USAID FROM THE AMERICAN PEOPLE | GEORGIA HIV PREVENTION PROJECT

Georgia HIV Prevention Project

Adoption of Healthy Lifestyle Behaviors Research Study

September 2013
This publication was produced for review by the United States Agency for International Development. It was prepared by RTI International and Save the Children.

Georgia HIV Prevention Project

Adoption of Healthy Lifestyle Behaviors Research Study

Contract GHS-I-04-07-00005-00

Prepared for
USAID/Georgia
United States Agency for International Development
ATTN: Dr. Tamara Sirbiladze, COR
11 George Balanchine Street
Tbilisi 0131

Prepared by
RTI International
3040 Cornwallis Road
Post Office Box 12194
Research Triangle Park, NC 27709-2194

in collaboration with the Ministry of Correction and Legal Assistance (MCLA) of Georgia

RTI International is one of the world's leading research institutes, dedicated to improving the human condition by turning knowledge into practice. Our staff of more than 2,800 provides research and technical expertise to governments and businesses in more than 40 countries in the areas of health and pharmaceuticals, education and training, surveys and statistics, advanced technology, international development, economic and social policy, energy and the environment, and laboratory and chemistry services. For more information, visit www.rti.org.

RTI International is a trade name of Research Triangle Institute.

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Acknowledgements

The Adoption of Healthy Lifestyle Behaviors Research Study was conducted under the USAID-funded Georgia HIV Prevention Project (GHPP). The qualitative research conducted and this report are the culmination of contributions made by numerous individuals, organizations, and institutions, from inception and throughout the entire process of planning, fieldwork, data analysis, writing, and editing. Each of the contributions has been invaluable.

First of all, GHPP would like to acknowledge the financial support provided by the United States Agency for International Development (USAID), which allowed this qualitative study among most-at-risk youth to take place.

GHPP appreciates the highly professional work of the staff of the Ministry of Correction and Legal Assistance of Georgia (MCLA) Penitentiary Department, the Medical Department, and the National Probation Agency, who actively participated in the planning and implementation of field activities. GHPP also would like to thank interviewers from the Center for Information and Counseling on Reproductive Health—Tanadgoma," for their contribution in the process of conducting interviews.

Nahama Broner, Ph.D., RTI Senior Research Psychologist, contributed to the design of the study. Nino Kakubava, GHPP Information, Education, and Communication (IEC) and Youth Technical Expert, participated in planning logistics and obtaining Institutional Review Board (IRB) approval. Christopher Krebs, Ph.D., RTI Senior Research Social Scientist; Alison Mitchell LeFew, RTI Technical Program Manager; Tamar Sirbiladze, Chairwoman, Bemoni Public Union; Nino Tsereteli, Executive Director, Tanadgoma; Mzia Tabatadze, MD, MPH, GHPP Human Immunodeficiency Virus (HIV) Policy and Advocacy Expert; Tea Tsagareli, MD, GHPP HIV Prevention Expert; and Tamar Kasrashvili, MD, GHPP Monitoring and Evaluation (M&E) Specialist, reviewed drafts of the report and made worthy contributions to ensure that the report contents and interpretations are as accurate as possible.

When the time came for final editing and formatting of the report, Gail Hayes, Felice Sinno-Lai, and Ellen Lohr-Hinkel from RTI's publications team devoted considerable time and effort to finalize the document.

Prepared by:

Tamar Zurashvili, MD, MPH, Program Specialist, Georgia HIV Prevention Project

Mamuka Djibuti, MD, PhD, Chief of Party, Georgia HIV Prevention Project.

Table of Contents

Page

Acknowledgements i

Table of Contents ii

List of Figures iv

List of Acronyms v

1. Summary 1

2. Introduction 2
   - 2.1 Overview of Youth HIV/AIDS Situation in Georgia 2
   - 2.2 Aims 2

3. Methodology 4
   - 3.1 Conceptual Model 4
   - 3.2 Ethical Considerations 4
   - 3.3 Selection Criteria 5
   - 3.4 Data Collection 5
   - 3.5 Data Analysis 6

4. Results 7
   - 4.1 Description of Study Sample 7
   - 4.2 Access to Drugs and Alcohol 7
     - 4.2.1 Injection Drugs 7
     - 4.2.2 Oral Stimulants 8
     - 4.2.3 Marijuana 8
     - 4.2.4 Other Drugs 9
     - 4.2.5 Alcohol 9
   - 4.3 Drug and Alcohol Use Patterns and Influences 9
     - 4.3.1 Drug Use 10
     - 4.3.2 Initiation and Influence 10
     - 4.3.3 Settings and Injection Equipment 10
     - 4.3.4 Binge Drinking 11
   - 4.4 Drug Cessation History 12
   - 4.5 Sexual Behavior 12
     - 4.5.1 Stimulants and Subsequent Sexual Intercourse 13
     - 4.5.2 Alcohol and Subsequent Sexual Intercourse 14
   - 4.6 Access to Information 15
     - 4.6.1 Drug Use Risks 15
     - 4.6.2 HIV/AIDS and STIs 15
   - 4.7 Factors that Might Have Contributed to Starting Using Drugs or Binge Drinking 16

4.7.1 Drugs....16
4.7.2 Alcohol....17
4.8 Planning for Youth Programs/Interventions....17
4.8.1 What Should Be Done?....17
4.8.2 Most Trusted Person(s)....19
4.8.3 The Most Suitable Venue....20
4.8.4 Topics Covered on Education Sessions/Type of Activities....21

5. Discussion....21

6. Conclusions and Recommendations....22

Annex 1. Interview Guide....A1-1

Annex 2. Parental Permission Letter....A2-1

Annex 3. Youth Assent Form....A3-1

Annex 4. Assent Form for Youth for Audio-Recording Interview....A4-1

List of Figures

Figure 1. A conceptual model of the initiation of drug use and unsafe sex 4

List of Acronyms

AIDS	acquired immunodeficiency syndrome
ARF	Addiction Research Foundation
BSS	behavior surveillance survey
COR	Contracting Officer's Representative
CSW	commercial sex worker
GEL	Georgian Lari [local currency]
GHPP	Georgia HIV Prevention Project
HIV	human immunodeficiency virus
HLC	Healthy Lifestyle Curriculum
ID	identification
IDACIRC	Infectious Diseases, AIDS, and Clinical Immunology Research Center
IEC	Information, Education, and Communication
IRB	Institutional Review Board
M&E	monitoring and evaluation
MARA	most-at-risk adolescents
MCCU	Maternal and Child Care Union
MCLA	Ministry of Correction and Legal Assistance of Georgia
MD	Doctor of Medicine (from the Latin *Medicinae Doctor*)
MDMA	3,4-methylenedioxy-N-methylamphetamine (a drug more commonly known as ecstasy)
MLHSA	Ministry of Labor, Health, and Social Affairs of Georgia
MOES	Ministry of Education and Science
MOSYA	Ministry of Sport and Youth Affairs of Georgia
MOU	memorandum of understanding
MPH	Master of Public Health
NC	North Carolina
NGO	nongovernmental organization
PhD	Doctor of Philosophy
PI	Principal Investigator
PS	Program Specialist
RTI	Research Triangle Institute (RTI International)
STIs	sexually transmitted infections
TV	television
UNICEF	United Nations Children's Fund
USA	United States of America
USAID	United States Agency for International Development
USD	United States dollar

1. Summary

Background: Most-at-risk adolescents (MARA) are defined as adolescents whose behaviors put them at risk of contracting HIV. These behaviors include penetrative vaginal or anal sex without a condom and injecting drugs with non-sterile equipment that has been shared.[1] To inform epidemiological research and provide the information needed to develop targeted prevention interventions, GHPP conducted a qualitative study to investigate the initiation of injecting drug use and unsafe sex practices among male MARA in Georgia.

Methods: GHPP conducted qualitative in-depth interviews among most-at-risk male adolescents who were detained or were under probation in Georgia. Incarcerated youth were recruited from one detention facility located in Tbilisi, although detainees were residents of various regions of Georgia. Probationers were recruited from two cities: Tbilisi and Batumi. GHPP transcribed audio-recorded interviews and conducted contextual analysis.

Results: Thirty youth aged 14 to 17 participated in this study. The findings indicated that youth have easy access to certain injecting drugs, oral stimulants such as ecstasy, different non-prescribed drugs, and marijuana. The initiation of drug use among MARA is mostly due to the huge amount of leisure time that youth have; some other important factors include personal interest or curiosity and peer influences. Unsafe sex is common practice following heavy alcohol consumption or oral stimulant use and depends on the type of partner—condom use is apparently more common when having sex with a prostitute and less common when having sex with girlfriends or occasional partners. Youth have limited and inaccurate knowledge about the risks of drug use, unprotected sexual intercourse, and contracting the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and other sexually transmitted infections (STIs).

Conclusions: The GHPP study results suggest there are some social, environmental, and behavioral factors, such as easy access to certain drugs and alcohol, excessive amounts of free/leisure time, peer pressure/influences, lack of knowledge about the risks of drug use and unprotected sex that should be addressed in an effort to prevent HIV and improve existing HIV prevention efforts among at-risk youth. More specifically, it seems clear that at-risk adolescents might benefit from receiving various targeted, community-based, psychosocial, or recreational interventions that will increase awareness of various sources of behavioral health risk and encourage healthier lifestyle decisions.

[1] UNICEF, in collaboration with the Inter-Agency Task Team on HIV and Young People. September 2-4, 2009, Geneva. *Consultation on Strategic Information and HIV Prevention among Most-at-Risk Adolescents.*

2. Introduction

2.1 Overview of Youth HIV/AIDS Situation in Georgia

According to the Georgian Infectious Diseases, AIDS, and Clinical Immunology Research Center (IDACIRC), registered HIV cases among youth aged 15–24 are increasing: the HIV incidence rate among youth increased from 2.48 per 100,000 in 2008 to 5.77 per 100,000 in 2012.[2] Despite this reality, before 2011 no current, reliable data and information were available about the knowledge, attitudes, and behavior of secondary school pupils (15–17 years of age) and university students (18–24 years of age) in relation to HIV-associated drug and sexual risk behaviors. In 2011, within the framework of the Georgian HIV Prevention Project (GHPP), RTI International administered the Youth Behavioral Surveillance Survey (BSS)[3] among students at secondary schools and universities in Tbilisi in an attempt to fill this knowledge gap.

