

Psychoactive Substance Use Among Russian Migrants Relocated to Georgia Following the 2022 Invasion of Ukrainian

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Abstract

Background

This study explored the experience of migrants from Russia who use psychoactive substances, who arrived in Georgia in the wake of the invasion of Ukraine.

Methodology

This qualitative study employed individual interviews and focus group discussions. The data collection took place from May to August 2023.

Results

The final sample consisted of 23 respondents, who were mostly young and employed. Participants left Russia because of war in Ukraine and threat of conscription, but also due to political dissent. Participants were vastly regular users of non-injection drugs. Participants experienced depressive symptoms and a worsening of mental health conditions, particularly anxiety disorders. The increased consumption of sedatives and alcohol was closely associated with the efforts to manage stress and depression, acting as a mean to mitigate the adverse effects on mental health. The absence of leisure alternatives emerged as a significant factor, with drug use becoming a feature of socializing in circumstances where such behaviour was not typical in their Russian lives. Participants exhibited low awareness of available relevant health services (including drug-related) and typically addressed recurrent health needs by consulting Russian specialists online or Russian-speaking health care professionals within Georgia's migrant community.

Conclusions

Migration was associated with a deterioration in mental health status and substance use can manifest as a maladaptive strategy to cope with stress. The difficulties encountered in the process of assimilation contributed to behaviors related to drug consumption. Both individual and structural barriers hindered the access and utilization of healthcare services by migrants. Policy implications include the need for immigration policies that are inclusive of the health needs of migrants and the importance of offering migrants an opportunity to integrate effectively into society.

Introduction

The geopolitical landscape of Eastern Europe was dramatically altered in February 2022, when Russia's invasion of Ukraine sent shockwaves through the region and beyond. This military conflict not only had far-reaching political and humanitarian implications but also resulted in a significant wave of Ukrainian and Russian migration to neighbouring countries, including Georgia. For the purpose of a current study, we use the term “migrant” to characterize individuals who left the territory of Ukraine and Russia after the start of war and relocated to Georgia for the purpose to find a temporary (or permanent) place for residency. The number of Ukrainians and Russians entering Georgia in 2022 increased significantly. For example, immediately following the Russian declaration of a “partial mobilization” the 222,274 Russians entered Georgia in September 2022, which is an increase in 511% compared to September 2021 (1). The monthly average number of visitors from Russia increased to 90,600 in 2022 from 17,700 in 2021 (2). According to the same source, increase in the number of Ukrainians entering Georgia in the same period was less significant - from an average monthly 12,100 in 2021 to an average monthly 14,100 in 2022. There is no data to indicate how many of these individuals remain in Georgia, and how many have left for other locations. Anecdotal reports suggest that for Ukrainians Georgia was a mainly transit country and many left to find refuge in countries with better access to financial and social support. Georgia, known for being a favoured tourist destination, has lenient visa regulations that allow citizens from numerous countries, including the Russian Federation, to remain within its borders for up to 365 days under a formal tourist status upon entry (3).

Migration due to conflict has been associated with a multitude of challenges, including psychosocial stressors, acculturation difficulties, and changes in health-related behaviours (4, 5). One area of particular concern is the use of psychoactive substances (6). Migration, especially under the stressful conditions, can impact individuals' patterns of substance use in terms of frequency and type of substances consumed, but also in terms of risks associated with use (7, 8). The impact of migration on substance use is a complex interplay of various factors, including the individual's pre-migration substance use history, the availability and affordability of substances in the host country, and the psychological distress associated with displacement (9, 10).

In the context of the Russian invasion to Ukraine and subsequent migration, it is essential to investigate how this crisis has influenced the patterns of psychoactive substance use among Ukrainian and Russian migrants in Georgia. Understanding the dynamics of substance use in the context of migration is crucial for several reasons. Firstly, it can inform public health initiatives aimed at addressing the unique needs of displaced populations, including the provision of mental health and substance use services. Secondly, insights gained from this study may aid in the development of policies and interventions that promote healthier behaviours and mitigate the potential harms associated with substance use in the context of forced migration¹. Lastly, this research contributes to the broader body of knowledge on the intersection of migration,

¹ Forced migration is defined in this publication as “a migratory movement in which an element of coercion exists, including threats to life and livelihood, whether arising from natural or man-made causes” (https://home-affairs.ec.europa.eu/networks/european-migration-network-emn/emn-asylum-and-migration-glossary/glossary/forced-migration_en)

psychosocial stress, and substance use, offering valuable insights into a relatively understudied area.

To achieve these objectives, we set out to conduct a qualitative study involving Ukrainian and Russian migrants who arrived in Georgia in the wake of the Ukrainian invasion. By examining the experiences and perspectives of this population, we aimed to provide a comprehensive understanding of the changes in psychoactive substance use and the factors that influence these changes in the context of forced migration.

Methods

This qualitative study employed individual interviews and focus group discussions to explore the experiences of forced migrants who relocated to Georgia following the invasion of Ukraine by Russia. The original intention was to recruit both Ukrainian and Russian migrants in Tbilisi and Batumi. However, we were unable to identify migrants from Ukraine and the final sample consisted only of citizens of the Russian Federation. We also were unable to identify any respondents in Batumi, so all the participants were located in Tbilisi. The recruitment process involved local non-governmental organizations that serve people who use drugs in Georgia, an HIV/AIDS treatment center, personal networks, and collaboration with a "Community Center" dedicated to supporting and providing services for migrants from Russia². The data was collected from May to August 2023.

