



Joint Submission of Georgian Harm Reduction Network and Eurasian Harm Reduction Network to the Committee on the
Elimination of
All Forms of Discrimination against Women
58 Session

**For the Consideration of Combined fourth and fifth periodic reports Report of
Georgia**

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Introduction

Eurasian Harm Reduction Network (EHRN) submitted a preliminary report to the CEDAW Committee in October 2013 for the consideration of list of issues to highlight the impact of harsh drug policies in Georgia. The questions asked to the government of Georgia highlighted the issues of women's rights in the context of drug policies and healthcare including in the places of detention. The government of Georgia escaped from giving specific information on the issues of women who use drugs and the availability of treatment services provided for them either in society or in prisons.

Georgian Harm Reduction Network (GHRN) together with EHRN in addition to previous submission, prepared a new (current) report for the consideration of 58th session of the CEDAW Committee to bring up the issues again and address the problematic areas with evidence and testimonies of women who use drugs in Georgia.

This brief document further outlines analysis of Georgian drugs and justice policies, life stories and the impact of drug policies on women and their families and provides recommendations for the UN CEDAW Committee to communicate with the government of Georgia during the review of the state report of Georgia on 8 July 2014.

Brief outline and recommendations

Major facts

- 10% of the estimated 40 000 people who use drugs in Georgia are women
- Only 30 (0.75%) out of 4000 women who are in need of Opioid Substitution Therapy to treat their addiction, had access to this effective and evidence-based treatment
- Over 80% of women who are marginalized due to their drug use or addiction experience gender-based violence, including domestic violence and police violence, compared to 35% of women in the general population
- Both state and NGO-run shelters ban women who struggle with addiction and are survivors of violence from accessing their services as an official or informal policy
- Currently, the state does not provide any gender-sensitive drug treatment services to women who use drugs
- No policies, guidelines or staff training programs exist to address sexual and reproductive health needs of women who use drugs
- No harm reduction services are available in the places of detention for women, while men have access to such services in detention, including to Opioid Substitution Therapy

Recommendations

- Develop and provide gender sensitive harm reduction and evidence-based drug treatment services for women who use drugs, including in the places of detention, in compliance with international standards on women's right to health
- Take respective measures to implement recommendations made by the ombudsman's office in relation to human rights of, and violence and discrimination against, women who use drugs in Georgia
- Develop and implement awareness raising programmes to alleviate social stigma against women who use drugs
- Develop national policies to address discrimination against women who are marginalized due to their drug use or addiction and integrate them into wider gender equality policies and strategies in the country
- Remove restrictions on access to anti-violence shelters for women who use drugs and are survivors of violence, and make it illegal for shelters to deny access to their services based on women's social, health, ethnic or other status
- Conduct a nation-wide study to establish how many women use drugs, including while pregnant, to determine how many women are in need of evidence-based drug treatment, harm reduction services, gender-sensitive HIV prevention and treatment programs and targeted sexual and reproductive health services

Right to health (article 12 of the CEDAW)

Absence of culturally appropriate, gender-sensitive health services for women who use drugs

Women who inject drugs are one of the most hidden and underserved groups in Georgia.¹ No official number exists on how many women who use drugs are in the country. Some available data shows that the proportion of women who use drugs is as high as 10% of the estimated 40 000 problem drug users in the country.² Very small group of women who use drugs have access to health services including evidence-based treatment for their drug use. Data from service providers also shows that number of women who are involved in harm reduction programmes does not exceed 1-2% of the whole number of clients who use services provided in the framework of Global Fund to Fight Aids, Tuberculosis and Malaria or the government of Georgia.³

Health services for this particular group of women often are either limited or not available due to stigma, shame and discrimination associated with the drug use. Right to health of women who use drugs, including drug treatment (Opioid Substitution Therapy, Needle and Syringe Exchange Programmes (NSP)), reproductive health and access to other general healthcare in the country is limited for this particular group and in many cases ignored. Only in 2013, out of roughly estimated 10 000 women who use drugs in the entire country,⁴ there were 1124 women who entertained NSP nationwide (460 in the capital and 664 in regions).⁵ Only 30 women are involved in the Opioid Substitution Treatment – an internationally accepted effective and evidence-based treatment for addiction.⁶

Women who use drugs avoid to approach state health services. For example, the organization AKESO (a self-organized community group) reports that since the inception of 2014 they served over 1200 women, half of whom reported health problems. None of these women have tried to approach the state health services fearing their drug use status to be revealed, and being rejected of the healthcare.⁷

