Bridging the Gap: A Comprehensive Needs Assessment of Health Status and Service Access for Women Who Use Drugs in Georgia

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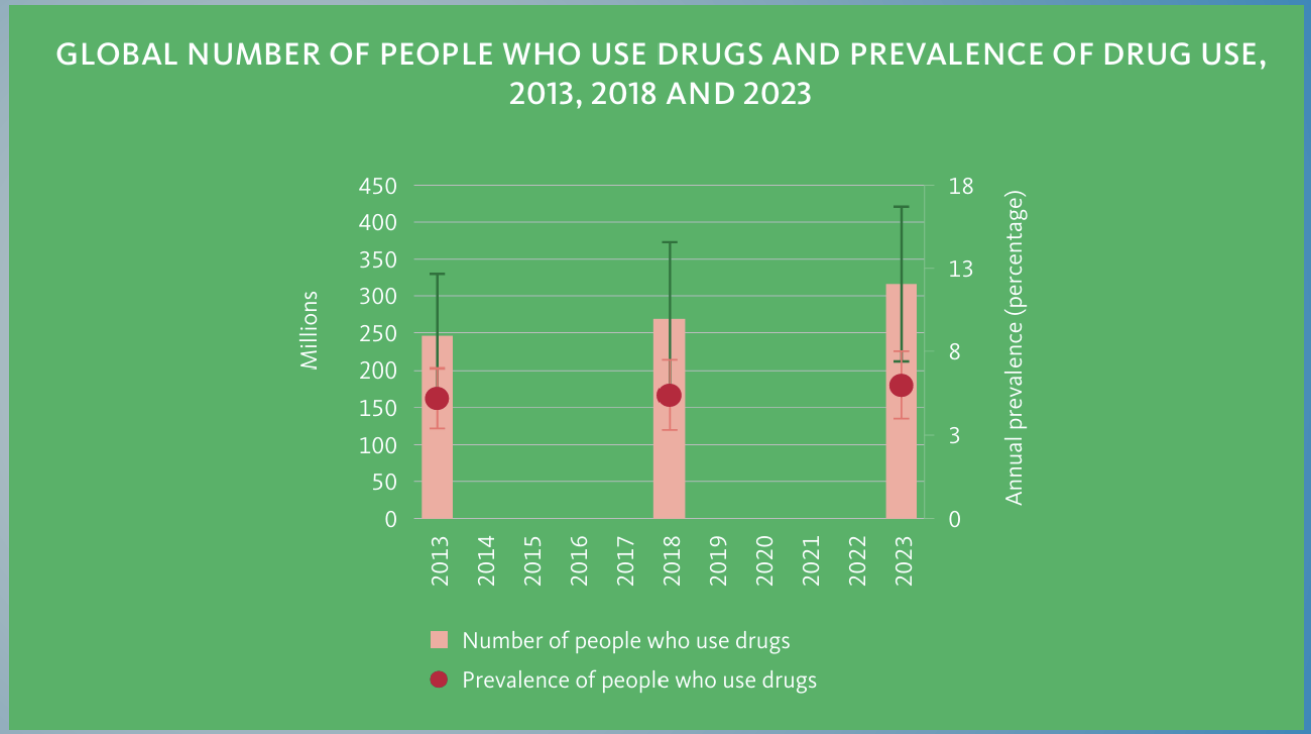
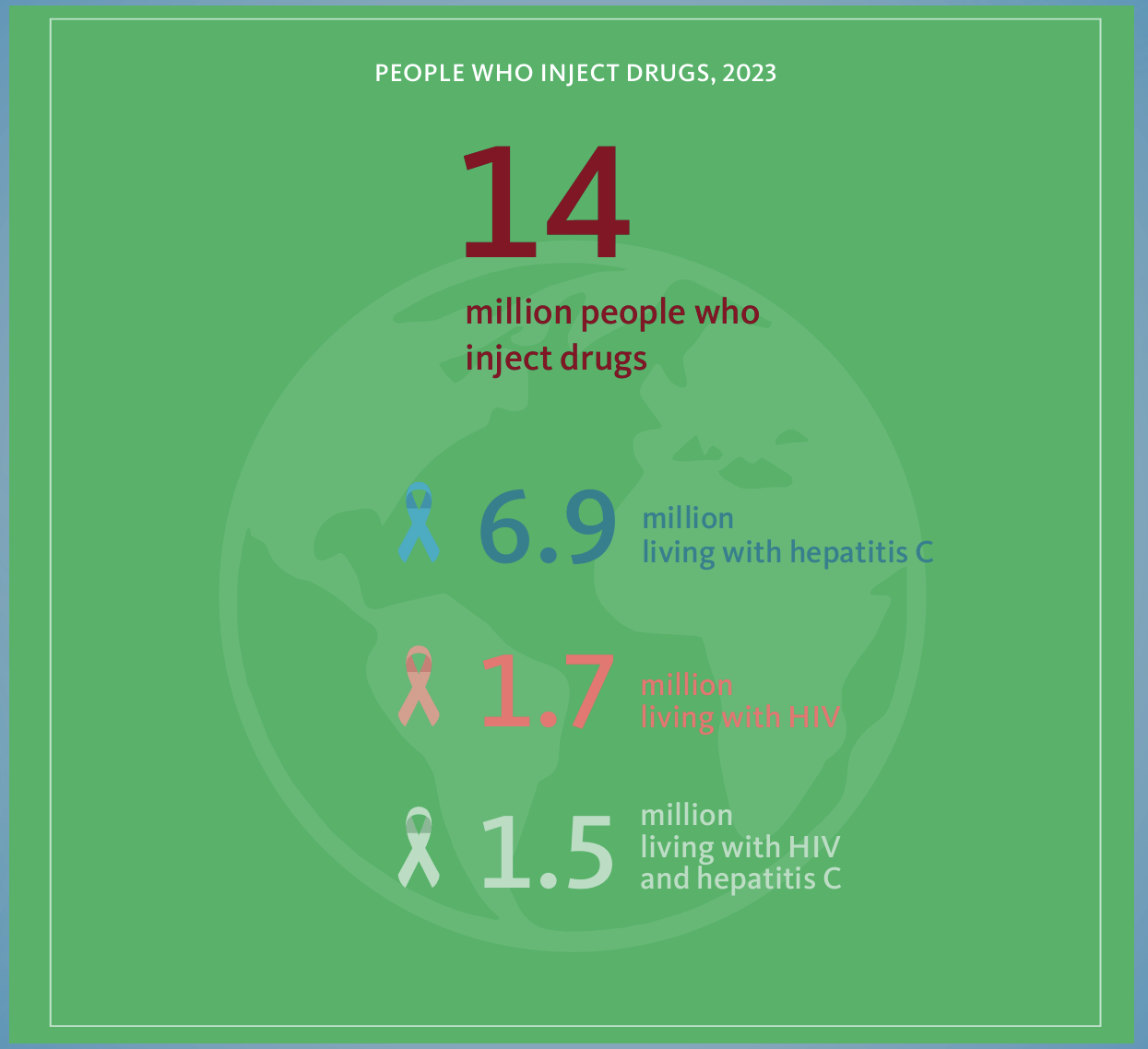
Background