The survey revealed that only 0.2% of respondents 18–24 years of age had injected drugs in the past 12 months (injecting drug use was not assessed among adolescents 15–17 years of age). Among males 15–17 years of age, 2.0% of respondents had reported ecstasy use at least once in the past 12 months. In the same group, 14.9% of respondents reported having had at least one episode of heavy alcohol use (i.e., they reported being intoxicated) in the past month. The survey revealed a high prevalence of early sexual experiences among Georgian male respondents. Female students were far less likely to report having sexual intercourse, probably reflecting gender and social norms that place a high value on female virginity. Nearly half of all sexually active boys reported having had sex with female commercial sex workers (CSWs). Based on the BSS findings, a general youth community HIV-prevention intervention—the Healthy Lifestyle Curriculum (HLC) for schools—was developed and successfully implemented nationally.

The BSS did not, however, generate data and information about high-risk behavior and protective factors among the most-at-risk Georgian youth population—youth who abuse alcohol or drugs or who are involved in the justice system. The Adoption of Healthy Lifestyle Behaviors Research Study (also referred to as the MARA Study) discussed in this document builds upon the community-based BSS findings and general evidence-based prevention development efforts by providing the information needed to develop a more targeted prevention intervention for MARA, and particularly for those who would not have access to prevention interventions in the community or in school settings.

2.2 Aims

RTI GHPP collaborated with the MCLA to conduct the MARA study. MCLA has extensive experience conducting and participating in research studies; has been a

[2] Personal communication with National AIDS Center epidemiologist, August 2013.
[3] *HIV/AIDS Knowledge, Attitudes, and Practices among School Pupils and University Students in Tbilisi, Georgia, 2011*. Youth Behavioral Surveillance Survey, Georgia HIV Prevention Project.

strong coalition partner with the Ministry of Labor, Health, and Social Affairs (MLHSA); and a collaborator with RTI GHPP. MCLA and RTI signed a memorandum of understanding (MOU) in February 2013.

The primary aim of the MARA study was to identify factors associated with initiation of high-risk behaviors among male MARA who are detained or under probation in Georgia. This information will then be used to inform the development of a targeted prevention intervention to be implemented as a part of curriculum delivered to youth who are either under probation or incarcerated.

The rationale for using the prison and probation population for this study is that drug use is highly criminalized in Georgia; in addition, drug use is highly stigmatized, particularly among youth and their families. As a result, young drug users are a hidden population who are difficult to reach through community- or school-based survey methods. This population is believed to be at risk of contracting and transmitting HIV and other STIs, yet these youth may not have access to the healthy lifestyle messages being delivered in the community and in schools.

The study focused on male adolescents and their peers. The rationale for focusing on males is based on the findings from the Youth BSS, indicating that risk behaviors such as injecting drug use and heavy drinking were more prevalent among males, and based on a review of probation and detention cases in Georgia, indicating that very few adolescent females are on probation or incarcerated.[4]

The second major aim of this study was to conduct formative research that would inform the development of a targeted intervention for MARA that employs psychosocial approaches, which have proven to be the most promising of the substance-use prevention models to date.[5] Guided by the results of this formative research, this intervention will be designed to teach youth how to counter or resist negative peer influences. One way of doing this would be through normative education that seeks to undermine popular beliefs that drug use and heavy drinking are prevalent, acceptable, and not risky. Highlighting antidrug social norms and attempting to form non-use norms are also potential components; and resistance skills, such as decision-making, problem-solving, goal-setting, and assertiveness, would also be addressed and developed. These programs are usually taught through interactive delivery modes such as small-group discussions, role playing, and demonstrations. In a meta-analysis of relevant studies, it was found that programs using such interactive group processes were more effective than those employing a didactic presentation style.[6] The formative research of this study also assessed who are the most-trusted persons (e.g., teachers, peer leaders, social workers), who should lead this education and skill-building effort, as well as what is the most relevant or suitable venue for delivering this intervention (e.g., school, probation office, youth clubs).

---

[4] By February 2013, there were only 22 females 14–17 years of age under probation (out of a total of 501), and no females detained (total number of detainees is 49, all males).

[5] Paglia, A. and Room, R. (1998). *Preventing Substance Use Problems among Youth: A Literature Review & Recommendations.* Addiction Research Foundation Division Centre for Addiction and Mental Health, ARF Research Document No. 142, May 1998.

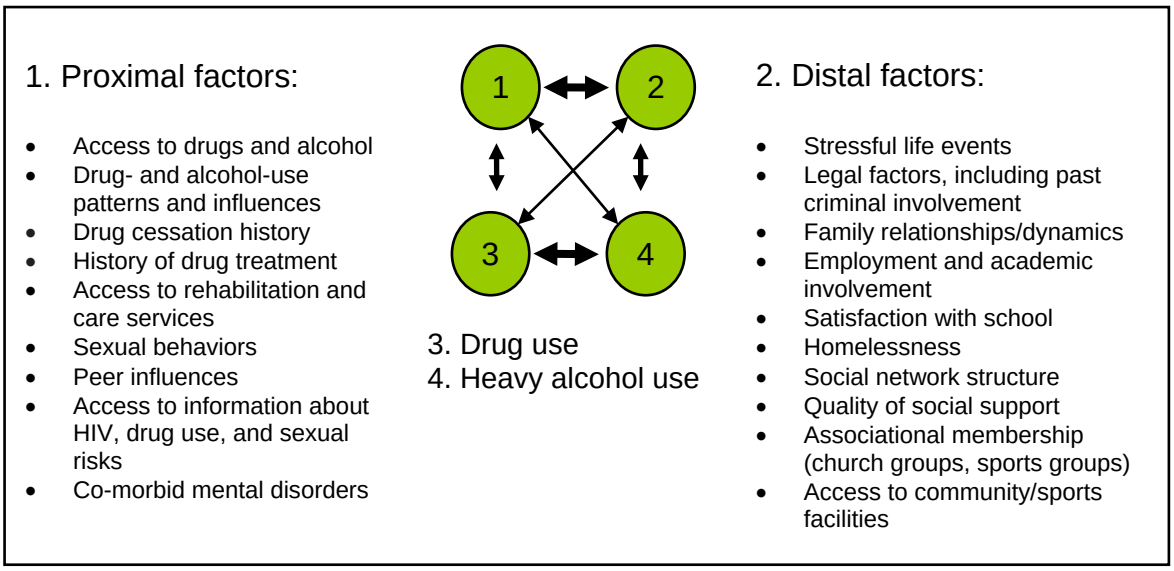
[6] Tobler, N. S. and Stratton, H. H. (1997). Effectiveness of school-based drug prevention programs: A meta-analysis of the research. *The Journal of Primary Prevention, 18*, 71–128.

3. Methodology

3.1 Conceptual Model

The MARA study used a conceptual model that was developed and based on the results of a thorough analysis of previous research conducted in this area.[7,8,9,10] According to the model, the onset of drug use in youth results from a sequence of complex, multifactorial interactions of both protective and risk factors that commonly present during the period of transition from childhood to adolescence. This model requires data from young individuals on several modifiable environmental risk factors, as well as protective factors that occur on distal or proximal levels (see Figure 1).

Figure 1. A conceptual model of the initiation of drug use and unsafe sex



3.2 Ethical Considerations

Appropriate ethical considerations were adopted in conducting the research. Prior to implementing the study, IRB approval was sought first from the RTI IRB and then from the Georgian nongovernmental organization (NGO) Maternal and Child Care Union (MCCU) IRB. Only after IRB approval was obtained from both IRBs did RTI GHPP and MCLA jointly implement the study.

[7] Sherman, S. G. et al. (2008). Initiation of methamphetamine use among young Thai drug users: A qualitative study. *Journal of Adolescent Health, 42*, 36–42.
[8] UNICEF. (2008). *Most-at-risk Adolescents: The Evidence Base for Strengthening the HIV Response in Ukraine*.
[9] Ellickson, P. et al. (1999). Identifying adolescents at risk for hard drug use: Racial/ethnic variations. *Journal of Adolescent Health 25*, 382–395.
[10] Miller, C. L. et al. (2006). Factors associated with early adolescent initiation into injection drug use: Implications for intervention programs. *Journal of Adolescent Health, 38*, 462–464.

3.3 Selection Criteria

The selection criteria included the following:

- 14–17 years of age;
- Male;
- Informed consent signed by parent/guardians; and
- Assent forms obtained from participants.

Exclusion criteria included the following:

- Refusal of permission for youth participation by parent/guardian;
- Refusal of assent by youth participant;
- Below age 14 and above age 17;
- Not justice-involved;
- Female; or
- History of any major mental disorder/illness (because detainees and probationers usually undergo a medical examination and are referred to a special closed psychiatric hospital if a major mental disorder is diagnosed).

MCLA provided the list of probationers and the list of detainees. By February 2013, there were 126 male adolescents who were 14–17 years old and on probation in Tbilisi and Batumi,[11] and 49 male adolescents in a juvenile detention facility[12] who met the aforementioned selection criteria, overall comprising the sampling frame for this study.

3.4 Data Collection

If the youth met study inclusion criteria, MCLA Medical Department Staff sent the Parental Permission Form to the parent/guardian via mail. If written parent/guardian consent was received by mail, the youth was approached face-to-face by an MCLA Medical Department representative and asked if he would be interested in participating in the study. In the case of probationers, the face-to-face meeting with adolescents was held in the probation office and coincided with their weekly appointment with their probation officer. For the detainees, a face-to-face meeting was held in the detention facility, taking into account the youth's activity schedule. If assented (and parent/guardian consented), MCLA arranged an appointment for an in-depth interview with the RTI GHPP interviewer in a private room in the prison facility or in the probation office.

Interviews were conducted in the Georgian language by two experienced interviewers: one from the RTI GHPP partner organization, Tanadgoma, and one RTI GHPP Program Specialist (PS). The interview was conducted only one time with each respondent and lasted approximately 90 minutes. No incentives were provided to study respondents. Prior to commencing the interview, the interviewer reviewed the

[11] These two cities were selected based on HIV epidemiological data as well as budgetary limitations of the study.
[12] The juvenile detention facility is located in Tbilisi, although detainees are from all over the country.

previously completed assent form and administered an audio recording assent request to the interviewee (in those instances where the parent/guardian had provided previous written consent for audio recording). If a youth preferred not to be recorded for the interview, then interviewers made it clear that the youth could still participate in the interview/study and that the interviewers would take detailed notes instead.