Research conducted with providers of health services for women who use drugs prove that social gender roles and power imbalance impacts treatment seeking behaviour of women drug users.⁸ Major problems in women accessing health services for their drug use in Georgia are: lack of information regarding treatment opportunities, hostile and judgmental attitude of health service providers, lack of confidentiality, stigma related to treatment entry, lack of services based on the needs of women drug users.⁹

Women who use drugs are largely absent from state health programme in the places of detention too.¹⁰ For example, as of now, no drug treatment services are available for women in the places of detention and the government only provides OST (methadone) for two women prisoners. These women were receiving therapy while in society and the treatment is being continued.¹¹ No woman prisoner is permitted to initiate such treatment while in prison and most women who use drugs and are in need of treatment are rejected from such services when they request for OST in prisons.¹²

¹ Kirtadze I., Otiashvili D., O'Grady K, Zule W., Krupitsky E., Wechsberg M. M., & Jones H. E., 'Twice Stigmatized: Provider's Perspectives on Drug-Using Women in Georgia', *Journal of Psychoactive Drugs*, 45 (1), 1–9, 2013

² Needle R., Zhao L., 'HIV Prevention among Injection Drug Users. Strengthening U.S. support for Core Interventions. A Report of the CSIS Global Health Policy Center', 2010

³ Information provided by Georgian Harm Reduction Network, communication on 21 October 2013

⁴ Needle R., Zhao L., 'HIV Prevention among Injection Drug Users. Strengthening U.S. support for Core Interventions. A Report of the CSIS Global Health Policy Center', 2010

⁵ Information provided by Georgian Harm Reduction Network (Global Fund funded programme); communication on 5 June 2014

⁶ *Ibid*

⁷ Information provided by AKESO; communication on 6 June 2014

⁸ I. Kirtadze, D. Otiashvili, K. O'Grady, W. Zule, E. Krupitsky, W. Wechsberg, H. Jones, 'Risk and stigma in seeking care and policy implications', 2013 <http://www.slideshare.net/IrmaKirtadze/risk-and-stigma-in-seeking-care-and-policy-implications>

⁹ *Ibid*

¹⁰ Who are women prisoners? Survey results from Armenia and Georgia, Penal Reform International, 2013, available from http://www.penalreform.org/wp-content/uploads/2013/09/PRI-Research-report_Armenia-and-Georgia_UK_Final_SINGLES1.pdf; accessed on 19 October, 2013

¹¹ Communication with former women prisoners. Communication files are kept with the authors of this report; 15 May 2014

¹² Personal communication with former women prisoners. Communication files are kept with the authors of this report; 15 May 2014

The absence of treatment services for women who use drugs, stigma, violence and discrimination against this particular group remains a major issue in the country. National Human Right Institution of Georgia – the Ombudsman highlighted these issues in his report presented to the Parliament of Georgia¹³. In his report, the Ombudsman noted ‘that withdrawal symptoms can cause suffering reaching the level of inhumane degrading treatment prohibited under international human rights standards’¹⁴. This includes women in the places of detention. Lack of access to evidence-based drug treatment while in detention reduces women’s chances to successful rehabilitation after release, reconnection with family and restoring custody over children.

Moreover, the ombudsman noted: *‘there are no gender-sensitive, accessible, and evidence-based drug treatment programmes in the community both in urban and rural areas. Neither such programmes are discussed to be introduced near future. At the same time, such gender sensitive programmes are largely absent from the places of detention.’*¹⁵

There has been no action taken by the parliament or its respective committees (i.e. Committee on Human Rights and Civil Integration, Committee on Healthcare and Social Issues) to address the issue at policy level.¹⁶

Such absence of policy debates in regards to women who use drugs is also largely related to overall gap of multi-sectorial collaboration among law enforcement agencies, health and justice ministries/institutions, civil society organisations, social welfare and drug control institutions to assist in developing frameworks of action to support voluntary and community-based services for women who are drug dependent.¹⁷

