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# IMPLEMENTATION REPORT OF "THE 2021-2022 ANTI-DRUG ACTION PLAN"





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"THE 2021-2022 ANTI-DRUG ACTION PLAN"**

Social Justice Center  
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## Introduction and Structure

Prior to adopting the “National Drug Policy Strategy for 2023-2030,”<sup>1</sup> the country operated under the “State Strategy for Combating Drug Addiction,” which was initiated in 2013. This foundational policy document marked the government’s first formal approach to drug policy.<sup>2</sup> The strategy outlines the government’s perspective in this specific area, and its execution is typically facilitated through an action plan. These action plans are operational policy documents, detailing specific steps to achieve the strategy’s stated goals and objectives.<sup>3</sup> To effectively pursue the objectives set forth in the 2013 National Drug Policy Strategy, the country adopted “action plans for the fight against drug addiction” for the fiscal years 2014-2015,<sup>4</sup> 2016-2018,<sup>5</sup> and 2019-2020<sup>6</sup>. However, it is crucial to acknowledge that the monitoring of these plans’ implementation has been insufficient.

The 2021-2022 anti-drug action plan was approved by the Inter-agency Coordinating Council on Combating Drug Abuse of the Ministry of Justice of Georgia at the beginning of 2021.<sup>7</sup> This policy document aligns with the goals set in the 2013 “National Strategy for Combating Drug Abuse.” However, it’s important to recognize that the development of the action plan took place significantly later than the adoption of the strategy, in a context that had notably changed, and under a different set of circumstances. Considering these factors, it’s recommended that the 2021-2022 action plan include an analysis of the current situation. Doing so would provide clarity about the specific conditions and challenges that influenced the formulation of this action plan and how closely its objectives and activities are aligned with the central needs of the nation’s drug and addiction policy framework.

The 2021-2022 anti-drug action plan consists of nine thematic blocks/directions. These directions are:

1. prevention;
2. Treatment and rehabilitation;
3. Harm reduction;

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1 “National Strategy on Combating Drug Abuse” 2023. Available: <https://cutt.ly/CwQ3Y0mc>.

2 “National Strategy on Combating Drug Abuse”, 2013. Available: <https://cutt.ly/zwQ3UkW8>.

3 Guidelines for Policy Planning, Monitoring and Evaluation, 2020. p. 10.

4 “2014-2015 action plan for the fight against drug addiction”. Available: <https://cutt.ly/CwQ3IEfG>.

5 “2016-2018 action plan for the fight against drug addiction”. Available: <https://cutt.ly/IwQ3OqPc>.

6 “2019-2020 action plan for the fight against drug addiction”. Available: <https://cutt.ly/QwQ3Obmr>.

7 “2021-2022 anti-drug action plan”, Available: <https://cutt.ly/1wQ3O3tV>.

4. Supply Reduction;
5. Treatment, Rehabilitation and Harm Reduction in Penitentiary Institutions
6. Overcoming stigma and discrimination;
7. Refinement of the legislative base;
8. Data collection/ analysis;
9. Policy development, coordination, and international cooperation.

The thematic blocks in the action plan collectively cover a broad spectrum of 25 objectives and 82 activities, each meticulously designed to fulfill these objectives. Moreover, the action plan primarily incorporates the key elements required in an operational planning document. These fundamental aspects include evaluation indicators, baseline and target metrics, implementation timelines, responsible and partner organizations, and funding sources.<sup>8</sup>

During the course of the research, a number of concerns were found that require improvement and are crucial for the successful implementation of the action plan. The identified deficiencies may be a significant obstacle for the state agencies responsible for implementing the action plan, which are part of the Inter-agency Coordinating Council on Combating Drug Abuse. The action plan does not include crucial aspect, namely, the specific source and magnitude of the budget necessary for the activity or measures. It is important to acknowledge that each activity within the action plan must be accompanied by an allocated budget in the national currency. Additionally, if the activity is funded through the state budget, it is necessary to include the program code that corresponds to the funding of said activity.<sup>9</sup> This information is not present within the confines of the provided action plan. Within the framework of the action plan's activities, the sole mention of the financing source is provided, with verbal references made to either the state budget or donor funding. However, there is a lack of specificity regarding the particular program code or the name/number of the project that is sponsored by donor funds.

The second challenge identified during the review of the document's core requisites is related to the timeframes set for executing the activities. Of the total 82 activities, only 8 have a one-year implementation period, while the remaining activities are allotted a two-year timeframe within the action plan, covering the years 2021 to 2022.

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<sup>8</sup> In the report's annexes, only specific elements will be included, namely activities, evaluation indicators, baseline and target metrics, and responsible agencies, with an emphasis on indicating the implementation status. This decision was made because these components are considered most pertinent for assessing the effectiveness of the plan's implementation.

<sup>9</sup> Annexes to the Policy Planning, Monitoring and Evaluation Guide, 2020. Annex 4. p. 26-28; Appendix 9, p. 53-54.

In line with standard practices, it's essential that each activity is assigned a specific deadline, with a level of precision that aligns at least with one quarter of the reporting year.<sup>10</sup> The monitoring of the action plan during its implementation is crucial in order to assess the extent to which the planned activities have been carried out.

The lack of detailed indicators is a notable shortcoming in the plan. Standard protocols necessitate that each activity and objective should be matched with precise indicators.<sup>11</sup> However, the action plan presented includes only one general "indicator for evaluating the completion of the plan." This absence of detailed indicators hinders the ability to conduct a fair and thorough assessment of each activity's performance and the realization of the objectives' intended goals.

The purpose of this report is to monitor the implementation of the Anti-Drug Action Plan for the period 2021-2022. Its focus is primarily on the quantitative aspects of achieving the objectives and tasks outlined in the plan. The report does not delve into evaluating the substantive content of the action plan, nor does it address issues related to its scope or adequacy.

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10 Ibid., p. 28; Guidelines for Policy Planning, Monitoring and Evaluation, 2020. p. 31.

11 Annexes to the Guidelines for Policy Planning, Monitoring and Evaluation, 2020. Annex 2, p. 11.



## Report Methodology and Limitations

This document serves as a monitoring report on the implementation of the Anti-Drug Action Plan over the 2021-2022 period. It is fundamentally different from an evaluation report for the action plan. While both documents are essential for overseeing the execution of the plan's objectives, the key distinctions between monitoring and evaluation reports are found in the scope and methodology of policy assessment.<sup>12</sup>

The primary objective of the monitoring report is to monitor the progress of activities and activity indicators (referred to as output indicators in the absence of supplementary objective indicators in the action plan). In contrast, the evaluation report seeks to derive a more comprehensive conclusion. Specifically, the evaluation report scrutinizes the outcomes and consequences of the objectives and goals that were instituted by the policy document. It does so by placing emphasis on the indicators of outcome and impacts.<sup>13</sup>

The results of the activities implemented in accordance with the action plan are evaluated in this document from multiple perspectives. Firstly, the overall progress that had been made was assessed. Subsequently, the implementation status of the activities outlined in the action plan was computed and succinctly summarized. Furthermore, the document conducted an analysis of the measures implemented within the thematic blocks. Consequently, the primary challenges in each direction were succinctly summarized and each of the nine thematic blocks was scrutinized separately. Lastly, the implementation status of the activities was assessed in relation to the governing bodies accountable for the performance. This approach involves identifying public institutions that either have the highest rate of successful implementation of the activities detailed in the action plan or are encountering significant challenges in executing the required measures.

As previously indicated, the monitoring of the action plan's implementation, in addition to evaluating the activities' implementation, includes an analysis of the progress made toward achieving the results specified by the objectives.<sup>14</sup> Nevertheless, the research group was unable to assess the outcome progress because the action plan does not incorporate outcome indicators.

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12 Guidelines for Policy Planning, Monitoring and Evaluation, 2020. p. 41.

13 Guidelines for Policy Planning, Monitoring and Evaluation, 2020. p. 25-26.

14 Annexes to the Policy Planning, Monitoring and Evaluation Guide, 2020, Appendix 7, p. 40.

The research group devised four activity performance levels/categories,<sup>15</sup> which shall be calculated in accordance with the subsequent categorizations:

1. Not Implemented - 0 %
2. Partially Implemented - 1% - 50%
3. Mostly Implemented - 51% - 99%
4. Implemented - 100 %

Furthermore, within the monitoring document, we shall incorporate a fifth category labeled “Indeterminate.” This category shall encompass all activities for which information remains elusive or has been relayed to the research team in such a fragmented state that categorizing the status of the activity into any of the pre-existing classifications is unfeasible.

The monitoring report for the 2021-2022 Anti-Drug action plan predominantly consists of data solicited from governmental entities. During the document’s compilation, to ascertain the execution of the action plan, formal correspondence was dispatched to both the Inter-Agency Coordinating Council on Combating Drug Abuse under the Ministry of Justice of Georgia and its constituent agencies, as well as to the National Drug Observatory. In total, the Social Justice Center submitted 22 inquiries to 18 different agencies, from which responses were received from only 12. The research team invested several months in amassing sufficient data to draft the report. Some public institutions delivered their information to the report’s authors promptly; hence, certain datasets may reflect the status quo from a few months prior, such as in the spring of 2023, while others may pertain to circumstances observed in the summer. An additional foundation for the report is the 2023-2024 action plan of the National Drug Observatory<sup>16</sup>, as the baseline indicators within this plan mirror the conditions of 2022.

The report is organized in accordance with the thematic blocks of the action plan, assessing the implementation status of each action based on the public information obtained from the respective agency accountable for that activity. Each thematic block is supplemented with an annex at the end of the report, which elaborates a list of actions slated for implementation and details their status of execution.

