

# ‘Ten Years Later’ – Developing Institutional Mechanisms for Drug Demand Reduction and Addictology Education in Georgia – A Case Study

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**BACKGROUND:** During the last ten years, Georgia made several important accomplishments in responding to the country’s drug problem. Specifically, in 2011, an interagency national drug coordinating body was established within the Ministry of Justice; in 2015, the multidisciplinary Addiction Studies MA Program was initiated within Ilia State University; and in 2019, the National Drug Observatory (NDO) was founded. **AIM:** This article reviews these accomplishments within the context of the national drug situation with a special focus on addictology education, following up on two 2011 articles published in the journal *Addiktologie: Overview of Drug Situation in Georgia* (Javakhishvili et al., 2011) and *Educational Needs in the Sphere of Addictology in Georgia* (Kirtadze et al., 2011). The article also analyzes the factors of success and lessons learned from change management experiences.

**METHODS:** The method implied is a case study of Georgia based on a review of relevant literature, scientific and technical reports, government documents, and administrative records relevant to the developments in drug demand reduction, with a special focus on the development of educational infrastructure in addictology. **CONCLUSIONS:** Factors that facilitated the above-listed constructive developments include persistent efforts by a dedicated group of professionals, the European Union (EU) catalyzation of these processes (e.g., by the European Monitoring Centre on Drugs and Drug Addiction – EMCDDA); universities, experts, international cooperation projects; and local stakeholders’ goodwill to facilitate and promote changes. Addictology education in Georgia could also be considered an important factor in facilitating the changes in the country’s drug response.

**Keywords** | Addiction Studies – MA Program – Drug Demand Reduction – Addictology Education – Overview of Drug Situation – Country of Georgia

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## 1 INTRODUCTION

Georgia is an upper-middle-income Black Sea country. It regained independence from Russia at the end of the 1980s, after the collapse of the Soviet Union. Since then, the country has experienced several military conflicts, culminating in 2008 with the war with Russia, followed by the so-called ‘Creeping occupation.’<sup>1</sup> As a result, approximately 20% of the country’s territory is occupied, and nearly 6% (UNHCR, 2009) of the population is forcibly (internally) displaced. For three decades, the country has been experiencing multiple political, social, and economic crises. In 2020–2021, COVID-19 related restrictions hit the country’s economy hard, and the poverty rate increased by an estimated 5.4% points (The World Bank, 2021). In 2021, more than 20% of the country’s population was living below the poverty line (GeoStat, 2021). Georgia’s democracy is young and fragile and continues to suffer from Soviet legacies and the influence of the Russian hybrid war (Zygierewicz, 2021). The situation in Georgia creates a complex system of social determinants that influence the use of psychoactive substances and contribute to substance use disorder (SUD). Georgia’s drug-response system is strongly influenced by Soviet inertia: specifically, punitive drug legislation and an implemented drug policy based largely on the war on drugs approach (Javakhishvili et al., 2016; Otiashvili et al., 2016). At the same time, beginning in 2010, Georgia introduced several important changes to the fields of drug coordination, demand reduction, harm reduction, monitoring, and addictology education.

This paper aims to reflect on the factors that facilitated the constructive changes, relevant lessons, and share them with larger professional audiences interested in the development of institutional mechanisms for drug demand reduction and addictology education in low- and middle-income countries suffering from totalitarian inertia.

The methodology used to achieve this aim is a case study of Georgia as a country, based on a narrative review of relevant literature, scientific and technical reports, government documents, and administrative records relevant to the developments in drug demand reduction, with a particular focus on the development of educational infrastructure in addictology.

In section 2 of the paper, we describe Georgia’s drug situation to highlight the wider drug-related context in the country. Section 3 describes the introduction of the addiction studies master’s (MA) program and other institutional mechanisms for drug demand reduction. Section 4 is dedicated to the discussion, and section 5 concludes with lessons learned from the described experiences.

## 2 OVERVIEW OF THE DRUG SITUATION IN GEORGIA

### 2.1 Drug legislation, policy, and coordination

Drug legislation is punitive in Georgia. The first incidence of drug use revealed by rapid urine testing and/or possession of a small amount for personal use is considered an administrative offense; a second offense within the following 12 months is considered a criminal offense. Based on the articles 260 and 273 of the criminal code of Georgia, criminal liability for drug use and drug possession for personal use is disproportionately high<sup>2</sup>. The absence of a definition of a threshold for small quantities for most illicit drugs has grave legal implications. In particular, possession of any detectable amount of these substances (even the remains of substances in paraphernalia) qualifies as a large amount. It results in a minimum of five years of imprisonment (Beselia et al., 2019).

Random street drug testing is a widely implemented practice. It is considered by the government to be a form of prevention, despite the evidence that street drug testing does not decrease drug use but increases risk of human rights violations (Otiashvili et al., 2012). Furthermore, statistical analysis reveals that street drug testing follows the country’s elections cycle, increasing dramatically in the post-election periods and decreasing in the pre-election periods (Beselia et al., 2019). This regularity suggests that random street drug testing represents a form of totalitarian inertia aimed at disciplining the population (*Figure 1*):

Beginning in 2015<sup>3</sup> a number of constitutional court cases initiated by Georgian civil activists and representatives of the political opposition resulted in a series of decisions designating certain sub-articles of article no. 260 of Georgia’s criminal code as unconstitutional. These cases helped advance drug legislation reform, but much remains to be done. Between 2005 and 2018, the country’s civil society and international

**2** | Article 260 imposes six months to lifetime imprisonment for illegal preparation, manufacturing, purchase, storage, transportation, shipment, or sale of drugs, their analogues or precursors, or new psychoactive substances; Article 273 imposes a fine of up to one year of imprisonment for illegal preparation, purchase, storage, or use without doctor’s prescription in small amounts for personal use (Alavidze et al., 2016).

