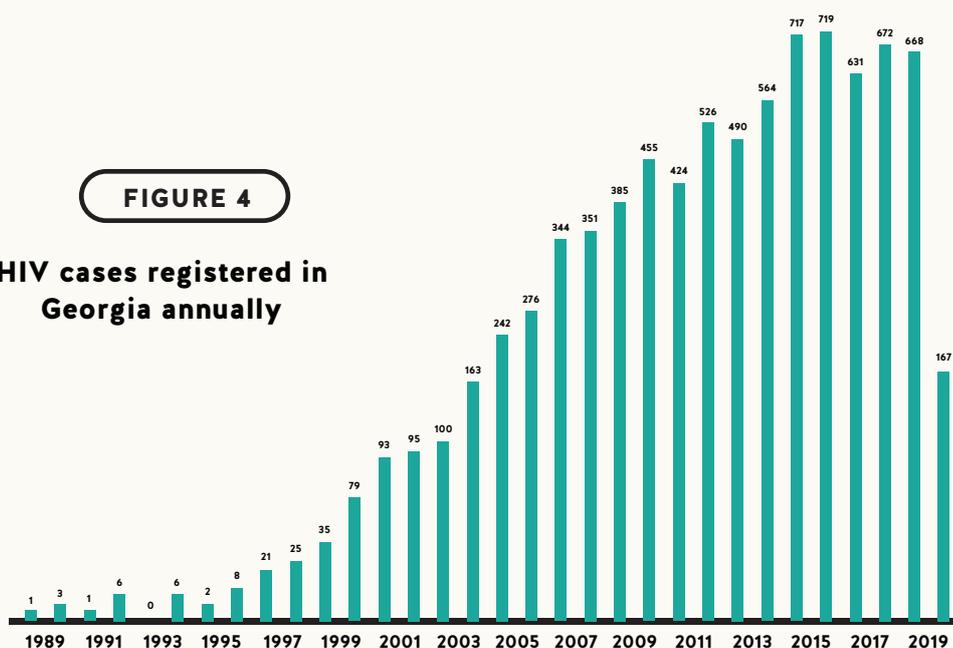
<sup>42</sup> <https://ecom.ngo/wp-content/uploads/2019/05/MSM-BBS-Report-08-04-2019-ENG-Final-formatted.pdf>

<sup>43</sup> <http://curatiofoundation.org/wp-content/uploads/2018/02/PWID-IBBS-Report-2017-ENG.pdf>

<sup>44</sup> [https://aidscenter.ge/epidsituation\\_eng.html](https://aidscenter.ge/epidsituation_eng.html)

**FIGURE 4**

**HIV cases registered in Georgia annually**



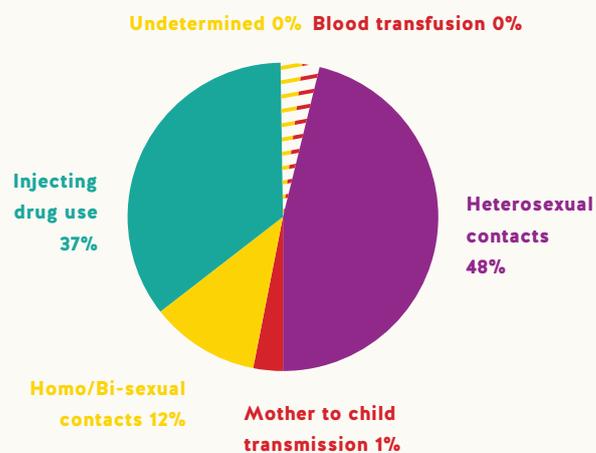
**TABLE 7**

**Distribution of HIV cases by routes of transmission in 2017 and 2018**

ROUTES OF TRANSMISSION	2017	2018
Injection drug use	23.5%	16.2%
Heterosexual contacts	54.0%	62.8%
Homosexual contacts	20.6%	19.5%
Mother to child transmission	0.5%	0.00%
Blood transfusion	0.8%	0.9%
Undetermined	0.6%	0.6%

**FIGURE 5**

**HIV distribution**



**3.14 Analyses of Available Information on NPS in the Media**

The first articles available in the media on the appearance of “spices” (so-called “bio”) are dated 2013, followed by articles and news on tightening control of “bio” drugs from 2014. After that, there is a gap in available information on NPS for three years, till 2017.

