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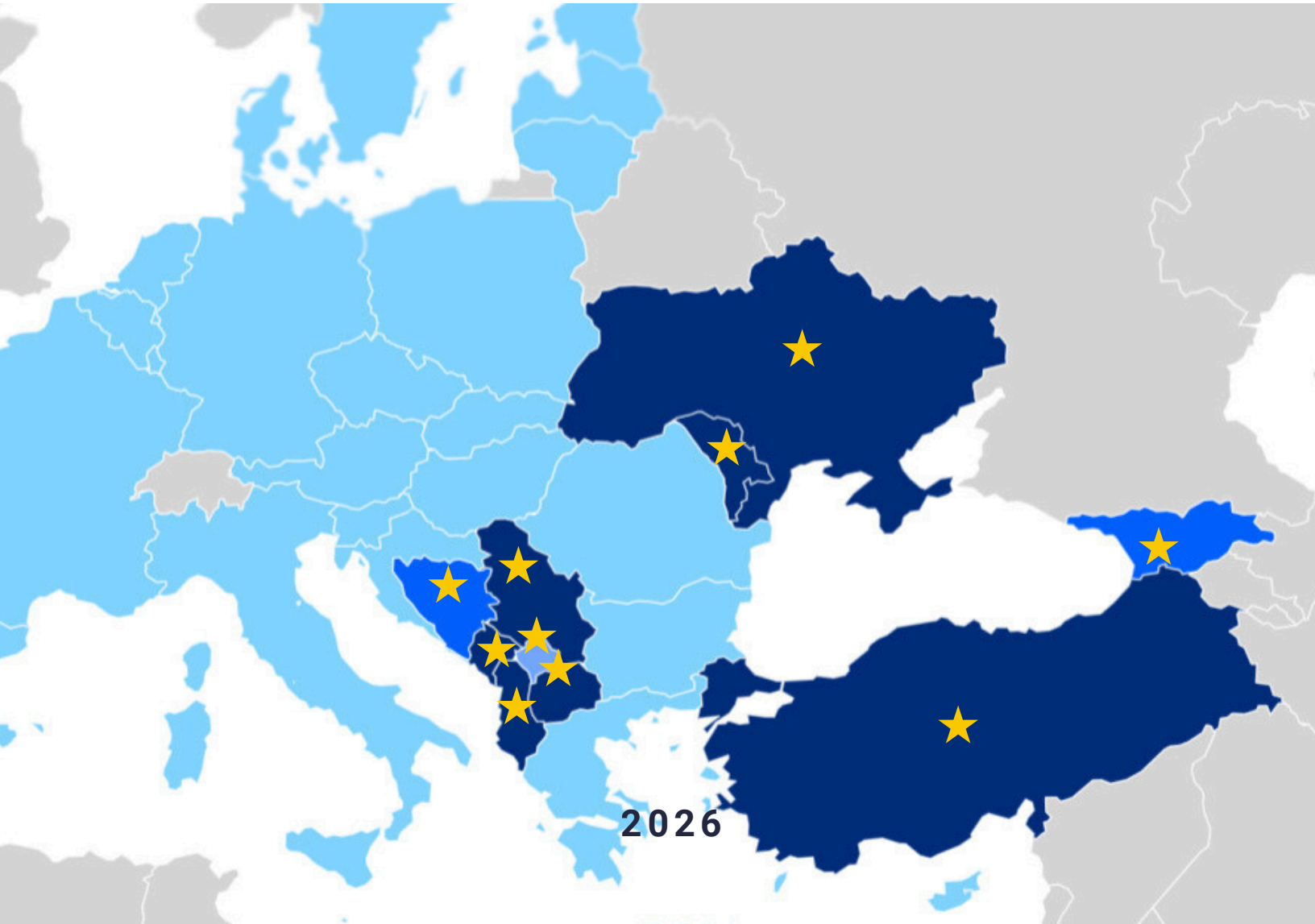
Alliance for Public Health

POLICY BRIEF ON ELIGMENT OF DRUG POLICY OF GEORGIA WITH THE EU ACQUIS FROM A PUBLIC HEALTH AND HUMAN RIGHTS PERSPECTIVE



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For more information, visit the website: https://harmreductioneurasia.org/

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This report evaluates the alignment of Georgia's drug policy with the *EU acquis* from a public health and human rights perspective during 2025, using the *Methodology on shadow reporting for EU accession from a drug policy perspective*.[1] The assessment places particular emphasis on the experiences of people who use drugs, as well as on insights provided by experts consulted during the evaluation process.

