



Scaling Up Opioid Agonist Treatment for HIV Prevention in Probation System in Georgia

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Problem Statement

Implementation Challenge

- ▶ EECA hosts the largest and most dynamic HIV pandemic globally, driven by large numbers of PWID and their sexual partners.
- ▶ HIV is predominantly concentrated among PWID in Georgia
- ▶ Georgia criminalizes drug use, resulting in a high rate of PWIDs in prison and on probation.
- ▶ Each year, approximately 20% of all probationers are on probation due to drug-related offenses.

- ▶ Over 50 years of research confirm that OAT, which is widely available in Georgia, is the most effective treatment for OUD and can significantly impact HIV infectious reduction (Amato et al., 2005).

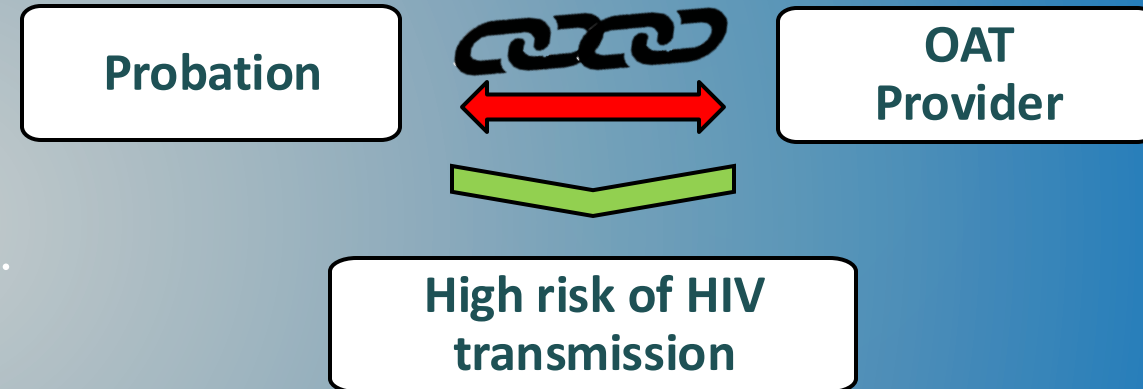


Problem Statement

The linkage between the probation system and OAT provider is poor, resulting in the high risk of HIV transmission among probationers with OUD

Goal

Identification of barriers and facilitators to scaling up OAT for HIV prevention in the probation system.



SBIRT intervention

An evidence-based public health approach to identify people who use drugs at risk levels



Implementation Framework

In the process of development of the SBIRT intervention for scale-up OAT, implementation research design embraces two approaches

- ▶ EPIC (Exploration, Preparation, Implementation, Sustainment) framework

used to guide the implementation and adaptation of evidence-based programs, emphasizing the role of internal and external contexts, bridging and innovation factors and stakeholder engagement throughout the process

- ▶ NIATx (Network for the Improvement of Addiction Treatment) Model

Evidence-informed facilitation strategy with documented successes in the adoption and scale-up of evidence-based practices (EBPs), like OAT, SBIRT