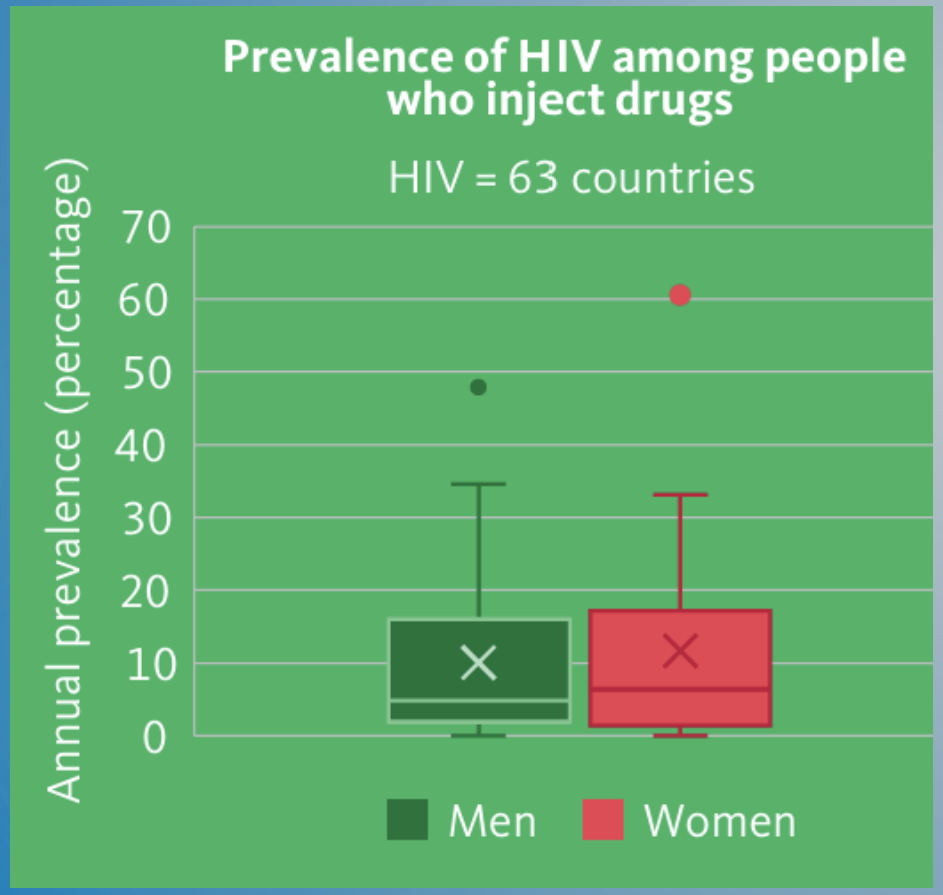
- Drug use increasing worldwide with substance use disorders (SUD) affecting almost 6% of the world's population
- SUD associated with a range of health issues that include infectious diseases and mental health conditions



