**United Nations University**
Institute on Comparative Regional Integration Studies

POLICYBRIEF
No. 20, 2026

# **Accessing Treatment Across Contested Territorial Divides:** The Specific Challenges of Drug Users Residing in Abkhazia on Methadone Treatment in Georgia

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## Crossing the Line for Treatment: Methadone Access Across the Abkhazia–Georgia Divide

This policy brief sheds light on a largely overlooked phenomenon: the daily hardships and advocacy efforts of drug users living in Abkhazia and enrolled in methadone treatment in Georgia. While challenges in accessing substitution treatment exist in other contexts, the contested territorial divide, framed as an Administrative Boundary Line (ABL) by international stakeholders, separating Georgia's and Abkhazia's controlled territories, exacerbates these constraints for this specific group of users. Many must navigate up to four sequential border-like controls, each governed by a different regime and subject to the discretion of those in charge.

More than thirty years after Abkhazia's separation from Georgia, the unresolved conflict has contributed to rising drug use, now widely recognised as a major social problem in Abkhazia (Hammarberg and Grono 2017) also widespread in Georgia (Zviadadze 2021). Despite high need, drug treatment options remain extremely limited due to strong social stigma, a shortage of medical specialists, and a legal ban on methadone in Abkhazian-controlled territory. As a result, around 200 drug users from Abkhazia have been enrolled in a methadone programme in Georgia's

## Highlights

Territorial contestation severely restricts access to care: Drug users living in Abkhazia face daily, risky cross-Administrative Boundary Line journeys to access methadone treatment in Georgian-controlled territory.

Limited advocacy capacity and visibility: The efforts of patients on methadone treatment to challenge restrictive regulations remain largely invisible, and they struggle to reach decision-makers at local, national, and international levels.

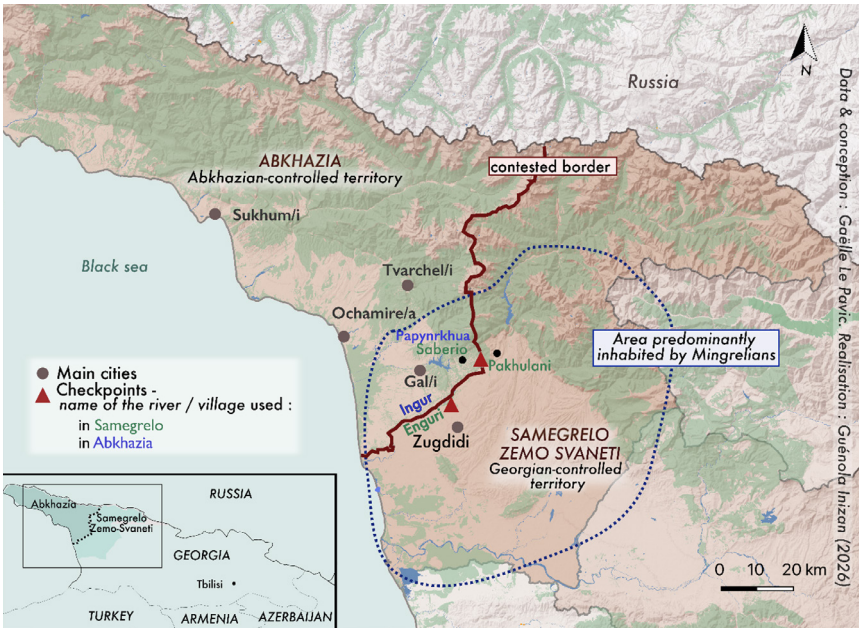
Limited donor support and the relocation of methadone services further from the Enguri crossing point in Natsuluku have worsened accessibility of substitution treatment for patients residing in Abkhazia.

Urgent need to expand harm-reduction approaches: Improving access to methadone and other harm-reduction programmes, including drug use prevention, is essential, as these options are safer and more effective than abstinence-only models, compulsory treatment, or no treatment at all.

