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Operational Research of Barriers and Facilitators to Harm Reduction Services for IDUs (including female IDUs)

Study Report

Prepared by:

Partnership for Research and Action for Health

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
AOT	Abstinence Orientated Treatment
GF	Global Fund
HIV	Human Immunodeficiency Virus
IDU	Intravenous Drug User
IRB	Institutional Review Board
KAP	Key Affected Population
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
NSP	Needles and Syringe Programs
OST	Opioid Substitution Therapy
PRAH	Partnership for Research and Action for Health
PWID	People Who Inject Drugs
TB	Tuberculosis

Executive Summary

Georgia belongs to group of countries with low HIV/AIDS prevalence (0.5% (0.4-0.6%)[1] among adult population but with a high potential for the development of a widespread epidemic. The epidemic is concentrated among key affected populations (KAP), specifically among people who inject drugs (PWID) and men who have sex with men (MSM). The harm reduction programs have been operating in Georgia since 2005 with the aim to reduce the health, social and economic harms of substance use to individuals, communities and societies[2].

The aim of this study was to evaluate barriers and facilitators to Harm Reduction services for IDUs (including female IDUs) and develop policy recommendations for improving quality of services and overcoming those barriers.

Qualitative study using in-depth interviews was conducted during September-November 2017; the study participants were providers and beneficiaries of harm reduction services. The study was conducted in Tbilisi, Gori, Kutaisi and Batumi. Overall 12 providers and 35 IDUs participated in the study. Appropriate ethical considerations were adopted in conducting the research. Prior to implementing the study, IRB approval was sought from the Georgian nongovernmental organization (NGO) "Health Research Union".

The study results showed that *stigma and discrimination* is one of the leading barriers hindering access to harm reduction services, which is even much greater *against female IDUs*. *Anonymity and confidentiality* are among the most important factors for IDUs when using harm reduction services. Existing *strict drug policy* considerably limits access to NSP services. The issue concerning the *take away dosages* was named as an important barrier for joining as well as for retaining in OST programs. The study revealed that there is a *geographical accessibility barrier* to all harm reduction services in regions.

IDUs face *financial barriers* when using private harm reduction programs as well as high financial burden for transportation costs. According to the study results there is a *lack of awareness of NSP* while awareness of OST programs is very high among IDUs. The leading factor encouraging IDUs to get harm reduction services is a free service that was common for all programs. Positive, friendly attitude towards IDUs is another facilitator to attracting them to harm reduction services. Providers and beneficiaries of all harm reduction programs underlined the importance of rehabilitation services as well as the need to support IDUs' employment.

Based on the study results the following recommendations are elaborated to improve the access to Harm Reduction services:

- Implement measures to reduce stigma and discrimination. The target groups for these activities should include:
  - General population,
  - Medical Personnel,

[1] UNAIDS, HIV and AIDS estimates (2016), Georgia (http://www.unaids.org/en/regionscountries/countries/georgia)

[2] Harm Reduction National Report. Georgian Harm Reduction Network, 2015

    - IDUs (work on IDUs' self-stigma, as well as work with male IDUs to remove discriminatory attitude towards female IDUs);
- Implement service of take away dosages at OST programs;
- Provide society with proper information on the positive role of substitution therapy and other harm reduction services;
- Raise awareness of IDUs on NSPs;
- Increase geographic accessibility of NSP and OST programs in regions;
- Share the experience of some NSP centers offering separate working hours/days to female IDUs and implement this practice within OST programs;
- Incorporate rehabilitation services in all OST and NSP centers;
- Support employment of IDUs;
- Integrate Hep C treatment services within NSP centers;
- Ensure the sustainability of existing Harm Reduction services;
- Ensure the sustainability of low threshold services for IDUs after the transition from GF funding towards fully national funding;
- Continue active work towards advocating for the liberal drug policy.

Introduction

Georgia belongs to group of countries with low HIV/AIDS prevalence (0.5% (0.4-0.6%)[3] among adult population but with a high potential for the development of a widespread epidemic. According to the national statistics, the total estimated number of people living with HIV (PLHIV) is 7,000 (the UNAIDS estimate is higher – 12,000 [8,800-14,000]); a total of 6,664 cases were registered in the country by November 9, 2017 (4,973 males and 1,691 females; 3,648 developed AIDS, and 1,339 died), with the number of notified cases showing an increasing trend from 2005 to 2017[4]. The epidemic is concentrated among key affected populations (KAP), specifically among people who inject drugs (PWID) and men who have sex with men (MSM). Data on transmission mode indicate that the proportion of all HIV diagnoses attributed to sex between men as well as to sex between men and women increased over the last five years, while decreased for cases attributed injecting drug use[5].

According to the IDU size estimation survey conducted in 2016 the estimated number of IDUs in Georgia is 52,500 (50,000 – 56,000), the prevalence is 2.24% (2.13% - 2.39%) in 18-64 age population and 1.41% (1.34% - 1.51%) – for general population.

The drug dependence treatment in Georgia is implemented by private and public institutions, as well as non-governmental and civil society organizations. There are two types of treatment available: (1) abstinence-oriented treatment – detoxification (inpatient, as well as outpatient) and (2) substitution therapy. The latter covers methadone substitution therapy functioning since 2005 and suboxone substitution therapy since 2012. Until July 2017 Opiate Substitution Therapy was implemented by three different mechanisms: through the funding provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria, within the State Substitution Therapy Program (with patient co-payment), and by the private sector. Since July 1, 2017, the GF OST program has been fully transferred to the state funding; the services became fully free without any co-payment from beneficiaries, which significantly increased access to the services in the country.

The Georgian Harm Reduction Network was established in 2006. Since 2008 the Network implements preventive interventions for IDUs within the Global Fund grant – "Extension of coverage of injection drug users via reinforcement of the HIV/AIDS preventive measures". Currently the Network manages the Harm Reduction Program; 14 centers providing Needle and Syringe Program services operates in 11 cities, 4 in Tbilisi and one each in Telavi, Rustavi, Gori, Kutaisi, Samtredia, Ozurgeti, Poti, Batumi, Zugdidi and Sokhumi.

The current document is a study report of the operational research of barriers and facilitators to Harm Reduction services for IDUs (including female IDUs) conducted in four cities: Tbilisi, Gori, Kutaisi and Batumi among the AOT, OST and NSP providers and beneficiaries.

[3] UNAIDS, HIV and AIDS estimates (2016), Georgia (http://www.unaids.org/en/regionscountries/countries/georgia)

[4] Infectious Diseases, AIDS and Clinical Immunology Research Center (http://aidscenter.ge/epidsituation_eng.html)

[5] National Center for Disease Control and Public Health of Georgia, Statistical Yearbook, 2016

Study aim and objectives:

The aim of this study was to evaluate barriers and facilitators to Harm Reduction services for IDUs (including female IDUs) and develop policy recommendations for improving quality of services and overcoming those barriers. The study had the following specific objectives:

(1) To evaluate barriers and facilitators to OST services from the perspective of program beneficiaries and service providers;

(2) To evaluate barriers and facilitators to NSP services from the perspective of program beneficiaries and service providers;

(3) To evaluate barriers and facilitators to AOT services from the perspective of program beneficiaries and service providers;

(4) To evaluate barriers and facilitators to Harm Rediction services from the perspective of IDUs not using existing Harm Reduction services in Georgia;

(5) To develop recommendations for improving quality of Harm Reduction services and overcoming identified barriers.

Methodology

Participants selection and procedures

The study was conducted in Tbilisi, Gori, Kutaisi and Batumi. Consecutive sampling method was used for selection of study participants. Investigators were contacting the representatives of organizations providing harm reduction services, explaining the aim and purpose of the study and in case of consent including them into the study until achieving the desired sample size. The beneficiaries of the same organizations were selected using consecutive sampling method and the IDUs not using any Harm Reduction services were recruited using a snow-ball sampling method.

Participants were selected using the pre-defined criteria (Table 1):

Table 1: Inclusion and Exclusion criteria

	Participant	Inclusion criteria	Exclusion criteria
1	AOT program provider	– AOT program provider (Tbilisi) – Informed consent sighed by the participant	– Refusal of participation
2	OST program (Methadone) provider	– OST program (Methadone) provider (Tbilisi/Gori/Kutaisi/Batumi) – Informed consent sighed by the participant	– Refusal of participation
3	OST program (Suboxone)	– OST program (Methadone) provider	– Refusal of participation

	provider	(Tbilisi/ Batumi) – Informed consent sighed by the participant	
4	NSP provider	– NSP provider (Tbilisi/Gori/Kutaisi/Batumi) – Informed consent sighed by the participant	– Refusal of participation
5	IDU – AOT program beneficiary	– Repetitively on AOT – Male/female – age ≥ 18 – Informed consent sighed by the participant	– First time on AOT - Refusal of participation - Physical or mental condition that diminishes capacity to properly understand the process of informed consent
6	IDU – OST program (Methadone) beneficiary	– OST program (Methadone) beneficiary at least for the last 6 months – Male/female – age ≥ 18 – Informed consent sighed by the participant	- OST program (Methadone) beneficiary less than 6 months - Refusal of participation - Physical or mental condition that diminishes capacity to properly understand the process of informed consent
7	IDU – OST program (Suboxone) beneficiary	– OST program (Suboxone) beneficiary at least for the last 6 months – Male/female – age ≥ 18 – Informed consent sighed by the participant	- OST program (Suboxone) beneficiary less than 6 months - Refusal of participation - Physical or mental condition that diminishes capacity to properly understand the process of informed consent
8	IDU – NSP beneficiary	– NSP beneficiary at least for the last 6 months – Male/female – age ≥ 18 – Informed consent sighed by the participant	- NSP beneficiary less than 6 months - Refusal of participation - Physical or mental condition that diminishes capacity to properly understand the process of informed consent
9	IDU – non beneficiary	– Is not a beneficiary of any harm reduction program – Male/female – age ≥ 18 – Informed consent sighed by the participant	- Beneficiary of any harm reduction program - Refusal of participation - Physical or mental condition that diminishes capacity to properly understand the process of informed consent

Overall it was planned to select 47 participants (which is consistent with the recommended sample size for qualitative studies[6]) for the study, including 12 providers and 35 IDUs.

Data Collection

The qualitative data were collected through in-depth interviews among service providers and IDUs (including female IDUs). In-depth interview guides were developed separately for each group (Annex 1, 2, 3, 4, 5, 6 and 7). The guides consisted of open-ended questions with the focus on following key areas:

- Harm Reduction services provided to IDUs (including female IDUs);
- Main barriers for IDUs (including female IDUs) hindering service provision;
- Factors encouraging beneficiaries to receive services;
- Ways to improve services provision;
- Other important issues.

In order to increase the generalizability of study results the IDUs were asked to give their opinion based on their personal experiences as well as the experience within their community. Two investigators conducted the interviews. The average duration of the interview was 1 hour.

Investigators explained the aim and purpose of the study to the participants before the beginning of each interview. The discussions were tape-recorded without identification of the participants. Digital audio recordings of the discussions were uploaded to a password-protected computer after which the recordings were erased from the audio recorder. The recorded information was used to prepare transcripts.

Ethical Considerations

Appropriate ethical considerations were adopted in conducting the research. Prior to implementing the study, IRB approval was sought from the Georgian nongovernmental organization (NGO) "Health Research Union" IRB (IRB00009520; IORG0005619).

The study investigators were informing each participant about the study objectives and procedures and obtaining the informed consent before the interview (Annex 8 and 9). In addition, the participants were informed that at any time during interview they had the freedom to refuse to answer a question or to quit the participation in the study. All respondents were also informed that their participation was voluntary and that their responses would remain anonymous.

Data Analyses

The interview recordings were transcribed using a predefined coding scheme that was in line with the survey instruments used for collecting data.

By using predefined codes, information was organized and followed by contextual analysis, presented below in the results section.

[6] http://www.statisticssolutions.com/qualitative-sample-size/

Results

Between September 1 and October 30, 2017 in-depth interviews were conducted among harm reduction service providers and beneficiaries. Overall 12 providers and 35 IDUs participated in the study. Participants' main characteristics are given in Table 2 and 3.

Table 2: Main characteristics of service providers

	Total	Female	Male
Number of providers	12	9	3
By cities			
Tbilisi	5	3	2
Gori	2	2	0
Kutaisi	2	1	1
Batumi	3	3	0
By harm reduction programs			
OST (Methadone)	4	4	0
OST (Suboxone)	2	2	0
NSP	5	2	3
AOT	1	1	0
	Mean	**Min**	**Max**
Age	45	33	65

Table 3: Main characteristics of IDUs

	Total	Female	Male
Number of IDUs	35	9	26
By cities			
Tbilisi	18	4	14
Gori	3	1	2
Kutaisi	5	1	4
Batumi	9	3	6
By harm reduction programs			
OST (Methadone)	9	2	7
OST (Suboxone)	4	0	4
NSP	12	4	8
AOT	3	1	2
Doesn't use any program	7	2	5
Education			
Secondary education	11	4	7
Incomplete higher education	2	0	2
Higher education	20	4	16
Professional school	2	1	1
Is aware of OST program	35	9	26

Is aware of NSP	26	6	20
Is aware of AOT	30	9	21
	Mean	**Min**	**Max**
Age	42	27	62
Injecting practice (years), for both gender	19	4	40
Female	17,6	4	34
Male	20	5	40

Services and service provision environment at Harm Reduction Programs

OST Program

Overall 6 providers and 23 beneficiaries (including 17 current beneficiaries) responded to OST program related questions. Drug dependent patients receive the following services within these programs: daily intake of medication with the defined dose by the physician and regular fixed visits to physician, social worker and psychotherapy, as well as visits per need. In beneficiaries' perception, the basic services of OST programs are: daily intake of medication, periodic visits to physician, visits to social worker and psychologist per need. Only two participants noted that they are only taking medication and do not need physician's or psychologist's counseling.

