The 2011 International Narcotics Control Strategy Report (INCSR) is an annual report by the Department of State to Congress prepared in accordance with the Foreign Assistance Act. It describes the efforts of key countries to attack all aspects of the international drug trade in Calendar Year 2010. Volume I covers drug and chemical control activities.

# BUREAU OF INTERNATIONAL NARCOTICS AND LAW ENFORCEMENT AFFAIRS

# http://www.state.gov/p/inl/rls/nrcrpt/2011/vol1/156360.htm#georgia

## Georgia

#### A. Introduction

Apart from small-scale production of ATS, Georgia produces no narcotic drugs. However, because of its location bridging Asia and Europe, Georgia is becoming a major transit corridor for drugs of abuse produced elsewhere. One major drug route runs from Afghanistan and Iran through Azerbaijan and on to Western Europe and Russia. Drugs also transit through Georgia to Western Europe from Greece and Turkey. Another suspected route involves long-haul TIR trucks. These trucks are supposed to be inspected for contraband at their place of origination, and then sealed for their trip onward. However, many observers believe that they represent a major corridor for drug smuggling. The separatist territories of South Ossetia and Abkhazia are beyond the control of Georgian law enforcement, and there is speculation that drugs flow through these areas. This information cannot be verified as there is little or no exchange of information on drug trafficking between the Russian occupying forces or the de facto governments of these territories and the Government of Georgia.

Georgia has a domestic drug problem. Among other drugs, heroin, Subutex, methadone and marijuana are available on the domestic market. Subutex is a trade name for buprenorphine, produced throughout Europe, and used for the treatment of opiate addiction. However, this substance is not a registered medication in Georgia and thus not legally available. The drug is smuggled in and abused for its opioid content. Street prices for intravenous drugs continued to increase in 2010. Domestic production and use of methamphetamines, pseudo-ephedrine derived drugs and abuse of other pharmaceutical drugs, especially in urban areas, is also on the rise.

The Minister of Internal Affairs designated the drug problem as a top priority for calendar year 2010. Since the 2003 Rose Revolution, the Saakashvili Government has detained and imprisoned many influential criminals, so called "thieves-in-law"; others have fled the country. While these criminals are no longer in Georgia, they retain the ability to influence criminal activity in Georgia. In 2010, the Minister of Internal Affairs reshuffled the staffing of the special operations department – the main body at the Ministry in charge of counternarcotics – and appointed a new head of the department and a complete new group of investigators. The government initiated random drug testing programs for high level government officials and made the testing available to the private sector as well.

Under current law, possession of very small amounts of certain drugs would mean prosecution for intent to distribute as a drug dealer. Also, being under the influence of drugs is prima facie evidence of drug possession. These facts have given rise to a movement to change Georgia's drug possession laws. The new laws would rationalize the amounts, allowing law

enforcement officials greater ability to focus limited resources on actual drug dealers and offering treatment to users caught with small amounts of dangerous drugs. Georgia is a party to the 1988 United Nations Drug Convention.

## **B. Drug Control Accomplishments, Policies, and Trends**

#### 1. Institutional Development

Georgia's system for drug control is in need of reform. The first and most pressing gap is the absence of a detailed specific Anti-Drug National Action Plan. The current Anti-Narcotics National Strategy established by the Parliament in 2007 only outlined main priorities; it lacks specifics to guide implementation. Coordination among institutions involved in drug related issues is also a problem. There is a lack of systemic drug preventive measures; treatment methods are developed with little or no attention given to social rehabilitation following detoxification. Information about dangerous drugs is inadequate, and statistics about drug use are limited and unreliable. Current national legislation does not conform to UN drug conventions' requirements.

There are also arrangements for Europe as a whole, which frustrate drug control in Georgia. Currently, customs officers may only inspect a long-haul truck under Custom's seal in the presence of the owner or his representative. Practically, this means that very few vehicles are inspected beyond weigh stations. Law enforcement bodies in European countries have intercepted seven to eight tons of illicit narcotics in 2009 in long-haul trucks that had at one point passed through Georgia. Rules and regulations that unnecessarily hinder the legitimate inspection of cargo should be reviewed and revised.

