**QUESTIONNAIRE**

**Contact Details**

Please provide your contact details in case we need to contact you in connection with this questionnaire. Note that this is optional.

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| --- | --- |
|  | Member State  Observer State  X Other (candidate status) |
| Name of State  Name of Survey Respondent | Georgia  Irma Kirtadze MD PhD |
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**Background**

Within the framework of Human Rights Council resolution 51/21, the Special Rapporteur on the highest attainable standard of physical and mental health has identified health equity as a strategic priority, ranging from the underlying determinants of health to the need to eliminate structural and systemic barriers in accessing health care services, goods, and facilities, particularly among persons living under vulnerable or marginalised circumstances. In compliance with her mandate and in line with these priorities, the Special Rapporteur on the right to health has decided to devote her next thematic report to the Human Rights Council, to be held in June 2024 to the theme of “Drug policies and responses: a right to health framework on harm reduction”.

**Objectives of the report**

All persons are entitled to the enjoyment of the highest attainable standard of physical and mental health, which includes the underlying determinants of health and timely and appropriate health care. In the present report, the Special Rapporteur intends to explore the ways in which harm reduction intersects with the enjoyment of right to health and related human rights. Relying on the frameworks of the social and commercial,[[1]](#footnote-1) determinants of health, the Special Rapporteur will examine the laws, policies, and practices that give rise to the need for harm reduction, as well as the laws, policies, and practices that take a harm reduction approach, aiming to address the negative health, social, and legal outcomes in various contexts.

Harm reduction has been primarily developed in the context of drug use, including needle and syringe programs, supervised injection and drug use facilities, opioid substitution therapy, overdose prevention, and community outreach programs, as well as access to legal assistance, social services, housing, and adequate food. However, in this report, the Special Rapporteur will take a broadened view of harm reduction to examine how this approach can intersect with the right to health and related human rights in other realms, including but not limited to sex work, abortion, and safe sex.

The Special Rapporteur also intends consider harm reduction as key public health interventions for populations that are often stigmatised and discriminated against. She will explore how the laws, policies, and practices that give rise to the need for harm reduction can disproportionately impact certain people, such as those in situations of homelessness or poverty, persons who use drugs, sex workers, women, children, LGBTIQ+ persons, persons with disabilities, persons who are incarcerated or detained, migrants, Indigenous Peoples, Black persons, persons living with HIV or hepatitis, and persons living in rural areas. Taking an anti-coloniality and anti-racism approach, the Special Rapporteur will explore how in some contexts criminalisation and stigmatisation can serve as a legacy of colonialism and slavery.

**Definitions**

Most commonly, harm reduction refers to policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws.[[2]](#footnote-2) For the purposes of this report, the Special Rapporteur defines harm reduction in a broader sense, including the policies, programmes, and practices that aim to minimise the negative health, social, and legal impacts associated with various behaviours and related policies and laws, as exemplified above.

**Questionnaire**

The questionnaire can be downloaded below in English (original language), French and Spanish (unofficial translations). Responses can address some of the questions or all of them, as feasible or preferred.

* Download the questionnaire (WORD): English | Français | Español

# How and where to submit inputs

Inputs may be sent by e-mail by 15 November 2023.

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| **E-mail address** | ohchr-[srhealth@un.org](mailto:srhealth@un.org) |
| **E-mail subject line** | Contribution to HRC report - SR right to health |
| **Word limit** | 500 words per question |
| **File formats** | Word and PDF |
| **Accepted languages** | English, French, Spanish |

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# Treatment of inputs/comments received

# Please note that all responses will be published on the official webpage of the mandate of the Special Rapporteur by default.

# Key Questions

*You can choose to answer all or some of the questions below. (500 words limit per question).*

Inputs may be sent by e-mail **by 15 November 2023**.

1. While the concept of harm reduction has traditionally been applied to drug use, the Special Rapporteur is taking a broadened approach to harm reduction. What types of harm reduction policies, programmes, and practices are in place in your community, and what is their purpose or aim? How successful have they been at achieving that aim? Please provide data, as possible.