Pregnant women who use drugs and access to healthcare

Drug use during pregnancy is still a taboo among reproductive and sexual health care providers in Georgia. International guidelines and standards developed by WHO and other key international public health authorities clearly state that women who struggle with addiction in pregnancy are among the most vulnerable pregnant women. They are at risk for HIV and other blood-borne infections, domestic and other forms of gender-based violence, poverty, malnutrition, and social isolation. WHO guidelines on prevention of mother-to-child transmission on HIV¹⁸, highlight importance of coordinated, multidisciplinary care provided in a non-judgemental and supportive manner. The guidelines highlight importance of access of pregnant opioid-dependent women to Opioid Substitution Therapy, which is demonstrated to be safe in pregnancy and effective in stabilizing women, preventing fatal overdose in pregnancy, increasing women’s connection to health care, including to antenatal care, and resulting in better health outcomes both for mother and child. However, Georgia has been slow in adopting these guidelines at the national level, training reproductive health care providers and monitoring implementation of such guidelines at the national and local level. As a result, despite their heightened vulnerability, pregnant women who struggle with addiction do not have access to quality antenatal care and drug treatment they need during pregnancy and postnatal period, which significantly increases risk of poor maternal and

¹³ Ombudsman of Georgia Report to the parliament on the situation of human rights in 2012 (submitted in 2013), p. 716;

<http://ombudsman.ge/files/downloads/ge/iicsizmorgdfkakhkdqvc.pdf>; accessed on 25 July 2013

¹⁴ UN Human Rights Council, Report of special Rapporteur on Torture and Other Cruel, inhuman or Degrading Treatment or Punishment, Manfred Nowak, 14 January 2009, a/HRC/10/44, para. 71 (inserted in საქართველოს სახალხო დამცველის ანგარიში, გვ. 717, 2012; <http://ombudsman.ge/files/downloads/ge/iicsizmorgdfkakhkdqvc.pdf>; accessed on 25 July 2013)

¹⁵ Ombudsman of Georgia annual report 2012, p. 716;

<http://ombudsman.ge/files/downloads/ge/iicsizmorgdfkakhkdqvc.pdf>; accessed on 25 July 2013

¹⁶ Resolution of the Parliament of Georgia (საქართველოს პარლამენტის რეზოლუცია №912-რს 2012 წელს საქართველოში ადამიანის უფლებათა და თავისუფლებათა დაცვის მდგომარეობის შესახებ” საქართველოს სახალხო დამცველის ანგარიშის თაობაზე, 2013 წლის 30 ივლისი.). Available in Georgian from: http://parliament.ge/index.php?option=com_content&view=article&id=4251%3A2012-&catid=54%3Astatements-appeals-and-resolutions&Itemid=88&lang=ge; accessed on 5 August 2013

¹⁷ UN Human Rights Council, Report of special Rapporteur on Torture and Other Cruel, inhuman or Degrading Treatment or Punishment, Manfred Nowak, 14 January 2009, a/HRC/10/44, para. 71 (inserted in საქართველოს სახალხო დამცველის ანგარიში, გვ. 717, 2012; <http://ombudsman.ge/files/downloads/ge/iicsizmorgdfkakhkdqvc.pdf>; accessed on 25 July 2013)

child health outcomes and mortality.¹⁹

Due to lack of awareness on the issues of pregnancy and treatment for drug dependency, doctors often avoid or refuse providing consultations to women who use drugs and are pregnant. As reported by AKESO, out of 5 women clients they work with none are officially registered with hospital, or if they are they hide their drug use (or being clients of harm reduction services).²⁰

A social worker states: '*often we negotiate with doctors from our private network to give consultations to our pregnant clients. These women are ashamed and stigmatized to reveal their drug use with doctors and prefer unofficial consultations and non-judgmental services for them – not yet available in Georgian society.*' **Social Worker, AKESO, Georgia**²¹

Recommendations:

1. Develop and provide gender sensitive harm reduction and evidence-based drug treatment services for women who use drugs, including in the places of detention, in compliance with international standards on women's right to health;
2. Conduct a nation-wide study to establish how many women use drugs, including while pregnant, to determine how many women are in need of evidence-based drug treatment, harm reduction services, gender-sensitive HIV prevention and treatment programs and targeted sexual and reproductive health services;
3. Take respective measures to implement recommendations made by the ombudsman's office in relation to human rights of, and violence and discrimination against, women who use drugs in Georgia.

Stigma, Discrimination and Violence against Women who Use Drugs

Stigma and discrimination

Georgian woman as a bearer of moral face of the family has a high responsibility of keeping family and children in the boundaries set by the close surroundings.²² In the cases of a break up from such a cycle, especially in the case of drug use, they are not only violating national legislation and regulations, but most importantly break up from strongly established communal cycles governed by the moral and subjective social values - that associate women with 'proper upbringing of children' or 'taking care of the family'.