In an effort both to minimize the study risk for youth and to make the information more appropriate for generalization, youth were asked to describe their friends'/peers' experiences with risky and healthy behaviors rather than to describe their own behavior, without revealing names or other identifying information. RTI GHPP interviewers assigned each study participant a number; the study roster of the eligible assented respondents and identification (ID) numbers were kept at the RTI GHPP office in a locked file cabinet accessible only to the RTI/GHPP Principal Investigator (PI). The digital audio recordings were uploaded at the end of the day, transcribed, and stored by the PS in the password-protected RTI computer at the RTI GHPP Tbilisi office. After being stored securely, the audio recordings were deleted from the recorder.

Data were collected using open-ended questions and probing, addressing a variety of proximal and distal factors. General information was collected about the youth's family, school/work, and hobbies, along with his opinions about the best venue and most trusted persons for delivering healthy lifestyle messages. Additionally, information on risk and protective factors were collected about the youth's peer group, including access to drugs and alcohol, drug- and alcohol-use patterns and influences, stressful life events, family relationships/dynamics, friends, employment, academic involvement, and past treatment and prevention experiences.

3.5 Data Analysis

The RTI GHPP PS and PI performed qualitative data analysis. Only six respondents agreed to have their interviews audio recorded. The digital recordings and notes of each interview were transcribed by the PS and then coded, using a predefined structure that was developed using the survey instrument. The data were indexed by descriptive codes, including access to drugs and alcohol; drug- and alcohol-use patterns and influences; sexual behavior (including two sub-codes: (i) stimulants and subsequent sexual intercourse and (ii) alcohol and subsequent sexual intercourse); access to information about HIV, drug use, and sexual risks; factors that might have contributed to starting using drugs or binge drinking; drug cessation/drug treatment history; and planning for youth programs/interventions (including sub-codes: (i) what should be done, (ii) the most trusted person(s), (iii) the most suitable venue and topics/activities for educational sessions). By using predefined codes, information was organized according to the applied conceptual model; transcripts were translated into English and followed by contextual analysis, presented below.

4. Results

4.1 Description of Study Sample

At the time of the study, there were 49 males in the MCLA detention facility (there is only one juvenile detention facility located in Tbilisi, with detainees coming from all over the country), 113 males on probation in Tbilisi, and 13 males on probation in Batumi. A total of 109 Parental Permission Forms were sent to potentially eligible respondents' parents. Twenty-four families could not be reached for a variety of reasons (parents not being in the city at the time of the study, address change, or refusal to answer an MCLA Medical Department representative's phone calls) or were not pursued because the youths were released from detention or probation during the study period. Out of the 85 families reached, the response rate among parents was 42% (36 parents consented). Four adolescents of consented parents were released before conducting the interview. Out of the remaining 32 consented cases, two eligible adolescents refused to participate in the study.

Between February and June 2013, 30 in-depth interviews (15 with youth from the detention facility and 15 with youth who were on probation) were conducted among most-at-risk male adolescents who were detained or were on probation in Georgia. All respondents were between 14 and 17 years of age. Adolescents from the detention facility were from different regions of Georgia. By the interview date, 12 respondents had a 9th grade education, one respondent had a 6th grade education, and all remaining 17 participants studied in civil and penitentiary public schools in grades 9–12 (the youth school education programs in the civil and penitentiary sectors are similar). All probationers and detainees lived with their parents and siblings prior to being incarcerated or being placed on probation. More than half of the probationers and detainees reported living with both parents.

4.2 Access to Drugs and Alcohol

Access to drugs often depends on the type and price of the drug. One-third of the respondents gave no information about drugs because they did not know anyone in their surroundings who uses or has any connection with drugs. The remaining two-thirds of the respondents gave information about marijuana; most of them talked about different psychotropic and painkiller drugs, and a relatively small number of respondents provided information about injection drugs and oral stimulants. Almost all interviewees spoke openly about the availability of alcohol. Respondents' answers are presented, by substance, below.

4.2.1 Injection Drugs

Respondents were asked the following questions: Would it be easy for your friends/peers to get drugs in your area/community if they wanted to? Probing was done on the type of drug, price, and the place/setting where one can get it. According to the information provided by respondents, the injection drug called "Crocodile" (a homemade opioid that includes desomorphine) is the most popular and easy to access injection drug, and the price is relatively low. Adolescents get the main ingredient

needed to prepare the drug (codeine) by purchasing medicines from drugstores/pharmacies or drug dealers. All of the additional materials can be bought in grocery stores and/or at convenience stores at gasoline stations; they cost approximately 30–40 GEL[13] to prepare enough doses for five people. Access to other injection drugs, such as heroin and opium, is physically and financially more limited for teenagers. Homemade stimulants (amphetamine/ methamphetamine, with the street name "vint," or methcathinone, with the street name "jeff") are also less accessible due to higher prices.

"They're [illicit drugs] easily accessible for many… for many, it's hard to… It depends, if one has a friend who can easily obtain it… 'Crocodile' can be easily obtained… you can buy everything you need: Codesan (is sold in pharmacies), petrol, krot,[14] iodine, etc… 'Jeff' and 'vint' are more expensive… Heroin and opium is very hard to obtain and they are too expensive… Everything you need to prepare 'Crocodile' can be bought in pharmacies, gas stations, and grocery stores… you need 27 GEL to prepare it… the 'codesan' needed for the crocodile costs 18 GEL…"

15-YEAR-OLD DETAINEE

"Injection drugs can be obtained from drug dealers … also from the one who boils it (usually he is a user, too) and knows what is needed… he will write down everything you need (codesan, petrol, krot, etc.)… you can buy codesan in pharmacies… can be sold to my age guy… it depends on your appearance… it costs about 30–40 GEL to prepare a five-man dose…"

16-YEAR-OLD DETAINEE

4.2.2 Oral Stimulants

The most accessible illegal oral stimulant drug for youth is ecstasy,[15] and it is typically bought in clubs.

"Ecstasy is usually bought in night clubs, if they don't sell it directly to my age guy, you can ask someone older and he can do it for you…"

17-YEAR-OLD DETAINEE

"Ecstasy is popular… 50 GEL worth a tablet… many teenagers work and earn money for it…"

16-YEAR-OLD PROBATIONER

"It is possible to obtain ecstasy, too…if you know any drug dealer…"

16-YEAR-OLD PROBATIONER

4.2.3 Marijuana

The most accessible and popular drug for this age group is marijuana. Usually adolescents grow it themselves or obtain it from each other, and they do not need any money to get it.

"Marijuana… they grow it in villages… basically someone gives it to you as a gift… nobody buys it…"

16-YEAR-OLD DETAINEE

---

[13] Georgian Lari; 1 GEL is equivalent to 1.65 USD.
[14] Pipe cleaner chemical solution sold at grocery stores.
[15] MDMA—3,4-methylenedioxy-*N*-methylamphetamine.

"Marijuana can be obtained very easily… there is marijuana everywhere you go… me and my friends also have planted it…"

17-YEAR-OLD DETAINEE

4.2.4 Other Drugs

It is easy for youth to obtain different psychotropic and painkiller drugs, such as Trigan-D (contains dicyclomine hydrochloride), Lyrica (pregabalin), Andante (zaleplon), Maggituse (contains dextromethorphan and chlorpheniramine), Somnol (zopiclone), Dimedrol (diphenhydramine), Gabagamma (gabapentin), Grimodin (gabapentin), and Baclosan (baclofen). Youth buy these drugs in pharmacies without any prescription, and they are well aware of the prices that are quite low.

"You can easily buy in pharmacies: Somnol, Grimodin, Baclosan, Andante… I have tried it too… but you cannot eat or drink after…you have a bad taste in the mouth… some of them you can buy from drug dealers… some in pharmacies…they are quit cheap, for example Somnol costs 0.3 GEL 1 tablet, Grimodin – 0.5 GEL 1 tablet,…"

16-YEAR-OLD DETAINEE

"It is easy to obtain tablets, you can buy them in pharmacies: Lyrica, Somnol, Gabagamma… some are dependent on these tablets, mainly on Lyrica… I know at least 100 persons who are dependent on Lyrica…"

17-YEAR-OLD PROBATIONER

4.2.5 Alcohol

Respondents were asked the following questions: Would it be easy for your friends/peers to get alcohol in your area/community if they wanted to? Probing was done on the type of alcohol, price, and the place/setting where one can get it. The most popular alcohol beverages for adolescents are beer and vodka. As for access to alcohol, all respondents reported that teenagers can easily buy any type of alcoholic beverage in the stores if they have enough money for it. In addition, there are many instances in which adolescents get alcohol from home, with or without parental consent.

"Obtain alcohol?... Oh, it's very easy, enter any store and buy it, anyone of my age can do it, if he has money… some may have wine at home and get from there… or you can steal it from someone's home…"

17-YEAR-OLD DETAINEE

"No problem to obtain it… any type of alcohol… you can buy it in any store… if you have problem, you can say that someone sent you for it and they will sell it to you… mainly you may not obtain it because of money… beer is the most affordable…"

16-YEAR-OLD DETAINEE

4.3 Drug and Alcohol Use Patterns and Influences

The respondents were asked to talk about the most commonly used drugs among their friends/peers, what influenced them to make the decision to use drugs and alcohol, what were the settings and equipment for drug use, and also to discuss some episodes of binge drinking.

4.3.1 Drug Use

The most commonly used drug among 14- to17-year-old adolescents is marijuana. Some sedative-hypnotic (Andante, Somnol), antiepileptic (Lyrica, Gabagamma, Grimodin), antihistamine (Dimedrol), analgesic (Trigan-D), and centrally acting myorelaxant (Baclosan) drugs are also widely used because they are affordable and readily available. Approximately one-third of the respondents state that the homemade injection drug called Crocodile (desomorphine) is very popular; however, most of them have only heard about it being used. There were only three respondents who have witnessed injection drug use.

"Crocodile" is the most popular…, I know at least 50 persons of my age who inject it…"

16-YEAR-OLD DETAINEE

"Crocodile is the most popular from among injection drugs; then come vint and jeff… yes, I've seen injecting… they inject at least 5 times in a week…"

16-YEAR-OLD DETAINEE

4.3.2 Initiation and Influence

Respondents reported that the main reasons for initiation of injection drug use is personal interest and peer influence.

"The influence comes from some people… they say it's cool…I've heard it before, but didn't pay attention… I just watched them enjoying… then you inject…you like it and want more… nobody influences you… you just watch and see it's cool and you want to do it too…"

15-YEAR-OLD DETAINEE

"They inject because of interest… you are a bit afraid in the beginning, but you watch and see it's cool and you want to do it, too… you have interest and that's why you do it…"

16-YEAR-OLD DETAINEE

"They inject because of pleasure ... a friend may advise that it's cool…but mainly they see it themselves and then want to do it…"

16-YEAR-OLD DETAINEE

4.3.3 Settings and Injection Equipment

The settings for injecting drugs are homes, cars, house entrances, and remote places. Youth use coffee making equipment, small glass bottles (which they often share without acknowledging the risk of sharing paraphernalia), or similar items for drug preparation. Only one respondent talked about needle sharing practices.