Preventing HIV transmission among People Who Inject Drugs (PWIDs) stands out as a key focus within the National HIV Strategy. Emphasizing the significance of evidence-based Harm Reduction (HR) interventions, the strategy prioritizes the implementation of Needle and Syringe Programs (NSP) and Opioid Agonist Therapy (OAT). The country has implemented a range of harm reduction programs and practices, with a primary aim of reducing the negative consequences of drug use on individuals and the community. Key elements of harm reduction in Georgia include:

* **Needle and Syringe Programs (NSPs):** Georgia has established NSPs to provide clean needles and syringes to people who inject drugs (PWID). These programs aim to prevent the spread of bloodborne infections, such as HIV and Hepatitis C, among PWID. These initiatives play a vital role in the effort to curb the HIV epidemic in Georgia. The inception of harm reduction interventions dates to 2005, and despite strict drug policies, there has been significant expansion both in terms of scope and scale. In 2021, the NSP delivered needles and syringes to 35,650 PWID (according to population size estimation studies there were 52,000 PWIDs in the country). Notably, a significant portion of the beneficiaries were male, with 6% falling within the age range of 18 to 25 years. Additionally, services extended to 2,455 sex partners of PWID individuals, provided testing on HIV, HBV and HCV. The distribution of syringes reached a total of 4,067,150 throughout the year. On average, one PWID in the country - received 78 syringes, which, although below the WHO-recommended quantity (at least 200 per year per PWID), reflects ongoing efforts in harm reduction. The cost of NSP is covered by the Global Fund and only testing of HIV services are covered by the State budget. All the services are provided free of charge to PWIDs and their partners. This service is provided only by non-governmental organisations via stationary centres and mobile vans in 10 cities and surrounded rural areas. The part of the harm reduction services is provision of Naloxone. In total 13,658 ampules of naloxone were distributed in 2021. NSP services and naloxone are not available in prison.
* **Opioid Agonist Therapy (OAT):** OAT, such as methadone and buprenorphine, is available as a harm reduction approach. This aims to reduce drug-related harm by providing a medically supervised alternative to illicit opioid use. The countrywide evaluation of OAT never has been conducted. Notably, since 2016, the government has taken full responsibility for funding the OAT program, eliminating co-financing requirements for program beneficiaries. This shift has resulted in increased accessibility to OAT services for a larger number of beneficiaries. The Methadone therapy is provided countrywide by the state organisation free of charge in 22 point of care units. Out of them two points of care are organised in penitentiary system in West (Kutaisi) and East (Tbilisi) Georgia. Only short-term detoxification up to 9 months is available. There is no long-term OAT is available in the prison settings. The buprenorphine OAT, mainly with Suboxone treatment is available via commercial point of care centres and two state centre. In total 16,291 (99 women) person underwent OAT in 2021.
* **Collaboration with Civil Society Organizations**: Partnerships with civil society organizations and PWID community representative organisations play a crucial role in harm reduction efforts. These organizations are the main implementors of NSP services in the country.
* **Legislation and Policy Framework:** Georgia has not made efforts to align its legal and policy framework with harm reduction principles. This includes decriminalization of drug use for personal consumption and a focus on health-based responses rather than punitive measures.

**While there is evidence of success in harm reduction initiatives in Georgia, challenges persist**. Adequate funding, collection of drug related mortality data and drug policy reforms are crucial for refining and expanding harm reduction strategies. Additionally, addressing societal attitudes, stigma and ensuring inclusivity (women represent very small % of beneficiaries) remain ongoing objectives for achieving sustained success in harm reduction efforts.

1. How do legal frameworks affect the harm reduction policies, programmes, and practices (whether related to drug use or otherwise) that are available in your community, country, or region? Are there laws or policies that either facilitate or serve as a barrier to adopting or implementing certain harm reduction policies, programmes, and practices? Aside from legal and regulatory barriers, are there other obstacles in place? Please provide specific examples.