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<sup>15</sup> Ibid., p. 41-42.

<sup>16</sup> 2023-2024 Action Plan of the National Drug Policy Strategy. Available: <https://cutt.ly/PwQ8jiw8>.

## Primary Challenges

Besides the imperfect requisites in the provided policy documents, examining specific thematic areas uncovered additional obstacles that directly affect the monitoring of the activities/objectives. Such challenges significantly complicated the comprehensive (both quantitative and qualitative) assessment of the action plan's execution and the accurate identification of the total number of activities implemented.

The primary challenges encountered during the monitoring of the action plan's implementation included:

- The lack of accessibility to public information - posed a significant challenge, marked by either a denial or partial provision of the requested data by various agencies. Notably, the Ministry of Health,<sup>17</sup> the Center for Mental Health and Prevention of Addiction,<sup>18</sup> and the Special Penitentiary Service of Georgia<sup>19</sup> were among those that failed to provide the requested information, even five months after the initial inquiry.
- Deficient interagency collaboration and the complexities of delineating responsibilities - certain public bodies, such as the Ministry of Internal Affairs and the Revenue Service, deferred requests for public information to the Ministry of Justice, despite these entities themselves being accountable for implementing the activities in question. Subsequent to the redirection of our request, the Ministry of Justice did not supply the solicited information in its entirety.
- The vagueness of performance indicators and target value - several actions within the action plan are not accompanied by precise target indicators, making it difficult to conclusively assess the realization of these measures, even when relevant data is available. For example, the action plan refers to the "number of beneficiaries"<sup>20</sup> as an indicator of a activity's impact, yet it fails to define exact numeric targets. Additionally, the plan at times utilizes broad estimates rather than concrete figures in the target indicators, which muddies the clarity of the measure's implementation status and allows for multiple interpretations that can affect the monitoring of the report's outcomes. Take, for instance, the evalua-

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17 Letter G01/146 of the Social Justice Center dated May 1, 2023 to the Ministry of Health, repeated letter dated 26.06.2023 (G01/18).

18 Letter G01/155 dated May 2, 2023, from the Social Justice the Center for Mental Health and Prevention of Addiction. Repeated letter 21.06.2023 (G01/15).

19 Letter G01/161 dated May 8, 2023 from the Social Justice Center to the Special Penitentiary Service.

20 For example: point 1.2.1 of the action plan.

tion indicator for activity 4.3.4<sup>21</sup> in the action plan, which ambiguously states: "The Ministry maintains an active stance in the prevention and detection of drug trafficking." The lack of specific quantitative targets leaves open the question of what constitutes 'active' stance by the Ministry, which is particularly problematic given that the designated indicators for this task - The quantity of internet stores identified and the number of drug traffickers pursued in criminal proceedings - are indeed specific indicators.

- Discrepancies between indicators and target values - certain actions within the action plan are associated with multiple indicators, yet the target data only specifies one. For instance, activity 4.1.2<sup>22</sup> of the plan outlines three evaluative indicators: the number of programs implemented, the number of training sessions held, and the number of employees trained. However, the target value column, mentions only the numeric target for one of the indicators (the number of employees trained). Therefore, it is unclear how many programs and/or trainings should have been conducted during the reporting period for the measure to be considered implemented.

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21 Strengthening efforts against the introduction of narcotic drugs and of new psychotropic substances (including online trade).

22 Training/retraining of special penitentiary service employees.

# Thematic Blocks

## 1. Prevention

The first thematic block of the action plan pertains to the prevention of psychoactive substance use. This part of the strategy comprises of thirteen activities and five primary objectives. In the direction of prevention, mainly informative and educational events were planned. The entities tasked with the implementation of these measures were designated to be the Ministry of Science, Culture, and Sports (henceforth the Ministry of Education) and the Ministry of IDPs from Occupied Territories, Labor, Health and Social Protection (henceforth the Ministry of Health). The Ministry of Health<sup>23</sup> failed to supply public information even after 6 months from the initial request. As a result, the implementation status of the activities for which the Ministry of Health was sole responsible remains undetermined.<sup>24</sup> Regarding the actions to be executed by the Ministry of Education,<sup>25</sup> the information provided by this agency was incomplete and, on certain topics, overly broad.<sup>26</sup> Consequently, the degree of implementation for specific measures remains ambiguous in this instance as well. The delivery of such partial information hindered the ability to ascertain the implementation status of critical tasks, such as the prevent maluse of drugs within adolescents who are implicated in legal disputes or who exhibit problematic behavior.<sup>27</sup> According to the information received from the relevant agencies, out of 13 activities defined under the thematic block prevention: 6 were implemented, 1 was partially implemented, and status of implementation of 6 measures could not be determined.

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23 Letter G01/146 of the Social Justice Center dated May 1, 2023, to the Ministry of Health. Repeated (reminder) request letter-26.06.2023 (Ng01/18).

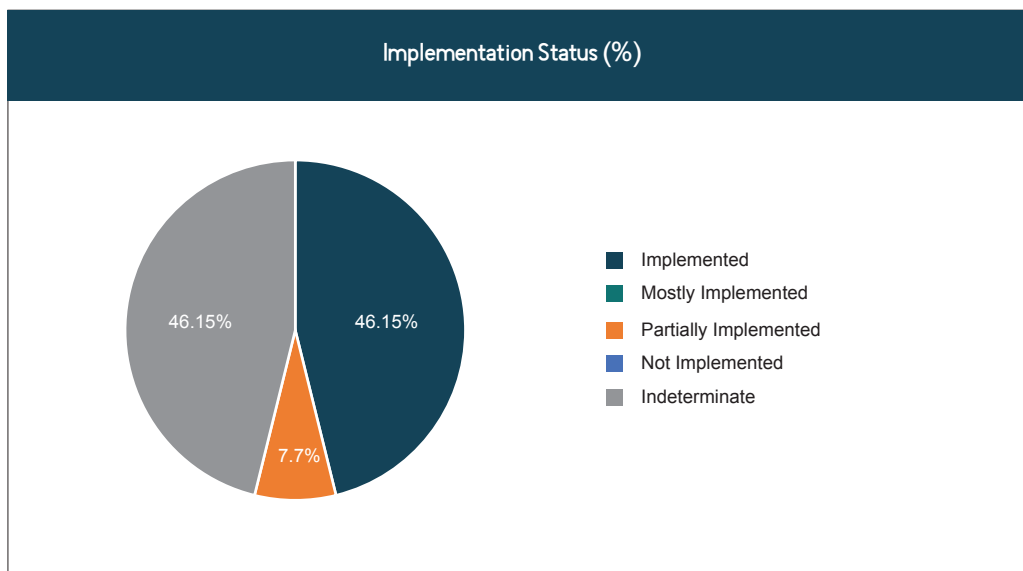
24 In this case, even with the 2023-2024 action plan, the implementation status of the measures could not be conclusively determined.

25 MES 2 230000577878 letter of the Ministry of Education dated May 22, 2023.

26 For example: the Ministry of Education did not provide us with information on the number of teachers trained on addiction issues during 2021-2022 (paragraph 1.3.2 of the action plan).

27 Clause 1.2.6 of the action plan.

According to the implementation status, the measures to be implemented were distributed as follows:



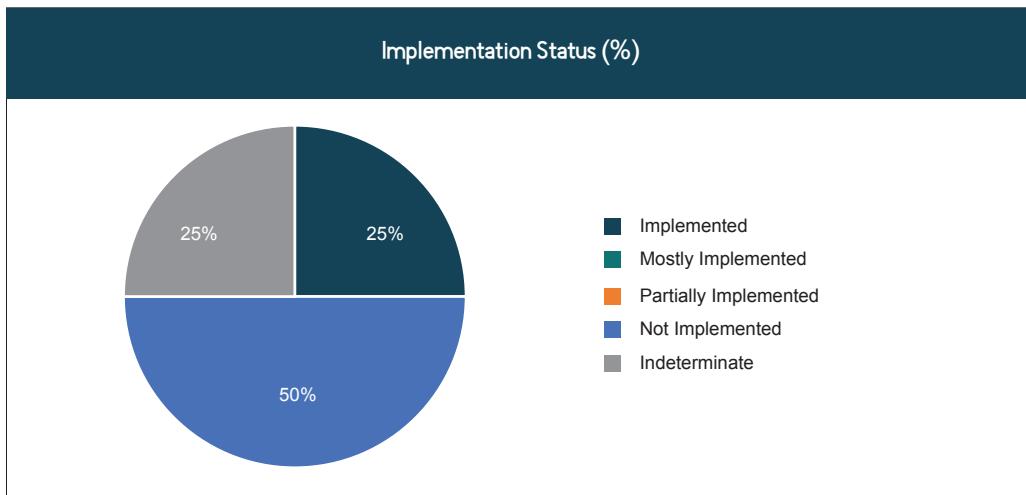
## 2. Treatment and Rehabilitation

The second thematic block of the action plan addresses treatment and rehabilitation for substance abuse. This block of the action plan comprises of eight activities to be executed in addition to four primary objectives. Seven of the eight activities were delegated to the Ministry of Health and the Centers for Mental Health and Prevention of Addiction<sup>28</sup> for implementation. As none of them provided the requested public information, the appendix data presented herein is predominately derived from the 2023-2024 action plan's baseline indicators.

The treatment-rehabilitation block comprises multiple critical objectives, such as the geographic expansion of the state substitution therapy program. To date, the Ministry of Health has not released the latest information regarding the program's beneficiaries. Additionally, the project team has not received the necessary public data in this context. Furthermore, the 2023-2024 action plan fails to fully integrate this information in the section addressing the baseline situation. As a result, effectively monitoring the future performance of activities remains a challenging task.