Through a comprehensive review of EU legislation, non-binding policy commitments, and Council of Europe recommendations, the core elements of the EU acquis on drug policy were identified from a public health and human rights perspective across four accession chapters: Chapter 23 (Judiciary and Fundamental Rights), Chapter 24 (Justice, Freedom and Security), Chapter 28 (Consumer and Health Protection), and Chapter 31 (Foreign, Security and Defence Policy). A corresponding set of 66 indicators was developed to assess gaps between national frameworks in candidate countries and the *EU acquis*.

Data on policy indicators was collected through content analysis of national drug policy legislation and official documents, while data on implementation indicators is gather through an in depth-interviews and online survey of experts and community representatives. Additionally, desk-based research was conducted to review and analyse existing reports and other analytical materials relevant to the issue. The survey parameters were as follows: 13 in-depth interviews and 16 participants in the online survey, conducted between November and December 2025.

All survey data was reviewed by experts to discard inconsistent or unreliable responses. The verified data was then compiled, systematised, and transferred into a data log that serves as the basis for this report.

Key recommendations for accession negotiations in 2026:

Georgia's EU integration process is currently stalled, and no work is underway at this stage to align Georgian legislation and practice with EU standards. In this context, the European Commission's annual Enlargement Reports remain the only meaningful vehicle for assessing developments. It is therefore important that the report on Georgia accurately and comprehensively reflects both challenges and progress.

From a drug policy perspective, the language of the report is problematic, as it is framed predominantly through a law-enforcement lens and does not sufficiently address the adverse consequences of criminalising drug use or applying disproportionately severe penalties. Accordingly, the Enlargement Reports should:

- *Place greater emphasis on the risks and negative impacts associated with the overcriminalisation of drug use and disproportionately harsh sanctions.*

[1] EHRA (2026). Shadow reporting for EU accession from a drug policy perspective. Vilnius, Lithuania.

- *Clearly state that efforts to combat illicit drug trafficking and organised crime must not be used as a pretext for creating artificial barriers to medical and harm-reduction services.*
- *Emphasise that it is ineffective to punish people who use drugs with exemplary severity, exclude them from society, reinforce stigma, or subject them to excessive control.*
- *Put stronger focus on developing and strengthening care and health services, including expanding opioid substitution therapy, ensuring its availability in the penitentiary system, and developing services tailored to the needs of vulnerable and marginalised groups.*
- *Include an assessment of the effectiveness of harm-reduction and prevention systems and the challenges affecting these areas.*
- *Address the quality and completeness of relevant statistical data and the extent to which drug policy development and revision processes are inclusive.*

In the past year, the dominant trend has been increasingly punitive rhetoric from decision-makers, followed by heightened sanctions and controls targeting people who use drugs, while treatment and care services have faced sustained pressure and growing restrictions from the authorities. A reduced - if not effectively dismantled - partnership with civil society has also been notable. In particular, the following key developments have taken place at the national level:

- ***Administrative penalties quadrupled:*** *For a first-time drug use or the acquisition/possession of a small quantity, the maximum administrative fine was raised from GEL 500 (EUR 158) to GEL 2,000 (EUR 632), and the maximum term of administrative detention increased from 15 to 60 days.*
- ***Custodial sentences reintroduced for cannabis possession****: Amendments to the Criminal Code reintroduced imprisonment for the acquisition and possession of cannabis/marijuana, notwithstanding a 2015 decision of the Constitutional Court of Georgia that had removed custodial penalties for this conduct. Parliament justified the harsher approach by citing new developments and the spread of cannabis with higher psychoactive potency.*
- ***Stricter mandatory drug-testing:*** *The mechanism for compulsory drug testing was tightened, granting police broader powers to apply it. In addition, individuals were effectively deprived of the ability to refuse mandatory narcological testing; refusal is treated as an offence punishable by a fine of up to GEL 2,000 (EUR 632) or up to 60 days of administrative detention.*
- ***Compulsory treatment - New criminal sanction:*** *A new sanction, compulsory treatment, was introduced into the Criminal Code. It may be imposed for up to two years on individuals convicted of drug-related offences.*