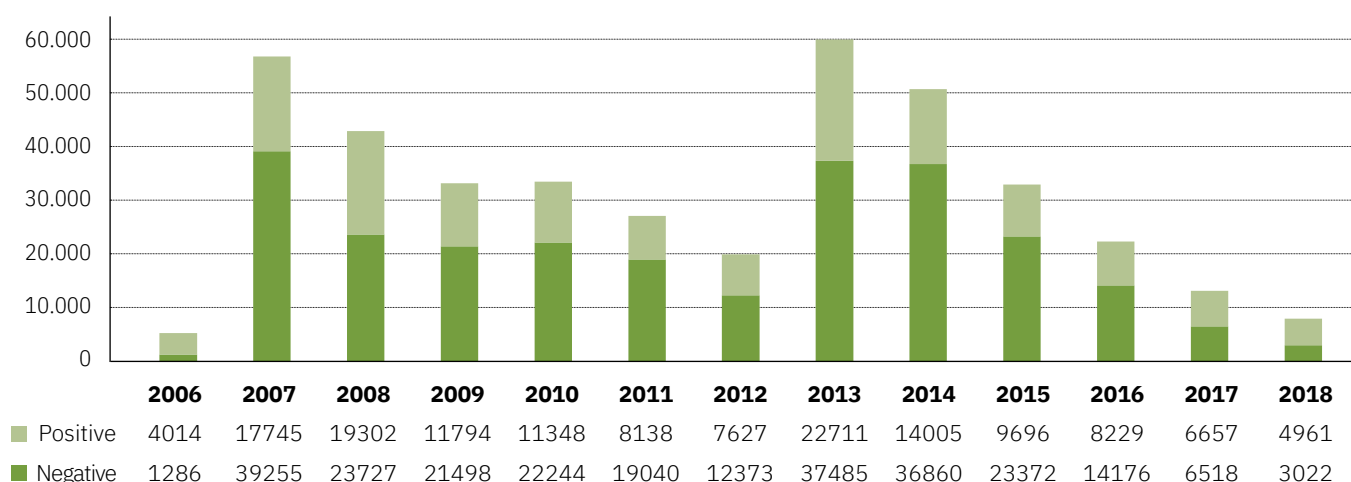
**3** | No. 1/4/592 decision of the Constitutional Court of Georgia (Oct 24, 2015) on the Case “Georgia Citizen Beka Tsikarishvili vs. the Parliament of Georgia” accessible (in Georgian language) at <https://matsne.gov.ge/ka/document/view/3045482?publication=0>

No. 1/3/1282 decision of the Constitutional Court of Georgia (July 30, 2018) on the case “Georgian Citizens Zurab Japaridze and Vakhtang Megrelishvili vs. the Parliament of Georgia” accessible (in Georgian language) at <https://matsne.gov.ge/ka?document/view/4283100?publication=0>

No. 1/8/696 decision of the Constitutional Court of Georgia (July 13, 2017) on the case “Georgian Citizen Lasha Bakhutashvili vs. the Parliament of Georgia” accessible (in Georgian language) at <https://matsne.gov.ge/ka/document/view/3750710?publication=0>

**1** | The term ‘Creeping occupation’ refers to the regular movement of the so-called ‘administrative border’ deeper into the country since Russia occupied two regions of Georgia.  
<https://idfi.ge/en/changed-borders-of-georgia-after-occupation>

**Figure 1 |** Dynamics of street drug testing by years (Beselia et al., 2019)



partners prepared four different legislative change packages to decriminalize drug use. However, none of these packages were approved by the government.

Until recently, the country’s drug policy was extremely unbalanced, as drug demand reduction was underdeveloped and poorly funded within the state budget (Javakhishvili et al., 2014; Javakhishvili et al., 2009; Otiashvili et al., 2009). Traditionally, the budget did not allocate any funds for prevention, and only minor funding was allocated for treatment. As a result, people with SUD had to pay for treatment out-of-pocket, and the rates were at least five times as high as the minimal monthly income of most people who use drugs (PWUD) (e.g., see Alavidze et al., 2016; Sribiladze & Tavzarashvili, 2012). Since 2005, opioid substitution therapy (OST) has been available, serving beneficiaries free of charge through the Global Fund to Fight AIDS, Tuberculosis, and Malaria (The Global Fund). The state began to co-finance the OST programs and gradually took over the Global Fund. Initially, beneficiaries had to pay for the state-run OST programs’ services (the substitutive drug was purchased and provided by the state for free), but services and treatment have been free since 2018. Correspondingly, the state budget for drug treatment increased to some extent (Javakhishvili et al., 2021).

The national coordinating body, the so-called National Inter-Agency Council for Combatting Drug Addiction, was formed in 2011 under the auspices of the Ministry of Justice. The Council is chaired by the Minister of Justice and unites top representatives of all the relevant state agencies (ministries) and one expert representative of the civil society<sup>4</sup>. In 2013, the Council started to coordinate regular (once every four to five years)

development of the national drug strategy<sup>5</sup>, along with the corresponding national action plan(s). The national drug strategy documents are usually compiled by experts in addiction studies, with the participation of the relevant state agencies’ representatives. The strategies are based on the four pillars of prevention, treatment and rehabilitation, harm reduction, and supply reduction.