„I come here, take medication and go home; when I need I also visit physician, social worker and psychologist…"

44-year-old male, OST (Methadone) program beneficiary, Kutaisi

„We come here, take medication and they [the staff] do everything for us that is within their possibility, they help you in everything, counseling, psychological support and etc…"

62-year-old female, OST (Methadone) program beneficiary, Batumi

„I come here every day and take medication, nothing else. They do have physicians and psychologists but I don't visit them…"

45-year-old male, OST (Methadone) program beneficiary, Batumi

„I only take medication here; I haven't had a need for anything else yet…"

48-year-old male, OST (Suboxone) program beneficiary, Tbilisi

OST service centers work every day including weekends from 8:30 am to 3:30 pm. All participants including providers (6) and beneficiaries (23) evaluated service provision environment as user-friendly (5 providers named it as „very user-friendly", 1 – „user-friendly"; 12 beneficiaries – „very user-friendly"and 11 – „user-friendly"). According to providers, the number of staff members within the programs is adequate and they have the appropriate qualifications, only Batumi OST provider noted that it would be advantageous to add 1 physician. According to beneficiaries the number of program

personnel is sufficient and they have relevant qualification, only three participants expressed slight dissatisfaction regarding the personnel's qualification.

„We have very user-friendly environment here, beneficiaries are very open with physicians and entire personnel, and they may not be so open even with their family members. We have very warm relationships. We had such cases when beneficiaries left the program and were still coming to see us, saying that they were missing us…"

48-year-old female, OST (Methadone) program provider, Gori

„The environment is very user-friendly here, you don't feel like being patient or even IDU… for instance the program director is my best friend… everyone I've been in touch with, for instance physicians or psychologist, they are all very qualified specialists…"

62-year-old female, OST (Methadone) program beneficiary, Batumi

„The environment is very user-friendly, they do everything they can… it's been 5 years since I come here and I've never had complaints to the personnel, all of them are very qualified… I have been in centers in Tbilisi and Zugdidi too and it's the same everywhere, they are all good to you…"

44-year-old male, OST (Methadone) program beneficiary, Kutaisi

„The environment is very user-friendly here, you feel like been in the family, I respect everyone here… they have enough number of personnel, all of them are with relevant qualification… our psychologist gives very interesting trainings, I never miss them…"

35-year-old male, OST (Methadone) program beneficiary, Tbilisi

„All our staff members are very qualified and experienced… we have enough number of nurses but not physicians really, especially when it concerns documentation and reporting… physicians have a lot of work to do and then it affects quality… adding of one physician would be quite enough…"

39-year-old female, OST (Methadone) program provider, Batumi

„Psychologists are not well trained, they cannot respond to patients adequately. Patients then doubt and think that they don't have appropriate level of education. They shouldn't treat every patient in the same way…"

38-year-old female, OST (Methadone) program beneficiary, Tbilisi

„I've changed several physicians since I'm in this program, I didn't like the first one, the second one was very young and unqualified, and I didn't trust the third one and now my forth one is very good physician…"

38-year-old male, OST (Methadone) program beneficiary, Tbilisi

NSP

Overall 5 providers and 16 beneficiaries (including 12 current beneficiaries) responded to NSP related questions. The following services are available for beneficiaries within NSP:

- Distribution of the sterile injection equipment (needles and syringes, alcohol swabs);

- Provision of condoms and distribution of educational materials;
- Free, anonymous testing on HIV, B/C Hepatitis, and Syphilis and referral to specialized clinics;
- Services of different profile specialists;
- Investigations (Ultrasound, Fibroscan);
- TB screening and referral to specialized clinics;
- Peer Driven Interventions;
- Overdose prevention, distribution of Naloxone;
- Case management;
- Hygienic goods for female IDUs;
- Medical services and testing for IDUs' sexual partners;
- Hygienic goods for IDUs' sexual partners;
- Mobile Laboratories;
- Handicraft teaching courses for female IDUs;
- Hotline.

Study participants were asked about the availability of these services. In addition they were asked to name the most demanded services, also services that are not available or are not fully delivered and reasons for insufficient delivery. NSP providers underlined the importance of all above mentioned activities in order to deliver comprehensive services to IDUs. The vast majority of services are most demanded and the centers typically don't have delays in service provision. According to providers, the most demanded services by their beneficiaries are free consultancies of different profile specialists and clinical investigations (ultrasound, fibroscan, tests on infections). Distribution of the sterile injection equipment is available at all participating NSP centers, is one of the most demanded services and there are rarely delays in delivery, mostly related to logistic issues. It was also noted that when syringes are of low quality the beneficiaries do not take them. Providers think that needles and syringes should be purchased according to the current drug scene. There is also a great demand on injection water and tourniquets which currently was not available at NSP centers. Provision of condoms and distribution of educational material is highly demanded service within NSP. Kutaisi and Gori NSP providers noted that currently they do not provide condoms to their beneficiaries due to the procurement delay.

Free, anonymous testing on HIV, B/C Hepatitis, and Syphilis (for IDUs and their partners) is also among the most demanded services; it is available at all participating NSP centers and providers have not noted delays in delivery. According to providers case management - is much demanded and priority service and there should be more financing for the latter one. Hygienic goods for female IDUs and IDUs' sexual partners are available at all participating NSP centers and are among demanded services. However, Kutaisi and Gori NSP providers noted that the request for the latter is very high and due to limited financing these services are not fully delivered. All providers noted that mobile ambulatories are of high demand and operates effectively, though not always available due to rotation. All two NSP Tbilisi centers participating in the study fully delivers handicraft teaching courses for female IDUs. According to providers this service is of high demand, which is not available in the regions. NSP centers periodically conduct Peer Driven Interventions but at the time of the study were not provided by Batumi and Gori NSP centers.

"It would be very difficult for me to name the basic services… our beneficiaries need medical, social, legal as well as psychological support therefore all our services are equally important… our center covers Samtskhe-

Javakheti region as well and we have a lot of beneficiaries and hence our needs are much more… case management is very effective, but the number of this service is limited…"

48-year-old female, NSP provider, Gori

"Beneficiaries frequently demand injection water and tourniquets and we don't have them systematically… also they don't take syringes if they are not of good quality… we attracted lots of women since we started distribution of hygienic goods… we were able to cover entire Adjara region with mobile ambulatory…"

65-year-old female, NSP provider, Batumi

„All of our services are very important, it would be difficult for me to name the basic ones… among the most demanded services are: specialists' consultancies (stomatology, gynecology, general practitioner, surgery), synergies, testing on infections, condom distribution… hygienic goods for female IDUs are highly demanded too… we had mobile ambulatory only in February which was very beneficial for our center, we hope to have it again in the future, we conducted 300 tests and results were amazing…"

37-year-old male, NSP provider, Tbilisi

"It would be good to procure products [needles and syringes] according to the existing drug scene. Sometimes we keep these products for months and beneficiaries don't take them… the drug scene is changeable, sometimes insulin syringes are demanded and 3-4 months later 2mg syringes may become demanded… we don't always have mobile ambulatory here, we have it maybe for 2-3 months, we would have better coverage and more effective work if we always had the one…"

45-year-old male, NSP provider, Kutaisi

„Quantitatively the most demanded are needles and syringes, but there is a high demand for medical services too. We occasionally have delays in service provision and mostly it is related to supplying, otherwise we don't have problems in sufficient delivery…"

40-year-old male, NSP provider, Tbilisi

According to NSP beneficiaries, NSP services are available at all regions participating in the study. They think that services provided by NSP centers are necessary and very important for IDUs. However the following were named as priority services: consultancies of different profile specialists (special emphasis was made on dental service at all participating centers in every region), clinical investigations, provision of sterile injection equipment, condoms and educational material, hygienic goods for female IDUs and testing on infections. Handicraft teaching courses for female IDUs is also among the priority services in the centers where available. NSP beneficiaries noted that there are usually no delays in service provision; they were only indicating the need for injection water and tourniquets (currently not available).

"We've never had problems with availability… if they don't have something today they will deliver it the day after tomorrow… I think handicraft teaching course is a very important service, it helps me much to overcome depression…"

48-year-old female, NSP beneficiary, Tbilisi

"Consultancies of specialists are especially important; you may always find money for needles and syringes. Free consultancies, investigations, stomatology is the most demanded services…"

48-year-old male, NSP beneficiary, Tbilisi

„I've never had cases of insufficient provision of any services… all the services provided at this center are equally important… maybe I don't need one particular service but it may be necessary for another beneficiary…"

51-year-old female, NSP beneficiary, Kutaisi

"The service that was earlier and now is not available should be renewed - injection water and tourniquets"

36-year-old male, NSP beneficiary, Gori

NSP service centers work every day excluding weekends from 10:00 am to 6:00 pm. All participants who responded to NSP related questions (providers and beneficiaries) evaluated service provision environment at NSP centers as "very user-friendly". According to providers as well as beneficiaries, there is an adequate number s of personnel at NSP centers and all of them are with relevant qualification.

"The environment is very "user-friendly" at our center, sometimes beneficiaries come here without any need telling that they just came to visit us, there is a kitchen here, tea and coffee is always available and they sit and talk and tell us information on new drugs and etc…"

37-year-old male, NSP provider, Tbilisi

"The environment is very "user-friendly" at our center. I always tell my employees that when beneficiaries come here they shouldn't feel like being IDUs or different people…"

65-year-old female, NSP provider, Batumi

"We have quite highly qualified personnel here, they have already a long experience of working with IDUs; they continuously undergo trainings with the support of the Georgia Harm Reduction Network and the Global Fund. The most difficult is working with outreach-workers, they are IDUs themselves (you won't be able to work otherwise), they work very well on the field, but they have difficulties with documentation, however we always help them with the latter…"

48-year-old female, NSP provider, Gori

"Everyone here is very valuable, empathetic and qualified…"

55-year-old female, NSP beneficiary, Gori

"The environment is very "user-friendly" here, you aren't afraid that you will come here and something will happen, they always talk to you, give advices, I love coming here…"

51-year-old female, NSP beneficiary, Kutaisi

"This center, its psychologists and social workers helped me a lot with overcoming my depression. For instance I come here, drink coffee, and talk to them, with social workers or the center director. I always come here when I feel bad and it helps me a lot… the environment is very homelike here, I do have friends but I prefer to come here. Former prisoners and former IDUs work here and they understand me better. Relationships are easier

everywhere they refer me from here. This is not only my opinion, everyone who comes here thinks the same way, we are much unified and everyone feels good here…"

48-year-old female, NSP beneficiary, Tbilisi

AOT program

One provider and four beneficiaries responded to AOT program related questions. The patients in the hospital undertake different duration treatments according to the diagnosis. The average duration of the treatment is 14-20 days. The patients undergo inpatient treatment comprised of the course of detoxification (including medication therapy, psychotherapy, physiotherapy, and medical massage) and then outpatient treatment covering the course of psychosocial rehabilitation. AOT program beneficiaries participating in the study stated that they undergo standard medication therapy; only one participant noted that he used the psychologist service too.

AOT program provider and all four beneficiaries evaluated the service provision environment as „very user-friendly".

"Proper relations are very important for our patients, with good relationship you get good results, therefore friendly relations between doctor and patient are of great importance. These issues are addressed in the best way at our clinic…"

33-year-old female, AOT program provider, Tbilisi

"The environment is so great here that even if someone tells me that there is the best hospital somewhere, free of charge, I won't go there and will continue treatment here…"

32-year-old female, AOT program beneficiary, Tbilisi

As noted by the AOT program provider, the number of personnel is adequate at their center and all staff members have relevant qualification. Only one beneficiary noted that there is a lack of nursing personnel.

"We have the largest number of professors in the field and our clinic has the major achievements throughout Georgia. The number of personnel is enough, we've never had problems with that…"

33-year-old female, AOT program provider, Tbilisi

"There are only 2 nurses here and they are much overloaded, run back and forth and cannot give medicines and transfusions to all patients on time…"

32-year-old female, AOT program beneficiary, Tbilisi

Reasons for changing harm reduction service centers by beneficiaries and withdrawal from programs

OST Program

As noted by OST program providers and beneficiaries, the clients change OST service center mainly due to changing their place of residence. Minority of the OST program beneficiaries (3/23) participating in our study had a case of changing the service center due to the change of their place of residence. Vast majority of participants noted that they've never had the need for changing the service center or there was no choice of other center in their region. Two beneficiaries stated that they would never change their service center despite the need.

"I have changed the service center, I went to OST center in Tbilisi and then I moved to live here. All I've heard about others is that they change service centers due to changing their place of residence…"

62-year-old female, OST (Methadone) program beneficiary, Batumi

"I've never changed the service center and I cannot do that anyway, this is the only methadone program in Kutaisi ..."

42-year-old male, OST (Methadone) program beneficiary, Kutaisi

"I live a bit far from this center and there is an OST center on my street, but I prefer to come here even though it costs me transportation fees, the environment is so great here…"

35-year-old male, OST (Methadone) program beneficiary, Tbilisi

According to OST program providers, the main reason for withdrawal from the program is migration; there are also cases when beneficiaries quit the program after detoxification and have remission periods, or withdraw and get back to street drug use; geographical accessibility barrier was also named as one of the reasons for withdrawal in the regions; stigma is another reason for IDUs to withdraw from OST programs. OST providers talked about the cases when beneficiaries withdrew from the program after their family members were informed. Batumi OST program (Suboxone, private clinic) provider noted that their beneficiaries mostly withdraw from programs due to the financial problems and the strict regimen in their center (medication intake procedures are strictly controlled in their center).

Most of the interviewed OST program beneficiaries (17/23) noted that they had either an attempt or have desire to withdraw from the program. The main reasons for the latter were named as follows: existing regimen (daily visits to the clinic); fair that family members will learn about them being program beneficiaries and desire to quit drug use.

"They withdraw from programs most often due to migration… we've also heard about the cases when they left the program and started using street drugs again…"

39-year-old female, OST (Methadone) program provider, Batumi

"There are cases when they want to leave the program with detoxification and get back to normal life… but mostly there are cases – gone abroad…"

38-year-old female, OST (Methadone) program provider, Kutaisi

"Mostly there are cases of leaving the country… also leaving the program with detoxification… we had also cases when beneficiaries withdrew because their family members learnt about it [being in the program]…"

48-year-old female, OST (Methadone) program provider, Gori

Withdrawal from the program is mainly due to financial issues at our center, in addition the medication intake is strictly controlled here… Initially, there was an impression that people who came here were not oriented on treatment but something else… and this category usually withdraws. Some left because it was geographically inaccessible for them, for instance we had patients from Guria region but after some time they withdrew."

