

2021

**SURVEY OF CLIENT  
SATISFACTION WITH OPIOID  
SUBSTITUTION PROGRAM IN  
WESTERN GEORGIA  
(SUMMARY)**



## RESEARCH METHODOLOGY

The research was implemented on the basis of a participatory approach/community-based research and is a product of a collaboration between an academic research team and a community organization of people who use drugs (PWUDs). Namely, the study was conducted by the international consortium which consisted of the following actors: academic team of *the Ilia State University (Iliauni) Institute of Addiction Studies* and non-governmental foundation *Global Initiative on Psychiatry – Tbilisi* on the one hand, and the team of the community-based organization *Rubiconi* on the other hand, in close partnership and with support of the Eurasian Harm Reduction Association (EHRA). The project included cooperation with the Ukrainian counterparts as well – with a similar community-based research project team implemented in Ukraine in 2019, with the support of the *Eurasian Harm Reduction Association*.

The aim of the research was to study satisfaction with the services of the Opioid Substitution Therapy (OST) programs in western Georgia among the beneficiaries of the program, their quality of life and factors related to the level of satisfaction and the quality of life.

A mixed methodology is used in the study, the design is sequential and includes both qualitative and quantitative components. The qualitative component included semi-structured interviews with the OST program beneficiaries of Western Georgia, while the quantitative component included cross-sectional research with the representative sample of Western Georgia OST program beneficiaries, from the following cities: Batumi, Kutaisi, Sachkhere, Senaki, Zestaphoni and Zugdidi. The following measures were used in the study: confidence interval: 95%, margin of error 5%, coverage of 50% of the beneficiaries within 3 days of the study. The sample size was calculated separately for each category. A random selection of the state-funded institutions was carried out as follows: public institutions were divided into 2 categories: small-scale centers (less than 200 patients) and large-scale centers (more than 200 patients). The sample size for private institutions was calculated from the total number of beneficiaries of the three existing centers. Total number of respondents – 685 persons.

The qualitative research guide was composed for the qualitative component of the study; as for the quantitative component of the study, the following research tools were implied: WHOQOL-BREF Questionnaire (1), a questionnaire related to participation in the OST program, which was developed on the basis of a pilot study conducted in Ukraine and adjusted to the Georgian context based on the qualitative data (2), WHO Patient Health Questionnaire - 4, which includes 2 screening questions for anxiety and 2 for depression, removed from GAD-7 and PHQ-9, respectively (3).

## MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

- 1** The study found a gap between, on the one hand, the level of general satisfaction with the OST programs among the clients of the programs and, on the other hand, the level of satisfaction with their own quality of life and their own state of health. Our recommendation to fill this gap is that the OST Implementing body (in our case, the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health, and Social Affairs of Georgia) and the implementing agencies both public and private, take the following steps:
  - Consider the quality of life of the program beneficiaries as one of the key indicators of program effectiveness, and direct the work to improve this indicator, by implementing multidisciplinary approach and case management, setting appropriate goals for the individual treatment plan of each beneficiary addressing their biopsychosocial needs, by carrying out appropriate work to achieve these goals, and by monitoring the progress;
  - Collaborate with the program beneficiaries to establish the expectation to improve the quality of life as one of the key expectations of the program. To do this, a proper informing of the beneficiaries and exchanging information with them shall be implemented on a regular basis using effective methods of communication;
  - Implement the practice of routine measurement of the quality of life of program participants at different stages of enrollment in the program: before enrollment in the program, at the initial stage and afterwards routinely once every six months.
  
- 2** There is a gap between, on the one hand, the level of satisfaction of the respondents with the dose of the substitute medication and, on the other hand, the satisfaction with their own state of health. This gap may indicate that beneficiaries of the OST programs do not see a link between the dose of the medication and their own health state and/or require other biopsychosocial services of which they have low awareness and therefore no demand. To fill this gap, we have the following recommendations:
  - It is desirable that the site staff engage more actively in communicating with the beneficiaries about the link between a substitute medication dose and their health state, using effective communication methods;
  - It is desirable that the site staff proactively offer beneficiaries biopsychosocial services and/or referrals to receive services relevant to the identified biopsychosocial needs, which will improve their health state and the quality of life.
  