"We boil it in coffee makers… and then inject with insulin syringe [which is very thin]… you may inject it on the hand… on the leg… near the neck… so that nobody notices… we share needles… because there is not usually enough money for it…"

15-YEAR-OLD DETAINEE

"Any place can be suitable for injecting… at home, in the car, house entrances, restaurant toilets… they boil it in small glass bottles on the heater or anything they

have at the moment… everyone takes their dose from that bottle… I have never seen or heard about needle sharing practice… an insulin syringe is very cheap…"

16-YEAR-OLD DETAINEE

"I've seen injecting once… one boy had some powder in the capsule, he mixed it with the special water bought in the pharmacy in the bottle cap and heated it with the lighter, then took it with the syringe and only he injected… I haven't seen needle sharing, but have heard of it…"

15-YEAR-OLD DETAINEE

4.3.4 Binge Drinking

Binge drinking[16] often begins at 8 to12 years of age and occurs in the context of some sort of celebration or party at someone's home, although in some cases it happens without a reason and adolescents consume alcohol simply to pass the time. Respondents discussed when and how they drank and mentioned some of the negative outcomes they experienced.

"Yeah… from 10 people at least one got very drunk… once I was at my friend's birthday party… my friend got too drunk… he drank, drank, and then understood it was too much… sometimes we plan ahead when we want to drink… but there've been cases when we just gathered and decided to drink just for no reason… we plan mainly when it's someone's birthday or celebrate something…"

17-YEAR-OLD PROBATIONER

"I've seen binge drinking many times…it was my friend's birthday party where I drank alcohol for the first time… I drank 7 cups of wine and then wished happy new year instead of happy birthday to my friend…I felt horrible…I had nausea…I thought I would never drink in my life, but… nobody influences when drinking… you make this decision yourself…"

16-YEAR-OLD DETAINEE

"Yeah… it was the fortieth day from my grandmothers' death... we had guests… I was about 7-8 years old, I drank a lot of wine, I had nausea, I couldn't stay calm at one place, I was drowsy, and at last I fall asleep… I made this decision myself… I watched adults drinking and wanted too, so I sat with them and drank… I haven't got drunk for a long time after…"

16-YEAR-OLD DETAINEE

"I was 8-9 years old when I drank for the first time, it was a New Year party, me and my friends jointly made the decision to drink… we sat outside in the yard and drank vodka, wine, beer… everybody drank what they wanted… we drank till we lost consciousness and then went to sleep…"

16-YEAR-OLD PROBATIONER

"I was about 11-12 years old… me and my friends skipped classes at school one day and went to my friend's home… his grandmother had recently died and he asked to say few toasts… and we got very drunk with wine… I was drinking straight from the huge bottle… I felt terrible; I had nausea and couldn't fall asleep…"

16-YEAR-OLD DETAINEE

[16] Excessive amounts of alcohol consumption at one time, which were followed by intoxication, and resulted in dizziness, a drunken stagger, or such strong intoxication that there is memory loss after drinking.

4.4 Drug Cessation History

The 20 respondents who provided information about drugs were asked the following questions: Have any of your friends/peers ever tried to stop using drugs? Was this attempt successful or not? What contributed to the success or what were the obstacles? More than half of the respondents provided information about drug cessation/drug treatment history.

Those who had heard of friends/peers trying to stop using drugs or participating in drug treatment stated that drug cessation depended on the youth himself and his willpower. They noted that help and support from close friends is also very important. Some said that cessation can occur when a person gets into certain situations, like being incarcerated in a detention facility, because they can no longer use drugs. Again, respondents indicated that lack of support or peer pressure from friends and surroundings can be obstacles for cessation.

"One guy was saying when I was in jail that he injected before and now that he was there he couldn't do it any more… and he felt quite well…"

16-YEAR-OLD PROBATIONER

"Yeah, I've heard about one guy who stopped using… advice from friends contributed to this process, but his willingness was the most important…"

15-YEAR-OLD DETAINEE

"Yeah, I've heard about quitting attempts… he vowed at the beginning that he would never do it again, but he injected after 3 months… friends were the main reason for it – 'Come on, try once more…'- they told him. … then he got in jail… he is still detained and doesn't inject any more…"

16-YEAR-OLD DETAINEE

"Yeah, I've heard about quitting attempts… he injected, smoked marijuana and drank a lot… then his family and close friends gave support… it worked so well altogether that he even doesn't smoke cigarettes now…"

16-YEAR-OLD DETAINEE

4.5 Sexual Behavior

Almost all respondents gave information about sexual behavior in general. The vast majority of respondents indicated that youth mainly use CSWs' services. In such cases, the settings are saunas or hotels, and they always have protected sexual intercourse. Using prostitutes' services is more prevalent during the first sexual experience. Youth also have frequent sexual intercourse with girlfriends and occasional partners at home, in hotels, in cars, etc., and condom use is not consistent in those instances. According to the information given by the study respondents, the main reasons cited for not using condoms were that sex is less pleasurable with condoms or not having a condom available at the time of intercourse. Most respondents said that condom use is less prevalent during the later stage of sexual contacts; however, there were four respondents who stated that condom use is less prevalent during early stage sexual encounters because those with limited sexual experience have less knowledge and awareness of the risks of unprotected sex.

"We have sex with prostitutes and with girlfriends, too… we always use condoms with prostitutes… with girlfriends – sometimes yes, sometimes no… my age guys often have sex without condom…"

17-YEAR-OLD DETAINEE

"Unprotected sexual intercourse happens mainly later not during the first sex…they go to saunas, or at home… in most cases they go to prostitutes… also have sex with girlfriends… they mostly have protected intercourse with prostitutes… I know one guy who didn't use condom because he didn't have it at the moment and had no chance to buy it… but the main reason for not using condom is pleasure…"

17-YEAR-OLD DETAINEE

"More often unprotected sexual intercourse happens later [he means not during the first time they have sex]… we go to saunas when having sex with prostitutes… if you have a girl who wants to have sex with you, it may happen anywhere, in the park, at home, in the car… as usual they go to prostitutes… I haven't heard of someone having unprotected intercourse, but once it happened to me… I didn't use condom intentionally and pleasure is the only reason for it…"

16-YEAR-OLD DETAINEE

"They mostly use condom from the beginning of sexual life… you may go anywhere, to the saunas, hotels, at home… in most cases they go to prostitutes… sometimes have sex with girlfriends… we may give advice to each other about condom use, but sometimes they may not use because they don't think something can happen to them… also, because of pleasure…"

16-YEAR-OLD PROBATIONER

"There is unprotected sexual intercourse at the beginning of sexual life as well as later on – 50/50… they have sex with girlfriends on excursions, banquets, where they get together… if it is with prostitutes, they may go to the saunas, hotels, at home, on the beach… they have sex with girlfriends more often… there's influence from peers mainly on condom use, we advise to use it for each other to avoid pregnancy… I've heard of others having unprotected sexual intercourse… once it happened to my friend, he had sex with some girl in the car… he didn't want to use condom…do not have any pleasure…"

16-YEAR-OLD DETAINEE

"They may not use condoms mostly at the beginning of sexual life … how they would know if you don't teach them at the beginning…"

17-YEAR-OLD PROBATIONER

"They use condoms mostly later [he means not during the first time they have sex]… they haven't heard and don't know about it at the beginning, and they learn more and more later…"

16-YEAR-OLD PROBATIONER

4.5.1 Stimulants and Subsequent Sexual Intercourse

Only four respondents talked about stimulant use and having subsequent sexual intercourse. The stimulant was ecstasy in all of these cases, and condom use was rare during these encounters. Condom use is apparently more common when having sex with a prostitute and less common when having sex with girlfriends or occasional partners.

"Yeah… they have sex after using stimulants… mostly without condoms… they say condom is not good… because of pleasure…"

15-YEAR-OLD DETAINEE

"Yeah, in most cases they have sex after using ecstasy… they use condoms about 50/50… they don't use it because of pleasure…"

16-YEAR-OLD DETAINEE

"Yeah, there is sexual intercourse after using stimulants… condom use depends on who will be the partner… they rarely use it with girlfriends and more often with prostitutes…they don't use because of pleasure…"

16-YEAR-OLD DETAINEE

" Yeah, they have sexual intercourse after using stimulants… it may happen right in the club… there was one case, my friend accidentally met some girl in the club, danced with her and then took her to the beach… he didn't have a condom at that moment and what else could he do… he didn't use…"

16-YEAR-OLD PROBATIONER

4.5.2 Alcohol and Subsequent Sexual Intercourse

The vast majority of respondents stated that youth have sexual intercourse after binge drinking. Adolescents primarily use sex workers' services at the saunas, and they rarely have sex with girlfriends and occasional partners while drunk. Respondents indicated that adolescents under the influence of alcohol may have impaired judgment and either refuse or forget to use a condom. In these circumstances, whether a condom is used may depend on the partner. A prostitute will always offer adolescents condoms to use and will refuse to have unprotected intercourse; however, for intercourse between regular or occasional partners, the decision to use a condom often depends on the female partner. In addition, friends and peers have varying degrees of influence on each other concerning condom use and partner selection.

"Yeah, they have sex after drinking… I know one case like that…yeah, he used a condom… prostitutes won't have sex with you without it… if the youth forgets, she will remind him about it anyway… adolescents don't take condoms with them… prostitutes always have them…"

15-YEAR-OLD PROBATIONER

"Yeah, there've been cases of having sex after drinking… we mostly use condoms… the woman controls better at that moment, a boy cannot control while drunk… those women have condoms as a rule…"

17-YEAR-OLD PROBATIONER

"It's easier to attract woman while drunk… prostitutes give condoms to you themselves… other girls don't care and we don't care, either…"

17-YEAR-OLD DETAINEE

"Yeah, there is sexual intercourse after drinking… sometimes they use condoms, sometimes not… they don't use mainly because of pleasure… there is peer influence about condom use and partner selection, but mainly in the manner of advice… some may advise to use condoms… or vice versa…"

15-YEAR-OLD DETAINEE

4.6 Access to Information

4.6.1 Drug Use Risks

Youth have very limited, or, in some cases, false information about the potential risks of drug use. They obtain information mainly from the Internet, television, or friends, and rarely from parents. Only one respondent stated that he had information about drugs from a school-based education activity.