52-year-old female, OST (Suboxone) program provider, Batumi

"I used to go to Methadone program earlier but left the program after about 5 months, I didn't like the program, and I had to go to the OST center every day…"

50-year-old male, NSP beneficiary, Tbilisi

"I am so tired of coming here every day and I don't want my children to know that I'm in the program…"

38-year-old male, OST (Methadone) program beneficiary, Tbilisi

"I've started already working on myself to leave the program, I travel a lot and it is very uncomfortable for me coming here every day…"

33-year-old male, OST (Suboxone) program beneficiary, Tbilisi

"I've heard about others that they leave the program because they have conflicts with family members, others want to quit because they are tired and no more want to use drugs… From those I know that withdrew from the program returned back after some time, all of them wanted to quit drug use but it appears to be rooted in your mind and after some time you start using again…"

62-year-old female, OST (Methadone) program beneficiary, Batumi

NSP

According to Tbilisi NSP providers participating in the study, beneficiaries have never requested moving from one service center to another. There is only one NSP center in each region; therefore there are no cases of center change request.

No one from the interviewed NSP beneficiaries have had any attempt or desire to change the service center of withdraw from the program and have not heard of such cases from other beneficiaries as well.

Among the reasons for the withdrawal of the program, NSP providers noted: migration, detention, change of place of residence and involvement in the OST program.

"The most common cause of withdrawal is that they are detained, drug use is criminalized and in addition, drug use is usually followed by criminal actions. The second most common cause is going abroad… or change of place of residence… our beneficiaries have never moved elsewhere because of dissatisfaction… there are also cases when they become involved in OST programs and they are no more beneficiaries for needles and syringes, but they come here for testing on infections, for blood vessels' care products, for consultation with a lawyer and etc… withdrawing from our program and having remission doesn't mean he/she is no more our beneficiary.

However there are cases when they are in OST programs and still come here for needles and syringes, in some cases they additionally inject drugs or they may be peer-educators and take equipment for others… "

48-year-old female, NSP provider, Gori

AOT Program

According to AOT program participants, there haven't been any cases of requesting the change of the doctor within the clinic or of the clinic itself. Two beneficiaries had an attempt of withdrawal from the program, in one case the reason was the desire to go home and in another – poor care (it should be noted that this patient withdrew from AOT program in another clinic, not in the one participating in the study).

"I want to go home, that's why I want to discharge earlier, otherwise I feel very comfortable here…"

38-year-old male, AOT Program beneficiary, Tbilisi

"Earlier when I was at the clinic 'Uranti', I ran away from there on the 5th day. I didn't have anybody to take care of me, nobody from relatives was allowed to come in, I was falling down every 5 minutes and hit my head, they stumped me… this doesn't happen here, I feel myself well, I communicate with other patients and relatives can also come in and take care of me…"

32-year-old female, AOT Program beneficiary, Tbilisi

Harm Reduction programs and the needs of IDU community

OST Program

The OST program is considered to be in line with IDU's needs by the program providers and beneficiaries participating in the study. According to providers, beneficiaries mainly express satisfaction with the provided services, although among some of the reasons of the dissatisfaction were noted: dissatisfaction associated with the low doses of the opiates they take (often beneficiaries are demanding to increase the doses); dissatisfaction is also associated with the procedures related to the sublingual administration of Suboxone, beneficiaries of Suboxone substitution program have to stay at the clinic for some period of time after administration of the drug; In some cases, the beneficiaries complain about the working hours of the centers and request extra working hours.

Among the needs of additional services providers noted: Consultation of specialists' and rehabilitation services on sites. The latter doesn't concern the OST center at Tbilisi Drug Addiction Treatment Center where effectively operates the rehabilitation center and its beneficiaries have expressed great satisfaction with the services received there.

The beneficiaries themselves are mostly satisfied with the services received at the OST centers, although the need of additional services were noted, such as the opportunity of take away dosages, addition of free Suboxone substitution centers, separate entrances or different service hours for women and the possibility of receiving rehabilitation services on sites.

"Generally beneficiaries are satisfied with the services received, but there are also ones who complain… they mainly express dissatisfaction in regard with demanding the increase of opiate doses, they want to feel dizzy and high… It would be great to have inpatient detoxification and rehabilitation services on site…"

38-year-old female, OST (Methadone) Program provider, Kutaisi

"One thing that causes patients to complain is that the drug should be taken sublingually, the patient should stay at the clinic for 5 minutes after receipt, and the nurse is obliged to make sure that the drug is dissolved and only after that let him/her go home…"

52-year-old female, OST (Suboxone) Program provider, Batumi

"There is a very good rehabilitation center in Tbilisi, it would be great for our beneficiaries to have similar one here… it would also be good to have different profile specialists' services and clinical investigations on site and we would not have to refer them elsewhere, when primary beneficiaries come here and they are in withdrawal condition it is difficult for them to go to other places…"

48-year-old female, OST (Methadone) Program provider, Gori

"This program has saved my and many others families too… this program is much needed for IDUs… I don't use other drugs any more, I have no fare to be detained, I take care of my health, and I can avoid Hep. C and other infections too… why shouldn't one be satisfied with it?!..."

32-year-old male, OST (Methadone) Program beneficiary, Gori

"I'm very sick and it would be good to have take away dosages for beneficiaries like me, at least 2-3 day dosages; especially in bad weather, I come here from quite a long distance and now winter is coming and it's terrible for me to walk here every day …"

42-year-old male, OST (Methadone) Program beneficiary, Kutaisi

"There is a lack of Suboxone services, two of my friends are in Methadone program, they have heart related problems and they are not able to move to free Suboxone program, the private Suboxone program is expensive… I know lots of people who want to move there and that cannot manage it… there may be some additional services, lots of people come here, take drug and have nowhere to go… there may be rehabilitation centers on site, or some public lectures with different books and resources, fitness centers and etc…"

48-year-old male, OST (Suboxone) Program beneficiary, Tbilisi

"I was in Methadone program 2 year ago, I was very satisfied with it, and one thing that caused my dissatisfaction was that men and women went there together. It would be great to have a separate OST center for women… Not doctors, the male beneficiaries look at you in a terrible way… It was horrifying for me going there…"

48-year-old female, NSP beneficiary, Tbilisi

NSP

According to the interviewed NSP providers and beneficiaries, the services provided within this program are very important and they are in line with the needs of IDUs. All participants are very satisfied with the services received. According to providers, beneficiaries might have minor complains in cases when certain services are delivered and then the delivery is terminated due to some reasons.

Among the needs of additional services, providers as well as beneficiaries noted the opportunities of receiving clinical services for which beneficiaries are referred to other clinics on site (Fibroscan, stomatology and etc. – this was mentioned in the centers where these services are not available on site and beneficiaries are referred to other clinics), as well as receiving services and treatment within Hep. C elimination Program at NSP centers. In the centers where there is no separate service delivery days or hours for women, the providers have indicated the need for separate entrances. NSP providers have also stressed the need for rehabilitation services. According to Gori NSP provider, there is a need for separate service center for Samtskhe-Javakheti region.

"In general, everybody is satisfied with the received services, dissatisfaction is mostly associated with the discontinuation of some services… for example we had free quantitative test for Hep. C for 4 months, now we don't deliver this service anymore and beneficiaries are coming and asking when we'll bring back this service…"

54-year-old male, NSP provider, Kutaisi

"All these services are much needed for us… this is such happiness for us… Lots of my friends come here and I have never seen anyone dissatisfied, I get everything I need and I am interested in here, and I am so pleased with these services that I always recommend others to come here…"

48-year-old female, NSP beneficiary, Tbilisi

"It would be very good to have additional, even very small, rehabilitation component to our program… Samtskhe-Javakheti region needs its own NSP center…"

48-year-old female, NSP provider, Gori

"For instance we have to refer our beneficiaries to other clinics for dental services and Fibroscan, they have to go from one district to another, it would be better to have these entire onsite…"

37-year-old male, NSP provider, Tbilisi

"It would be great to receive dental services, different clinical investigations or Fibroscan on site instead of referring us to other clinics…"

37-year-old male, NSP beneficiary, Kutaisi

"Hep. C treatment and clinical investigations should be carries out here, on site…"

58-year-old male, NSP beneficiary, Batumi

AOT Program

According to the AOT program provider and beneficiaries participating in the study, this program is absolutely consistent with the needs of IDUs. All participants were very satisfied with the received services. When talking about the needs for additional services, beneficiaries only mentioned increasing the duration of treatment course.

"These services are very important for us… I am discharging from the clinic today and I am very satisfied, I feel myself as a human…"

33-year-old male, AOT program beneficiary

"The minimal stay here is for 2 weeks, then I have to discharge and buy medicines and do transfusions myself, so I am not sure I won't do some wrong things again after I discharge… the treatment course provided here is not enough for me, the duration of the treatment course should be longer, for what am I paying so much money?!..."

32-year-old female, AOT program beneficiary

Respondents not using Harm Reduction services

Six IDUs not using any Harm Reduction services by the time of the study took part in interviews. Among them were 2 female IDUs.

Most of them (4/6) were not aware of NSP program. All of them were aware of OST program although vast majority (5/6) stated that they had no need to enter the program. In most cases they expressed negative attitude towards the OST program which was related to different opinions like inability to quit the program and the development of quick dependence. Stigma (from families and society) was also named as the reason of not using NSP as well as OST services.

"Many drug users don't use Methadone program because they think one gets dependent on the drug very quickly, many say you can no more drink alcohol, you lose potency, you cannot go out of the city, cannot go on holidays and that's why they avoid starting the program, Suboxone does not affect anything but it is expensive and they cannot afford it…"

42-year-old male, Batumi

"If I start the program [OST] I think I will stay there forever and I don't want that… I don't need it; I have controlled drug use already and I won't go further any more…"

40-year-old male, Tbilisi

"I don't need to go there and drink Methadone every day. I can afford to buy syringes. All our district guys are using the program [OST] and they are all like zombies; that's why I think there is no sense to get in the program…"

32-year-old male, Tbilisi

"People will learn about it and I want to continue living, do I? ...I would go to a place where no one can learn and see me. But I don't think there is such a place in Georgia. I do have 30 tetri to buy syringes, so I don't go to NSP center, it's better to give it to other people who need more…"

28-year-old female, Batumi

In addition, IDUs who used any of one harm reduction programs were asked about the practice of using other programs. OST program beneficiaries were asked if they have used or were using NSP services and vice versa, NSP beneficiaries were asked to talk about the reasons of not using OST services.

Most of the OST beneficiaries (8/13) were not aware of NSP services, and the rest answered that they do not need to use this program.

The responses of NSP beneficiaries (not using OST services [there were 6 such respondents, among them 3 females]) on the reasons of not using OST services were as follows: the main barrier for females was stigma associated with families, society and especially self-stigma and for this reason they refuse to use OST services; the main reason of not using OST services for males was the regimen of the program. Video cameras and mandatory daily visits were named as the barriers; however there were representatives of both genders who believed that they do not need substitution therapy.

"I won't go there because of stigma, I am a woman. If nobody learns I will go. There should be a separate entrance, or separate building or different working hours; it can also be integrated in some general healthcare facility. My children must not learn about it…"

46-year-old female, NSP beneficiary, Batumi

Barriers to Harm Reduction Services

OST Program

The OST program beneficiaries do not consider the existing drug policy as the barrier for involvement in the program. In contrast, their presence in the program eases their relationship with the police. None of the providers named this factor as a barrier.

"Police's action nowadays even cannot be compared with their past actions, I don't even remember the last time someone was taken to the drug addiction center for the urine test… they used to start using this [Methadone] program just because of having certificate, but now the situation has changed…"

48-year-old male, OST (Suboxone) Program beneficiary, Tbilisi

"When I came out of prison, I entered the Methadone program because I did not want to be detained again ... it helped me a lot ... if you are in the Methadone program and the police stops you, you do not have any problems, they don't take you for the urine test…"

33-year-old male, OST (Methadone) Program beneficiary, Tbilisi

"If you say you are in the Methadone program you avoid lots of problems in regard with relationship with the police…"

50-year-old male, NSP beneficiary, Tbilisi

"The existing drug policy does not obstruct OST program beneficiaries, unlike other IDUs... If they do not do anything else and don't use other drugs, they do not have the fear of the police…"

48-year-old female, OST (Methadone) Program provider, Gori

According to the interviewed OST program providers and beneficiaries, **stigma** (related to families, society and self-stigma) **and discrimination is one of the main barriers** hindering the access to existing OST services. Stigma against female IDUs is even much greater; they suffer discriminatory attitudes, both from society and family, as well as from male IDUs.

"Many beneficiaries come here so that their family members don't know about it ... actually they have this problem and attitude themselves, otherwise they are not being persecuted ... women are even more stigmatized ..."

39-year-old female, OST (Methadone) Program provider, Batumi

"I am the first who comes here because of stigma… I don't want others to see me… when woman does this terrible thing [injecting drugs] she is not a woman at all… once she started doing this, she should come here and get treatment…"

54-year-old male, OST (Suboxone) Program beneficiary, Batumi

"Family is a barrier… a friend has told me to go and talk to his family members and explain them that this programs is a good one and I went, talked with them and then brought him here and finally his family members were grateful for that…"

48-year-old male, OST (Suboxone) Program beneficiary, Tbilisi

"Stigma exists and will exist forever, you cannot get rid of it in Georgia… for instance I couldn't bring here two of my friends, they are afraid that finally someone will learn about it… many come here so that their family members are not aware of it…"

62-year-old female, OST (Methadone) Program beneficiary, Batumi

"Of course stigma is a barrier, they often say that their children, neighbors and relatives will get mad when they learn about it; and also they may get fired… I hate myself being an IDU and the female who is injecting is even worse…"

35-year-old male, OST (Methadone) Program beneficiary, Tbilisi

"Many users say: why should I get in that program, I have children, parents, what will they say when they learn about is. They don't want to come here, there is a great stigma… many families think that it is awful, that government is giving you drugs and they don't realize that the government is giving you a helping hand in this way…"

38-year-old male, OST (Suboxone) Program beneficiary, Tbilisi

Most of the interviewed OST beneficiaries (17/23) think that their confidentiality is secured within the OST program, however, minority of them think that the fear of breaking down confidentiality may be a barrier to involvement in the program. Similar differing opinions were also expressed by the OST provider. The issue of breaking down confidentiality is not a problem for private OST providers due to the delivery of anonymous services.