The interviews and focus groups were conducted within the premises of Alternative Georgia, providing a comfortable and conducive environment for participants to share their experiences. Participant eligibility: 18+ of age, migrants who fled to Georgia from Russia in 2022 due to Russia's invasion in Ukraine, currently residing in Georgia (for at least 3 months), using illicit drugs in the past 30 days (regardless of the time of initiation). Interview guide was developed locally and covered topics related to the socio-demographic characteristics of participants, drug use history, mental health history, health service utilization, experiences following the relocation, social networks and the process of adaptation to local context. Each individual interview lasted approximately 60 minutes and focus group discussions lasted approximately 100 minutes. The conversations were conducted in Russian, the native language of the participants, to ensure accurate and nuanced expression of their thoughts and feelings. Interviews were conducted by two senior staff of Alternative Georgia, who are fluent in Russian and have sound experience in qualitative research with drug using populations. All interviews were audio-recorded with participants' consent and subsequently transcribed. The transcripts were then coded using a pre-established set of themes derived from the individual and focus group interview guides. New emerging codes were identified during the coding process, leading to the creation of hierarchical codes that captured the richness and depth of the participants' narratives. The coding process utilized both open and axial inductive coding techniques. The sample size was determined by data saturation, ensuring that information redundancy was reached, and new insights were limited.

² "Community Center" was organized by Russian migrants and served exclusively individuals relocated from Russian.

This study adhered to ethical principles, including informed consent, confidentiality, and the right to withdraw from the study at any point. The study received ethics approval from the institutional review board of the Ilia State University, School of Arts and Sciences, program of Mental Health and Addiction Studies. Participants were provided with incentives as a compensation for their time and effort, spent on participation, amounting to 20 Euros. Additionally, a recruitment incentive of 10 Euros was provided for recruitment of each participant.

Results

The final sample consisted of 23 respondents - 9 in-depth individual interviews and 4 focus group discussions (n=14). The study population was relatively young, with an average age of 27 years, and included an equal number of male and female participants. Further information can be found in Table 1. The individuals in the study reported using a variety of substances, often consuming several types concurrently. Alcohol, cannabis, and psychotropic medications were the most commonly used substances in both the participants' home country and in Georgia. However, there was a marked decrease in the use of MDMA, LSD, and other hallucinogens, as well as new psychoactive substances (NPS) and amphetamine-type stimulants, after moving to Georgia. Notably, psychotropic medications³, primarily sedatives, were first tried by approximately 40% of the respondents while in Georgia.

Table 1. Socio-demographic characteristics and psychoactive substance use of participants (N=23)

Variable	n (%)
Gender	
Female	10 (43.5)
Male	10 (43.5)
Non-binary	3 (13)
Mean age (years)(range)	27 (22-33)
Employed	18 (78)
Family status	
Single	9 (39)
Divorced/separated	4 (17.5)
Widowed	1 (4.5)
Have a partner	9 (39)
Being imprisoned at least once in a lifetime	4 (17)
Substance use	

³ Prescription psychotropic medications that are sold under the counter, without formal prescription.

	Lifetime use n (%)	Used first time in Georgia n (%)	Used last month n (%)
Alcohol	22 (96)	0 (0)	17 (74)
Cannabis	23 (100)	0 (0)	22 (96)
Psychotropic medications	22 (96)	9 (39)	16 (70)
Inhalants	8 (35)	1 (4)	1 (4)
NPS	19 (83)	1 (4)	4 (17)
MDMA	22 (96)	0 (0)	4 (17)
LSD	23 (100)	1 (4)	6 (26)
Other hallucinogens	22 (96)	3 (13)	11 (48)
Cocaine	16 (70)	2 (9)	4 (17)
ATS	21 (91)	1 (4)	5 (22)
Homemade ATS	3 (13)	0 (0)	0 (0)
Heroin	7 (30)	0 (0)	0 (0)
Other opioids	5 (22)	0 (0)	1 (4)
Methadone	2 (9)	0 (0)	0 (0)
Other drugs	2 (9)	0 (0)	1 (4)

Note: Sum of substances used exceeds 100% due to the concurrent consumption of more than one substance by the participants.

Reasons for migration to Georgia

All study participants cited the war in Ukraine as the primary reason for their departure from Russia and subsequent relocation to Georgia. Some respondents reported that the decision to emigrate stemmed from a direct risk of conscription facing them or their male partners.

Female, 24, Murmansk - "I left because the war with Ukraine began".

Male, 32, St. Petersburg - "... so as not to end up in war."

Female, 23, Moscow - "In my case, this is the beginning of mobilization and I moved here with my partner, who was threatened with mobilization."

Frequently, the migration choices were influenced by the individuals' dissenting political beliefs and engagement in related activities. Participants articulated a sense of insecurity and discomfort in their country, which substantiated their decision to emigrate.

Female, 28, St. Petersburg - "Also, because of different views, several of my friends were threatened with criminal charges, and I, in general, too. Well, a criminal case was not initiated against me, it was opened against some of my close friends and individuals with whom I engaged in shared activities. This raised concern that I might be a next target."

Male, 33, Omsk - "We immediately purchased tickets, but encountered a setback when two flights were cancelled. Subsequently, we were apprehended from our apartment by

the FSB due to our anti-war activities. Although they later released us, we quickly fled from the apartment. Within two days, activist NGOs facilitated our transportation. ... The thought was that we just need to escape from a huge prison."

Nonbinary, 33, St. Petersburg - "But all the same, I could no longer stay in a country in which my freedoms and the freedoms of all people in general were already so limited".

Several factors influenced the decision to select Georgia as the destination for migration. Notably, the lack of a visa requirement facilitated the ease of entry and stay for migrants. The geographic closeness of Georgia to Russia reduced the logistical complexities and potential cost associated with relocation. Additionally, the presence of social networks, indicated by having friends or acquaintances in Georgia, provided a support system for some migrants. Lastly, familiarity with the country, gained through previous visits, also played a role in the decision-making process for choosing Georgia as a migration destination.

Male, 23, Voronezh - "I believe that the primary reason more people choose Georgia is the lenient visa regime and the cultural proximity."

