Fragments of Public Feelings:

Discussing Addiction from a Feminist Perspective

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Fragments of Public Pain:
Feminist Perspectives on Addiction

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FRAGMENTS OF PUBLIC PAIN:
FEMINIST PERSPECTIVES ON ADDICTION

WOMEN'S INITIATIVES SUPPORTING GROUP (WISG)
2025

Women's Initiative Supporting (WISG) is a feminist organization that aims to help building a society based on the principles of social justice, through women's empowerment and political participation.

Women's Initiatives Support Group works with the communities of lesbian and bisexual women, transgender and intersex people and women representing other marginalized groups.

WISG works in the following directions: Advocacy for the integration of women's and LGBTQI+ issues in politics; Community empowerment for social and political participation; Creating publicly accessible critical knowledge about gender and sexuality through research and art projects; Developing practice of intersectional queer feminist organizing.

Women's Initiative Support Group is the author of the key studies and policy analysis on sexual orientation and gender identity in Georgia. Our research studies, shadow reports, policy documents, and information regarding other activities are available on the organization's official website: https://wisg.org/en

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FOREWORD

In Georgia, queer issues, along with other sensitive topics, have consistently been subject to political instrumentalization since their emergence in public discourse. This has significantly influenced both public attitudes toward these issues and the situation of marginalized groups. Considering such fluctuations, continuous reflection and the reproduction of knowledge are especially important. For this reason, the Women's Initiatives Supporting Group (WISG) has, for years, prioritized research and educational activities as key strategies for fostering societal transformation and empowering the queer community.

In the context of the current socio-political crisis - where homo/bi/transphobic and narcophobic attitudes and policies reinforce each other - addressing stigma and public perceptions is not solely a public health concern but a matter of social and political justice. An in-depth examination of the intersection between queer identities and experiences of substance use is therefore particularly timely and necessary. Employing a feminist perspective and methodological framework, allows us to elevate the transformative potential of lived experiences that are often devalued by the system.

Previous research conducted by the WISG on experiences of violence and discrimination within the queer community has identified consistent patterns of self-destructive and high-risk behaviours. However, the methodological limitations of these studies prevented the generalization of findings and only indicated a general correlation between such behaviours and minority stress.

This study adopts a feminist lens to explore the issue, highlighting its multifaceted nature and incorporating bodily, ableist, and care-related dimensions - an approach unique to the Georgian academic context. We are grateful to the research team for their rigorous work and their ability to offer a multidimensional analysis of this sensitive topic.

We hope that this study will serve as a valuable resource for both professionals and activists and will meaningfully contribute to the reduction of stigma and the fostering of systemic change.

Women's Initiatives Supporting Group

INTRODUCTION

The study, "Fragments of Public Pain: Narrating Addiction from a Feminist Perspective," explores the psychosocial characteristics of the LBT community and their relationship to substance use and gambling addiction in Georgia. While addiction is often addressed as a medical and behavioural issue, its intersection with identity-based oppression, social marginalization, and structural violence remains largely unexamined in the Georgian context. LBT individuals face limited access to healthcare services, social stigmatization, poverty, and powerlessness, significantly increasing their vulnerability to various forms of addiction. Despite growing public awareness around mental health and addiction, there is a significant gap in research, health programs, and policy approaches that reflect the issues of women, queer, and trans individuals.

By focusing on the experiences of the LBT community, this research offers insights that move beyond viewing addiction solely as a pathology of individual behaviour, and places substance use within a broader social, political, and emotional context. The study aims not only to document patterns and contributing factors, but also to lay the groundwork for the development of feminist, non-ableist, and informed strategies that address holistic health and addiction.

The study explores how experiences of rejection, shaming, and exclusion contribute to mental health issues such as anxiety, depression, and post-traumatic stress disorder. The research also considers how addiction impacts not only the individual, but also their relationships, families, friends, and close circles. Drawing on both institutional and informal support structures, the study critically examines the accessibility and adequacy of existing resources. The study aims to create space for imagining alternative, care-centered approaches to healing, recovery, and collective well-being.

For the research team, "publicity" is a key concept guiding the study. We aim to highlight the importance of recognizing systemic oppression and collective responsibility when thinking about, discussing, or directly and indirectly encountering addiction in our lives. To truly understand and address this complex issue (the complexity we revisit throughout the research) we believe it is essential to speak about addiction publicly, fostering a conversation that neither marginaliz-

es the experiences of addiction nor nor is rooted in public shaming and condemnation, and moves beyond strictly medical or punitive frameworks.

We argue that discussing addiction from a feminist perspective has transformative power. Such a conversation has a potential to renew our understanding of addiction through the themes of health, care, queer love, chronic public pain, healing, and relief.

In both phases of the study, the research team aimed to avoid extractive data collection practices by respecting participants' emotional and time resources, ensuring informed consent, and providing information about available psycho-emotional support services. While acknowledging the risks involved, the study intentionally avoids romanticizing substance use or framing consumption and addiction as inherent aspects of queer identity. Instead, it is based on the voices of participants, shaping the narrative.

This research would not have been possible without the openness, courage, and sincerity of the respondents. What they shared, and at times chose not to share, stands at the heart of this work. We are deeply grateful to each participant for the time and emotional labour they offered. We also thank the interviewers, who approached their work with care, sensitivity, and thoughtfulness, acting as intermediaries between the research team and the participants. Our gratitude extends to Nino Mzhavanadze, researcher and analyst, for her involvement in processing the quantitative data and for sharing her expertise. We also thank Eka Agdgomelashvili, Jana Javakhishvili, and Tinatin Japaridze for their support, insightful feedback, and close attention to the study.

Special thanks to the initiator of this research, the Women's Initiatives Support Group, and to Nino Kharchilava, whose nuanced vision, sensitivity, and observation were essential throughout every stage of the study.

KEY TERMS AND DEFINITIONS

Abstinence-Oriented Model (AOM) – A model of addiction treatment that seeks complete and sustained abstinence from substances or behaviours. This approach is rooted in the belief that true recovery from addiction is only possible through total abstinence. AOM is often based on 12-step programs, which combine spiritually based principles and self-help strategies.

Addiction – Addiction is a state of dependence marked by the repetitive and compulsive use or pursuit of psychoactive substances, despite the expectation of negative consequences. It impacts brain functions related to reward, stress regulation, and self-control. [1] Not everyone who uses psychoactive substances develops an addiction. In addition to substance-related addiction, there are behavioural addictions – such as those involving video games or gambling.

According to the International Classification of Diseases, 11th Revision (ICD-11), "addiction" is not recognized as a distinct diagnosis. Instead, the term *Disorders due to substance use* is used to describe conditions related to the use of psychoactive substances. These disorders are characterized by behaviours that result in physical or mental harm or negatively affect social functioning. [2]

Gambling Addiction – A condition marked by repeated and compulsive engagement in gambling, often driven by an intense and uncontrollable urge. While gambling may initially bring pleasure or excitement, it is frequently accompanied by harmful consequences, including financial, emotional, and social difficulties.

According to the *International Classification of Diseases, 11th Revision* (ICD-11),[3] **Gambling Disorder** is defined as a pattern of persistent gambling behaviour characterized by: 1. Impaired control over gambling behaviour; 2. Increasing priority given to gambling behaviour; 3. Continuation or escalation of gambling behaviour despite negative consequences.

Activism – Activism refers to the collective efforts of individuals and groups to engage in social, political, or economic change. It encompasses a wide range of

1 National Institute on Drug Abuse, Drug Misuse and Addiction (2020)

2 Poznyak et al., *Aligning the ICD-11 Classification,* (2018), 212–218

3 ICD – 11 – International Classification of Diseases (ICD)

actions, including occupying public spaces, organizing and mobilizing communities, engaging in digital campaigns and creative expression.

Recovery – Recovery is the process of restoring a person's physical, emotional, and psychological well-being following addiction to drugs, alcohol, or other behaviours. It involves more than simply eliminating the addiction; it includes progressing through various stages to regain control over one's life and maintain healthy coping strategies. Recovery often requires a multidisciplinary approach, involving medical professionals, psychotherapists, and social support networks to support the individual.

Burnout – Burnout is a state of physical, emotional, and mental exhaustion resulting from prolonged stress, often related to work, or activism. It may be caused by the complexity and intensity of responsibilities, emotional labour, and constant pressure. People experiencing burnout often feel demotivated, frustrated, dissatisfied, and depleted. The state of burnout indicates the lack of sufficient time to recover.

Depression – Depression is a mental health condition marked by persistent feelings of sadness, hopelessness, and a loss of interest or pleasure in daily activities. It can affect thoughts, emotions, behaviour, and physical health, often leading to fatigue, difficulty concentrating, changes in sleep and appetite, and feelings of helplessness, or guilt.

Ableism – Ableism is a system of oppression that devalues the experiences of people with disabilities, chronic illnesses, and invisible conditions, treating them as inferior. Through attitudes, practices, and institutional structures ableism as a system creates barriers, restrict access, and reinforce societal norms that give privileges those who are perceived as "able-bodied" or "able" individuals.

Emigration – Emigration is the process by which individuals leave their country of origin to live in another country, often driven by economic, political, social, or environmental factors. From a feminist perspective, migration is not a neutral relocation; it is shaped by intersecting systems of oppression – including gender, race, class, sexuality, and the immigration policies of the receiving country.

A feminist analysis of migration highlights how global inequalities, labour exploitation, gender-based violence, and oppressive regimes affect women, LGBTQ+ individuals, and other marginalized groups. The demand for feminized labour – such as domestic work, caregiving, and production – often fosters exploitative forms of migration.

Overdose – Overdose refers to the ingestion, inhalation, injection, or absorption of a drug – or a combination of drugs – in amounts that the body cannot safely process, leading to harmful physiological effects. Overdoses can be either accidental or intentional and may result in severe health complications, including organ failure, coma, or death.

Harm Reduction – Harm reduction is an approach aimed at minimizing the negative health, social, and legal impacts associated with the use of psychoactive substances (such as alcohol, tobacco, or illicit drugs) and behavioural addictions (examples include syringe exchange programs to prevent the spread of diseases).

Harm reduction prioritizes individuals' health, dignity, and autonomy. It acknowledges that recovery is not always a linear process, and that safer use can be a critical part of moving toward long-term well-being.

Consumerism – Consumerism is a social and economic system that promotes constant consumption and purchasing behaviour. It links individual well-being and social status to the act of consuming, often presenting itself as a pathway to happiness and fulfilment.

Consumerism is closely tied to capitalist economies, where advertising and business industries generate desire and demand.

Consumerism is widely recognized as a contributor to environmental damage, economic inequality, and exploitative labour practices.

Consumerism also plays a significant role in reinforcing addictive tendencies in the following way: It fosters a consumer identity in which individuals equate their self-worth and joy with ownership and consumption. Therefore, consumerism is a key driver of systemic addiction.

Healing – In the context of addiction, healing refers to the process of recovery and transformation from the harmful effects of substance use or behavioural addiction. It encompasses physical, emotional, psychological, and spiritual restoration, enabling individuals to regain control over their lives, reclaim a sense of dignity, and health. While recovery often describes the continuous management of addiction, healing is a broader process that touches every aspect of a person's life. It is recognized as a deep, holistic journey that goes beyond abstinence, that involves living a full, meaningful, and self-directed life.

Injecting Drug Users (IDUs) – Individuals who administer drugs in liquid form by injecting them into the body, typically intravenously, but also subcutaneously or intramuscularly, using a needle.

Drug Policy – A set of strategies and approaches adopted by governments to manage the drug use, production, distribution, and prevention. Drug policy can range from strict criminalization to more liberal models, including harm reduction and treatment-oriented approaches.

Opioid Agonist Treatment (OAT) – OAT is a biopharmaceutical approach to managing opioid dependence and is recognized as an effective, evidence-based treatment that should be safe, accessible, and free from stigma. A common example is methadone maintenance therapy. Opioid agonists are medications that activate opioid receptors in the brain, helping to reduce withdrawal symptoms and drug cravings.

Prevention – (Derived from the Latin *praeventio*, meaning "to stop in advance") Prevention refers to deliberate actions aimed at minimizing risk, reducing potential harm, and avoiding undesirable outcomes. In the context of health and public policy, prevention is especially critical in addressing diseases, addictions, and psychosocial issues.

Preventive efforts focus on risk reduction, the promotion of healthy coping strategies, and education on substance use. These initiatives may include school-based programs, public health campaigns, public relation issues, changes in policy, and early intervention strategies targeting populations at-risk.

Recreational Use – Recreational use refers to the consumption of substances primarily for relaxation, enjoyment, or social interaction. It is typically characterized by occasional or moderate use that does not lead to dependence or negative consequences and is intended to enhance social experiences. However, recreational use can become risky if individuals fail to recognize the development of tolerance over time. The World Health Organization does not endorse recreational substance use due to its potential risks.

Relapse – Relapse is the recurrence or worsening of a condition or symptoms after a period of improvement or full recovery. In the context of substance use, it refers to the return to drug or alcohol use.

Public Feelings – The concept of public feelings refers to collective emotional experiences that emerge within shared social, political, and cultural contexts. These feelings are not merely personal emotions, but reflections of broader social dynamics shaped by collective trauma, systemic injustice, and histories of resistance and solidarity.

Public feelings encompass emotions such as sadness, anger, pain, joy, hope,

and solidarity, and are often expressed through cultural practices, activism, and public narratives.

By centering emotions within public and collective spaces, the concept highlights how personal emotional experiences are intertwined with wider social issues – transforming individual struggles into shared, politicized, and collective issues.

Systemic Violence – Systemic violence refers to institutionalized and structural forms of inequality embedded within social, political, economic, and cultural systems. These systems consistently produce hierarchies among different groups of people. Unlike individual acts of prejudice or discrimination, systemic violence operates through laws, policies, social norms, and institutional practices.

According to feminist and intersectional analysis, systemic violence is not accidental but intentionally maintained through patriarchal, capitalist, colonial, and ableist structures. It is expressed through unequal access to resources, state violence, labour exploitation, environmental injustice, and the marginalization of entire communities.

Hate Crime – A hate crime is a criminal act motivated by bias or prejudice against a person or group based on characteristics such as race, ethnicity, religion, nationality, sexual orientation, gender identity, disability, or other characteristics.

Socialization – Socialization is a process through which individuals learn and internalize the norms, values, beliefs, and behaviours of their social group or society. It shapes how people understand the world, interact with others, and form their identities.

Social Anxiety – Social anxiety is characterized by an intense fear of social situations, particularly the fear of being judged, embarrassed, or humiliated. It can significantly impact daily life, relationships, and professional functioning, often leading to the avoidance of social interactions.

Stigma – Stigma refers to negative social attitudes, beliefs, and stereotypes that devalue individuals or groups based on certain characteristics, behaviours, or identities. It often targets aspects such as mental health, race, gender, sexuality, disability, or socioeconomic status – traits that are perceived as "deviant" or outside societal norms.

Stigma operates on both individual and structural levels (through discrimination and prejudice, as well as through policies, laws, and institutional practices).

Its effects can include social exclusion, shame, internalized oppression, and restricted access to resources and opportunities, that negatively affect the well-being and social inclusion of stigmatized communities.

Transition – In the context of the transgender community, transition refers to the process of aligning one's gender expression and/or body with their gender identity, which differs from the sex assigned at birth. This process is individual and shaped by personal needs, goals, and available resources. Transition may involve a combination of social, legal, psychological, and/or medical steps.

Safe Use – Safe use refers to strategies that prioritize the health, dignity, and survival of individuals who use substances – especially when they are not able or ready to stop. It involves practices that reduce the risk of harm, such as using sterile injection equipment, carrying naloxone (a medication that works against opioid overdoses), knowing one's dosage, avoiding use while alone, taking nutritious food, and staying hydrated. This approach does not justify substance use but acknowledges its reality, aiming to prevent overdose deaths, infections, and other complications.

Safe Space – A safe space is a physical or virtual environment where individuals – particularly those from marginalized communities – can express themselves freely without fear of harassment, discrimination, or harm. These spaces are intended to foster such environment, that fosters respect, inclusivity, and is open for emotional support.

Feminist Research Methodology – Feminist research methodology is an approach based on feminist theory that canters the experiences, voices, and knowledge that are often forgotten or excluded. It challenges traditional methodologies shaped by patriarchal, colonial, and capitalist assumptions. Feminist research aims to create the knowledge that is faithful to transformative, ethical and social justice.

Psychoactive Substances – Psychoactive substances affect the functioning of the central nervous system (CNS), altering a person's emotions, mood, perception, or thought processes. Their effects can be therapeutic (when taken as prescribed medications), or potentially harmful and risky (when abusing drugs).

Coming Out – Coming out is the process of recognizing, accepting, and sharing one's LGBT(Q)I identity with oneself and others. It is both a personal and social act, that may involve multiple stages and recurring across different contexts throughout a person's life.

Internal Migration – Internal migration refers to the movement of people within the same country – such as relocating from one region, city, or village to another. Unlike international migration, it does not involve crossing national borders. However, it can still have significant social, economic, and political implications for both the areas of origin and destination.

Hypervigilance – Hypervigilance is a state of heightened and persistent alertness, often triggered by potential threats or danger. It is commonly associated with traumatic experiences and can result in psycho-emotional strain. Symptoms may include excessive scanning of the environment, an inability to relax, chronic anxiety, and irrational fear or worry about potential or imagined dangers.

PROBLEM STATEMENT

According to one definition, addiction can manifest in any behaviour where a person seeks temporary relief or pleasure, achieves it, but ultimately finds themselves in a painful state, when stopping the behaviour becomes difficult. Addiction is associated with intense desire, temporary relief or pleasure, emotional pain, and a loss of control. This definition extends beyond substance use and can apply to a wide range of human behaviours, including sex, eating, shopping, gambling, and compulsive internet use, among others.[4]

Today, the LGBT(Q)I community remains one of the most vulnerable social groups globally, including in Western countries. In addition to structural stigma – such as hate crimes, discriminatory legislation, and restricted access to essential services – LGBT(Q)I individuals face daily experiences of exclusion, hiding, and microaggressions. Minority stress and ongoing discrimination increase the community's vulnerability to mental health challenges and substance use.[5] Research shows that LGBT(Q)I individuals are significantly more likely to use psychoactive substances than their non-LGBT(Q)I peers.[6]

As noted, stigma and discrimination within society are significant risk factors for substance use. The experience of stigma can create internal tensions within the community, leading to alienation from the issue, concealment of the problem, and reluctance to speak openly about it. This silence may discourage members of the queer community from disclosing their experiences with addiction, which in turn hinders the identification of potential risks and the development of effective, preventive strategies. As a result, any interventions planned in this area are at risk to remain superficial.

The existing legislation in Georgia and the mechanisms for its enforcement can, in some cases, serve as striking examples of structural stigma. In that regard, the adoption of the anti-discrimination law in 2014 was a significant step forward in advancing human rights protections. However, the lack of political will to im-

4 Stephanie Hollington-Sawyer, *"Beyond Drugs: The Universal Experience of Addiction",* (2017)

5 Michael Shelton, Fundamentals of LGBT Substance Use Disorders: Multiple Identities, Multiple Challenges (2020).

6 Cotaina M, et a.l, "Substance Use in the Transgender Population: A Meta-Analysis," Brain Sciences 12, no. 3 (2022), 366.

plement this law effectively, combined with the insensitivity of law enforcement agencies, has created barriers that often make exercising the rights it guarantees more problematic for individuals.

The 2023 report by the Public Defender of Georgia highlights that police frequently fail to ensure the safety of LGBT(Q)I community members and often respond ineffectively to acts of violence committed against them. [7] These findings are presented in WISG's 2022 study, which also concluded that the state responds ineffectively to incidents of violence and discrimination targeting LGBT(Q)I individuals.[8]

The current situation has been further exacerbated by the homophobic legislation passed by the Parliament of Georgia – the Law on Family Values and Protection of Minors (2024). This law is a manifestation of structural stigma, contributing to a hostile and oppressive environment for queer individuals. As a result, trust in state institutions is expected to decline even further, while help-seeking behaviours within legal, social, and healthcare systems are likely to decrease among LGBT(Q)I people. In such an environment, where the state acts as a persecuting force against a specific group, the deterioration of both physical and mental well-being is inevitable, contributing to a rise in the use of psychoactive substances and other potentially addictive behaviours within the community.

In March 2025, the Georgian government introduced a series of proposals aimed at tightening the country's drug policy. It is important to note that drug policy in Georgia has never been liberal. The proposed changes include the following measures:

- Mandatory treatment for drug use, as defined by the Criminal Code.
- Harsher penalties for all types of drug-related offenses, including the sale of small quantities of drugs, with potential sentences of up to life imprisonment. The sale of cannabis will also become punishable by imprisonment.
- Penalties for evading a drug test will include: a three-year suspension of driving license, a five-year prohibition on working in public sector employment,

7 Public Defender of Georgia, Special Report on Situation of Equality and Combating and Preventing Discrimination (2023).

8 WISG, From Prejudice to Equality. Study on Public Knowledge, Awareness and Attitudes Towards LGBT(Q)I Community and Legal Equality

a prohibition on working in educational and pedagogical institutions, and a five-year suspension of the right to carry or possess firearms.

- Police officers will have the right to require drug testing if they suspect a person is under the influence of drugs based on behaviour or other external signs. [9][10]

These initiatives have been introduced without consultation with the professional community and pose a serious threat to human rights and freedoms. Moreover, they create the risk that the government may selectively target citizens under the pretext of combating drug use, while simultaneously exacerbating the overall drug situation in Georgia.[11]

Beyond the political and legislative challenges, significant barriers also exist within academic spaces. International research on addiction and the risky use of psychoactive substances has paid relatively little attention to the experiences of queer communities, particularly those of transgender individuals. For example, an analysis of studies conducted in the United States in 2013 revealed that, out of 127,000 studies funded by the National Institutes of Health (NIH), only 0.5% focused on LGBT(QI) issues. Among these, 79% addressed the needs of gay men, 6.8% focused on transgender individuals, and approximately 15% examined the experiences of lesbian and bisexual women.[12]

In this regard, Georgia is no exception. Existing analytical reports[13][14] on the drug situation do not include data disaggregated by gender identity or sexual orientation. The same applies to representative studies of the general population, which have already been conducted twice in the country. [15][16] These and oth-

9 Response to anti-drug reform by parliamentary majority leader Mamuka Mdinaradze

10 GD to Introduce Forced Treatment of Drug Crime Convicts, Civil.ge, 18/03/2025

11 Statement by the Georgian Association of Addiction on punitive drug law amendments: https://www.facebook.com/share/p/19vubZXhFV/, 24/03/2025

12 Ibid.

13 National Drug Observatory, Annual Report on Drug Situation, (2022).

14 National Drug Observatory, Annual Report on Drug Situation (2022)

15 Alternative Georgia, National Survey on Substance Use in The General Population in Georgia, (2016).

16 Alternative Georgia, National Survey on Substance Use in the General Population in Georgia, (2023).

er identity categories remain invisible in general population research, reflecting a heterosexist and Cis normative bias in current scientific approaches. As a result, to this date, no representative study on addiction and the risky use of psychoactive substances among lesbian, bisexual, and transgender people has been conducted in Georgia.

When addressing substance use, it is essential to consider underlying factors such as poverty, homelessness, violence, transition-related experiences, homophobia, and mental health.