"We provide anonymous services, so this [confidentiality] is not a problem for our beneficiaries…"

52-year-old female, OST (Suboxone) Program provider, Batumi

"We've never had cases of breaking down confidentiality and the problems related to it, although we had one beneficiary who withdrew from the program after 5-6 days when he was asked to provide his ID…he protested against this fact and withdrew from the program…"

39-year-old female, OST (Methadone) Program provider, Batumi

"Personally, I've never had problems here in this regard [breaking confidentiality]. However, there are people who are afraid that their information will be disclosed and do not come here ... Nobody believe that information will not be disclosed from here, me neither... "

48-year-old male, OST (Suboxone) Program beneficiary, Tbilisi

According to the OST program providers and beneficiaries, organizational factors such as infrastructure, equipment, supplies, and standards/guidelines do not represent barriers to access to harm reduction services. In the center where infrastructure is poor, it is a problem only for the personnel. The issue of **take away dosages** was named by the respondents as **one of the most important barrier**.

Most of the OST program beneficiaries didn't name geographical and financial accessibility as barriers to harm reduction services (financial availability affects those using private programs), unless we consider transportation expenses that is required for people residing away from the centers. **Geographical accessibility barrier is more evident in regions.** Service providers also share the same opinion.

The working days and hours of the OST service centers are acceptable for the most of beneficiaries and don't represent a barrier.

Factors associated with the staff providing harm reduction services such as the number of personnel, their gender, skills, attitude and motivation were also assessed positively by OST program providers and beneficiaries and none of the factors were named as a barrier to harm reduction services.

"The biggest problem is that we cannot have take away dosages. There should be take away dosages for more reliable beneficiaries, it's very tiring coming here daily, especially if you go out the city and there is no service center where you go, then you have problems, you have to take something else…"

35-year-old male, OST (Methadone) Program beneficiary, Tbilisi

"Our main barrier is a financial factor; beneficiaries have to pay for our services…"

52-year-old female, OST (Suboxone) Program provider, Batumi

"Infrastructure is not a problem for our beneficiaries at all, they only care about taking medication, poor infrastructure mainly concerns us…"

38-year-old female, OST (Methadone) Program provider, Kutaisi

"We don't care about the infrastructure; we come here just for a minute… it would be better for the staff working here to have better conditions…"

32-year-old male, OST (Methadone) Program beneficiary, Gori

"Beneficiaries come from Shida Kartli and Samtskhe-Javakheti regions to our center… of course there is a geographical accessibility barrier for them… it is difficult for them to come here daily… as for the financial accessibility, only transportation expenses are problem for them, especially for those who come from afar, they don't have to pay for anything else here…"

48-year-old female, OST (Methadone) Program provider, Gori

"You need to come here daily, don't you, for instance you come from Dusheti… they don't have take away dosages. If I am not in this program, I would start a job, it takes half a day for me to come here, and I need to change three buses to get here…"

38-year-old female, OST (Methadone) Program beneficiary, Tbilisi

"Transportation expenses are the only problem, I've also had such days when I didn't have money for transportation and I had to walk here…however they have twice as many beneficiaries after the program got free… many beneficiaries not living in Kutaisi come here and of course geographical accessibility barrier exists for them…"

42-year-old male, OST (Methadone) Program beneficiary, Kutaisi

"Working hours are acceptable for me, there always will be someone for whom it won't be acceptable, you cannot fit everyone… you call and doctors wait for you here if you are late for some reason… mainly women work here… but I have never heard that personnel gender concerns anyone…"

33-year-old male, OST (Methadone) Program beneficiary, Tbilisi

Among the client related factors respondents (providers and beneficiaries) named **gender as an important barrier** to OST services. Women have difficulty in using OST programs due to the strong stigma.

All providers and vast majority of beneficiaries participating in the study think that beneficiaries' socio-economic status does not affect their involvement in OST programs, however mostly beneficiaries with low socio-economic status use OST services. According to beneficiaries, those who are rich don't need substitution therapies and in addition the OST program regimen related to daily visits is not acceptable for them.

Differing opinions were expressed by the OST program beneficiaries in regard with employment. Some of them think that IDUs might not get involved in OST program due to the fear of losing job. According to the OST program providers, employment does not represent a barrier to involvement in the program.

Clients' level of education, awareness about OST program and health status / mobility was not named as barriers to involvement in OST programs.

"Women don't come here mainly because of stigma. For example we've never had female beneficiary from Gori… they don't want to come here together with male beneficiaries, they've always been willing to have separate entrances or separate service hours… male beneficiaries have solidarity to each other, however when they see female beneficiaries they become aggressive to them… it's been a long time since the start of this program, so everyone is aware of it, so I totally exclude the lack of awareness being a barrier to involvement in OST programs… in case when beneficiaries have health related problems, for instance got in the hospital or are disabled we take medication to them, or give it to an entrusted person…"

48-year-old female, OST (Methadone) Program provider, Gori

"I am sure many women would join the program if there was a separate one for them, they don't want to come here and take medication together with men… I think that employed IDUs are more likely to use the program, one can come, take medication and then work all day very well, however I know drug users who do not come here because they are afraid to lose their jobs…"

48-year-old male, OST (Suboxone) Program beneficiary, Tbilisi

"There are lots of female IDUs in Georgia, however they don't admit it, there is a great stigma and they don't join the programs because of that… there are also such drug users who have lots of money, they satisfy their needs themselves and that why they don't join the programs…moreover you have to come here every day…"

33-year-old male, OST (Methadone) Program beneficiary, Tbilisi

NSP

All NSP providers participating in the study think that **existing drug policy is one of the major barriers** to access to the services provided by them. Also, everyone has named widespread **stigma** towards IDUs as a barrier, especially towards female drug users.

"This repressive drug policy from the state is hindering the support of our services... we cannot get problems of our community on the surface, drug related problems are very deep and barred and the risk of infections there is even greater. They have constant fear and it's hard for us to involve them in programs and ensure their retention…"

40-year-old male, NSP provider, Tbilisi

"Drug policy is one of the major barriers… Decriminalization is essential to cover more IDUs with our services… we have trained many policemen and one of them mentioned that his view on police action is changed radically; if he could freely arrest the IDU in the past, now he has certain barriers…"

65-year-old female, NSP provider, Batumi

"It was hard for us to attract women, there is a strong stigma... mostly self-stigma ... this is true for both, NSP and OST services…"

54-year-old male, NSP provider, Kutaisi

"The second most important barrier is stigma, Gori is a small city and they [IDUs] are afraid that someone will recognize them and they don't come here… as usual they experience self-stigma…"

48-year-old female, NSP provider, Gori

NSP beneficiaries expressed differing opinions in regard with existing dug policy and stigma as the barriers to involvement in NSP. More than half (10/16) of interview participants think that the existing drug policy doesn't represent a barrier to involvement in the program, as well as more than half (10/16) stated that stigma is a barrier to access to NSP services. There is also a more pronounced stigma towards female IDUs here, especially from male IDUs.

"I haven't heard recently that police has interfered with anyone, why should they act so without having facts… even if police arrests someone and he has syringes, he is no more afraid, he can say that is was provided within the NSP and doesn't have problems with the police any more…"

32-year-old male, OST (Methadone) Program beneficiary, Gori

"In fact, we've felt relief recently, the information has spread, people are informed and they no more look at us unfavorably, the police also no longer arrests IDUs without reasons ..."

36-year-old male, NSP beneficiary, Gori

"IDUs are afraid of going out, they are afraid of police; we have an awful drug policy… the NSP staff brings equipment to IDUs on spots where they inject drugs, but they [staff members] are unsecured too, police may get there and social workers will be arrested too…"

48-year-old female, NSP beneficiary, Tbilisi

"They are embarrassed to come here, they have wives, children and they don't want to disclose this information, they hide their status. Drug use is much stigmatized in Georgia and it damages many things in my opinion…"

50-year-old male, NSP beneficiary, Tbilisi

"I try to come when there are few people here… stigma is more felt from male drug users, they also use drugs but they are men… I come here with my husband, so that nobody can guess I am a user too…"

46-year-old female, NSP beneficiary, Batumi

"There was stigma form the beginning, but now there is not so much… Now people have already understood everything…"

37-year-old male, NSP beneficiary, Kutaisi

None of participants (neither providers nor beneficiaries) has named issues concerning confidentiality as the barrier to access to NSP services, due to the facts that NSP beneficiaries receive anonymous services at NSP centers.

"All services are anonymous here; I've never had problems in this regard and haven't heard about others too…"

45-year-old male, NSP beneficiary, Tbilisi

According to NSP providers and beneficiaries, organizational factors as well factors associated with the personnel don't represent a barrier to involvement in NSP. Existing NSP centers are geographically accessible for the vast majority of beneficiaries. Geographic accessibility is a problem only for regions; however the beneficiaries who are unable to come to NSP centers are reached through mobile ambulatories. Services provided within NSP are free for their beneficiaries. Working days and hours, number of personnel, personnel's qualification and attitude toward beneficiaries are acceptable for them.

"There is a geographic accessibility barrier for regions, not for Gori… GHRN constantly cares about the qualification of our personnel, there have not been a year without trainings or seminars; Tanadgoma has also very good seminars and our personnel often take part in training courses and we have many other partners who help us in this regard…"

48-year-old female, NSP provider, Gori

"We serve beneficiaries throughout the entire Tbilisi, therefore there might be geographic barrier for some of them; we have a car for this reason and social workers go and take supplies to beneficiaries to their places… there have been cases when we've worked on weekends, though our working days and hours are acceptable for our beneficiaries…"

37-year-old male, NSP provider, Tbilisi

NSP providers and beneficiaries expressed differing opinions only on two client related factors. Half of the interviewed NSP beneficiaries consider gender as being a barrier to access to NSP services; however the latter represents a less barrier for the centers where there are separate service days for women. The same opinion was expressed by NSP providers regarding the gender. A small number of beneficiaries (4/16) named the lack of awareness about existing services as a barrier to access to NSP services. According to Gori and Batumi NSP providers, there is a lack of awareness on SNP services in the regions. Other factors related to the client, such as socio-economic status, level of education, employment, health status / mobility, were not named as barriers to access to NSP services.

"There is a stigmatized attitude towards female IDUs, for families, male consumers and society, that's why they do not come here ..."

46-year-old female, NSP beneficiary, Batumi

"Friday is Women's Day here, only women come here and it's fantastic, it encourages women's involvement in the program very much..""

48-year-old female, NSP beneficiary, Tbilisi

"There are such IDUs, I've seen myself in Kaspi for instance, who do not know about our services… everyone knows about it in Gori…"

48-year-old female, NSP provider, Gori

"There are many IDUs who do not go out and are not aware of available service, that's why they might not seek to go and get those…"

51-year-old female, NSP beneficiary, Kutaisi

AOT Program

Abstinence Orientated Treatment program provider and one beneficiary named existing drug policy, stigma and geographic accessibility as barriers to involvement in the program. According to the interviewed participants, the possibility of state funding for the treatment course reduces the financial accessibility barrier however the funding procedure needs time. Only one AOT program beneficiary mentioned that client related factor such as gender is a barrier to involvement in the program.

"There is no doubt that our drug policy is very bad and many IDUs may not use the program for that reason…"

33-year-old male, AOT program beneficiary, Tbilisi

"It's financially affordable if you get state funding for the treatment course, but it takes a lot of time to get a support letter ..."

32-year-old female, AOT program beneficiary, Tbilisi

"I've heard about the cases when they have problems with geographic accessibility, however it is less likely to be a barrier if the patient is motivated… the average cost of treatment at our clinic is 2000 GEL; the state offers everyone to go through the commission and get state funding, the latter removes financial accessibility barrier to some extent…"

33-year-old female, AOT program provider, Tbilisi

Respondents not using the harm reduction services

Majority of respondents not using the harm reduction services didn't name the factors related to existing drug policy as the barriers to involvement in harm reduction programs.

Stigma and discrimination have been named as one of the most important barriers, especially against women as form the society and families, as well as from male IDUs.

"People will learn about it and that's why I don't want to join the program, moreover men are also there in the program. If there is a separate program [NSP] for women I would go there… No matter what facility, I will never go to Methadone program because I have kids, I am newly married, I cannot tell my husband that I am in Methadone, can I?!..."

28-year-old female, Batumi

"A person is outcast if he/she is in the program, everyone stares at you insolently and disrespectfully, IDUs are treated in this way even not being in the program… nobody likes IDUs, and some even prefer homosexuals. The families also hinder. It is a shame nowadays to be in the program, it shouldn't be a shame…"

40-year-old male, Tbilisi

The interviewed respondents, except one man, noted that their **confidentiality** in substitution therapy programs would not be ensured and therefore it represents a barrier to involvement in OST programs.

"There is information about you in computers at centers, archive, MIA [Ministry of Internal Affairs]; this is true for Methadone as well as Suboxone programs… "

40-year-old male, Tbilisi

Nobody from interviewed respondents has named territorial location of harm reduction centers as a barrier. **Financial accessibility** was considered as a **barrier** only **for private programs** that are not free, namely in case of being in Suboxone substitution program. However, the respondents also noted transportation costs being a financial burden.

"The financial factor hinders involvement in Suboxone program. I would join Suboxone program but I cannot afford it. State Methadone program is free but I do not want to be there. Suboxone is better than Methadone; you can easily withdraw from Suboxone ..."

40-year-old male, Tbilisi

"Money that you need for transportation to get to the destination is a problem, which probably creates geographic accessibility barrier ..."

38-year-old female, Tbilisi

Nobody has named organizational factors such as infrastructure, equipment, supplies, standards and guidelines, working days and hours of service centers as barriers to involvement in harm reduction programs.