Treatment - out of 8 measures planned in the direction of rehabilitation: 2 were fully implemented, 2 were not implemented, and the implementation status of 4 of them could not be determined.

According to the implementation status, the measures to be implemented were distributed as follows:

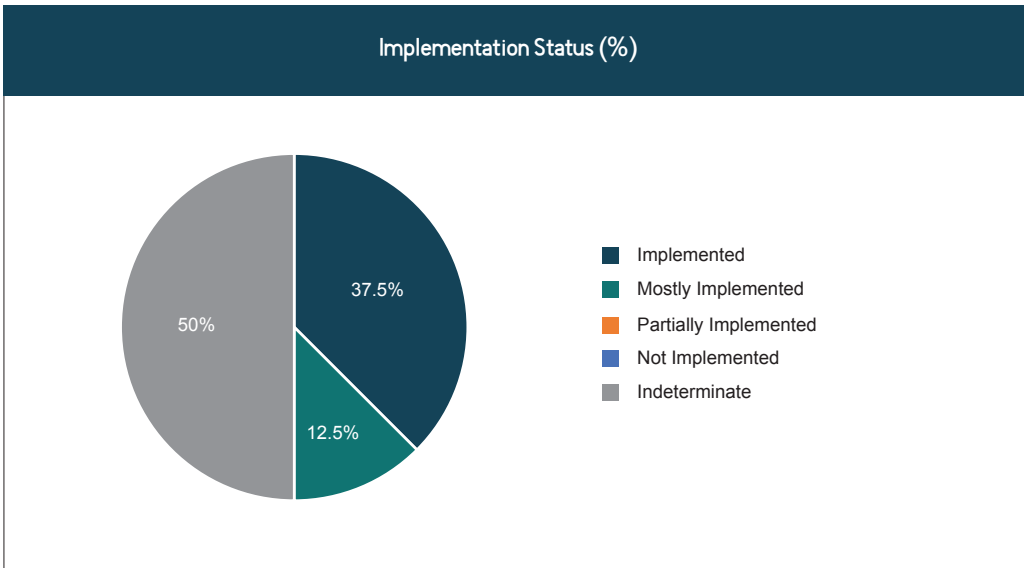


28 Letter G01/155 dated May 2, 2023, from the Social Justice Center to the the Center for Mental Health and Prevention of Addiction. Repeat letter: G01/15 26.06.2023

### 3. Harm Reduction

The action plan's third thematic block addresses pertaining to the mitigation of harm resulting from the utilization of psychoactive substances. This particular component of the strategy comprises of a single objective and eight activities to be implemented.

For insights on task performance, we depended on the baseline indicators from the 2023-2024 action plan, due to the lack of public information. Our findings revealed that out of the eight activities, 3 were fully implemented, one was mostly implemented, while the implementation status of the other four activities could not be determined. According to the implementation status, the measures to be implemented were distributed as follows:



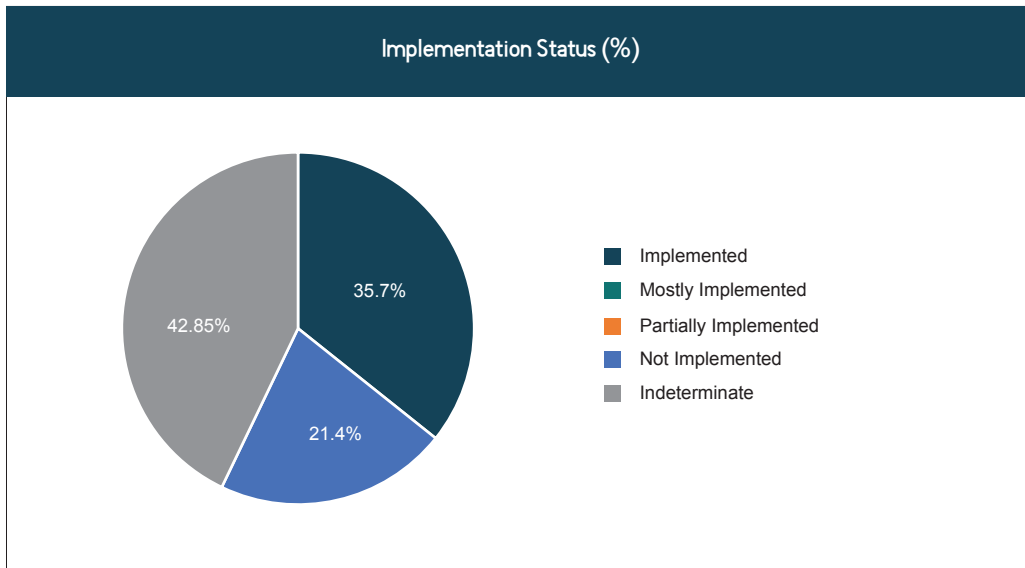


## 4. Supply Reduction

The fourth thematic block of the action plan focuses on reducing the supply and illegal distribution of narcotic drugs, psychotropic substances, and precursors. This section includes five primary objectives and fourteen activities slated for implementation. The Ministry of Internal Affairs is primarily designated as the responsible entity for executing these measures. However, when approached for public information, the Ministry of Internal Affairs redirected our request to the Ministry of Justice. From the latter, we did not receive comprehensive information on all matters.

According to the requested public information and the baseline data of the 2023-2024 action plan, 4 of the 14 activities were fully implemented, 4 were not implemented, and the information about the implementation of 6 of them could not be determined.

According to the implementation status, the measures to be implemented were distributed as follows:

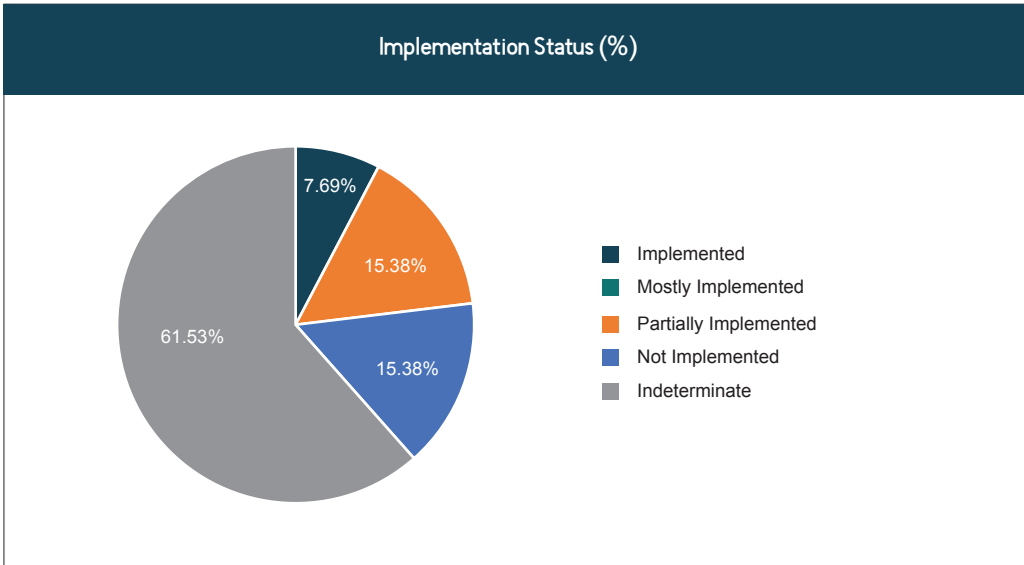


## 5. Treatment, Rehabilitation and Harm Reduction in Penitentiary Institutions

The fifth thematic block of the action plan addresses treatment-rehabilitation and harm reduction within prisons/restrictive institutions and the probation system. This segment of the plan comprises two main objectives and thirteen activities for implementation. In most instances, the Special Penitentiary Service and the Probation Agency were identified as the entities responsible for carrying out these measures. The Special Penitentiary Service did not respond to requests for public information.<sup>29</sup> Consequently, the status of implementation for many measures in this block remained undetermined.

According to the requested public information and the baseline data of the 2023-2024 action plan, 1 of the 13 activities was fully implemented, 2 were not implemented, 2 were partially implemented, and information on the implementation of 8 of them could not be determined.

According to the implementation status, the measures to be implemented were distributed as follows:



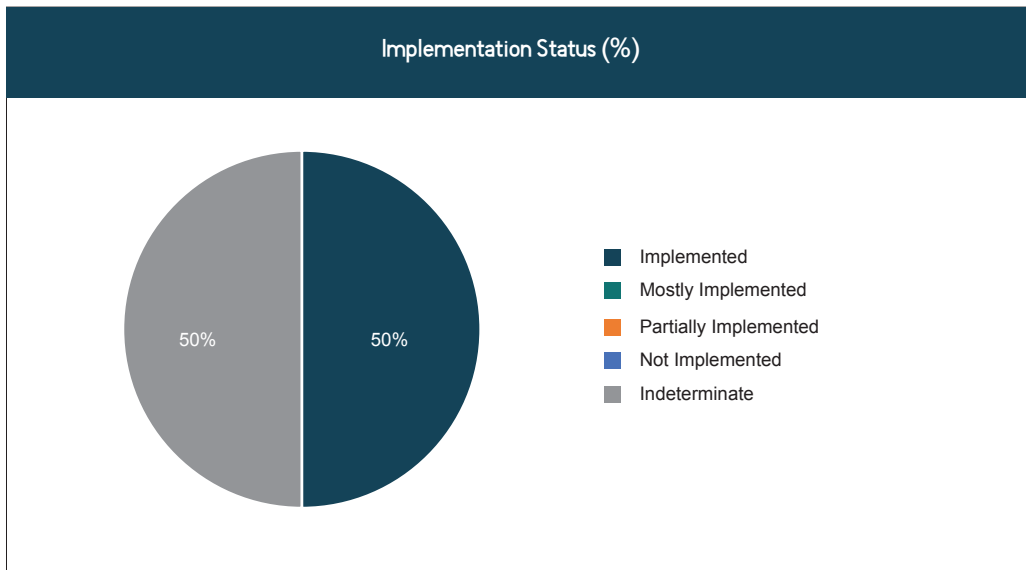
<sup>29</sup> Letter G01/161 dated May 8, 2023 from the Social Justice Center to the Special Penitentiary Service.