Non binary, 25, Moscow - "Yes, my decision to come here was influenced by the existing network of connections, with people who had already been here and established contacts with locals. I had visited Tbilisi a year ago, last fall, which gave me a clear sense of how I might feel in Tbilisi".

Non binary, 29, Voronezh - "It seemed to me that more people would come here, because I believed that a higher numbers of older individuals speak Russian. If I could establish myself here, I could eventually convince my mother to come here, which would be easier for her as she doesn't know English."

Socio-economic context

Interviews suggest that participants undertook migration predominantly in the company of friends and/or romantic partners, with solitary migration being a less common occurrence. Some post-migration patterns show that following the initial relocation of the respondents to Georgia, there was a subsequent migration of their family members, suggesting a phased or chain migration process.

Male, 26, Vorkuta - "After the war, my parents relocated, and currently, my brother and sister reside in Slovenia. My parents in Belgrade, while another brother is in Batumi."

A minority of the participants reported that they had selected Georgia as their ultimate destination at the outset of their migration journey. In contrast, the majority remain uncertain about their long-term plans, expressing ambivalence regarding whether they will continue to reside in Georgia or relocate in the future.

Female, 28, St. Petersburg - "As for whether this is the final point, I don't know, when I left, I didn't have a specific plan and now I don't have a specific plan either."

Female, 25, Moscow - "I knew that I wanted to live in Georgia for some time in my life, but to be honest, I still can't call this my final destination. Of course, I would like to live in my own country."

Most individuals surveyed were employed, thereby securing a consistent source of income, at least to cover the basic costs. A portion of these individuals were engaged in remote work for companies based in Russia, whereas others have found employment opportunities within Georgia itself. Nevertheless, despite being employed, a significant number of respondents report experiencing financial difficulties, which frequently leads them to solicit monetary assistance from family members who remained in Russia.

Female, 26, Russia - "Yes, I work here, one might say, I accidentally found a job at an English language school. And so, that's why I found funds, I work in Georgia, in Tbilisi"

Male, 26, Vorkuta - "But I edit the video. I changed my profile, got some training, and I edit remotely."

Male, 33, Omsk - "We are absolutely beggars, no remote work. We opened a cafe a year ago and created jobs for ourselves."

Male, 26, Ukovski - "I am currently live here, my parents help out with some money, but I already managed to find and quit work here".

Male, 33, Omsk - "And with my mother, yes, but she has a salary, I don't ask her, I feel somehow embarrassed. But it happens that she sends something like 350 GEL (approximately EUR 135) every 4-5 months. It's not that powerful financial support, although I am grateful to her for everything, well, she buys me half of the apartment."

Interview data indicates that the participants primarily resided in leased residential properties, such as apartments and houses, within Georgia. Co-habitation with friends was a common living arrangement among most of these individuals.

Male, 23, Voronezh - "Let me start with the fact that I live with friends. There are ten of us, we live in a private three-story home."

Male, 26, St. Petersburg - "We share a rented apartment with my friends, who are also from Russia."

Adaptation

For some respondents the adaptation period following their arrival to Georgia was relatively easy, while the others described this period being difficult, painful and full of challenges. Participants reported experiencing feelings of isolation, uncertainty regarding the validity of their decision to leave their homes, and difficulties in comprehending the local language, as well as grappling with the cultural nuances and societal norms of their new environment.

Non binary, 29, Voronezh - "It appears that I have adapted not specifically to the Georgian community but rather to the overall situation. In this context, life here seems easier compared to Russia because here people are happy to provide mutual assistance, give advice, and support, which are readily available. However, at the same time, I sense that I haven't adapted specifically to Georgia as I still have minimal knowledge of Georgian, and I have practically no friends, not even acquaintances among Georgians."

Female, 24, Murmansk - "The first month was challenging for me as it marked my initial solo trip abroad, coupled with a relocation. Moreover, the difficulty arose from the unfamiliarity of the new language, and during the initial month, there was a sense of confusion - questioning why I left while everyone, including family and friends, remained behind, and pondering the next steps. I shed many tears during the first month, but with time, those feelings dissipated."

Male, 26, St. Petersburg - "We should probably begin by acknowledging that the psychological mood was disgusting, especially towards the end of September during the initial phase of adaptation [...] I lacked both the physical strength after work and the mental strength to engage in social activities."

Respondents encountered feelings of stigmatization and isolation during the early phase of their residence in Georgia. They perceived indirect indications of hostility and a lack of hospitality from the local population, even though these sentiments were not overtly communicated by the locals.

Female, 24, Murmansk - "It's clear that not everyone is happy that there are a lot of Russians here now"

Male, 25, Moscow - "Well, probably the first thing is that such Russophobia is passive. Well, I didn't come across it directly, they didn't tell me, you're Russian and go home. But these writings are on the walls. It's clear that there are three people there who are writing on the walls, but in the general background it is felt that there is such a tense attitude towards the Russians. It's still noticeable."

Female, 25, Moscow - "Once our friend played in a club that was roughly like Hidi's. Tessa, she's Armenian and she invited ten friends with her and they didn't let us all in because we were Russians".

Health status and health seeking behavior

Concerning health outcomes post-migration, a significant number of participants reported a deterioration in mental health status. Some recognized the necessity to seek professional healthcare services and obtain a formal mental health diagnosis from a clinical specialist.

Female, 23, Moscow - "Since the beginning of the war, I was diagnosed with, well, an anxiety disorder and since then I've been taking antidepressants".

Male, 33, Omsk - "I had to seek psychotherapeutic help because outside of work, I just lay there and tried to sleep all the time, and I couldn't go anywhere."

- Female, 26, Moscow - "There are homesickness, and there are episodes of depression. But I can't say that this has a big impact, since I'm on psychiatric therapy, and it keeps me afloat."