As for the staff employed in harm reduction programs, their number, gender and qualification were not considered as being barriers. However, the attitude and motivation of the workforce of OST programs

should be noted as a significant problem in attracting potential beneficiaries. This opinion was named by female IDUs:

"I have heard from guys in the Methadone program that the doctors are very insolent to beneficiaries, or they don't let you in when you are late. My friend died because he was late to the center for 5 minutes, they did not let him in and he went and drank a lot of tablets and then they couldn't help him anymore. If doctors don't like you, they won't let you in. Everybody who comes from Tbilisi in summer, they say what a disgusting things are happening here?! ... "

28-year-old female, Batumi

"I've heard about the Methadone program that the staff is badly staring at the beneficiaries, I've heard you won't want to go there again for the second time ..."

38-year-old female, Tbilisi

Similar to other respondents participating in the study, harm reduction program non-users have also named **gender as the most important barrier** to harm reduction services. Discriminatory attitude from society as well as family members was noted, and self-stigma was pointed out also, which can be assessed as the most important problem from personal factors.

"It is a shame when it concerns women; those who do not have husband or kids use the programs…"

40-year-old male, Tbilisi

"I won't go to the programs, people will learn and I don't want that to happen; gender is a real barrier…"

28-year-old female, Batumi

"Gender is a barrier of course, women have more difficulties, stigma is much greater in this group, and they are ashamed to be found in such places…"

38-year-old female, Tbilisi

"There is a great stigma in women…"

42-year-old male, Batumi

According to the respondents, socio-economic status and the level of education of drug users cannot be considered barriers to involvement in harm reduction programs. However, it was assumed that wealthy IDUs will not be willing to receive these services.

Opinions were divided regarding the employment status. On the one hand, it was noted that being a program beneficiary might be a barrier to employment and also employed IDUs might lose their jobs if they get involved in a program. On the other hand, it was also noted that the "being a beneficiary" does not mean losing a job:

"You cannot start a job if you are in a program, you cannot get a driving license, you cannot have a right to have a weapon, and you're no longer a complete man…"

40-year-old male, Tbilisi

"I know a lot of guys who are employed, they joined the Methadone program in order to quit all other drugs and work properly, even if they get in their peers' surrounding they no more use other drugs and eventually quit injecting and perform better at their jobs…"

42-year-old male, Batumi

The lack of awareness of IDUs about existing services was logically considered to be a barrier to the use of harm reduction programs.

"The lack of awareness is a barrier, not all have information on existing services…"

28-year-old female, Batumi

"There is a lack of information – they simply don't know that such programs exist…"

38-year-old female, Tbilisi

Facilitators to Harm Reduction Programs

OST Program

According to the interviewed OST program providers and beneficiaries, facilitators to OST services are factors such as drug addiction withdrawal, the opportunity of quitting street drugs and feeling of stability and the possibility of legal drug use and removal of police fear in the conditions of the existing strict drug policy. The beneficiaries underlined the importance of free services in attracting IDUs to OST programs. In addition, the private program provider noted that the anonymity of the services provided by them significantly contributes to the attraction of beneficiaries.

"He/She feels bad and wants to get free from addiction, to quit street drugs and have feeling of stability… to have no more fear of police…"

39-year-old female, OST (Methadone) Program provider, Batumi

"The fact that our services are anonymous significantly contributes to the attraction of beneficiaries…"

52-year-old female, OST (Suboxone) Program provider, Batumi

"It is effective and that is very important for us, you come here with hard withdrawal symptoms, get in the program and become a socially acceptable human and you can even start a job… lots of IDUs joined this program since it became free…"

42-year-old male, OST (Methadone) Program beneficiary, Kutaisi

"All IDUs have their specific time and they all want to get here when they come to the end… they want to quit drugs and here is the possibility to quit…"

45-year-old male, OST (Methadone) Program beneficiary, Batumi

"You no more have fear to be arrested and this is a facilitator to this program; there is a risk to be caught when you are seeking for drugs in the street and you no more have fear of police when you are in this program… another facilitator is that this program is free, if the family also knows and supports, you come here and no more worry about anything…"

62-year-old female, OST (Methadone) Program beneficiary, Batumi

NSP

Similar opinions were expressed by NSP providers and beneficiaries regarding the facilitators to NSP services, among them priority was given to:

- Free services;
- Opportunity of safe drug use (using sterile injecting equipment);
- User-friendly environment at NSP centers and NSP personnel attitude towards beneficiaries.

"Facilitators to our services are mainly human attitude towards beneficiaries and free services… No matter how good services you offer, they won't come if attitude towards them is not good…"

65-year-old female, NSP provider, Batumi

"Addition of medical services facilitates beneficiaries' attraction to our services, for example, we attracted lots of beneficiaries when we added dental service…"

40-year-old male, NSP provider, Tbilisi

"Everything is free and available here, there are people who care about us, and they don't treat us as IDUs and don't look at us like we were spoiled people…"

27-year-old male, NSP beneficiary, Batumi

"Sterile injecting equipment is very important for our safety, if you go to the pharmacy to buy it, they look at you in a bad way… here they have the correct policy, they have trainings here, they bring specialist who give lectures, you get very important information here which is needed for your own safety…"

50-year-old male, NSP beneficiary, Tbilisi

"Here they have services that are in line with our needs, syringes, testing on infections, specialists' counseling and all this are free… and the environment is very user-friendly…"

37-year-old male, NSP beneficiary, Kutaisi

AOT Program

Only one participant responded to the question on facilitators to AOT Program services and noted that it is to deliver the correct information about the program to IDUs.

Respondents not using the harm reduction services

Various factors have been named by the respondents to have a positive role in attraction of IDUs to harm reduction services. In particular, it was:

- Free services;
- A safe and stable way to use drugs;
- Fewer problems with the police.

"It is safe, the doctor is giving you a drug and you do not have to go somewhere in the basement and do something there, you avoid certain diseases in this way. Hygienic conditions are also secured …"

32-year-old male, Tbilisi

"There is no problem with the police, no need to search for the drugs every day, and there is a less risk …"

28-year-old female, Batumi

"Various investigations and test are useful for attraction of IDUs to harm reduction services; these investigations and test should be free and I think lots of people will come…"

38-year-old female, Tbilisi

Ways for improving Harm Reduction service provision

OST Program

In answering the question: "What can be done to improve service provision for IDUs (including female IDUs)?" - OST program providers and beneficiaries gave the following g answers:

- Implement take away dosage service for more reliable beneficiaries;
- Increase geographical accessibility (this problem mostly relevant to regions);
- Proper awareness of general public on a positive role of OST programs;
- Implement measures against stigma;
- Separate entrances for women;
- Increase rehabilitation services;
- Promotion of employment;
- Better cooperation between programs.

„Rehabilitation and promotion of employment is very important. Due to unemployment, many people leave the country, and go abroad where they cannot resist temptation and return to drug use. Then they come back in abstinence condition… for sustained condition of remission the social rehabilitation and employment it is very important for beneficiaries…"

43-year-old female, OST (Methadone) Program provider, Tbilisi

„Promotion of employment, social support is very important, perhaps, there should be a lot of such projects… in case of women, it is necessary to fight against stigma, and work on public awareness rising. Programs (private and public) should cooperate more, rather than compete."

52-year-old female, OST (Suboxone) Program provider, Batumi

"Beneficiaries should be stimulated; at the first stage take away dosages should be given for those who have been honestly using services for a long time… It is necessary to change the mentality, to organize information campaigns that this is not a shame but, this is a disease… 50% of beneficiaries use these services because they do not have a job. I want to find a job… Promotion of employment is very important, there are too many things to be offered to beneficiaries by the Government It is can be some recommendation letter, that will help me find a job, otherwise when I go myself they said that I am convicted, I am a drug user and refuse to help. The

Government should take care of such people, but not the way to employ 10 individuals and then write 50 posts about, no it should be a permanent process… Rehabilitation centers are to be added and services refined… There are many talented IDUs with various skills of drawing, working on gobelin and playing instruments…"

38-year-old male, OST (Suboxone) Program beneficiary, Tbilisi

"It should be implemented measures against stigma in society and this must be done in different ways and broad-spectrum of activities: by TV, printed mass media ... At least once a month, a decent TV programs should be offered to society. Competent professionals and famous people should talk about the sensitive issues. This is very superficial approach; there are too rare talks about drug addiction. This should be done very frequently and systematically, so young people will change their view and reduce drug use. If the Government doesn't want to have drug users and wants to have a healthy youth, proper approach and right environment should be applied from the school age. It would be nice to have separate entrances for women at the centers, it is not convenient to stand along with men and wait for your order no one let you pass without turn and this is very humiliating and I you think "I should not come here at all…"

62-year-old female, OST (Methadone) Program beneficiary, Batumi

"Additional centers should be established in other cities as well, so you don't need to come here from Borjomi and other cities. It's too hard to travel every day such long distances and moreover you do not always have money. Proper information should be spread that such centers are good and it's not a shame to visit it..."

32-year-old male, OST (Methadone) Program beneficiary, Gori

"It would be good to have Methadone programs for women and men separately, or to have different time for visiting. Beneficiaries like me would more likely be able to visit centers. For instance, I do not want to disclose the fact that I am involved in Methadone program…"

51-year-old female, NSP beneficiary, Kutaisi

NSP

Asking the question: "What would you like to improve in frames of NSP program" NSP providers and beneficiaries participating in the survey have provided the following suggestions:

- Providers have emphasized importance of stability and sustainability of existing services and current drug situation/scenario;
- Separate days/ hours should be set up for women at program centers. This suggestion refers to those centers where days for visiting woman beneficiaries are not distinguished;
- Medical services (dental services, medical consultations and treatment of hepatitis C) should be provided at the service centers of NSP;
- To inform general public and provide correct information in terms of stigma reduction;
- Provision of rehabilitation services to IDUs and promotion of their employment.

„GF is leaving the country, and if such centers will close, believe that beneficiaries will die … We may want improvement, we may have a possibility of providing medical services on place, and opportunity to promote employment, separate centers for women, but as I am afraid to stay without existing services, I don't want to say anything…"

65-year-old female, NSP provider, Batumi

"The principle of "single window" could increase the efficiency of programs. It will be very effective if we will integrate the treatment of hepatitis C into a community based organization's work. Beneficiaries will not have to look for various medical services and reinfection cases will be reduced while accompanied by preventive services provided by us..."

40-year-old male, NSP provider, Tbilisi

"Rehabilitation programs are very important; especially for those who are involved in OST programs and have the period of remission…Promotion of employment is also very important. Complex approach is needed…It is essential to build many other services upon the current programs to get really rehabilitated drug users with long lasting remission… It is very good when all services (OST, NSP, Rehabilitation services) are available at one place - I think that it's the most ideal case…"

48-year-old female, NSP provider, Gori

"It would be great to have dental services and various medical tests available at each service center…One full day should be allocated for women only. Separate entrance for women will not be enough… We need support to find a job…"

57-year-old male, NSP beneficiary, Batumi

„Treatment of Hepatitis C, provision of various medical tests and medications should be available at service centers... Would be great to have Fibroscan here as well… For example I underwent FibroScan in Tbilisi… Dental services should be integrated here, in the center, as dental problems in IDUs are common…"

37-year-old male, NSP beneficiary, Kutaisi

"If here would be the possibility to have full package of services (Treatment of Hepatitis C, medications for Hepatitis C, OST for women and all harm reduction services) at one place at least for women…"

48-year-old female, NSP beneficiary, Tbilisi

"Spread of proper information is needed to reduce the stigma. Drug users need specific treatment and they are not criminals. Information campaigns and TV programs are needed to be offered to general public to show how to act with IDUs. Similar to any drunkard, IDUs are not criminals… people will understand step by step, but it must not be a promotion…"

46-year-old female, NSP beneficiary, Batumi

AOT Program

To improve access to services beneficiaries and providers of abstinence-oriented treatment program suggested the following:

- To increase the State funding for the abstinence-oriented treatment programs;
- More awareness about the possibility of state funding;
- Working on increasing the motivation of IDUs;
- To increase the duration of treatment.

"There should be more State funding for this center and we wouldn't have to wait so long... I was told about two months… Four transfusions are not enough for me; the patient must stay there at least two weeks…"

32-year-old female, AOT Program beneficiary, Tbilisi

"More clients can be informed that they can get funding to receive these services… It will be good, if financing will be provided according to motivation... Active involvement of psychologists in order to increase the motivation of IDUs..."

33-year-old female, AOT Program provider, Tbilisi

Respondents not using the harm reduction services

The respondents provided recommendations related to accessibility of harm reduction program services. Various factors were mentioned, which in their opinion, will contribute to increase the coverage and quality of services:

- Services should be anonymous;
- Beneficiaries should have possibility to take away dosages, instead of daily intake at OST centers;
- The general public should be informed in a proper way about existing services and in order to stigma reduction;
- It is essential for women beneficiaries to have access to separate services;
- It is necessary to change the attitude of doctors to drug users, as well as to users of the program;
- Harm Reduction Services must be integrated with other health services.

"Services should be anonymous and confidential; however users talk about each other. Time for visiting centers and entrances should be separate for women… The attitude of doctors to drug users must be changed; they don't know how to behave with patients. In the hospital when I was pregnant, I told the doctor that I am the user of drugs. She did not even want to register me and offered abort. May be I had to change the doctor from the beginning, but she was a good specialist. After the delivery almost whole staff of the hospital knew about me, that I was a user. It was the first time, and I will never do it. I disclosed my status due to the safety of my baby. I was hearing, how she was talking about me: "here we the have drug user"

28-year-old female, Batumi

"I have heard how one girl said you should visit gynecologist at one place and dentist to another. It would be better if all services would be available at one place. It should be done some things oriented on women, I don't know exactly what, I have not thought about."

38-year-old female, Tbilisi

"There is a long queue to get a treatment for hepatitis C and it would be great if this service would be integrated in the NSP centers including medication intake… Promotion of employment will encourage enrollment of potential beneficiaries in the program and quit using drugs… More advertising and promotion of services have to be done in order to make potential beneficiaries more aware and interested about existing services and encourage them for inclusion into the NSP. Information should be spread by TV programs. As now, when we are aware already and intend to disseminate this information to others…"

42-year-old male, Batumi

Methadone VS Suboxone

One of the research question was to determine which program of substitution therapy is preferable to IDUs and why.

Although the Methadone substitution treatment program is free for injecting drug users, and the working schedule is more suitable for beneficiaries, as it turned out, the Suboxone substitution treatment program is more demanding and more desirable. In some cases it was the personal attitude to this drug without having any argumentation, although some tried to prove the negative impact of Methadone. It was named that this therapy is contraindicated in case of health problems, it is a very strong drug, which causes severe drug addiction.