## 2.2 Drug use among youth and general population

Before 2015 no studies were conducted to reveal the scale of drug use among youth and the general population. In 2015, for the first time in Georgia, the European School Survey on Alcohol and Other Drugs (ESPAD) was implemented on a national scale (National Center for Disease Control, (NCDC), 2016), as well as the first General Population Survey (GPS). (Kirtadze et al., 2016). In 2019 the ESPAD study was repeated (Sturua, 2020), and the GPS will be repeated in 2022 within the framework of the ‘European Monitoring Centre for Drugs and Drug Addiction for Georgia’ (EMCDDA4Georgia<sup>6</sup>) project.

According to the most recent ESPAD, in terms of lifetime use, the most widespread substances among youth are alcohol (85% of the surveyed admitted lifetime use and 45% had at least one lifetime experience of alcohol intoxication); tobacco (43%); cannabis (14%); inhalants (5%); new psychoactive substances (NPS) (2.8%); and Ecstasy (2%) (National Drug Observatory, 2022).

**4 |** On November 11, 2011, the President of Georgia issued a special decree no. 751 ‘On Approval of the Composition and Regulations of the Interagency Coordinating Council for Combating Drug Abuse.’ In 2014 the Council was redefined by the Decree no.342 by the Government of Georgia.  
<https://justice.gov.ge/?m=articles&id=DzRV0r7td>

**5 |** In the official documents the term ‘The National Anti-Drug Strategy’ is used as the title, as in the official language, the war on drugs discourses prevails in the country.

**6 |** The European Union (EU) funded and EMCDDA implemented project focused on supporting the Georgian government to further develop institutional mechanisms for drug monitoring and drug demand reduction. The projects started in 2021.

Like the ESPAD, the GPS revealed that alcohol is the most prevalent psychoactive substance among the Georgian population ages 18 to 64: 91% of respondents admitted at least one lifetime use of alcohol. One in every ten respondents admitted to using psychotropic medicine without a doctor's prescription. Lifetime cannabis use was high among men (32%) and much lower among women (2.9%). A very low number of study participants admitted to using NPS and illegal drugs. The study authors attributed this low number to the respondents' possible reluctance to admit drug use due to stigma and/or punitive drug legislation (Kirtadze et al., 2016).

### 2.3 Treatment demand

Medical model-based abstinence-oriented treatment (AOT) was the only treatment mode available in the country until 2005, when an OST infrastructure began to develop and compete with AOT. Currently, six AOT clinics operate, mainly in Tbilisi, and 22 OST sites operate in different regions. Two of the 22 OST sites function in prison settings and provide short-term methadone detoxification. The psychosocial component is underdeveloped in both AOT and OST programs, and genuine multidisciplinary approaches, case management, and quality psychological therapies still need to be promoted and established (Javakhishvili et al., 2021). In 2020, 2,191 persons received AOT (including 26), and 11,806 received treatment at OST facilities, including 78 women (National Drug Observatory, 2022). Drug treatment services utilization by women is still very low due to stigma, self-stigma, and several other barriers related to the fact that existing services are not tailored to women's needs (Otiashvili et al., 2015).

### 2.4 High-risk drug use

High-risk drug use is defined as injection drug use. The Population Size Estimation studies, followed by experts' consensus meetings (for achieving consensus on the population size of people who inject drugs, or PWID), were conducted regularly from 2009 to 2017. According to these studies, injection drug use is on the rise, increasing from 40,000 in 2009 to 45,000 in 2012, 49,700 in 2014, and 52,500 in 2016 (Public Union Bemoni, 2010; Sirbiladze & Tavzarashvili, 2012; Curation International Foundation & Public Union Bemoni, 2017).

A number of characteristics are peculiar to the Georgian drug scene: polysubstance use (Otiashvili et al., 2016), use of homemade opioids (i.e., desomorphine) and stimulants (i.e., 'Vint'/'Jeff') (Otiashvili et al., 2017), and low frequency compared to other geographic locations (Kirtadze, 2018). The most widespread injection drugs are opioids, followed by stimulants (Georgian Harm Reduction Network, 2019). Use of NPS is an increasing trend (Curation International Foundation & Public Union Bemoni, 2017), along with drug use in nightlife settings, where the most prevalent illegal substances include MDMA/Ecstasy, cannabis, and ketamine (Beselia et al., 2018; Otiashvili et al., 2019).

### 2.5 Drug-related deaths

The Drug Related Death (DRD) indicator is underreported due to barriers such as the country's underdeveloped system of registration, stigma, religious concerns, and punitive legislation. In 2020, only 36 DRD cases were registered; in 2019, 40; and in 2018, 41. This reporting contrasts with the results of the quantitative study conducted by the Georgian Harm Reduction Network (GHRN), which revealed that in 2019 alone, among 987 beneficiaries of needle and syringe programs, 3.5% of respondents experienced at least one overdose in the last 30 days (GHRN, 2019).

### 2.6 Drug-related infectious diseases

Georgia is identified as an HIV/AIDS low prevalence country (0.3%), though incidence rates are steadily increasing yearly (except for 2020 and 2021, when fewer cases were registered due to COVID-19 restrictions). HIV/AIDS prevalence among drug users is low and varies from 1% to 7% depending on the location, with the highest rates in Tbilisi, the capital city. (Curation International Foundation and Public Union Bemoni, 2017). The cumulative data reveal that 35% of the HIV cases in Georgia are transmitted through injection drug use (AIDS Center, 2022). Until 2015, Georgia was experiencing a hepatitis C (HCV) epidemic, with an infection rate of 50% among PWUD (Javakhishvili et al., 2012). However, the situation improved when the national HCV elimination program began in 2015. According to the GHRN study, from the non-representative sample of 23,031 beneficiaries of the harm reduction programs tested in 2020–2021, only 17% were HCV positive (National Drug Observatory, 2022) – three times less than in 2012.