Women who use drugs do not conform to traditional roles of care-takers of children and family and they are strongly condemned and excluded from families as well as from societies.²³ Women marginalized due to their drug use or addiction are systematically subjected to physical, sexual and emotional violence in the family.²⁴ Most of the times, as noted during focus group in Akeso, women are intentionally humiliated, shamed and derided for their drug use²⁵, while at the same time many families strongly discourage women from seeking drug treatment for fear of exposing their addiction to the community and thus causing shame on

¹⁹ Guidelines for the identification and management of substance use and substance use disorders in pregnancy, World Health Organisation, 2014; available at: http://apps.who.int/iris/bitstream/10665/107130/1/9789241548731_eng.pdf?ua=1; accessed on 13 June 2014; also 'Prevention of HIV transmission from HIV-infected mothers to their infants: optimizing clinical management and effective interventions towards eliminating new paediatric HIV infections clinical Protocol for the WHO European region' (2012 revision)

²⁰ Personal Communication with Drug User Community led organization AKESO in Georgia. Communication kept with the authors of the report (6 June 2014)

²¹ *Ibid*

²² E. Iakobishvili, 'Assessment of Social and Economic Impact of Drug Policies on Injecting Drug Users in Georgia: A Qualitative Insight', Georgian Harm Reduction Network, September 2012

²³ Bidzinashvili K. (2012), 'Results of domestic violence survey conducted within the framework of the Step+ project'. Union "Step to the Future: Gori, Georgia, (unpublished).; p 11

²⁴ Kirtadze I., PP presentation on 'A formative study of drug-using women in Georgia: Setting the Stage for an RCT', November 2012; available from <http://www.slideshare.net/IrmaKirtadze/a-formative-study-of-drug-using-women-in-georgia-setting-the-stage-for-an-rct>; accessed on 12 June 2014

²⁵ Personal communication with focus groups specifically conducted for the purpose of this report. Focus group was conducted at NGO AKESO on 17 May 2014.

the whole family. Women who are marginalized due to their drug use or addiction have reported being beaten when parents found out about their drug use and banished her from home, or the woman was forced to leave home herself with the fear of being beaten again.²⁶ Financial and emotional stress in these cases is entirely borne by women who use drugs and often these have serious psychological consequences. As a result, women either hide their drug use (and often health problems associated with the drug use) or due to high stress they experience different levels of depression that in some cases leads to the attempt of suicide.

Recent research by Eurasian Harm Reduction Network confirms that in traditional societies such as Georgia, parents, overwhelmed with the shame of having a female drug user in the family, expel women who use drugs from household, cutting them off from any financial or emotional support.²⁷ If a woman who uses drugs is living with her parents and has small children, her relatives may try to strip her off parental rights affecting not just women who use drugs but also best interest of child to be taken care of their immediate family and loving parents. Research further indicates that while fearing unwanted publicity, the families seldom initiate official court procedure, but isolate women from the child by pushing her out of the house or prohibiting her from any interaction with her own child.²⁸ Such actions also have a negative impact on women who after being expelled from families, involuntarily get involved in activities that often lead them to the places of detention.

Testimony from a health worker shows: *"My acquaintance, a woman who injects drugs, lives with her parents and her child. They are a family, living under the same roof, but they do not let her sit at the same table with her child. They do not even let her look at her own child."* - **A harm reduction worker from Tbilisi, Georgia**²⁹

Even though in most of the cases women marginalized due to their drug use or addiction are well aware that they can apply to the police in cases of domestic violence, referral to the police by domestic violence victims remains very low. Especially women who use drugs, who fear that their drug addiction can be revealed to the police and therefore they will face criminal prosecution. This indeed has proved to be a major barrier in seeking help in the context of domestic violence.³⁰ Even more, Women marginalized due to their drug use or addiction are generally afraid of seeking medical assistance. Medical personnel are often able to detect the fact of drug use and they treat patients with aggression and humiliation.³¹

Violence against women who use drugs

Stigma, discrimination and shame often leads to actions that are violent and abusive. Violence against women is a widespread phenomenon in Georgia. Although there are no recent data on the prevalence of violence against women, some available research from Women against Violence Europe (WAVE) indicates that over 35% of women experience controlling behaviour in Georgia in their lifetime, with nearly 7% disclosing physical violence from an intimate partner.³²