There is the free State Program for Suboxone substitution therapy, but the number of beneficiaries in this program is limited. Many IDUs are unable to use private programs due to financial barriers. The respondents said that Suboxone is a relatively light opiate, it does not cause strong dependence and it is easy to leave the program.

However some of the beneficiaries of the Suboxone substitution therapy program involved there due to health problems, preferred the Methadone program.

Supporters of Methadone mainly mentioned the free services and the strong effects of Methadone among advantages of this program.

„If I enter the program, during my whole life I will not be able to get out of there and I will walk every day and take the Methadone. In my opinion, these programs are intended to filter people, slowly killing them, it really kills. (I'm not talking about Suboxone). Suboxone is more human drug. Methadone has a stronger high, but it kills. I haven't seen anyone who left the Methadone program overcoming the problem."

32-year-old male, Non-beneficiary, Tbilisi

„Many IDUs do not enter the Methadone Program as you become addicted too soon, many because of the reason that you are unable to take alcohol, go for the rest or any other place. Suboxone has no effects, but it's expensive and not everyone can be enrolled in the Suboxone program."

42-year-old male, Non-beneficiary, Batumi

„Sometimes Methadone is considered as more degraded drug. Suboxone is preferred because we have anonymous services, which State Programs can't offer (this is a big barrier). Patients even say that I've often been relaxed on methadone, but not on the Suboxone and I feel better."

52-year-old female, OST (Suboxone) Program provider, Batumi

„You are unable to give up the Methadone. All IDUs whom I know add something to Methadone, i.e. it is not good, and all my acquaintances are as zombies, inadequate."

28-year-old female, Non-beneficiary, Batumi

„I am in the Suboxone program as of my liver condition, due to medical indications. In general the Methadone is preferable as it has a stronger effect. Those who come here for getting high prefer Methadone."

33-year-old male, OST (Suboxone) Program beneficiary, Tbilisi

IDUs on General Healthcare System

Study participants were also asked about the availability of general medical services and the environment of service provision at general healthcare settings. Most of the interviewed participants reported having universal health insurance but they also noted that they had to pay out of pocket money (mainly in the form of co-payment) for the services they needed; often it is unaffordable and they remain beyond the services. Few participants (9/35) have never used general medical services, mainly reporting that they never had the need for the latter. Majority of the participants reporting the use of general medical services (19/26) noted that they had experienced discriminatory attitude from medical personnel. The same was noted by the participants who haven't used general medical services, but have heard about such experiences from other IDUs. In this regard, some participants stated that the situation has improved in comparison with previous years. Some service providers participating in the study agree with the opinion of most beneficiaries about the attitude towards IDUs in the general healthcare system.

„I have universal health insurance, like everyone else, but I have to pay co-payment for most services that I need and often it's not affordable… where else you go to general medical settings and tell you are IDU or a former prisoner, they start looking at you like people look at monkeys at the Zoo… the entire clinic staff would come to see me when I was there, saying look at her, she is an IDU, she's been in the prison… and then they even don't take care of you…it made me feel very bad…"

48-year-old female, NSP beneficiary, Tbilisi

„I have never used the services at general medical settings, I don't need it… But I've heard from others that when they [medical personnel at general medical clinics] learn you are a Methadone program beneficiary they start looking at you differently…"

38-year-old male, OST program beneficiary, Tbilisi

„I have universal health insurance, but anyway I had to pay when I had alcohol intoxication and also when I broke my hand… doctors are very harsh to you when they learn you are an IDU…"

33-year-old male, AOT program beneficiary, Tbilisi

"I have universal health insurance, but it never helped me when I needed. It could not finance my needs and I still had to pay from my pocket ... Once my friend and I visited a clinic and when she was diagnosed with Hep. C, the clinic staff looked at her in such a bad way if she had something terrible… that's why there should be all services at one place for people like us…"

38-year-old female, Tbilisi

„I haven't felt different attitude from doctors working in general healthcare system. It was a problem in the past, they had disgraceful attitude towards IDUs, and strangely looked at us and harshly talked with us. It is no more a case nowadays; probably the doctors have developed…"

51-year-old female, NSP beneficiary, Kutaisi

"I have witnessed cases when medical personnel refuses to serve IDUs… there is quite a discriminatory attitude towards them…"

40-year-old male, NSP provider, Tbilisi

„Our beneficiaries often wish to have the same positive attitude towards them in other settings as it is in our center…"

48-year-old-female, NSP provider, Gori

„Attitude towards IDUs is very bad in general healthcare facilities, unfortunately I have witnessed such cases… for instance when ambulance tells the clinic that the patient is IDU, they refuse to receive the patient and tell that they are overloaded…"

33-year-old female, AOT program provider, Tbilisi

Discussion

Results of this study shed additional light on some social, structural, individual and environmental factors hindering IDUs' (including female IDUs) access to harm reduction services. Overcoming these barriers and addressing IDUs community's needs is an important prerequisite for effective implementation of preventive programs. However, in making inferences and drawing recommendations, study limitations should be considered. Study participants were selected through consecutive sampling; hence it might have resulted selection bias and more motivated individuals could appear in the sample that have fewer personal (in case of beneficiaries) or organizational (in case of providers) barriers. Although the number of participants representing separate programs was small, the overall sample size was consistent with the recommended one for qualitative studies.

The study results showed that ***stigma and discrimination*** is one of the leading barriers hindering access to harm reduction services. This problem is relevant for all harm reduction programs, as well as for services provided at general healthcare system. It should be noted that male IDUs mostly experience self-stigma. They typically hide information about being program beneficiaries from family members and relatives and in some cases disclosure of the information becomes a reason of withdrawal from the program (the study participants talked about cases when OST beneficiaries have withdrawn from programs after their families were informed). ***Stigma and discrimination against female IDUs*** is even much greater. In this case stigma and discrimination from society, medical personnel and strong self-stigma is supplemented by the negative attitude from male IDUs, therefore the issue of requesting private services for female IDUs is quite rational.

Anonymity and confidentiality are important factors for IDUs when using harm reduction services. The latter is mostly related to the state programs since NSP and private OST programs provide anonymous services and breaking confidentiality doesn't represent a problem according to perception of beneficiaries. However IDUs who are not involved in harm reduction programs believe that their confidentiality won't be secured in OST programs, therefore refuse to use them.

Providers and clients of different harm reduction programs, as well as non-client IDUs expressed divergent opinions regarding the existing drug policy in Georgia. OST program representatives do not perceive the latter as a barrier for IDUs to enter the programs, while ***existing strict drug policy*** is seen as an important barrier by NSP providers limiting access to their services. This factor was not named as a barrier also by the majority of NSP beneficiaries as well as IDUs that are not involved in harm reduction programs. It is likely to be related to the improved attitude from the police towards IDUs, which was noted by a number of participants. Still, there were frequent cases when respondents named the fear of the police as a reason for joining OST program, therefore it is logical to assume that relations between police and IDUs remain challenging.

The issue concerning the ***take away dosages*** was named as an important barrier for joining as well as for retaining in OST programs. IDU population is characterized by frequent migration and when moving to cities or regions where there are no OST centers they remain without services and have to deal with the withdrawal syndrome by other means.

The study revealed that there is a ***geographical accessibility barrier*** to all harm reduction services in regions. In this regard, OST programs should be underlined where beneficiaries have daily visits to centers and in some cases this regimen becomes the reason for withdrawal from the program. It should be noted that geographical accessibility barrier to NSP services has significantly reduced, even in regions, after the introduction of mobile ambulatories.

The financial barrier is revealed while using private harm reduction services and/or when beneficiaries lack transportation finances needed to get to the harm reduction centers. Transport expenses were named as a significant problem for both cities and regions. Currently, the inpatient detoxification program is available only in Tbilisi, although it is possible to get the state funding for this program, however, it needs time to obtain it. Otherwise, due to its high price (2000 GEL on average) the access to detoxification program is limited.

Another barrier to NSP services revealed by the study is the ***lack of awareness*** about the existing services whereas awareness about substitution treatment programs is very high among IDUs.

According to the study results, amongst the factors contributing to the attraction of IDUs to harm reduction services the leading facilitator is the delivering of ***free services***; this was common for all programs. ***Positive and friendly attitude*** towards IDUs is another important contributor to their attraction. In regard to the latter, it should be noted that all beneficiaries participating in the study have evaluated the environment at harm reduction centers very positively. Therefore their desire to have access to all the medical and preventive services in a single space is logical; the special emphasis has been made on integration of Hep. C treatment in NSP.

The special emphasize was made by the providers and beneficiaries of all harm reduction programs on ***the necessity of rehabilitation services and supporting the employment of IDUs***. It is important that the rehabilitation component is integrated in OST program not only in Tbilisi Center for Mental Health and Prevention of Addiction, but in all other centers as well. Supporting the employment is important for the rehabilitation of IDUs, at least at the level of provision of recommendations for their employment, so that they feel themselves as equal and complete members of society.

Reccomendations

Based on the study results the following recommendations are elaborated to improve the access to Harm Reduction services:

- Implement measures to reduce stigma and discrimination. The target groups for these activities should include:
  - General population,
  - Medical Personnel,
  - IDUs (work on IDUs' self-stigma, as well as work with male IDUs to remove discriminatory attitude towards female IDUs);
- Implement service of take away dosages at OST programs;
- Provide society with proper information on the positive role of substitution therapy and other harm reduction services;
- Raise awareness of IDUs on NSPs;
- Increase geographic accessibility of NSP and OST programs in regions;

- Share the experience of some NSP centers offering separate working hours/days to female IDUs and implement this practice within OST programs;
- Incorporate rehabilitation services in all OST and NSP centers;
- Support employment of IDUs;
- Integrate Hep C treatment services within NSP centers;
- Ensure the sustainability of existing Harm Reduction services;
- Ensure the sustainability of low threshold services for IDUs after the transition from GF funding towards fully national funding;
- Continue active work towards advocating for the liberal drug policy.

Annex 1: In-depth Interview Guide for NSP Provider

Operational Research of Barriers and Facilitators to Harm Reduction Services for IDUs (including female IDUs)

Introduction

Hello, first of all thank you for taking part in this interview. I am ---------- (name and surname), interviewer from ---------- NGO Partnership for Research and Action for Health (PRAH).

We are conducting operational research of barriers and facilitators to Harm Reduction services for IDUs (including female IDUs). The research project is funded by the Global Fund. The purpose of this interview is to determine factors that might be hindering IDUs' (including female IDUs') access to existing services, which is believed to help in developing policy recommendations for improving quality and access to harm reduction services. You are being invited to take part in this interview because we feel that your opinion and experience as a service provider can contribute much to the aims of our research. Participation in this research is **strictly voluntary.** You do not have to take part in this research if you do not wish to do so. You may stop participating in the discussion at any time you wish and refusing participation will not in any way affect the provision of existing or future service.

The discussion will last about 60-90 minutes. I will ask questions about structural, organizational and individual client factors that might be hindering IDUs' (including female IDUs') access to existing Harm Reduction services. We would like you to give us your opinion on the questions based on your personal experiences as well as the experience within your community. The information that we collect from this interview will be kept confidential. If you do not wish to answer any of the questions you may do so.

In addition, I would like to inform you that the entire interview will be tape-recorded, but **you will not be identified by name on the tape**. The recorded information will be used to ensure that your responses are correct and in your own words. Digital audio recording of the interview will be uploaded to a password-protected computer at the PRAH Tbilisi office after which the recording will be erased on the audio recorder. The recording will be transcribed; a coding scheme will be created using broad categories to organize the data, in line with key areas discussed. Using these predefined codes, information will organized and displayed. The audio recording will be destroyed one year (12 months) after the completion of the study.

Do you have any Questions? Would you still like to take part in the interview today?

Okay, let's get started.

General Information

1. Age
2. Gender
3. Education/occupation/position
4. Name of your organization

Key Areas

5. Please, tell us about the services that your organization provides to IDUs (including female IDUs) within the NSP:

Service	**Availability of Services**	**Most demanded / priority services**	**Services that are not available or are not fully delivered**	**Reasons for insufficient delivery (financing, governance, other)**
Distribution of the sterile injection equipment (needles and syringes, alcohol swabs)				
Provision of condoms and distribution of educational material				
Free, anonymous testing on HIV, B/C Hepatitis, and Syphilis and referral to specialized clinics				
TB screening and referral to specialized clinics				
Peer Driven Intervention				
Overdose prevention, distribution of Naloxone				
Case management				
Hygienic goods for female IDUs				
Medical services and testing for IDUs' sexual partners				
Hygienic goods for IDUs' sexual partners				
Mobile Ambulatory				
Handicraft teaching courses for female IDUs				
Hotline				
Other				

- How would you assess the service delivery environment at your organization:
    - User-friendly;
    - Working days and hours;
    - Other.
- Staff providing services:
    - Number, qualification;
    - Service providers' gender;
    - Change request of service center or social worker by the beneficiary / reason/s for change;
    - Other.
- Funding

6. Are there frequent cases of withdrawal from the program? What are the reasons?
7. In your opinion, are all these services in line with the needs of your beneficiaries?

- Sufficient amount;
- Community member's satisfaction / dissatisfaction;
- Necessity of additional services depending on the needs of your beneficiaries;
- Other.

8. In your opinion, what are the barriers that hinder Harm Reduction service provision for IDUs?

- Factors related to existing legislation (drug policy, actions from the police side, other)
- Stigma and discrimination
- Confidentiality
- Organizational factors (geographical / financial accessibility, relevant infrastructure, equipment, supplies, standards / guidelines, working hours / holidays)
- Staff related factors (number, gender, relevant qualifications, skills, attitudes and motivation)
- Client related factors (age, gender, social-economic status, level of education, employment, awareness about existing services, health status / mobility)
– Other.

9. In your opinion, what are the factors that facilitate beneficiaries' attraction to get Harm Reduction services?
10. In your opinion, what should be done to improve Harm Reduction service provision to IDUs (including female IDUs)?
11. Do you have any other suggestions that you would like to share? Do you have any questions?

Thank you for taking the time and sharing your opinions.