It is evident that the rights of the queer community in Georgia are worsening, alongside the drug policy landscape shaped by upcoming legislative initiatives. This decline in rights directly impacts individuals' physical and mental health, safety, and socio-economic well-being. Now, more than ever, is a critical and relevant moment to study the specific needs of the queer community and generate evidence to support effective responses. As noted, research on substance use in Georgia has failed to account for the unique experiences of the LBT community. Addressing this gap would be a crucial step toward advocating for a more inclusive drug policy. This report represents the first focused attempt to explore addiction within the LBT community in Georgia.

We hope that this report will become a valuable document for the queer community, for local community-based organizations, and for stakeholders working at the legislative level, for them to clearly see the community's needs in relation to addiction, support the planning of evidence-based, multidisciplinary, community services, and generate proposals for both the public and private sectors on how to respond to the challenges faced by LGBTQ(I) individuals.

RESEARCH OBJECTIVES AND METHODOLOGY

This study has both qualitative and quantitative parts. Since the aim of the research is not only to collect statistical data through standardized methods but also to explore underlying patterns and explanatory factors related to both substance use and gambling behaviour, we decided that employing a mixed-methods approach was most appropriate. The qualitative component enables us to understand how certain statistical trends manifest in the experiences of individuals. On the other hand, the quantitative component provides a broader perspective on the current situation and allows us to respond to research hypotheses.

Aims and Objectives

The study aims to explore the psychosocial characteristics and impacts of substance use and gambling addiction within the LGBT community in Georgia, and to lay the groundwork for developing feminist strategies that support in-depth, interdisciplinary work at the intersection of addiction and health in this community.

Research Questions

- What are the patterns of substance use and gambling addiction within the LBT community?
- What are the primary reasons behind substance use and gambling addiction?
- In what socio-economic conditions, political environment, and healthcare systems does the LBT community turn to substance use and gambling?
- What role do traumatic experiences and systemic violence play in the development of addiction?
- What are the prevalence rates of anxiety, depression, and post-traumatic stress disorder within the community?
- What coping strategies are used by members of the LBT community?
- How substance use, and symptoms of mental health disorders are connected?
- What impact do substance use and gambling addiction have on LBT individuals and their social circles?

- What institutional and/or informal support systems are available to those with substance use and gambling addiction?
- What care-oriented policies and approaches should be developed for the problem of addiction?
- How can we reimagine the concepts of "healing" and "relief" in the context of addiction in the LBT community?
- What recommendations can be proposed for stakeholders to develop effective, comprehensive, and evidence-based strategies in addressing addiction within the LBT community?

Quantitative Research Hypothesis

- The higher the anxiety and depression levels, the higher the substance use;
- The more pronounced the symptoms of post-traumatic stress disorder, the higher the levels of substance use.
- The higher the coping skills scores, the lower the substance use.

Methodology

To address the research objectives, the research team employed both qualitative and quantitative methods. In the first stage, a qualitative study was conducted to explore the issue in depth and provide respondents with a unique opportunity to share their experiences.

In the second stage, a quantitative study was carried out using structured questionnaires. The aim of this phase was to assess patterns of substance use, levels of anxiety, depression, and post-traumatic stress disorder, as well as coping skills within the target group, and to examine potential relationships between these variables.

Data collection took place in Tbilisi, Kutaisi, and Batumi.

Research Instruments

A semi-structured in-depth interview guide was used as the primary qualitative research instrument. While the guide was organized around pre-developed thematic blocks, it also allowed flexibility, enabling to adapt the direction of the

conversation and introduce new questions as needed during the interview process.

The instrument was designed to cover key aspects of the respondents' life histories, including experiences of poverty, housing access, coming out, physical and mental health, socialization, relationships, internal and external migration, violence, activism, and other experiences.

A structured questionnaire comprising six blocks was used as the primary quantitative research tool. The first block collected demographic information. The second block examined the characteristics and frequency of psychoactive substance use, as well as experiences with gambling (LIE-BET Questionnaire). The third block focused on identifying experiences of homophobic violence. The fourth block included the Generalized Anxiety Disorder scale (GAD-7) to assess symptoms of anxiety. The fifth block used the PHQ-9 to screen for symptoms of depression. The sixth block included the PACT to identify coping strategies related to traumatic events, and the seventh – the Primary Care PTSD Screen (PC-PTSD-5) to assess symptoms of post-traumatic stress disorder.

These instruments provide a broad and comprehensive picture of respondents' mental health, substance use, gambling behaviours, and intervention needs. All questionnaires used in the study have been adapted by Ilia State University and are widely used in international research. A brief description of each instrument is provided below.

1. **ASSIST – Alcohol, Smoking and Substance Involvement Screening Test** – This screening tool assesses patterns of psychoactive substance use. It identifies which substances are used, how frequently they are used, whether the respondent shows signs of addiction, and whether more intensive intervention may be needed. [17]
2. **GAD-7 – Generalized Anxiety Disorder-7** – is a self-assessment questionnaire used to screen for and evaluate the severity of generalized anxiety disorder (GAD). It consists of seven items measuring anxiety symptoms, rated on a 5-point Likert scale.[18]

17 World Health Organization. ASSIST: The Alcohol, Smoking and Substance Involvement Screening Test: Manual for use in primary care, (2002).

18 R. L. Spitzer, et al., "A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7," Archives of Internal Medicine 166, no. 10 (2006): 1092–1097.

3. **PHQ-9 – Patient Health Questionnaire-9 –** one of the most widely used tools for screening and assessing the severity of depression. It includes nine questions aligned with the DSM-5 diagnostic criteria for depression, each rated on a 5-point Likert scale.[19]
4. **Lie-Bet Questionnaire** – The Lie-Bet is a short screening tool designed to identify problematic or pathological gambling. It consists of two simple yes/no questions and is used for rapid assessment in both clinical and general population settings.[20]
5. **PACT – Perceived Ability to Cope with Trauma Scale (2011)** – the PACT scale measures coping strategies in response to potentially traumatic experiences. It includes two subscales: one assesses a person's ability to look beyond the trauma and envision the future (an optimistic perspective), while the other measures the ability to focus on, process, and give meaning to the traumatic experience. The tool is valuable in clinical settings, as it evaluates personal resilience and supports the planning of targeted interventions. Higher PACT scores are associated with lower levels of distress and better adaptation to trauma. [21]
6. **PC-PTSD-5 – Primary Care PTSD Screen for DSM-5** – The PC-PTSD-5 is a screening instrument designed for use in primary healthcare settings to assess symptoms of post-traumatic stress disorder . It is based on the diagnostic criteria for PTSD outlined in the DSM-5. [22]

19 K. Kroenke, et al., "The PHQ-9: Validity of a Brief Depression Severity Measure," Journal of General Internal Medicine 16, no. 9 (2001): 606–613.

20 E. E. Johnson, et al., "The Lie/Bet Questionnaire for Screening Pathological Gamblers" Psychological Reports 80, no. 1 (1988): 83–88.

21 G. A. Bonanno, et al., Perceived Ability to Cope with Trauma Scale (PACT), (2011), APA PsycTests.

22 A. Prins et al., "The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and Evaluation within a Veteran Primary Care Sample," Journal of General Internal Medicine 31 (2016): 1206–1211.

Sampling Method and Target Group

The target group of this study is the LBT community in Georgia.

Both qualitative and quantitative **methods** were used in the study.

Participants were selected purposively, based on the following criteria: cisgender women aged 18 and older who identify as non-heterosexual, as well as transgender and non-binary individuals, were eligible to participate. Additionally, respondents were required to have used at least one psychoactive substance within the past year prior to participation in the study. All participants in the quantitative study also completed a screening questionnaire for problem gambling (Lie-Bet).

Given the existing experience, the highest concentration of LGBT(Q)I individuals is found in three major cities. Therefore, the quantitative study included 109 LGBT(Q)I respondents from Tbilisi, Batumi, and Kutaisi.[23] The qualitative study included 30 respondents from Tbilisi, Kutaisi, Batumi, and Rustavi.

In both cases, the "snowball" method was used – a well-established approach for engaging so-called invisible and hard-to-reach groups, whose actual population size is unknown. According to this method, a representative of the target group connects researchers with other members of the group, and the process continues until the desired sample is reached. The main advantage of this method is its effectiveness in accessing the community and building trust with respondents.

Given that the aforementioned community is marginalized and difficult to reach, we collaborated with community officers and social workers from service-providing organizations (the Women's Initiatives Supporting Group, Equality Movement, Temida, and Periphery) to recruit participants. In total, 109 respondents were interviewed.

Quantitative Research Survey Procedure and Data Analysis

As part of the qualitative research, interviews were conducted using a pre-developed semi-structured questionnaire. These interviews were held either face-to-face in a calm and safe environment or via an online platform. The average duration of each interview was 45 to 60 minutes.

23 Current experience indicates that these three cities have the highest concentration of LGBTQI community members.

For data analysis, interview transcripts were prepared. In line with confidentiality and safety protocols, all audio recordings were deleted, and respondents' personal data in the transcripts were encrypted.

To manage, categorize, and analyse the qualitative data, the research team used NVivo, a software program widely utilized for processing the extensive material gathered in qualitative studies.

In the first stage, researchers began coding and organizing the data, which enabled the identification of key themes and emerging patterns. In the second stage, connections between various coded segments were explored, compared, and interpreted, which allowed to align them with the questions and theoretical framework.

Data collection was conducted using the CAPI method, and the questionnaire was administered via the KoboToolbox platform. The questionnaire was completed face-to-face with the assistance of an interviewer, using a computer or tablet. Participants received an informed consent form outlining the purpose of the interview, potential benefits and risks, limits of confidentiality, and other relevant information. Each interview lasted approximately 45 to 60 minutes and was conducted in a confidential and comfortable setting.

The data collected in the quantitative phase of the study were analysed using the SPSS statistical software. In the initial stage, demographic data were analysed through descriptive statistics, and frequency distributions were calculated. Next, substance use patterns, mental health indicators, and other data were analysed based on age, gender, sexual orientation, and geographic location. An ANOVA test was conducted to assess correlations between variables were calculated to evaluate the validity of the research hypotheses. The findings are summarized in the results section.

Research Validity and Ethical Considerations

In terms of validity, there are challenges related to the methods of data collection, the specifics of the target group (particularly regarding issues of anonymity and confidentiality) and the characteristics of the research instrument itself. Therefore, in studying addiction within the LBT community, we adopted a complex and nuanced approach, carefully considering a range of ethical concerns.

One of the primary ethical considerations concerned the emotional impact on participants of discussing issues related to addiction. The research team rec-

ognized that some questions could negatively affect or trigger emotional vulnerability or substance use-related behaviours. To avoid this, respondents were thoroughly informed about the structure of the interview, and the topics to be discussed. Participants were explicitly told that they could skip any question or stop the interview at any time.

Additionally, at the conclusion of each interview, respondents were informed about available psycho-emotional support services. These measures were taken to ensure that the research process respected participants' emotional and time resources and avoided extractive practices.

A second ethical concern involved the issue of confidentiality. Ensuring confidentiality can be particularly challenging when conducting research within small groups. The research team avoided including any identifiable details in the research report beyond changing participants' names, ages, or places of residence.

Another ethical issue addressed at the early stage of the research was the need to avoid both romanticizing addiction and marginalizing the LBT community. The research team is aware that studying addiction within a queer population carries the risk of reinforcing harmful stereotypes, framing addiction as inherently linked to queer identity or culture. To avoid this, the study was grounded in a theoretical framework that centers the lived experiences of LBT individuals, focusing on factors such as economic precarity, trauma, and health.

Lastly, we believe that ethical research should not simply describe oppression, but also contribute to collective change and promote consistent, thoughtful engagement with the issues.

The research proposal was submitted to the Research Ethics Committee of the Faculty of Sciences and Arts at Ilia State University. Following a two-stage review process, the committee confirmed that the application met all requirements. The study's goals and methodology were consistent with international ethical standards, and ensured the protection respondents' personal data, confidentiality, and anonymity.

THEORETICAL FRAMEWORK

The research is based on a queer feminist theoretical framework, incorporates a critique of ableism, and thus analyses the relationship between addiction and mental health within the LBT community. This approach is both political and transformative, as it avoids reducing addiction and substance use to individual responsibility. Instead, it explores these issues within their social, political, cultural, and economic contexts, and examines them through a holistic understanding of health and the lens of health justice.

Public Feelings

The research team studying addiction in the LBT community aims to explore and illuminate the social causes of addiction through the lens of hope and healing. The study is guided by Anne Cvetkovich's concept of *public feelings* as a key theoretical reference.

In her book *Depression: A Public Feeling*, Cvetkovich conceptualizes depression as a social and cultural phenomenon. She introduces the idea of *political depression* – a condition in which action, resistance, or political engagement fails to bring about change and thus relief. Where public feelings exist neither political transformation nor medical treatment alone can resolve the issue. What is needed are other transformative feelings: the recognition and acceptance of failure, exhaustion, the capacity to dream, and the slow, deliberate work. This prompts us to think differently.

Affective transformation, as explored by the author through the work of other theorists, is another key concept in addiction research. It is important to introduce and legitimize such transformations – melancholia, shame, fear, sentimentality, stories of intimacy, personal and domestic life, and public cultures that emerge in response to trauma. These experiences are not only important to study, but they also reveal new paths for transformation. Cvetkovich is particularly drawn to the term *feelings* because of its intentional imprecision – it can reflect both bodily and spiritual experiences. The word is used in everyday language, making it easier for people to relate it to their own experiences.[24]

24 Ann Cvetkovich, *Depression: A Public Feeling* (2012), 1–15.

Discussing *public feelings* should help create new forms of feminist politics, as Cvetkovich envisions, and this research aims to contribute to that goal. The public feelings project's focus on observing and analysing ordinary existence is a powerful method of examining systemic power – particularly when there is little to no public space for expressing feelings. In contexts where the state does not prioritize social welfare, feelings are often confined to the home, pushed into the private sphere.[25]

Anne Cvetkovich's definition and understanding of depression is also foundational to this study. She connects depression, among other causes, to social forces – but notes that simply recognizing this connection offers no relief. For this reason, she seeks to uncover links between the social and the personal that might help explain the violence that leaves us with these uneasy feelings. This study follows that path: the narratives collected do not simply offer cataloguing experiences but creates a public field – an opportunity for coping with these feelings.

Recognizing that our depression is public may, at first, feel like a loss in this vast darkness. However, these shared attitudes can become seeds for new forms of collective action and hope. The aim is not necessarily to make negative feelings disappear, but to find a new path through them.

The Myth of Normal

Because addiction is a holistic health issue and a symptom of trauma, mental distress, and spiritual emptiness – it is essential to consider its relationship to the concept of well-being. For this purpose, we will draw on the concept of the myth of normal developed by Canadian physician and author Gabor Mate.

Contemporary understandings of well-being and wellness are shaped by a capitalist, consumerist logic, in which individuals are expected to engage in various practices to attain maximal state of wellness. Yet, despite the hype around "wellness," collective health continues to decline, and chronic physical illnesses and conditions, related to mental health conditions are becoming more prevalent.

What is crucial in this context is that any chronic illness must be understood as a reflection of the conditions in which we live – not merely as a result of personal

25 Lisa Duggan, *The Twilight of Equality?"* (2003).

choices or a random anomaly. Mate leans on the concept of "toxic culture," one that encompasses not only environmental pollution but also toxicity, related to negative feelings, distrust, hostile environments, and polarization.

The observation that social existence influences health is not a discovery, but its recognition has become increasingly urgent. The existing social and economic culture generates chronic stressors that erode people's well-being. In such an environment, nothing considered "normal" is healthy or natural. In modern societies, meeting the standard of normality often means conforming to what is, in fact, abnormal. As such, abnormal or unnatural should be understood as a characteristic of the environment – not of individual bodies. If we approach illness and chronic pain through this lens, it radically transforms how we understand human health and existence. Rather than seeing pathology within individuals, we must identify the roots of our physical and mental illness in the deterioration of our social conditions that surround us. Without this perspective, any notion of healing risks becoming superficial or false.

The existing medical paradigm separates the mind from the body and fails to use their interconnectedness as a basis for analysis. While this limitation does not undermine the valuable advances or intentions of medicine, it does diminish the full potential of what medicine should offer.

The shortcomings of health systems are caused either by a lack of knowledge or from wilful ignorance. Yet it should be clear that human health cannot be reduced to the condition of a single organ. To understand someone's health, we must explore how they have lived – their path to suffering or healing, the relationships they've had, the life stages they've gone through, and circumstances.

If we take a closer look at what we define as health and illness, we may find out that we live by false or misguided beliefs. True healing requires a revision of these assumptions. While healing is not guaranteed, it remains both possible and necessary in this stage of human existence.[26]

26 Gabor Mate and Daniel Mate, *The Myth of Normal: Trauma, Illness, and Healing in a Toxic Culture* (2022).

Why Pain?

Trauma psychologist Peter Levine writes that a single fact or experience, once imprinted in memory, can overshadow all others, disrupting a person's psychological, social, and biological equilibrium, and robbing them of joy in the present.[27] Levine refers to this as *the tyranny of the past*. He asserts that "Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering."[28]

The first question, according to Gabor Mate, should not be "Why addiction?" but "Why pain?" In his book *In the Realm of Hungry Ghosts: Close Encounters with Addiction*, Mate argues that addiction arises from a person's desperate attempt to resolve deep emotional pain, stress, lost connections, and a sense of lost control. This perspective directly challenges the dominant view that people with addictions are merely pleasure-seeking, impulsive, or selfish, voluntarily sacrificing their health, relationships, and work.[29]

Addiction can manifest as any repetitive behaviour, whether substance-related or not, that a person feels compelled to continue despite negative consequences. It is characterized by compulsive behaviour, preoccupation, a loss of control, and feelings of irritation or dissatisfaction when the substance, activity, or goal is not immediately accessible.[30]

However, not all harmful compulsions qualify as addictions. It is important to recognize that "addiction is a complex condition and a complex relationship between the person and their environment." Precisely because of this complexity, Gabor Mate avoids using the term "disease" to define addiction, as doing so defines it strictly as a medical category. Addiction may have characteristics of disease; however, the disease model alone would entirely limit its understanding.[31]

The author challenges the assumption that addiction is primarily genetic. While acknowledging that genetic predisposition may play a role, it is not the determining factor. Instead, he emphasizes the influence of early childhood experiences, trauma, and environmental factors in the development of addiction,

27 Peter A. Levine, *Trauma and Memory: Brain and Body in a Search for the Living Past* (2015).

28 Peter A. Levine, *Waking the Tiger: A Guide to Healing Trauma* (1999).

29 Gabor Mate, *In the Realm of Hungry Ghosts: Close Encounters with Addiction* (2018).

30 Ibid, 156.

31 Ibid, 157.

and observes that relationships, stress, and emotional experiences significantly shape brain development. This perspective highlights the greater impact of social conditions and upbringing over inherited traits. The author shifts the focus away from genetic determinism toward a deeper understanding of the emotional and social roots of addiction.[32]

In one of the chapters of the book, Mate envisions a humane, evidence-based social policy on substance use. He critiques the punitive, prohibition-oriented model, arguing that such an approach increases harm, perpetuates the existing patterns, and fails to reduce consumption. In contrast, he advocates for policies centred on harm reduction and social support, framing addiction as a health issue rather than a moral weakness. Mate emphasizes compassionate, trauma-informed care and systemic change that would address the root causes of addiction, including social inequality and childhood trauma.[33]

Ableism

As a system of oppression, ableism devalues bodies and minds that do not conform to dominant norms of productivity, self-sufficiency, and control. This devaluation significantly determines how addiction is perceived in society. When addiction is medicalized, it is often framed in terms of "cure" and "recovery," reflecting ableism's narrative of restoration.

Ableism closely aligns with neoliberal ideals of productivity – individuals who can be "cured," even with difficulty, and return to work are viewed as success stories. Meanwhile, those who struggle to navigate the complexities of addiction and are not easily labelled "cured" are neglected by social and economic systems. Current well-being approaches reinforce the idea that only "compliant," "normal," or goal-oriented bodies are worthy of care.

In her book *The Contours of Ableism: The Production of Disability*, Fiona Kumari Campbell explores how ableism shapes both society and the production of knowledge within it. She conceptualizes ableism not merely as a form of discrimination, but as an ideology that constructs norms around how bodies, minds, and abilities should be valued, offering a model of the "normative," able-bodied

32 Gabor Maté, *In the Realm of Hungry Ghosts: Close Encounters with Addiction* (2018), 235-243.
33 Ibid, 343-361.

subject. In this framework, ableism does not imply marginalization of people with disabilities; rather, it reinforces the ongoing production of a worldview in which disability is seen as undesirable, something to be corrected or eliminated through medical intervention, rehabilitation, or exclusion.[34]

Legal and institutional structures further entrench ableism by regulating bodies and continually defining and policing the terms of acceptable inclusion. Campbell calls for a radical rethinking of both ableism and disability – one that goes beyond inclusion and fundamentally questions normative assumptions about bodily and mental function.

In *Glorious Imperfection: The Struggle with Healing*, Eli Clare critically examines the concept of healing through personal narratives, historical analysis, and political critique. Clare argues that the path to healing is often framed in a positive way when rooted in ableism, medical authority, and social control. She does not dismiss the value of medical treatment, and acknowledges its personal and nuanced nature, however, she emphasizes the need to recognize how colonialism, classism, and gender-based oppression are closely intertwined with efforts to erase or "correct" bodily difference. Thus, without this perspective, it is impossible to develop healing approaches that accept and make space for imperfection.[35]

Although the connection between ableism and addiction may not be immediately apparent, the research team identifies the critique of ableism as one of the core analytical frameworks for addiction research. It is also important to consider the concept of invisible disabilities in this context,[36] as it emerged in the study as well. The research does not define addiction as a disability or an invisible disability, but it argues that the pervasive stigma faced by people who use substances is best understood through the lens of ableism. While this may seem pessimistic, given that ableism is a system of oppression that is hard to overcome, it also opens up the possibility for an understanding of addiction, that moves beyond the limitations of the medical-legal model and challenges ableist assumptions at their root.

34 Fiona Kumari Campbell, *Contours of Ableism: The Production of Disability and Abledness* (2009).

35 Eli Clare, *Brilliant Imperfection: Grappling with Cure,* (2017).

36 Shanna K. Kattari, Miranda Olzman, and Michele D. Hanna, *You Look Fine!' Ableist Experiences by People with Invisible Disabilities,* (2018).

LOCAL CONTEXT

Review of Addiction Research

Addiction research in Georgia is mostly conducted within the dominant medical and psychological frameworks. These studies largely emphasize individual pathology and rely on the disease model, which views addiction as a mental illness characterized by specific symptoms and development. Consequently, treatment implies medical and pharmacological interventions.[37] One limitation of this model is that it fails to place addiction within broader social, cultural, and political systems, and by focusing narrowly on biological and psychological factors, overlooks deeper, more comprehensive understanding of addiction.

Moreover, although some research includes vulnerable populations, the approaches often lack nuance and fail to analyse the complex needs of diverse groups. For example, the LGBT(Q)I community is frequently overlooked as a high-risk population whose experiences with addiction may be associated with trauma, identity-based violence, poverty, homelessness, gender transition, and other factors.

