

Information on the Human Rights Council resolution A/HRC/ 28/L.22 on the contribution of the HRC to the special session of the General Assembly on world drug problem 2016

National anti-drug strategy and action plan

Drug policy development and coordination of policy implementation is mainly conducted by Interagency Coordinating Council on Combating Drug Abuse (hereinafter-council). The council was established by the Presidential Order on 22 November 2011. The establishment of the Council was triggered by the aim of the government to intensify combating against drug abuse and cope with all problems connected thereto. Council comprises members from all the significant governmental institutions, and is working in cooperation with the representatives of the international organizations as well as of non-governmental organizations, and with the independent experts, working on drug related issues. The main objectives of the Council are to elaborate state strategy on the combating drug abuse in line with the human rights standards and considering the situation analysis of the country, as well as to draft, periodically revise and monitor the implementation of the strategy and action plan, and to coordinate intergovernmental activities.

In 2012, Coordinating Council created four working groups for the purpose of elaboration of national drug strategy and relevant action plan. Working groups were established according to the following strategic directions: Information, research, assessment working group, Supply reduction working group, Demand reduction and harm reduction working group, International cooperation and internal coordination working group. Working groups were comprised by representatives of relevant governmental agencies, civil society, international organizations and independent experts.

The National Drug Strategy was adopted in 2010 and Action Plan for 2014-2015 was approved by the Coordinating Council on the meeting of 4th December 2013 and the implementation of the documents has started timely by the responsible agencies. The strategy and action plan were reviewed and assessed as being in line with existing international principles and trends and covering all relevant areas of drug policy by the Cooperation Group to Combat Drug Abuse and illicit trafficking in Drugs (Pompidiou Group) of Council of Europe. All the recommendations provided by the Pompidiou group were reflected in the both documents.

The strategy is based on the following basic principles: assisting harmonious development of a human being, safeguarding personal and public security, respect for human dignity and rights, and facilitating informing and educating the public. The goal of the present strategy is to reduce medical, social and economic harm caused by illicit drug traffic on the individual, family, community, public and national level. The main directions/components of the strategy are: working on reducing demand and harm; reducing supply; coordination and international cooperation; and monitoring drug situation in the country.

Action plan is also based on these goals and directions, and it provides clear time schedule for the institutions to conduct activities in the field of combating drug phenomenon in different settings with balanced approaches based on scientific evidences. Action Plan determines specific tasks and respective measures to be undertaken; implementation assessment indicators and clear timeframe, for each responsible body and partner organization. Furthermore, the document foresees the necessary resources for each activity and the source of funding.

Ministry of Labour, Health and Social Affairs (MoLHSA) prepared protocols/treatment standards for toxic psychosis, caused inter alia by psychoactive substances, in order to increase effectiveness of detoxification treatment.

Drug addiction programs in the country are financed from the State budget and the Global Fund to fight AIDS, Tuberculosis and Malaria ((hereinafter - GFATM). Services are provided also by the private sector.

The aim of the State Drug Addiction Program is to provide persons suffering from drug addiction with treatment, rehabilitation, and oral substitution therapy.

Within the program, beneficiaries are provided with early diagnostic services and consultations on the HIV/AIDS, Hepatitis B and C, and sexually transmitted diseases. Within the framework of the HIV/AIDS State Program, intravenous drug users are also eligible for voluntary testing and consultation on the HIV.

State Drug Addiction Treatment Program components are:

- a.* Opiate Substitution Treatment
- b.* State stationery detoxification and initial rehabilitation

The rehabilitation services aim is the harm reduction and psycho-social rehabilitation after opiate substitution treatment.

Special unit for treatment and rehabilitation of female drug addicts is functioning in Tbilisi

In the framework of the harm reduction program funded by GFTAM 14 community based service centers were fully functioning providing the relevant HIV, hepatitis B and C prevention counseling, safe injection instructions, counseling for overdose prevention and safe sex and distributing the injection instruments (syringes), condoms and informational materials. The project is implemented by Georgian Harm Reduction Network (hereinafter – GHRN), NGO working on harm reduction programs and advocacy. In 2014, in the framework of the harm reduction program, funded by GFATM injecting drug users (IDU) have benefited from at least one component of the program.

According to the order of MoHLSA of 11 August 2014, ambulance doctors will not be obliged to report police on cases of drug consumption in urgent situations (overdosing). Additionally, treatment of overdosing will be funded from the state budget.

From September 1, 2014, purchasing of pharmaceutical products assigned to the II group, without prescription, has been prohibited, which ensures establishment of the process of rational pharmacotherapy and fight against drug addiction.

Sale of pharmaceutical product assigned to the first and second group to the minors is prohibited from 30 July 2013. The pharmaceutical products, containing Codeine, Ephedrine, Pseudoephedrine and Norephedrine are the subjects to the criminal liability. Baclofen, Gabapentin, combined preparations containing Dextromethorphan (except syrups), Zopiclone, Zaleplon and Tropicamide were moved from II to I group. Reclassification of II and III group pharmaceutical products has been carried out.

With the funding of GFATM Media campaign started in September 2014 running till October 2015. The aim of campaign is to overcome stigma and discrimination against drug users and HIV infected individuals. 900 medical personnel are being trained in order to decrease stigma and discrimination against drug users in medical institutions.