However, based on anecdotal information and media reports, 2017 and 2018 were widely known for dozens of overdose cases (caused by unknown substances) occurring in EDM festivals and club settings. 2018 was also famous for a protest riot called “*Georgian Raveolution*” that followed police raids on two of the main clubs in Tbilisi: Bassiani and Café Gallery. **Table 8** presents media links to some key stories.

**TABLE 8**

**Media reports on NPS use in Georgia**

YEAR	HEADLINE AND LINK
2018	<a href="#">“Statement related to drug intoxication and death cases”</a>
2018	<a href="#">“Particularly dangerous drug”</a>
2018	<a href="#">“White Noise Movement: people are intoxicated by fentanyl”</a>
2018	<a href="#">“One dead and ten intoxicated – electronic music festival in Anaklia<sup>45</sup> started with tragedy”</a>
2018	<a href="#">“Georgian techno fans and extremists clash in Tbilisi in fight for club culture”</a>
2018	<a href="#">“Police raid Georgian nightclubs Bassiani and Café Gallery, arrest Bassiani owners”</a>
2018	<a href="#">“Fentanyl and other substances – What was found in overdosed people’s bodies”</a>
2018	<a href="#">“Death in sleep – an unknown drug”</a>
2018	<a href="#">“Seven young people died during the last month – The cause of death is drug compounds”</a>
2018	<a href="#">“Five dead in seven days – “The killer drug” appeared in Georgia”</a>
2018	<a href="#">“New drug in Tbilisi – several intoxicated and one dead from mephedrone”</a>
2017	<a href="#">“New Psychoactive Substances – A new problem and an old way of problem solution”</a>
2017	<a href="#">“Cause of intoxication among youngsters in Anaklia resort remains unreported”</a>
2017	<a href="#">“Online realization scheme of bio drugs”</a>
2014	<a href="#">“Control of “bio drugs” is tightened”</a>
2014	<a href="#">“Bio drugs”</a>
2013	<a href="#">“Bio flavoring – a legal drug”</a>

<sup>45</sup> Seaside village in western Georgia (Samegrelo-Zemo svaneti region)



## 4. Structured interviews with PWUD, specialists working in medical institutions, and organizations providing harm reduction services for PWUD/MSM/Sex Workers

Stage 2 of the research involved gathering data and additional information to fill gaps identified in the desk research (Stage 1) through structured interviews organized with health sector representatives (narcologists and an ambulance doctor) and harm reduction service provider organizations working with PWUD, MSM and sex workers (SW). In addition, one interview was conducted with a representative of the National Drug Monitoring Center from the Ministry of Justice. Furthermore, 23 interviews were organized with PWUD community representatives, including PWID, young people (party-goers) who use NPS, MSM (who use NPS) and SW (who use NPS). In total, 36 interviews were conducted. **Table 9** presents more detailed information about the participants.

**TABLE 9**

### Organization of the interviews

RESPONDENT GROUP	NUMBER OF INTERVIEWS/ PARTICIPANTS
Representatives of harm reduction services working with PWUD, MSM, SW (social/outreach workers, advocacy officers, directors/founders, psychologist)	9
Representatives of medical/treatment services (narcologists, ambulance doctor)	3
Representative of a state agency (National Drug Monitoring Center)	1
PWID (including Georgian Network of People who Use Drugs members)	8
People who use NPS (young party-goers, MSM, SW)	15

Since the research was done during the COVID-19 pandemic, we were unable to conduct face-to-face interviews and focus groups with research participants. Thus, all interviews were done via telecommunication (Skype, Zoom, Messenger, etc.). We conducted individual interviews with PWUD instead of focus groups, since it turned out to be quite difficult to manage focus groups online.