- 3** A large proportion of respondents (39.1% of the total sample) report the use of illicit injecting psychoactive substances (aka High Risk Drug Use), which may indicate low motivation to quit illicit drug use (a) and/or mental health problems that require appropriate care (b). We find the latter explanation plausible, as about two-thirds of respondents experience symptoms of depression and anxiety in public OST services and just under two-thirds in private services. To address this problem, we offer the following recommendations to the OST service implementing institutions:
  - Pay special attention to the mental health problems of the beneficiaries: routine screening for common mental health problems – depression, anxiety, post-traumatic stress disorder, and, if necessary, planning and implementing (or redirecting) appropriate interventions in the individual treatment plan;
  - Ensuring the quality of work of psychologists: providing psychologists with the opportunity for professional training in evidence-based methods of working with addictions and relevant modules; As well as providing psychologists with professional supervision;
  - Using the method of motivational interviewing, psychologists and social workers shall work with the clients to increase their motivation to quit the use of illegal psychoactive substances. To this end, it is desirable to provide them with professional training opportunities in motivational interview evidence modules (SAMHSA, 2018);

- Identify the biopsychosocial needs of the beneficiaries and reflect, put into practice and monitor the implementation of appropriate measures to meet their needs in the individual plan.

**4** The majority of the program respondents (55.4%) do not feel safe on the site and are not sure that their personal information will be kept confidential (only 29.9% of respondents are fully assured in confidentiality, 39.8% are semi-assured). In this regard, we will have the following recommendation:

- It is desirable to proactively and explicitly inform the program beneficiaries about ensuring confidentiality, first at the stage of involvement in the program - by the program management and the treating physician, but also later - by a social worker, regularly, using effective methods of communication;
- It is desirable that a social worker raised the awareness of the beneficiaries about the protection of their own (patients') rights by using effective methods of communication. This will help the beneficiaries to build trust in the institution. For this, it is desirable to properly improve the qualifications of social workers.

**5** The study revealed a significant vulnerability of beneficiaries involved in state-funded programs compared to beneficiaries involved in private programs. This applies to income and employment status, as well as the quality of life, health (including mental health) and the use of illicit psychoactive drugs. Likewise, the results of the study show that the beneficiaries of the program rarely use services other than receiving substitution medicine, such as consulting a social worker to meet other needs beyond medical needs, although the results clearly show these needs in both mental health and social condition (symptoms of anxiety and depressed mood, unemployment or low income). Promoting and activating the psychosocial component will have a positive impact on the immediate goals of the program and the quality of life in general, especially as it is in line with the national law, which states, among other things, that substitution therapy is intended to improve the somatic and mental state of opioid dependent persons, to facilitate their social adaptation and reintegration into society (Ministry of Internally Displaced Persons from the Occupied Territories Labor Health and Social Affairs of Georgia 2014). In terms of improving the enforcement mechanisms of this legislation, we will have the following recommendations for the organizations implementing public OST programs:

- To focus greatly on the biopsychosocial, holistic multidisciplinary approach in the following way: real implementation of the case management method into the practice in order to take into account not only the medical-biological but also the psychological and especially the social needs of the program beneficiaries;
- In order to facilitate the employment of program beneficiaries, it is necessary to think about advocating for workplaces for them – both at the level of the legislation and in actual practices. This should be done through collaboration with the community organizations of people who use drugs.