Most research on addiction and psychoactive substance use in Georgia is quantitative, focusing on the collection and analysis of statistical data. There is a notable lack of qualitative research methods that would allow for a deeper exploration of people's lived experiences, their perceptions of addiction, how they view healing, and coping or management strategies. As a result, the personal and emotional dimensions of addiction often remain invisible, and individuals are represented as beneficiaries or potential beneficiaries. Given the sensitivity of the subject, it is essential that research methodologies ensure a high level of confidentiality and create a safe environment for respondents to share their experiences. For example, the *Research on the Use of Psychoactive Substances in the General Population*[38] employed face-to-face interviews. However, considering the high level of criminalization and stigma surrounding substance use, one major limitation of this approach is the risk of social desirability bias, which can lead to unreliable data. Additionally,

37 ScienceDirext, "Disease Model", https://www.sciencedirect.com/science/article/abs/pii/B9780123983367000073

38 Alternative Georgia, *National Survey on Substance Use in The General Population in Georgia,* (2022).

the demographic and socio-economic variables used in such studies are limited, typically including only gender, age, marital status, education, employment status, settlement type, and regional distribution. However, addiction cannot be fully understood through basic demographic indicators alone, and to capture the complexity of addiction, it is important to incorporate factors such as trauma, social exclusion, and access to social and health services.

It is also worth noting that addiction research in Georgia mostly focuses on trends in substance use, user behaviour, and the evaluation of existing services, overlooking broader issues related to substance use, such as prevention strategies, the needs of high-risk groups, co-dependency and more. Clearly, addiction is not bound to the type or frequency of substance use – it can also encompass co-occurring addictions (cross-addiction), chronic illnesses and its relationship with addiction.

Moreover, there is a gap in research on gambling addiction at the national level, making it difficult to understand the true scope of the problem. Due to the lack of empirical data, we have limited knowledge of the variables associated with gambling addiction in the local context, and what impact they have on individuals and society. Additionally, the relationship between gambling addiction and substance use remains unexplored. It is also crucial to study and advocate for greater awareness of gambling addiction, particularly in the context of over-indebtedness.

Despite these challenges, it is essential to continue research on addiction, particularly in the context where individuals face stigma and dehumanization. The establishment of an academic department dedicated to addiction is a positive step that can foster research in an independent and open environment. Moreover, holistic approaches to addiction research, and tailored to the needs of marginalized populations, is a necessary foundation for developing effective policies, prevention strategies, and support services.

Drug and Psychoactive Substance Use in Georgia

The drug situation in Georgia is assessed by the National Drug Monitoring Center, operating under the Ministry of Justice. This service follows five key indicators developed by the The European Union Drugs Agency (EUDA) to evaluate the national drug landscape:

- Prevalence and Patterns of Drug Use
- High-Risk Drug Use (HRDU)
- Treatment Demand (TDI)
- Drug-Related Deaths and Mortality (DRD)
- Drug-Related Infectious Diseases (DRID) [39]

As mentioned above, the criminalization of drug use makes it difficult to see the whole picture of the situation in Georgia, as participation in surveys and studies may pose a risk of identity disclosure. Consequently, the indicators developed by the EUDA allow for the collection, processing, and comparison of specific information from various services and studies. While the resulting data most likely do not capture the full scope of the issue, they do help identify trends and inform the development of more effective state strategies.

In Georgia, surveys on the use of psychoactive substances in the general population were conducted twice, in 2015 and 2022, with the aim of identifying and measuring the substances consumed and their frequency of use. These General Population Surveys (GPS) are conducted periodically and target individuals over the age of 18. According to the results of the 2022 survey, the prevalence of non-prescription use of psychotropic medications was 4.1%, decreased rate compared to 2015. Experts link this decline to the tightening of regulations on psychotropic medications. Cannabis use at least once in a lifetime was reported by 20.9% of respondents, while use within the past year stood at 4.6%, a slight increase from 2015. [40] This rise may not necessarily reflect an actual increase in usage but rather greater honesty in responses due to the liberalization of cannabis use.[41] Regarding overall use of psychoactive substances, 48.9% of survey participants reported using at least one of the listed substances in the past 30 days, and 68% within the past year. [42]

It is important to mention the studies conducted in 2015 and 2019 using the ESPAD (European School Survey Project on Alcohol and Other Drugs) methodology,

39 National Drug Observatory, *Annual Report on Drug Situation,* (2022).

40 Alternative Georgia, *National Survey on Substance Use in The General Population in Georgia,* (2022), 12.

41 Natia Amiranashvili, "Drugs and Consumption Trends: What Is the Current Situation?" *Publika*, July. 31, 2023, :https://publika.ge/article/narkotikuli-da-mokhmarebis-tendencia-ra-sheicvala-da-ra-vitarebaa-akhla/

42 Alternative Georgia, *National Survey on Substance Use in The General Population in Georgia*, (2022), 55.

which aimed to examine the use of alcohol and various substances among schoolchildren.[43] In 2019, 279 schools participated in the study. According to the findings, tobacco was found to be quite accessible to minors – 47.5% of surveyed boys and 41.2% of surveyed girls reported that obtaining tobacco was easy or very easy. This figure significantly decreased compared to 2015, as did the overall frequency of tobacco use. It is particularly significant that a large portion of students (60%) reported starting alcohol use at an early age, placing Georgia among the highest in this indicator alongside Latvia (48%). A relatively low percentage of students reported easy access to psychoactive substances. Moreover, the study revealed a notable gender gap in consumption. For instance, 24% of boys and only 8.8% of girls in Georgia reported using illegal drugs at least once in their lifetime.[44]

According to a web-based survey conducted in 2022 by the Alternative Georgia Research Center and the National Drug Observatory, the most commonly used substance was cannabis (97%), followed by alcohol (94%), MDMA/ecstasy (55%), LSD, and others.[45] As noted in the report, the survey is not representative, as the majority of the 396 respondents were recreational users.

One of the key indicators in drug monitoring is the transmission routes of infectious diseases. According to data from the AIDS Center, 10,450 cases of HIV infection have been identified in Georgia to date. The transmission routes were distributed as follows: 51% through heterosexual contact, 31.9% through injecting drug use, and 13.4% through homosexual contact. It is important to note that these figures do not reflect the number of substance users within the population of men who have sex with men (MSM). Data from European countries and the United States indicate that substance use rates among MSM and LGBT(Q)I groups are higher than in the general population. Therefore, these groups are considered to be at higher risk for psychoactive substance use.[46]

Overdose and the strategies for dealing with it are also critical issues. Notably, the Ministry of Internal Affairs does not maintain official statistics on overdose cases, their geographic distribution, or underlying causes. This gap is a result of

43 Ibid.

44 ESPAD Group, *ESPAD Report 2019: Results from the European School Survey Project on Alcohol and Other Drugs* (2020), https://www.espad.org/sites/default/files/2020.3878_EN_04.pdf

45 Alternative Georgia, European Web Survey on Drugs (2022).

46 Infectious Diseases, AIDS and Clinical Immunology Research Center. "HIV/AIDS epidemiology in Georgia." https://www.aidscenter.ge/epidsituation.php

the so-called black market for drugs and the unregulated process of drug sales. Additionally, the country's repressive drug policy discourages people from calling emergency services out of fear of legal consequences and often resort to self-medication and try to manage overdose situations using their own knowledge and resources.[47] As for the response of nightclubs to overdose incidents, a 2019 study showed that clubs primarily focus on preventing fatalities, but do not employ harm reduction strategies. In the context of festivals, even less attention is given to prevention and the dissemination of relevant information.[48]

Substance Use in Women

Women who use substances represent one of the most marginalized and vulnerable groups in Georgia. They often experience intersectional oppression rooted in both gender and substance use. However, these challenges are often compounded by additional factors such as poverty, chronic illness, type of employment, and more, further deepening their exclusion. Female substance users are typically more stigmatized than their male counterparts, as societal expectations of women, particularly within the context of motherhood, are seen as incompatible with substance use, which is labelled as deviant behaviour. It is important to emphasize the diversity within this group, as it includes lesbian, bisexual, and transgender women; women engaged in sex work; those with chronic illnesses; unemployed women; single mothers; women living in rural areas, and others. Women from these backgrounds who struggle with substance use and gambling face stigma and discrimination across all domains of life: within families, in society, healthcare and law enforcement institutions.[4950]

In Georgia, gambling addiction and substance use among women have historically been invisible and stigmatized in both research and healthcare. This in-

47 Natia Amiranashvili**,** '' Study on Overdose Response Practices in Club and Festival Settings", 2019.

48 Ibid.

49 Natia Amiranashvili. "Female Drug Users: What Problems Do They Face in Georgia?" *Liberal*, December. 18, 2018. https://liberali.ge/articles/view/42269/qali-narkomomkhmarebeli--ra-problemebs-atsydebian-isini-saqartveloshi.

50 Natia Amiranashvili. "Women Drug Users in a Perpetual Cycle of Stigma and Violence." *Liberal*, July. 5, 2017. https://liberali.ge/articles/view/30255/narkomomkhmarebeli-qalebi-stigmisa-da-dzaladobis-utsyvet-tsiklshi.

visibility has largely been shaped by a heteropatriarchal cultural framework, in which gendered power dynamics and social stigma have hindered open discussion and reflection on the issue. The lack of research on gambling addiction has made this problem even more invisible among women.

Women who use drugs continue to face challenges not only due to judgmental societal attitudes but also as a result of insensitive and discriminatory healthcare and social services.[51] Nevertheless, since the 2000s, various scholars have begun to examine the specific characteristics of substance use among women. These studies have focused on the challenges faced by women, the socio-cultural stigma surrounding female drug users, their access to healthcare services, and the lived experiences of women injecting drug users.

Several nation-wide studies have addressed the invisibility of female drug users. For example, a 2010 study found that women constituted only 2% of identified patients, and 64% of female drug users were unaware of available services in their local area. The study also highlighted key barriers faced by women, including low self-esteem, social stigma, negative attitudes from healthcare providers, and the lack of women-centered services.[52]

Access to services was a major challenge in the broader context of drug policy in the early 2000s, when Georgia's approach was particularly punitive in nature, creating difficulties for all groups, but especially for women.[53] Particular attention was drawn to the vulnerability of women who injected drugs and who, due to their roles as mothers and wives, faced double stigma. These women were also at increased risk of emotional, physical, and sexual violence. The study revealed that, usually, female users were more likely to engage in unprotected sexual practices as a way to avoid or protect themselves from sexual and physical abuse. As fort the available services, they were largely ineffective in addressing or changing these risky behaviours.[54] The underlying causes and contributing factors of

51 Otiashvili, Kirtadze, O'Grady, et al. *Comprehensive Women-Centered Treatment for Substance Use Disorders in Georgia: Current Status and Future Directions.* https://altgeorgia.ge/media/uploads/comprehensive-women-centered-treatment-for-substance-use-disorders-in-georgia.pdf.

52 Ibid.

53 Ibid.

54 Jones, Kirtadze, Otiashvili, et al. "Feasibility and Initial Efficacy of a Culturally Sensitive Women-Centered Substance Use Intervention in Georgia: Sex Risk Outcomes." (2015). https://altgeorgia.ge/media/uploads/feasibility-and-initial-efficacy-of-a-culturally-sensitive-women-centered-substance-use-intervention-in-georgia.pdf.

substance use among women have not been widely discussed or researched. In this regard, a 2014 study is particularly significant, which showed that, for female users, substance use was often driven by a desire to escape from reality, caused by partner violence within the family. In some cases, this behaviour was also linked to a desire to mirror the drug use of a partner.[55]

In addition, the situation of women who were not substance users themselves but were partners of men who injected opioids was revealed, as they were highly vulnerable to HIV infection, hepatitis C, and gender-based violence. The study showed that their vulnerability to disease was largely due to unprotected sex, and the majority of them were unaware of their partners' health status. A significant proportion of the women surveyed (42%) had experienced violence, and nearly half (48%) reported feeling unsafe in their relationships.[56] In response to these and other fundamental issues, the Concluding Observations of the UN Committee on the Elimination of All Forms of Discrimination against Women 2014 emphasized the critical importance of ensuring access to gender-sensitive and evidence-based substance addiction services.

It is also worth noting that in 2017 a gender impact assessment of Georgia's drug reform was conducted. The assessment revealed that the reform was expected to increase female beneficiaries' access to rehabilitation and treatment services and to reduce the incidence of hepatitis C, HIV/AIDS, and domestic violence.[57] However, the assessment failed to include the perspectives and specific needs of LBT women at any level of analysis or of the current situation.

As for the recent situation, despite the lack of official data on female drug users, unpublished data from the AIDS Center indicate that, as of the end of 2021, 24 of all HIV-infected women were injecting drug users. According to 2018 data, an estimated percentage of HIV-infected women who use drugs was 0.19 – 0.59%.[58] Access to harm reduction services for injecting drug users remains especially

55 Elene Japaridze. *The Comparative Analyses of Men and Women with Drug Use Problems,* (2014).

56 Lund, Kirtadze, Otiashvili, et al. *"Female Partners of Opioid-Injecting Men in the Republic of Georgia: An Initial Characterization." (2012), https://substanceabusepolicy.biomedcentral.com/articles/10.1186/1747-597X-7-46.*

57 Gender Equality Council of the Parliament of Georgia, Gender Impact Assessment of Georgia's Drug Reform (2017).

58 Eurasian Women's Network on AIDS. *Women-Led Gender Assessment: How Countries Address Barriers to HIV Services for Women Living with HIV, Sex Workers, and Women Who Use Drugs (*2023), 142.

problematic. For example, a 2017 study identified stigma and discrimination from society, healthcare personnel, and even male drug users as key barriers for women users in accessing harm reduction services. Additional obstacles included geographical inaccessibility and financial constraints.[59]

When it comes to accessing safe and supportive services, women who experience both violence and substance addiction face specific challenges. Their needs often remain unrecognized, further increasing their social exclusion. Based on the data provided by NGOs, women survivors of violence avoid seeking shelter due to rules prohibiting drug use at the shelter and lack of support for managing their situation. Women who use substances and are also survivors of violence are often advised not to disclose their substance use, as it may lead to being denied access to shelter. They also fear losing custody of their children if they reveal their substance use. Moreover, according to internal regulations, women who have experienced violence but are not enrolled in a drug rehabilitation program are refused shelter.[60]

As highlighted in reports, the so-called methadone program fails to adequately respond to specific needs of female clients or protect them from discrimination. For example, there are no separate queues, entrances, or service hours for women and men. In these shared spaces, women often experience harassment. This is one of the key factors causing low participation of female beneficiaries in substitution therapy programs. According to 2018 data, women comprised only 0.5% of program participants, while according to the Harm Reduction Network estimates, women represent approximately 10% of individuals with substance addiction.[61]

Regarding state-level efforts to address violence, assessments indicate that the issue is absent from the political agenda when it comes to HIV-positive women, sex workers, and women who use drugs, therefore, no state mechanisms exist to

59 Partnership for Research and Action for Health, Barriers and Facilitators to Harm Reduction Services for IDUs *(*2017).

60 Ibid, 143

61 Georgian Harm Reduction Network and Eurasian Harm Reduction Network Joint Submission to the United Nations Committee on the Elimination of Discrimination against Women (CEDAW) on the Sixth periodic report on Georgia, 2014. *p. 5, paragraph #1*.

address their specific needs.[62] Additionally, the stigma surrounding these issues hinders women activists to self-organize and advocate effectively. For example, the group of HIV-positive women overlaps with women who use drugs and those engaged in sex work – many of whom also have a history of incarceration. These intersecting layers of marginalization significantly limit their capacity to advocate for their rights.[63] It is also important to highlight that women engaged in sex work are particularly vulnerable to violence, sexually transmitted infections, and substance use. According to a recent study conducted by the Women's Initiatives Support Group, women involved in prostitution adopt various coping strategies to manage stress, including maladaptive strategies such as substance use – especially alcohol and drugs. The majority of study participants reported consuming alcohol during sex with clients: 36% reported consuming alcohol in such cases with varying frequency, while 5% reported always using alcohol. Another 5% stated that they always have sex under the influence of psychoactive substances or psychotropic medications, with most of this subgroup consisting of transgender women.[64]

The Situation of the LGBT(Q)I Community: Public Knowledge, Awareness, and Attitudes

To understand the situation of the LGBT(Q)I community, it is essential to analyse both the cultural and socio-economic dimensions of oppression. State policies have primarily focused on cultural oppression, often emphasizing the recognition of identity and increasing the visibility of the LGBT(Q) group – which often has fragmented nature.[65] Additionally, it mostly overlooks one of the key aspects of oppression – consequences and the unresolved wounds that remain unhealed within the community. Poverty, poor health, lack of access to housing, social exclusion, and barriers to education and employment remain persistent challenges for the community.

62 Ibid, p. 147

63 Medea Khmelidze. *Sexual and Reproductive Health and Rights of Women Living with HIV in Georgi,* (2022), https://sos.aph.org.ua/wp-content/uploads/2023/02/10.pdf.

64 Women's Initiative Supporting Group. Invisibles Beyond Stigma: Needs Assessment of Women Engaged in Prostitution in Georgia, (2023).

65 Ibid.

The process of self-determination and coming out is often painful for members of the community, often expressed in the tendency to refrain from disclosing one's sexual orientation – at home, among friends, and in public. For those who do come out, the consequences can be severe, including homelessness, violence, and loss of employment. Despite institutional changes implemented by the state, experiences of violence (both psychological and physical) remain widespread, particularly against gay and transgender individuals. As a result, the vast majority of community members express distrust toward law enforcement agencies. Limited access to employment is influenced not only by workplace discrimination and unequal treatment, but also by a lack of self-confidence.[66] In the absence of an effective social security system, homelessness remains an especially pressing issue for the LGBT(Q)I community. The concept of "home" itself is often nuanced. For those who are not accepted by their families, home is a place of constant anxiety and emotional strain. By contrast, unconditional acceptance and recognition from family members foster feelings of safety and unity.[67]

Managing and addressing physical and mental health issues, as well as preventing health complications, remains one of the most common challenges faced by the LGBT(Q)I community. These challenges are the result of a combination of factors, including limited access to information, financial barriers, and the absence or inadequacy of support services. Existing healthcare services often fail to accommodate the complex experiences and specific needs of LGBT(Q) individuals. Community members are particularly vulnerable to mental health issues. For instance, according to a survey conducted prior to the COVID-19 pandemic, a significant proportion of respondents – 43.1 percent – reported experiencing a mental health problem, with depression and anxiety being the most common conditions. According to the same study, 47.4 percent of respondents who reported experiencing mental health problems also indicated having issues with alcohol addiction. This problem was most pronounced within the lesbian, gay, and trans communities.[68] Additionally, in the context of assessing the impact of the COVID-19 pandemic on the LGBT(Q)I community, it was revealed that overall

66 Ibid.

67 Women's Initiative Supporting Group. Queer trauma and urban space: body, interaction and everyday life (2022).

68 Social Justice Center, Social Exclusion of LGBTQ Group in Georgia, (2020).

life satisfaction, as well as physical and mental health, had significantly deteriorated as a result of the pandemic. For example, the number of respondents who rated their mental health negatively had tripled, leading to an increase in the demand for mental health services.[69] Regarding the approaches and attitudes of mental health professionals toward queer individuals, a quantitative study conducted by the Women's Initiatives Support Group found that psychologists' knowledge of LGBT(Q)I issues is mostly basic and unsystematic, as reflected in the study's inconsistent findings. The majority of psychologists reported that accessing professional information on LGBT(Q)I topics remains a challenge. Although many respondents had attended trainings or workshops intended to improve their competencies in this area, most were unsure whether the knowledge gained was adequate for working effectively with queer clients.

When working with LGBT(Q)I clients, psychologists most frequently mentioned problems in interpersonal relationships, anxiety, and experiences of stigma/discrimination/violence – but rarely problematic substance use. According to a qualitative study conducted with community members, individuals primarily sought mental health services either voluntarily or as a result of coercion by parents or family members. The findings revealed that mental health professionals often exhibit unethical behaviour, avoid discussing issues related to sexual orientation and gender identity (SOGI), issues with confidentiality. In contrast, specialists working in community-based services were identified as more trustworthy and supportive. The issue of SOGI is frequently ignored by mental health professionals, even when queer individuals are undergoing a serious crisis of self-determination.[70]

Beyond socio-economic stressors, homo/bi/transphobia significantly intensifies the chronic stress experienced by community members. Discrimination is especially acute at the institutional level, particularly from the police, who – rather than providing a sense of security – are often perceived as a source of danger by members of the community. In various studies participants report instances of neglect, humiliation, and abuse by law enforcement officers. For example, re-

69 Women's Initiative Supporting Group, Impact of COVID-19 Pandemic on LGBT(Q)I Community in Georgia, (2022).

70 Women's Initiative Supporting Group. *Queer Community and Mental Health: Professional practice and lived experiences*, (2023).

search conducted with queer individuals in emigration revealed their constant state of vigilance, driven by fear of discrimination and assault. This hypervigilance reflects deeply rooted, hate-filled attitudes within the social environment. While hypervigilance functions as a defence mechanism, it also contributes to chronic stress and hinders queer individuals from forming trusting relationships, safely navigating public spaces, and integrating into society. The cultural, legal, and social conditions of host countries play a crucial role in shaping their sense of safety.[71]

A hate crime is a criminal act motivated, in whole or in part, by prejudice and negative attitudes toward a specific group.[72] In Georgia, there is no state strategy for combating hate crimes, despite existing data confirming widespread violence and discrimination against the LGBT(Q)I community on the basis of sexual orientation and gender identity.[73][74]

In response to recommendations from international organizations, the Human Rights Protection and Quality Monitoring Department was established within the Ministry of Internal Affairs in 2018 to address hate crimes. However, since this department is not a specialized investigative body within the police system, its creation has not significantly improved the investigation of hate crimes.[75] Key challenges remain, including the failure to conduct timely investigations and prosecutions, inadequate protection of victims' interests during investigations, lack of support mechanisms, and the failure to ensure a safe environment. For instance, victims are often subjected to repeated questioning, which leads to heightened stress and secondary victimization. Furthermore, the state's response to acts of violence and threats committed by far-right groups remains insufficient, contributing to the ongoing and escalating risks faced by the LGBT(Q)I community. [76]

71 Women's Initiative Supporting Group. *Otherness and the Cost of Promised Freedom* (2025).

72 Public Defender of Georgia. Overview of International Standards for the Protection of LGBT+ People's Rights and Commitments of Georgia (2021).