"I've heard one may die from drug use… it would be allowed everywhere if it's good… information about such things isn't accessible…"

16-YEAR-OLD PROBATIONER

"They say injecting is a slow death… I get information from television, Internet, parents… My father often gives me advice"

16-YEAR-OLD DETAINEE

"The information about the 'Crocodile' is false… it doesn't harm… I know one man who has been injecting 'Crocodile' for 50 years and he's fine…"

15-YEAR-OLD DETAINEE

"The risks are: death, body gets rotten and corrupted, one may develop mental retardation, strength reduction. I have this information from my older friends…"

16-YEAR-OLD DETAINEE

"I know about the risks – that it's very dangerous, it corrupts the body and brain cells get smaller… sometimes we have access to the information…"

16-YEAR-OLD DETAINEE

"I've heard about the risks that they cannot move properly, or may develop paralysis and the skin gets rotten… You can get such information from peers here – in the jail, but I have no idea how it happens outside…"

17-YEAR-OLD DETAINEE

"There can be many risks - you may develop AIDS, tics… Once they took us from school to the police department to see a film about drugs… I also have information from TV and older friends…"

16-YEAR-OLD PROBATIONER

4.6.2 HIV/AIDS and STIs

Knowledge about STIs was limited among the youth surveyed. The majority of the respondents stated that they have heard about AIDS and gonorrhea, but most only knew the names of the diseases and not how to prevent transmission.

Adolescents primarily get their information from the Internet, television, peers, and occasionally from family members. Only two respondents indicated that they have obtained such information from biology classes at school. Respondents indicated that there is information accessible, but youth do not have much interest in health education topics.

"I've heard about AIDS and clap [gonorrhea]… I know just the names… I don't know where my age guys get information from…"

16-YEAR-OLD DETAINEE

"I've heard of AIDS and clap… I have this information from the computer… you can get any information from the Internet…"

17-YEAR-OLD DETAINEE

"I know about AIDS… somebody told me… we have access to the Internet to get information, but we aren't interested in such topics…"

16-YEAR-OLD PROBATIONER

"I've heard about AIDS, also clap… nothing else… I think I have this information from friends… Once the training was held in our school about these issues, we had lunch also… You may obtain information from older friends, too… they know more…"

15-YEAR-OLD DETAINEE

"I've heard about STIs from people and also from the teacher during biology classes…"

17-YEAR-OLD DETAINEE

4.7 Factors that Might Have Contributed to Starting Using Drugs or Binge Drinking

4.7.1 Drugs

According to the responses recorded, the factors that contribute to the initiation of drug use include availability of free/leisure time, peer pressure, and curiosity and interest in forbidden substances. Some do it to be popular among peers, others to relieve stress or as a way to deal with family problems. None of the respondents reported reasons for risk behavior initiation to be lack of satisfaction with school, homelessness, poor social network structure, or lack of social support. Two respondents declined to answer the question about factors associated with starting to use drugs.

"They do it only for pleasure… when you watch others enjoying, you want to do it too and you do inject… then you like it and want more…"

15-YEAR-OLD DETAINEE

"As far as I know, they do it because they like it, feel cool, mostly for fun…"

16-YEAR-OLD DETAINEE

"It is like a forbidden fruit when it concerns drugs… you get interested in it because it's forbidden, you want to know what it is that they say mustn't be done… I know one boy who studied well and then wanted to be a cool guy and started using drugs…"

16-YEAR-OLD DETAINEE

"They do it for fun at the beginning and later cannot stop using them… I know one guy who started using drugs because of problems in his family, his brother was detained…"

16-YEAR-OLD PROBATIONER

"The reason is boredom… or someone made him try… someone who is older and a user…"

16-YEAR-OLD PROBATIONER

"They do it because of curiosity, they have interest… or a friend who injects may say: 'come on and try it'… And after they try, they may like it and want to do it again…"

17-YEAR-OLD PROBATIONER

4.7.2 Alcohol

Unlike drug use, alcohol consumption is mostly associated with trying to have fun and with teenagers drinking on holidays. Binge drinking may also be associated with personal problems, usually with peers or family members.

"Drinking is related to entertainment!..."

16-YEAR-OLD DETAINEE

"The reason for drinking is tradition, anniversaries, fun…"

16-YEAR-OLD DETAINEE

"All the cases I know, they like it and drink, to be cool, the purpose is entertainment…"

16-YEAR-OLD DETAINEE

"It may be related to enjoying time with friends and later they get used to it… I've also heard that reasons may be a stressful life, when you have problems in your family, when you are not loved, when a parent beats you… what will you do?... "

17-YEAR-OLD PROBATIONER

"As far as I know, drinking can be related to the situation when someone is angry with his friend or girlfriend, or just wished to be in a good mood… for entertainment… I haven't heard of other reasons…"

16-YEAR-OLD DETAINEE

4.8 Planning for Youth Programs/Interventions

Respondents were asked questions related to the development of a useful and targeted youth intervention, such as: what should be done to encourage youth to resist the initiation of alcohol and drug use; who do they perceive as a trusted person who should work with youth on such issues; what might be the most suitable venue for conducting various programs/interventions; and what topics would they like to discuss at such events? Almost all respondents expressed their opinions on these questions.

4.8.1 What Should Be Done?

The majority of respondents believe it is important to combat the initiation of drug and alcohol use among youth. They said that the primary reason for starting to abuse drugs and alcohol is boredom, and therefore respondents proposed promotion of youth engagement in various sports activities, increased access to sports centers, or increased employment opportunities that match their interests.

"You should offer employment or entertainment, not to stay outside doing nothing… we drink because we have nothing to do… if we were busy we would only drink on holidays…"

17-YEAR-OLD PROBATIONER

"First of all, football [soccer] should get better… I don't want to say anything bad, but there's a great corruption… I know many adolescents who went to football and then quit, because they didn't have any connections or patron, you will not have any success... Overall sport should get better – basketball, football [soccer], rugby, wrestling… there should be more sport centers, so that guys my age have a desire to do something…"

17-YEAR-OLD PROBATIONER

"They should be involved in sports or learning if you want to achieve something… sport is better, because you can't use drugs or alcohol in that case… there should be some sport circles in the villages… it's better if it's football [soccer]… some like wrestling, some boxing… only football [soccer] is available in the villages…"

16-YEAR-OLD DETAINEE

"Everyone has their preferences and they should be involved in different activities accordingly… it can be sport, art… anything… just to focus on anything else, but drugs…not to think about such things…"

16-YEAR-OLD DETAINEE

"They consume drugs and alcohol, because they are bored… you should approach each of them according to their interests… you should offer employment considering their professional preferences, they can work with some professionals, learn and work at the same time, for instance someone is interested in car repairing and doesn't want to study math at all, and thinks that he's wasting time…"

16-YEAR-OLD PROBATIONER

In addition to increasing access to sports, the respondents expressed a desire to participate in various recreational activities, such as hiking, camping, fishing, and other activities. They think that educational sessions on healthy lifestyle issues could be included in the above-mentioned activities, dependent upon specific interests. One respondent stated that adolescents should be divided and assigned into separate groups so they are exposed to new and different surroundings, away from their usual environment.

"…he should be away from his former surrounding… guys from one surrounding should be split into different places, so that they aren't together anymore and after some time they might quit…"

17-YEAR-OLD PROBATIONER

However, several respondents indicated that activities like hiking or camping can be more pleasant when smoking or drinking and that encouraging these activities may thus not reduce or discourage drug or alcohol use.

"It's cool to smoke and drink while hiking… the same is for camps—if they want to smoke, they will do it there, too…"

16-YEAR-OLD DETAINEE

Some respondents indicated that youth who have bad habits should consider joining a monastery.

"First of all you should take them to the monastery – I also plan to go there after release… you can quit in the monastery, and you should be away from the surrounding where they use drugs, so that you don't watch it anymore and just quit…"

17-YEAR-OLD DETAINEE

Several respondents also stated that penalties for drug use should be increased and that there should be some legal changes concerning the sale of alcohol and drugs.

"There should be some hard punishment for drug use… Now you go to jail for it, but it should be harder… so that everybody's frightened from the beginning…"

16-YEAR-OLD PROBATIONER

"There should be regulations for drug use… it should be harder than it is… so that guys my age wouldn't even think about it… as for the alcohol – they will consume anyway…the only thing that can be done is to ban selling it to adolescents under 18…"

17-YEAR-OLD PROBATIONER

"It should be banned to sell such thing in the pharmacies… they should be prescribed… there should be a policeman in the drug store…"

16-YEAR-OLD PROBATIONER

The vast majority of respondents indicated that the timely initiation of educational programs is important and expressed their willingness to engage in such programs.

"Training and preaching are most important…"

16-YEAR-OLD PROBATIONER

"Educational sessions are acceptable for me… I don't use drugs and it's good if I know more about them…"

16-YEAR-OLD PROBATIONER

"You should learn such things from kindergarten on, so as to avoid such mistakes at 10 to 15 years of age…"

16-YEAR-OLD DETAINEE

4.8.2 Most Trusted Person(s)

Respondents provided a variety of answers to the question about the most trusted person(s) to conduct educational sessions on healthy lifestyle issues. The ideas about a trainer's gender varied; some prefer males, some prefer females, and for some it does not matter. The majority of youth prefer someone who is young. There are also different opinions about celebrities. Some prefer that celebrities conduct training sessions and indicated willingness to listen to a famous sports figure, singer, or actor/actress. Most respondents stated they would listen to the information about drugs from a former drug user; however, several adolescents strongly rejected this idea. Priests, psychologists, peers, teachers, parents, and social workers were also mentioned as being acceptable as trainers for youth.

"It should be someone older to have knowledge… I prefer a boy… boys better understand each other…"

16-YEAR-OLD PROBATIONER

"I would prefer someone older and a girl… I prefer an older person rather than a peer… a famous sportsman would be cool… I would listen to a former drug user, a teacher, or a social worker, too… it doesn't matter much… if he/she says something beneficial for me, I would listen to anyone…"

15-YEAR-OLD PROBATIONER

"A young person is more acceptable, less than 35 years old… I would listen to a peer, too… I would listen to a 2-year-old child if he/she says the truth… gender doesn't matter, nor being famous… I would not listen to a former drug user… I hate drug users…"

16-YEAR-OLD DETAINEE

"I would listen to both, young and old persons… peers are more acceptable… a former drug user would be great… I wouldn't listen to a celebrity…"

16-YEAR-OLD DETAINEE

4.8.3 The Most Suitable Venue

The majority of respondents under probation stated that the most suitable venue for educational sessions on healthy lifestyle issues would be a school or a probation office. Part of the detained respondents agreed with this idea; however, most of them prefer that these sessions be held in some quiet places in nature. For some respondents the venue does not matter, whereas others prefer the streets or youth clubs.