Annex 2: In-depth Interview Guide for OST Program Provider

Operational Research of Barriers and Facilitators to Harm Reduction Services for IDUs (including female IDUs)

Introduction

Hello, first of all thank you for taking part in this interview. I am ---------- (name and surname), interviewer from ---------- NGO Partnership for Research and Action for Health (PRAH).

We are conducting operational research of barriers and facilitators to Harm Reduction services for IDUs (including female IDUs). The research project is funded by the Global Fund. The purpose of this interview is to determine factors that might be hindering IDUs' (including female IDUs') access to existing services, which is believed to help in developing policy recommendations for improving quality and access to harm reduction services. You are being invited to take part in this interview because we feel that your opinion and experience as a service provider can contribute much to the aims of our research. Participation in this research is **strictly voluntary.** You do not have to take part in this research if you do not wish to do so. You may stop participating in the discussion at any time you wish and refusing participation will not in any way affect the provision of existing or future service.

The discussion will last about 60-90 minutes. I will ask questions about structural, organizational and individual client factors that might be hindering IDUs' (including female IDUs') access to existing Harm Reduction services. We would like you to give us your opinion on the questions based on your personal experiences as well as the experience within your community. The information that we collect from this interview will be kept confidential. If you do not wish to answer any of the questions you may do so.

In addition, I would like to inform you that the entire interview will be tape-recorded, but **you will not be identified by name on the tape**. The recorded information will be used to ensure that your responses are correct and in your own words. Digital audio recording of the interview will be uploaded to a password-protected computer at the PRAH Tbilisi office after which the recording will be erased on the audio recorder. The recording will be transcribed; a coding scheme will be created using broad categories to organize the data, in line with key areas discussed. Using these predefined codes, information will organized and displayed. The audio recording will be destroyed one year (12 months) after the completion of the study.

Do you have any Questions? Would you still like to take part in the interview today?

Okay, let's get started.

General Information

1. Age
2. Gender
3. Education/occupation/position
4. Name of your organization

Key Areas

5. Please, tell us about the services that your organization provides to IDUs (including female IDUs) within the OSP program:
- How would you assess the service delivery environment at your organization:
    - User-friendly;
    - Working days and hours;
    - Other.
- Staff providing services:
    - Number, qualification;
    - Service providers' gender;
    - Change request of service center by the beneficiary / reason/s for change;
    - Other.
- Funding
6. Are there frequent cases of withdrawal from the program? What are the reasons?
7. In your opinion, why do beneficiaries prefer Methadone rather than Suboxone or vice versa?
8. In your opinion, are all these services in line with the needs of your beneficiaries?
- Sufficient amount;
- Community member's satisfaction / dissatisfaction;
- Necessity of additional services depending on the needs of your beneficiaries;
- Other.
9. In your opinion, what are the barriers that hinder Harm Reduction service provision for IDUs?
- Factors related to existing legislation (drug policy, actions from the police side, other)
- Stigma and discrimination
- Confidentiality
- Organizational factors (geographical / financial accessibility, relevant infrastructure, equipment, supplies, standards / guidelines, working hours / holidays)
- Staff related factors (number, gender, relevant qualifications, skills, attitudes and motivation)
- Client related factors (age, gender, social-economic status, level of education, employment, awareness about existing services, health status / mobility)
– Other.
10. In your opinion, what are the factors that facilitate beneficiaries' attraction to get Harm Reduction services?
11. In your opinion, what should be done to improve Harm Reduction service provision to IDUs (including female IDUs)?
12. Do you have any other suggestions that you would like to share? Do you have any questions?

Thank you for taking the time and sharing your opinions.

Annex 3: In-depth Interview Guide for AOT Program Provider

Operational Research of Barriers and Facilitators to Harm Reduction Services for IDUs (including female IDUs)

Introduction

Hello, first of all thank you for taking part in this interview. I am ---------- (name and surname), interviewer from ---------- NGO Partnership for Research and Action for Health (PRAH).

We are conducting operational research of barriers and facilitators to Harm Reduction services for IDUs (including female IDUs). The research project is funded by the Global Fund. The purpose of this interview is to determine factors that might be hindering IDUs' (including female IDUs') access to existing services, which is believed to help in developing policy recommendations for improving quality and access to harm reduction services. You are being invited to take part in this interview because we feel that your opinion and experience as a service provider can contribute much to the aims of our research. Participation in this research is **strictly voluntary.** You do not have to take part in this research if you do not wish to do so. You may stop participating in the discussion at any time you wish and refusing participation will not in any way affect the provision of existing or future service.

The discussion will last about 60-90 minutes. I will ask questions about structural, organizational and individual client factors that might be hindering IDUs' (including female IDUs') access to existing Harm Reduction services. We would like you to give us your opinion on the questions based on your personal experiences as well as the experience within your community. The information that we collect from this interview will be kept confidential. If you do not wish to answer any of the questions you may do so.

In addition, I would like to inform you that the entire interview will be tape-recorded, but **you will not be identified by name on the tape**. The recorded information will be used to ensure that your responses are correct and in your own words. Digital audio recording of the interview will be uploaded to a password-protected computer at the PRAH Tbilisi office after which the recording will be erased on the audio recorder. The recording will be transcribed; a coding scheme will be created using broad categories to organize the data, in line with key areas discussed. Using these predefined codes, information will organized and displayed. The audio recording will be destroyed one year (12 months) after the completion of the study.

Do you have any Questions? Would you still like to take part in the interview today?

Okay, let's get started.

General Information

1. Age
2. Gender
3. Education/occupation/position
4. Name of your organization

Key Areas

5. Please, tell us about the services that your organization provides to IDUs (including female IDUs) within the AOT program:
- Inpatient services
- Outpatient services
- How would you assess the service delivery environment at your organization:
    - User-friendly;
    - Working days and hours;
    - Other.
- Staff providing services:
    - Number, qualification;
    - Service providers' gender;
    - Change request of service center by the beneficiary / reason/s for change;
    - Other.
- Funding
6. Are there frequent cases of withdrawal from the program? What are the reasons?
7. In your opinion, are all these services in line with the needs of your beneficiaries?
- Sufficient amount;
- Community member's satisfaction / dissatisfaction;
- Necessity of additional services depending on the needs of your beneficiaries;
- Other.
8. In your opinion, what are the barriers that hinder Harm Reduction service provision for IDUs?
- Factors related to existing legislation (drug policy, actions from the police side, other)
- Stigma and discrimination
- Confidentiality
- Organizational factors (geographical / financial accessibility, relevant infrastructure, equipment, supplies, standards / guidelines, working hours / holidays)
- Staff related factors (number, gender, relevant qualifications, skills, attitudes and motivation)
- Client related factors (age, gender, social-economic status, level of education, employment, awareness about existing services, health status / mobility)
– Other.
9. In your opinion, what are the factors that facilitate beneficiaries' attraction to get Harm Reduction services?
10. In your opinion, what should be done to improve Harm Reduction service provision to IDUs (including female IDUs)?
11. Do you have any other suggestions that you would like to share? Do you have any questions?

Thank you for taking the time and sharing your opinions.

Annex 4: In-depth Interview Guide for NSP Beneficiary

Operational Research of Barriers and Facilitators to Harm Reduction Services for IDUs (including female IDUs)

Introduction

Hello, first of all thank you for taking part in this interview. I am ---------- (name and surname), interviewer from ---------- NGO Partnership for Research and Action for Health (PRAH).

We are conducting operational research of barriers and facilitators to Harm Reduction services for IDUs (including female IDUs). The research project is funded by the Global Fund. The purpose of this interview is to determine factors that might be hindering IDUs' (including female IDUs') access to existing services, which is believed to help in developing policy recommendations for improving quality and access to harm reduction services. You are being invited to take part in this interview because we feel that your opinion and experience as a service user can contribute much to the aims of our research. Participation in this research is **strictly voluntary.** You do not have to take part in this research if you do not wish to do so. You may stop participating in the discussion at any time you wish and refusing participation will not in any way affect the provision of existing or future service.

The discussion will last about 60-90 minutes. I will ask questions about structural, organizational and individual client factors that might be hindering IDUs' (including female IDUs') access to existing Harm Reduction services. We would like you to give us your opinion on the questions based on your personal experiences as well as the experience within your community. The information that we collect from this interview will be kept confidential. If you do not wish to answer any of the questions you may do so.

In addition, I would like to inform you that the entire interview will be tape-recorded, but **you will not be identified by name on the tape**. The recorded information will be used to ensure that your responses are correct and in your own words. Digital audio recording of the interview will be uploaded to a password-protected computer at the PRAH Tbilisi office after which the recording will be erased on the audio recorder. The recording will be transcribed; a coding scheme will be created using broad categories to organize the data, in line with key areas discussed. Using these predefined codes, information will organized and displayed. The audio recording will be destroyed one year (12 months) after the completion of the study.

Do you have any Questions? Would you still like to take part in the interview today?

Okay, let's get started.

General Information

1. Age
2. Gender
3. Education/occupation/position
4. Name of the organization where you receive services

Key areas

5. How long have you been a member of your community?
6. Please, tell us about the Harm Reduction services you are aware of that are available for your community (NSP / OST / AOT).
7. Please, tell us about the services you are receiving within the NSP:

Service	Availability of Services	Most demanded / priority services	Services that are not available or are not fully delivered	Reasons for insufficient delivery (financing, governance, other)
Distribution of the sterile injection equipment (needles and syringes, alcohol swabs)				
Provision of condoms and distribution of educational material				
Free, anonymous testing on HIV, B/C Hepatitis, and Syphilis and referral to specialized clinics				
TB screening and referral to specialized clinics				
Peer Driven Intervention				
Overdose prevention, distribution of Naloxon				
Case management				
Hygienic goods for female IDUs				
Medical services and testing for IDUs' sexual partners				
Hygienic goods for IDUs' sexual partners				
Mobile Ambulatory				
Handicraft teaching courses for female IDUs				
Hotline				
Other				

- How would you assess the service delivery environment of the center where you get NSP services:
  - User-friendly;
  - Working days and hours;

    - Other.
- Staff providing services:
    - Number, qualification;
    - Service providers' gender;
    - Change request of service center or social worker by the beneficiary / reason/s for change;
    - Other.
- Funding

8. Have you ever had an attempt to withdraw from the program or have you heard about other beneficiaries having such practice? What are the reasons?
9. In your opinion, are all these services in line with your community's needs?

- Sufficient amount
- Community member's satisfaction / dissatisfaction
- Necessity of additional services depending on your needs
- Other.

10. In your opinion, what are the barriers that hinder Harm Reduction service provision for IDUs?

- Factors related to existing legislation (drug policy, actions from the police side, other)
- Stigma and discrimination
- Confidentiality
- Organizational factors (geographical / financial accessibility, relevant infrastructure, equipment, supplies, standards / guidelines, working hours / holidays)
- Staff related factors (number, gender, relevant qualifications, skills, attitudes and motivation)
- Client related factors (age, gender, social-economic status, level of education, employment, awareness about existing services, health status / mobility)
- Other.

11. Do you use or have you used OST and/or AOT services? If not, why? If yes, (relevant guide/s will be used too)
12. In your opinion, what are the factors that facilitate your and your community's attraction to get Harm Reduction services?
13. In your opinion, what should be done to improve Harm Reduction service provision to IDUs (including female IDUs)?
14. Do you have any other suggestions that you would like to share? Do you have any questions?

Thank you for taking the time and sharing your opinions.

Annex 5: In-depth Interview Guide for OST Program Beneficiary

Operational Research of Barriers and Facilitators to Harm Reduction Services for IDUs (including female IDUs)

Introduction

Hello, first of all thank you for taking part in this interview. I am ---------- (name and surname), interviewer from ---------- NGO Partnership for Research and Action for Health (PRAH).

We are conducting operational research of barriers and facilitators to Harm Reduction services for IDUs (including female IDUs). The research project is funded by the Global Fund. The purpose of this interview is to determine factors that might be hindering IDUs' (including female IDUs') access to existing services, which is believed to help in developing policy recommendations for improving quality and access to harm reduction services. You are being invited to take part in this interview because we feel that your opinion and experience as a service user can contribute much to the aims of our research. Participation in this research is **strictly voluntary.** You do not have to take part in this research if you do not wish to do so. You may stop participating in the discussion at any time you wish and refusing participation will not in any way affect the provision of existing or future service.

The discussion will last about 60-90 minutes. I will ask questions about structural, organizational and individual client factors that might be hindering IDUs' (including female IDUs') access to existing Harm Reduction services. We would like you to give us your opinion on the questions based on your personal experiences as well as the experience within your community. The information that we collect from this interview will be kept confidential. If you do not wish to answer any of the questions you may do so.

In addition, I would like to inform you that the entire interview will be tape-recorded, but **you will not be identified by name on the tape**. The recorded information will be used to ensure that your responses are correct and in your own words. Digital audio recording of the interview will be uploaded to a password-protected computer at the PRAH Tbilisi office after which the recording will be erased on the audio recorder. The recording will be transcribed; a coding scheme will be created using broad categories to organize the data, in line with key areas discussed. Using these predefined codes, information will organized and displayed. The audio recording will be destroyed one year (12 months) after the completion of the study.

Do you have any Questions? Would you still like to take part in the interview today?

Okay, let's get started.

General Information

1. Age
2. Gender
3. Education/occupation/position
4. Name of the organization where you receive services

Key areas

5. How long have you been a member of your community?
6. Please, tell us about the Harm Reduction services you are aware of that are available for your community (NSP / OST / AOT).
7. Please, tell us about the services you are receiving within the OST program:

– How would you assess the service delivery environment of the center where you get OST program services:
  - User-friendly;
  - Working days and hours;
  - Other.

– Staff providing services:
  - Number, qualification;
  - Service providers' gender;
  - Change request of service center by the beneficiary / reason/s for change;
  - Other.

– Funding

8. Have you ever had an attempt to withdraw from the program or have you heard about other beneficiaries having such practice? What are the reasons?
9. In your opinion, are all these services in line with your community's needs?

- Sufficient amount
- Community member's satisfaction / dissatisfaction
- Necessity of additional services depending on your needs
- Other.