- ***Private providers barred from OST:*** *Private medical institutions were stripped of the right to provide opioid substitution therapy. Existing state-provided OST services in several cities were relocated to outlying areas, which has substantially reduced their accessibility.*
- ***Unified health database with police access:*** *The Ministry of Health will establish a unified information database covering persons with mental health conditions, alcoholism, and drug dependence. Individuals included in the database may be subject to various legal restrictions, and the police will have direct access to the database.*
- ***No meaningful consultation:*** *None of the above changes were discussed in advance with civil society/community organisations or professional groups. Nor were these measures deliberated within the Inter-Agency Council on Combating Drug Addiction, which under normal circumstances should serve as one of the key platforms for drug policy development.*

The **main findings** of this shadow report for this year are as follows:

Chapter 23: Judiciary and Fundamental Rights

- Georgia's criminal legislation on drug-related offences is disproportionately punitive. Alternative to coercive sanctions are rarely applied to those convicted of drug offences, and the most common sanctions remain imprisonment or financial penalties. Mentioned approach significantly increases prison population.
  - The introduction of mandatory treatment as a criminal sanction in the Criminal Code creates risks of ill-treatment of people who use drugs and potential violations of the right to dignity.
- Health services are insufficiently accessible, particularly for vulnerable and marginalised groups. A specific concern is the absence of opioid substitution therapy in penitentiary institutions. Furthermore, expulsion of a patient from the programme is used as a disciplinary sanction, which may amount to ill-treatment.
- The establishment of a unified information database within the Ministry of Health - including information on people who use drugs, with police access - poses risks to the effective realisation of the right to health and may further reinforce stigma against people who use drugs. Such database seriosly infringes rights to privacy and data protection.
- Legislation adopted on transparency of foreign influence stigmatizes civil society and professional organisations, fosters distrust towards them, and substantially constrains the ability of organisations working on drug policy and harm reduction to operate freely in the country.

Chapter 24: Justice, Freedom and Security

- Civil society and community-based organisations are not sufficiently involved in the development of drug policy and the national drug strategy. The reforms adopted in 2024–2025 were developed in a closed and non-inclusive manner, which is particularly problematic given that these changes have significantly worsened the legal position of people who use drugs.

- The effective implementation of existing policy documents and their action plans in practice remains a challenge.
- The country still lacks an early warning system, which increases the potential harms associated with drug use - especially from new psychoactive substances.
- A National Drug Observatory Centre operates in the country; however, this mechanism needs to be strengthened - particularly in terms of research capacity - and its resources and overall effectiveness should be increased.

Chapter 28: Consumer and Health Protection

- There are structural barriers to resocialisation for people convicted of drug offences, including stigma, socio-economic hardship, and legally imposed restrictions on civil rights.
- The criminalisation of drug use constitutes a major barrier to accessing health and care services.
- The limited adaptation of health services to the needs of vulnerable groups, combined with stigma and low levels of trust, creates a deterrent environment for certain groups - particularly women - to seek these services.
- The closure of private opioid substitution services, the relocation of existing substitution therapy sites to city outskirts, and increased police scrutiny around these services further reduce people's willingness to enrol in such programmes.
- The frequent use by public officials and decision-makers of stigmatising, punishment-oriented rhetoric towards people who use drugs reinforces stereotypes and contributes to their further exclusion from society.
- Legal mechanisms to address violations of patients' rights exist in formal terms. In practice, however, PWID use these mechanisms only in exceptional cases, due to limited awareness, a deficit of trust, and fear that pursuing legal remedies will worsen their situation.

Chapter 31: Foreign, Security, and Defence Policy

- Although Georgia's EU integration process is currently frozen, the country's international positioning on drug policy issues has not diverged from the EU's positions or statements.