### 2.7 Harm reduction

Harm reduction (HR) began in 2003 with significant support from international donors. Currently, HR is the most developed field in Georgia compared to other drug responses. In 2020, 13 HR sites functioned in 11 Georgian cities (National Drug Observatory, 2020). Services provided include voluntary testing and counseling, needle and syringe programs, condom and informational material distribution, drop-in centers, and case management.

### 2.8 Prevention

Until 2008, prevention was limited to episodic interventions from Western-funded and trained non-governmental organizations and opinion-based (vs. evidence-based) campaigns from state actors—mainly law enforcement agencies, the Ministry of Education, and the Patriarchy of Georgia Anti Drug Centre. These campaigns are traditionally based on the war on drugs paradigm, scare tactics, a didactic and moralistic approach, and using "Just Say No to Drugs" type messages. The efficacy of these interventions in Georgia is never measured. Since 2018, the non-governmental organization the Global Initiative on Psychiatry-Tbilisi (GIP-Tbilisi) has been operat-

ing a family-based, evidence-based preventive service within the framework of the European Commission-funded project focused on youth mental health. In 2019, nine schools began the ‘Unplugged’ program implementation, operating within the framework of the NCDC supported project, implemented by GIP-Tbilisi in cooperation with the Ministry of Education Department of Resource Officers Psychosocial Service. In addition, the national drug prevention strategy was elaborated and adopted for the first time in 2020 within the framework of the EU-funded European Union Against Drugs and Organized Crime project (EU-ACT)<sup>7</sup>. In 2022, the European Prevention Curriculum training commenced within the framework of the EMCDDA4Georgia project, accompanied by Ilia State University Tomas Zabransky Institute of Addiction Studies work on translating and formatting the curriculum.

## 2.9 Drug market

Georgia is not a drug-producing country and is considered a transit country. Home-made drugs have become widespread in recent years, usually cooked for personal use. An increasing trend of NPSs entering the illegal market has been observed in the last several years; new internet- and mobile app-based technologies have diversified traditional supply routes. In 2020, the Addiction Research Center Alternative Georgia conducted a study revealing drug use and supply patterns during the pandemic by monitoring one of the drug-dealing platforms. The study revealed lively traffic (22,000 sale transactions and more than \$4.5 million in revenue during the six-months targeted by the study project); the highest demand was for cannabis products (Otiashvili et al., 2021). The most expensive are the so-called ‘traditional drugs’ – i.e., 2,000 GEL/600EUR for one gram of methadone crystal, while NPS are much cheaper and accessible, i.e., 150GEL/45EUR for one gram of NPS (National Drug Observatory, 2022).

## 2.10 Drug-related offenses

In 2020, street drug testing was implemented among 4,936 individuals—less than half compared to 2019; 61.7% were identified as intoxicated (National Drug Observatory, 2022). In addition, 2,598 persons were convicted for drug-related criminal offenses (due to the pandemic, 40.5% less than in 2019). More than 80% of these cases were settled via burgeon plea; more than 20% were imprisoned. For drug-related administrative offenses, 3,986 individuals were fined (due to the pandemic, 43% less than in 2019).

## 3 INTRODUCTION OF THE ADDICTION STUDIES MASTER’S PROGRAM AND OTHER INSTITUTIONAL MECHANISMS FOR DEMAND REDUCTION

### 3.1 Background

At the beginning of the 2000s, following the country’s development and multiplication of HR services and OST sites, a demand emerged for well-trained professionals equipped with up-to-date knowledge and skills. At the same time, there were clear indications that the efficacy of the medically oriented ‘narcological’<sup>8</sup> treatment inherited from the Soviet past was very low, and that professional thinking needed a paradigm shift towards an interdisciplinary approach, providing an opportunity to address multiple needs of people suffering from SUD in a systematized way.

At the same time that the demand for a qualified workforce emerged, a core team of Georgian professionals concerned with the need to introduce changes appeared on the stage. Many of us were trained within the EU-funded Southern Caucasus Anti-Drug Program (SCAD) framework and engaged in ongoing cooperation with EMCDDA. Some of us received education at Western universities (e.g., Johns Hopkins, Baltimore) and were already collaborating with the U.S. National Institute on Drug Abuse. Most of us had already gained practical experience from working in the different addiction-related fields (treatment institutions, harm reduction programs, drug information, and epidemiology projects), derived lessons from these efforts, and were thirsty for changes.

For us, it was clear that to promote constructive changes, not only should professional thinking be changed, but also the entire landscape of the national response to the drug problem, shaped by the ongoing, stigmatizing, and dehumanizing war on drugs implemented in the country for decades. By 2010, together with the PWUD community and GHRN,<sup>9</sup> we already had submitted two packages of legislative changes aiming to humanize drug policies for the government’s consideration, but none were taken seriously.

### 3.2 Capacity building

We understood as a professional community that we needed to unite to promote evidence-based approaches and quality professional standards at the national level. At the same time, Georgia had a vast knowledge gap regarding evidence-based approaches to drug prevention, treatment and rehabilitation, drug epidemiology and monitoring, and drug policy and its

7 | EU-ACT web site: <http://eu-act.info/>

8 | Narcology – a term inherited from the Soviet past, referring to medical science on addictions and corresponding medical practice

9 | The formation of both networks was facilitated by the Open Society Georgia Foundation (OSGF)

evaluation. We realized that no change was possible without addressing this knowledge gap.

Professionals currently working needed an upgrade in knowledge and skills. We were also interested in developing a new generation of professionals equipped with current knowledge and skills and, most importantly, new thinking based on respect for human rights and scientific evidence. At this very moment, the SCAD program gave us the resources to closely cooperate with a team of Czech colleagues at the Prague Charles University First Medical Faculty Addictology Department<sup>10</sup>. The latter was a life-changing experience for the Georgian team<sup>11</sup>.