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Samegrelo region, the closest available option since 2009. Georgia's drug policy prioritises substitution treatment, with significantly more opioid substitution therapy (OST) centres than abstinence-based facilities, most of which are concentrated in Tbilisi. The absence of abstinence centres in Samegrelo, the nearest Georgian-controlled region to Abkhazia, further restricts treatment choices for drug users living in Abkhazia, where limited options are available.

Intersectionally, drug users living in a contested territory are even more at risk of invisibilisation in drug-related policies. Previous research documented experiences of practitioners, patients, and relatives with compulsory drug treatments (Trang et al. 2024; 2025), demonstrating that while such




treatments bring to some extent relief to relatives and patients, these programmes remain largely inefficient in the long term and have been criticised for failing to adhere to the human rights approach (UNDOC 2022). By contrast, methadone maintenance treatment is not only more effective and less costly (Vuong et al. 2016; 2018) but it is also less disruptive for patients who can, to some extent, continue to go through their routine. However, in the case of patients residing in Abkhazia, being on methadone treatment entails crossing, for some, daily, the contested divide with Georgia, resulting in higher stress, losing time, spending a relatively high amount of money, and suffering from social stigma.

While methadone treatments carry risks of intoxication and dependence, this research supports previous findings showing that an Opioid Agonist Maintenance Treatment (OAMT) programme distributing methadone reduces drug-related harms and contributes to the stabilisation of people with opioid dependence (Mattick et al. 2009). This position is endorsed by specialised international organisations such as the World Health Organisation (WHO) and the United Nations Office on Drugs and Crime (UNODC). However, in contrast to this recommendation, the Georgian Ministry of Health, Labour and Social Affairs, managing methadone programmes, has ordered in 2025 the closure of private methadone distribution centres, further reducing access to treatment at a time when practitioners report rising drug use.

## Legal Stalemate and Detrimental Practices on Both Sides

Access to methadone treatment for patients from Abkhazia is shaped by divergent legal frameworks on the two sides of the divide. While Georgia permits methadone as part of a harm-reduction policy, Abkhazian legislation, closely aligned with Russia's highly punitive drug laws, prohibits its medical use, with strict enforcement and severe penalties. As a result, patients from Abkhazia must travel to Georgian-controlled territory for treatment and cannot legally receive multiple take-home doses, despite such practices being temporarily allowed during COVID-19 and routinely granted to Georgian patients travelling abroad. Although international organisations have advocated for more flexible, patient-centred approaches (such as multi-day dosing), Georgian authorities cite concerns over trafficking and have restricted these options. Limited donor support and the relocation of methadone services further from the Enguri main crossing point between Georgia and Abkhazia have worsened accessibility, leaving patients caught between restrictive legal regimes, security concerns, and inadequate healthcare provision, with little institutional recognition of their daily struggles.

## Daily Struggles of People Who Use Drugs in Abkhazia Commuting to Access Methadone in Georgia

People who use drugs living in Abkhazia and enrolled in methadone treatment in Georgia face severe daily hardships due to the need to cross a highly securitised and contested border, often involving multiple checkpoints operated by Abkhazian, Russian, and Georgian authorities. Accessing treatment entails long, unpredictable journeys, repeated identity checks, social stigma, and frequent refusals at the Enguri crossing point. For many, the financial burden is overwhelming: daily transport costs can exceed the average monthly income in Abkhazia, while time spent commuting reduces opportunities to work and to care for loved ones. These constraints are compounded by poor health and limited mobility, making daily travel physically exhausting and sometimes dangerous. This highlights how legal restrictions on methadone, combined with border-like controls, transform access to essential healthcare into a costly, precarious, and risky daily struggle. Despite these difficulties, most patients remain in Abkhazia due to family ties, housing, and livelihoods.