https://www.unodc.org/unodc/data-and-analysis/world-drug-report-2025.html


PEOPLE WHO INJECT DRUGS, 2023
14
million people who inject drugs
6.9
million living with hepatitis C
1.7
million living with HIV
1.5
million living with HIV and hepatitis C

Background



- Women who use drugs are an especially vulnerable population facing additional barriers to care
- HIV prevalence in 2023 higher among women who inject drugs than among men globally
- In Georgia, women who use drugs are a hidden and stigmatized population, with few attending treatment centers
- New research is needed to better understand drug use patterns and disease burden in this population and identify barriers to treatment

Current study

- A small bio-behavioral study of women who use drugs in Georgia to address the gap in our understanding of a population that has been historically understudied in the region
- We will evaluate patterns of drug use as well as sexual and drug use-related behaviors to inform more targeted and gender-responsive harm reduction and healthcare services.
- Additionally, we will assess the burden of key infectious diseases in this population.
- Ultimately, this exploratory study can lead to the development of critical interventions to improve access to drug treatment, harm reduction, reproductive healthcare, mental health services, and infectious disease prevention

Project Goal and Objectives

- Evaluate the health status and healthcare needs of women who use both injection and non-injection drugs in Georgia.
- **Objective 1:** Describe and analyze the patterns of drug use among women who use drugs in Georgia, including the types of drugs used, frequency of drug use, and drug use networks.
- **Objective 2.** Assess the status of and risk factors for mental health illnesses, Hepatitis C virus (HCV) infection, Hepatitis B virus (HBV) infection, HIV infection, and syphilis.
- **Objective 3.** Evaluate access and utilization of healthcare services for drug treatment, mental health services, and reproductive services.