The approach used in Stage 2 was designed to guarantee a high level of participation of all important parties, therefore, we paid special attention to ethical issues such as confidentiality and voluntary participation. Representatives

from law enforcement institutions did not respond to our official request to participate in the research and share their information.

Before interviews were conducted, the consultant sent informed consent forms to each participant. Since the vast majority of participants were staying at home due to COVID-19, they were unable to print the informed consent form, sign and scan it and send it back to the consultant. Thus, after reading the informed consent form, respondents provided confirmation in written form that they agreed with the points of informed consent and were ready to take part in the research.

Stage 2 was conducted from April 21 to May 18, 2020. All interviews were conducted in Georgian language.

Key topics explored in the interviews included the following:

- NPS characteristics;
- Usage patterns;
- Purchasing methods of NPS;
- Price of NPS;
- Impact, risks and consequences of use of NPS;
- Harm reduction services and NPS;
- Medical services for people who use NPS;
- Overdoses and possible responses;
- Difficulties and problems associated with NPS; and
- Possible ways to overcome difficulties and problems with NPS.

## 4.1

### Key Data Collected

Most participants in Stage 2 were familiar with the use of NPS in Georgia. The NPS used in Georgia are mainly divided into three groups: synthetic cathinones (amphetamine-type substances), hallucinogens (LSD-type substances) and synthetic cannabinoids (marijuana-type smoking substances). Other substances named by the majority of participants are fentanyl, which is an opioid-type NPS, and ketamine (dissociative anesthetic). They cannot be categorized in the above-mentioned groups.

Most frequently consumed NPS among people who use NPS were as follows: alpha-PVP, NBOMe, ketamine, synthetic cannabinoids (spice), mephedrone, speed. Respondents were familiar with a number of slang names for each group of NPS. The most common slang names for each group are presented in **Table 10**.

Interviews with experts in the field revealed that use of synthetic cannabinoids started to spread massively in 2013–2014 and they were actively used till 2017. From 2018, according to the experts, use of synthetic cathinones (“bath salts”) became widespread. As specialists in drug treatment (narcologists) noted, widely-known overdose cases during EDM events

in 2017–2018 were caused by NPS. Expertise results have not been made public and are not known to the professional community, but based on clinical symptoms, narcologists assume that these cases were caused by mephedrone in 2017 and fentanyl in 2018 (not by MDMA as was generally understood by the public). Narcologists mentioned that no poison centers function in the country which could diagnose the substances in case of overdose and spread the information at least in the professional community.

When asked whether users of NPS are new consumers or whether they have switched from using other substances to NPS, most participants (users as well as experts) stated an equal share of use by people who have never used anything else and people who already use drugs. With regard to the age of people who use NPS, most stated that use of NPS is more prevalent among young people aged from 18 to 30 than among other age groups.

Most participants confirmed that NPS are used together with some other drugs. Poly-drug use, with the practice of mixing several drugs together, was common among people who use NPS. Participants named several widespread combinations:

- Ketamine + Speed + Amphetamine (so-called “*Trinity of Berlin*”)
- Alpha-PVP + Bio-marijuana
- Alpha-PVP + Ketamine
- Speed + Ketamine
- Amphetamine + Bio-marijuana
- Ecstasy/MDMA + Bio-marijuana
- Ecstasy/MDMA + Speed
- LSD/NBOMe + Mushrooms + Bio-marijuana (so-called “*Candy Flip*”)

As respondents reported, drug combinations are made for several reasons: to prolong or intensify the drugs’ effect; to change one drug’s effect by adding another (e.g. a stimulant’s effect with a hallucinogen’s effect or vice versa); to reach drug kick-in level sooner, and to handle “*atkhadniak*” (drug hangover/coming down).