In 2010, Georgia signed an agreement for visa free travel with the Islamic Republic of Iran. The exact timeframe for the implementation of this agreement remains unclear. If appropriate inspections and checks are not instituted and enforced, this agreement could lead to still more drugs entering Georgia. This seems likely as up to 40 percent of Afghan opiates pass through Iran. Smuggling of these opiates is a problem now along all of Iran's borders to the South, West and North, so there is good reason to fear that easier passage between Iran and Georgia could invite traffickers to try the "new" route. In addition, recently, Azerbaijan and Turkey have noted methamphetamine drugs coming from Iran.

Georgia is a party to the 1988 UN Drug Convention, the 1971 UN Convention on Psychotropic Substance and the 1961 UN Single Convention as amended by the 1972 Protocol. Georgia is also a party to the UN Convention against Transnational Organized Crime and its protocols on trafficking in persons and migrant smuggling and to the UN Convention against Corruption. In addition, the GOG has signed counternarcotics agreements with the Black Sea basin countries, the GUAM organization (Georgia-Ukraine-Azerbaijan-Moldova), Iran, and Austria.

## 2. Supply Reduction

In 2010, the most visible drug-related seizure was the detention of five people engaged in importing into Georgia a large consignment of cocaine. The group was headed by a Greek citizen of Georgian origin, now residing in Spain. In total, 90 kilograms of cocaine transited through the port city of Poti having arrived from Latin America in a scrap metal shipment en route to Turkey. As part of the cocaine trafficking investigation, 1.7 million Euros which belonged to this criminal group were found in a greenhouse in the village of Geguti. The cocaine, however, was not seized, since authorities became

aware of it too late to organize its seizure. According to the Ministry of Internal Affairs this was not the first such shipment organized by these traffickers.

Drug control reform legislation initiated in the Parliament in 2008-2009 remains stalled in Parliament. The aim of this legislation was to solve the problem described above involving the crime of "trafficking" being defined by too small quantities of drugs. The legislation would also mandate the formation of an interagency governmental body to coordinate counternarcotics efforts throughout the country.

According to current legislation, drug use is an administrative offense with a penalty of 500 Gel (approximately \$300). If the same person is apprehended as a drug user for a second time within one year of his/her first offense, they will face criminal prosecution. In this case, punishment may be either imprisonment or a minimum fine of 2000 GEL (approximately \$1145). According to MOIA statistics, for the first nine months of 2010, 3749 persons were prosecuted for drug-related crimes and 6290 persons were given administrative fines. The total number of drug related crimes for the first nine months of 2010 was 4070, compared to 4640 reported during the same period in 2009.

The breakdown of criminal cases and drug seizures according to Ministry of Interior statistics is:

			2010
2007	2008	2009	(Jan-Sep)
8,493	8,699	6,336	4,070
1,970	2,103	2,477	1,802
71	102	100	100
151	79	131	129
79	70	113	119
9.78 kg	8.332 kg	2 .358 Kg	1 .106 Kg
1.36 kg	3.867kg	46.5 g	1 .231 kg
127.19 g	47.5 g	37.2492 g	0
558 g	0.02 g	0.78 g	0.099 g
77.25 g	72 g	40.5 g	10.43 g
96.15 g	179 g	73.8 g	172.8 g
	8,493 1,970 71 151 79 9.78 kg 1.36 kg 127.19 g 558 g 77.25 g	8,4938,6991,9702,103711021517979709.78 kg8.332 kg1.36 kg3.867kg127.19 g47.5 g558 g0.02 g77.25 g72 g	8,4938,6996,3361,9702,1032,477711021001517913179701139.78 kg8.332 kg2.358 Kg1.36 kg3.867kg46.5 g127.19g47.5 g37.2492 g558 g0.02 g0.78 g77.25 g72 g40.5 g