Female, 24, Murmansk - "And the winter was hard, and it was unclear what to do, where to move, I was without work, I stopped taking antidepressants [...] now I started again, because without them it's hard. Now I'm taking two of these medicines again".

When the need for professional mental health care arose, study participants engaged in remote consultations with specialists based in Russia or sought advice from Russian-speaking mental health professionals who were migrants themselves, located through networks established with other Russian migrants in Georgia.

Male, 25, Moscow - "When I was already here, I communicated remotely with a psychiatrist, [...] generally, I have anxiety disorder, ADHD, depression, I was diagnosed".

Male, 29, Russia - "Here, in principle, there is already a whole diaspora, a community of psychologists and psychiatrists who have relocated, and they work without a license, meaning not within formal centers and without official credentials, but this suffices".

Individuals who sought the advice of a mental health professional prior to or following their relocation were often prescribed pharmacological treatments. However, some respondents reported that the full range of medications prescribed to them was not readily accessible in Georgia. Consequently, they were compelled to either procure these medications from Russia or travel to Turkey to obtain the necessary pharmaceuticals.

Female, 32, St. Petersburg - "I brought them (refers to medications) from Russia, I still have them, they were prescribed to me from the beginning of the war. I bought a huge pack of them.

Male, 29, Russia - "And since stimulants (refers to prescription medications) are prohibited in Georgia, as well as in Russia, I go to Turkey for them, while living in Georgia".

The vast majority of the survey participants lack health insurance coverage in Georgia. Only one respondent reported paying for health insurance services. A number of the respondents were not informed about the options for accessing medical services, while others choose not to utilize such services due to financial constraints.

Female, 26, Moscow - "As far as I know, the only way to get some kind of medical care is if you have insurance."

Female, 28, Novosibirsk - "I thought that the ambulance was paid and that they should definitely transfer me to a clinic if there was a need. I didn't know that I could refuse."

Female, 32, St. Petersburg - "I had to cope on my own because there was no money".

Financial constraints and challenges in accessing healthcare services were cited as reasons why certain respondents with physical health issues were deterred from seeking medical assistance in Georgia.

Male, 27, Novosibirsk - "Actually, due to my illness, I need to go to Russia because it turned out to be very expensive here to check all this".

Female, 24, Korablino - "Well, I also have several chronic conditions that I will go check in Russia because it's easier".

In situations requiring urgent medical attention, participants preferred to engage private nursing services, allowing them to receive necessary healthcare within their homes.

Male, 25, Moscow - "Well, most often, when we had such a case, we called a private IV (auth.: private nurse to perform transfusion at patient" home), and that's all. Once a girl had an overdose of benzodiazepine and someone found it, it turned out to be good and we still use it, it costs forty lari⁴, I think".

Nonetheless, there were respondents who report having utilized some medical services in Georgia, specifically emergency medical care and dental services.

Female, 26, Moscow - "I ended up in the hospital once because I had a very bad fall from a bridge. Thank God nothing happened, but they took me through all the X-rays, did an MRI, that's all there. There was a concussion. Otherwise, everything was fine and I spent several hours in the hospital."

Male, 23, Voronezh - "There was a very accepting attitude on the part of the ambulance, they simply, just in a motherly way, said, don't smoke marijuana for a couple of days. This, it was nice".

Male, 26, Vorkuta - "I got very drunk and took tranquilizers, I fell asleep on the street, and the ambulance took me, and they did IV transfusion. And then my friend took me home".

When asked about the knowledge of and experience with specialized substance use care, participants exhibited low level of familiarity with the addiction services in Georgia. The drug testing (pill testing) service was relatively well known and a few participants knew about the vending machines that distribute sterile injection equipment and HIV/HCV self-test kits. None of the respondents had complete knowledge about addiction services in the country and their availability.

Male, 26, Vorkuta - "I only know Mandala. I know that they have drug tests, that they give out syringes, condoms, and something else. I don't know anymore."

Female, 26, Moscow - "Mandala only. I know about them, but I was thinking, for example, of getting an express test for syphilis, they seem to provide it, just out of interest. And I was at parties where they provided drug testing services, I didn't use it myself, but I can imagine. I don't know where the office is, but my friends know".

Non binary, 33, St. Petersburg - "I ordered through some Georgian website, I think LGBT or something like that, but [...] Yes, I tested for HIV, but I haven't been to Mandala myself".

Male, 29, Russia - "I know that there are anonymous alcoholics [...] I heard that methadone is given either to Georgians and is also given to Ukrainians, if they received methadone in their homeland and they have documents, then they give it here as well".

⁴ Exchange rate at the time of the study was 1 Euro=2,9 Georgian Lari (GEL)

Social network and substance use

The social networks of the respondents predominantly consisted of migrants originating from Russia, Ukraine, and Belarus. A smaller proportion of the respondents also report having acquaintances from the local Georgian population.

Female, 26, St. Petersburg - "Well, it's clear that there are guys from Russia too. From Ukraine, from Belarus, in our company there are Georgian guys, there is one German".

Male, 33, Omsk - "I'm familiar with Georgian boys and girls, but it's super casual. The individuals with whom I typically conduct any business include one citizen from Kazakhstan, and all the rest are from Russia. After the onset of the second active phase of the war, they relocated. Almost all of my Ukrainians are currently serving at the front."

Female, 24, Korablino - "I and Georgians also have a lot of acquaintances, but not directly friends".

The daily routine of the participants typically included rising in the morning, attending to familial responsibilities and work-related tasks throughout the day, and engaging in social activities with friends or attending events in the evening.

Non binary, 33, St. Petersburg - "I wake up late, as a rule, I go somewhere if I haven't managed to agree with someone, I rarely go somewhere alone, I stay at home, do things around the house. In the evening I sometimes go to some parties there".

Female, 25, Moscow - "Depending on whether there is some event where our friends are performing. Concert, party. If our friends are performing, we go there, meet them and hang out."