The legal frameworks significantly influence harm reduction policies, programs, and practices. Despite challenges in the occupied territories of Georgia by Russia, harm reduction services, such as NSP, is provided in Sukhumi (Abkhazia) only. This illustrates a commitment to reaching vulnerable populations in challenging legal and geopolitical contexts.

The long-term OAT services and NSPs are not provided in penitentiary system. Although legal frameworks may support harm reduction, societal stigma, and discrimination against PWIDs remain obstacles. These societal attitudes can hinder the effectiveness of harm reduction efforts. Adequate resource allocation from state budget is crucial for sustaining harm reduction initiatives. In summary, legal frameworks (punitive drug laws) in Georgia play a pivotal role in shaping harm reduction policies. While there has been progress in aligning legal provisions with harm reduction goals, ongoing efforts are needed to address societal attitudes, allocate resources effectively, and navigate geopolitical complexities.

1. What type of harm reduction policies, programmes, and practices, as well as mental health and other support (e.g., housing, legal, social, educational, and economic), are available for people who use drugs in the community, institutions, or detention facilities? Please share examples of the impact of criminalisation, discrimination, stereotypes and stigma on the different groups of the population e.g., persons in situation of homelessness, migration, or poverty, sex workers, women, children, LGBTIQ+ persons, persons who are detained or incarcerated, persons with disabilities, Indigenous Peoples, Black persons, persons affected by HIV or hepatitis, and persons living in rural areas, etc.).

Housing, social education, or other supportive services for PWIDs are currently nonexistent. Occasionally, with the support of international funds, limited initiatives are organized, offering social entrepreneurship or rehabilitation services; however, these efforts fall short of meeting the overall need. The impact of criminalization, discrimination, stereotypes, and stigma is profound across diverse groups, including those experiencing homelessness, migration, or poverty, sex workers, women, children, LGBTIQ+ individuals, persons in detention, persons with disabilities, those affected by HIV or hepatitis, and individuals residing in rural areas. Sex workers encounter social exclusion, while women who use drugs experience high level of stigmatisation, barriers to shelter and employment. LGBTIQ+ individuals contend with stereotypes, impacting mental health.

1. Are there programmes of research and innovation related to harm reduction from a right to health perspective (e.g., needle and syringe programmes, supervised injection and drug use facilities, opioid substitution therapy, and others beyond the area of drug use), including outreach and education programmes, in your community, country, or region? Please provide good practices and examples.

**Drug Checking in Nightlife Settings:** Harm reduction initiatives extend beyond traditional settings, with community organization offering drug checking/pill testing in nightlife settings. This innovative approach aims to prevent harm associated with recreational drug use. No funding is allocated from the state budget for this service; as a result, the community centre seeks international donor funding. A total of 2,300 individuals who use drugs received services in nightlife settings. In 2021, there were 200 reported cases of drug overdose, with naloxone being utilized in only 25 instances.

Syringe Vending Machine (SVM): This innovative way of distribution sterile injecting materials and other items, such as condoms, pregnancy tests, HIV and HCV self-tests to PWIDS, including naloxone ampules and drug checking reagents (including fentanyl tests is facilitated through vending machines. Not all consumables are available all the time due to the limited availability of resources. The operation of SVMs for PWIDs is fully funded by the Global Fund. Since 2019, 10 SVMs have been installed in various locations in Tbilisi, supported by the 5% Initiative. The provision of drug checking services through SVMs received temporary support from the Eurasian Harm Reduction Association in 2023. In total 35,653 transactions performed via SVMs in 2021 and this accounted 696 unique number of beneficiaries.

1. See: [www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health](http://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health) [↑](#footnote-ref-1)
2. See also: <https://undocs.org/Home/Mobile?FinalSymbol=A%2F65%2F255&Language=E&DeviceType=Desktop&LangRequested=False>, para. 50. [↑](#footnote-ref-2)