Availability of evidence

- Very little research on women who use drugs in Georgia exists, mainly due to the challenges associated with recruiting this population
- Most recent research on drug use patterns was in 2014
- Substance use treatment historically focused on male beneficiaries, with providers often holding stigmatizing views of women who use drugs
- Lack of treatment programs tailored to the needs of women, including reproductive services

Problem Statement

- Implementation Challenge:
  - Very little recent data on women who use drugs in Georgia
  - To better reach this population and address their needs, data on healthcare access and burden of disease is needed
  - This data can be used to translate results into evidence-based practices and policies that decision-makers can use to address the healthcare needs of women who use drugs in Georgia
- Goal: use study results to develop new studies and implement programs that enable women who use drugs to receive necessary healthcare
  - Identify successful methods for recruitment of this hard-to-reach population
- Why?: increase access to care, reduce the burden of disease, and increase quality of life for women who use drugs in Georgia

Pre-implementation steps

Current study to generate data

Follow-up study to investigate interventions to address gaps (ex: effectiveness/cost-effectiveness of mobile clinics to serve women)

https://pmc.ncbi.nlm.nih.gov/articles/PMC8011054/

I. PRE-INTERVENTION PLANNING STEPS

1. Describe the evidence to be translated and its relation to a health problem. Steps 1 and 2 can occur concurrently

a. What evidence (health related behavior, test, procedure, treatment, intervention, program) will be translated?

b. Justify the evidence is ready to be translated (including in the local context)

c. What health problem will translation of the evidence improve? Justify selection of this health problem as a priority in the setting you plan to work.

2. Identify stakeholder communities and conduct outreach to work with them. (if not completed in step 1)

a. List key communities/stakeholders involved in translating your evidence

b. Consider vested interests of key communities/stakeholders

c. Describe plan for engaging communities/stakeholders

3. **Describe the Evidence-Practice Gap**

a. **Performance gap**. What is the difference between current and ideal practice and behaviors? What are the underlying conditions and context?

b. **Outcome gap.** How much improvement in health outcomes (safety, effectiveness, efficiency, patient-centeredness, timeliness and/or eliminating disparities in care) could be achieved if the performance gap was eliminated?

c. Could unintended consequences result from attempts to change practices or conditions contributing to performance gap?

4. **Determine the Population, Organization and/or Stakeholder Readiness for Change**

a. **Strategic.** Is addressing the problem area part of strategic priorities?

b. **Structural.** Are there local programs or resources that will facilitate implementation and sustain the improvement activity after the project team is done?

Anticipated Challenge I

- Low recruitment and participation
  - If we cannot generate the data we cannot design and implement interventions
  - Goal is to build evidence that can be used to design a follow-up study and evaluate a targeted intervention aimed at increasing healthcare access for this population
- Methods to address this challenge:
  - Recruitment period 3 times longer than typical recruitment period for PWID studies in Georgia
  - Engaged organizations such as Georgian Harm Reduction Network to aid in recruitment, located in a number of cities across Georgia for a representative sample
  - Utilize respondent-driven sampling, a method designed to recruit hard-to-reach populations

Anticipated Challenge II

- Stakeholder engagement and interest
  - Interest from funding agencies to conduct follow-up study
  - Collaborations with organizations to implement programs to reach women who use drugs
  - Engagement with policy makers – especially challenging with the current political environment locally and globally

Conclusions and Next Steps

- This study is designed to serve as the foundation for a long-term research agenda addressing the health needs of women who use drugs in Georgia.
- Outputs from this project will directly fuel future research and community-level interventions
- Novel data collected on disease prevalence and healthcare barriers will be used by the investigators to generate evidence-based hypotheses for subsequent studies
- This project is building a collaborative network between BAU, local organizations, and researchers, which will serve as a platform for future research, knowledge sharing, and advocacy efforts on behalf of this understudied population

Implementation questions for future research

- What strategies can be employed to increase access to and utilization of healthcare for reproductive services, drug treatment, and other services among women who use drugs
  - Strategies focused on increasing uptake of services among women who use drugs
  - Addressing the issue from the provider-side
- Which organizations to collaborate with to implement these strategies
- Cost-effectiveness of the strategies to encourage stakeholder uptake
- Other ideas?

Key questions

- Ideas for intervention studies
- Which frameworks, why, and which elements we need to address
- Potential barriers and facilitators – map onto implementation framework
- Selection of implemenation strategies selected (ERIC) – mapped onto the IS framework

Thank you!