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DRUG CONTROL IN GEORGIA: DRUG TESTING AND THE REDUCTION OF DRUG USE?

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The Beckley Foundation Drug Policy Programme (BFDPP, www.internationaldrugpolicy.net) is a non-governmental initiative dedicated to providing a rigorous independent review of the effectiveness of national and international drug policies. The aim of this programme of research and analysis is to assemble and disseminate material that supports the rational consideration of complex drug policy issues, and leads to more effective management of the widespread use of psychoactive substances in the future. The Beckley Foundation Drug Policy Programme is a member of the International Drug Policy Consortium (IDPC, www.idpc.info), which is a global network of NGOs specialising in issues related to illegal drug use and government responses to the related problems. The Consortium aims to promote objective debate on the effectiveness, direction and content of drug policies at national and international level.

SUMMARY

The Republic of Georgia has experienced rapid economic, political and social change after the gaining independence from the Soviet Union in 1991. Drug-related affairs are no exception. The scale of the illicit drug market has increased, drug use has become more common and the citizens' attitude towards drugs has diversified. As a consequence, the government has been forced to respond to these challenges. Today Georgian drug policy, at least at the rhetorical level, endorses a balanced approach. In reality, however, preference has been given to law enforcement interventions. Prominent among them is coerced drug testing. Under measures introduced in 2006 the consequences of a positive test result include the imposition of severe fines and the confiscation of assets. While apparently increasing government income, the policy has proven to be problematic and failed to reduce the availability of illicit drugs within Georgia.

Recently there have been promising signs of change. For instance an unprecedented amnesty was promised to incarcerated drug users and President Mikheil Saakashvili announced the possibility of shifting the focus of drug policy away from its predominantly law enforcement orientation. General elections are to be held in May 2008 and it is hoped that the new Parliament and the Government will be truly committed to recalibrating the current Georgian drug policy to be more just and humane. This would be a timely move. After reviewing the evidence, the authors of this paper argue that,

despite hopes for European Union (EU) membership, the national drug policy of the Republic of Georgia is currently well behind EU standards and requirements, and lacks a balanced, science-based and integrated approach.

GEORGIA AND THE EUROPEAN UNION

Georgia is situated between the Black Sea and Caspian Sea, on the border of Europe and Asia. This location at the crossroads of international trading routes has meant that it has long attracted the ambitions of empires for military expansion. For example, after three years of independence Georgia was occupied by the Red Army in 1921 and it was the part of the Soviet Union until 1991 as a Soviet Socialistic Republic. The collapse of the Soviet Union gave the country its independence back, but the democratic transition was a painful

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process with many social and political tensions: economic crisis, civil war, and constant attempts from Russia to gain back political control over Georgia or force it to relinquish its territories. The population of Georgia has been decreasing since 1997 due to migration and in 2006 it was estimated to be 4.4 million (State Department of Statistics). Among other social problems the country has witnessed a dramatic increase of illicit drug use and related problems since reclaiming its independence (INCSR, 2006). A public poll conducted in 2005 among the general population (Sirbiladze et al., 2005 in: Javakhishvili et al., 2006) indicates that drug use is considered to be the second most significant social problem after unemployment.

After the so called “Rose Revolution” (the installation of a pro-Western, liberal government) in 2003, Georgia is often considered as a model for democratic and economic reforms in the Caucasian region. For example, a World Bank report ranks Georgia as the 18th best growing economy in the world due to its commitment to attract business investors (Doing Business, 2008). The country has also recently sought integration with the European Union: an intention that has consequences for Georgian drug policy.