73 Women's Initiative Supporting Group, Hate Crimes Against LGBTI Individuals: Challenges and Perspectives, (2016).

74 Council of Europe, *Hate speech, hate crime and discrimination in Georgia: attitudes and awareness, (*2018).

75 Social Justice Center, Social Exclusion of LGBTQ Group in Georgia (2020).

76 Social Justice Center, *Practical Challenges in the Investigation and Prosecution of Hate Crimes* (2022).

The Law on the Elimination of All Forms of Discrimination, adopted in Georgia in 2014 and specifically addressing sexual orientation and gender identity, has had significant flaws, preventing it from achieving its intended legal outcomes. Despite certain legislative reforms, these changes have not led to an improvement of the well-being and quality of life of LGBT(Q)I community members.[77]

As mentioned earlier, there is a significant lack of research on substance use and gambling within the LGBT(Q)I community. In this regard, the study on chemsex among the MSM (men who have sex with men) population is worth mentioning.[78] The majority of participants in this study lived in Tbilisi. The findings revealed that the use of psychoactive substances is widespread among the MSM community. Alcohol and other substances are commonly used intentionally to enhance sexual experiences. The study also revealed a high prevalence of mental health issues among MSM who use psychoactive substances. Existing drug-related services (including harm reduction programs) do not adequately address the specific needs of individuals engaging in chemsex. Similarly, HIV/AIDS prevention services fail to recognize or respond to the needs of this group.[79] According to a 2018 study that examined barriers to accessing HIV pre-exposure prophylaxis among MSM and transgender women in Georgia, drug use is highly prevalent among the target population, which in turn, influences sexual risk behaviour and increases the likelihood of HIV and STI transmission. Due to the stigma and discrimination surrounding HIV/AIDS, many community members are reluctant to engage in PrEP programs. Medical institutions often perpetuate this stigma and exhibit negative attitudes, along with problems around confidentiality.[80]

According to recent studies, public attitudes toward the LGBT(Q)I community remain largely negative, with homo/bi/transphobic sentiments still strong. However, data from studies conducted between 2016 and 2021 indicate a decrease in such attitudes. Notably, transphobic attitudes have decreased more significantly compared to homophobic and biphobia. Despite this, transgender and gender non-conforming individuals are more often targeted in hate crimes. Additionally,

77 Social Justice Center, Social Exclusion of LGBTQ Group in Georgia, (2020).

78 Chemsex refers to the use of psychoactive substances to enhance sexual activity.

79 Equality Movement – Georgia Chemsex Study: The Use of Psychoactive Substances in Sexual Contexts Among Men Who Have Sex with Men, (2020).

80 Gvantsa Kvinikadze, Giorgi Soselia. Barriers to Accessing Pre-Exposure Prophylaxis (PrEP) for HIV Prevention Among Men Who Have Sex with Men and Transgender Women in Georgia, (2018).

biphobia is often expressed more strongly than homophobia. A significant portion of the population perceives advocacy for LGBT(Q)I rights as an imposition of lifestyle or as "propaganda." Public is especially hostile toward activists.[81]

The report of the Public Defender's Office of Georgia states that legislative improvements and the granting of certain rights to the LGBT(Q) community have intensified homophobic and violent attitudes and actions among members of society. This situation is further exacerbated by the spread of hateful narratives by public figures and politicians. Hostility toward transgender individuals is particularly severe.[82] Homophobic views are significantly more prevalent among men than women.[83]

The lack of societal acceptance is also confirmed by a 2018 study conducted by the Council of Europe, which found that negative attitudes toward LGBT(Q) I individuals are higher than toward any other group. While the majority of the population considers the protection of people with disabilities, women, immigrants, and ethnic and religious minorities to be important or very important, only 30% hold the same view regarding LGBT(Q) individuals.[84]

Strongly negative sentiments and attitudes are closely linked to the rights to assembly and expression by LGBT(Q)I people. While members of the LGBT(Q)I community often face restrictions on these rights in their daily lives, the issue becomes particularly visible to the general public each year on May 17. Since 2013, ultra-conservative groups associated with religion and the Georgian Orthodox Church have actively restricted the community's freedom of expression on this day, often being violent to prevent LGBT(Q)I individuals from appearing in public spaces. In 2013, the state failed to prevent the actions of these homophobic groups or to properly investigate the incidents.[85] As a result, since 2017, members of the LGBT(Q)I community have been unable to freely assemble on May 17.

Homo/bi/transphobic sentiments in society, along with the low level of awareness and knowledge, are often fuelled by the refusal of political figures to rec-

81 Women's Initiative Supporting Group, *From Prejudice to Equality. Vol. 2 | Study on Public Knowledge, Awareness and Attitudes Towards LGBT(Q)I Community and Legal Equality,* (2023).

82 Public Defender of Georgia. *The Human Rights Situation of the LGBTQI Communities in Georgia* (2021).

83 United Nations Population Fund (UNFPA). *Men, Women, and Gender Relations in Georgia: Public Perceptions and Attitudes,* (2020).

84 Council of Europe. Hate speech, hate crime and discrimination in Georgia: attitudes and awareness (2018),

85 https://hudoc.echr.coe.int/eng#{%22itemid%22:[%22001-154400%22

ognize the rights of the LGBT(Q)I community, political homophobia, the instrumentalization of queer issues, and the stigmatization of the community by the church and other institutions. Since 2023, anti-LGBT(Q)I movements and the government's tolerance toward violent far-right groups have become increasingly visible. Moreover, openly homophobic rhetoric from members of the ruling party has become normalized. The exclusion of gender identity and sexual orientation from the National Human Rights Protection Strategy for 2022–2030 can also be seen as a deliberate and strategic decision by the government, extending and reinforcing these broader discourses.[86]

In December 2024, Georgia enacted the Law on Family Values and the Protection of Minors. This legislation mirrors the repressive approaches seen in countries such as Russia and Hungary by abolishing protections against discrimination based on gender and sexuality. Moreover, the law serves as guidebook for state-sanctioned hostility toward the LGBT(Q)I community, with its aim being the violation of fundamental rights. The law restricts freedom of assembly and expression, prohibits gender reassignment surgery and other related medical procedures, and bans the dissemination of educational materials and information on gender issues – labelling such content as LGBT(Q)I propaganda. Additionally, it mandates that biological sex must not be disregarded in official documentation, particularly in the context of labour relations. May 17 has been officially declared the Day of Family Purity and Respect for Parents.[87] The law also restricts practices that are not prevalent in the Georgian context, such as the registration of alternative forms of marriage, as well as the adoption and fostering of minors by LGBT(Q)I individuals. Violations of the law carry administrative penalties, and in certain or repeated cases, criminal liability. The provisions of the law contradict both the jurisprudence of the European Court of Human Rights and the Constitution and existing laws of Georgia. The legislation poses particular danger to transgender individuals by criminalizing medical procedures related to gender transition.[88][89]

86 Parliament of Georgia. On the Approval of „the National Strategy for Human Rights Protection of Georgia for 2022-2023. https://matsne.gov.ge/ka/document/view/5757268?publication=0

87 Women's Initiative Supporting Group. 2024. Recommendation CM/Rec(2010)5 of the Committee of Ministers to member states on measures to combat discrimination on grounds of sexual orientation or gender identity
(2024) 6

88 Women's Initiative Supporting Group. '' Regarding the anti-LGBT law", July 16, 2024,

89 Parliament of Georgia. Law of Georgia on the Protection of Family Values and Minors https://matsne.gov.ge/ka/document/view/6283110?publication=0

Drug Abuse Prevention, Treatment, Psychosocial Rehabilitation, and Harm Reduction

Georgia's national legislation on drug use and distribution is based on several framework laws and sectoral regulations designed to protect human health and public safety through the control, prevention, and response to narcotic drugs, psychotropic substances, and precursors:

- Law of Georgia on Combating Drug-Related Crime (Parliament of Georgia, 2007);
- Law of Georgia on Narcotic Drugs, Psychotropic Substances, Precursors, and Narcological Assistance (Parliament of Georgia, 2012);
- Law of Georgia on New Psychoactive Substances (Parliament of Georgia, 2014).

At the same time, the types and measures of administrative and criminal liability for offenses related to narcotic drugs, psychotropic substances, and precursors are defined by the Administrative Offenses Code and the Criminal Code of Georgia.

The state acknowledges the need to adopt more progressive approaches to drug policy in the *National Drug Policy Strategy 2023 – 2030*, approved by the Interagency Coordination Council for Combating Drug Addiction in 2023. The strategy outlines four main goals: prevention; treatment and rehabilitation; harm reduction; and supply reduction. However, according to experts, the action plan lacks concrete measures to achieve these goals. No legislative liberalization has been implemented to date, and rulings by the Constitutional Court have yet to be incorporated into the *Criminal Code*. Moreover, Georgia's current drug policy remains repressive, [909192] characterized by punitive measures and excessive police control – despite the state's explicit commitment to reform. There is a need

90 Social Justice Center. ‚Georgia's Drug Policy in Need of Systemic Reform, November 15, 2023. https://socialjustice.org.ge/ka/products/narkopolitika-sistemur-reformas-sachiroebs

91 Misha Meparishvili. "Young Man Hanged Himself Due to Alleged Police Violence." *Netgazeti*, August. 12, 2016. https://netgazeti.ge/news/133967/

92 Natia Amiranashvili. "Why the Issue of Quantities Is a Source of Injustice in Drug Policy." Publika, November. 16, 2023. https://publika.ge/article/ratom-aris-odenobebis-sakitkhi-usamartlobis-wyaro-narkopolitikashi/

for systemic change, since drug policy has largely disappeared from the political agenda in recent years.[93]

Preventive approaches to drug use can include both changing the cultural, social, physical, and economic environment (environment-oriented prevention) and providing support to directly at-risk groups (targeted prevention). There is also universal prevention, which targets the entire population and focuses on equipping young people with social and life skills – both in schools and other settings – to help prevent or delay substance use. On the other hand, Selective prevention involves working with specific groups, families, or communities that are at risk for drug use.[94]

In Georgia, to guide efforts in drug use prevention the National Strategy for the Prevention of Drug Abuse 2021 – 2026 is currently in effect. This strategy incorporates the above-mentioned four key prevention approaches (universal, environment-oriented, targeted, and selective).[95]

School-based prevention is a part of universal prevention and includes two types of programs tailored to different age groups (students under 13 and those over 13 years of age). Selective prevention is curated by the LEPL Educational Institution Mandatory Service.[96] However, despite the existence of these programs, data from recent years indicate that less than 1% of the country's student population is actually involved in them.[97] In addition, the Club Synergy offers prevention services to young people aged 14 to 25 who either (a) use illegal drugs but are not addicted, or (b) do not use illegal psychoactive substances but belong to high-risk groups. The program provides services such as interventions for dangerous and harmful substance use, as well as cognitive-behavioural therapy for psychoactive substance addiction.[98]

In the field of prevention, the Council of Europe Pompidou Group project – "Development of a Drug Prevention Support Network for Parents and Professionals in

93 Social Justice Center, *Drug Policy in Georgia: Trends in 2023*.

94 European Union Drugs Agency, „Prevention Topics Page". https://www.euda.europa.eu/topics/prevention_en

95 Inter-agency Coordinating Council on Combating Drug Abuse, *National Strategy for Drug Abuse Prevention 2021-2026 2021-2026*. https://justice.gov.ge/files/pYsr3qtGfH2b.pdf

96 National Drug Observatory, Annual Report on Drug Situation, *2022*. https://justice.gov.ge/files/iz7zjVX7E2Nb.pdf

97 Social Justice Center, Drug Policy in Georgia: Trends in *2023*.

98 National Drug Observatory, Annual Report on Drug Situation, (2022).

Georgia" – is also noteworthy. In 2023, as part of this project, the Georgian version of DUDIT (Drug Use Disorders Identification Test) was developed.[99] Although the test assesses drug use patterns and is conducted anonymously, it has certain limitations. Specifically, the demographic section of the questionnaire omits important variables that would help to identify high-risk groups based on vulnerability categories. Additionally, the questionnaire does not include options for non-binary individuals. Within the scope of the project, education and training were provided to specialists – psychologists and social workers – working within Georgia's criminal justice system. The project also supported the adaptation and implementation of evidence-based resources for the prevention of psychoactive substance use, targeting professionals and parents employed in the area of juvenile welfare.[100]

Mental and physical health are directly linked to the components of treatment and harm reduction for individuals with substance addiction. In this context, health services can be divided into two categories. One focuses on managing addiction and its associated factors, while the other aims to prevent the spread of transmittable diseases related to drug use and to reduce associated harms.

The treatment of individuals who are addicted to psychoactive substances is regulated by the Law of Georgia on Narcotic Drugs, Psychotropic Substances, Precursors, and Narcological Assistance and the Law on the Implementation of a Special Substitution Treatment Program for Drug Addiction. The implementation of substitution treatment programs for individuals addicted to opioids within penitentiary institutions is regulated by Joint Order No. 92/No. 01-26/n of the Minister of Corrections and Probation of Georgia and the Minister of Labour, Health, and Social Protection of Georgia.[101]

At this stage, two types of medical services are available: opioid agonist treatment (OAT) and abstinence-oriented treatment through a detoxification program. A short-term rehabilitation course is also accessible as part of psychosocial rehabilitation, funded by the State Healthcare Program. This is not a separate program but a component of abstinence-oriented treatment. Within the framework of the State Program, LLC "Center for Mental Health and Prevention of Addiction"

99 https://rm.coe.int/dudit-in-georgian/1680acb66e

100 Council of Europe, Developing a Drug Prevention Support Network for Parents and Professionals in Georgia. https://www.coe.int/ka/web/tbilisi/programme-news-developing-a-drug-prevention-support-network-for-parents-and-professionals-in-georgia

101 National Drug Observatory, Annual Report on Drug Situation, (2022).

implements psychosocial rehabilitation services in two directions: a) high- and low-intensity day outpatient psychosocial rehabilitation services; and b) an intensive post-detoxification medical rehabilitation program.[102]

Harm reduction programs in Georgia (focused on preventing substance-related overdose deaths and the spread of infectious diseases) are implemented by the Georgian Harm Reduction Network. The target groups of the nine organizations within the network are injecting drug users (IDUs) and their sexual partners. A key priority of the network is to reduce the risk of infectious disease transmission by providing sterile injection supplies to IDUs. They also provide naloxone distribution.[103]

Prevalence of Gambling and the Gambling Business

> *"The prosecutor keeps saying things 'maybe, maybe,' but let's be honest – half of Georgia has suffered from these problems for years. If no one speaks up, we're all going to suffer, your children too. How many people have taken their own lives? How many families have fallen apart? If we stay silent, nothing will change. I was there for four hours, and the television didn't even turn up. How was I supposed to speak? A party representative was speaking, someone who's been in politics for years, but are they really listening? Maybe not everyone gambles themselves, but their kids, their brothers, next generations are suffering. Don't you feel anything for the people who are struggling, who are drowning in this? I've paid off my debts. Just give me a life sentence, I'll take it. I don't gamble anymore. We deserve to survive, our country, laws can be changed. Right now, people can't even afford medicine or even diapers. Instead of moving forward, we're going backward. It's time to care for ordinary people too. Everyone's making money off this. Now it's time to actually look after the people."*
>
> *Speech delivered by Levan Zurabashvili, convicted in 2020 of unlawful deprivation of liberty of employees at a microfinance organization. 23.11.2020*

102 Ibid.

103 Ibid.

The lack of data on the population's involvement in gambling and the absence of in-depth analysis of gambling addiction are among the major obstacles to effective addiction management, the development of humane policies, and public discussion in the country. The General Population Survey on the Use of Psychoactive Substances offers some insight into gambling trends; however, as previously mentioned, it has several significant limitations. According to the survey, 15.3% of respondents reported participating in various forms of gambling in the past year, and 9.3% in the past month. The data indicate that men gamble twice as often as women, with the highest rates found among young people. Problem gambling was identified in 3% of respondents.[104] Underage gambling was also addressed in the ESPAD (European School Survey Project on Alcohol and Other Drugs) study. Compared to other countries, Georgia reported the low rate of student involvement in gambling over the past year (13%). However, compared to 2015 data, significantly more students now report feeling that they spend too much time gambling or experience a negative mood when they are unable to gamble. The frequency of offline gambling has increased, particularly among girls. Five percent of respondents expressed a desire to place increasingly larger bets – 5% of boys and 2% of girls. According to the study's conclusion, 20% of students qualify as excessive gamblers, and 12% are identified as problem gamblers.[105]

Under Georgian law, the gambling industry and gambling addiction are regulated by the Law of Georgia on the Organising Lotteries, Games of Chance, and Other Prize Games.[106] The law defines both a "gambler" and a "person addicted to gambling." A gambler is defined as someone who participates in gambling for the purpose of winning. A person addicted to gambling is someone who has an uncontrollable urge to gamble and/or engage in profitable games and has developed a dependency on such activities.[107]

While the drug trade in Georgia is more visible and state-imposed restrictions are more explicitly expressed, the same does not apply to the gambling industry,

104 Alternative Georgia, National Survey on Substance Use in The General Population in Georgia. (2022), 61-62.

105 ESPAD Group, ESPAD Report 2019: Results from the European School Survey Project on Alcohol and Other Drugs, (2020). https://www.espad.org/sites/default/files/2020.3878_EN_04.pdf

106 Parliament of Georgia. On Organising Lotteries, Games Of Chance and Other Prize Games. https://matsne.gov.ge/ka/document/view/30988?publication=46

107 Ibid.

such as casinos, betting shops, and slot clubs. The state's liberal stance toward the gambling business began after the collapse of the Soviet Union, marked by the deregulation of the sector.[108] Following the Rose Revolution, the gambling industry became firmly established in Georgia. At the time, there were no age restrictions for players in gambling establishments, making them accessible even to schoolchildren. Numerous small slot clubs were located near educational institutions, where urban youth frequently spent most of their time. In 2011, amendments to the law led to the closing of small slot clubs. These were replaced by larger establishments (casinos and gambling clubs), and license fees were raised. However, these changes did not affect the number of players. With the rise of internet access, gambling shifted into private, domestic spaces. The state did not impose age restrictions on online casinos, and advertising became even more aggressive.[109]

To date, the state's liberal policy on gambling is manifested in several ways, including the large number of casinos, their visibility, and advertisements actively promoting gambling. Despite the large number of people involved in gambling, advertisements did appear on public transport, and national football and rugby leagues carried the names of online casinos.[110] This liberal stance is also reflected in the lack of preventive measures and insufficient access to information on gambling risks for adolescents.[111] Although some regulations have been introduced, the gambling industry remains one of the major sources of revenue for the state budget.[112] For instance, in 2023, the turnover in the gambling sector reached 64.3 billion GEL – a significant increase compared to previous years. Between 2019 and 2023, the

108 Tamar Gvasalia, "Gambling, Social Welfare, and the Role of the State". *Komentari*, February 22, 2024. https://komentari.ge/article/sathamasho-biznesi-sotsialuri-kethildgheoba-da-sakhelmtsiphos-roli/

109 Mariam Natroshvili, "I Gamble". *Indigo.* February 4, 2025. https://indigo.com.ge/articles/mevtamashob

110 Social Justice Center. ''EMC Responds to the Alarming Situation Related to Gambling". November 7, 2019. https://socialjustice.org.ge/ka/products/emc-azartul-tamashebtan-dakavshirebul-sagangasho-mdgomareobas-ekhmianeba

111 UNICEF. Survey on Adolescents' Knowledge, Attitudes, and Practices Regarding Gambling, (2022).

112 In 2022, television advertising for the gambling industry was banned, prompting dissatisfaction within the television sector due to a significant loss of revenue previously generated from gambling-related advertisements. Since 2024, new regulations have further tightened control over the industry by increasing both casino licensing fees and income taxes on individual gambling winnings.

industry has shown consistent growth.[113] For example, In 2021, the state received 12.1 million GEL from online casinos, and in 2020 received 308 percent increase compared to 2021.[114] Most gambling businesses are concentrated in Tbilisi, Adjara, and Samtskhe-Javakheti, where gambling is often a key component of tourism. The concept of "social responsibility" among gambling companies also appears mostly superficial and questionable. For example, in 2019, Europebet – a major gambling company – launched a project titled Responsible Gaming, which it claimed was aimed at self-regulation. The initiative included tools such as a self-assessment test, therapy options for problem gambling, and 24/7 support.[115] While the project may seem progressive at first glance, its underlying motives are debatable. Rather than understanding and addressing the real conditions of people struggling with gambling addiction, the company's efforts seem more focused on improving its public image and protecting itself from external regulations.

It is impossible to consider gambling involvement in isolation from socio-economic condition. It is evident, that beyond individual responsibility, the state plays a broader role in this situation. According to the latest data from 2023, 10,793 individuals were registered in the Revenue Service database as being addicted to gambling.[116] Moreover, gambling is one of the leading causes of over-indebtedness in Georgia. Often, the motivation to gamble comes from difficult socio-economic conditions. In the absence of real opportunities, a secure future, or support networks, people may turn to gambling as a temporary escape from poverty or an attempt to repay debts.[117] The volume of loans issued by commercial banks increases year by year. In 2022, household loans amounted to approximately 40 percent of the country's GDP, compared to just 16 percent in 2012.[118][119]

113 Tamar Mukbaniani. "In 2023, the Turnover of the Gambling Business Increased by 11.4 Billion." *Business Media*, October. 10, 2024. https://bm.ge/news/2023-tsels-satamasho-biznesis-brunva-gel114-mlrd-it-gaizarda

114 Business Formula. "The Budget Received 12.1 Million in Revenue from Online Casinos." January. 31, 2022. https://businessformula.ge/News/6751

115 On.ge. *European Innovative Approaches to Consumer Protection*. December. 9, 2019. https://shorturl.at/8wleq

116 Revenue Service. "The Revenue Service Database Lists 10,793 Individuals Registered for Gambling Addiction." November. 10, 2023. https://www.rs.ge/NewsArchive?newsId=1134

117 National Bank of Georgia. Loans.

118 National Bank of Georgia. Financial Stability Report, (2022).

119 Nino Kheladze. „History of Lending Commitments in Georgia". *Komentari*, June, 26, 2023. https://komentari.ge/article/gavalianebis-istoria-saqarthveloshi/

BRIEF REVIEW OF STUDY FINDINGS

Qualitative Research Findings

The study of addiction within the lesbian, bisexual, and transgender community in Georgia uncovered key patterns of substance use and gambling addiction and shed light on the broader socio-economic and psycho-emotional conditions that shape these experiences. The findings reveal that structural violence, social exclusion, systemic neglect, chronic and unrelieved physical and emotional pain, poverty, lack of access to housing and healthcare, and the absence or scattered nature of support systems collectively contribute to the vulnerability of individuals struggling with addiction.

Causes and effects of substance use:

Reasons for substance use identified include coping with everyday stress, seeking relaxation, letting go, escaping reality, facilitating socialization, engaging in self-observation, numbing physical and emotional pain, alleviating feelings of inadequacy and worthlessness, expressing a desire for self-destruction, and resisting social norms.

- Poverty and unemployment emerged as contributing factors. Substance use was also linked to precarious working conditions and chronic exhaustion – work-related stress and a lack of time. For many, a sense of joylessness existence is often relieved through the use of psychoactive substances. Contemporary work environments often demand mechanical, dehumanizing, fast, and hyper-efficient labour that depletes both the mind and body.
- The process of disclosing one's gender identity or sexual orientation – experiences of oppression, pressure, fear, loneliness, dehumanization, humiliation – was described by participants as something painful and difficult. Substance use was often associated with these emotional experiences. Additionally, participants who were forced to leave, or chose to leave their families due to their gender identity or sexual orientation often found themselves in environments where substance use was normalized, and implied.
- Engagement in activism, participation in demonstrations, and ongoing po-

litical crises were associated with emotional burnout and a sense of hopelessness for some respondents, which often led to substance use.