**TABLE 10**

**Slang names of NPS**

Synthetic Cathinones	Bath salts; Salts; Crystals; Alpha-PVP (or PVP); Muka (meaning “flour” in Russian); Speed; Flakka; Mephedrone (or Mephe).
Hallucinogens	Mark; Blotter; NBOMe; Gin; Acid.
Synthetic Cannabinoids	Bio; Bio-marijuana; Bio-smoke; Bio-hashish; Spice; Chocolate; Cherry; Tea; Green; Black; White; Yellow.
Opioid-type NPS	Fentanyl
Ketamine	Special K, Keta, K

**4.2**

**Reasons for Choosing NPS**

According to respondents, the main reasons for choosing NPS are as follows: lower cost, more potency than traditional illicit drugs, easier access and more availability on the markets. Virtually all respondents stated that cheapness is the most important factor when choosing NPS. As interviews revealed, when people start their drug-using experience with weak/light drugs, later they want something stronger and that’s why they often choose NPS; also when some conventional drugs are not available on the market some users substitute them with NPS which replicate the effects of certain traditional illicit drugs and are usually more potent.

Furthermore, SWs stated that NPS help them with work performance: to feel more free and less nervous. When asked whether if they had more choice and money for drugs (or conventional drugs were cheaper), would they anyway choose NPS, MSM and SWs reported they would prefer some traditional or so-called “club” drugs, especially GHB,<sup>46</sup> which is widely used among their community members. As they state, GHB helps them to increase sex drive.

**4.3**

**Ways to Purchase NPS**

According to the information received from Stage 2 participants, in particular from the community of PWUD, NPS in Georgia are mainly sold through online drug markets: *Matanga* and *Party Doc*. Some participants call these markets darknet, but other participants state that the darknet is another space that is harder to reach, since users need several-step authorization for registration. IP addresses are encrypted in darknets, whilst as the above-mentioned markets are not in the darkweb, IP addresses can easily be identified.

When asked about the risks related to buying NPS online, almost all participants reported fear of being caught by the police since law enforcement agencies can create fake user accounts in online drug markets and arrest a person who is looking for NPS, and/or police can break/identify a user’s account/IP address and then catch a person at the location where he/she goes to collect his/her hidden drug. Another risk reported by participants related to buying NPS online was the so-called “discarding” practice, when the drug is not at the address given by the market/dealer. In this case, some participants said they can write to the market/dealer about this fact, and sometimes the markets give a new address to users to correct the mistake.



<sup>46</sup> GHB - (Gamma HydroxyButyrate) central nervous system depressant ([adf.org.au/drug-facts/ghb/](http://adf.org.au/drug-facts/ghb/))

NPS are also sold through social media apps such as *Telegram, Viber, Whatsapp, etc. Messages* are also randomly sent to people on social media apps, especially on Viber, mostly in Russian language, with the aim of eventually reaching interested individuals.

The practice of direct (hand-to-hand) buying from dealers is also common. In this case mediators (“legs”) play the main role. Participants consider that this is a safer way of buying NPS than online markets. As respondents reported, in many cases this direct way of obtaining drugs is based on friendships and operates within informal social networks.



**The practice of direct (hand-to-hand) buying from dealers is also common. In this case mediators (“legs”) play the main role.**



#### 4.4

### **NPS Prices**

Almost all participants stated that NPS are much cheaper (usually 2–3 times) than the traditional illicit drugs they mimic. Usually, the more is purchased, the cheaper substances cost.

- 1 gr. of alpha-PVP – 200–300 GEL [65–95 USD or 60–90 EUR]
- 1 gr. of mephedrone – 250–300 GEL [75–95 USD or 70–90 EUR]
- 1 gr. of speed – 150–250 GEL [45–75 USD or 40–70 EUR]
- 1 gr. of spices (“bio”) – on average 150 GEL [45 USD/EUR]
- 1 gr. of fentanyl – on average 150 GEL [45 USD/EUR]
- 1 blotter/mark NBOMe – 30–50 GEL [9–15 USD/EUR]