The EU does not have a unified and compulsory drug policy for member and accession states. That said, a combination of legally binding provisions within various EU treaties as well as additional legal instruments has resulted in an agreed joint EU approach to tackling drugs. The current EU Drug Strategy, for example, endorses the founding values of the Union and the fundamental principles of its law: respect for human dignity, liberty, democracy, equality, solidarity, the rule of law and human rights. It aims to protect and improve the well-being of society and of the individual, to protect public health, to offer a high level of security for the general public and to take a balanced, integrated approach to the drugs problem. (EU Drug Strategy 2005-2012, Preface, Paragraph 2). The strategy also takes account of the relevant UN Conventions on Drugs and the decisions of the UN General Assembly Special Session on Drugs of 1998. It was the latter which first highlighted the importance of the integrated and balanced approach of drug supply and demand reduction as mutually reinforcing elements in drugs policy. (EU Drug Strategy 2005-2012, Preface, Paragraph 3). Within the framework of this balanced approach, the measurable reduction of the use of drugs, of dependence and of drug-related health and social risks should be achieved through the development and improvement of an effective and integrated comprehensive knowledge-based demand reduction system including prevention, early intervention, treatment, harm reduction, rehabilitation and social reintegration measures. (EU Drug Strategy 2005-2012, Policy Field: Demand Reduction, Paragraph 22). As will be demonstrated within the following sections of this report, despite the aspirations of the Georgian government to strengthen ties with the European Union, current Georgian drug policy has not been developed in accordance with the EU principles and approaches.

THE HERITAGE OF SOVIET DRUG POLICY

The late Soviet period was marked by growing stigmatisation and criminalisation of drug users in the USSR, and Georgia’s response to the phenomenon was one of the most repressive among the federal states. It was the first Soviet Republic that criminalised acquisition, possession and smuggling of illicit drugs. In the 1960s administrative and criminal responsibility for drug use was introduced, while in late 1980s, cultivation of plants containing narcotic drugs was added to the list of criminally punishable acts (Gamkrelidze et al., 2004). The First Secretary of the Central Committee of the Communist Party of Georgia, Eduard Shevardnadze, initiated harsh legal measures and public campaigns against drug users in the 1970s. A register of personal data of drug offenders was set up in 1978 – this was the first drug user register in the Soviet Union, now a commonplace in many Eastern-European countries, which raise serious concerns of human rights organisations (Human Rights Watch, 2007). The treatment system was dominated by the idea of drug addiction as a brain disease which required forced hospitalisation (in so called “narcological” clinics) in order to achieve total abstinence, which was the only legitimate goal of interventions.

As the first annual report on drugs put it in 2003, the “relatively effective methods against the spread of the problem applied by the totalitarian regime”, like “closed borders, rare contacts with other countries, overly strict customs control, check of persons by police with no regard for human rights, courts adapted to infringements of procedural norms” no longer existed after the fall of communism (Gamkrelidze et al., 2004). The country faced an unprecedented increase in the prevalence of illicit drug use and growing social and economic problems related to enlarged drug markets.

Despite the changing circumstances, drug-related legislation of the Soviet period remained effective in Georgia after independence in 1991 and no innovative responses were introduced in social and health policy. In 1994, the State Commission on Fighting Drug Abuse and Illicit Drug Trafficking was established. The Commission was presided over by the state minister and its members were high government officials. It developed two state programmes: The National Programme on Fighting against Illicit Turnover of Drugs in Georgia (1996-1997) and The State Programme on the Fight against Drug Addiction and Illicit Drug Circulation (1998-2000). However, none of these programmes were translated into action due to the lack of resources and political commitment, and consequently the Commission could not fulfil its role as an active coordinating body (Gamkrelidze et al., 2004).