"It would be great if they come to school and give lectures, we would listen!"

17-YEAR-OLD DETAINEE

"Of course at school… if someone cannot manage to go to school, some social sites and books can be used…"

16-YEAR-OLD DETAINEE

"Probably in the streets… in the form of some actions… maybe my friend won't get into such action, but his friend will, and then share the information… education sessions can be done here, in the probation office… anyone can attend here…"

15-YEAR-OLD PROBATIONER

"I would attend everywhere… the venue doesn't matter… I think if it is in the probation office from 10 people everyone will come… I don't know about the school…"

17-YEAR-OLD PROBATIONER

"My friends are dependent on church; most of them would like to go to the monastery…"

16-YEAR-OLD DETAINEE

"In nature, it's quiet there, a situation where you want to talk… evenings are better"

16-YEAR-OLD DETAINEE

4.8.4 Topics Covered on Education Sessions/Type of Activities

Most respondents expressed an interest in seeing topics such as drugs, sexual behavior, and sexually transmitted diseases covered in educational sessions. Some respondents noted they would listen to any issues related to a healthy lifestyle.

According to the information provided by the study respondents, youth prefer the types of programs in which they are given the opportunity to express their opinions and where various visual aids are used. Respondents also suggested using visual aids when discussing various drugs, and they indicated a willingness to listen to real stories from former drug users.

"I'm interested in sexual behavior, disadvantages of alcohol and drug use… some visual aids should be used, together with lectures; for example, a film can be shown, there should be some group plays such as What? Where? When?, debates, and etc.…"

15-YEAR-OLD PROBATIONER

"I'm interested in tobacco, alcohol, and drugs, why do they start using them or how do they quit, etc… and in general how to live in a right way… I would like to hear real stories… It would also be interesting to see something…"

16-YEAR-OLD DETAINEE

"For example, I would be interested in tobacco use, drinking, as well as drugs… I think it should be a group of one sportsman and one former drug user… each of them will tell their own stories… sportsman may say he also had the desire to try drugs but didn't choose that way and so on…"

16-YEAR-OLD PROBATIONER

5. Discussion

Results of this study shed additional light on some social, environmental, and behavioral factors such as the easy access to certain drugs and alcohol, the excessive amounts of free or leisure time, peer pressure and influences, and the lack of knowledge about the risks of drug use and unprotected sex that might influence the initiation of risky behaviors among youth. Consideration of these factors may have important implications for developing sound policies and programs designed to promote healthy lifestyles among MARA. However, in making inferences and drawing recommendations, two limitations should be considered. First, the rate of parents' refusal for their youth to participate in the study, especially those youth on probation, was very high, and this could probably be related to the sensitive nature of the survey questions being asked about topics such as drug use and sexual behavior. The refusal of parents to grant consent may have resulted in a biased sample of respondents. Second, despite being asked to talk about their peer group's experiences with risk behaviors rather than their own, respondents were not very open with interviewers, which might have negatively impacted the quality or representativeness of the data that were collected.

The study results clearly showed that youth have easy access to certain injecting drugs (mostly "Crocodile," a homemade opioid made with codeine), oral stimulants (ecstasy), various nonprescription drugs (sleeping, antiepileptic, antihistamine,

analgesic, and centrally acting myorelaxant drugs), and marijuana. These drugs are accessible due to their low price and widespread availability. Little information was provided by respondents about injecting drugs such as heroin or opium, or stimulants such as cocaine. Another important proximal factor revealed through this study involved peer influence and peer pressure, especially when it concerns drug cessation. In some cases, support from a friend can facilitate cessation, but in other cases friends can influence youth to continue their drug use. As for the distal factors, a huge amount of leisure time (due to limited engagement in schools, sports, or employment) as well as personal interest or curiosity have emerged as playing important roles in the initiation of drug use among MARA.

Alcohol use among youth is strongly related to common cultural traditions in Georgia. It is easily available for youth, both in terms of access (despite the legal ban, youth under 18 can still buy alcohol in stores) and of finances. Peer influence and family relationships play important roles in the initiation of alcohol use as well as in binge drinking.

Unsafe sex is a common practice that often follows heavy alcohol consumption or oral stimulant use among adolescents. The likelihood of condom use is often associated with the type of sexual partner. For example, condom use is less common during sexual encounters with girlfriends or occasional sexual partners, but more common during sexual encounters with prostitutes. According to the respondents, when condoms are not used, it is often because they reduce physical pleasure.

In an effort to plan targeted interventions for at-risk youth, GHPP obtained information about activities, persons, and venues that youth prefer for such interventions. To prevent initiation of drug use, respondents suggested engaging youth in various sports activities, improving access to sports facilities, and creating job opportunities related to the interests of youth. There is wide variation among youth in terms of most trusted persons for implementing and delivering extracurricular educational activities and talking about the dangers of drug use and unprotected sex. As for the venue for such activities, respondents suggested delivering messages during various recreational activities, at schools, and in local probation offices.

6. Conclusions and Recommendations

Based on the results of this study, a number of proximal and distal factors should be addressed in an effort to improve HIV prevention among at-risk youth, namely:

- Taking into account the easy access to certain drugs and alcohol, appropriate legal measures should be taken concerning the sale of these substances. The first priority would be to amend and enforce relevant laws by legislative and executive branches of the government to ensure that psychotropic drugs are not sold at pharmacies without medical prescription; similarly, adequate measures should be taken by the government to ensure that alcoholic beverages are not sold to adolescents who are under 18 years of age.
- In an effort to prevent initiation of risky behaviors among MARA, it would be critically important to adequately address the fact that most youth have

excessive amounts of free or leisure time because they are not involved in school, sports, or employment. Considering the preferences of youth documented by this study, it is strongly recommended that relevant governmental structures (Ministry of Education and Science [MOES], Ministry of Sport and Youth Affairs [MOSYA], MCLA) and local municipalities, as well as international donor-funded programs, develop, pilot test, and implement new creative programs and interventions that offer easier access to various sports activities or relevant job opportunities for MARA.

- Peer pressure and influences play an important role in initiation or cessation of drug use. It is therefore recommended that, in partnership with international donor-funded programs, MCLA and MOES design and implement psycho-social interventions to reduce HIV-associated risky behaviors among at-risk youth in both penitentiary and civil sectors. One of the most critical prerequisite components of these interventions should be development of ethical and legal frameworks that support the provision of confidential identification, screening, and psycho-social care to youth in respective settings or jurisdictions. Furthermore, these interventions should be developmentally and culturally appropriate to assess, manage, and reduce the risk of youth engaging in high-risk behaviors (tobacco, alcohol, and illicit drug use, as well as other HIV-associated risky behaviors), should be evidence-based and in keeping with best practice adolescent medicine principles, and should promote confidentiality and sensitivity, regardless of the custodial setting.
- Youth who are at high risk have inadequate knowledge about the risks related to drug abuse, including injecting drug use, as well as unprotected sex. However, they show a strong interest in receiving adequate information on these topics through school settings or through extracurricular educational activities. Hence, it is critically important that they are taught early about HIV prevention by providing them with information that they can understand and use. Such information should also include education about risks and skills to help delay sex and prevent HIV infection. In addition, they should be tested if they are at risk. Ongoing expansion of the Healthy Lifestyle Curriculum in secondary schools throughout Georgia provides a good opportunity to address this problem among the general population of youth in school settings. However, it is recommended that in partnership with international donor-funded programs, MCLA and MOES make efforts to design, pilot test, and implement targeted education interventions tailored to the needs of various groups of MARA (e.g., sexually active males and females [limit number of sex partners, promote condom use] and injecting drug users [HIV counseling and testing]).

Annex 1. Interview Guide

Participant ID # _____

Participant Location:

_____detention/prison __probation

Date (day, month, year)

Interviewer:

Interview start time :

Interview end time:

I Introduction

I am a research interviewer from The Georgia HIV Prevention Project (GHPP), which is led by RTI International and funded by USAID. RTI is a non-profit agency based in the U.S. and with an RTI GHPP office in Tbilisi. MCLA medical staff is collaborating with RTI GHPP to help screen and introduce this study and ask if you would be like to participate, but MCLA medical staff, probation, parole, prison, and school staff and your parent or guardian will not see any of the answers to your questions or any other information collected during the study. You will be assigned a number so that your name is not written on the interview or notes. Your name and other information that can identify you will be kept separate from your answers to questions in a locked file cabinet in the RTI GHPP Tbilisi office.

We are conducting a study to help develop a healthy lifestyles HIV prevention class for youth involved in the justice system, that is, youth who are either incarcerated or on probation. There will be about 30 youth participants in this study. You were selected among new admissions to detention or probation to help us learn about how to develop a healthy lifestyle class. Participation in this research study is **strictly voluntary**. If you choose to participate or if you choose to not participate, your services and rights will not change, that is, participating or not participating will not in any way affect your school, legal, living situation, or probation or detention status.

The interview will last about 90 minutes. I will ask you about situations and experiences that you may have observed within your peer group in the past, such as their drug use, drinking, sexual- and risk-prevention behaviors, past treatment or risk prevention experiences, and their friends, family, school, and extracurricular activities, to understand more about their lifestyle choices and background. I will not ask you any specific questions about your behaviors and experiences. We are seeking to learn about the risky and healthy behaviors of a peer group, not any one person. I will also ask your opinion on who you feel would be the best type of person to teach this kind of information to your peer group, in what format, and where. The information from your interview and specific responses to questions are confidential. They will **not** be shared with MCLA medical, probation, or prison staff or with your school. However, as MCLA explained to you, there are limits to your confidentiality.

I will not ask you about any of your personal experiences or past offenses, including severe crimes, whether you were a victim of childhood sexual or physical abuse, or are at imminent risk to hurt yourself or someone else. If you volunteer any information about such offenses, victimization, or imminent harm, then by law, I must break confidentiality and report this to an MCLA medical staff member, who would meet with you and may ultimately report to the authorities or discuss hospitalization in accordance with the law. Also, if you become upset during the course of the interview or would like to speak further with someone, I can make arrangements for you to speak with one of our MCLA psychologists, with your permission. If you would like that, I will contact the MCLA psychologist in your presence.