Our Czech colleagues had a solid experience in successfully promoting drug reforms in their country, changing drug policies' landscape, creating an efficient system of national drug monitoring, establishing educational programs in Addictology of different (bachelor's, master's, and doctoral) levels (Miovsky et al., 2015; Miovsky et al., 2016). They expressed willingness and enthusiasm to share their experience in creating institutional mechanisms for addictology education, as well as knowledge of similar programs in other countries (Ferrer et al., 2021; Miovsky et al., 2021).

In 2010, a core group of Georgian professionals working in addictions and related fields (medical doctors, psychologists, social workers, educators, media professionals) was brought to Prague Charles University for the first addictology course. The Czech Development Agency (CzDA) and the U.S. Agency for International Development (USAID) supported this initiative.

The 2010 training topics included evidence-based drug demand reduction programs (prevention and treatment) and HR, community-based rehabilitation, drug policy, drug epidemiology, drug situation monitoring, and advocacy. In 2012, trainings continued with financial support from CzDA, in a Training of Trainers (ToT) format. After completing the advanced ToT courses on the same topics, all trainees conducted sessions with the larger circle of colleagues (as a 'final exam') and were certified as addictologists by the Charles University team. The first/core group of the Georgian addictologists was formed, filled with enthusiasm to create institutional mechanisms for addictology education.

### 3.3 Inter-university cooperation

The Georgian group of trained addictologists began to work on the master's (MA) level program and preparation for opening MA and the lifelong courses. We had to choose the pilot university for the program carefully: an institution interested in innovation and willing to provide support. We found Ilia State university open to innovations and enthusiastic about hosting

us. Since we aimed to introduce a new interdisciplinary profession, we invited colleagues of different but relevant backgrounds (medical doctors, psychologists, social workers, lawyers, economists, and journalists). This was done at the very beginning of creating our MA program. These colleagues came from three other leading Georgian universities: Batumi State University, Georgian Institute of Public Administration, and Tbilisi State Medical University.

To support our cooperation and assure Czech colleagues' involvement, under the leadership of the Charles University team, we wrote and submitted the Tempus project, 'Creating Institutional Mechanisms for Addictology Education in Georgia – ADDIGE,' in 2011. The project succeeded with the second attempt in 2012, and the joint Czech-Georgian team began implementation in 2013. In addition to the universities mentioned above, the University of Hamburg (Germany) and Jagiellonian University (Poland) joined the consortium. Evaluators consider the project a success story, providing a role model for other similar initiatives<sup>12</sup>.

In addition to the planned outcomes, during the project course, in cooperation with the Charles University team<sup>13</sup>, we translated, formatted, and piloted a comprehensive social influence ('Unplugged') evidence-based universal preventive intervention program in 2013 (Javakhishvili et al., 2014) and began to advocate for its implementation. It took six years, with national implementation starting in 2019.

The most important institutional change that came out of the Georgian-Czech cooperation and ADDIGE project was to launch the Addiction Studies MA program at Ilia State University. In addition, different addiction science courses were integrated at various levels (bachelor's, master's, doctoral) at all the three Georgian universities involved in inter-university cooperation.

### 3.4 Preparing grounds for introducing The Addiction Studies MA Program

The written program was peer-reviewed and improved based on the Charles University colleague's feedback. The MA program was then submitted to the Ministry of Education and Science of Georgia Accreditation Council with a request to introduce a new profession. The accreditation process was catalyzed by the fact that ADDIGE project introduced the following institutional novelties in the field of drug demand reduction and education:

- A comprehensive package of **MA syllabi was produced**. The Georgian experts (future lecturers of the program) wrote syllabi for the following courses: Prevention of Addictions, Drug Epidemiology, Drug Situation Monitoring,

**10** | The Czech team entered this long-term cooperation under the leadership of Professor Tomas Zabransky, together with Professor Michal Miovsky, Vendula Belackova, Barbara Janikova, Daniela Kmetonyova, and other Czech colleagues.

**11** | Tomas Zabransky and David Otiashvili were initiators of continuing cooperation, after the SCAD Program ended, in the inter-university cooperation format, together with Jana Javakhishvili, Irma Kirtadze, Nino Balanchivadze, Tina Tsomaia, and other Georgian colleagues.

**12** | Professor Tomas Zabransky was a leader of the project. For more information, please see: <https://www.adiktologie.cz/rozvoj-lidskych-zdroju-vyzkumnych-podkladu-a-standardu-kvality-v-oboru-adiktologie-trans-disciplinari-vedy-o-zavislostech-v-gruzii--addige>

**13** | Professor Michal Miovsky was supervising this initiative

Neuro-mechanisms of Addictions, Drug Legislation and Policies, Research Methods in Addiction Studies, Drug Treatment, Harm Reduction, Case Management, Drug Counselling, Motivational Interviewing, Health Programs Planning, Management and Evaluation, Health Policy. The package was peer-reviewed by the Charles University team.