PATTERNS OF DRUG USE

The EU/United Nations Development Programme supported South Caucasus Anti-Drug Programme's (SCAD) Reports on the Drug Situation in Georgia (2003, 2004 and 2005) have characterised the patterns of drug use. Marijuana is considered the most popular illicit drug in the country. According to a high school survey, 52.6 % of young males aged 17 to 22 have tried cannabis at least once in their lives and the last year prevalence was 7.8 % in 2004 (Gamkrelidze et al., 2005). Before 2000, raw opium was prevalent on the black market. From 2000, injecting use of heroin increased rapidly. The year 2004 was marked with the significant increase in the import of Subutex (the brand name for the buprenorphine – an opiate medication developed for the treatment of opiate addiction). This drug is not registered in the Georgian health care system and is imported illegally. One of the indicators of growth in Subutex use is the increase of the number of Subutex users among patients seeking treatment. In 2004, 29% of patients admitted to clinics were addicted to Subutex, whereas in 2005, the number of such patients reached 39%. The use of cocaine and amphetamine is insignificant, as they are not actually available on the black market. Ephedrine and pervitine (methamphetamine), which are usually prepared through chemical refinement of medicines used against respiratory disorders and are available from drugstores without any prescription, have also appeared in the black market. The number of females constituted 1% of the overall number of registered drug users. In terms of age, most illicit drug users are 21 to 35 (Gamkrelidze et al., 2005). Drug use is also common among the prison population. In a survey held by the Georgian Research Institute on Addiction (GRIA) in 2004, 70% of interviewed prisoners admitted lifetime use of different drugs. More than 41% of respondents said they have been using drugs while in prison. From those using drugs 37% undertook withdrawal in prison and 23% experienced overdose at least once while imprisoned (Gamkrelidze et al., 2005).

Before 2005, information on drug users, including injecting drug users, was contained in the database under the Ministry of Labour, Health and Social Security. The database, called the "Narcologic Register" was administered by the GRIA. Data were collected from treatment centres (information on treated patients, with guaranteed anonymity) and the police (information on individuals registered as a result of a drug test, with their personal data and test results available to law enforcement agencies). With the formation of the National Bureau for Forensic Medical, Psychiatric and Drug Examination in the Ministry of Justice in 2005, the "narcologic" database (the part dealing with persons who tested positive in a drug test ordered by the police) was transferred to this newly formed unit. The registration of drug users was stopped and currently there is no precise information about medical treatments as well as on police-ordered tests (Javakhishvili et al., 2006).

At the end of 2004 the GRIA database had the total of 24,000 drug users and addicts registered, with 14,400 injecting opioid users and addicts among them (Gamkrelidze et al., 2005). In general there is a scarcity of reliable data regarding the prevalence of illicit drug use in Georgia. The drug information system (National Focal Point on Drugs and Drug Addiction) was set up few years ago with support of SCAD. Regrettably, due to limited funding and problems in implementing the programme, the Focal Point has been inoperable for the last two years. No evidence based estimates of the prevalence of drug use exist. Very often references are made to data from the US State Department, according to which "*Press reports indicate at least 350,000 drug users in Georgia during 2005; the government puts the number at 240,000.*" (INCSR, 2006). Unfortunately, the very definition of "drug user" is not clear from the International Narcotics Control Strategy Report statement and statements derived from it. Consequently, the validity, reliability and practical use of this speculative figure is unclear.

THE THREAT OF HIV/AIDS

Georgia, with an estimated HIV prevalence in the range of 0.1 - 0.2 %, belongs to the group of countries with concentrated/low HIV epidemics. Despite the low prevalence of HIV infection, Georgia is considered as a country with a high potential risk for an expanded HIV/AIDS epidemic due to widespread injecting drug use (UNGASS HIV/AIDS Georgia Country Report, 2006). In 76% of registered cases, the virus has been transmitted in other countries – that is to say individuals have been infected outside Georgia, basically in Russia and the Ukraine. In addition, HIV has been transmitted, in the first place, to the spouses and sexual partners of IDUs (Tkeshelashvili-Kessler, A. et al., 2005).

1500 HIV/AIDS cases were registered in the country at the end of 2007. However, according to unofficial estimates, the number of People Living With HIV/AIDS (PLWHA) in the country is likely to be well over 3,500. Out of the registered cases, 63.9% are IDUs. More than half of IDUs are infected with the Hepatitis C virus. From 1998 to 2005 67 HIV infected prisoners, in total, were identified in institutions of the penitentiary system of Georgia. In 2005, HIV/AIDS prevalence made up 0.15% in the total population and 1.76% in institutions of the penitentiary system. Up to now, voluntary HIV testing and consulting is provided by the National AIDS Centre in Tbilisi, the regional centres of Batumi and Zugdidi and by approximately 60 local laboratories. Both consulting and testing are free and strictly confidential.