[Note to interviewer: Administer audio taping assent form at this point if the youth's parent has consented. If the youth's parent has not consented, then do not administer assent for audio taping]

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

Please be aware that there are no right or wrong answers to our questions; we are just interested in hearing more about behaviors that you have observed in your peer group. We highly appreciate your answering questions openly. Okay, let's get started.

These first questions are general questions about you.

II Respondent Information

1. Tell me a little about yourself – capture information on:
   a. education/ occupation,
   b. family
   c. hobbies

These next questions are about your friends or peers. Please do not refer to yourself or any other individual by name—that is, do not tell me about your own experiences or say the name of any of your peers, instead please tell me about your peer group prior to coming into detention.

III Key Questions

<u>Proximal factors</u>

Drugs

2. Would it be easy for your friends/peers to get drugs in your area/community if they wanted to? *Probe on the following:*
   a. type of drugs
      i. injecting drugs such as heroin, opium, buprenorphine, homemade opioid made from the medicine containing codeine (street name "Crocodile"), homemade stimulants (amphetamine/methamphetamine with street name "vint" or "boltushka" or methcathinone with street name "jeff")
      ii. oral stimulants such as ecstasy, cocaine
      iii. other names for drugs known, but not mentioned above
   b. place/setting one may get it

c. price

3. Please tell me what types of drugs are most commonly used among your friends/peers? Have you witnessed any of your friends/peers injecting drugs? Please remember not to identify any individual by name. *Probe on the following:*
   a. What do you think influenced them to decide to inject drugs
   b. Who has the most influence over your friends'/peers' decisions to inject drugs?
   c. In what types of settings does injection drug use take place?
   d. What type of injection equipment have you seen used, particularly sharing practice, and what do you call it?
   e. Are you aware of any risk related to injecting drug use? Do your friends/peers have access to information about risk and safe practices? If so, generally where or from whom do they get this information?
   f. Any other important circumstances.

4. Please tell me what types of stimulants are most commonly used among your friends/peers? Please remember not to identify any individual by name and to only talk about your friends/peers rather than your own experiences. *Probe on the following:*
   a. homemade stimulants (amphetamine/methamphetamine with street name "vint" or "boltushka" or methcathinone with street name "jeff")
   b. oral stimulants (ecstasy, cocaine)
   c. other names of stimulants not mentioned above
   d. Have any of your friends/peers used stimulants with subsequent sexual intercourse? Again, no names. *Probe on the following*:
      i. In the situations that you are aware of, was the sexual intercourse unprotected? (i.e., penetrative sex without using a condom)?
      ii. If sexual intercourse was unprotected, did your friends/peers ever talk about reasons for not using condoms? If so could you describe those reasons (and please do not mention names)?
      iii. Does having unprotected sex among your friends/peers usually occur the first time they have sex or later on?
      iv. Usually for your friends/peers, where did the sex take place?
      v. Usually between which people (i.e., sex worker, drug dealer, friend, boyfriend/girlfriend, etc. Please, no names) –if your friends/peers talked about it, who did they have sex with the first time—i.e., a sex worker, drug dealer, friend, boyfriend/girlfriend, etc.—Please, no names)
      vi. Peer influences—on selecting partner, condom use
      vii. Knowledge and access to information on STIs.

5. Have any of your friends/peers had unprotected sexual intercourse (i.e., penetrative sex without using a condom)? Please only tell me about your friends/peers and not your own experiences, and please do not identify anyone or tell me anyone's name. *Probe on the following for youth's friends/peers:*
   a. various episodes—information about partners, setting
   b. reasons for not using a condom
   c. peer influences—on selecting partner, condom use
   d. knowledge and access to information on STIs.

6. Have any of your friends/peers ever tried to stop using drugs? *Probe on the following:*
   a. was this try successful?
   b. if yes, what has helped/facilitated?
   c. if no, what were hindering factors?

7. Have any of your friends/peers ever received treatment and rehabilitation for drug problems? *Probe on the following:*
   a. if yes, where did they receive the treatment and rehabilitation?
   b. if not, what were the barriers?

8. Have any of your friends/peers described having a psychological/psychiatric problem? Again please do not describe your own experiences or identify any of your friends/peers or their names. Do you know if they received help for any mental or psychological problems? If so, at what types of places have they received treatment?

Alcohol

9. Would it be easy for your friends/peers to get alcohol in your area/community if they wanted to? *Probe on the following:*
   a. type of alcohol
      i. spirits such as vodka, grappa, brandy
      ii. wine
      iii. beer
   b. place/setting one may get it
   c. price.

10. Please tell me if you have witnessed any of your friends/peers have an episode of binge drinking before detention/probation? Please do not mention anyone by name. *Probe on the following:*
    a. first episode of binge drinking
       i. how this decision was made
       ii. people who influenced them
       iii. what was the setting
       iv. any other important circumstances.

b. Was episode of binge drinking related with subsequent sexual intercourse? *Probe on the following:*
   i. various episodes of unprotected sexual intercourse (i.e., penetrative sex without using a condom)
   ii. information about partners, settings
   iii. reasons for not using a condom
   iv. peer influences—on selecting partner, condom use
   v. knowledge and access to information on STIs.

Distal factors

11. What are some of your friends'/peers' experiences that you think might have contributed to them starting using drugs and/or binge drinking? Please do not describe your own experiences and please do not refer to yourself or mention anyone by name. *Probe as needed:*
    a. stressful life events
    b. legal factors including past criminal involvement
    c. family relationships/ dynamics
    d. employment and academic involvement
    e. dissatisfaction with school
    f. homelessness
    g. social network structure
    h. quality of social support
    i. associational membership (church groups, sports groups)
    j. access to community/ sport facilities.

I am now going to ask you a few questions about your opinion about the type of healthy lifestyles class that should be developed.

IV Planning for Youth Programs/Interventions

12. What do you think should be done to help people like you and your friends/peers? What do you think might discourage your friends/peers from starting to use drugs or from binge drinking?
13. Would you be interested in being enrolled in a program offering education and training on special skills to resist use of drugs and/or alcohol?
    a. Who do you think would be a most trusted person(s) to lead such programs for you and your friends/peers (e.g., teachers, peer leaders, social workers)?
    b. What do you think would be the most relevant/suitable venue for conducting this education session (e.g., school, probation office, youth clubs, etc.)?
    c. What topics would you like to see covered in education sessions? What types of activities should be included in this type of program that would most interest you and your friends/peers?
14. Do you have any other suggestions that you would like to share? Do you have any questions?

Annex 2. Parental Permission Letter

MCLA Letterhead will be used

Date

Dear Parent or Guardian:

My name is _____ I am a representative of the Ministry of Corrections and Legal Assistance (MCLA) of Georgia. MCLA and the Georgia HIV Prevention Project (GHPP), led by RTI International (RTI), a non-profit research agency based in the USA, are conducting the "Adoption of Healthy Lifestyle Behaviors Research Study." This research is funded by the United States Agency for International Development (USAID). I am writing to request your permission for your child _____ _to participate in the study, which will include one face-to-face 90-minute interview.

The purpose of this study is to learn about risk behaviors among young people who are detained or are under probation in Georgia. This information will be used to develop a class to teach youth about healthy behaviors and ways to reduce risky behavior that could lead to getting or spreading an HIV infection. Approximately 30 youth who are detained or on probation will be included in this study. Your child was selected among new admissions to detention or probation to help us learn about risk and protective factors for developing and maintaining a healthy lifestyle.

Participation in this study is voluntary. If you give permission for your child to be interviewed or if you decide to not give permission, the services your child receives or will receive in the future will not be affected; your child's legal status, probation or parole status, or school status will also not be affected. Even if you give your permission for your child to participate, your child is free to refuse to participate. If your child agrees to participate, he is free to end participation at any time. He may also refuse to answer any question that makes him feel uncomfortable. You and your child are not waiving any legal claims, rights, or remedies because of your child's participation in this research.

Your agreement for your child to participate means that MCLA has your permission to approach your child to discuss participating in the study. Participation in the study means that, following standard screening conducted with all youth prisoners or probationers, an MCLA medical staff member will meet with your child in a private room and review with your child the same type of information that is in this letter. The study's purpose and procedure will be explained; your child's rights, privacy, and limits of confidentiality will be reviewed; the fact that participation is voluntary will be stressed; and any questions will be answered. If you provide your written permission and if your child agrees to be in the study, the MCLA will arrange an appointment for your child to be interviewed by the RTI GHPP interviewers. Both you and your child must agree to the study participation in order for your child to be interviewed. Participation also means that MCLA will share the screening information with RTI GHPP's Principal Investigator and not the interviewers and will provide your child's name, appointment time and location, and copies of this and your child's permission forms to the RTI GHPP interviewers. The interviewers will be given copies of these forms in order for the interviewer to meet with your child and make sure that both you

and your child have agreed for your child to participate in the study prior to the interview beginning. One interview lasting 90 minutes will be conducted in a private room. No bio-specimens (blood, urine, etc.) will be collected.

During the interview, your child will be asked general questions about his family, school, or work experiences and hobbies, as well as asked for his opinion on who should deliver a healthy lifestyle class and the best way for this information to be conveyed. Your child will also be asked questions about possible behaviors his friends or peer group have engaged in prior to detention, such as drug use and sexual activities, as well as their family, school, friend and past treatment and prevention experiences. Your child will be instructed to not describe his own behavior or experiences and to only discuss the behavior of other youth, and never to give any names—he will be reminded of this throughout the interview. These questions are focused on your child's peers and not on himself because the study is interested in developing a healthy lifestyles class that is not only based on information for the 30 participants, but will be helpful to the larger peer group. If your child experiences any discomfort in answering questions, he will be reminded that he can stop the interview at any time or skip and not answer any questions. If your child expresses distress during the interview or if your child would like to speak with someone further, the interviewer will offer to make arrangements for your child to meet with an MCLA psychologist. There will be only one interview, and you and your child will not be contacted in the future about this study.

As mentioned above, the RTI GHPP interview will not ask your child about his possible personal experiences including with drugs or sexual activities. Rather without mentioning any names, he will be asked about the experiences of other youth in his peer group prior to detention. Your child will also not be asked about past or future severe crimes like murder, rape, childhood sexual or physical abuse, or whether he may want to hurt himself or someone else. However, if your child expresses a desire to hurt himself or someone else, or if he volunteers that he has committed a severe crime or has been a victim of physical or sexual abuse, the interviewer is required by Georgian law to break confidentiality and report this information to MCLA medical staff who will then meet with your child and report to the appropriate legal authorities or make arrangements for him to receive medical care to ensure that he does not harm himself or others. All other information your child provides during the interview will be kept confidential and not shared with MCLA medical staff, prison or probation staff, school staff, or you.