- Simultaneous with the MA program, the life-long education courses were elaborated and introduced at Ilia State University in addiction treatment, prevention, harm reduction, evidence-based psychological therapies, psychological trauma, and SUD co-morbidity treatment. This created opportunities for already acting professionals to upgrade their knowledge and skills.
- To assure the creation of a relevant informational resources, a package of nine handbooks was translated from English into Georgian, relevant to both lifelong courses and the MA program: ASSIST package, Drug Counselling handbook, Motivational Interviewing handbook, Cognitive Behavioral Therapy handbook, etc.
- Based on a study of documents on international standards in drug treatment, prevention, and harm reduction, we created a package of national documents on corresponding professional standards.
- The drug situation monitoring continued by coordinating drug information and producing drug reports to map resources, identify gaps, and assure valid, quality, and comparable drug information.<sup>14</sup>
- The Institute of Addiction Studies<sup>15</sup> was founded at Ilia State University in 2013 as an institutional tool to maintain addiction research within the university setting and manage the Addiction Studies MA program (<https://iliauni.edu.ge/en/iliauni/institutebi-451/adiktologiis-instituti>). The Institute functions as a research lab staffed by a director and a project coordinator; researchers with relevant expertise are invited to implement particular research projects.
- In 2013, the first generation of Georgian addictologists trained by the Charles University experts founded the

Georgian Association of Addictologists (<http://addictology.ge/ka/about-us-2/>). This is a membership-based professional society promoting quality professional standards and advocating for evidence- and human rights-based drug policies. The Georgian Association of Addictologists unites researchers, educators, clinicians, and managers of addiction treatment/rehabilitation, preventive, and harm reduction services, which was necessary to prepare the groundwork for a practice component of the MA program.

Together with the quality MA level program’s documentation package, these efforts convinced the Georgian Ministry of Education and Science Accreditation Council that the endeavor was worthwhile. As a result, the Addiction Studies MA program was accredited, and the Ministry of Education and Science incorporated the new profession into its list of professions. As a result, the program began to operate within the School of Arts and Science at Ilia State University in the fall of 2015.

### 3.5 Addiction Studies MA Program description

The Ilia State University Addiction Studies Master’s Program consists of four semesters and 120 credits<sup>16</sup>. The program aims to develop professionals who can study addictions, acquire corresponding professional skills, use this knowledge and skills in the relevant professional contexts, and make ethical choices and informed decisions. These professional contexts include research, practice (treatment, rehabilitation, prevention, and harm reduction), drug monitoring, drug advocacy, and drug policy.

The program is interdisciplinary. The admission criteria include a bachelor’s degree (or its equivalent) in medicine, social sciences, life sciences, law, business administration, social work and/or education (1) and good command of English (B1 level). Each year the program accommodates 8 to 10 students.

The program components are as follows: mandatory and elective courses (90 ECTS), practice/internship in different addiction-focused organizations (6 ECTS), and the master’s thesis research project (25 ECTS).

The courses in the first semester focus on explaining and understanding addictive behavior from the perspective of different sciences, corresponding fundamental theories, and the newest evidence; learning various evidence-based interventions focused on changing addictive behavior; and basics of drug monitoring. The second semester courses focus on addiction treatment and managing different programs related to addictive behavior. The third semester courses focus on drug strategies, policy, and evaluation. In the last semester, students undergo internship/practice while working on their master’s thesis. A brief description of the courses by semesters appears in *Table 1*.

**14 |** Background: Within the framework of the above-mentioned SCAD program, the first five drug national reports (for 2003, 2004, 2005, 2008, and 2009) were written by the authors of this paper together with the group of colleagues. During all these years (since 2002), the SCAD program was the lobbying foundation of the national drug monitoring center, but without success, as there was no political will in the country. After the SCAD program ended in 2010, to prevent a gap in drug monitoring, the authors of this paper and several other colleagues continued to issue drug situation summaries (for 2010, 2011, 2012) as volunteers, and sent them to the EMCDDA website. Within the framework of the ADDIGE project, they continued issuing annual drug reports (for 2013, 2014, and 2015). When ADDIGE ended, the team continued as volunteers and issued the annual drug report for 2018. In 2019, the newly founded National Drug Observatory took over drug situation monitoring. All drug reports listed in this paragraph are available at <https://altgeorgia.ge/>