The Special Operations Department (SOD) counternarcotics unit remains the main agency combating drug-related crimes. In 2010, the Minister of Internal Affairs reorganized this department and appointed a new head and assigned new staff members to the unit, as a preemptive measure against drug-related corruption. As an indication of some of the training/coordination problems facing drug enforcers in Georgia: SOD officers have basic training in counter narcotics detection, but lack appropriate detection equipment. Meanwhile the customs service has been provided scanners through U.S. assistance, but the equipment is largely unused.

Drugs generally, and opioid drugs in particular, are extremely expensive in Georgia. According to the information provided by the Georgian Ministry of Internal Affairs in 2010, street prices are \$600-\$700 per gram for heroin, opium is \$27-\$45 per gram, and Subutex is \$300 per 8 mg pill. However, some of these prices do not fully correspond with those reported to physicians, by street-level narcotics dealers and their drug-using clients. There is also wide variation in drug prices across borders. Local sources report that pure heroin purchased in Turkey from Chechen, Kurdish or Turkish drug dealers is available for \$40-\$50 per gram. The ten-fold increase in the selling price of heroin in Georgia makes smuggling heroin from Turkey to Georgia extremely profitable or represents an inaccurate figure being used by Georgian authorities.

Physicians and analysts have expressed concern about the increase in use of home-made synthetic drugs such as "Jeff" and "Vint" – street names in Georgia for injected artificial stimulant drugs. "China White" and "Crocodile" are names for a derivative of fentanyl mixed with natural-based opiates that is also used in Georgia, and is said to be approximately 300 times stronger than heroin alone. Statistics are not available for the extent of home-made stimulant drug usage in Georgia.

#### 3. Drug Abuse Awareness, Demand Reduction, and Treatment

Domestic drug abuse is a problem for Georgia. Total number of multiple drug users (drug users who use more than one type of narcotic) ranges from 40,000 to 80,000. Over the past year, methamphetamines have been replacing opiates, as the prices of heroin and Subutex increased significantly. A large number of the drug using population has reportedly moved to home-made synthetic drugs. These drugs are extremely dangerous, and after only six months, drug users will face a severe degradation in their health.

There are no widely accepted figures for drug dependency in Georgia, and more generally, statistics in this subject area are poorly kept and vary according to the source. The Georgia Research Institute on Drug Addiction and drug treatment estimates the intravenous drug abuser (IDU) population in Georgia is approximately 40,000 out of a total population of 4.5 million. Using UN methodology, researchers estimate that about three percent of the population may be using drugs at any given point in time, yielding a total of approximately 138,000. Local drug treatment experts cite figures of upwards of 200,000 drug abusers, including one-time experimenters. According to the database administered by the Ministry of Interior, the number of all types of registered drug users is 133,555. The number of overdose death cases in the capital (with a population of approximately 1.5 million) in 2010 was 13 through September.

In 2010, a youth survey was conducted by the U.S. National Center for Disease Control in the framework of the Southern Caucasus Anti Drug Program (SCAD). The survey revealed that 17% of the surveyed adolescents in the city of Tbilisi reported use of marijuana at least once during their life. After marijuana, ecstasy is the second most available drug for surveyed youth – 7.5 % reported its use at least once. Approximately 2% had used amphetamine-type stimulants. Intravenous drug usage is very low both among the youth and female populations.