Social gatherings with friends or attendance at events were the primary contexts in which alcohol and other substances were consumed. Nonetheless, there were respondents who indicated a preference for solitary substance use.

Male, 25, Moscow - "With friends in the evening, somehow by chance an idea comes to mind. I don't know, birthdays, parties".

Female, 28, Novosibirsk - "He uses marijuana at home, and other substances at parties or events with friends. Mostly he uses it at home and then goes to a party."

Female, 24, Korablino - "Well, yes, you always want something interesting with music, although it's not necessary, but especially if it's in nature, you want it. But again, it's not something like LSD, I just haven't found it yet, but there were mushrooms and I tried it. And so more often at home. But you can also smoke outside, but it's more fun at home. Then you still want to eat."

Male, 33, Omsk - "Not at all, because I usually use by myself, I'm not a sociable person at all. Exactly in your locality. I don't want to go to discos".

Participant' drug use related behavior has remarkably changed after the relocation to Georgia. On the whole, participants reported a decrease in the frequency of illicit psychoactive substance

use compared to their consumption patterns in Russia. This reduction was especially pronounced in the context of synthetic drugs, predominantly stimulants. As 25-year-old female from Moscow remarked, "In Russia, I wanted to use amphetamine much more than in Georgia", indicating that her state of mind and the context of the host country did not support or encourage the pursuit of stimulant effects. Concurrently, many respondents reported an increase in both the frequency and quantity of cannabis consumption.

Male, 27, Novosibirsk - "Well, here I use less chemical drugs, but I use more weed".

Female, 27, Murmansk - "At first I had a joint a week [...] And then it went into constant use [...] In Russia it was more like several times a week, and when I moved here, it became several times a day".

Numerous respondents reported an escalation in their alcohol intake, particularly during the initial stages of their migration to Georgia. For some, this increase in alcohol consumption evolved into unregulated and problematic patterns, which subsequently resulted in adverse health outcomes.

Non binary, 33, St. Petersburg - "Well, I can say that for the first half of the year after I arrived here, it wasn't that it was a binge, but I drank more than usual."

Male, 29, Russia - "And in the fall it got bad and there, basically, the cuckoo has gone and all sorts of strange things started, like crossing the road, the highway, screaming and waving their arms".

Female, 26, St. Petersburg - "And I already began to see the consequences, my memory began to deteriorate, some kind of calf also began to appear constantly."

For many participants, the escalated use of alcohol and other psychoactive substances was associated with shifts in their emotional state and served as a coping mechanism for stress. Respondents also highlighted a shortage of familiar recreational activities. Often, substance use was tied to social events and interactions with peers in nightlife settings like clubs and cafes. The choice of a specific substance was frequently influenced by its accessibility, as well as by efforts to find alternatives to their substance of choice. Commonly used substitutes included cannabis, prescription sedatives, and alcohol.

Male, 23, Voronezh - "I think I drink more because I can't use my usual drugs, and I replace them with alcohol".

Female, 23, Moscow - "Here I suspect that some kind of influence, well, like you at the beginning, not difficulties with adaptation, I wouldn't call it that, just some kind of gloom [...] stress, I don't know may be stress, but this is how it is, just such gloominess, without deepening".

All participants observed that illicit psychoactive substances in Georgia were more expensive, less available and were of inferior quality in comparison to Russia. Notably, cannabis and sedatives were exceptions, as they were considerably more accessible in the Georgian context.

Female, 28, Novosibirsk - "The prices for substances are very expensive [...] from what I tried, the quality is no different".

Female, 28, St. Petersburg - "About synthetic drugs, it's difficult, it's very expensive."

Male, 23, Voronezh - "Mephedrone here costs five times more, approximately what it costs in Russia and is of worse quality and more difficult to get".

Male, 32, St. Petersburg - "There was more. There were more options [...] You can't get DMT⁵ here in Georgia, Salvia. Some others, mescaline."

Male, 25, Moscow - "Cannabis is more accessible here than in Russia [...] Well, it's available, it's available ten times more than in Russia. In Russia, you have to buy it through the darknet, then go, it's all prohibited. Here everyone has it in their pocket".

Male, 22, Moscow - "Marijuana and tranquilizers are very accessible here."

Different means of acquiring drugs in Georgia were discussed, such as receiving them as gifts, obtaining them through online platforms, and purchasing from dealer through in-person interaction. However, participants did not demonstrate a clear preference for any specific method of acquiring drugs.

Female, 23, Moscow - "I never took bookmarks, I either bought them from hand to hands or my friends gave them to me".

Female, 28, St. Petersburg - "We had experience, Georgian friends gave us the contact of the dealer".

Male, 33, Omsk - "I thought about the same mushrooms, a friend grew them and gave them one dose, 3.5 grams. Yes, you have to buy weed, but sometimes someone grows it, barter happens. You will feed him, for example, for 70 lari."

Non binary, 33, St. Petersburg - "From hand to hands, no bookmarks at all. I don't like to buy buried drugs. Back in Russia, I probably haven't contacted them for several years. If there is someone to sell it from their hands, I take it from their hands."

The methods of substance consumption varied and were contingent upon the type of substance being used. A minority of respondents reported having any experience with injection drug use.

Female, 24, Korablino - "I used ketamine intramuscularly".

Male, 22, Moscow - "intranally [...] smoking methamphetamine".

Non binary, 25, Moscow - "Well, in short, I have veinpuncture from the days when I was injecting drugs and I like the process of intravenous injection, and when you are under the influence of ketamine, well, like, it's difficult to do, only in this context a couple of times, I strained my vein, I used the external method and everything".

Participants employed diverse strategies aimed at minimizing risks associated with their substance use and mitigating potential harms. These risk reduction approaches encompassed actions such as consulting online resources for information on the effects and dangers of specific

⁵ DMT – Dimethyltryptamine, a very strong psychedelic

substances and their combinations, moderating the quantity of a drug consumed, and implementing periods of abstinence or reduced consumption.