**15 |** In 2021 the institute was renamed Ilia State University Tomas Zabransky Institute of Addiction Studies.

**16 |** The European Credit Transfer and Accumulation System (ECTS)

**Table 1** | Overview of the Addiction Studies MA Program courses by semesters

	Course	Status	Contact Hours	Credits	Themes covered
<b>The First Semester</b>	Drug Monitoring	O[1]	30	6	Drug monitoring system, drug information map and drug annual report, drug indicators including five key epidemiological indicators
	Epidemiology	O	32	6	Health epidemiology – definition, principles and methods, drug epidemiology, determinants of addiction-related conditions in specified populations
	Neurobiological Mechanisms of Addictions	O	32	6	Influence of different classes of psychoactive drugs on brain, and underlying neuro mechanisms
	Prevention of Addictions	O	30	6	Drug prevention principles and methods, school-, family- and community-based prevention, international standards of drug prevention (United Nations Office of Drugs and Crime – UNODC; EMCDDA), evidence-based programs of drug prevention
	Psychopathology	E[2]	60	6	Introduction to psychopathology, international diagnostic classifiers of disorders, diagnostic criteria of mental health disorders, including substance use disorders (SUD)
	Personal Growth Oriented Counselling	E	60	6	Theory and practice of Humanistic-existential client-centered counselling – principles, methods, and processual characteristics
<b>The Second Semester</b>	Counselling and Psychological Therapies for People with Addictions (core course)	O	30	6	Different paradigms of counselling and psychological therapies, ethical code and corresponding regulatory documents, evidence-based counselling modules for drug addiction
	Research Methods in Addictology (core course)	O	32	6	Qualitative and quantitative approaches in the field of addiction studies. Different study designs and methodologies
	Reduction of Harm Caused by Drug Use	O	36	6	Harm reduction (HR) interventions, from philosophy of HR to its practices, planning, implementing, and evaluating harm reduction programs
	Treatment of SUD	O	36	6	Modern treatment approaches to addictions, relevant treatment guidelines and protocols, planning, implementing, and evaluating treatment programs
	Motivational Interview	E	30	6	Philosophy, theory, and practices of Motivational interview, different techniques, and formats of work
	Healthcare Programs	E	32	6	Planning, implementing, and evaluating public health (promotion, prevention, early detection, and intervention, treatment, and rehabilitation) programs
	Cognitive Behavioral Therapy (CBT)	E	30	6	CBT foundations, principles, components and techniques, CBT case formulation and treatment plan, evidence-based CBT modules
<b>The Third Semester</b>	Research Methods in Addiction Studies (advanced course)	O	36	6	Designing and implementing qualitative and quantitative (mini) projects, data processing and analysis, writing corresponding research reports
	Case Management (CM) in Addictology	O	30	6	Definition, philosophy, principles, and standards of CM; CM in prevention, treatment and harm reduction services, multidisciplinary teamwork, intervention and supervision
	Drug Policy and Legal Aspects of Addictions	O	34	6	Drug policy foundations, different frameworks of drug policy, human rights and drug policies, War on Drugs approach and its impact on PWUD, people with SUD and public health
	Biostatistics	O	34	6	Application of statistical methods and techniques to scientific research in addiction field
	Academic Writing	O	34	6	Professional ethics and prevention of plagiarism, working with scientific data basis, utilizing search tools, writing scientific papers, preparing abstracts, verbal and poster presentations
	Counselling and Psychological Therapies for People with Addictions (advanced course)	E	30	6	Different (psychodynamic, behavioral, cognitive, existential) paradigms of counselling; Counselling of addictions; evidence-based CBT module for SUD, Relapse prevention
	Art Therapy for People with Addictions	E	30	6	Art therapy – principles, methods, and formats of work with people with SUD and Gambling disorder
	Healthcare Policies	E	31	6	Healthcare systems, policies, and management; advantages and disadvantages of different Healthcare models



<b>The Fourth Semester</b>	Practice/Internship	O	30	6	Internship/practice component is implemented in cooperation with major stakeholders in the field – service-provider, drug monitoring and research organizations. Based on memorandum of understanding, signed between the Ilia State University and practice organizations, students are offered different options for internship (addiction-focused research think-tank, substitution therapy clinics, outpatient psychological treatment center for people with gambling disorder, harm reduction outreach services, etc.). Students are choosing three organizations stemming from their interests and professional preferences, and spend one month in each organization – job-shadowing professionals, participating in ongoing studies as junior researchers, attending counselling sessions, etc. At the end of internship, they write reflection report, and receive feedback from practice supervisors.
	Research Project	O	N/A	24	Students design/plan study together with their supervisors, implement it, analyze data, write MA thesis, and defend the dissertation at the end of the 4th semester.

[1] O – Obligatory course  
 [2] E – Elective course

### 3.6 Program outcomes to date

Since 2015, 42 students have graduated from our program, and 37 of them work in drug response (treatment, prevention, harm reduction, advocacy, research, monitoring). Some work as top managers of OST programs and harm reduction services and are introducing the multidisciplinary approach and case management. Others are acting journalists and play a crucial role in advocating for drug policy changes; some of them work in the National Centre for Disease Control and Public Health and contribute to introducing standards for collecting information on Drug Treatment Demand Indicator. The Ministry of Justice Interagency Coordinating Council recruited two of our graduates to serve for the National Drug Observatory (NDO), founded in 2019.

Annually, the Ilia State University Quality Assurance Department’s independent experts collect student feedback on their satisfaction with the program. They also collect feedback from graduates on how the knowledge and skills they acquired during the program apply to their workplaces. The feedback from both students and graduates is usually positive, stressing a good balance between theory and practice, providing students and graduates the opportunity to acquire both knowledge and skills and be competitive in a job market.

Our team launched an effort to establish the institutional mechanism for drug monitoring in 2002 within the SCAD framework. Attempts to create a drug monitoring unit succeeded after the country started implementing requirements based on the Georgia-EU association agreement. The NDO has functioned since 2019, and we consider it one of the most strategic drug-related agencies in the country. It is staffed by our graduates, who have already issued two country reports (for 2019 and 2020). NDO plays an active role in facilitating/coordinating the National Drug Strategy and implementing corresponding action plans. During these processes, our program graduates introduce corresponding international standards to the national agencies to ensure an evidence-based approach. Currently,

NDO also coordinates the process of introducing European Drug Prevention Curricula in<sup>17</sup> among the relevant agencies.

Based on these developments, creating and activating institutional mechanisms for addictology education could itself serve as an institutional tool for introducing constructive changes in the field of drug response.

### 3.7 Recent developments: online mode of teaching

Since the COVID-19 pandemic began in Georgia in March 2020, the Ilia State University moved to an online teaching model. For the Addiction Studies MA program, the transition process went efficiently. Modern online teaching technologies/methodologies and different platforms for online communication opened new opportunities for blended teaching and research. Moreover, this technological breakthrough shortened distances and opened new opportunities for international cooperation, e.g., currently, the Ilia State University Addiction Studies MA program and the University of Barcelona Master’s in Drug Dependence program (Ferrer et al., 2021) are cooperating on a research project focused on studying drug use-related mental health needs of Georgian migrants living in Spain.

## 4 DISCUSSION

### 4.1 International cooperation

To promote changes in the drug demand reduction field for a post-totalitarian country such as Georgia, it is crucial to connect with the international community of colleagues and professional and academic organizations. This connection assures a social capital for promoting evidence-informed institutional

<sup>17</sup> | Within the framework of the EMCDDA4Georgia project

changes. Therefore, international, and especially inter-university cooperation was and remains a key priority for the Georgian community of addictologists.