## 6. Overcoming Stigma and Discrimination

The sixth thematic block of the action plan pertains to addressing and overcoming discriminatory practices towards drug addicts. This particular section of the plan encompasses a single main objective and four activities that are slated for implementation. The responsibility for executing these measures is shared among various institutions, including the Ministry of Health, the Prosecutor's Office, Training Center of Justice of Georgia, and the Penitentiary Service.

According to the information received from the Training Center of Justice of Georgia<sup>30</sup> and the General Prosecutor's Office,<sup>31</sup> 2 of the 4 activities were fully implemented, and the status of the implementation of the remaining 2 activities could not be determined.

According to the implementation status, the measures to be implemented were distributed as follows:



30 Letter N14/430 of Training Center of Justice of Georgia dated August 4, 2023.

31 Letter N13/35783 of the General Prosecutor's Office of May 29, 2023.

## 7. Refinement of the Legislative Base

The seventh thematic block of the action plan focuses on improving the legislative framework. This section of the plan is composed of a single objective and three activities slated for implementation. The responsibility for these measures is collectively assigned to all member agencies of the Inter-agency coordinating council on combating drug abuse, rather than to a one specific body. The improvement of the legal framework is a crucial aspect of the anti-drug action plan, as amending legislation is essential for bettering the drug situation and the legal status of individuals accused or convicted of drug-related offenses. However, despite its significance, none of the measures outlined in this thematic block were implemented.

During the reporting period of 2021-2022, there were no substantial amendments to the drug legislation, and the bills introduced in parliament were sporadic and lacked significant impact. For instance, in a draft law proposed during this period, eight new substances were added to the list of narcotics with strictly controlled circulation.<sup>32</sup> Additionally, a draft law was introduced which redefined the classifications for buprenorphine (commonly known as Subutex) under special control, categorizing them into small, medium (threshold for criminal liability), large, and particularly large quantities.<sup>33</sup>

Legislative framework shaping drug policy requires fundamental and radical revisions. As per the information obtained from the Ministry of Justice,<sup>34</sup> there was an absence of legal framework review and analysis throughout the accounting period.

Reflecting the Constitutional Court's decisions in the legislative framework continues to be a challenge. In 2022, none of the Court's rulings related to drug offenses were incorporated into the Criminal Code, resulting in legal uncertainties and ambiguities.

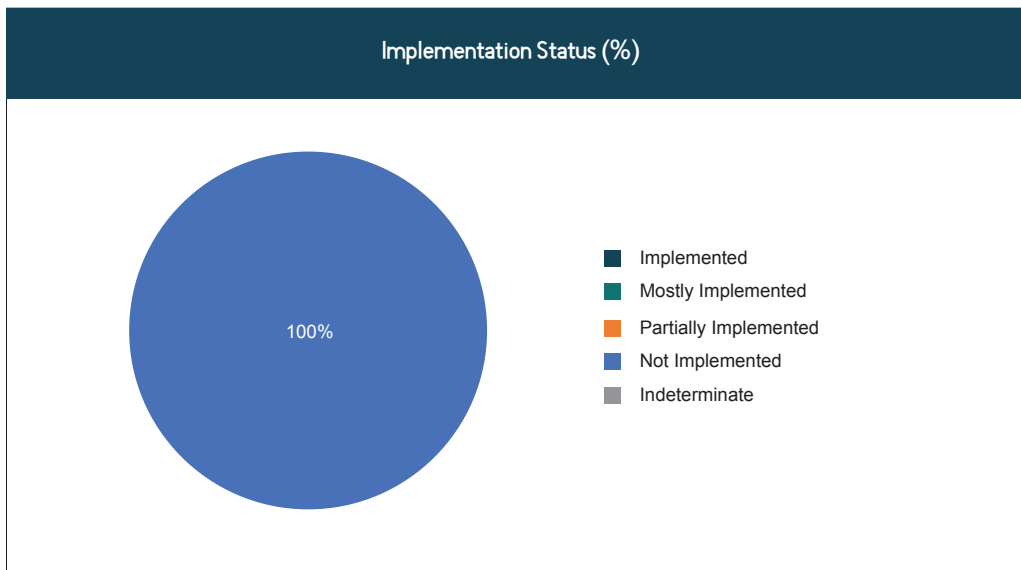
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32 The draft of the law "On Amending the Law of Georgia on Narcotic Drugs, Psychotropic Substances, Precursors and Narcotic Aids" is available at:<https://cutt.ly/rwQ8j7NG>.

33 Draft law in available: <https://cutt.ly/hwQ8kpor>.

34 Letter N8888 of the Ministry of Justice dated August 4, 2023.

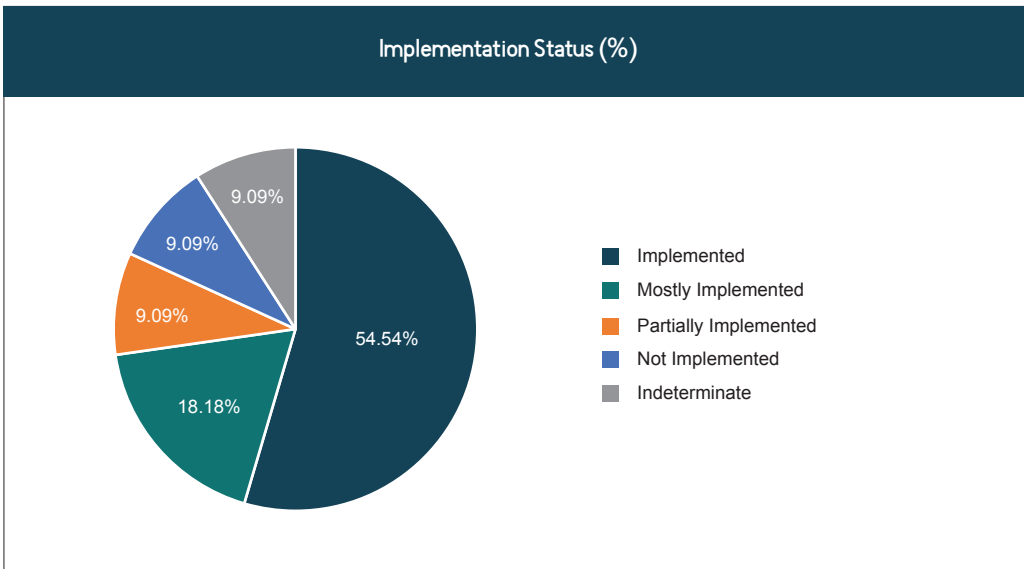
According to the implementation status, the measures to be implemented were distributed as follows:



## 8. Data Collection and Analysis

The eighth thematic block of the action plan addresses data gathering and analysis, which are critical for monitoring the drug situation. This section of the plan outlines three primary objectives and includes eleven targeted activities for implementation. Predominantly, the National Drug Monitoring Center is assigned the responsibility for executing these measures.

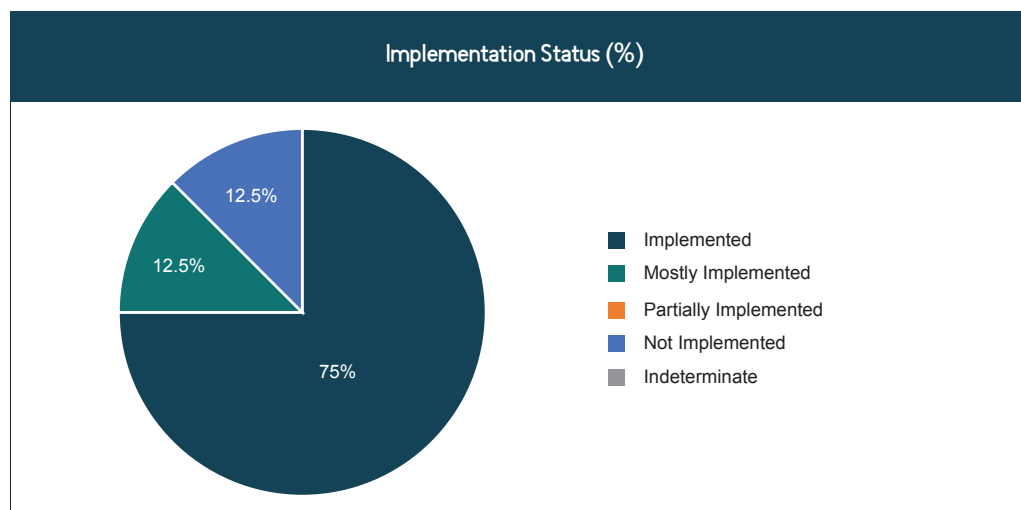
Based on the public information requested and the baseline indicators from the 2023-2024 action plan, it was determined that out of the 11 activities, 6 were fully implemented, 2 were mostly implemented, 1 was partially implemented, 1 was not implemented, and the implementation status of 1 measure remained undetermined. According to the implementation status, the measures to be implemented were distributed as follows:



## 9. Policy Development, Coordination, and International Cooperation

The 9th block of the action plan focuses on issues surrounding policy development. This specific section of the plan includes three main objectives<sup>35</sup> and outlines eight activities for implementation. The Ministry of Justice and the Interagency Council for Combating Drug Addiction are identified as the entities responsible for implementing these activities. The activities slated for implementation in the realm of policy development and international cooperation are extensive and aimed at achieving long-term outcomes. Consequently, the planning and execution of these measures necessitate broad coordination among various agencies and a comprehensive, multi-sectoral approach. According to the information requested from the Ministry of Justice,<sup>36</sup> out of 8 activities defined in the direction of policy development, 6 were fully implemented, 1 was mostly implemented, and 1 was not implemented.