- Relationship difficulties also emerged as a significant factor in the initiation and continuation of substance use. For many respondents, being in relationships that had to be kept hidden from others was particularly painful. The end of a relationship, ongoing conflicts, and attachment-related struggles were often identified as triggers for more intensive use. Some participants described shared substance use within relationships, where partners influenced each other's behaviour. Often it provided an opportunity to connect, communicate, or have fun together.
- For most respondents, substance use lead to difficulties in their relationships (with family members, relatives, friends, colleagues, and partners). They often feel self-doubt, obsession, and self-destructive behaviour that prompt them to emotionally distance and isolate from loved ones.
- Difficulty performing work was frequently mentioned as a consequence of substance use. Importantly, these effects were not limited to moments of intoxication. The use of psychoactive substances was reported to alter mood, reduce motivation, impair cognitive functioning, and diminish the ability to complete everyday tasks. This impacts not only formal employment, but learning, self-development, planning, and carrying out different forms of work or responsibilities.
- Deterioration of psycho-emotional well-being was also highlighted as a consequence of substance use. Consumption often provides a brief sense of relief or self-sufficiency, and is typically followed by a return to craving and the search for pleasure.
- Body perception and bodily control were recurring themes in discussions about substance use. In states of intoxication, respondents frequently reported a sense of disconnection from their bodies, feelings of worthlessness or even forgetting they have a body – contributed to risky behaviours, including experiences of unprotected sex and physical violence while under the influence.
- Paranoid thoughts, sleepiness, lack of energy, tremors, panic attacks, feelings of impending death, derealization, and a complete detachment from responsibility were reported as effects accompanying frequent substance use.

- According to respondents, discussing the feelings of pleasure and relief associated with substance use is not meant to romanticize it, but rather to acknowledge the depth and intimacy of these experiences. In their view, recognizing these emotions is not harmful, and it can serve as a tool for reducing stigma, fostering empathy and understanding.

Alcohol Use

- Alcohol was identified as a means of strengthening social bonds, fostering intimacy, building friendships, and alleviating social anxiety. In addition to easing anxiety, alcohol also provides a form of camouflage – allowing individuals to feel less visible and offering a temporary sense of peace.
- Participants associated alcohol consumption with situational use, since it is available, and one can choose the time of its use (unlike other substances that may be harder to access). Its affordability also introduces a class dimension to consumption patterns.
- According to transgender women engaged in sex work, alcohol use is intertwined with their professional experiences. For many, without alcohol they are not able to cope to the difficulties associated with sex work. On the other hand, it also helps them manage traumatic or violent encounters.
- Respondents associated alcohol consumption with anxiety, fear, suicidal and intrusive thoughts, memory lapses, and feelings of shame and guilt.
- Within the context of a dysfunctional environment, many participants reported that it was particularly difficult to stop intensive alcohol use. It is tied to alcohol's accessibility and its ability to ease social interactions.
- Physical health issues, insomnia, depression, and heightened anxiety were commonly reported as consequences of prolonged or intensive alcohol consumption.

Reasons for Gambling and its Impact

Poverty and the desire to escape it were frequently cited as key reasons for engaging in gambling. This includes paying off debts, meeting basic needs, or finding temporary relief from financial hardship. Participants often placed gambling addiction within a broader socio-economic context, describing it as a coping strategy or a means to social mobility.

- Impulsivity, impatience, and the desire for immediate rewards were also identified as significant driving forces behind gambling behaviour. These impulses are often intensified by financial instability, uncertainty, and anxiety about the future.
- For many, gambling is described as a form of emotional regulation in response to feelings of loneliness, boredom, trauma, or crisis. Several respondents reported gambling more frequently during the COVID-19 pandemic – not primarily to win, but to manage stress and emotional discomfort.
- Early life experiences, including trauma and neglect, were also linked to gambling behaviour. For some participants, the desire to gamble and to win was seen as an attempt to compensate for childhood losses and reclaim a sense of emotional security that had been absent during their early ears.
- Participants identified the gambling addiction of family members as a contributing factor in their own behaviour. Growing up with parents who struggled with gambling normalized and familiarized the behaviour.
- Gambling addiction, like substance use, negatively affects relationship dynamics, leading to emotional tension and issues with trust. This shows up in behaviours such as lying about financial losses, borrowing money, and frequent conflicts, often accompanied by feelings of guilt and shame. As with substance use, gambling addiction most strongly impacts romantic relationships, manifesting in partner neglect, emotional withdrawal, and avoidance.
- Respondents also described the long-term financial impact of gambling addiction. It threatens their housing situation (e.g., inability to pay rent), access to healthcare, and ability to meet daily needs. In some cases, growing debt forces individuals to sell personal belongings to survive.
- Gambling also affects respondents' emotional stability and motivation, leaving them without the energy or desire to engage in everyday activities.

Access to Information on Psychoactive Substances and Gambling

- In most cases, respondents reported obtaining information about psychoactive substances through informal channels. These include personal experience, observation, peers (friends and acquaintances), and online sources. Formal methods of gaining and spreading information – such as workshops, trainings, or organized meetings – are rarely mentioned.

- Information about safe use practices and the long-term consequences of substance use or addiction is less accessible to participants. As they report, the information they do receive is often superficial and fragmented. Nonetheless, respondents acknowledge that prolonged use has particularly harmful effects on their mental health.
- Practices such as dose control and checking the composition of substances significantly influence consumption habits. Gaining information about a substance before use is associated with greater caution and control.
- Respondents believe that systemic change is necessary to ensure public access to information about the causes and consequences of substance use. While some emphasize individual responsibility in making informed choices, others highlight the role of the state and the need for policy changes – including the development of effective harm reduction strategies.
- When discussing forms of information and knowledge dissemination, respondents highlight the importance of creating and using non-medical language – language that is non-technical and accessible for everyone.
- In the context of harm reduction, respondents also noted the lack of access to testing tools for psychoactive substances.
- Some respondents identified a deeper contradiction between harm reduction principles and the self-destructive behaviours of users. They noted that for individuals who use substances as a powerful form of self-destruction, technical harm reduction measures (such as information on dosing or access to free overdose medication), may feel less relevant. This indicates the need to integrate trauma-informed care into harm reduction approaches.
- Overdose experiences were reported as very common (experienced personally or have helped others). Overdose was described as a near-death experience, and response strategies often involve the support of a friend or nearby acquaintance. Referrals to emergency medical services are rare. These accounts highlight the crucial role of collective care and mutual support in saving the lives and safety of community members. It is also related to the sense of danger, related to possible police intervention.
- Respondents emphasized the importance of providing substance testing spaces in recreational and entertainment venues. They noted that such non-judgmental and supportive environments are essential for self-reflection, early intervention, and informed decision-making.

- Participants criticized the prevailing narrative around so-called "club drugs," which often portrays these substances as safe and low risk. They noted that this romanticization poses a heightened risk to users – especially in contexts where there is a lack of formal education about drugs and appropriate harm reduction measures.
- According to respondents, gambling addiction is often perceived by society as a sign of individual moral failure rather than as a complex socio-cultural issue. Misleading narratives about addiction and its consequences, such as the loss of a home or job, tend to label individuals as irresponsible, unlucky, or lacking willpower. Respondents emphasized that this culture of blame and stigmatization must be uprooted. In this context, empathetic storytelling is crucial, instead of cultivating fear-based narratives.

Employment, Care Work, and Education

- The majority of respondents are engaged in precarious employment, primarily in the service, sales, transportation, and logistics sectors. In some cases, participants reported experience working in NGOs and media. The main challenges in these workplaces include long and irregular working hours, the need to juggle multiple roles simultaneously, low wages, and concerns about both physical and emotional safety.
- For many respondents experiencing hostile work environments and discrimination, particularly on the basis of sexual orientation and gender identity is part of their everyday life. In some cases, this is compounded by stigma or violence sometimes related to substance use.
- Several participants have been involved in sex work for years and reported facing physical, psychological, and sexual violence in their working environments.
- Respondents employed in NGOs identified key challenges such as absence of boundaries between personal and professional life, burnout, and a sense of collective failure. While they acknowledged the existence of support networks and safe spaces to express their gender identity, they noted that they cope with burnout through substance use.
- In several cases, respondents reported positive work experiences in queer-friendly, inclusive environments where personal boundaries were respected, and identity expression was safe.

- Most respondents are currently engaged in or have previously been involved in care work. This includes caring for a family member, relative, or friend with a chronic illness or disability, as well as caring for children, pets, or friends with substance use disorders.
- In cases involving substance use, a pattern of co-use was highlighted. For several respondents, this dynamic is especially painful when their caregiving goes unrecognized and felt one-sided.
- The care work was frequently long-term and intensive, leading to significant physical and emotional exhaustion, accompanied by feelings of frustration and a desire to escape responsibilities.
- Access to vocational and higher education is limited, primarily due to financial hardship and time poverty, and respondents often face the difficult choice between pursuing education and maintaining employment.
- Challenges also extend to access to school-level education, caused by the absence of supportive systems. In several cases, respondents reported dropping out of school after violence or neglect from family members due to their sexual orientation or gender identity.
- Respondents expressed a strong desire to pursue vocational or higher education.

Physical and Mental Health

- Respondents reported that undiagnosed health issues and chronic pain significantly impact their quality of life, indicating a problem with accessing healthcare services.
- Chronic pain and other symptoms are often managed through symptom relief rather than by identifying and addressing underlying causes.
- Most respondents experience acute mental health symptoms that remain undiagnosed, including fatigue, chronic stress, suicidal and self-harming tendencies, apathy. A few participants reported having received formal diagnoses.
- Mental health and substance use are closely interconnected. Participants noted that substance use often worsens existing mental health symptoms or contributes to the development of new ones.
- Several barriers to accessing mental health services were identified, including financial constraints, non-inclusive service environments, lack of spe-

cialist expertise in addiction, concerns about confidentiality, and feelings of shame or emotional unpreparedness.
- Respondents emphasized that free services provided by community organizations – such as psychotherapy, psychiatric care, and sexual health services – are a crucial source of support. They also stressed that the role of community organizations goes beyond service provision; these spaces should foster safety, support collective healing, and encourage long-term sobriety.
- Preferred services should incorporate sensitive, non-abstinence-based approaches to addiction; emphasize therapist competence and empathy; create spaces for connection and support; offer skill development for education and employment; and promote collective approaches to personal and community healing.

Transition

- Respondents describe transition as a broader life process, such as shifting from one perception of femininity to another, extending beyond the understanding of social, hormonal, or surgical transitions. For them, the concept is broader than the conventional view.
- Social transition often brings a sense of relief, but it is frequently limited to a person's small circle who accept their identity. Unfortunately, outside of these circles, respondents face painful experiences.
- Hormonal transition is mentioned as a facilitator of social transition; however, accessibility and awareness remain significant challenges.
- Transition is also seen as a means of avoiding transphobic attacks and violence. It enables a form of invisibility that brings feelings of safety, peace, and stability.
- Respondents consider transition to be a public health issue.
- According to respondents, transitioning is only possible through emigration from Georgia.
- The desire to transition and the need to raise funds for it is cited as one of the motivations for engaging in gambling.

Systemic Oppression

- Systemic homophobia, biphobia, transphobia, the rejection of gender non-conformity and non-normativity, along with new repressive legislation, create a hostile environment for the vast majority of respondents.
- Respondents refer to specific dates and events (e.g. May 17, July 5) that have shaped their way of existing in society – they live in the shadow of these traumatic experiences and develop their own coping mechanisms.
- Both systemic and interpersonal oppression have a direct impact on substance use and gambling behaviours.
- Systemic and intersectional oppression influence substance use behaviour and gambling addiction.
- According to respondents, discussions around addiction often fail to address critical factors such as political homophobia, the adaptation of the human body and mind to the accelerated pace of modern life, exploitative practices driven by the neoliberal economy, consumer culture, the construction of unrealistic ideals around success, beauty, and the body, and the pressure to hide failure.
- People are constantly exhausted – not only by physical and mental labour, but also by emotional labour: coping with disappointment, poverty, inequality, and injustice.
- Accessibility is a central issue in understanding systemic oppression. The system itself creates these environments, injustice, pain, overproduction, unequal power dynamics, and a lack of solidarity, while simultaneously enabling and profiting from the very substances and gambling behaviours that pull people in.
- The police's treatment of the queer community is one manifestation of political homophobia. The community's sense of safety is undermined and devalued. Often, any positive interaction with law enforcement depends solely on the goodwill of individual officers.
- Substance use further complicates interactions with the police. In such cases, drug use can become an additional factor used by law enforcement to discredit or punish victims, making it even harder for them to pursue justice in instances of violence or other crimes.
- The vast majority of respondents report not feeling safe. Expecting danger from their surroundings has increased over the past two years. As a way to cope with this heightened sense of danger, many turn to substance use.

Poverty and Economic Oppression

- The primary source of income for respondents is their salary, received either regularly (monthly) or irregularly. For some, transfers of money from a family member or relative are their main or additional source of income. Three respondents identified sex work as their main source of income. One respondent noted that they rely on social assistance and IDP allowance. Only a small number of respondents own any property.
- Due to financial difficulties, respondents often have to prioritize among urgent needs. Some are unable to cover basic expenses such as utility bills, debt payments, or other necessities from month to month. They rarely have the means to care for themselves, rest, buy clothes, travel, or access paid healthcare services.
- The findings also revealed that some respondents refuse to buy food and instead use tobacco, alcohol, or other substances. Additionally, impulsive spending is described as a coping mechanism for managing financial stress.
- Almost all respondents have some form of financial obligation, such as a debt or loan taken from a bank, microfinance institution, or private individual. These debts are primarily used to cover basic needs, gambling, or substance use. Excessive debt often reinforces substance use or gambling behaviour and perpetuates the cycle of poverty.
- For respondents, a sense of financial stability is largely tied to the broader socio-economic and political conditions of the country, rather than being viewed through the lens of personal failure or success. Participants link financial insecurity with economic oppression and systemic injustice.

Housing

- The majority of respondents do not own their flats/homes and either live alone or share or rent accommodation with others. Access to housing is shaped by a complex interplay of property rights, interpersonal relationships, and experiences of discrimination.
- Financial constraints force respondents to share living spaces, which comes at the cost of autonomy, independence, and peace. Nevertheless, shared living arrangements may also become a source of support, self-care, and emotional safety.

- A significant portion of respondents has faced homelessness or the risk of homelessness at least once in their lives, mostly as a result of domestic violence linked to their sexual orientation or gender identity.
- Many respondents frequently change residences and are especially vulnerable to homophobic and transphobic attitudes from landlords, which poses a threat and complicates their search of housing.

Memory of Trauma and Pain

- For most respondents, childhood memories are tied to formative life events. Parenting styles, control, and experiences of domestic violence later shape how they cope with these experiences – or are constrained by them.
- Many respondents describe violence related to their identity or self-expression as traumatic experience, not only within their families but also from society and institutions.
- Domestic violence and neglect (physical, psychological, economic, emotional) are common experiences among respondents. In most cases, the violence was motivated by non-normativity or difference, regardless of whether respondents expressed this openly or kept it hidden.
- Cases of sexual harassment, rape, and attempted rape have left a lasting mark on respondents. These experiences were often linked to oppression based on sexual orientation and gender identity, as well as the sexualization and dehumanization of their bodies.
- Deep-seated feelings of loneliness and abandonment trauma were frequently mentioned as reasons for substance use.
- A family member's addiction to alcohol, other substances, or gambling was identified as a contributing factor in the development of respondents' own addiction. Many recalled situations in which they had to handle alcohol-dependent parents or close relatives.
- The loss of a loved one is one of the transformative and traumatic experiences for many respondents. They associate these deaths with misfortune, dehumanizing living conditions, poverty, mental health challenges, addiction, illness, and intergenerational trauma. Respondents note that such losses are especially difficult to process and has a lasting impact on individuals' psyches and future lives.

Coming out

- Coming out is not a universal experience within the LBT community and is not perceived as a necessity by everyone. Identity fluidity, the search for authenticity, and the desire to avoid rejection led many to question the value of the coming out process.
- For those who have come out, the process is often neither linear nor consistent. It frequently involves the ongoing need to affirm and explain one's identity, which can become emotionally exhausting and intensify feelings of isolation and loneliness.
- Since coming out is a continuous and often repetitive process, disclosing one's gender identity or sexual orientation in each new relationship or social context can lead to fatigue and alienation. Some respondents also reported experiences of being outed, which they described as traumatic.
- Rejection and violence from family members or relatives following coming out are common, often resulting in the loss of relationships with loved ones. However, several respondents also described experiences of acceptance – from mothers, friends, or coworkers – characterized by boundary-setting, respect, and care.

Activism

- Study participants conceptualize activism as something that is more than formal or organizational advocacy. They identify activist behaviour as everyday actions aimed at supporting others, fostering critical thinking, and upholding universal values. Care, resistance, and a commitment to change were cited as defining features of activism.
- Respondents have engaged in protests across a range of intersecting issues throughout their lives, including LGBTQ+ rights, children's and women's rights, education and labour rights, animal rights, and more.
- Feelings of defeat and failure, and the accompanying emotions of disappointment, fear, and hopelessness, are familiar to many participants. A key source of frustration was the neglect of queer and trans experiences within activist circles.
- Participants reported experiencing activist burnout, often linked to defeat, disillusionment, and challenging socio-economic circumstances. Burnout

manifested as chronic fatigue, loss of motivation, a desire for isolation, and, in some cases, depressive thoughts. Severe anxiety and depression were also mentioned, related to physical and emotional labour involved.

Pathways to Relief and Healing

- Respondents express the need for relationships and spaces guided by responsibility, solidarity, and care, spaces where the focus is on understanding and support. The socialization they envision is tied to new, transformative, and substance-free environments.
- They see alternative spaces for socialization as academic, cognitive, creative, informal, affordable, accessible, nature-based, ordinary, rooted in resistance, self-organized, and mobilizing.
- Many participants are sceptical of the concept of "safe spaces," believing that in the current political, social, and economic context, true sense of safety is difficult to attain. "Safe space" has become a promise rarely fulfilled in practice. Such spaces are often temporary, situational, and exclusive – typically accessible only to those living in central areas (e.g., Tbilisi), possessing social capital, or belonging to certain groups, thus excluding many queer individuals.
- In the absence of institutional support, and considering trauma and socio-economic oppression, experiences of collective care hold significant importance for respondents. Emotional and physical support from friends is seen as a cornerstone of protection, belonging, and safety.
- Collective care often fails to reach respondents who choose to remain silent about their involvement in gambling or substance use.
- Revival, liberation, overcoming, finding strength, freedom from guilt, catching a breath, recovery, and management – these are the words respondents use to describe and substitute for the word of "cure."
- The word "healing" still evokes stigma and isolation for some study participants, rather than a sense of real help. For others, "healing" implies the complete eradication of something – an idea they consider unrealistic given the chronic nature of addiction. Some also suggest that, in the context of addiction, the concept of "healing" has the potential to be redefined to encompass the complexity and multiple dimensions of healing.

- The dominant narrative tends to emphasize being "clean," "sober," or finding a replacement, while giving less attention to more holistic forms of healing. These more nuanced approaches are directed not only at individual recovery but also at collective healing and are only partially associated with the medical understanding of "recovery."
- The possibility of healing often lies in rest and leisure. The opportunity to reflect, reconnect with oneself, and simply breathe is, in itself, a form of healing.
- Thinking about managing addiction is often seen as a privilege and is closely tied to having supportive people in one's environment, escaping poverty, and gaining more free time.
- For many, complete abstinence and isolation are not solutions. Instead, management is considered more realistic when it is possible to use substances like marijuana or alcohol occasionally – so that the individual maintains control over their use.
- Total abstinence often implies the complete loss of certain feelings associated with marijuana or alcohol use. Some respondents find it difficult to focus solely on the negative aspects of use; instead, they are in a process of observing, exploring, and testing their own emotions and relationship with addiction.
- The possibility of management does not apply to all substances – some are seen as impossible to manage. This process depends on how each individual understands "management."
- One way addiction is understood is as a chronic condition – similar to other chronic illnesses – that can be managed or stopped but can recur. Framing addiction this way makes its management more realistic and less painful.
- Respondents describe reaching a "peak" or "edge" – a turning point at which they stopped using substances or gambling. Often, the reason for this was excessive use or behaviours that harmed their relationships with loved ones. From their perspective, reaching this limit was what enabled them to quit.
- There is a need for organizing gatherings focused on addiction. Such spaces would offer an opportunity to reflect on relieving and painful aspects of addiction. Participants believe people can quickly skim through brochures or online resources, while meeting face-to-face and developing a shared logic around these experiences could create a possibility for healing.

- Organizing group sessions requires a sensitive, informed approach to prevent causing further harm. Group therapy should bring together individuals struggling with the same substance, as the experiences of use and addiction can differ significantly, making it difficult, for instance, for someone addicted to alcohol to relate to someone addicted to marijuana.
- There is a desire to expand access to rehabilitation centres and support services, as addiction is seen as a widespread issue, a pandemic, requiring a wide range of resources and support. However, there is also a degree of distrust toward these centres and services. For most respondents, the availability of such services is considered an essential part of healing, but not the only one.
- Healing becomes possible when one understands what drives their addiction. For some respondents, addiction is seen as systemic to the human psyche, and if this is not recognized, and addiction is viewed merely as a disease, coping with it becomes much more difficult.
- Healing can also emerge through shared experiences of care and responsibility, which respondents identify as inherent to lesbian love and unity, and they emphasize the need for a collective return to these values.
- Changing one's environment and routine is cited by many respondents as one of the ways to break free from addiction or gambling. They believe that distancing themselves from environments that either enable substance use or lead you to use can be one of the most effective ways for managing addiction.
- Respondents also associate changes in routine with the development of self-discipline – introducing new activities and interests, adopting healthier eating habits, engaging in physical activity or sports, and meditation. They acknowledge that this process is lengthy and demands significant effort and resources, but they have personally experienced the positive impact of these changes.
- It is important to understand the influence of the neoliberal ideal of success – achieving goals on a strict timeline and maintaining productivity. Individuals struggling with addiction may benefit from discipline, but they also need to understand that there is no such thing as lost time, that It is always possible to start over. A person always has enough time, as long as they are alive and accumulating experiences.

- Coping and finding relief are often possible through psycho-emotional support. Respondents mention art therapy, sessions with psychologists, and learning meditation practices. However, they are also critical of these approaches.
- Creating a support network that is informed and sensitive about addiction and approaches such experiences with interest rather than judgment or criticism, is crucial for most respondents. For those seeking healing, one of the key sources of relief is forming such connections. While they acknowledge that addiction also places a heavy burden on loved ones, this issue is rarely explored in depth during interviews.
- When it comes to psychedelic practices, there are more questions than answers around the subject. Respondents express interest about the consequences, accessibility, side effects and impacts of such approaches.
- Respondents highlight the benefits of medicinal plants and emphasize the need to gain more information about them. According to many, nature often provides solutions – plants can help heal both physical and emotional pain.
- Healing the system itself is seen as one of the most effective and realistic solutions – unless the system, which continuously drives people toward addiction, is addressed, any recovery will be short-lived and limited.
- For several respondents, a phase of healing has begun, as feelings of constant self-pity and shame have diminished, giving way to a cycle of stability and setbacks, and to acknowledgment of personal limitations.

Results of Quantitative Research

Patterns of Psychoactive Substance Use

- The most frequently used substances among respondents in the past three months were **tobacco** (93%, n = 104), **alcohol** (93%, n = 106), and **cannabis** (72%, n = 100).
- The reported use of other psychoactive substances was relatively low: 30% to 50% of respondents had experience with amphetamine-type stimulants (ATS), hallucinogens, and sedatives.
- Approximately one-third of respondents (30%) had never used substances such as cocaine, ATS, inhalants, sedatives, hallucinogens, opioids, or other similar substances.