Georgia is the first former Soviet republic that guarantees availability of free treatment to all known AIDS patients. Free anti-retroviral treatment has been provided since 2005 with the financial assistance of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM). By the end of 2007, 346 patients had undergone highly effective anti-retroviral treatment. These people consisted of 181

IDUs, 132 patients infected through heterosexual contact, 10 men who have sex with men, 8 blood recipients, 12 infected through vertical transmission (i.e. mother to child transmission) and 3 cases with unidentified route of transmission (AIDS Centre, 2008).

In 1993, Georgia joined the Riga Declaration and the emphasis shifted from mandatory HIV testing (which was the case during the Soviet period) to large-scale prevention, where human rights, raising public awareness and citizens' participation in solving of HIV/AIDS problem became top priorities. However, this shift did not trigger a change in the attitudes of law enforcement authorities to IDUs, the main target group of HIV prevention. This was unfortunate since a human rights-based HIV/AIDS policy cannot be effective without a coordinated and holistic approach in drug policy. As the authors of *Unintended Consequences: Drug Policies Fuel the HIV Epidemic in Russia and Ukraine* point out, the criminalisation of drug users can fuel the spread of HIV/AIDS (OSI 2003).

DRUG LEGISLATION

As noted above, after gaining independence from the USSR, the Soviet drug legislation remained effective in Georgia until 2003. In 1997 and 2000, the independent Georgia ratified the three UN conventions on drugs (1961, 1971 and 1988). The creation of the new legal framework began with the adoption of the Law on Drugs, Psychotropic Substances, Precursors and Narcological Aid by Parliament of Georgia on 5 December 2002 and came into effect in March 2003. In the spirit of the UN conventions, the law criminalised the trafficking, cultivation, production, possession and use of illicit drugs. An attachment to the law lists all controlled substances with their maximum permissible quantities. The legislation considers drug dependence as a disease and extends the rights guaranteed under the Law on Psychiatric Aid to drug dependents. The state undertakes to bear the costs for medical examination, treatment and rehabilitation of drug addicts. However, due to the economic difficulties as well as the considerable number of patients, the above contribution of the state is limited by the state programme, as provided under Georgian Law on the "State Budget".

Drug use is a criminal offence, punishable under both the Administrative and the Criminal Codes of Georgia. Article 45 of the Administrative Code makes it an offence to acquire and possess small amount of drugs, without the purpose of distribution and/or its use without doctor's prescription and determines the sanction in the form of the fine of 500 GEL.² For comparison, an average monthly salary is 278 GEL (Department of Statistics of Georgia). In exclusive cases, when this measure is considered to be insufficient due to circumstances and personal characteristics, the offender can be sentenced to an

administrative arrest/detention for 30 days. If after imposition of the administrative sanction the person is found committing the same offence, criminal punishment will be applied in accordance with Article 273 of the Criminal Code of Georgia. Sanctions that may be applied in such cases are a fine, community service for 120-180 hours or deprivation of liberty for up to one year.

Persons considered to be drug addicts are entitled to undergo treatment at the expense of the state once in their lives. As further provided by the law, if the fact of drug abuse is established and the offender refuses to undergo treatment voluntarily, coerced treatment may be imposed by the criminal court after the commission of a medical establishment determines the necessity and duration of this treatment. Evading coerced treatment is punishable with deprivation of liberty for a period of up to 1 year, as specified in Article 274 of the Criminal Code of Georgia. Furthermore, the law determines compulsory treatment of persons in places of detention. The law is noteworthy for guaranteeing the anonymity of voluntary treatment and legalisation of opiate substitution treatment. In practice, there is no funding mechanism and infrastructure established for state funded treatment (voluntary or coerced).

In general, the main state instrument for addressing drug problems is still repression. For example, any amount of heroin possessed is considered to be "large amount" and is punishable with 6-12 years of imprisonment. Moreover, the Criminal Code does not distinguish possession of drugs for personal use and for trade. As a result, Georgian prisons are full of drug users who are detained because of drugs they kept for their personal use. In 2005, 98% of all drug related offences (2074) were minor criminals connected with drug use (Javakhishvili et al., 2006).