## Advocacy Strategies of People Who Use Drugs

Patients living in Abkhazia and accessing methadone treatment in Georgia attempt to challenge restrictive rules through informal and low-visibility strategies, reflecting their limited political leverage. While some have advocated for establishing methadone treatment in Abkhazia or for receiving multi-day doses in Georgia, these efforts have largely failed due to rigid legal frameworks and unfavourable political environments. Patients reported contacting Georgian authorities and relying on supportive—but powerless—local medical staff, while viewing ministries as the only actors capable of change. Lacking access to formal advocacy channels, patients turned to interpersonal networks and researchers as potential intermediaries, invoking "European" standards of harm reduction to legitimise their claims to access multiple doses of methadone. Their mobilisation remains fragmented and largely invisible in public debate, highlighting how marginalised groups facing health needs struggle to make their voices heard within highly politicised and securitised governance contexts.

## Policy Recommendations

**1. Improve infrastructure and accessibility at the Rukhi hospital.**

Relocating the methadone dispensing facility close to the Enguri crossing point would significantly shorten travel times and reduce daily risks for patients commuting from Abkhazia.

**2. Introduce take-home substitution treatment options.**

Allowing stable patients to receive limited take-home doses of methadone or alternative treatments, following compliance criteria, would substantially reduce the need for frequent commuting and ease the physical, social, and financial burden on patients.

**3. Enable substitution treatment within Abkhazia**.

While subject to negotiation with the authorities, this could be negotiated via the local World Health Organisation (WHO) office. Building on past successes, Abkhazian Civil Society Organisations could play a key advocacy role in supporting such change, including advocating for regulatory change.

**4. Strengthen drug prevention strategies**.

In both Abkhazian- and Georgian-controlled territories, international organisations and donors should work with local authorities, healthcare providers, and civil society organisations to develop comprehensive, evidence-based drug prevention strategies.

This policy brief is based on Chapter IX of the author's doctoral thesis, defended on September 9, 2024, and available in the repository of Ghent University: https://www.ugent.be/cessmir/en/members/phd-researchers/gaelle-le-pavic

This chapter has evolved into a peer-reviewed article: Give Us Enough for a Weekly So We Don't Have to Cross Every Day" – Resistance to biopolitics by drug users residing in Abkhazia and on methadone treatment in Georgia

Note on the methodology: The researcher collected qualitative data during a 3-month fieldwork in 2022 in the Samegrelo region of Georgia and conducted a focus group with methadone patients crossing from Abkhazia to access treatment. Additionally, the researcher was present at the methadone centre in Rukhi for over a month and had various conversations with the medical staff, including two recorded semi-structured interviews. Ten interviews with representatives of local Civil Society and international organisations complement this data set. In 2025, the researcher conducted a follow-up field visit, including observations and discussions with the medical staff and some patients at the Natsuluku centre.

## Limitations

This study has two main limitations. First, data collection relied on a single focus group with methadone patients from Abkhazia receiving treatment in Georgia; although complemented by interviews with medical staff, CSOs, and international actors, broader individual narratives could have deepened insight into users' lived experiences. Second, restricted access to Abkhazian-controlled territory and to authorities on both sides limited in-depth observations and excluded the perspectives of drug users who do not travel to Georgia for treatment.

## Acknowledgements

I am grateful to all the focus group participants and interviewees of this research. I thank Prof Dr Ine Lietaert and Dr Giacomo Orsini, who provided valuable comments on a first draft of the article on which this policy brief is based. A second draft benefited from the feedback of Dr Lien Pedersen during a post-doctoral fellowship at the Department of Social Work, Sociology, and Global Development of the University of Fribourg, Switzerland. Anna Gomarteli and Iana Ovsiannikova provided support to this research and data analysis during their internship at UNU-CRIS. I am also indebted to two Georgian researchers who wish to remain anonymous.

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**Suggested Citation**: Le Pavic, Gaëlle. 2026. Accessing Treatment Across Contested Territorial Divides: The Specific Challenges of Drug Users Residing in Abkhazia on Methadone Treatment in Georgia. Policy Brief 26.20. Bruges: UNU-CRIS.

**Acknowledgements:** The author would like to thank Andrew Dunn for his careful final reading of an earlier version of this Policy Brief.

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**Publisher:** United Nations University Institute on Comparative Regional Integration Studies (UNU-CRIS), Bruges, Belgium

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