Contexts of Psychoactive Substance Use and Co-users

- The majority of respondents (79%, n = 84) most frequently use substances in their own homes. This trend is consistent across all demographic groups.
- More than half of respondents reported using substances in social spaces – bars (59%, n = 63) and nightclubs (53%, n = 56). This practice is more common among cisgender and non-binary individuals, as well as those aged 18–37. It is least common among respondents living in Tbilisi.
- One-third of respondents (38%, n = 40) reported using substances in queer/LGBTQI+ gathering spaces, with this practice being especially prevalent among those living in Kutaisi.
- Respondents most commonly use psychoactive substance in social situations, with friends or acquaintances (91%).

Gambling-Related Indicators

- More than half of the respondents (53%, n = 57) reported having experience with gambling. The highest participation rates were observed among transgender (60%) and cisgender (56%) respondents.
- Among those who are or have engaged in gambling, approximately one in three reported experiences of problem gambling – such as lying about the amount of money spent (36%, n = 21) or feeling the urge to increase their bets (40%, n = 23).

Employment, Economic Status, and Education

- The majority of respondents (65%, n = 70) are employed either full-time or part-time, while 13% (n = 14) are self-employed. The unemployment rate among respondents is 16% (n = 17).
- A large majority of respondents (85%, n = 90) report being in a difficult economic situation. Most struggle to afford food and clothing, while one-third can afford food and clothing but not larger household items or equipment.
- Currently, 8% of respondents (n = 9) have the social vulnerability status, while 19% (n = 20) have had this status in the past.

- Difficult economic conditions are most prevalent among transgender (58%, n = 18) and non-binary (55%, n = 18) respondents, as well as among those living in Kutaisi (70%, n = 28).
- More than half of respondents (55%, n = 60) report having an experience of being at risk of homelessness, with transgender participants indicating the highest levels of vulnerability.
- Only one-third of respondents (31%, n = 34) have completed all the levels of education they desired.
- The main reasons for dropping out of education are financial barriers (e.g., tuition fees, inability to pay rent) and the incompatibility of work and study schedules.

Health Status – Risk of Problems Associated to Tobacco, Alcohol, and Cannabis Use

- Screening results for the most commonly used substances (tobacco, alcohol, and cannabis) show that one in three respondents is at high risk for alcohol-related problems and requires care. One in five respondents is at high risk for problems related to tobacco and cannabis use.
- There is a statistically significant association between cannabis use and gender (higher among non-binary and transgender respondents), sexual orientation (higher among respondents identifying as "other"), and age (lower among those aged 38 and older).

Health Status – Anxiety

- Almost half of the respondents (47%, n = 50) reported experiencing severe anxiety, indicating a need for multidisciplinary care.
- Severe anxiety is particularly prevalent among respondents over the age of 28, as well as in respondents living in Kutaisi and Batumi.
- Analysis shows a statistically significant association between high levels of anxiety and the use of psychoactive substances.

Health Status – Depression

- Almost half of the respondents (46%, n = 43) experience moderately severe or severe depression, indicating the need for multidisciplinary care.
- The highest prevalence of severe depression was observed among cisgender respondents (29%, n = 11). Symptoms of severe depression were also most common among homosexual respondents (31%, n = 10).
- High levels of depression are statistically significantly associated with the use of psychoactive substances.

Health Status – Post-Traumatic Stress Disorder

- Overall, the experience of traumatic events is high among respondents. Notably, 71% (n = 76) reported experiencing physical or sexual violence.
- According to the Post-Traumatic Stress Disorder screening tool, 79% of participants reported symptoms consistent with PTSD. These symptoms are most common among respondents aged 18–27 and decrease with age.
- High levels of substance use are associated with high levels of post-traumatic stress disorder.

Systemic Oppression – Experiences of Discrimination and Violence

- The majority of respondents have experienced verbal abuse and humiliation (85%, n = 34), as well as psychological violence (72%, n = 78). Half of the respondents (53%, n = 57) have also reported experiencing physical violence.
- Among those who have experienced violence, the most commonly reported perpetrators were strangers (68%, n = 60) or groups of strangers (56%, n = 49).
- 24% of participants (n = 21) reported experiencing violence from both their father and mother. Additionally, 20% identified their brother as the perpetrator, and 10% – their sister.

Systemic Oppression – Experiences of Discrimination and Violence

- More than half of the respondents (54%, n = 59) believe they have relatively strong skills to cope with trauma by focusing on the future, while about half (51%, n = 59) believe they have strong skills to cope by directly addressing the trauma.
- The analysis shows that approximately half of the respondents (51%, n = 59) demonstrate above-average flexibility in coping with trauma – that is, the ability to use both future-focused and trauma-focused strategies.
- The perceived ability to cope with trauma is lowest among transgender respondents and among participants living in Tbilisi and Batumi.

RESULTS OF THE QUALITATIVE RESEARCH

General Patterns of Psychoactive Substance Use in the LBT Community

Respondents shared reflections on the contexts and emotional states associated with their substance use. The questionnaire prompted them to revisit different stages of their lives, recalling specific situations, environments, people, and feelings tied to their use of psychoactive substances. The interview process became a space for self-reflection and evaluation of their behaviours and the factors influencing them. As a result, participants responded to this process in different ways: some had already examined and understood the motivations behind their behaviour, while others began to connect previously unexamined experiences during the interview itself, drawing new insights and conclusions. Even among those who had already formed clear answers on their substance use and addictive behaviour, the process helped uncover additional layers of analysis.

Types of Psychoactive Substances

Respondents identified different psychoactive substances they had used in the past and present. It is important to note that the respondents no longer use some of the substances mentioned. Many reported having used multiple substances, either at different stages of their lives or concurrently. The data also includes certain substances used only on one occasion.

Table 1. *Types of psychoactive substances: qualitative research data*

Substance	Description	Frequency
LSD	Hallucinogen	7
MDMA	Stimulant	8
Bath salts, crystal	Stimulant	1
Alcohol	Depressant	21
Alpha (PVP)	Stimulant	1
Amphetamine	Stimulant	9
Amphetamine (intravenous)	Stimulant	2
Andante	Prescription sleeping pills	2
Bio	Synthetic cannabinoids	2
DMT	Hallucinogen	1
Diazepam	Pharmaceutical drug/Benzodiazepines	2
Diphenhydramine	Antihistamines	2
Nbome	Hallucinogen	1
Ephedrine	Stimulant	1
Ecstasy	Stimulant	11
Pervitin	Stimulant	1
Ketamine	Hallucinogen	5
Quetiapine	Antipsychotic/sleeping pills	1
Cocaine	Stimulant	7
Lyrica	Pharmaceutical drugs	1
Poppy seed	Opioids	2
Marijuana	Cannabinoids	15
Methamphetamine	Stimulant	1
Mephedrone	Stimulant	1
Muscat	Hallucinogen	1

Muscimol	Hallucinogen	1
Poppers	Stimulant/volatile substance	1
Diamorphine ("Brown")[120]	Opioids	1
Mushrooms	Hallucinogen	7
Subutex	Opioids	1
Subutex (intravenous)	Opioids	1
Glue	Hallucinogen, volatile substance	1
Hashish	Cannabinoids	2
Heroine	Opioids	2

Table 2. *Experience of using multiple psychoactive substances: qualitative research data*

Changed Names	**Psychoactive Substances**
Keke	Alcohol, marijuana
Nini	LSD, alcohol, ecstasy, marijuana
Efemia	Alcohol, X[121]
Ma[ia]	Alcohol, marijuana
Manana	LSD, MDMA, alcohol, amphetamine (intravenous), ecstasy, marijuana
Baia	Alcohol, amphetamine, marijuana
Dodo	LSD, alcohol, amphetamine, ecstasy, ketamine, marijuana
Maisa	Ketamine, cocaine, X
Gaiane	რებიარის ტაბლეტები Alcohol, diazepam, diphenhydramine, ecstasy, Lyrica, marijuana,

120 Refers to a less-refined form of heroine

121 Experiences of gambling addiction

Lia	Alcohol, X
Rene	LSD, MDMA, alcohol, amphetamine, ecstasy, ketamine, hashish
Mavra	Alcohol, Nbome, marijuana, muscat
Noe	Ephedrine, poppy seed, Subutex
Nana	Alcohol, quetiapine
Melita	Bath salts, crystal, alpha (PVP), amphetamine, ketamine, cocaine, mephedrone, mushrooms, heroine
Sara	LSD, MDMA, amphetamine, ecstasy, ketamine, cocaine, mushrooms
Christine	X
Kato	Alcohol, amphetamine, amphetamine (intravenous), Pervitin, cocaine, Poppers, Diamorphine (“Brown”)
Keti	Alcohol, amphetamine, cocaine, marijuana, glue
Eva	Alcohol, amphetamine, marijuana
Ilia	Alcohol
Ivane	Andante, diphenhydramine
Alexandre	Alcohol, marijuana
Dea	MDMA, ecstasy, cocaine, mushrooms, Subutex (intravenous)
Zoia	Alcohol
Nisa	LSD, MDMA, marijuana, mushrooms
Eto	MDMA, alcohol, amphetamine, ecstasy, marijuana, mushrooms
Marta	MDMA, alcohol, bio, ecstasy, cocaine, marijuana
Tamta	Alcohol, andante, mushrooms
Zanda	LSD, MDMA, bio, DMT, diazepam, ecstasy, methamphetamine, mushrooms, hashish, heroine

CIRCUMSTANCES SURROUNDING THE USE OF PSYCHOACTIVE SUBSTANCES: CAUSES, FEELINGS, AND INFLUENCES

Age and Context of Onset of Psychoactive Substance Use

The age of onset of psychoactive substance use among respondents ranges from seven to 25 years. Notably, early use is most commonly associated with alcohol consumption, though there are also cases involving glue sniffing (a hallucinogenic, volatile substance) and the use of pharmaceutical drugs. Substances first used by respondents include alcohol (mentioned by the majority), psychotropic medications obtained from pharmacies, marijuana, and glue.

> *"Pills [referring to psychotropic medications from the pharmacy], for example, it was around 9th grade. I would have been about 15 or 16… From the age of 7, I drank [alcohol] whenever I wanted… Between fifteen and 19, I was up to tasting anything that was within the reach, I just wanted everything."*
>
> *– Ivane, transgender man, bisexual, 24, Tbilisi*

A portion of the respondents (one third) began actively using substances later in life, between the ages of 21 and 25. They associate their substance use during this period with student life, living separately from their families, and the formation of new social connections.

As for the context of first use, it typically occurred in the company of friends – in neighbourhoods, schools, universities, homes, music festivals, and similar settings. Respondents describe their first experience as pleasant, viewing it as a marker of transition into adulthood and independence, an age-related adventure, and, in some cases, a path to self-exploration. However, some respondents link their early use of psychoactive substances to environmental factors, such as having an alcohol-addicted family member or exposure to certain environments, such as their neighbourhood or prison.

Environments Where Substances are Used

Respondents identified their own or friends' homes, neighbourhoods, bars, clubs, parks, stadiums, festival venues, hikes, and excursions as common spac-

es for substance use. They also noted that any environment where they feel the need to ease social interactions can become a space for use.

> *"It doesn't necessarily have to be a bar or anything like that. Any gathering is already a signal for me to drink alcohol."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

Solitary substance use is also common among respondents. Many noted that they often do not need to be with others to drink alcohol or smoke, and they derive more pleasure from drinking alone. For them, solitary use is more closely associated with relaxation, rest, sleep, and alleviating sadness or fatigue. Respondents also differentiate between spaces suited to using different substances and the reasons for choosing those specific environments.

> *"I also drink alone. Mostly during crises. I have to bring home at least one beer from the store. I might not even drink it, but I need to have it at home, just to know I can."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

Respondents noted that spaces considered as queer-friendly, or simply as gathering places for queer people, have also become associated with substance use. According to one participant, there are no control mechanisms in such bars and clubs, not even age restrictions, and there is no expectation that bar owners will take responsibility for the risks related to substance use in these environments. Study participants mentioned that they often do not plan to use substances in these spaces, but once they are there, it feels as though they have no choice. They also distinguish between drinking wine with friends at home and consuming alcohol in a bar, noting that both the motivation for drinking and the effects of alcohol differ depending on the setting.

According to respondents, these spaces are almost inseparable from substance use. The environment and the people within it often create direct or indirect pressure to consume alcohol or club drugs. One respondent recalled an episode in which they had completely distanced himself from substance use, but after returning to the club scene, their old habits and addictions immediately resurfaced.

According to respondents, being in such spaces can also become addictive, as the lifestyle appears desirable and widely shared, and once exposed to these environments, they often feel the urge to return and repeat the same behaviours (smoking, drinking, etc.). This is especially true for individuals trying to integrate into new, friendly spaces.

> *"A friend joked that I just stood there… and I was feeling this hate towards them because I tried to go sober several times and… you can't just stay sober there, because all this isn't really about music or entertainment... "…there are people from regions, they have never seen anything like it, and once they do, they want to be like that… I say this so openly because… when I go to Bar M., I myself feel like I'm not part of it all, and I want to be. The brain just tricks you."*
>
> *Dodo, non-binary person, asexual, 29, Kutaisi*

On the other hand, being in these spaces creates a sense of belonging for respondents, something they say is nearly impossible to experience in other public settings. For them occupying these spaces is also a political act: a way to be heard, claim visibility, and exist in the form they envision.

These bars and clubs are designated as queer-friendly, and respondents emphasize that many people seek refuge there, find like-minded individuals, and feel safe.

> *"Of course, bars – Basiani, Khidi, Mtkvari… are more or less safe. I always go to [name of street] because… I know some random guy won't come over and bother me. That's a real problem in most other places… Here, of course, not everyone is from the community, but they know where they are, and they are not aggressive."*
>
> *Tamta, cisgender woman, lesbian, 28, Tbilisi*

Nevertheless, some respondents believe that these spaces may not be able to sustain their inclusive image for long. Many queer individuals and allies recognize that the entertainment industry – whether intentionally or not – has adapted to the anxieties and traumas of queer people, repackaging business interests as a form of queer emancipation. It is also worth noting that some respondents

view club-based entertainment as expensive and inaccessible for people from lower socioeconomic backgrounds. The role of social capital was highlighted as well, as it often determines access not only to these spaces but also to the substances used within them.

Insights Regarding the Reasons for Substance Use

Addiction in the study is explored as a behaviour shaped by socio-economic factors and complex life circumstances. Respondents emphasized that it is impossible to identify a single root cause or event to explain their patterns of use. Nevertheless, they shared key life events, emotional states, and moods that shaped their experiences at different stages of life and may have influenced their substance use. Given the complexity of the issue, it was important for researchers to move beyond causality and instead bring to the surface the respondents' life stories through their own narratives, using these narratives to guide the direction of the research and discuss its findings.

Most respondents associate their personal experiences with substance use with different life events. According to them, it can serve as a short-term way to cope with poverty, health issues, exhaustion, homophobic environments, emotional pain, romantic difficulties, sleep problems, and the desire to forget. Often, substance use becomes the only means of temporarily escaping these challenges.

> *"People who use, everyone complains that there's nothing to live for – they don't have a job, they can't feel love, they don't enjoy anything. So what else should they do? And also it is so accessible."*

> *It's the same for queer people. When you have no family, in most cases no solid circle of friends, you're not in school, you don't have the kind of job you dreamed of – and then they offer you these clubs, these entertainment venues, this glamour that is still new for us. It's just one step to fall into this illusory life."*
>
> *– Dodo, non-binary person, asexual, 29, Kutaisi*

The majority of respondents identify ***coping with daily stress*** as one of the key factors driving their substance use. However, they emphasize that these daily

stressors are caused by broader and deeper issues. In the environments where they live and interact with others, overcoming stress and anxiety feels like a long and inaccessible journey, while using alcohol or marijuana offers a temporary way to relax and fall asleep.

> *"There's this sensation in the brain – right above the temple, a spot that feels slightly numb. I get that feeling. And when it comes, I crave dopamine more than water. I mostly find that dopamine in drinking – drinking enough to forget all my worries, to feel I don't care about anyone anymore, to just dance…"*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

When discussing coping with stress, respondents describe a need to relax and let go. They speak about the physical sensation that comes when their tired, tense bodies relax and feel free. Although they are aware that these sensations are temporary, and that heavy mood returns and fatigue doubles. Despite this, the desire for momentary relief can be so overwhelming that they are willing to endure the consequences.

For some respondents, substance use is away of accepting themselves. **In a state of intoxication or relaxation, they experience a sense of empathy for themselves and momentarily escape feelings of inadequacy or worthlessness.** For others, substance use is a response to their emotional makeup – they see themselves as vulnerable individuals whose sensitivity, melancholy, feelings of resistance, injustice and alienation have made them more prone to frequent use.

> *"It felt like crying over things that everyone else would find funny, and you can't even explain to them how you feel. There was no one to stand by your side – there's always been this sadness. When your environment keeps telling you that you have to be self-sufficient, rational, that saving yourself is up to you. This kind of liberal call for self-empowerment – it really gets on my nerves. That's when my resistance kicks in, and I end up doing the opposite."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

Respondents also associate the onset and continued use of substances with ***a process of self-exploration and discovering one's own self***. According to them, it feels like a kind of personal research – when you don't know what will come up to the surface, but the result is always interesting and exciting. Several respondents noted that alcohol use helps them forget they are alone in this world or makes them feel less lonely.

Notably, after describing the feeling of relief, respondents often returned to the theme of short-term effect of use and the intensified anxiety that follows. Most agreed that substance use offers only temporary relief and does not bring lasting effect, as the pain might often even intensify once the effects wear off.

Some respondents reported using substances to ***numb or relieve physical pain***. Several linked their use to pain caused by chronic illnesses, noting that alcohol and marijuana helped dull their physical pain. One respondent mentioned that marijuana may indeed have therapeutic effects for chronic conditions, however, knowledge about this is fragmented and existing narratives often overlook the other consequences of frequent use. Respondents also used the term "pain" to describe spiritual and psychological suffering. As one participant explained, there is an inexplicable internal pain, that cannot be explained, therefore, cannot be suppressed, which prompts them to use substances.

One of the major contributing factors to substance use is ***the pressure they experience within their social environment***. Respondents cite stressful work conditions, homophobic attitudes, poverty, and dominant societal views on normativity as key influences.

> *"In my case too, it's the struggle of being rejected, denied, having to battle on so many fronts, starting with family and beyond. You find yourself in a situation… where everything you've ever learned or believed in is slipping away and you're left in the air."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

> *"If you're having problems at home because of your orientation, the easiest way to cope is by not staying sober."*
>
> *Gayane, cisgender woman, lesbian, 37, Tbilisi*

"The fact that an environment doesn't make you feel like a human being – that's the bare minimum, the most basic thing… If you don't feel human where you live, you need to escape it all. Then you start thinking about ending your life, and nobody wants that – nobody wants death. It's easy, in those moments, to get into all of it. Because you want to escape that environment. It may not make you feel good, but it silences everything around you. At least for a while."

Ivane, transgender man, bisexual, 24 years old, Tbilisi

"The fact that the environment doesn't make you feel like a human being – that's the bare minimum, the most basic thing… If you don't feel human where you live, you need to escape from it all. Otherwise, you are going to end your life, and nobody wants that – nobody wants to die. It's easy, in those moments, to turn to substances. Because you want to escape that environment. It may not make you feel good, but it silences everything around you. At least for a while."

Ivane, transgender man, bisexual, 24 years old, Tbilisi

Respondents note that there is no direct link between a specific incident of homophobia and substance use – they did not immediately turn to alcohol or drugs as a result of homophobic or transphobic attitudes. It was the cumulative impact of homophobic climate over time that created feelings of danger, fear, alienation, loneliness, and feelings of injustice, and eventually responded to them with destructive consumption behaviours.

Poverty and unemployment are also cited as contributing factors, as they too bring with them a strong desire to escape, avoid problems, and forget. Some respondents mention that having a job helps them stay focused and with the responsibilities that follow they avoid substance use. In contrast, prolonged unemployment triggers anxiety, both financial and psychological, due to the lack of structure and routine.

"I was unemployed for a while. Before that, I was a courier – initially the income was good, but then it went south… Problems within my family, along with social and financial difficulties, eventually led, in my opinion, to this addiction to alcohol."

Ilia, transgender man, heterosexual, 22, Tbilisi

On the other hand, ***work-related stress and burnout*** can also drive substance use. Most respondents note that their working conditions and workload completely deprive them of the joy of life, leaving no time for socialization or personal development. At the end of the day, all that remains is exhaustion, which they try to overcome with sleep, rest, or relaxation. When this is not possible, due to intense stress, mental and physical health challenges, the only relief is to numb the distress with different psychoactive substances. According to some respondents, their jobs reduce them to machines, requiring them to perform lots of mechanical, inhuman, fast, and efficient tasks. Their bodies and minds become completely depleted, and by the end of the day, they crave only one thing – a reward.

> *"Three clients message you at the same time, three chats activate – you have to respond to each within sixty seconds. You have to pause every three minutes – those are the rules. When you pause one, a fourth one pops up... If you go over the time limit, the manager calls you, gives you a warning, and your salary is cut. This is just the tip of the iceberg."*
>
> *Mavra, 31, Kutaisi*

Transgender women sex workers report that alcohol consumption is closely intertwined with their work. Without alcohol, they are unable to endure the working conditions, experiences of violence, existing forms of relationships, and the overall hardship that accompany sex work.

> *"I don't like drinking, but I have to. If I don't drink, I'll lose my mind, because of my work, they'll put me in a mental institution. When I drink, I calm down. I'm harmless; I just sit quietly by myself and drink. That's it. I drink, and I'm done."*
>
> *Keti, transgender woman, bisexual, 40, Tbilisi*

Some transgender people also associate drug use with the challenges they have faced ***due to their gender identity***. For many, the process of self-determination and fully revealing themselves to others has not been easy or painless. It has involved intense psychological pressure, persistent fear, and loneliness. When they leave their families, whether it is by force or by choice, they often find themselves in environments where drug use is normalized or even encouraged.

According to one respondent, experiences of dehumanization, humiliation by loved ones, and being labelled as a threat are traumatic experiences and often contribute to drug use:

> *"They always try not to leave me alone at night. Keep their children away from me. Teenagers… how could it not affect me? I might even use more, to distract myself from thinking about it – so I don't convince myself that I'm really that bad. I'd rather disconnect from the world, shut my brain off…*
> *…If I can't find anything to use, I move on to self-harming."*
>
> *Noe, transgender man, heterosexual, 43, Tbilisi*

One of the respondents also shared the experience of ***being kicked out of the house due to his sexual orientation***, which led him to drinking alcohol. They recall complying with others' requests because they had no choice but to rely on others' approval. As he noted, people who lead stable lives do not typically resort to such destructive and alienated behaviours.

> *"When I moved to the shelter, he forced me to drink there too. He would come at three in the morning, wake me up, and ask me to drink vodka with him. I really didn't want to – I couldn't stand it, I couldn't physically do it, it was a torture. But he would make me drank. So, it got easier after a while – I got used to alcohol, and then it was no longer a problem."*
>
> *Eto, non-binary person, lesbian, 31, Batumi*

The issue of ***access and affordability*** is also mentioned by respondents as one of the factors leading to consumption. They note that when you find yourself in entertainment or socializing spaces, you can easily access alcohol, marijuana, and even club drugs, completely free of charge. Some respondents note that they have never paid a significant amount for club drugs (in this case, ecstasy, MDMA) because they were constantly available through friends and acquaintances. According to several respondents, when they are drinking with friends, the one friend who has the means at that moment pays for the alcohol – this is a kind of unspoken agreement. Sharing is a very familiar and encouraged behaviour where people are looking for feelings of numbness or intoxication.