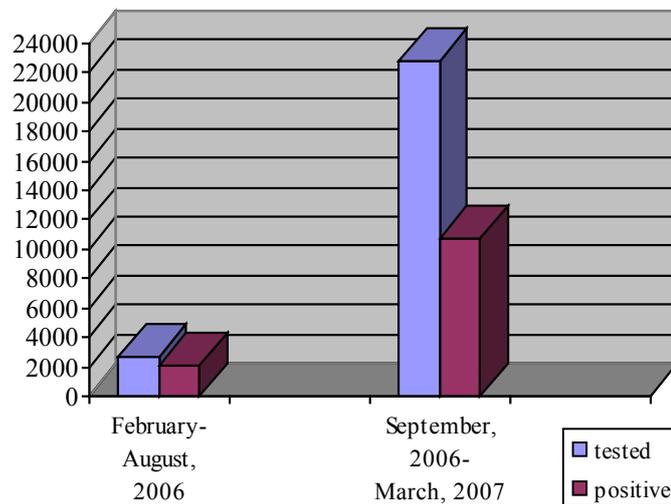
SCALING UP OF COERCED DRUG TESTING

In August 2006, some amendments were made to the Administrative Code of Georgia. According to these amendments, the simple possession of small amounts or use of illicit drugs without prescription became punishable with an increased fine (500 GEL). At the same time, the supervision of forensic laboratories of drug testing was assigned to a department established for this reason in the Ministry of Internal Affairs (MOIA) in October 2006. These changes resulted in a rapid increase of people forced to undergo drug testing in the country. There was a tenfold increase in a number of people force-tested for drugs during the seven months following the introduction of high penalties compared to the same period preceding this amendment (22,755 vs. 2,706) (MOIA & National Forensics Bureau, 2007). According to the same sources, more than 57,000 people were brought in for forced testing in 2007 and only 38% of them turned out to be under the influence of drugs, compared to 78% for the similar

² The Georgian currency is named Lari.

indicator in previous year (MOIA, 2008). The presented data indicate that more than 35 thousand law obeying citizens (i.e. non-drug users) were detained and brought in for testing, where they had to wait in long queues to be tested for drugs and often become subjects of unreasonable accusation and humiliation.

Dynamics of forced drug testing before and after the increase of fines



[MOIA & National Forensics Bureau]

Those tested positive are subject to fine of 500 GEL. In reality, a significant proportion of people who test positive have to pay much higher fines as they are identified as drug users for the second (or more) time. In this case penalties start from 2000 GEL (Criminal Code of Georgia, Article 42). As a result of this distorted policy, 30 million GEL were paid into the state budget as drug-related fines in 2007, while only 250,000 GEL were allocated for drug prevention and treatment (Supreme Court, 2008; Ministry of Labor, Health and Social Affairs, 2008). It consequently seems plausible to suggest that instead of investing finances in better managing the illicit drugs problem, the government has decided to make it a serious source of income. Indeed, as Gigi Tseretely, Chair of the Health and Social Issues Committee of Georgian Parliament, recently stated, "If drug users are able to fund their habit, why should not we force them to contribute to the state budget as well?" (Gigi Tseretely, 2008). The requirement to pay high fines places significant financial burden upon drug dependents. As a rule, property of those who are unable to pay fines is confiscated and sold through auctions, which occasionally leaves the families of drug dependent persons homeless. Another grave consequence is that many drug users have to get involved in criminal activities in order to pay the fine. A flagrant example of the harmful consequences of forced drug testing is the case of Eric Muradov, a drug user whose house was confiscated by the court because he could not pay the fine of 800 GEL in time (Didube-Chugureti District Court). Muradov and his disabled mother became homeless, with no hope to reintegrate to society. Muradov is currently in prison for committing no crime other than drug use.