Out of these numbers, provided above, women who use drugs are disproportionately affected. For example, available research shows that women who use drugs experience much higher level of violence and stigma than women in the general population in the country. Study undertaken by national NGOs show that there is a direct link between violence and drug use.³³

²⁶ Bidzinashvili K. (2012), *'Results of domestic violence survey conducted within the framework of the Step+ project'*. Union "Step to the Future: Gori, Georgia, (unpublished).; p. 13

²⁷ Submission to UN Special Rapporteur on violence against women: *'Call for Immediate Action to Stop Violence Against Women who Use Drugs'*, Eurasian Harm Reduction Network, October 2012; http://www.harm-reduction.org/images/stories/News_PDF_2012/ehm_submission_to_special_rapporteur_on_violence_1.pdf; accessed on 18 October 2013

²⁸ *Ibid*

²⁹ *Ibid*

³⁰ Bidzinashvili K. (2012), *'Results of domestic violence survey conducted within the framework of the Step+ project'*. Union "Step to the Future: Gori, Georgia, (unpublished).; p. 23.; Also - Personal communication with focus groups specifically conducted for the purpose of this report. Focus group was conducted on 17 May 2014

³¹ Personal communication with focus groups specifically conducted for the purpose of this report. Focus group was conducted at NGO AKESO on 17 May 2014

³² WAVE, Georgia: country information (2012), available from <http://www.wave-network.org/sites/default/files/07%20GEORGIA%20END%20VERSION.pdf>; Accessed on 6 June 2014

³³ Bidzinashvili K. (2012) *'Results of domestic violence survey conducted within the framework of the Step+ project'*, Union "Step to the Future: Gori, Georgia, (unpublished);

According to the research, 80.9% of respondents who participated in the research admitted that they are victims of violence constantly.³⁴ At the same time, in 55.3% cases the abuser was a husband, in 19.1 % cases it was an intimate partner.³⁵

Some of intimate partner violence cases in the case of women who use drugs show a need for urgent intervention. The local healthcare workers report: *I know one woman who injects drugs, she has a child. She was recently beaten up by her husband who is also a drug user. She visited her female friend, they had some drinks. He came, did not say anything, and started silently beating her up, drugging her across the floor like a mop. Her tooth got broken, she was completely covered in bruises. Even her ears were bruised, can you imagine? I have never seen something like that before.*¹ - **A harm reduction service providers, Tbilisi, Georgia**³⁶

Other example: *'A female participant of our program and her husband used drugs together. Her husband (he is now in prison) had been hiding a fix in the house. She used it first and gave her husband the leftovers. And because of that, he beat her up so badly that she had to stay in bed for two weeks. In other words, it was punishment. The man is entitled to use first, and the leftovers are meant for the woman.'* - **A harm reduction service providers, Gori, Georgia**³⁷

Violence is almost an accompanying occurrence during arrests, especially in relation to arrests for the drug offences. Testimonies from a former woman prisoner who served sentence for the possession of drugs for her personal use speaks following:

'We had a bell ringing at the door, I opened it and suddenly large number of gunned men poured into the room in the civil forms. When they started beating me up with their boots I started screaming to call the police I thought we were being robbed. I did not realise that it was police.' - **Female drug user, Georgia**³⁸

The issue of drug policies and women's rights fell under the interest of Georgian ombudsmen which reported in its 2012 annual report to the parliament that one of the groups affected by drug policies in the country is women involved in drug use as well as women in contact with the criminal justice system. The report further notes that for example, women who use drugs are socially excluded and stigmatised by their families and society in general as well as often become target of police violence.³⁹ While parliament of Georgia held a hearing on the issues of women's rights and violence, in the concluding document it missed to address the need for the government to address the issues related to the higher vulnerability of women in relation to drug policies and criminal justice systems.⁴⁰

Access to shelters

Council of Europe taskforce has estimated that due to high prevalence of violence in Georgia, there is a need for over 437 shelters nationwide.⁴¹ Out of 6 shelters that exist in the country two are state funded and four are run by NGOs. None of these shelters are available for women affected by drug policies (especially those who use drugs).⁴² All anti-violence shelters have official or

³⁴ *Ibid*

³⁵ *Ibid*

³⁶ Submission to UN Special Rapporteur on violence against women: call for immediate action to stop violence against women who use drugs, Eurasian Harm Reduction Network, October 2012, http://www.harm-reduction.org/images/stories/News_PDF_2012/ehm_submission_to_special_rapporteur_on_violence_1.pdf; accessed on 18 October 2013