According to the implementation status, the measures to be implemented were distributed as follows:



<sup>35</sup> The tasks outlined in the action plan include 1. Refining policies to combat drug abuse; 2. Enhancing multisectoral cooperation and coordination to address the drug problem and counteract drug crime; 3. Improving and developing international cooperation.

<sup>36</sup> Letter N 888 of the Ministry of Justice dated August 4, 2023.

While the majority of the activities outlined in the policy planning block were executed during the reporting period, a significant concern is that the 2021-2022 action plan was developed without evaluating the effectiveness or progress of the 2019-2020 action plan. The preparation of such an evaluative report would be instrumental in pinpointing key challenges and identifying the positive and negative elements of the current strategies. This insight would be invaluable for shaping the action plans for subsequent years. Furthermore, the publication of this report would also play a crucial role in raising public awareness.

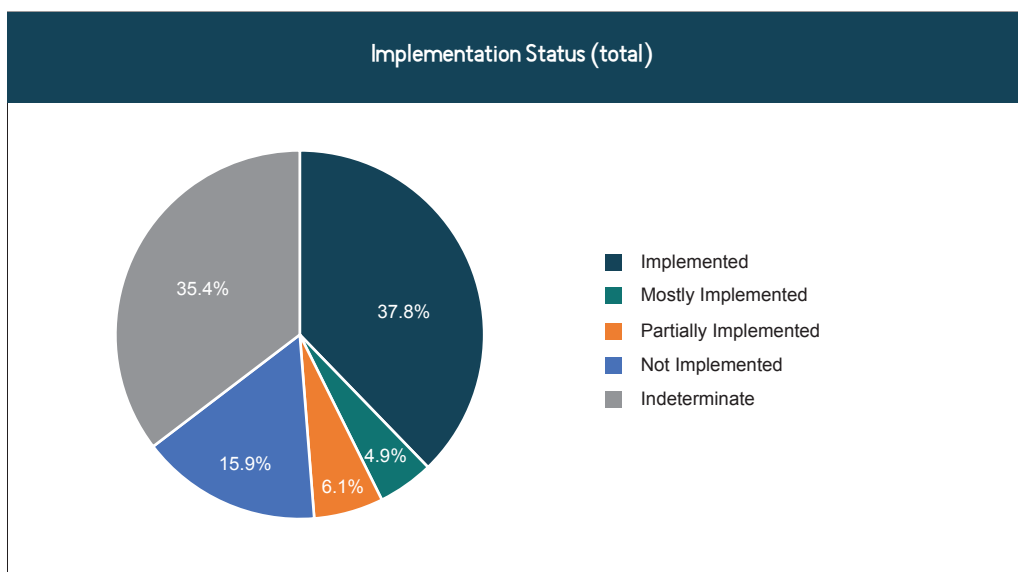


## Summary and Recommendations

The comprehensive analysis of the outcomes from the thematic blocks provided the following statistical overview regarding the implementation of the action plan: Out of 82 activities:

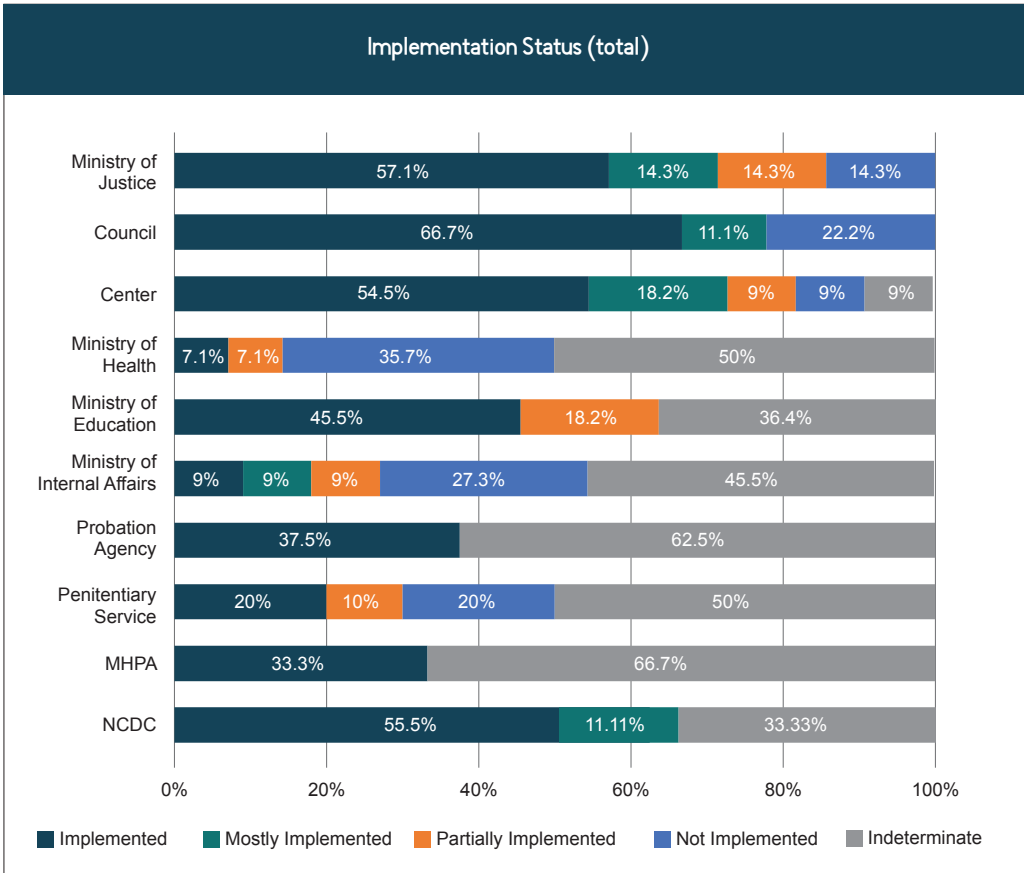
- Implemented - 31;
- Mostly implemented - 4;
- Partially implemented - 5;
- Not implemented - 13;
- Indeterminate - 29.

The implementation status of all measures was distributed as follows:



The diagram clearly shows that a significant proportion of measures have an undetermined implementation status. This situation reflects, on one hand, the lack of accessible public information, and on the other hand, it raises the possibility that measures categorized as not implemented may also be included in this Indeterminate group. As a result, the actual rate of not implemented activities could be considerably higher than currently estimated.

The breakdown of the implementation status of the measures, as allocated across the various implementing agencies, was as follows:<sup>37</sup>



The diagram indicates that the highest percentage of measure implementation was observed by the Ministry of Justice, as well as the National Center for Disease Control and Public Health, while the Ministry of Health had the lowest implementation rate. However, it should be noted that due to the incomplete provision of public information, these data might not accurately represent the true state of performance.

<sup>37</sup> The diagram features only agencies responsible for implementing at least five measures. In the diagrams, certain agencies are referred to by abbreviations: “Center” for the National Drug Observatory; “Council” for the Inter-agency Coordinating Council on Combating Drug Abuse; “MHPA-LLC” for the the Center for Mental Health and Prevention of Addiction, and „NCDC“ for the National Center for Disease Control and Public Health.

The Social Justice Center, aiming to promote public awareness and enable comprehensive monitoring of the action plan's implementation, urges the agencies involved in the Inter-Agency Council for Combating Drug Addiction to:

- Improve the quality of access to public information;
- Proactively publish information about the implemented measures at the end of the reporting period;
- Determine the action plan indicators and target data in a specific form;
- Specify the deadline for the implementation of measures in the action plan;
- Determine the direct origin and volume of the budget required for the task or event in the action plan.

# Annexes

## Annex №1

1. Prevention					
Activities	Evaluation Indicators	Baseline data <sup>38</sup>	Target Data <sup>39</sup>	Responsible Agencies	Implementation Status
1.1.3	The number of information documents created, and quantity of information disseminated.	Information is posted and proactively published on the websites of state agencies	Number of informative documents and proactively published information posted on websites	7 institutions <sup>40</sup>	Partially Implemented
Disseminate information regarding the state of drug-related matters to the population.					
1.2.1	Number of beneficiaries engaged in the programs (Implementation of the program within 8 pilot schools)	Preventive programs for children aged 11 to 13 and 13 and older have been developed.	Evidence-based programs have been implemented in up to 8 pilot schools	Ministry of Education and Science of Georgia; Office of Resource Officers of Educational Institutions.	Implemented
Introduction of preventive programs in pilot schools					
1.2.2	Create a screening strategy plan	There is no plan to use screening in primary care	A screening application plan has been developed	Ministry of Labor, Health, and Social Defense of Georgia	Indeterminate
Develop a plan for the application of diagnostic tools in primary care.					
1.2.3	Number of trainings/courses conducted for medical personnel	Periodic training of medical personnel is carried out	Health and education professionals received training <sup>41</sup> in every region of Georgia.	3 institutions <sup>42</sup>	Indeterminate
Promote integrated care approach in primary health care services					

38 Pertaining to the information that was accessible as of the end of 2020.

39 Pertaining to the information that was accessible as of the end of 2022.

40 Ministry of Justice, Ministry of Health, Ministry of Education, Ministry of Internal Affairs; Prosecutor's Office, Revenue Service, Office of Resource Officers of Educational Institutions.