#### 4.5

### **Dosages**

As participants stated, dosage of NPS is individual and depends on the user’s experience and body – the more inexperienced you are, the less amount of the drug you take. For example, regarding a hallucinogen blotter, if you are taking it for the first time, you should take one-fourth, whilst experienced users take half or sometimes the whole blotter (depending on its micrograms according to the dealers/markets). As for bath salts, participants reported that 30–40 injections can be made from 1 gram of salts. Regarding smoking and sniffing, 20–25 smoking and 10–20 sniffing episodes can be made from 1 gram of salts. As participants noted, injection and smoking/sniffing episodes can be made every hour or even 40 minutes. On average, 10–15 injection or smoking/sniffing episodes can be made per day by an individual. Virtually all participants reported that 1 gram of “bio”-marijuana is sometimes enough for 100 (or even more) people/episodes, depending on its potency. As participants stated, the most potent synthetic cannabinoid is black “bio”, and the least potent is green “bio”. Usually, “bio” is sold in powder or crystal form, which is mixed with tobacco and then smoked. As participants reported, “bio” has short-term effects that usually last 10 minutes; for this reason it can be smoked 50 or even more times a day.

#### 4.6

### **Ways to Use NPS**

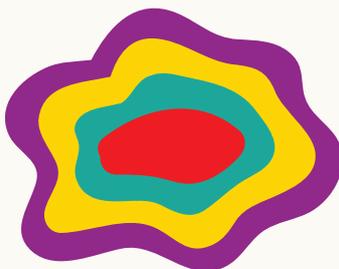
Ways of using NPS are mainly through smoking, sniffing, swallowing and sticking under or on top of the tongue in the case of blotters. Putting drops in the eyes is also common regarding hallucinogen drops (liquid acid). Use of spices was reported only by smoking. Injection use of NPS is more likely to occur among PWID who have previously injected other drugs, including opioids.

#### 4.7

### Key Risks and Consequences Associated with NPS

The main risk named by the vast majority of respondents is overdose, since the local practice with NPS is quite terrifying – people buy one substance which turns out to be another one, increasing the risk of overdose. Other important risk, mostly reported by experts, is the impossibility to identify the majority of NPS; consequently, in many cases professionals don't have any information on the particular substance, its potency and effects. Based on narcologists' information, one of the main risks is that people who use NPS don't perceive that consuming psychoactive substances can lead to physical and/or mental health problems for them. Thus, experts suggest developing risk reduction interventions. According to PWUD, most risks and consequences associated with use of NPS are mental health risks:

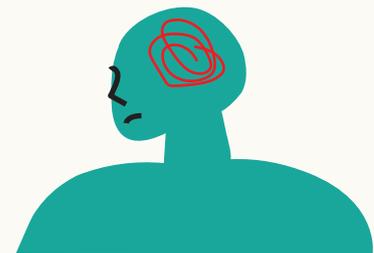
- Paranoia;
- Hallucinations;
- Flashbacks;
- Nightmares;
- Panic attacks;
- Psychosis;
- Schizophrenia;
- Losing one's mind;
- Inadequacy; and
- Aggressiveness.



Hallucinations



Panic attacks



Psychosis

#### 4.8

### NPS Overdose and First Aid

The vast majority of participants named overdose risk as one of the main risks related to use of NPS. During interviews with PWUD, we aimed to understand the specific symptoms of NPS overdose that could lead to the need for emergency care.

PWUD identified the following symptoms of NPS overdose:

- Regarding *spices*: lockjaw, decreased heart rate, sweating, seizures, confused consciousness, fainting.
- Regarding *salts*: hyperthermia, increased heart rate and blood pressure, coordination problems, sweating, shaking, panic attacks, hallucinations, skin (especially, face) turning gray.

The most common responses used by the community of PWUD for overdoses include the following:

- Artificial respiration;
- Sprinkle with water;
- Lay the person down in recovery position;
- Try not to lock the overdosed person's jaw;
- Mix lemon with water and give to drink, or give lemon without water;
- Take the overdosed person to a calm place;
- Calm the person in case of psychosis;
- Stay with the person; and
- Call an ambulance.

Health professionals, as well as the community of PWUD, lack knowledge on responding to specifically NPS overdoses. The ambulance doctor notes that there is only a general protocol for overdose response, which is categorized by drug groups which don't include NPS.