According to the Article 42, part 8 of the Georgian Constitution a person can give or refrain from giving testimony against him/herself. As a consequence, nobody should be forced to undergo urine testing and everybody has the right to refuse to be tested. Since most Georgian citizens are not fully aware of their constitutional rights, civil society organisations, such as Alternative Georgia and the Center for the Protection of Constitutional Rights, have been making efforts to inform the population about the legal opportunity to refuse forced drug testing without negative consequences (Alternative Georgia, 2007). In order to torpedo this activity, the government recently have made a proposal to amend the Administrative Code. If Parliament adopts the addition of the new article (Article 45), the rejection of drug testing would be enshrined as legal evidence of drug use itself. In other words, the amendment would create the possibility to start an administrative or criminal procedure against an individual. According to the proposed amendment, persons who are under suspicion of using illicit substances and refuse to be drug tested shall be fined 500GL (about \$330) or sentenced to 30 days administrative detention.

GAP BETWEEN SERVICE PROVISION AND TREATMENT DEMAND

While there is no evidence that imposed sanctions successfully motivates drug users to give up using drugs, the government does not offer any kind of medical or social services to drug users who voluntarily seek assistance. Treatment is not available for the great majority of those who are in need of it. Addiction clinics are offering highly expensive treatment programmes, which are usually limited to a simple detoxification. After the GFATM has started implementing its programmes, the government funding for drugs and HIV/AIDS prevention and treatment programmes has gradually ceased to exist. During the last 10 years, government funding for demand reduction programmes decreased ten times and in 2006 it was only a symbolic amount €22,400 (Javakhishvili et al., 2006). In 2004, 14 patients underwent treatment on the state's expenses, and in 2005 no patient was treated from governmental budget (Javakhishvili et al., 2006).

But even when state funding was comparatively high, a large amount of it (60%) was traditionally apportioned to police-ordered compulsory drug testing (Shatirishvili J. et al, 2005). According to data from the year 2003, there was more money spent on forced drug testing than spent on HIV/AIDS prevention and treatment, or drug prevention and treatment (Shatirishvili J. et al, 2005).

The development of governmental budget allocated to drug policy, prevention and treatment in Georgia 1997-2006.

Year	Budgetary Plan (in GEL)
1997	430 000
1998	500 000
1999	320 000
2000	350 000
2001	500 000
2002	551 000
2003	500 000
2004	348 000
2005	150 000
2006	50 000
2007	250 000

(SCAD Report 2005; Ministry of Labor, Health and Social Affairs)

At present the large part of prevention, treatment and harm reduction programmes are funded by international donors like the Global Fund, the Open Society Institute or European Union institutions. Among them the contribution of the Global Fund is the most significant which piloted three programmes on substitution treatment in Georgia (two in Tbilisi, one in Batumi) with 200 clients. It is an encouraging fact though that the Ministry of Labour, Health and Social Affairs of Georgia decided to co-fund substitution treatment programmes in 2007.

ARGUMENTS FOR A POLICY OF BALANCED APPROACH WITH A FOCUS ON EFFECTIVENESS

The absence of a coordinated and balanced action in the field of drug policy represents one of the basic shortcomings of the efforts made for tackling drug problems in Georgia. There have been efforts recently to fill gaps and create a flexible framework for national drug policy. For example, in a Resolution of 13 February 2007 the Georgian Parliament acknowledged the necessity of a complex, balanced and consistent drug policy with various priorities ranging from demand and supply reduction to harm reduction (Resolution of the Parliament #4334, 2007). The document emphasises that effective co-operation with society, recruiting qualified human

resources, expansion of international cooperation and improving appropriate legal basis are necessary to find feasible public policy responses to drug-related harms.