41 Education on the risks and early detection of psychoactive substance abuse.

42 Ministry of Health; Center for Mental Health and Prevention of Addiction, Ministry of Education.

1.2.4	Creation, introduction, implementation of the mechanism	Non-existence of screening document	The tool is created and implemented	Ministry of Labor, Health, and Social Defense of Georgia	Indeterminate
The implementation of the screening mechanism within the tertiary and secondary health-care sectors					
1.2.5	The quantity of training courses that address concerns related to preventive education.	The issues of prevention education are reflected in the educational courses of Higher Education Establishments <sup>43</sup>	The concerns pertaining to preventive education are consistently addressed and incorporated into the curriculum of three institutions of higher education.	Ministry of Education and Science of Georgia; Center for Mental Health and Prevention of Addiction.	Implemented
Implementation of measures to prevent the non-medical use of psychoactive substances in higher education teaching					
1.2.6	The number of adolescents engaged in the project who have been implicated in legal disputes or displayed problematic behavior (more than 436).	436 people are involved in joint resocialization and rehabilitation measures	Project resumes to engage adolescents who are implicated in legal disputes or who exhibit problematic behavior.	National Probation Agency; Ministry of Education and Science of Georgia.	Implemented
Developing approaches to reduce the likelihood of psychoactive substance abuse among adolescents who are implicated in legal disputes or who exhibit problematic behavior.					
1.3.1	Percentage of trained instructors and number of schools participating in the courses	Training has been disrupted as a result of the Covid-19 pandemic-imposed restrictions.	The number of school teachers who received training in accordance with the guide	Ministry of Education and Science of Georgia; Center for Mental Health and Prevention of Addiction.	Indeterminate
Retraining of educators concerning addiction					
1.3.2	Developed programs (number of beneficiaries)	Number of program beneficiaries	Number of program beneficiaries	Ministry of Education and Science of Georgia	Indeterminate
Design and implement initiatives aimed at fostering the ability to efficiently manage one's free time.					

43 Pertaining to educational courses in higher educational institutions.

1.3.3	number of participants in sporting events; event types, etc.	150,000 individuals participate in large-scale sports programs.	The number of people involved in sports programs is maintained	Ministry of Education and Science of Georgia	Implemented
Promote healthy lifestyle and sports					
1.4.1	Targeted preventive interventions	Engagement of adolescents in a wide range of activities. Outside the penitentiary system, targeted preventive interventions for adolescents exhibiting high-risk behavior are not available.	The number of adolescents engaged in activities; the provision of targeted preventive interventions outside the penitentiary system for adolescents exhibiting high-risk behavior.	Ministry of Education and Science of Georgia	Indeterminate
Promote a healthy lifestyle among adolescents and children at risk					
1.4.2	Involvement of youth in sports activities	200 beneficiaries	Up to 500 beneficiaries	Ministry of Education and Science of Georgia; Vocational Education Institutions	Partially Implemented
Fostering a healthy lifestyle among youngsters without parental guardianship, those without houses, and young people confronting social vulnerabilities.					
1.5.1	Informational activities carried out in a minimum of eight vocational education institutions	A minimum of five vocational institutions engage in educational activities.	A minimum of eight institutions are engaged in the activities.	Ministry of Education and Science of Georgia; Vocational Education Institutions	Implemented
Information meetings with students pursuing vocational education					

## Annex №2

2. Treatment and Rehabilitation					
Activities	Evaluation Indicators	Baseline data	Target Data	Responsible Agencies	Implementation Status
2.1.1	Four institutions will expand access to services geared towards "sober" living.	4 state institutions are operational	At least 1 additional state institution has been opened	Ministry of Labor, Health, and Social Defense of Georgia	Not Implemented
Drug addiction treatment					
2.1.2	The number of institutions and beneficiaries that offer maintenance therapy exceeds sixteen thousand.	There are 21 establishments that offer maintenance therapy, and 16,172 beneficiaries.	The number of beneficiaries continues to exhibit an upward trajectory.	Ministry of Labor, Health, and Social Defense of Georgia; Center for Mental Health and Prevention of Addiction.	Not Implemented
Expansion of the opioid addiction treatment program					
2.1.3	A protocol has been approved and developed.	Protocol does not exist	Protocol has been developed	Ministry of Labor, Health, and Social Defense of Georgia	Not Implemented
Development of a protocol for continuity of harm reduction programs during emergencies					
2.1.4	Clinical protocols pertaining to poly drug use are accessible and approved.	There are no clinical protocols for poly drug use.	The protocols are approved and used by field specialists.	Ministry of Labor, Health, and Social Defense of Georgia; Center for Mental Health and Prevention of Addiction.	Not Implemented
Creation/implementation of poly drug use treatment clinical protocols for healthcare professionals					
2.2.1	Number of rehabilitation centers and patients	There are three operational day rehabilitation centers in the area. A plan for the sustainability and maintenance of the program has been formulated.	All centers remain operational, with the addition of at least one new center.	Ministry of Labor, Health, and Social Defense of Georgia	Not Implemented
Ensure the functioning of psychosocial rehabilitation centers					

2.2.2	Number of women involved in medical rehabilitation programs	Quantitative limitations do not apply to the participation of female consumers in the aforementioned initiatives.	There is no restriction on the quantity of beneficiaries of the programs.	Ministry of Labor, Health, and Social Defense of Georgia	Not Implemented
Rehabilitation support and treatment for women dependent on psychoactive substances					
2.3.1	Action Plan has been developed	Action Plan needs to be developed	The action plan has been developed alongside the implementation plan	Ministry of Labor, Health, and Social Defense of Georgia	Implemented
Promote the referral process of individuals who are addicted to drugs or psychoactive substances					
2.4.1	Number of minors referred to treatment rehabilitation programs and/or institutions	In the pertinent programs and institutions, the participation of minor users is not subject to any quantitative restrictions.	Beneficiaries continue to be referred without quantitative restrictions.	Prosecutor's Office; Center for Mental Health and Prevention of Addiction.	Implemented
Streamline the process of referring juveniles into treatment programs who abuse psychoactive substances and narcotics					



## Annex №3

3. Harm Reduction					
Activities	Evaluation Indicators	Baseline data	Target Data	Responsible Agencies	Implementation Status
3.1.1	Number of informative meetings	78 informational meetings were conducted by the end of 2020.	Each service center was given one informational meeting every other month for a total of 78 sessions.	Ministry of Health - National Center for Disease Control and Public Health	Implemented
In-forme substance abusers of blood-borne injections					
3.1.2	Developed guideline	There are no new harm reduction guidelines	A new harm reduction guideline has been developed	Ministry of Labor, Health, and Social Defense of Georgia	Indeterminate
Development of new harm reduction guidelines					
3.1.3	Number of screening tests conducted for IDUs/ their partners	Number of IDUs who received HIV testing and counselling – 27,892	Number of IDUs and partners who have received HIV testing and counseling - at least 70% of the population size	Ministry of Health - National Center for Disease Control and Public Health	Implemented
Increase the proportion of participants enrolled in harm reduction programs that screen injecting drug users and their partners for viral infections.					
3.1.4	Quantity of disinfectants, safe sex products, vein care, and naloxone distributed; the number of syringes distributed annually by the NIH in proportion to the population size; number of syringes given per nim;	Distributed: up to 4,000,000 injection tools; up to 50,000 information materials; up to 13,000 naloxone up to 300,000 condoms; The number of syringes and needles distributed per 1 nim in the scope of program - 107.	The number of injecting drug users covered by the minimum package - at least 39,000; The dynamics of the consumption of medical consumables is maintained or increased; The number of syringes and needles distributed per 1 nim in the program - 130.	Ministry of Health - National Center for Disease Control and Public Health	Mostly Implemented
Incorporating injecting drug users (IDUs) and their sexual partners into the needle and syringe program					
3.1.5	The quantity of programs implementation centers housed within harm reduction initiatives.	There are 14 harm reduction centers in 11 cities under the Global Fund's AIDS program.	The number and territorial coverage of harm reduction organizations has been maintained or increased	Ministry of Health - National Center for Disease Control and Public Health	Implemented
Providing support to organizations that are engaged in the implementation of harm reduction programs					

3.1.6	The number of mobile outpatient clinics and automated machines dispensing injection instruments	9 mobile outpatient clinics; 10 automated machines for dispensing injection tools; Serving up to 1200 beneficiaries per year.	The number and territorial coverage of mobile outpatient clinics and Sigma machines have been maintained or increased.	Ministry of Health - National Center for Disease Control and Public Health;	Implemented
Expanding the geographic reach of voluntary counseling and testing and prevention programs through mobile clinics					
3.1.7	Number of sessions; Presence of case management intervention.	78 sessions held; 1 session every subsequent month Case management services are available at 13 harm reduction program centers.	78 sessions held; 1 session every subsequent month Case management services are available at 13 harm reduction program centers.	Ministry of Health - National Center for Disease Control and Public Health; donor organizations	Indeterminate
Development of an effective referral scheme for inclusion in the diagnosis and treatment program of IDUs within the hepatitis C elimination program, monitoring of the treatment support program					
3.1.8	Number of mobile outpatient clinics	9 mobile outpatient clinics	9 mobile outpatient clinics	Harm reduction organizations	Indeterminate
Expand the coverage for voluntary HIV/AIDS testing, counselling, and prevention					