"It's not that I wanted it or anything, it just kept showing up, and I didn't say no."

Eto, non-binary person, lesbian, 31, Batumi

"I never had that urge to buy it. I might put in more effort for a joint. Someone could offer it to me or something."

Rene, cisgender woman, bisexual, 22, Kutaisi

Involvement in activism, participation in demonstrations, political crises, and ongoing uncertainty are associated with emotional burnout and hopelessness for some respondents. According to several respondents, their experiences as activists have directly led them to addiction.

"Maybe if I did not have all this information, I would have been happier? Activism has taken my life in a completely different direction. On the one hand, I do work that brings me great pleasure, but on the other hand, I'm constantly exhausted, drained, and under stress..."

Ivane, transgender man, bisexual, 24, Tbilisi

According to one respondent, the ***intense political climate*** of 2024 made it impossible for him to stay sober, and after several months of abstinence, he resumed using marijuana. For some respondents, activism feels like invisible labour – the emotional and physical toll it takes on the body is often overlooked. Being an activist requires motivation and a belief in change; however, the perceived futility of protests and a sense of alienation from society have left them feeling powerless.

"It wasn't like this before. When I first started activism, it was not like that. I never drank because I was exhausted from activism. It never got to the point where I craved alcohol because of it. Now – it does."

Ivane, transgender man, bisexual, 24, Tbilisi

Respondents often cite ***a strong drive toward self-destruction*** as a key reason for their substance use. It is as if they derive a kind of pleasure from harming themselves. One respondent noted that consumption offers no sense of salva-

tion – he is fully aware that he is punishing himself. Several respondents also speak about ***a desire to go against social norms***. This is partly tied to prohibitions imposed since childhood and the perceived freedom in adulthood to reject them. It is also linked to resisting traditional, patriarchal beliefs that for women any pleasure and relaxation is unacceptable or inaccessible.

Facilitating socialization is another recurring theme. Many respondents mention that alcohol helps ease social anxiety. Drinking allows them to feel bolder, more direct, more charming, and more open.

> *"My self-esteem has dropped so low... the idea came from that… that people wouldn't accept me for who I am. Sometimes I still feel that tension, and alcohol helps me with it, too."*
>
> *Tamta, cisgender woman, lesbian, 28, Tbilisi*

After drinking alcohol, respondents report a boost in self-confidence, allowing them to open up and express resentment, anger, and joy. They recognize that they can only find an outlet for their chronically supressed emotion within this illusory and temporary reality.

Romantic relationships, and their difficulties, are also identified as triggers for substance use. For some, it was particularly painful to be in relationships that had to be kept hidden, where they couldn't speak openly about their feelings to family or friends. These relationships were often perceived as unreal due to their invisibility. Some respondents internalized the belief that only heterosexual relationships were valid.

For others, substance use was triggered by breakups, problematic dynamics, or attachment-related struggles. They noted that the emotional wounds caused by these relationships were often so deep that they needed help to heal, and that help was often accessible in the form of alcohol or other psychoactive substances. Respondents described a sense of loss that is difficult to compensate for and often takes years to process.

Respondents also mention shared substance use within relationships or influencing each other's consumption. They recall situations where distancing themselves from such behaviour felt impossible, as it had become the only way to sustain the relationship, communicate, and enjoy time together. According to them, it was like a shared hobby or interest – something that brought them closer and gave them a topic to talk about.

One respondent also pointed out that the community lacks an understanding of polyamorous relationships. They noted that polyamory is often viewed as a desirable form of queer relationship that challenges the logic of hetero-monogamy and, for that reason, particularly appeals the LBT individuals. While polyamory certainly carries the potential for liberation, collective care, and the potential to dismantle binary norms, introducing it into relationships without sufficient understanding and effort can be harmful. According to one respondent, without intentional work, clarity, outlining rules and boundaries, such relationships may create cycles of mutual harm, emotional manipulation, toxicity, surveillance, and insincerity.

Several respondents also discuss the issue of dependency within relationships, noting that romantic relationships can sometimes resemble addiction. They describe experiences in which they replaced a relationship with substance use, or the relationship replaced substance use. These dynamics, they suggest, are doomed from the very start, as they are often rooted in unhealthy emotional dependence.

> *"I don't care about smoking when I have someone. When I have no one, I have smoking."*
>
> *Rene, cisgender woman, bisexual, 22, Kutaisi*

According to respondents, queer relationships often replicate the power dynamics of heterosexual relationships, making it impossible to prevent such patterns. LBT individuals are still learning how to navigate queer relationships – how to set boundaries, give and receive care, and maintain their sense of agency.

Some respondents view ***traumatic experiences, traumatic episodes*** as key factors contributing to substance use. They speak about incidents of violence both within and outside the family, a family member's alcohol abuse and its consequences, experiences of homelessness, and the severing of ties with relatives.

> *"Some really major trauma led to my first use of LSD. My friends told me it would help, and that's what pushed me to try it. When you start with LSD, it was like, wow, what an amazing thing – how good it made me feel. It really helped me in that moment."*
>
> *Dodo, non-binary person, asexual, 29, Kutaisi*

Respondents often report that they find it difficult to draw direct connections between their traumatic experiences and substance use – it feels like self-justification or placing blame, which makes them uncomfortable. They try to find the words and explanations that might better capture their experiences but often struggle – there has been little space for open discussion, exchange, or reflection. A recurring theme in the interviews is participants' doubt about the legitimacy of their fears, traumas, and concerns, coupled with unease when discussing them.

Influence and Feelings Related to Substance Use

The goal of the research is not only to explore negative influences of substance use, but also to provide space for respondents to reflect on the kinds of feelings they associate with using various substances, what they take from them and what they bring up in them. It was especially interesting to observe the language and emotions respondents used when describing this behaviour. When reflecting on these influences, it is important that the reader refrains from taking an evaluative stance and instead acknowledge the real and experienced feelings that respondents share.

All respondents spoke about the problems that occur in relationships. According to several respondents, drinking alcohol often lead to a kind of emotional "blow", allowing them to fully express accumulated anger, sadness or resentment, often in harmful and destructive forms. It creates tension with people around them – partners, friends, and others. They emphasized that it doesn't bring relief but rather worsens the situation. Respondents reported sensing tension from friends and relatives when drinking. One participant noted that her alcohol use was labelled as irresponsible behaviour, which she has accepted. She no longer tries to explain herself, as she believes that nothing will ever change.

Some respondents find it difficult to maintain communication with friends who do not use substances. On the one hand, they avoid conflict and uncomfortable conversations with these friends by keeping their distance. On the other hand, their friends themselves often do not want to see them under influence. This pattern of strained or distanced communication appears in the narratives of several participants.

"I have many good friends, but I can't see them. They don't drink with me, and I'm difficult to deal with when I'm drunk. That's why they don't want to see me. I find it hard to communicate when I'm sober. Once, my friend was feeling really bad, he said, 'Come to my room, I just want to hug you.' He's my friend – nothing more. I told him I'd have to drink first, but he said: 'No, not if you're drinking.' So now I prefer to sit alone. Then, whoever wants to drink will join me, and we'll drink together."

Gayane, cisgender woman, lesbian, 37, Tbilisi

"Because of paranoid thoughts, I've had some delusions, some exaggerations, and escalated my relationships."

Nisa, non-binary person, lesbian, 28, Rustavi

Although these respondents acknowledge that their loved ones and friends want the best for them, they also emphasize how difficult it is to be in this state and to find a way out. Their desire is not for others to stop caring, but to understand that continued use is not due to indifference or denial of the problem. For them, genuine care goes beyond giving advice – it means not leaving them alone during their most difficult moments, staying in conversation, and not giving up after several failed attempts.

There are also cases where respondents distance themselves from friends to protect them from their own substance use. According to them, even people who share the experience of using often urge each other to stop – the fact that someone uses does not take away the ability to recognize when a friend is hurting themselves.

"I ended the relationship with my friend. I didn't want to lose her – I knew she was psychologically vulnerable and lacked willpower. We were friends for seven years; we even got matching tattoos. I just ended it. When she asked why, I just said, 'You're really annoying.' She had a child. I couldn't let her self-destruct... I'm proud I made that decision."

Kato, transgender woman, heterosexual, 32, Tbilisi

Respondents report instances of separation from partners, as well as from family members and close relatives, due to addiction. These separations occurred

not only because of substance use itself, but also due to difficulties in coping with problems, sudden changes in mood, aggression, and impulsive or radical decisions.

> *"Something bad happened in my family because of drinking. In fact, something really bad happened to me personally. Almost every bad thing that ever happened to me was while I was drunk."*
>
> *Baia, bisexual, cisgender woman, 27, Kutaisi*

> *"All those traumas and buried feelings started to surface. So, I slapped her, but I wasn't even aware of it – I was half-asleep and didn't realize I'd done it. The next day, they told me… I thought I was slapping my father, but I had hit my girlfriend."*
>
> *Manana, cisgender woman, 29, Kutaisi*

For respondents, the loss of loved ones and the breaking of close ties is a traumatic experience. They describe these episodes as periods of regression, depression, and intensified despair.

Often, respondents choose to distance themselves from partners or loved ones because they no longer trust them. They attribute this to feelings and thoughts triggered by substance use – feelings of doubt, obsession, and self-destructiveness. These emotional patterns tend to push them further away from others, leaving them consumed by distrust and a sense of betrayal.

Consumption deprives relationships of depth and locks them into a fixed pattern. According to some respondents, addiction inevitably renders relationships hollow, robbing them of substance and the potential for growth. One respondent noted that poverty, violence, and hate speech further intensify these relational difficulties. Despite these challenges, respondents do not believe that genuine friendship, closeness, and intimacy cannot be established under such conditions – they simply acknowledge that the path is full of obstacles.

Respondents also discuss ***the complications substance use creates in their work performance and professional relationships.*** They recall instances when they were unable to fulfil their responsibilities due to consumption or were given a warning at work for using alcohol or marijuana. They emphasize that the consequences of substance use are not limited to moments of intoxication: it al-

ters mood, reduces productivity, and impairs cognitive functions and the ability to carry out routines. These extend to learning, personal development, and the ability to plan and complete any kind of work. Respondents also report general issues with memory and concentration, which at times have prevented them from performing their duties effectively.

> *"I worked as an assistant in a dental office, and before I started using drugs, I was doing everything very well. Then it started to get in the way – more than once, actually."*
>
> *Eva, cisgender woman, bisexual, 36, Tbilisi*

> *"I still go to work, but I show up with a hangover… and can't do anything. I constantly postpone things, or they spiral out of control. Sometimes I just can't even go to work… It's one thing to not be able to go and tell someone, 'I can't make it today – could you handle these urgent tasks?' But it's another thing to not show up and not be in touch with anyone all day. That's what happens with me."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

Some respondents also reported losing their jobs due to substance use – caused by being late, missing work, or failing to complete tasks. One respondent recalled a case where he voluntarily resigned because he realized he couldn't manage the workload and gave up on the job and source of income.

According to some respondents, delays in their career progression and missed opportunities for promotion were also linked to their substance use. Their work performance was affected by their addiction, which made them unstable and unreliable employees.

> *"I've lost a job I was very proud of. I was at an event, and I knew I had to go to work the next day. But I couldn't resist temptation, I don't know… I thought the effect wouldn't last long, but it did… It was obvious that I was not sober, but I was not aware… I was already frustrating everyone. After that, it felt like they just wanted to get rid of me anyway."*
>
> *Rene, cisgender woman, bisexual, 22, Kutaisi*

On the other hand, the nature of the work – unsuitable, exploitative labour, along with harsh working conditions and environments – significantly shapes consumption behaviour. Respondents often view substance use as the only escape from the exhausting routine of their jobs. They describe waiting for the end of the workday just to feel a sense of relief and release the accumulated tension and stress.

> *"I was doing something I didn't want to do. Smoking became a way to escape, and I just wanted the workday to end so I could catch up and slip into that other reality. It was forced labour, basically."*
>
> *Nisa, non-binary person, lesbian, 28, Rustavi*

The majority of respondents describe the deterioration of one's psycho-emotional state as one of the key effects of substance use. According to them, substance use offers a fleeting sense of self-sufficiency – it suddenly grants access to something precious and otherwise out of reach, only to take it away just as quickly. This is a heavy blow to the psyche. They add that with frequent use, even these brief flashes of relief disappear, and what remains is addiction.

> *"If you're in the habit of long-term use, you start getting irritated with yourself. Then comes the phase of severe addiction, where you can't even stop using. You're no longer happy, and on top of that, it destroys your body and mind. It drains your energy, at times you hate everyone, you become irritable, you don't sleep properly, you forget words, you don't want anything, you're demotivated, you can't concentrate."*
>
> *Dodo, non-binary person, asexual, 29, Kutaisi*

Respondents attribute the intensity of these influences to the broader context of oppression and poverty – factors that amplify the impact of substance use. While they acknowledge that they may have been vulnerable to substances regardless these factors, it is this hardship and marginalization that makes the prospect of overcoming their situation seem even more distant.

The issue with body perception is central to several respondents' reflections on substance use. They explain that after using, they lose control over their bodies and stop caring about the harm being done – whether caused by substances

or by others. In states of intoxication and relaxation, they often forget they even have a body, or that it holds any value. As a result, some have experienced unprotected sex and physical violence.

> *"You just don't feel your body, you don't exist. And you enjoy that state of not being."*
>
> *Sarah, cisgender woman, bisexual, 30, Tbilisi*

One respondent also highlights the link between drug use and the possibility of weight loss among women. According to her, this often serves as an encouraging factor. For some women, thinness is seen as an added benefit – they feel more satisfied with their bodies and experience a boost in self-confidence. The respondent attributes this to prevailing beauty standards and societal expectations around women's bodies. However, she adds that this initial pleasure is quickly replaced by a complete devaluation of the body and a loss of bodily awareness.

The majority of respondents also speak about ***their experiences of poverty and hardship***, acknowledging that substance use often deepens these struggles. While they understand that consumption is not a solution, it serves as a temporary way to "numb" themselves and escape their financial realities. In these moments, money loses meaning, and they spend whatever little they have without thought. Several mention borrowing money to buy drugs and choosing to spend on alcohol instead of essentials like food, rent, or utilities.

Respondents spoke about the range of emotions that accompany substance use – not only pleasant or unpleasant feelings, but also vague feelings that are difficult to articulate. According to them, consumption can be accompanied by paranoid thoughts, drowsiness, lack of energy, tremors, panic attacks, and sensations of impending death.

> *"You start thinking that no one likes you – or the opposite. It's paranoia, regardless. You think everyone is lying to you. The worst part for me was feeling like everything I said or did was stupid or a lie. I couldn't even tell anymore – was it really me? Did I truly want something or not? Was I doing things by force? It was two years of my life, and I wasn't sober for a single day."*
>
> *Dodo, non-binary person, asexual, 29, Kutaisi*

> *"Lately, I cry when I'm drunk. I have my issues. But I'm not like that when I'm high. It's more when I'm sober – it really hits me then. When you know something is over, and it's all just… over. You have to let go and go to sleep… it's very hard to overcome. There have been many times I thought I was going to die."*
>
> *Rene, cisgender woman, bisexual, 22, Kutaisi*

Respondents describe difficult experiences involving episodes of derealization and a complete detachment from any sense of responsibility. According to them, this state is not so much an escape as it is an inability to simply exist and endure.

They also reflect on how they manage these feelings while under the influence of substances. Some respondents say they are trying to develop coping mechanisms, and often that coping takes the form of finding, within this altered state, a space where the pain becomes more distant, even fades, or it is absorbed entirely and integrated.

> *"After a certain amount of alcohol, if the connection breaks, I completely lose myself. Even the next day, the entire night is erased from my memory. I have no control. When it comes to drugs, there are certain things I say to myself, I remind myself: this is happening now, I just have to get through this critical moment, and then it will give me what I took it for. If it feels too dangerous, I reach out, I tell someone, ask for help. I go somewhere where I'm not alone. Sometimes I start feeling menstrual pain, it feels like that pain. I focus on the pain, it grounds me. I become aware of the outline of my body, of where I'm sitting, of where I am. That's a strategy I have developed for myself."*
>
> *Mavra, 31, Kutaisi*

Some respondents emphasized the importance of discussing the aspects of substance use that are ***associated with pleasure and relief***. According to them, this isn't about romanticizing consumption, but about recognizing that these experiences are more complex, deeper, and more intimate than they may appear. In their view, acknowledging these feelings isn't harmful – on the contrary, it can be a step toward reducing stigma, fostering empathy, and critical reflection.

"Sometimes the way I perceive my body also changes in those moments – it's as if it becomes lighter, not heavier or weighed down."

Nini, cisgender woman, lesbian, 32, Kutaisi

Describing these feelings is, in fact, key to understanding what people who use drugs are missing, what they seek to change, the kind of environment they live in with others, and the frustrations and pain that underlie their behaviour, and whether they feel love, care, and connection.

– What is this happiness it brings really about?

– Love… mostly about communication… about things you didn't know before and now feel like you understand. And when you wake up, you have these moments, like, I understood something really profound. After that moment passes, I usually forget about it. I even tried to write it down. I don't know… more love. More empathy. Understanding.

Rene, cisgender woman, bisexual, 22, Kutaisi

"It gives me the sense that reality isn't so linear. I see things more deeply. I form deeper connections with people."

Nisa, non-binary person, lesbian, 28, Rustavi

"It's like we're drinking in the garden of love – there are dimensions to this experience that shouldn't be entirely discarded."

Nini, cisgender woman, lesbian, 32, Kutaisi

According to them, immersion in substance use is also an act of acknowledging failure – it is indeed seen as a state of loss from the dominant cultural perspective, but it also carries its own dimension and function. Within this system, admitting failure, accepting it, and disappointing both others and oneself may, paradoxically, serve as a form of salvation or a path toward deeper understanding and acceptance.

Alcohol Use and Its Effects

Respondents frequently spoke about alcohol, the motivations behind using it, the ways it is consumed, and the feelings it evokes. Compared to other substances, alcohol is typically introduced at an earlier age. For many, it represents a familiar comfort or an emotional refuge. Alcohol also offers a kind of camouflage in the face of social anxiety, allowing individuals to feel less like the centre of attention and find temporary relief. This chapter explores the role alcohol plays in the lives of study participants and how its accessibility and social context shape the dynamics of consumption.

Respondents often described drinking during adolescence as part of a broader sense of "freedom", marking the transition into adulthood, surrounded by laughter and enjoyment. At this stage, alcohol consumption is typically situational and tied to social settings, where its effects are not yet fully understood.

Alcohol was also described as a kind of bridge for social connection – a means of building friendships. In such cases, respondents noted that once a sense of safety and trust was established with friends, alcohol lost its function and was no longer needed to support communication and openness.

They also noted that, initially, alcohol helped them manage physical or emotional discomfort, such as low energy or challenges related to work performance.

Drinking alcohol was also associated with situational consumption – where no specific plan is needed to obtain it, as it is always available. Respondents noted that this accessibility makes alcohol more convenient to use and encourages emotional openness in relationships with others. One participant highlighted that alcohol is also financially accessible; even during times of crisis, when buying food may be difficult, they always find the means to obtain it. Another respondent reflected on the class dimension of alcohol consumption, noting that its affordability often associates it to poorer communities – a connection that can carry a social stigma.

> *"Alcohol is not popular here. Drugs are cooler. Alcohol is for the poor."*
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

Alcohol holds particular significance for respondents involved in sex work. They note that **due to the intensity of their work, they consume it daily**. On the one hand, it helps them function and cope with work-related pressure; on

the other, it serves as a coping mechanism **for dealing with the violence** they experience in sex work.

Respondents also described the emotional and physical effects of alcohol. It was noted that alcohol often triggers or intensifies **anxiety, fear, suicidal ideation, intrusive thoughts, and memory lapses**. Its consumption is also **linked to self-destructive behaviours** – not only in the moment of drinking itself, but also in other forms of self-harm that generate feelings of shame and guilt.

> *"I used behaviours associated with drunkenness to punish myself – situations where I completely gave up my agency and will, often expressed in sexually self-destructive behaviours. It wasn't just the alcohol; I actively wanted to strip myself of all power and control, as a way to punish myself even more, or something like that."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

Drinking alcohol, since it is a depressant, is more often **associated with the expression of negative emotions**. One respondent compared alcohol to marijuana and club drugs, noting that in certain social settings, a drunk person may be seen as someone who kills joy.

> *"For example, looking back on my experience, people have often told me (and those who drink will understand what I mean) that when you drink, you want to talk about things for which you usually have no space, like childhood trauma, a neighbour's story, it doesn't necessarily mean you're unhappy in that moment or incapable of feeling joy. You might be laughing a lot too; nothing is linear. For example, people in entertainment spaces where other substances are used have told me, 'Don't bother us with that, it's toxic to think about such things. Let's just have fun now.'"*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

Thoughts about alcohol **can become obsessive**, especially when the pleasure associated with drinking is so deeply ingrained that even fantasizing about it brings significant satisfaction.

Alcohol use also impacts **personal relationships and work performance**. One respondent even recalled nearly dying in a car accident as a result of drinking.

Material harm is a common side effect of alcohol consumption and is often difficult to avoid. It manifests in uncontrolled spending and borrowing money from others. When drunk, people often lose control over their expenses, which is generally a result of altered consciousness.

Participants in the study also reported a decline in physical health and sleep disorders. In an attempt to mitigate these effects, some respondents mentioned setting limits or managing their alcohol intake.

Quitting alcohol is often a challenging task for them, given the significant role it plays in their dysfunctional environments – primarily as a temporary escape from pain and ongoing life difficulties.

Access To and Need for Information

As part of the study, it was important to explore how informed members of the LBT community are about various substances – how they assess their own knowledge regarding dosages and side effects, and the extent to which they have access to necessary information. In-depth interviews revealed diverse experiences of awareness and understanding about substance use. Notably, some participants believed they had sufficient knowledge, and it is important to describe specific circumstances that contributed to generating this information. Most commonly, information is acquired informally – either before or after substance use. The primary sources include personal experience or observation, internet resources, and social circles such as friends, acquaintances, and others. Formal sources of information, such as workshops or training sessions, are rarely mentioned.

Respondents frequently spoke about personal experience and observation as their main sources of knowledge. In some cases, these experiences date back to childhood, when they witnessed addiction issues within their families and were forced to directly confront the problem.