Two alternative Drug Policy documents were produced in 2006. The first, Action Plan of Drug Policy, was developed by NGOs and foreign consultants focussing on the reduction of harms caused by drug use and the protection of human rights of people who use drugs (Radimecky J., et al, 2006). This document was shelved by the Parliament and MOH. The other, Concept of Anti-Drug Policy, was drafted by a group assigned by the Ministry of Labour, Health and Social Affairs and, mainly focusing on preventive mechanisms in the framework of the criminal justice system, included strict administrative sanctions like high fines. In February 2007, the Parliament adopted the Concept of Anti-Drug Policy and within the following four months was expecting to receive the finalised version of the Action Plan from the government that was to be prepared in pursuance of the resolution mentioned above. At the time of writing the Action Plan is still not finalised or approved.

High rates of arrest and incarceration of drug users have often been cited by governments as a way of reducing drug consumption by directly lowering demand. Indeed, within Georgia Gigi Tseretely has stated that “Strict administrative sanctions should have a preventative effect and keep young people away from drugs.” (24 Hours, 2006). There is little evidence from any country, however, that fear of arrest and sanctions is a major factor in an individual’s decision on whether to use drugs. A recent study comparing marijuana use in Amsterdam and San Francisco suggests that relative risks of punishment make no difference on levels of use. Despite the significantly different law enforcement regimes in these cities, the research found remarkable similarities in drug use patterns (Reinarman, C., Cohen P.D.A., & Kaal, H.L., 2004). Factors other than incarceration have led drug users to control or give up their drug use, which include, for instance, the recognition of the high toll of drug use on personal relationships, home and work and the attractive rewards for quitting (Bewley-Taylor, D., Trace M., and Stevens, A., 2005).

At the same time, the financial and other costs associated with a focus on law enforcement and incarceration is high. It was calculated in the mid-1990s that within the US as a whole it cost approximately \$8.6 billion a year to keep drug law violators behind bars (Bureau of Justice Statistics, 1997). Research suggests that significant collateral costs of incarceration exist with regard to public health issues, and risk of exposure to blood borne infections like HIV and Hepatitis C can be greatly increased with incarceration (Hunt, N., Trace, M., & Bewley-Taylor, D., 2004). A rich country like the USA can maintain high expenditures on a court and prison system that is dominated by drug cases – smaller countries however will quickly struggle with the resource implications of this policy. Given the significant costs of incarceration as a way of reducing drug problems, it is hard to justify a drug policy approach that prioritises widespread arrests and harsh penalties for drug users on grounds of effectiveness. Most

European countries have learnt that, in practice, reducing the cost of arresting and punishing drug users enables resources to be focused on maximising the other factors that protect against drug abuse, such as prevention and treatment.

CONCLUSION

The 2008 UN General Assembly Special Session on HIV/AIDS Country Report highlights the steady increase in the prevalence of drug use within Georgia and points at the injecting drug use as a major force for HIV transmission in the country (UNGASS HIV/AIDS Georgia Country Report, 2008). To be sure, Georgia's potential to become a major drug trafficking route between Asia and Europe may well amplify upward trends in domestic drug use and its damaging effects on public health and society, especially with regard to the spread of HIV/AIDS and hepatitis B and C. It appears, however, that current law enforcement interventions "enhanced" with "preventative" drug testing are not capable of minimising the risks associated with such trends. The determination of the Georgian Parliament and the Government to respond to the risks of illicit drug use within the country is a positive sign and, by all means, imperative for a successful step forward. Yet the political commitment to reducing harms and various risks due to drugs and their use could be better focussed on developing a balanced approach with specific attention to effectiveness, for which the EU standards and approaches can provide guidelines. As for practical measures in Georgia, it would include the reallocation of financial resources – most of which are now spent on repressive, ineffective interventions like forced drug testing – to evidence based and cost-effective law enforcement and public health strategies. There is compelling recent international evidence that law enforcement campaigns aiming to achieve rapid and drastic changes in major epidemiological trends are doomed to failure even in better resourced countries than Georgia (Peter Reuter and Alex Stevens, 2007). Should Georgian politicians and decision makers take account of the significant evidence and experience from other countries that increasing police activity and penal sanctions for people who use drugs is not an effective way to use scarce government resources in the pursuit of the objective of reducing prevalence, the reduction of drug-related harms and, eventually, the containment of drug use would stand a better chance of success.

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