## Annex №4

4. Supply Reduction					
Activities	Evaluation Indicators	Baseline data	Target Data	Responsible Agencies	Implementation Status
4.1.1	Number of retrained employees	1387 employees have been re-trained	The number of retrained employees has increased	Ministry of Internal Affairs	Indeterminate
Retraining of Ministry of Internal Affairs personnel on matters pertaining to the prevention of illicit substance circulation					
4.1.2	Training of at least 20% of the relevant employees of the Penitentiary Department and institutions of the Special Penitentiary Service of Georgia	2019-2020 No trainings were conducted in this direction.	At least 20% of relevant employees are trained.	Training Center of Justice of Georgia	Indeterminate
Training/retraining of employees of the Special Penitentiary Service regarding the procedures for detection and inspection of narcotic drugs, psychotropic substances and precursors.					
4.1.3	The total number of trained personnel, including all new hires.	Trained probation officer, social worker, psychologist - 163.	100 percent coverage of new hires.	Training Center of Justice of Georgia	Indeterminate
Training of the National Probation Agency employees					
4.1.4	Number of conducted training courses; Number of trained prosecutors and interns.	121 trainees and 38 interns were trained	In order to raise the qualifications of prosecutors, 4 training activities were conducted	The Prosecution Service of Georgia	Implemented
Training of prosecutors and interns on the topic of effective fight against drug crime					

4.1.5	Number of conducted training courses; Number of trained prosecutors and interns.	2 joint working meetings were held.	In order to raise the qualifications of representatives of relevant agencies, 2 training activities were conducted	Prosecutor's Office of Georgia	Implemented
Training of prosecutors on issues of combating the legalization of illegal revenue obtained from the sale of narcotic drugs					
4.2.1	The number of canines that the Cynology Department trained to station at customs checkpoints.	The canine division consists of twenty-five service dogs that have received proper training.	There has been a rise in the number of trained canines.	Revenue Service of Georgia	Implemented
Enhance and Improvement of the Customs Department's Cynology Unit for the Detection of Narcotic Drugs, Psychotropic Substances, and Their Precursors					
4.2.2	Quantity of qualified canine handlers necessary to perform the cynology service	For the cynology service, 21 canines were acquired and trained, and 29 cynologists received proper training.	The number of purchased dogs and trained cynologists has increased	Ministry of Internal Affairs	Not Implemented
Develop the Canine Service for Enhanced Detection of Narcotic Drugs, Psychotropic Substances, and Precursors					
4.3.1	Quantity and variety of psychotropic substances, narcotic drugs, and precursors confiscated	Annual report data was utilized to ascertain the quantity of substances recovered.	The report includes quantitative indicators of recovered funds	Ministry of Internal Affairs	Indeterminate
Strengthen regulatory oversight of the primary potential locations for illicit transportation of narcotics, psychotropic substances, and precursors across the nation's borders					
4.3.2	Number of cases identified based on the risk assessment tool	A risk assessment tool has been developed	Risk indicators are highly developed and adapted to current challenges.	Ministry of Internal Affairs; Revenue service of Georgia	Indeterminate
Development and refinement of the drug transit risk analysis system					

4.3.3	Number of employees trained and courses offered in the scope of the program	7 educational field trips and trainings	Increase of baseline indicator	Ministry of Internal Affairs; Revenue Service	Implemented
Increasing the quantity of personnel participating in the "Container Control Program" and retraining them on a periodic basis					
4.3.4	The quantity of internet stores identified and the number of drug traffickers pursued in criminal proceedings.	The operational units of the Ministry of Internal Affairs are prioritizing the identification of drug traffickers; A so-called dark net unit has been established that effectively performs investigative and operational activities.	The Ministry maintains an active stance in the prevention and detection of drug trafficking.	Ministry of Internal Affairs	Indeterminate
Strengthening efforts against the introduction of narcotic drugs and of new psychotropic substances					
4.4.1	New psychoactive substances were identified and discovered.	There is no early warning system created.	An early warning system has been established and all relevant structural units are involved in the process.	Ministry of Internal Affairs; Ministry of Labor, Health, and Social Defense of Georgia; Ministry of Justice of Georgia	Not Implemented
Development of a system to detect the presence of new psychoactive substances					
4.5.1	Report submission requirements on a quarterly basis; provision of software for data processing.	Monitoring system exists	System functionality is improved.	Ministry of Health - Regulation Agency for Medical and Pharmaceutical Activities	Indeterminate
Implementation of Processes for Reception, Storage, Inventory, Distribution, Sales, Production, and Import/Export Audits of Group One Pharmaceutical Products					
4.5.2	Maintaining the functionality of the unified electronic database	A unified database exists.	The base continues to function.	Ministry of Health - Regulation Agency for Medical and Pharmaceutical Activities; Revenue Service	Implemented
Application of an electronic program and centralized database for the issuance of export-import permits for first-group pharmaceutical products					

## Annex №5

5. Treatment, Rehabilitation and Harm Reduction in Penitentiary Institutions					
Activities	Evaluation Indicators	Baseline data	Target Data	Responsible Agencies	Implementation Status
5.1.1 Ensure that drug users housed in the provisional detention center of the Ministry of Internal Affairs receive suitable medical assistance	Number of male and female drug users provided with medical assistance	Ongoing efforts are being made to ensure that drug users in the temporary detention center receive the necessary medical assistance.	Medical care is administered to both male and female drug consumers who are placed in isolation centers.	Ministry of Internal Affairs	Indeterminate
5.1.2 Training and retraining of personnel in the medical and rehabilitation divisions of correctional facilities on the topics of harm reduction, psychosocial rehabilitation, and substance abuse prevention	Number of approved training programs; the number of conducted trainings; Number of trained employees.	50% of employees in the Medical Department of the Special Penitentiary Service have been trained.	The number of retrained penitentiary system employees and conducted trainings has increased - 20% rate.	Training Center of Justice of Georgia	Partially Implemented
5.1.3 Constant updating of the database of services for women with drug addiction and men released from prison	Resocialization - the number of drug users involved in rehabilitation programs	47 N/convicts for "addictionology-failure prevention" resocialization-rehabilitation programs; 12 N/convicts for "a healthy way of life"; and 69 N/convicts for "life risks and values."	Resocialization and rehabilitation programs are constantly updated.	National Probation Agency	Indeterminate

5.1.4	Number of information meetings and informed convicts in penitentiary institutions	4 convicts have received Information training; 1 information meeting was held.	20 meetings were held with convicts; 200 convicts are engaged in the program.	Special Penitentiary Service of Georgia	Indeterminate
Assist in the prevention of substance use in correctional facilities and encourage the adoption of nutritious eating practices through the creation of educational materials					
5.1.5	Number of retrained employees (40%) of rehabilitation programs (2) and convicts involved in them (70)	Thirteen psychologists and sixteen social workers affiliated with the Special Penitentiary Service have undergone "Art therapy for drug addicts" training.	2 Active psychosocial rehabilitation program for substance abusers; the program is in pilot mode.	Special Penitentiary Service of Georgia; National Probation Agency	Indeterminate
Implementation/development of psychosocial rehabilitation programs					
5.1.6	The number of self-help groups in penitentiary institutions (7) and the number of convicts engaged in them (50)	There are no self-help groups in penitentiary institutions.	There are 7 self-help groups in penitentiary institutions; 50 convicts are involved in self-help groups.	Special Penitentiary Service of Georgia	Partially Implemented
Strengthening of self-help groups within penitentiary institutions					
5.1.7	A developed transition management protocol and the number of convicts involved	Transition management system has not been developed and implemented.	A transition management system has been piloted and implemented.	Special Penitentiary Service of Georgia; National Probation Agency; Ministry of Labor, Health and Social Defense of Georgia	Indeterminate
Referral of drug-addicted convicts involved in rehabilitation programs					
5.1.8	Provision of pharmaceutical product for short-term and long-term detoxification	For opioid-dependent defendants/convicts, the N2 and N8 correctional facilities, in addition to the N18 facility, offer both short-term and long-term pharmaceutical detoxification assistance.	Pharmaceutical products are administered to all opioid-dependent inmates who satisfy the inclusion criteria of the program, both for short-term and long-term detoxification.	Special Penitentiary Service of Georgia;	Not Implemented
Constant administration of a pharmaceutical substitute treatment, including a detoxification component, defendants and convicted prisoners					

5.1.9	Number of non-opioid drug dependent defendants/convicts consulted	Non-opioid addicts are granted access to qualified addiction services at all penitentiary facilities, should they choose to.	Access to a narcologist and appropriate treatment is ensured for people addicted to non-opioid drugs.	Special Penitentiary Service of Georgia;	Implemented
Ensuring that incarcerated individuals who are dependent on substances other than opioids receive appropriate treatment (excluding methadone).					
5.1.10	System is implementation; number of convicted individuals receiving consultation	Inmates receive voluntary counselling and testing for infectious diseases	The provision of voluntary counselling and infection testing for inmates is upheld.	Special Penitentiary Service of Georgia;	Indeterminate
Ensuring sustainability of harm reduction measures					
5.1.11	Number of target beneficiaries and quantity of informational meetings	Education and informational initiatives targeting harm reduction are currently being implemented in all semi-open and low-risk institutions, as well as within the probation system.	Educational/information work aimed at harm reduction is maintained	Special Penitentiary Service of Georgia; National Probation Agency	Indeterminate
Implement harm reduction-focused educational and informational initiatives					
5.1.12	Prepared plan; Number of facilities piloting methadone maintenance treatment	Preparation of the plan is not yet complete; the program implementation needs are identified.	Methadone maintenance treatment pilot programs have commenced.	Special Penitentiary Service of Georgia;	Not Implemented
Piloting Methadone Maintenance Treatment for Opioid-Dependent Defendants/Convicts					
5.2.1	Number of informational meetings and consultations	1 meeting in Guria region.	Efforts to deliver harm reduction-focused informational meetings persist.	National Probation Agency	Indeterminate
Harm reduction information sessions for convicted/diverted juveniles					