Female, 32, St. Petersburg - "There is a compatibility table, as it were, we use it. That is, there is something that cannot be interfered with at all, there is something that is more or less in the yellow-green zone, but okay, you can. That is, I'm not a fan of this"

Female, 26, Moscow - "Instead, I regulate the amount of substance I consume. For instance, I refrain from using it on weekdays; this is my principled stance. When I initially started using it, I made a personal commitment that it wouldn't happen 100 percent on weekdays."

Female, 28, St. Petersburg - "I always try to take a break between consumption of at least a month, and ideally more. And I just have a community of boring drug users, we all have jobs that we hold on to, and we really support each other in the harm reduction."

A number of participants mentioned having encountered an event that they characterized as an overdose. In each instance, these episodes were associated with the concurrent use of various substances alongside alcohol and/or sedatives, or with the consumption of excessive amounts of stimulants.

Female, 32, St. Petersburg - "Well, it's not like an overdose, but there have been bad trips from strange psychedelics".

Male, 26, Vorkuta - "But I don't remember anything, I wake up in the hospital, with a catheter, with an IV. And yes, it was probably an overdose. This was due to a mixture of alcohol and tranquilizers, it was not fatal intoxication. If the ambulance had not taken me, perhaps I would have simply slept until the morning, woke up, and gone home."

Female, 24, Murmansk - "Probably from the amphetamine at some point I snorted too much, I fainted, my nose was bleeding, I was very thirsty".

Encounters with law enforcement

We also wanted to ascertain if Russian migrants in Georgia experienced harassment by law enforcement. A considerable number of participants reported encounters with police, often involving street detentions and searches, mainly for illicit drugs or weapons. These incidents, though frequent, were generally not regarded as harassment by the participants but were viewed as a common aspect of police procedures in Georgia, where young individuals are routinely stopped and searched.

Non binary, 25, Moscow - "My friends and I were walking around the mountain and they started checking us for drugs".

-Male, 32, St. Petersburg - "I think yes, it's still clear that I'm Russian. There are no serious ones, but there is a constant question about whether I have marijuana with me. Two constant questions, a knife and marijuana. I have scattered information about what is possible and what is not. Because this information is collected bit by bit. I don't feel very

good because of this. I mean the consequences if you have marijuana with you. What police can and cannot do. For example, I recently learned that they cannot lift your jacket and rummage around on their own, but this happens regularly. Violate. It's still easier than in Russia. It's as if they're doing it for show, for protocol, but every time you're stopped by a policeman, you're afraid, because if necessary, anything will happen. Some kind of fantasy, a fairy tale happens regularly. It's easier here".

Non binary, 33, St. Petersburg - "I had a trial for weed, I paid five hundred lari".

Discussion

This qualitative study explored the experience of drug using migrants from Russia. Our participants were mostly young and employed, they did not seek asylum in Georgia and considered it as a temporary location. In future, all of them hoped to return to the "changed" Russia after the war ends. Participants left Russia because of war in Ukraine and threat of conscription, but also due to political dissent. Favourable visa regime and perceived shared cultural similarities influenced the decision to choose Georgia for relocation. Participants were mostly regular users of non-injection drugs. A notable shift was observed from stimulant use in Russia to increased consumption of depressants once in Georgia. Alcohol, cannabis and psychotropic medications (sedatives) were the most frequently used substances, with the latter being tried for the first time in Georgia by 4 out of 10 participants.

Forced migration, especially under the distressing conditions of war, exacerbates the risk of substance use among migrants. The international evidence highlights that the prevalence of substance use among migrants is highly variable and context-dependent, influenced by factors such as pre-migration experiences, trauma, and the socio-cultural environment of the origin country (8, 11, 12). The exposure to substance use in their home countries and the motives for migration, whether driven by loss of family, or status, or existential risks significantly shape subsequent substance use behaviours post-migration (13). Importantly, migrants' understanding of substance use, influenced by their home country's social norms and availability of substances, sets the stage for their post-migration substance use patterns (14). The acute stress stemming from socio-economic crises, civil strife, and the upheaval of forced migration is shown to increase substance use and reduce access to treatment, including HIV prevention and care services (15, 16). The loss of privacy, social structures, and stigma associated with migration can further compound these risks, leading to increased mental health problems and substance use and potentially risky drug using and sexual behaviours (17, 18). A Europe-wide study on depression in migrants showed that immigrants and people from ethnic minorities experience more depressive symptoms than non-immigrants in several countries (19). Corroborating with existing findings, the participants in our study reported intense stress, feelings of uncertainty, and loneliness after moving to Georgia. While many moved with friends or a romantic partner, being separated from their immediate family and established social networks, along with the loss of their usual social environment, significantly affected their mental well-being. Numerous participants experienced depressive symptoms and a worsening of mental health conditions, particularly anxiety disorders, which were more pronounced in those with prior diagnoses.

Post-migration experiences in the host country significantly affect substance use patterns. These experiences are shaped by a complex interplay of factors, including the regional substance availability, the legal context of substance use, and the migrants' social ecology, which includes living conditions, social relations, and the stressors of daily life such as lack of housing and employment (20). The ecological model of refugee distress posits that post-migration social ecology plays a critical role in influencing mental health and substance use behaviours among migrants (5). In our study group, the absence of leisure alternatives emerged as a significant factor, with drug use becoming a feature of socializing in circumstances where such behaviour was not typical in their Russian lives. This issue was partly due to the difficulty in forming friendships with locals, leading most participants to restrict their social circles to fellow migrants from Russian-speaking countries. Many refugees and asylum seekers experience difficulties making friends because opportunities for creating social networks are limited by language, cultural differences, racism, and exclusion from education and employment opportunities (14, 21, 22).