#### 4.9

### Medical Services for People Who Use NPS

According to narcologists, based on clinical manifestations, NPS are categorized in any of five groups: psycho-stimulants, hallucinogens, opioids, cannabinoids or sedatives. There is no specific treatment in place for NPS use. During medical examinations, cases involving NPS with other drug(s) are often labeled as “poly-drug” use. People with NPS use-related problems are treated the same way as for other substances depending on which categories these substances fall into. The main treatment is a detoxification course but, as narcologists report, people who use NPS usually apply to addiction treatment clinics when they have already developed some mental problems (psychosis, depression, hallucinations, depersonalization, anxiety, etc.) caused by using NPS. In such cases, narcologists and psychiatrists are dealing with dual-diagnoses (use of NPS and its related mental problems), where the leading issue is mental health and treatment starts with the intervention of mental health professionals.

When asked if people can engage in OST when they use NPS with opioids, narcologists noted that the principal condition for engaging in OST is consuming opioids and if the person uses



**...narcologists and psychiatrists are dealing with dual-diagnoses (use of NPS and its related mental problems), where the leading issue is mental health and treatment starts with the intervention of mental health professionals.**



NPS with opioids, she/he can engage in OST. As for ambulance services, when ambulance doctors have patients with mental problems caused by using NPS (or any drugs), the clinics to which they take patients redirect/refer them to psychiatrists.

#### 4.10

### Harm Reduction and Support Services for People Who Use NPS

Although participants emphasized that existing harm reduction services are important in the context of use of NPS, these services are not enough, especially for people who use NPS in non-injection ways. The majority of participants, mainly field experts, noted that existing harm reduction services do not correspond to the new drug trends and related needs in Georgia.

Participants expressed a lack of knowledge about the effects and consequences of NPS. They expressed a need for measures to reduce health risks associated with NPS use, including information, harm reduction and prevention activities.

Some PWUD who participated in the research had no information about existing harm reduction services in the country. Others, who knew and/or used these services, suggested supplementing harm reduction programs with the following drug paraphernalia and services:

- Provision of pipes (for smoking);
- Provision of foils (for smoking or inhaling);
- Provision of paper tubes and cards (to create smooth surfaces and lines for snorting);
- Drug checking services;
- Peer-based interventions/programs;
- Development and distribution of information materials on the use of NPS and its risks and consequences;
- Training programs for employees of harm reduction programs.

It should be mentioned that virtually all field experts see the necessity of implementing new harm reduction approaches that include: peer-based interventions, case management and social/outreach workers’ support, since existing harm reduction services don’t correspond to the needs of non-injection (including NPS) users. Experts suggest that new harm reduction approaches for non-injection users be implemented independently of existing services, as they consider existing services are not ready to take on new challenges and attract non-injection (especially young) users to their services. At the same time, harm

reduction service representatives note that new services for non-injection users should be integrated into existing services. When asked if their employees are ready to take on this new challenge, harm reduction representatives noted that they will need some training on new harm reduction approaches and related issues. Furthermore, according to the representative of the National Drug Monitoring Center, creation of an early warning system (EWS) is planned in cooperation with the European Monitoring Center for Drugs and Drug Addiction (EMCDDA). As international experience shows, EWS plays a central role in supporting preparedness and responses to NPS.<sup>47</sup>

#### 4.11 Challenges of the Study

The study was conducted according to the methodology developed by EHRA and the Principal Investigator from the School of Law, Swansea University. The main difficulties were related to the availability of consolidated information, since the national monitoring

center is newly created in the country and information on NPS use is scattered and not integrated. Furthermore, the existing information is not enough to draw significant conclusions about NPS use trends and patterns in the country.

One of the biggest challenges was the inability to conduct interviews with key respondents from law enforcement. Law enforcement agencies did not respond to our official request to participate in the research, thus, we were unable to find out law enforcement responses and measures related to NPS use.

Another challenge was the difficulty in gathering the necessary number of focus group participants online; therefore, we decided to conduct individual interviews instead of focus groups.