## Annex №6

6. Overcoming Stigma and Discrimination					
Activities	Evaluation Indicators	Baseline data	Target Data	Responsible Agencies	Implementation Status
6.1.1 Informational efforts within law enforcement agencies concerning nondiscriminatory strategies for dealing with drug addicts	The number of employees trained according to the information training module	Training module has been developed; 20 employees have been retrained.	The number of trained employees has increased.	Ministry of Internal Affairs	Indeterminate
6.1.2 Conducting training on Non-discriminatory approaches towards individuals with drug addiction	At least 1 training conducted in accordance with the new training program	57 trainees (prosecutors) were trained.	The individuals have received formal training and possess knowledge on the introduction of non-discriminatory approaches.	Prosecutors' office of Georgia	Implemented
6.1.3 Preparation of employees through training modules on the subject of drug dependence for Non-Discrimination	Revised training program addressing the topic of discrimination and the number of employees who have received training	There were no trainings conducted in this regard in 2019-2020.	A training module has been developed; About 100 employees have been trained.	Training Center of Justice of Georgia; Special Penitentiary Service of Georgia;	Implemented
6.1.4 Embrace strategies designed to combat prejudice and stigma that permeate the broader public.	Unified Communication Plan to Combat Stigma and Discrimination	There is no systematic approach to conducting information meetings.	Information dissemination efforts are conducted comprehensively adhering to a cohesive communication plan across the country.	National Center for Disease Control and Public Health of Georgia	Indeterminate

## Annex №7

7. Refinement of the Legislative Base					
Activities	Evaluation Indicators	Baseline data	Target Data	Responsible Agencies	Implementation Status
7.1.1 Drafting legislations aimed at enhancing the legislative framework governing drug policy	Number of projects prepared and initiated in the Parliament	Legislation regulating drug policy	The legislation has been analyzed and the draft of relevant legislative amendments has been initiated	Member agencies of Inter-Agency Coordinating Council on Combatting Drug Abuse	Not Implemented
7.1.2 Ensuring the incorporation of Constitutional Court decisions into legislative acts	Reworking of the legislation regulating drug policy in accordance with the decisions of the Constitutional Court	Discussions are underway regarding the modalities of reflecting the decisions of the Constitutional Court in the legislation.	A package of relevant legislative changes has been developed and initiated in the Parliament.	Member agencies of Inter-Agency Coordinating Council on Combatting Drug Abuse	Not Implemented
7.1.3 Enact relevant legislative changes to bolster the efficacy of Anti-Narcotics Division	Number of draft laws initiated and amendments made	The need for legislative changes has been identified.	Initiated legislative changes.	Ministry of Internal Affairs	Not Implemented

## Annex №8

8. Data Collection and Analysis					
Activities	Evaluation Indicators	Baseline data	Target Data	Responsible Agencies	Implementation Status
8.1.1. Provision of training for the employees of the National Drug Observatory (hereinafter Center)	Number of trainings held	Two center members attended nine educational/training activities.	The quantity of expert meetings and trainings is on the rise.	National Drug Observatory	Mostly Implemented
8.1.2. Carrying out a training visit of the employees of the National Drug Observatory to the French Observatory for Drugs and Drug Addiction	Number of visits and number of center members participating in them.	No visits have been organized	At least 1 study visit was carried out, in which at least 3 members of the center participated in.	National Drug Observatory	Not Implemented
8.1.3. Developing an information system and action plan for the center.	Prepared information map; Developed information system.	The center does not have an information map and a unified information system. <sup>44</sup>	The Center collects data in accordance with a developed information map and system, with the assistance of identified data sources. <sup>45</sup>	National Drug Observatory	Implemented

44 Baseline data in full: the center does not have an information map and a unified information system; the center does not have developed rules for collecting and storing documentation it produces; There is no archive created to reflect research and thematic information; Studies that examine the substance situation in the country and are feasible in the short and long term have been inadequately identified.

45 Target data in full: the center uses the developed information map and system for data collection and is guided by identified data sources and cooperates with partner national/international agencies/organizations. Rules for collection and storage of documentation produced by the center have been approved; Research and thematic information that was accessible prior to the center's opening was compiled in an archive; In order to study the drug situation in the country, studies have been identified that are feasible in the short-term and long-term perspective.

8.1.4	Prepared action plan and communication strategy	The center has no action plan and communication strategy.	The center operates on the basis of an action plan and a communication strategy	National Drug Observatory	Implemented
Developing a communication strategy for the Center					
8.2.1	Thematic consultations on registration/collection and provision of information	Finalized key agreed-upon indicators for information collection have yet to be determined.	Indicators are confirmed and information is collected in alignment with existing procedural rules.	National Drug Observatory	Indeterminate
Thematic consultations on registration/collection and provision of information					
8.2.2	Prepared, issued and distributed reports	The 2019 report on the drug situation has been prepared.	The 2020 and 2021 reports have been compiled.	National Drug Observatory	Implemented
Compiling annual and special reports on the drug situation					
8.2.3	Signed Memorandum of Cooperation	Draft version of the Memorandum has been prepared.	As per the memorandum, the institute collaborates with the Addiction Research Institute of the university.	National Drug Observatory	Partially Implemented
Finalizing and signing a Memorandum of Cooperation between the Center and the Addiction Research Institute at Ilia State University.					
8.2.4	Prepared project framework document; Final report of the activities carried out in the scope of the project	The project has not yet commenced; Consultations are underway.	With the involvement of the Center and the EMCDDA, the activities planned within the scope of the project have been carried out	National Drug Observatory	Implemented
Implementation of a bilateral project between the Center and the EMCDDA <sup>46</sup>					

46 European Monitoring Centre for Drugs and Drug Addiction

8.3.1	Report of the study conducted	No research was conducted; Preliminary preparatory work is completed	A study has been conducted and a report has been prepared.	National Center for Disease Control and Public Health of Georgia; National Drug Observatory	Implemented
Conducting an European research of medical institutions					
8.3.2	Report of the study conducted	No research has been conducted.	A web survey has been conducted and a report has been prepared	National Drug Observatory; "Alternative Georgia"	Implemented
Conducting an European web survey on drug-related issues					
8.3.3	Report of the study conducted	No research has been conducted.	A study has been conducted and a report has been prepared.	National Drug Observatory; Ministry of Internal Affairs	Mostly Implemented
Analysis of sewage waters					

## Annex №9

9. Policy Development, Coordination, and International Cooperation					
Activities	Evaluation Indicators	Baseline data	Target Data	Responsible Agencies	Implementation Status
9.1.1. Develop 2021-2025 National Anti-Drug Strategy	Developed Strategy Document	2013 National Anti-Drug Strategy document exists.	2021-2025 strategy has been developed.	Inter-Agency Coordinating Council on Combating Drug Abuse	Implemented
9.1.2. Develop 2023-2024 action plan <sup>47</sup>	The 2021-2022 action plan for the prevention of the use of psychoactive substances has been prepared and approved	Action plan for 2021-2022 has not been developed	approved action plan for the prevention of psychoactive substance use for 2021-2022	Inter-Agency Coordinating Council on Combating Drug Abuse	Implemented
9.1.3. Publication of the progress report and effectiveness assessment for the 2019-2020 action plan	Drafted and published report	Information on the implementation of the plan has been requested and a report has been prepared	The 2019-2020 action plan implementation report has been published	Ministry of Justice of Georgia	Not Implemented
9.1.4. Implementation of departmental accountability system	Informing the Council once in 6 months; Organizing at least 4 monitoring meetings.	The accountability system does not function properly.	The system is functioning properly; Information is provided once every 6 months.	Ministry of Justice of Georgia	Implemented

<sup>47</sup> Presumably, there is a technical error in point 9.1.2 of the plan, and instead of the 2023-2024 action plan, the 2021-2022 plan is indicated.

9.2.1	number of Council meetings; number of working meetings;	1 meeting of the Council; 3 meetings of the working groups of the Council.	Conducted at least 2 council meetings and 5 working meetings.	Inter-Agency Coordinating Council on Combating Drug Abuse; Ministry of Justice of Georgia	Mostly Implemented
Multispectral cooperation (organization meetings between the council and working group)					
9.3.1	updating the Memorandum of Cooperation with the EMCDDA; Cooperation with all international actors (UN, EU, CoE GUAM, BSEC, WCO and others)	A memorandum of cooperation has been signed with the EMCDDA; Cooperation with the Pompidou group continues.	The Memorandum of Understanding with the EMCDDA has been updated.	Ministry of Justice of Georgia; All members of Inter-Agency Coordinating Council on Combating Drug Abuse	Implemented
Cooperation with international organizations/institutions					
9.3.2	Number of signed agreements / memorandums	33 Agreements / Memorandums are in force	The number of signed agreements/memorandums is increasing	Member agencies of Inter-Agency Coordinating Council on Combating Drug Abuse	Implemented
Signing of bilateral / multilateral agreements / memorandums					
9.3.3	Number of reports and stakeholder countries	6 Shared Report/Information Document	Information and reports are continuously exchanged.	All member agencies of Inter-Agency Coordinating Council on Combating Drug Abuse	Implemented
Share information with partners about the achieved results and approved reforms in the fight against drugs					