Substance use among migrants as a method of coping with the challenges and stresses of migration is a critical and multifaceted issue. The intersection of exposure to substances in the host community, along with the psychological needs of migrants, fosters a precarious environment where substance use can emerge as a maladaptive coping strategy. Studies, such as those by Saleh et al. (2023), elucidate the prevalence of this behaviour across various regions, reflecting a widespread phenomenon (11). In our research, the increased consumption of sedatives and alcohol was closely associated with the participants' efforts to manage stress and depression, acting as a mean to mitigate the adverse effects on their mental health. The observed trend of increased sedative and alcohol use, along with the heightened use of cannabis, was facilitated by the easy access to cannabis products and psychoactive medications available without a prescription. Similarly, Posselt et al. (2015) highlight the importance of availability and exposure to substances in the host community as significant factors that elevate the risk for substance misuse among refugees (7). This risk is compounded by the lack of appropriate coping strategies and a propensity towards self-medication, signaling a need for targeted interventions. Furthermore, research conducted by Horyniak et al. (2016) on African refugees in Australia indicates that heavy alcohol consumption is often employed as a coping mechanism for migration-related stressors such as boredom and frustration (8). These findings underscore the necessity for comprehensive mental health services that address substance misuse as a critical aspect of the mental health spectrum for refugees. It also calls for policies that provide supportive structures to alleviate the migration-related stress that often precipitates such substance use behaviors.

Our participants were relatively young and the process of acculturation was notably significant and challenging. For young migrants, the challenges they face are augmented by conflicts that arise between the expectations of different generations, peer influences, and the stress of navigating the space between their native and new cultures. Buchanan & Smokowski (2009) have observed this complexity (10). Additionally, Fosados et al. (2007) found that young individuals who show little interest in retaining their original cultural practices and similarly little engagement with the new culture - often as a result of experiences of discrimination and social exclusion - are more likely to turn to substance use (16).

Participants in the study primarily used emergency health services and occasionally accessed harm reduction services such as drug checking, condoms and safe consumption tools. They exhibited low awareness of available relevant health services and typically addressed

recurrent health needs by consulting Russian specialists online or Russian-speaking professionals within Georgia's migrant community. All participants were in Georgia on a basis of tourist visa, not seeking asylum, which meant they were subject to the host country's laws that do not provide social and health services for tourists. Available literature highlights that despite the high prevalence of substance use disorders among migrants, there is a notable under-utilization of health services (19, 23). This discrepancy is attributed to multiple barriers, including stigma, discrimination, racism, language barriers, and lack of cultural competency among healthcare providers (9, 24). Moreover, limited health literacy and mistrust in the healthcare system further hinder access to and utilization of substance use disorder (SUD) services by migrants (25, 26). Even if access is equal, some studies report lower rates of healthcare utilisation, particularly with regard to mental healthcare. Lindert et al. (2008) highlight that low levels of cultural competency and a lack of language and general communication skills are often seen as the main reasons for this underutilization (27).

Limitations

This was a cross-sectional qualitative study; thus, we were unable to assess the longitudinal effects. One longitudinal study showed a statistically significant increase in the prevalence of lifetime alcohol use among newly-arrived refugees in the US over a 12-month period (28), suggesting that vulnerability to substance use may increase following resettlement. This is consistent with other research that has found that migrant health decreases over time due to a range of factors including resettlement challenges, acculturation and barriers to health service use (29). This finding underscores the importance of maintaining contact with newly-arrived forced migrants to monitor changes in substance use during the early post-migration period.

We were unable to achieve the original purpose of recruiting Ukrainian migrants (the reasons explained in the methodology section). Thus, we missed an important perspective and unique experiences of those who left their country due to the direct threat to their lives. These experiences might have differed from those that were captured in our sample that was limited to individuals relocated from the Russian Federation to Georgia.

Conclusions

The migration journey, marked by the initial pre-migration context, the stress of forced migration, and the subsequent post-migration environment, presents a unique set of challenges and risk factors for substance use among Russian migrants to Georgia. The barriers to SUD service utilization further complicate this picture, necessitating a concerted effort from policymakers, researchers, and healthcare providers to address these issues holistically. Bringing together the various threads, it becomes evident that the intersectionality of migration, substance use, and health is a multifaceted issue that requires a multi-level approach for effective intervention. This includes not only addressing the individual factors that contribute to substance use among migrants but also the structural determinants (e.g. offering refugees a sense of belonging to the receiving society) that influence access to care and the ability to maintain a healthy lifestyle post-migration.

Implications for Policy and Future Research

The findings underscore the need for culturally sensitive policies that consider the complex needs of migrants with SUDs. Policy implications include the need for immigration policies that are inclusive of the health needs of migrants and the importance of offering refugees an opportunity to integrate effectively into society. Future research should focus on the influence of pre- and post-migration social norms and attitudes towards substance use, as well as the development of prevention and treatment strategies that are tailored to the unique circumstances of migrant populations. Social network-based strategies might be a potentially useful option.