<sup>47</sup> [https://www.emcdda.europa.eu/publications/topic-overviews/eu-early-warning-system\\_en](https://www.emcdda.europa.eu/publications/topic-overviews/eu-early-warning-system_en)

**It should be mentioned that virtually all field experts see the necessity of implementing new harm reduction approaches that include: peer-based interventions, case management and social/outreach workers' support, since existing harm reduction services don't correspond to the needs of non-injection (including NPS) users.**



# GENERAL CONCLUSIONS

- In the last decade (especially from 2013–2014) there has been an increase in the use of NPS in Georgia.
- There is a lack of data on non-injection drug use in the country.
- Prevalence of NPS use is unknown and virtually impossible to determine.
- Poly-drug use practice is widespread among NPS users who participated in interviews, with the most consumed NPS being alpha-PVP, speed, mephedrone, ketamine, NBOMe, spices.
- The following types of NPS are widespread in Georgia:
  - Herbal and chemical mixtures for smoking (*synthetic cannabinoids/spices/"bio"*)
  - Mixtures of chemical powders, usually in the form of crystals (*synthetic cathinones/bath salts/salts*)
  - Hallucinogens in mark/blotter form (*LSD-type substances/acid/NBOMe*)
  - Opioid-type NPS (fentanyl)
  - Dissociative anesthetic (ketamine/Special K/Keta/K)
- Two significant waves of NPS overdose deaths at EDM events occurred in 2017 and 2018. Based on clinical symptoms, experts assume these cases were caused by mephedrone in 2017 and fentanyl in 2018.
- State agencies don't disseminate information about substances that caused overdose cases in the country.
- No poisoning centers exist in the country.
- Official data on drug overdose mortality is virtually non-existent.
- The main reasons for choosing NPS are: cheapness, more availability and more potency.
- NPS are used by smoking, sniffing, swallowing, injecting, sticking under or on top of the tongue and putting drops in the eye.
- Sales of NPS in Georgia are mainly made online with Internet-based and mobile-based applications (*Matanga, Party Doc, Telegram, Viber, Whatsapp, etc.*). Procurement by direct contacts (hand-to-hand) is also common practice.
- Some risks related to buying NPS online are: 1) fear of being caught by the police since law enforcement agencies can create fake user accounts or identify users' IP addresses, and arrest an individual who is searching for his/her hidden drug at the location given by the market/dealer; 2) "discarding" practice, when the drug is not at the location given by the market/dealer.
- Use of NPS can lead to serious consequences, especially to mental health. Poly-drug use and low perception of harmful risks puts NPS users at increased risk of negative health consequences.
- There is a lack of knowledge among PWUD and harm reduction and medical service providers on NPS' nature, consuming patterns and response strategies in case of overdose.
- There are no specific harm reduction and treatment services for NPS users in the country (in particular, for non-injection users).
- No early warning system is in place.

# RECOMMENDATIONS

- There is a need for consolidated and consistent/integrated data in the country in regards to NPS use (both injecting and non-injecting use of NPS).
- Future studies are needed on the scope, patterns and trends of NPS use in various target groups, including young party-goers, young adults, MSM, SW.
- Harm reduction and treatment service providers must develop tailored interventions that respond to the needs of people who use NPS, especially for young people who mostly use non-injecting NPS.
- Elaboration of prevention and harm reduction strategies targeting NPS consumption-related risk avoiding and/or reduction is vitally important.
- Development of clinical protocols for treatment of addiction to NPS is necessary, taking into account the changing drug scene and local trends.
- New harm reduction approaches with drug paraphernalia for non-injection users, drug checking services, peer-based interventions and case management must be implemented.
- Education materials are needed to raise awareness of the effects of NPS, the risks and consequences associated with them, overdose prevention and response, available services, etc., for both specialists and the general population (especially including target groups).
- State agencies must produce accurate data on drug (especially, NPS-related) overdose mortality in the country and keep this data open/transparent.
- Implementation of EWS is necessary for quick response and preparedness to NPS appearing on drug markets.