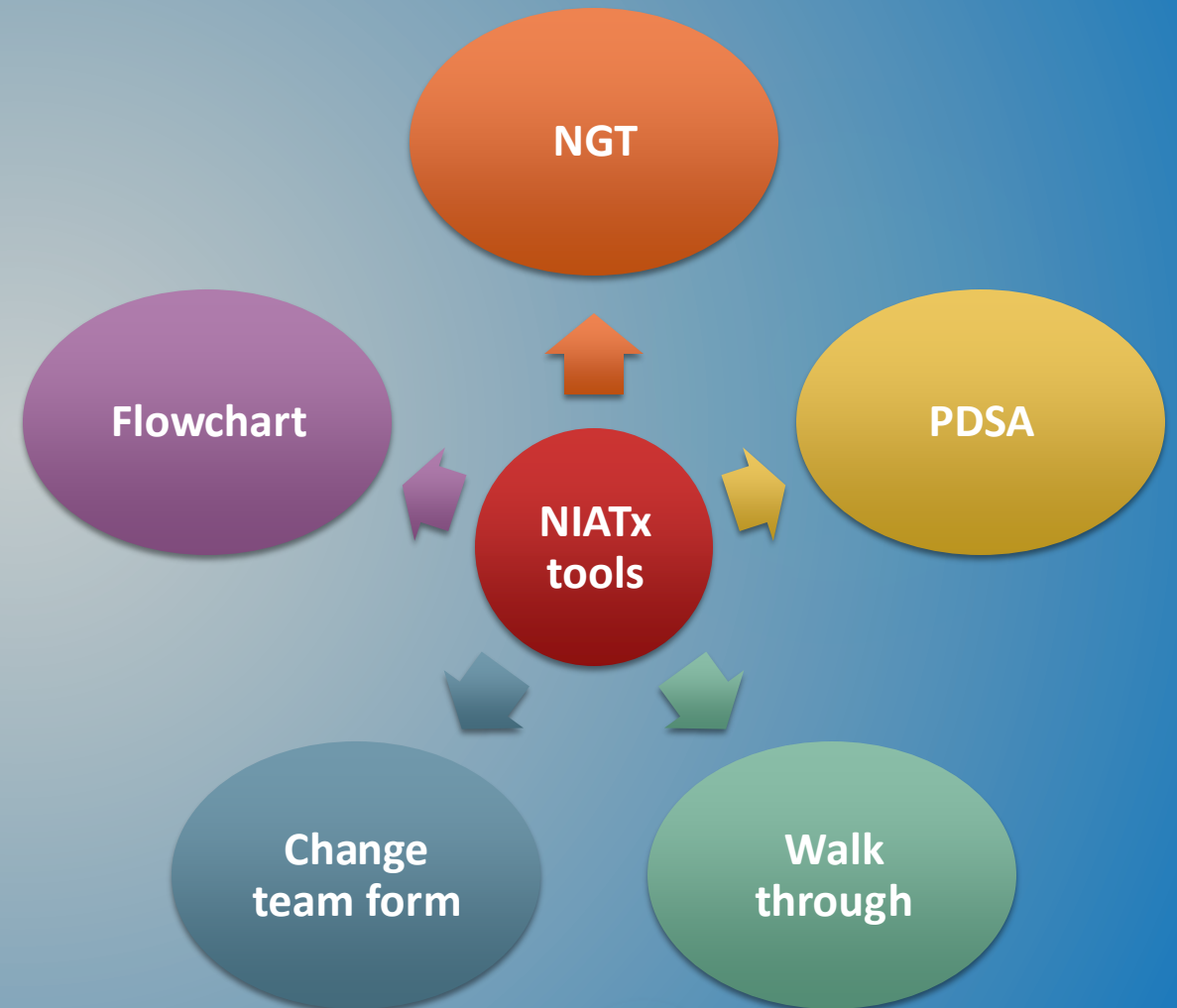
Implementation Framework

Establishment of the NIATx collaboration:

- ✓ Executive sponsors
- ✓ Administrators

Change teams:

- ✓ Probation officers
- ✓ Social workers
- ✓ Psychologies



Implementation timeframe

Every month

- Meetings with the change teams to address all challenges coming from their daily work
- Monitoring and measuring the scaling up of the OAT program



Every 3 months

- Conduct a structural survey among probation staff



Every 6 months

- In-person meetings with all participants to conduct NGT sessions
- Development of the PDSA cycles to address existing challenges

Barriers and Facilitators to Implementation

Barriers
Probationers' trust issues/ stigma/fear
Lack of information on drug-related issues and treatment services/qualification issues
Lack of human resources (+ psychiatrist, addictologist, narcologist)
Lack of willingness and readiness to enter treatment
Confidentiality
Difficulties related to a referral from a probation officer to a psychologist and social worker
Problems caused by the mandatory drug testing
Lack of services after the screening, particularly in regions
Lack of thematic trainings for specialists
The belief among probationers that they will not receive help
Workplace infrastructure – limited physical space
Absence of statistical data and evaluation instruments
Screening-related difficulties
Lack of coordination between the agencies - weak referral mechanisms
Psycho-emotional condition of the probationers
Regulations
Lack of accessibility to the information about the drug use of the probationers
Lack of communication with family members/non-supportive family



Barriers and Facilitators to Implementation

Facilitators

Changing the state policy: addressing the stigma

Raising awareness about drug-related issues among probation staff

Memorandum of understanding between the OAT provider (CMHPA)

Staff increase

Improving the working and labour conditions (salary, private meeting rooms)

Knowledge and skills for using screening instruments

Hire other specialists (addictologists/Psychiatrists/narcologists)

Integrated services

Reward-oriented approaches toward probationers (reduction of sentence, offering specific services)



Anticipated Challenges and Questions

Policy-Level Challenges

- ▶ Punitive rather than supportive national drug policy may:
 - ▶ Increase stigma against people who use drugs
 - ▶ Discourage disclosure of drug use
 - ▶ Reduce accessibility to treatment services

Institutional-Level Barriers

- ▶ Management turnover in probation system

Individual-Level Barriers

- ▶ Negative personal attitudes toward people who use drugs

Data Collection Challenges

- ▶ Incomplete data: Some key variables are not being collected



Conclusions and Next Steps

Implementation and data collection process

- ▶ Initiate coaching sessions with change teams
- ▶ The change team will kick off the first Plan-Do-Study-Act (PDSA) cycle
- ▶ Complete the data collection form to start data gathering in probation
- ▶ Conduct next round of the structural survey using Qualtrics
- ▶ Prepare for the upcoming Nominal Group Technique (NGT) session in six months



Georgian Implementation Fellowship Training Summer Bootcamp

Tbilisi, Georgia – July 30 – August 2, 2025

Thank you for your attention!

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