³⁷ *Ibid*

³⁸ E. Iakobishvili, Assessment of Social and Economic Impact of Drug Policies on Injecting Drug Users in Georgia: A Qualitative Insight, Georgian Harm Reduction Network, September 2012

³⁹ Report of the Ombudsman of Georgia to the Parliament (2012), p. 718, <http://ombudsman.ge/files/downloads/ge/iicsizmorgdfkahkdqvc.pdf>

⁴⁰ Resolution of the Parliament of Georgia (საქართველოს პარლამენტის რეზოლუცია №912-რს 2012 წელს საქართველოში ადამიანის უფლებათა და თავისუფლებათა დაცვის მდგომარეობის შესახებ" საქართველოს სახალხო დამცველის ანგარიშის თაობაზე, 2013 წლის 30 ივლისი.). Available in Georgian from: http://parliament.ge/index.php?option=com_content&view=article&id=4251%3A2012-&catid=54%3Astatements-appeals-and-resolutions&Itemid=88&lang=ge; accessed on 5 August 2013

⁴¹ Georgia: country report 2013. Available on http://www.wave-network.org/sites/default/files/04%20Georgia_0.pdf accessed on 6 June 2014

⁴² *Ibid*

informal policies in place to deny access to women who use drugs and experience violence due to their status of drug use.⁴³ Shelters justify these policies by the inability to meet the special needs such women may have⁴⁴, and as a result shelters and crisis centres completely fail to meet the needs of women who use drugs.

Women who use drugs are deterred from seeking help at shelters and crisis centres because of a range of legal, structural and societal factors, including the risk of being identified as a drug user, fear to lose parental rights, and/or facing criminal prosecution. In addition, in many cases women who use drugs are not informed that there is somewhere to apply to in case of domestic violence.⁴⁵

There is no mechanism in the country that would link shelters for victims of violence (interpersonal or state), drug treatment centres and other relevant institutions to provide support and care for women who are affected by drug policies and become victims of such violence with a comprehensive care.⁴⁶ And while there is an active cooperation amongst national civil society groups and the governmental institutions in the country to combat all forms of violence against women generally, groups such as women who use drugs, or women involved in commercial sex work are often excluded from the protection framework.

Recommendations:

1. Develop and implement awareness raising programmes to alleviate social stigma against women who use drugs;
2. Develop national policies to address discrimination against women who use drugs and integrate them into wider gender equality policies and strategies in the country;
3. Remove restrictions on access to anti-violence shelters for women who use drugs and are survivors of violence, and make it illegal for shelters to deny access to their services based on their social, health, ethnic or other status.

⁴³ Bidzinashvili K. (2012) Results of domestic violence survey conducted within the framework of the Step+ project. Union "Step to the Future: Gori, Georgia, (unpublished) – inserted in Submission to UN Special Rapporteur on violence against women: call for immediate action to stop violence against women who use drugs, Eurasian Harm Reduction Network, October 2012 accessed on 18 October 2013 http://www.harm-reduction.org/images/stories/News_PDF_2012/ehrn_submission_to_special_rapporteur_on_violence_1.pdf

⁴⁴ E. Gardapkhadze., PP Presentation: Women Who Use Drugs and Georgian Drug Policies, Georgian Harm Reduction Conference, 25 March, 2013

⁴⁵ Personal communication with focus groups specifically conducted for the purpose of this report. Focus group was conducted at NGO AKESO on 17 May 2014

⁴⁶ Report of the Ombudsman of Georgia to the Parliament (2012), p. 718, <http://ombudsman.ge/files/downloads/ge/iicsizmorgdfkahkdqvc.pdf>; accessed on 5 August 2013

Information about GHRN:

The Georgian Harm Reduction Network (GHRN) is a national NGO which works to develop and support harm reduction attitudes in the fields of drug use, HIV/AIDS, public health and social isolation. The Network acknowledges and respects the principles of humanism, tolerance, partnership and human rights. The network believes that every person has the right to health and well-being and is able to take care of oneself, his/her close people and society. The Network supports the implementation of efficient and pragmatic drug policy.

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Information about EHRN:

The Eurasian Harm Reduction Network (www.harmreduction.org) is an NGO with a Special Consultative Status with the Economic and Social Council of the United Nations which operates as a regional network with a mission to promote humane, evidence-based harm reduction approaches to drug use, with the aim of improving health and protecting human rights at the individual, community, and societal level.

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