The Ilia State University Addiction Studies MA program has been heavily engaged in inter-university cooperation since its foundation in different formats; currently, within the framework of the International Consortium of Universities for Drug Demand Reduction (ICUDDR), a global collaboration forum providing opportunities for the exchange of expertise and experiences, as well as research cooperation (<https://www.icuddr.com/aboutus/>). The ICUDDR collaboration is also helpful in planning further development of the MA program, based on learning from different models of addictology education and training in place in different countries (Miovsky et al., 2021).

The recent breakthrough in using modern technologies catalyzed by the global pandemic creates even more opportunities for inter-university cooperation, e.g., we can organize international online research summer schools for students and intensify the (online) exchange of students and academic staff, etc. Lessons emerging from these new experiences will advance inter-university cooperation even further.

#### 4.2 “Motivators” for introducing addictology education in Georgia

Several factors motivated the development of a system of addictology education in Georgia: i. A worsening drug problem accompanied by an expansion of the treatment and harm reduction infrastructure required more qualified treatment professionals; ii. An obvious inefficacy of the predominantly medical model of SUD treatment in the country created a demand for a paradigm shift towards multidisciplinary care and interdisciplinary education. This is similar to a situation in Spain in the early 1980s when the Drug Dependency MA program was introduced at Barcelona University (Ferrer et al., 2021). Similar demands motivated the launch of a system of addictology education in the Czech Republic in the early 2000s (Miovsky et al., 2015). However, in Georgia, a country with 70 years of living in a totalitarian regime, an additional motivational driver existed to initiate the program. Namely, almost two decades of unsuccessful attempts of promoting human rights and evidence-based approaches to drug demand reduction led to the insight within the local professional community that transformational changes could be achieved by establishing mechanisms of quality addictology education. In addition, raising a new generation of addictologists equipped with contemporary knowledge and skills was seen as a way to achieve constructive changes. Recent developments proved this assumption to be true.

#### 4.3 System of addictology education in Georgia

The academic system of addictology education that was put in place in Georgia in 2015 implies the MA level program – similarly to the University of Barcelona Master’s in Drug Dependence (Ferrer et al., 2021). This is different from the Charles University approach, where there is a three-level education

system, including bachelor’s, master’s, and doctoral levels; the bachelor’s degree qualifies the graduates for clinical work (Miovsky et al., 2015; Miovsky et al., 2016). Despite the gradual growth of demand reduction infrastructure in Georgia, there are still not many relevant jobs. Every year, 8 to 10 students graduate from the Ilia State University Addiction Studies MA programs, and most of them are employed. But if we have more students (e.g., at a bachelor’s level as in the Czech Republic), they will most probably have difficulties with finding jobs, which we would like to avoid. Therefore, future program development of a doctoral level is foreseen as a way to increase academic capacity in the field.

## 5 CONCLUSIONS AND LESSONS LEARNED

**A core group of professionals with intrinsic motivation to promote changes is needed.** To promote changes in the field of drug response in Georgia, a core team of dedicated professionals with intrinsic motivation to enact changes is needed. It is crucially important for such a group of professionals to be supported by experienced colleagues with a solid background in reforming the drug field. The Czech drug policy reformers and team of addictologists from Charles University served as a support force and a role model for the Georgian community of addictologists.

**Multi-stakeholder cooperation involving both national and international partners is important.** In the post-totalitarian state, it is difficult to promote changes without the consolidation of professional community and civil society, and without support from outside the country. The local professionals need to cooperate closely with the target group (PWUD community organizations) and with international partners. No changes are possible without cooperation with the government to the extent that the political situation allows. Therefore, local and international networking and multi-stakeholder cooperation are paramount.

**International political processes can significantly catalyze changes.** The international political processes create a crucially important political context for promoting reforms. In the case of Georgia, the Association Agreement with the European Union played a critical role in assuring a local political will to introduce certain changes – i.e., creating National Drug Observatory, elaborating national drug strategy, moving towards evidence-based prevention, etc.

**International and inter-university cooperation focused on capacity building is crucial.** The international and inter-university cooperation-focused projects make a lot of difference. The large-scale (Open Society Institute and Open Society Foundation projects, EU-funded programs such as SCAD, TEMPUS ADDIGE, EU-ACT, and EMCDDA4Georgia), as well as small-scale initiatives (USAID and CzDA-funded projects focused on developing institutional mechanisms for addictology education) created opportunities for learning and capacity building, exchanging experiences, upgrading professional knowledge

and skills, translating relevant literature and making it accessible for a wider professional community in the country. In addition, these projects played a vital role in lobbying and advocating evidence- and human-rights-based policies.

**Addictology/Addiction Studies education itself serves as a factor for catalyzing changes.** Building sustainable institutional mechanisms in the drug response field is crucial. Especially important in this regard are the university master's level program and life-long education in addictology/addiction studies, which create sustainable mechanisms to raise a new generation of competent professionals. The graduates of the Addiction Studies Master's Program working in the governmental agencies and non-governmental sector may, again, function as change agents promoting reforms focused on introducing evidence-based and human rights-based approaches in the field of drug response.

**Patience: the key strategic resource while promoting changes.** And last but not least: while working on promoting reforms in the field of the national drug response in the post-totalitarian state, the most important strategic resource that one needs to be equipped with is patience. It took six years to start implementing the 'unplugged' program in 2019 since its formatting in 2013; establishing the National Drug Observatory took 17 years. This was a long journey, full of disappointments, but not without rewards either. And patience was a key resource during this journey, preventing us from giving up. But we are still at the beginning of this journey of changes - work on reforming the national drug response in Georgia is an ongoing project.

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