**6** The study revealed that only 85% of the sample was tested for HIV and hepatitis C, of which 6 respondents were HIV positive – 5 were on ART and 1 was not receiving adequate treatment. The prevalence of hepatitis C in the tested respondents was 59.8% and 17% of them were never treated. Majority of the sample (94.2%) stated that they need OST treatment while only 33% stated that they need other medical services, which reveals low awareness on own treatment needs among them. At the same time, research findings reveal that having viral diseases is in statistically significant association with lower level of life satisfaction. In this regards we will have the following recommendations for the treatment institutions providing OST:

- It is desirable to maintain proactive communication with those OST patients who are not tested yet for viral diseases to motivate them for Voluntary Counselling and Testing (VCT), to be able to indicate and treat infectious diseases in the whole cohort of beneficiaries;

- It is desirable to proactively offer appropriate treatment or referral to those HIV and hepatitis C positive patients who do not receive treatment, and to help them to understand linkage between infectious diseases and quality of life.
- 7** A third of the quantitative research respondents indicated that they had been in a detention facility, including temporary detention, for which the median number of months spent in a detention facility was 36 (3 years). This is indicative of punishment oriented drug policies in the country and reveals necessity of drug legislation reform.
  - 8** The quantitative component of the study revealed that a smaller proportion of respondents, enrolled in the public program, were introduced to the program rules when enrolling (72.6% and 85.8%), as well as knew the exit rules than in the private program (76.4% and 91.1%). The respondents of the qualitative component of the study reported that in many cases, the patient may be in a state of withdrawal, or under the effect of a psychoactive substance during the first appointment with a doctor at a substitution therapy facility, which makes it difficult for them to comprehend information about therapy prior to treatment. Based on that we will recommend to maintain communication about the program rules during the treatment course regularly or at least at a point when patient is in a good enough condition to comprehend corresponding information.
  - 9** More focus on the individual approach is desirable during the treatment process, this will better meet the patient's needs. For example, before the pandemic beneficiaries were visiting site every day and no take-home doze was allowed; during the pandemic all beneficiaries are given 5-days doze to take home, while some of them, in the qualitative component of the study, explicitly stated that they do prefer to take home less than 5 days doze (i.e. 3 days doze). Depending on whether they feel the need to take home less amount of medication, or an additional medication, the appropriate dose shall be adjusted, or an additional treatment shall be prescribed.
  - 10** The qualitative component of the study revealed that there are a lot of myths (misinformation) spread among the program beneficiaries about different aspects of OST programs (as are: nature and goal of OST programs, inclusion criteria, etc.). Many of these myths people heard from general population. This reveals necessity of elaboration of a communication strategy focused at rising awareness on OST not only among program beneficiaries but also among general public, via implying PR activities. This will contribute to overcoming stigma and discrimination towards program beneficiaries.

## CONTRIBUTIONS

This report is a publication of joint work between the Eurasian Harm Reduction Association (EHRA), Ilia State University Institute on Addiction Studies, community based organization Rubiconi and Foundation Global Initiative on Psychiatry – Tbilisi (GIP-Tbilisi).

Ilia State University Institute of Addiction Studies was founded in 2013. The mission of the institute is to strengthen the Georgia's capacity to respond to addiction related problems based on contemporary evidence-based approaches. To fulfill this mission the institute implements different local and international research projects and participates in capacity building activities, monitoring of drug situation as well as elaboration of drug demand reduction strategies in the country: <https://iliauni.edu.ge/en/iliauni/institutebi-451/adiqtologiis-instituti>; <https://iliauni.edu.ge/en/>

The community based organization Rubiconi's mission is to support right for health and basic/constitutional rights of people with drug use dependency. Rubiconi is a member of the Georgian Harm Reduction Network (GHRN), Eurasian Harm education Association (EHRA), Georgian Network of People who Use Drugs for Humane Drug Policy and Eurasian Network of People who Use Drugs.

The Foundation Global Initiative on Psychiatry – Tbilisi is Georgian-based non-for-profit organization that assists professional communities, NGOs, international agencies, governments, universities and other development institutions in the Caucasus, Central Asia, Ukraine and other countries to improve rights-based mental health care. GIP-Tbilisi is a member of the GIP Federation: <https://www.gip-global.org/>

EHRA is a nonprofit public membership-based organization uniting and supporting 322<sup>1</sup> 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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<sup>1</sup> As of May, 2021.

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## Disclosure

The views and opinions of the authors presented in this report may not represent the views and opinions of the Robert Carr Fund for civil society networks.

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<sup>2</sup> <https://robertcarrfund.org>