10. In your opinion, what are the barriers that hinder Harm Reduction service provision for IDUs?

- Factors related to existing legislation (drug policy, actions from the police side, other)
- Stigma and discrimination
- Confidentiality
- Organizational factors (geographical / financial accessibility, relevant infrastructure, equipment, supplies, standards / guidelines, working hours / holidays)
- Staff related factors (number, gender, relevant qualifications, skills, attitudes and motivation)
- Client related factors (age, gender, social-economic status, level of education, employment, awareness about existing services, health status / mobility)
- Other.

11. Do you use or have you used NSP and/or AOT services? If not, why? If yes, (relevant guide/s will be used too)
12. In your opinion, what are the factors that facilitate your and your community's attraction to get Harm Reduction services?
13. In your opinion, what should be done to improve Harm Reduction service provision to IDUs (including female IDUs)?
14. Do you have any other suggestions that you would like to share? Do you have any questions?

Thank you for taking the time and sharing your opinions.

Annex 6: In-depth Interview Guide for AOT Program Beneficiary

Operational Research of Barriers and Facilitators to Harm Reduction Services for IDUs (including female IDUs)

Introduction

Hello, first of all thank you for taking part in this interview. I am ---------- (name and surname), interviewer from ---------- NGO Partnership for Research and Action for Health (PRAH).

We are conducting operational research of barriers and facilitators to Harm Reduction services for IDUs (including female IDUs). The research project is funded by the Global Fund. The purpose of this interview is to determine factors that might be hindering IDUs' (including female IDUs') access to existing services, which is believed to help in developing policy recommendations for improving quality and access to harm reduction services. You are being invited to take part in this interview because we feel that your opinion and experience as a service user can contribute much to the aims of our research. Participation in this research is **strictly voluntary.** You do not have to take part in this research if you do not wish to do so. You may stop participating in the discussion at any time you wish and refusing participation will not in any way affect the provision of existing or future service.

The discussion will last about 60-90 minutes. I will ask questions about structural, organizational and individual client factors that might be hindering IDUs' (including female IDUs') access to existing Harm Reduction services. We would like you to give us your opinion on the questions based on your personal experiences as well as the experience within your community. The information that we collect from this interview will be kept confidential. If you do not wish to answer any of the questions you may do so.

In addition, I would like to inform you that the entire interview will be tape-recorded, but **you will not be identified by name on the tape**. The recorded information will be used to ensure that your responses are correct and in your own words. Digital audio recording of the interview will be uploaded to a password-protected computer at the PRAH Tbilisi office after which the recording will be erased on the audio recorder. The recording will be transcribed; a coding scheme will be created using broad categories to organize the data, in line with key areas discussed. Using these predefined codes, information will organized and displayed. The audio recording will be destroyed one year (12 months) after the completion of the study.

Do you have any Questions? Would you still like to take part in the interview today?

Okay, let's get started.

General Information

1. Age
2. Gender
3. Education/occupation/position
4. Name of the organization where you receive services

Key areas

5. How long have you been a member of your community?
6. Please, tell us about the Harm Reduction services you are aware of that are available for your community (NSP / OST / AOT).
7. Please, tell us about the services you are receiving within the AOT program:

– How would you assess the service delivery environment of the center where you get AOT program services:
  - User-friendly;
  - Working days and hours (for outpatient services);
  - Other.

– Staff providing services
  - Number, qualification;
  - Service providers' gender;
  - Change request of service center by the beneficiary / reason/s for change;
  - Other.

– Funding

8. Have you ever had an attempt to withdraw from the program or have you heard about other beneficiaries having such practice? What are the reasons?
9. In your opinion, are all these services in line with your community's needs?

- Sufficient amount
- Community member's satisfaction / dissatisfaction
- Necessity of additional services depending on your needs

10. In your opinion, what are the barriers that hinder Harm Reduction service provision for IDUs?
    - Factors related to existing legislation (drug policy, actions from the police side, other)
    - Stigma and discrimination
    - Confidentiality
    - Organizational factors (geographical / financial accessibility, relevant infrastructure, equipment, supplies, standards / guidelines, working hours / holidays)
    - Staff related factors (number, gender, relevant qualifications, skills, attitudes and motivation)
    - Client related factors (age, gender, social-economic status, level of education, employment, awareness about existing services, health status / mobility)
    - Other
11. Do you use or have you used NSP and/or OST services? If not, why? If yes, (relevant guide/s will be used too)
12. In your opinion, what are the factors that facilitate your and your community's attraction to get Harm Reduction services?
13. In your opinion, what should be done to improve Harm Reduction service provision to IDUs (including female IDUs)?
14. Do you have any other suggestions that you would like to share? Do you have any questions?

    Thank you for taking the time and sharing your opinions.

Annex 7: In-depth Interview Guide for IDUs Not Using Harm Reduction Services

Operational Research of Barriers and Facilitators to Harm Reduction Services for IDUs (including female IDUs)

Introduction

Hello, first of all thank you for taking part in this interview. I am ---------- (name and surname), interviewer from ---------- NGO Partnership for Research and Action for Health (PRAH).

We are conducting operational research of barriers and facilitators to Harm Reduction services for IDUs (including female IDUs). The research project is funded by the Global Fund. The purpose of this interview is to determine factors that might be hindering IDUs' (including female IDUs') access to existing services, which is believed to help in developing policy recommendations for improving quality and access to harm reduction services. You are being invited to take part in this interview because we feel that your opinion and experience as an intravenous drug user can contribute much to the aims of our research. Participation in this research is **strictly voluntary.** You do not have to take part in this research if you do not wish to do so. You may stop participating in the discussion at any time you wish and refusing participation will not in any way affect the provision of existing or future service.

The discussion will last about 60-90 minutes. I will ask questions about structural, organizational and individual client factors that might be hindering IDUs' (including female IDUs') access to existing Harm Reduction services. We would like you to give us your opinion on the questions based on your personal experiences as well as the experience within your community. The information that we collect from this interview will be kept confidential. If you do not wish to answer any of the questions you may do so.

In addition, I would like to inform you that the entire interview will be tape-recorded, but **you will not be identified by name on the tape**. The recorded information will be used to ensure that your responses are correct and in your own words. Digital audio recording of the interview will be uploaded to a password-protected computer at the PRAH Tbilisi office after which the recording will be erased on the audio recorder. The recording will be transcribed; a coding scheme will be created using broad categories to organize the data, in line with key areas discussed. Using these predefined codes, information will organized and displayed. The audio recording will be destroyed one year (12 months) after the completion of the study.

Do you have any Questions? Would you still like to take part in the interview today?

Okay, let's get started.

General Information

1. Age
2. Gender
3. Education/occupation/position

Key areas

4. How long have you been a member of your community?
5. Please, tell us about the Harm Reduction services you are aware of that are available for your community (NSP / OST / AOT).
6. Please, tell us why don't you use existing harm reduction services?
7. In your opinion, what are the barriers that hinder Harm Reduction service provision for IDUs?
    - Factors related to existing legislation (drug policy, actions from the police side, other)
    - Stigma and discrimination
    - Confidentiality
    - Organizational factors (geographical / financial accessibility, relevant infrastructure, equipment, supplies, standards / guidelines, working hours / holidays)
    - Staff related factors (number, gender, relevant qualifications, skills, attitudes and motivation)
    - Client related factors (age, gender, social-economic status, level of education, employment, awareness about existing services, health status / mobility)
    - Other
8. In your opinion, what are the factors that facilitate your and your community's attraction to get Harm Reduction services?
9. In your opinion, what should be done to improve Harm Reduction service provision to IDUs (including female IDUs)?
10. Do you have any other suggestions that you would like to share? Do you have any questions?

Thank you for taking the time and sharing your opinions.

Annex 8: Informed Consent Form for In-depth Interview Participants (for service providers)

Organization: Partnership for Research Action for Health

I am ----------, I am doing operational research on barriers and facilitators to Harm Reduction services for IDUs (including female IDUs).

Purpose of the research:

The purpose of this study is to determine factors that might be hindering IDUs' (including female IDUs') access to existing services which is believed to help in developing policy recommendations for improving quality and access to Harm Reduction services.

Procedures:

To find answers to some of the questions of interest for our research, we invite you to take part in an in-depth interview. This interview will be moderated by the interviewer.

You are being invited to take part in this interview because we feel that your experience as a service provider can contribute much to the purpose of our research and the development of relevant recommendations.

The questions discussed during the interview will cover the following key areas:

- Harm Reduction services provided to IDUs (including female IDUs);
- Main barriers for IDUs (including female IDUs) hindering service provision;
- Factors encouraging beneficiaries to receive services;
- Ways to improve services provision;
- Other important issues.

If you do not wish to answer any of the questions, you may do so. No one else but the interviewer will take part in the interview. The entire interview will be tape-recorded, but you won't be identified by name on the tape. Digital audio recording of the discussion will be uploaded to a password-protected computer at the PRAH Tbilisi office after which the recording will be erased on the audio recorder. The recording will be transcribed; a coding scheme will be created using broad categories to organize the data, in line with key areas described above. Using these predefined codes, information will be organized and displayed. The recorded information will be used to ensure that your responses are correct and in your own words. The information recorded is considered confidential, and no one else except principal investigators will have access to the record. The audio recording will be destroyed one year (12 months) after the completion of the study.

The expected duration of the interview is about 60-90 minutes.

Risks and Discomforts:

There is a slight risk that you may share some personal or confidential information by chance or that you may feel uncomfortable talking about some of the topics. However, we do not wish this to happen, and you may refuse to answer any question or not take part in a portion of the discussion if you feel the question(s) are personal or if talking about them makes you uncomfortable.

Confidentiality:

The information that we collect from this research project will be kept confidential. Transcript, notes and audio digital recordings will not include your identification information. Instead, you will be given a number to keep your responses private.

Right to refuse or withdraw:

You do not have to take part in this research if you do not wish to do so. You may stop participating in the interview at any time you wish and refusing to participate will not affect your future practice in any way.

Who to contact:

If you have any questions you may ask those now or later. If you wish to ask questions later, you may contact any of the following:

Tamar Kasrashvili

Address: 3, B. Jgenti street, Apart. 5, 0138, Tbilisi, Georgia

+995 599 94 94 04

tkasrashvili@yahoo.com

Tamar Zurashvili

Address: 3, B. Jgenti street, Apart. 5, 0138, Tbilisi, Georgia

+995 595 09 29 50

tzurashvili@hotmail.com

Operational Research of Barriers and Facilitators to Harm Reduction Services for IDUs (including female IDUs)

Certification of Informed Consent

I have been invited to take part in the research on barriers and facilitators to services for IDUs (including female IDU). I have been told the purpose and procedures of this study, risks and benefits associated with this research, as well as confidentiality issues.

I have read the foregoing information. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study and understand that I have the right to withdraw from the interview at any time without in any way affecting my future practice.

Print Name of Subject	Date and Signature of Subject
_____	_____
	___/___/___ (*dd/mm/yy*)
Print Name of Researcher	Date and Signature of Researcher
_____	_____
	___/___/___ (*dd/mm/yy*)

Annex 9: Informed Consent Form for In-depth Interview Participants (for IDUs)

Organization: Partnership for Research Action for Health

I am ----------, I am doing operational research on barriers and facilitators to Harm Reduction services for IDUs (including female IDUs).

Purpose of the research:

The purpose of this study is to determine factors that might be hindering IDUs' (including female IDUs') access to existing services which is believed to help in developing policy recommendations for improving quality and access to Harm Reduction services.

Procedures:

To find answers to some of the questions of interest for our research, we invite you to take part in an in-depth interview. This interview will be moderated by the interviewer.

You are being invited to take part in this interview because we feel that your experience as a service user / non-user can contribute much to the purpose of our research and the development of relevant recommendations.

The questions discussed during the interview will cover the following key areas:

- Harm Reduction services provided to IDUs (including female IDUs);
- Main barriers for IDUs (including female IDUs) hindering service provision;
- Factors encouraging beneficiaries to receive services;
- Ways to improve services provision;
- Other importanat issues.

During this interview we would like you to give us your opinion on the questions based on your personal experiences as well as the experience within your community. If you do not wish to answer any of the questions, you may do so. No one else but the interviewer will take part in the interview. The entire interview will be tape-recorded, but you won't be identified by name on the tape. Digital audio recording of the discussion will be uploaded to a password-protected computer at the PRAH Tbilisi office after which the recording will be erased on the audio recorder. The recording will be transcribed; a coding scheme will be created using broad categories to organize the data, in line with key areas described above. Using these predefined codes, information will be organized and displayed. The recorded information will be used to ensure that your responses are correct and in your own words. The information recorded is considered confidential, and no one else except principal investigators will have access to the record. The audio recording will be destroyed one year (12 months) after the completion of the study.

The expected duration of the interview is about 60-90 minutes.

Incentive:

You will receive incentive in the amount of 20 GEL for participating in this research project.

Risks and Discomforts:

There is a slight risk that you may share some personal or confidential information by chance or that you may feel uncomfortable talking about some of the topics. However, we do not wish this to happen, and you may refuse to answer any question or not take part in a portion of the discussion if you feel the question(s) are personal or if talking about them makes you uncomfortable.

Confidentiality:

The information that we collect from this research project will be kept confidential. Transcript, notes and audio digital recordings will not include your identification information. Instead, you will be given a number to keep your responses private.

Right to refuse or withdraw:

You do not have to take part in this research if you do not wish to do so. You may stop participating in the interview at any time you wish and refusing to participate will not affect your future practice in any way.

Who to contact:

If you have any questions you may ask those now or later. If you wish to ask questions later, you may contact any of the following:

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Operational Research of Barriers and Facilitators to Harm Reduction Services for IDUs (including female IDUs)

Certification of Informed Consent

I have been invited to take part in the research on barriers and facilitators to Harm Reduction services for IDUs (including female IDU). I have been told the purpose and procedures of this study, risks and benefits associated with this research, as well as confidentiality issues.

I have read the foregoing information. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent volunetarily to be a participant in this study and understand that I have the right to withdraw from the interview at any time without in any way affecting my future practice.

Print Name of Subject	Date and Signature of Subject
_____	_____
	___/___/___ (*dd/mm/yy*)
Print Name of Researcher	Date and Signature of Researcher
_____	_____
	___/___/___ (*dd/mm/yy*)