In 2010 the Georgian Government increased funding for drug treatment and prevention. Two additional methadone maintenance treatment centers will be added to 16 currently operating in the country. Substitution therapy programs have been successfully launched in pre-trial holding centers. The HIV Global Fund fully covers treatment of HIV/TB infected patients. The total number of patients involved in co-financed treatment programs is 900-1200. The majority of these patients are opioid users, most of them heroin addicts. Detoxification programs administered at four government-funded clinics have the capacity to treat 25 patients per month. The primary detoxification program costs \$1000-\$1500, the

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primary rehabilitation program costs \$570. Methadone substitution therapy centers do not include an extensive psychosocial rehabilitation program. Psychologists are available for consultations with patients. In 2010, a new rehabilitation unit was established, renovated and equipped within the Institute on Addiction with the financial support of the SCAD program. Generally, however, there is lack of trained human resources in this field, and there is a lack of institutional mechanisms to provide proper relevant training.

The Ministry of Internal Affairs regularly hosts groups of juveniles from public schools throughout the country to discuss the dangers of drug use. Police officers visit schools to discuss the harmful impact of drug abuse with school children – a program started with U.S. Government assistance. Another governmental project, "Live Without Drugs," facilitates presentations on drug abuse given by police officers at public schools.

Through the International Organization for Migration, the U.S. Government funded the production of anti-drug and antidriving under the influence public service announcements. These announcements received attention both in Tbilisi and in the regions.

# 4. Corruption

The Georgian Government has made significant steps in the elimination of corruption in law enforcement agencies since the 2003 Rose Revolution and it remains committed to this effort. Prior to 2003, Transparency International's (TI) Corruption Perception Index (2003), ranked Georgia jointly in 124th place out of 133 countries. The latest index (2009) shows Georgia ranking 66th. The Georgian government continues to implement civil service, tax and law enforcement reforms aimed at deterring corruption and prosecuting it when detected. Despite these efforts, however, isolated corruption allegations still surface, and a small number of civil servants are prosecuted each year on corruption charges. There have been no serious allegations that the new counter narcotics unit in the Ministry of Internal Affairs has engaged in corrupt behavior. In 2010, the Georgian Government initiated a random drug testing program for all government employees. The government of Georgia does not, as a matter of policy, encourage or facilitate trafficking in narcotics nor do any of its senior civil servants.

## C. National Goals, Bilateral Cooperation, and U.S. Policy

In 2010, the U.S. Government began to provide direct counternarcotics assistance on demand reduction and treatment, and enhancing law enforcement's capacity to detect and interdict illegal narcotics. The United States supported the establishment of a criminal database for the Ministry of Interior and an improved communications network for the police, renovation of methadone treatment centers and a canine program for the Unified Revenue Service. The United States is also providing additional training for counter narcotics units, including case management, drug-trafficking financial investigations, and train-the-trainer sessions for basic narcotics officer courses.

In 2011, the United States will begin a canine narcotics interdiction program with the Government of Georgia. Additionally, the United States continues to work on related issues of procuracy (prosecutor) reform, better prosecution of narcotics crimes, money laundering, assisting to develop trial skills in an adversarial system, provision of training and equipment for Georgia's forensics laboratories, assisting the laboratory in establishing administrative policies and procedures to achieve international accreditation of its results, building new facilities for law enforcement units and providing training at the

police academy, and providing training in fighting human trafficking, all of which will strengthen institutions and measures needed to reduce the transit and use of narcotics.

Training and equipment donation programs for Border Police and Customs officers continued and focused on the identification and detention of violators and criminals at the border; the detection of stolen vehicles; the targeting and inspection of high risk conveyances, cargo, and travelers; contraband detection; and revenue collection. The U.S. Coast Guard provides training to Georgian officials in maritime law enforcement, use of the Incident Command System, and other professional education. With the basic police force increasingly being tasked with border security responsibilities, the United States has also been ensuring that police receive appropriate training and equipment to manage the ports of entry.

# **D.** Conclusion

The Georgian Government has made combating the drug problem a priority. A lack of coordination among the agencies and bodies involved in drug-related issues complicates achieving this goal. The establishment of a national drug control strategy outlining an integrated action plan would be a logical and effective first step. The U.S. government is encouraging better inter-agency cooperation through development of an interagency task force model. The U.S. Government will continue to support Georgia's efforts with equipment and advisory support.