References

1. Ministry of Internal Affairs of Georgia. Statistics of foreign citizens crossing Georgian border Tbilisi, Georgia: MIA; 2022 [Available from: https://info.police.ge/page?id=625&parent_id=94].
2. National Statistics Office of Georgia. Inbound tourists: Distribution of visits by country of citizenship Tbilisi, Georgia: National Statistics Office of Georgia; 2023 [Available from: <https://www.geostat.ge/en/modules/categories/102/inbound-tourism>].
3. Government of Georgia. Approval of the list of countries whose citizens can enter Georgia without visa Tbilisi, Georgia: Government of Georgia; 2015 [Available from: <https://matsne.gov.ge/ka/document/view/2867361?publication=0>].
4. Phillimore J. Refugee-Integration-Opportunity Structures: Shifting the Focus From Refugees to Context. *Journal of Refugee Studies*. 2020;34(2):1946-66.
5. Miller KE, Rasmussen A. The mental health of civilians displaced by armed conflict: an ecological model of refugee distress. *Epidemiology and Psychiatric Sciences*. 2017;26(2):129-38.
6. DeFries T, Kelley J, Martin M, Kimball SL. Immigration status matters: the intersectional risk of immigration vulnerability and substance use disorder. *Addiction*. 2022;117(7):1827-9.
7. Posselt M, Procter N, Galletly C, Crespigny C. Aetiology of Coexisting Mental Health and Alcohol and Other Drug Disorders: Perspectives of Refugee Youth and Service Providers. *Australian Psychologist*. 2015;50(2):130-40.
8. Horyniak D, Melo JS, Farrell RM, Ojeda VD, Strathdee SA. Epidemiology of Substance Use among Forced Migrants: A Global Systematic Review. *PLoS One*. 2016;11(7):e0159134.
9. Lindert J, Neuendorf U, Natan M, Schäfer I. Escaping the past and living in the present: a qualitative exploration of substance use among Syrian male refugees in Germany. *Conflict and Health*. 2021;15(1):26.
10. Buchanan RL, Smokowski PR. Pathways from Acculturation Stress to Substance Use Among Latino Adolescents. *Substance Use & Misuse*. 2009;44(5):740-62.
11. Saleh EA, Lazaridou FB, Klapprott F, Wazaify M, Heinz A, Kluge U. A systematic review of qualitative research on substance use among refugees. *Addiction*. 2023;118(2):218-53.
12. McCleary JS, Wieling E. Forced Displacement and Alcohol Use in Two Karen Refugee Communities: A Comparative Qualitative Study. *The British Journal of Social Work*. 2016;47(4):1186-204.
13. Penka S, Heimann H, Heinz A, Schouler-Ocak M. Explanatory models of addictive behaviour among native German, Russian-German, and Turkish youth. *Eur Psychiatry*. 2008;23 Suppl 1:36-42.
14. Lemmens P, H. Dupont H, Roosen I. Migrants, asylum seekers and refugees: an overview of the literature relating to drug use and access to services. Lisbon, Portugal: EMCDDA; 2017.
15. Khoshnood K, Smoyer AB, Maviglia F, Kara J, Khouri D, Fouad FM, et al. Stress, Marginalization, and Disruption: A Qualitative Rapid Situational Assessment of Substance Users and HIV Risk in Lebanon. *Int J Environ Res Public Health*. 2022;19(15).
16. Fosados R, McClain A, Ritt-Olson A, Sussman S, Soto D, Baezconde-Garbanati L, et al. The influence of acculturation on drug and alcohol use in a sample of adolescents. *Addict Behav*. 2007;32(12):2990-3004.

17. Deilamizade A, Moghanibashi-Mansourieh A, Mohammadian A, Puyan D. The sources of stigma and the impacts on Afghan refugees with substance abuse disorders: A qualitative study in Iran. *Journal of Ethnicity in Substance Abuse*. 2020;19(4):610-22.
18. Shedlin MG, Decena CU, Noboa H, Betancourt Ó. Sending-Country Violence and Receiving-Country Discrimination: Effects on the Health of Colombian Refugees in Ecuador. *Journal of Immigrant and Minority Health*. 2014;16(1):119-24.
19. Missinne S, Bracke P. Depressive symptoms among immigrants and ethnic minorities: a population based study in 23 European countries. *Soc Psychiatry Psychiatr Epidemiol*. 2012;47(1):97-109.
20. Hertner L, Stylianopoulos P, Heinz A, Kluge U, Schäfer I, Penka S. Substance (mis)use among refugees as a matter of social ecology: insights into a multi-site rapid assessment in Germany. *Confl Health*. 2023;17(1):1.
21. Haddad S, Shawa M, Kane JC, Bwalya B, Sienkiewicz M, Kilbane G, et al. Alcohol and other drug use patterns and services in an integrated refugee settlement in Northern Zambia: a formative research study. *Confl Health*. 2023;17(1):40.
22. Hajak VL, Sardana S, Verdelli H, Grimm S. A Systematic Review of Factors Affecting Mental Health and Well-Being of Asylum Seekers and Refugees in Germany. *Frontiers in Psychiatry*. 2021;12.
23. Laban CJ, Gernaat HB, Komproe IH, De Jong JT. Prevalence and predictors of health service use among Iraqi asylum seekers in the Netherlands. *Soc Psychiatry Psychiatr Epidemiol*. 2007;42(10):837-44.
24. Pettersen RJ, Debesay J. Substance use and help-seeking barriers: a qualitative study of East African migrants' experiences of access to Norwegian healthcare services. *BMC Health Serv Res*. 2023;23(1):107.
25. Drummond PD, Mizan A, Brocx K, Wright B. Barriers to accessing health care services for West African refugee women living in Western Australia. *Health Care Women Int*. 2011;32(3):206-24.
26. McCann TV, Mugavin J, Renzaho A, Lubman DI. Sub-Saharan African migrant youths' help-seeking barriers and facilitators for mental health and substance use problems: a qualitative study. *BMC Psychiatry*. 2016;16:275.
27. Lindert J, Schouler-Ocak M, Heinz A, Priebe S. Mental health, health care utilisation of migrants in Europe. *Eur Psychiatry*. 2008;23 Suppl 1:14-20.
28. Arfken CL, Broadbridge CL, Jamil H, Arnetz BB. Immigrant Arab Americans and Alcohol Use: Longitudinal Study. *Journal of Immigrant and Minority Health*. 2014;16(6):1303-6.
29. Anikeeva O, Bi P, Hiller JE, Ryan P, Roder D, Han GS. The health status of migrants in Australia: a review. *Asia Pac J Public Health*. 2010;22(2):159-93.