If you provide written permission, this form will be kept by MCLA in a locked file cabinet separate from your child's medical records, separate from the interview and materials, and not shared with MCLA prison, probation, or school staff. To better protect his privacy and confidentiality, your child will not be asked to sign a permission form to participate in this study; documentation that your child verbally agreed to participate will be maintained separately by MCLA in a locked file cabinet, and it will not be shared with MCLA prison or probation staff, school staff, or other authorities. If both you and your child agree to your child participating, MCLA will provide RTI GHPP researchers (including interviewers) a copy of this form and documentation of your child's agreement. RTI GHPP will keep these forms in their Tbilisi Office in a locked file cabinet separate from any of your child's responses to the interview or audio recording and not accessible to detention, prison, probation or school staff, or anyone else who is not part of the RTI GHPP research study team.

If both you and your child agree to take part in this study, interviewers will assign a number to your child and record only the number on the interview and materials. Your child's name, location, your information, or other identifying information will not be included with his

responses. The RTI GHPP research team will keep your child's answers to the interview questions on a password-protected computer in the RTI GHPP Tbilisi office, which is in a separate location from the MCLA probation, prison, and administrative offices to better protect your child's information. Your child's name and any other information that could identify him will be kept separate from your child's responses and in a locked file cabinet in the RTI GHPP Tbilisi office. Only the Principal Investigator will have access to the file cabinet and only the Principal Investigator and not the interviewers will receive and have access to the MCLA screening information shared with RTI GHPP per this permission form.

To help the interviewers accurately capture your child's response, you and your child are asked for permission for the interviewers to audio record the interview. If you provide permission for audio recording, your child's name and any of the names of his peers/friends or others will not be included in the recording, the recording will be uploaded onto the RTI password-protected encrypted computer at the end of the interview day by the RTI GHPP Principal Investigator, and the interview will be erased from the digital recorder. The recordings stored on the computer will be erased within one year from completion of the study (approximately in July 2014). If you or your child does not give permission for audio recording, your child could still participate, and the interviewer will instead take notes to capture your child's responses.

Your child's interview answers will be combined with the answers of other youth. Your child's answers will not be reported separately or be connected to information that could identify your child or be shared with parents or guardians; the penitentiary facility administration; medical, prison, or probation staff; school administration or staff; or any other authorities. The results of this study may be presented at scientific meetings or published; however, no information will be included that could personally identify your child or his answers.

Your child will not be paid for participation in the study. The information collected through the study may not benefit your child directly. However, the study findings will be used to create a healthy life styles prevention intervention to be added to the school curriculum provided to youth who are on probation or incarcerated.

At the end of the study (tentatively July 2013), if you want to learn about the study results, you may obtain a copy of the report from www.geoyouth.ge.

We would like to inform you that the RTI Institutional Review Board (IRB) as well as the local IRB, the Ethics Committee of the Maternal and Child Care Union, have reviewed and approved this research study. An IRB is a group of people who are responsible for assuring that the rights of participants in research are protected. Date of IRB approval: xx/xx/2012, IRB #

Should you have any questions about study participation or about the rights of study participants, please do not hesitate to contact the Principal Investigator or the Georgian IRB Ethics Committee, respectively.

Mamuka Djibuti GHPP Principal Investigator Tel: (995) 32 43 82 20 ext. 106 Cell: (995) 91409509	The Georgian IRB Ethics Committee of the Maternal and Child Care Union Tel: (995) 3214 44 47

Please complete the attached Parental Permission Form and put it in the enclosed addressed envelope. Within a week, you will be contacted by our Medical Department Representative

who will arrange the pickup date for you, when TNT courier service will come to your location and pick up the envelope. Thank you for your time.

Sincerely,

Ministry of Corrections and Legal Assistance of Georgia

Adoption of Healthy Lifestyle Behaviors Research Study
Parent/Guardian Permission for Youth for Study Participation

1. **Please indicate whether or not you give your permission for your child to participate in this study by checking** only one **of the statements below.**

   _____ I do grant permission for my child to participate in this study. I certify that I understand the nature and purpose, the potential benefits, and possible risks associated with my child participating in this research.

   _____ I do not grant permission for my child to participate in this study. I certify that I understand the nature and purpose, the potential benefits, and possible risks associated with my child participating in this research.

2. **Please indicate whether or not you give permission for the interview to be audio recorded by** checking only one **of the statements below.**

   _____ I do grant permission for the interview with my child to be audio recorded. I understand that the audio recording will be used only to ensure the accuracy of the notes and will not be shared with anyone outside of the RTI research team. I also understand that within 12 months of the end of the study the audio recording will be erased.

   _____ I do not grant permission for the interview with my child to be audio recorded.

Please sign and print your name below
Put the signed copy of this page in the enclosed addressed envelope and give it to the courier on the arranged date. Please keep a copy of this parental permission letter for your records.

Signature of Parent/Guardian	Printed Name of Parent/Guardian
Printed Name of Child	Date

Annex 3. Youth Assent Form

Assent to Participate in Research
Youth aged 14–17

"Adoption of Healthy Lifestyle Behaviors Research Study"

INTRODUCTION AND PURPOSE

You are being asked to take part in a study. The study is the "Adoption of Healthy Lifestyle Behaviors Research Study." The purpose of this study is to learn about past risk and healthy behaviors of young people in detention or on probation. We want to know this information to develop a class about how to live a healthy life. The study team will use what they learn to develop a healthy living class.

This study is part of the Georgia HIV Prevention Project (GHPP). GHPP is being paid for by the United States Agency for International Development (USAID). GHPP is led by RTI International (RTI), a U.S. research company. The Ministry of Corrections and Legal Assistance (MCLA) is working with RTI. The study will include about 30 youth.

PROCEDURES

MCLA spoke with your parent or guardian and got their permission to ask you to be in the study. They were not told if you noted any past risky behaviors. If you agree to be in the study, I will set up a time for you to meet with a GHPP interviewer. The interview will take about one and a half hours. The interview will be in a private office. Only you and the interviewer will be in the office during the interview.

The interviewer will ask about things such as:

- your family,
- your school or work,
- what you like to do,
- your peers' past drug use and drinking
- your peers' sexual and risk prevention behaviors
- your peers' treatment or prevention experiences,
- who you think would be the best person to teach you and your peers about healthy lifestyles, and
- how and where you think they should teach the class.

The interviewer will ask you if it is okay to audio-record the interview. You may still be part of the study if you choose not to be audio recorded. The study includes only one interview. We will not contact you in the future.

POSSIBLE RISKS AND BENEFITS

Some questions may make you feel uncomfortable or upset. If this happens, you can ask to talk to a MCLA psychologist.

There are no direct benefits to you from being in the study. However, your answers can help us make a better class to teach young people like you how to stay healthy. If you want to know about getting help with drug use prevention or HIV testing, please ask the interviewer.

INCENTIVES

You will not get paid any money for being in this study.

CONFIDENTIALITY

GHPP will keep what you tell them confidential. No information that identifies you (e.g., your address, school name, grade) will be written on the questionnaire. Instead, you will be given a number to keep your responses private.

Your interview answers will not be shared with MCLA medical, probation, prison, or school staff or with your parent or guardian. Your interview answers will be kept on a protected computer in the RTI GHPP Tbilisi office. Any paper with your name on it will be kept in a locked file cabinet. Your answers will be combined with responses from other people in the study.

There is an exception to our promise of confidentiality. Georgian law states that sometimes confidentiality must be broken. If you tell the interviewer about a “serious crime” like murder, rape, or physical or sexual abuse, the interviewer will have to inform an MCLA medical staff member. MCLA may report this information to law enforcement or to social services.

If you say that you want to hurt yourself or someone else, the interviewer will contact an MCLA medical staff member. MCLA will meet with you to discuss what you said. MCLA may report this information to law enforcement or decide that you need to go to the hospital.

YOUR RIGHTS

It is your choice to be in this study. It is completely voluntary. That means that you can choose not to do the interview at all. You can refuse to answer any of the questions. It also means you can stop at any time.

Your choice about the study will not change your probation, detention, or parole status. Your choice will not change the services that you are now getting or may get in the future. You are not giving up any of your legal rights.

Two Institutional Review Boards (IRBs) have reviewed and approved this research. IRBs are groups of people who make sure that the rights of people in research are protected.

If you have questions about the study, you may call the GHPP Principal Investigator, Mamuka Djibuti. (995) 32 43 82 20 ext. 106. If you have questions about your rights, you may call the Georgian IRB, (995) 3214 44 47.

In order to protect your confidentiality, we are not asking you to sign your name to this form. Instead, please indicate whether or not you want to be part of this study by making an X on one of the two lines below.

_____ I agree to be part of the study. The purpose and the risks and benefits have been clearly explained to me.

_____ I do not agree to be part of the study. The purpose and the risks and benefits have been clearly explained to me.

Date	Signature of Person Obtaining Assent
	Printed Name of Person Obtaining Assent

Annex 4. Assent Form for Youth for Audio-Recording Interview

This form asks about audio recording our interview. The purpose of audio recording this one-and-a-half–hour interview is to make sure I have your responses in your own words. Recording will also ensure that my notes are correct. Your parent or guardian agreed that the interview can be audio recorded if you agree. The interview will be audio recorded only if both you and your parent or guardian agrees. Even if your parent or guardian agreed, you can decide that you do not want the interview recorded. You can still be interviewed without being audio recorded.

The recording will be uploaded onto a protected computer at the RTI Tbilisi office and erased from the digital recorder. Only RTI GHPP researchers will have access to the computer. Your parent or guardian will not have access to the recording. MCLA medical, prison, probation, or school staff will also not have access to the interview recording. The recording will not include your name or any information that can identify you. You will be asked to **not** give your name or the names of your peers, friends, or others. Within one year from the end of the study, the recording will be erased from the computer.

Please say if you agree or do not agree for the interview to be audio recorded. The RTI GHPP interviewer will check **only one** of the statements below for you.

_____ **I agree** the interview may be audio recorded. I understand that the audio recording will only be used to make sure that the interview notes are correct. It will not be shared with anyone outside of the RTI GHPP research team. I also understand that within one year from the end of the study, the audio recording will be erased.

_____ **I do not agree** for the interview to be audio recorded. I understand that I can be part of the study and be interviewed even if it is not audio-recorded.

If the youth would like a copy of this form, please give him one copy and keep one copy for the Principal Investigator's records.

Date	Signature of Interviewer Obtaining Audio-Recording Assent
	Printed Name of Interviewer Obtaining Audio-Recording Assent