> *"I don't even use drugs. I just watched people in my community and family using them, so I learned a lot. Since childhood, for about six years, I watched people who were high. Some were dying, some were getting sick."*
>
> *Baia, bisexual, cisgender woman, 27, Kutaisi*

As it turns out, in some cases, knowledge about a particular substance has an impact on the user's experience:

> *"In general, before taking something, I always read about it. I would sit and learn about what I was dealing with, and I would always test it first. I've had two experiences where I took a drug without testing it, and both times I was so scared that I felt really bad."*
>
> *Sarah, cisgender woman, bisexual, 30, Tbilisi*

In general, when respondents are asked how much information they have about a particular substance, they mostly discuss the pleasant effects experienced during use. They speak less often about safe usage practices, dosage, or long-term consequences. This suggests that their use is guided more by intuition than systematic knowledge. The study participants themselves reflect on this:

> *"They simply know that, for example, if they take a joint, they'll smoke it and feel fine, but they don't know what it causes afterward. Even when it comes to things like depression or similar issues. They're unaware of that. They don't know the negatives. They only know about how it calms them down, how it's good, how it makes them happy, and so on. They always talk about the positives. They feel so relieved that they only mention the good parts. I'm the one who always brings up the negatives that come with it. In some cases, they don't know. They don't even want to hear about it."*
>
> *Martha, cisgender woman, 27, Tbilisi*

Several respondents spoke about the lack of in-depth information. According to them, this is often due to the fact that these issues are not broadly discussed and that resources in the Georgian language are limited. One respondent also noted that, in fact, the information is available, but sometimes they choose not to be informed. This decision can be understood as a psychological defence mechanism – a way of turning a blind eye to the harmful effects of substance use in order to avoid anxiety, especially when a person is not ready for real change. By using this strategy to maintain a sense of comfort, the danger is temporarily avoided.

"I'm not completely unaware or blind to it, but if I spend a lot of time on it – well, that means I should stop using."

Mavra, 31, Kutaisi

When discussing the short-term and long-term consequences of problematic substance use, the study participants mostly noted that substance use damages the body and mind – depression is the most common, and a long-term consequence is a sharp memory impairment.

Finally, the study participants believe that it is necessary to inform the public about substance use, its causes and consequences. On the one hand, the issue of individual responsibility was highlighted, that people should make informed choices and take care of themselves. On the other hand, it is necessary to change the state's approaches. The study respondents emphasize that people should create knowledge through personal experience and observation, which, ultimately, will help them overcome their addiction to substances or gambling. In this case, they consider overcoming addiction as the final result of knowledge and awareness. And those who speak about the role of the state and other institutions point to the need for a drug policy that increases the knowledge about safe use.

The study participants also discussed the linguistic dimension of information. They emphasized that when sharing knowledge, it is important to avoid medical jargon the importance of using short texts that are easy to read and understand.

"First of all, the health issues – like, for example, with a drug user. I mean providing information about substances not in medical terms, but in language people can understand… They need short paragraphs. Short texts. Ones that are informative. Easy to understand. Sure, there are very good, in-depth texts that cover all the substances, but how many people will actually read them? I'm sure very few."

Sarah, cisgender woman, bisexual, 30, Tbilisi

Thus, the participants in the study primarily receive knowledge and information from informal sources. This information is most often based on personal experiences and observations. Overall, the expressed need for increased awareness was evident in the fact that most respondents, when discussing a substance,

tended to focus on its immediate effects rather than on long-term consequences or associated risks. In some cases, having more knowledge about substances and their effects influences the nature of use – particularly in relation to testing and dosing. Barriers to information dissemination included not only the lack of accessible resources but also psychological factors, such as the user's deliberate choice to avoid information about potential harm.

Overdose: Knowledge and Experiences

In addition to awareness and general knowledge, respondents raised the issue of reliability and safe use. They spoke about the lack of access to substance testing tools, which could help users determine whether a particular substance contains harmful impurities or poses heightened risks. According to one respondent, drug testing is not even considered a priority, as substance use itself is a self-destructive act. Therefore, focusing solely on testing does not address the root of the problem unless the reasons for substance use are also examined.

> *"The thought – 'I don't know anything about this drug at all, and maybe the person who gave it to me isn't trustworthy' – rarely even crosses your mind. It's as if, in that moment, you don't care whether you'll live or die. And maybe many people in the community also think like that. There are already so many negative experiences that lead to constant stress and similar issues. At the end of the day, you start to question whether you care about existing at all. Would it really mean something if you were gone? In some cases, some people might even prefer that. That's why I think when it comes to substance use, people go through so much in the community, that eventually, individuals feel like they have nothing left to lose."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

Study participants rarely attend trainings or workshops on safe use. One respondent mentioned utilizing the resources of community organizations. Information about overdose and how to manage it is typically fragmented and primarily based on knowledge acquired from the internet or through acquaintances.

Participants often recounted overdose experiences – either their own or those they had witnessed. In most cases, they had encountered such incidents more than once. Overdose was commonly associated with a sense of impending death. In these moments, they emphasized the importance of crisis management, support, and attention from others. Many described situations where someone close to them saved their lives, or they helped others. Through these accounts, respondents highlight the emotional and affective dimension of overdose – an aspect that is often overlooked or rarely discussed.

> *"I tell them, 'Don't be afraid, I'm here with you, and you know I won't leave you.' He came out of it. In that moment, I threw everyone else out of the room and kept saying to him, 'Don't be afraid, I'm by your side. Calm down, calm down. I won't leave you.'"*
>
> *Kato, transgender woman, heterosexual, 32, Tbilisi*

The study participants emphasize the importance of having substance testing spaces in entertainment venues. Such spaces foster an environment where individuals can reflect on their behaviour in a supportive and safe setting. These are the spaces that provide self-awareness and early intervention.

> *"There should be a place in every venue, where people can test substances. And then work should be done to help them realize what they are going to lose if things take a wrong turn. That there's so much to lose. At the end of the day, no one wants to die. They just don't understand the risk. That it really could happen."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

In the context of information and knowledge transfer, the research participants also reflect on existing drug policy and its impact. The wave of liberalization in drug policy was not accompanied by the development and implementation of preventive mechanisms. Although the use of various substances – particularly among men – is no longer as heavily stigmatized as it was in previous years, which is undeniably a positive shift, participants also note that substance use has become somewhat romanticized. A particular concern is the type of information circulating about so-called "club drugs," which are often portrayed as safe, mild, and effective in facilitating social interaction.

Thus, many respondents emphasize the importance of testing and safety in the context of substance use, noting that these measures would significantly reduce harm. The availability of drug-testing services in social spaces enables greater reflection on use and allows for early intervention. At the same time, respondents highlight the need to understand why people often disregard safety, and what motivates such behaviour. Without addressing this, the very concept of "safe use" loses its significance. For respondents, overdose experiences are like being on the brink of death, where saving a life depends on the timely actions, support, and emotional presence of those around them. Participants also connect the issue of access to information with the broader drug policy context. They focus on the lack of preventive mechanisms within current policies and the discourse around substances, especially the so-called club drugs.

Sobriety

As part of the research, it was also important to explore what meanings people attach to the concept of sobriety – what associations and interpretations they use to describe it. During the interviews, respondents reflected on their experiences of sobriety and the feelings and sensations linked to it.

Participants described sobriety as a nuanced and complex state, something more than abstinence. For them, sobriety represents the ability to think clearly, reason logically, articulate thoughts with ease, and manage stress. It is also linked to having a good memory, taking care of one's own well-being and that of others, and taking care of one's health. Sobriety is also associated with stability, a sense of control over one's behaviour and circumstances, the free flow of desires, a sense of purpose, when life does not revolve around one specific thing. Experiences of sobriety were also described as linked to calmness, a lot of thinking, introspection, and an attunement to the passage of time.

> *"Being sober, in my opinion, means not having to think, "Oh no, what should I do now? How can I pass the time, every minute?" Things are happening around you, and you care about it. You look at a tree, and when you're sober, you actually like that tree, and it makes you happy."*
>
> *Dodo, non-binary person, asexual, 29, Kutaisi*

Although sobriety is associated with control and can have a reinforcing effect, it also presents a challenge – bringing people face-to-face with the unpleasant aspects of life that substances might otherwise numb or soothe. Study participants noted that sobriety can come with feelings of boredom, dullness, reduced creativity, and emotional withdrawal. Existential crises often resurface in states of sobriety.

> *"Sobriety, for me, is associated with an unbearable existence – one that you feel most intensely, clearly, and convincingly when you are sober."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

Ultimately, sobriety is not a single, fixed concept; for respondents, it represents much more than mere abstinence from substances. While sobriety can bring clarity, control, and emotional stability, it also requires confronting raw and unfiltered emotions. Thus, finding a balance between the empowerment it offers and the discomfort it evokes emerges as a central aspect of how sobriety is experienced and understood.

CIRCUMSTANCES SURROUNDING THE USE OF PSYCHOACTIVE SUBSTANCES: CAUSES, FEELINGS, AND INFLUENCES

Age and Context of Onset of Psychoactive Substance Use

Respondents' interest in gambling typically began in social contexts, often introduced by friends. Their initial gambling experiences were generally low-stakes and viewed as a form of entertainment, at a time when they were less aware of the risks of gambling addiction. However, one respondent noted that he was aware of the potential harm from the very beginning and even tried to convince his friend to stop gambling. Another respondent shared that his primary motivation from the start was winning, which was accompanied by intense excitement.

> *"I started with small amounts of money. Then they realized I was new and let me win, so that I would want to win again."*
>
> *Unknown, bisexual, 25, Kutaisi*

The onset of gambling typically occurred later than substance use, with some respondents starting as early as age 14, while others recalled beginning at 18–19 years old, and the latest reported age was 25.

Possible Causes of Gambling

As with substance use, our analysis of gambling involvement relied on the personal perspectives, stories, and experiences of respondents.

Participants identified **poverty and the desire to escape it** as major factors contributing to both the initiation and continuation of gambling. In this context, they cited motivations such as **repaying large debts, meeting basic needs, and the hope of temporary financial gain**. Respondents also linked gambling with a broader socio-economic context, emphasizing that under conditions of economic and social marginalization, gambling can appear to be the only available path to social mobility or a way to self-medicate economic and emotional pain. One participant reflected on how poverty is related with social expectations, particularly in romantic relationships, and how these dynamics are influenced by gender roles. For example, there is an expectation that lesbian women should financially provide for their partners. In the absence of stable employment, financial resources, or a support network, such expectations can result in feelings of inadequacy and lead to gambling addiction.

One respondent explicitly denied that poverty was the reason she began gambling but admitted that if she could attribute her behaviour to economic hardship, she would feel less ashamed. This suggests an internalized stigma around gambling addiction, especially in cases where the behaviour cannot be rationalized through external factors such as poverty. This, in turn, heightens anxiety and fear of being misunderstood or judged by others.

> *"I understand it this way: getting out of poverty... you can easily get caught up in it… It's very easy for me to understand that someone might not have money for food, for utilities, or for clothes for their child – and in the hope of winning something, they might take the chance. Or maybe their friend won, and now they think, 'I'll win too.'"*
>
> *Efemia, lesbian woman, 32, Batumi*

The study participants also spoke about the desire for **fun and pleasure**, often linked to overcoming boredom and loneliness. For example, as two respondents shared, the urge to gamble intensified particularly during the Covid-19 pandemic lockdown.

Respondents also reflected on difficult episodes in their lives, associating an increased desire to gamble with these moments. As they noted, gambling served as **a coping mechanism for dealing with negative events in their lives**. They were not necessarily motivated by the desire to win. On the contrary, two participants mentioned that during one of the most challenging periods in their lives, they used gambling, and the experience of losing as a way to mask deeper emotional stress.

> *"Actually, I didn't gamble to win – it was about the process. I'm a gambler. I have won a lot – 8,000, 1,500, 3,000 – but I never stopped when I won. It wasn't about winning. It was about the experience itself. To replace that thing that makes your mind spin with gambling. How can I put it... maybe to neutralize it, or something like that."*
>
> *Alexander, transgender man, heterosexual, 51, Tbilisi*

It is worth noting that **gambling is rarely mentioned as a means to recover lost money**. However, one participant did identify this motive as a driving force behind her behaviour:

> *"It because I don't have money, and I need it. Isn't that why everyone gambles? While the rich gamble for fun."*
>
> *Gayane, cisgender woman, lesbian, 37, Tbilisi*

Gambling is also associated with impulsivity and impatience, often linked to a desire to quickly resolve financial problems. For example, one research participant suggests that his gambling addiction is rooted in a deeper psychological **need for immediate rewards**. This tendency is further intensified by anxiety and fear related to unresolved issues (such as financial instability) and uncertainty.

Another participant connects gambling to earlier life experiences, noting that **gambling and winning can serve as a way to compensate for childhood loss-**

es. The drive to fulfil unmet needs may function as a coping mechanism for unresolved emotional wounds. One respondent also highlights the role of trauma and repression, suggesting that his gambling behaviour may be **a manifestation of suppressed painful emotions from adolescence** that resurface in adult life, particularly around the age of 27 or 28.

One of the contributing factors to gambling addiction is **the influence of others, particularly family members**. In several cases, study participants recalled their family members' gambling addiction and their own passive involvement (as observers) in it. For example, one respondent shared that their parents gambled together, which sparked a strong interest from an early age.

> *"I didn't feel the urge to gamble, but I was curious. Watching how they played and how involved they were, it was like a kind of doping for them. I was interested by what it gave them. When those colourful things were spinning, it was so exciting for me. Before adolescence and as a teenager, I always had that interest, to try it out and deposit 1–2 GEL."*
>
> *Maisa, agender, pansexual, Tbilisi*

Social interactions also play a role in influencing gambling addiction. One respondent noted that the **strong urge to gamble often arises when influenced by others**, suggesting that external triggers and the surrounding social context can contribute to this behaviour.

Feelings and Influences Related to Gambling Addiction

During the interview process, it was important to hear from respondents about the feelings, thoughts, and influences they associated with gambling and gambling addiction. Creating a space that made it easier for them to talk about complex and layered emotions was essential. This approach also allowed us to highlight ambivalent feelings and thoughts that were particularly relevant to the research objectives.

Gambling, like substance use, has a significant impact **on the dynamics and trust within relationships**. Alongside gambling, respondents often spoke about honesty, openness, and deception in their relationships, and the emotions that

accompany them. Hiding it from others has a dual nature: on the one hand, it serves as a defence mechanism; on the other, it becomes a heavy burden, as hiding a central aspect of one's life from loved ones is not easy. Most study participants noted that lying during episodes of gambling or gambling addiction was a coping strategy for navigating stressful or difficult situations. Shared experiences illustrate the function and role of lying when dealing with financial losses or requesting money from others. Through dishonesty, they attempt to avoid conflict, protect loved ones from emotional pain, conceal the addiction itself, preserve their reputation, and maintain or save their relationships.

Lying, according to respondents, is often about taking on debt, making and breaking promises. Several participants mentioned borrowing money from loved ones either to gamble or because of gambling-related losses, without disclosing the true reason. Another form of lying involves making promises: respondents described how making a promise to stop gambling, often made to intimate partners or family members, can itself feel like a kind of deception. While the promise may be sincere in the moment, its emotional weight often intensifies their distress and can provoke self-destructive thoughts. Lying also includes hiding gambling losses from partners. One respondent shared that disclosing the truth to her partner led to serious conflict. These accounts reflect the emotional complexity of gambling addiction, as deception is frequently accompanied by deep feelings of shame and guilt.

> *"If you're addicted to gambling, or if people find out that you gamble… trust... it plays a crucial role. You may not trust someone, and it's very difficult to build trust in those moments. But still, you have to make them feel that you trust them. It becomes very destructive otherwise. I struggle with that myself. If you feel that the people who matter most to you don't trust you, it's deeply damaging. And it can push you into an even worse place."*
>
> *Efemia, lesbian woman, 32, Batumi*

Gambling addiction also affects relationships in other ways, particularly **through the emotional neglect of an intimate partner**, which can become a source of additional conflict and tension. One respondent described how this dynamic developed in her relationship: due to depression and gambling, the intense highs and lows of winning and losing began to replace the emotional con-

nection with her partner. This led to alienation and emotional distancing. Several respondents mentioned experiencing emotional avoidance.

> *"I had such a depressive episode that the only positive thing was gambling. As soon as I engaged in it, I would immediately feel better, and as soon as I lost, my mood would crash. I also had problems in my personal life, because of that. As my partner was feeling bad. He couldn't give me that happiness in that moment."*
>
> *Maisa, agender, pansexual, 24, Tbilisi*

In contrast to emotional avoidance, one respondent noted that **gambling together with an intimate partner is a source of pleasure and a temporary refuge from problems** – something that brings them closer together.

Gambling addiction often places both **economic and psychological strain** on friends and relatives. According to one respondent, frequent borrowing from family members creates a financial burden and threatens his well-being. Additionally, it causes emotional distress, as he often feels responsible and uncomfortable about the impact his behaviour.

Themes of **isolation and escapism** frequently accompany gambling addiction. Several study participants spoke about self-isolation and detachment from their social circles as a result of their addiction. This isolation serves several functions: sometimes it is meant to maximize the pleasure of gambling, other times it is a way to escape problems. One respondent mentioned a strong urge to be alone after losing money, while another shared experience of suicidal ideation.

> *"Whenever I lost, I wanted to jump from the 18th floor. I was that desperate. But I couldn't help myself."*
>
> *Ilia, transgender man, heterosexual, 22, Tbilisi*

Participants also spoke about how losing money through gambling **worsened their financial situations**. This affected their daily lives in various ways, including difficulties with housing (being unable to pay rent), accessing healthcare, and accumulating excessive debt. One respondent described attempts to manage this process by setting boundaries around borrowing money. However, these boundaries are often fragile, as emotional and financial pressure intensifies with gam-

bling addiction. Alongside financial problems, some respondents mentioned selling personal belongings to cope. Thus, gambling addiction not only distances individuals from their daily relationships and responsibilities but also creates new burdens and obligations that demand significant time and resources.

– Do you think you can easily manage your finances?
– No, not at all.
– Does someone else manage your finances?
– Yes, my other self. (laughs)
– Who is your other self? Will you introduce us?
– No, she's bad. He says bad things to me.

Gayane, cisgender woman, lesbian, 37, Tbilisi

One respondent reflects on this complexity of gambling addiction, noting that thoughts about gambling persist even when not actively playing, and it becomes a mental trap. This is heavily influenced by financial stress, which sets gambling addiction apart from substance addiction. The constant preoccupation with money and debt keeps individuals psychologically tied to gambling, even after they stop playing, as they are left to deal with long-term financial consequences.

When examining the effects of gambling, we also explored **the significance of betting habits, and the role betting plays in how individuals rationalize their gambling behaviour**. While many start with small bets, several respondents noted that over time, the size of their bets increased. Losses are often not seen as a reason to stop, but rather as a motivator to bet more. It is often associated with a shift from lower-risk forms of gambling to higher-risk ones.

"I was playing on the machines, and I wanted to move on to roulette. That's a bigger risk overall. But before I could, they blocked me. I wasn't able to make the switch to roulette."

Eva, cisgender woman, bisexual, 36, Tbilisi

Gambling also has **a unique effect on the perception of time.** Respondents often describe losing track of time while gambling. Regarding the frequency of gambling, interviews reveal that the frequency gambling-related behaviour tends to change over time. Most study participants state that gambling is a part

of their everyday lives. One respondent mentioned that he has already taken steps to manage his uncontrollable urge to gamble by limiting access to various gaming platforms. This behaviour clearly reflects an internal struggle between the desire to gamble and the desire to stop.

When discussing **self-identification as a gambling addict**, several themes emerged in the interviews: acknowledgment, denial, and self-perception of behaviours associated with addiction. Respondents define themselves in different ways in relation to gambling addiction. While some clearly state that they are fully addicted, others deny it, saying they are simply "drawn to" gambling or "enjoy" it. Importantly, the way addiction is perceived also varies. Self-identification as a gambling addict is sometimes based on comparisons with others (those with more visible or severe addiction symptoms). Since addiction is multifaceted and layered, reducing it to a single symptom may also function as a defence mechanism.

> *"I know people who were addicted, I wouldn't think that I am in any way like them. I don't experience such cravings"*
>
> *Manana, cisgender woman, 29, Kutaisi*

Respondents also spoke about self-identification as gamblers and the circumstances that make it possible to discuss this issue. In the process of healing, it is considered important to speak in a supportive and therapeutic environment – particularly one that involves shared experiences and collective support. Some respondents described their own "coming out" as gamblers. For example, one participant said they carefully selected several individuals with whom they felt safe and disclosed their problem. In another case, the large amount of money they lost and the realization of the harm it caused gave them the strength to talk about the problem. However, for others, sharing this experience was something they did only when there was no other way out. The question, "Why do you gamble?" sometimes provokes frustration and a sense of emptiness, as it often carries an undertone of prejudice and judgment. Respondents noted that being asked to justify their behaviour, especially when they themselves cannot pinpoint a single cause, leads to feelings of confusion.

> *"There could really be something that triggered it – something you don't even remember. And you might not be able to connect it to gambling at all. There may be no clear link. It could have happened*

long before you started playing. I've thought about this many times because it feels like it will bring me relief… People ask you 'Why?' And the more they don't expect it from you, the more surprised they are. But there's no answer to that why."

Efemia, lesbian woman, 32, Batumi

Respondents emphasize the **stigma** surrounding gambling addiction, which is rooted in societal beliefs that people who gamble or use substances are at fault. They noted that, compared to drug addiction, gambling addiction tends to evoke less empathy from society. Many research participants spoke about the reputational damage they believe gambling has caused them. More broadly, they described being affected by how others perceive them, both in formal environments, such as the workplace, and in informal social settings. This stigma is felt even more acutely **when gambling addiction intersects with discrimination based on sexual orientation and gender identity**, creating a powerful basis for social exclusion. According to one respondent, the resulting shame and low self-esteem even led her to leave activist spaces.

"I feel ashamed, and I think... I feel deeply disempowered. Even when it comes to expressing myself, I feel very... silenced, stripped of power."

Efemia, lesbian woman, 32, Batumi

In the same context, one respondent compares addiction with their queer experience, noting that while coming out as queer was not difficult for them, they feel far more stigmatized and rejected by society when speaking about his gambling behaviour.

Addiction also evokes shame and discomfort when it clashes with a person's ideological beliefs. For example, one respondent noted that gambling practices **contradict their political values and ideological worldview**, which leads to additional inner conflict and emotional distress.

"I'm deeply ashamed. I identify as a leftist, and talk about these values with others, and then end up compromising them. That's what destroys me the most."

Maisa, agender, pansexual, 24, Tbilisi

Gaming addiction also **affects the intensification of various habits and obsessions**. For example, one respondent noted that obsessive-compulsive behaviours intensify during gambling. Three respondents also spoke about emotional eating and its connection with gaming addiction. They noted that the sudden and uncontrollable desire to eat is similar to the need to gamble for several reasons, such as impulsivity, feelings of stress and quick relief and comfort. Moreover, as two respondents reported, they easily replaced gaming addiction with eating, because both had a similar function – **eating, like gambling, creates a feeling that something is under your control**. In addition, the effects of gambling are also reflected in the emotional state of the respondents – such as frequent crying, loss of motivation, loss of appetite, and lack of physical activities.

Gambling also negatively affects **work performance**. The exhaustion that accompanies gambling – resulting from both physical and mental strain – makes fulfilling work-related responsibilities especially hard. It also hinders creativity, as the mind becomes fully absorbed in the game, preventing the free flow of thoughts and ideas.

Respondents also spoke about **short-term coping mechanisms**. Only a small number described experiences where they quickly spend their winnings on basic living needs or saved the money in a deposit account as a way to manage risks and control impulses.

Existing Knowledge and the Need for Information

We also asked respondents about their knowledge of gambling addiction and their experiences related to it. Respondents noted a generally low level of public awareness about gambling. While some had access to information themselves, it was often insufficient to fully understand the long-term consequences of gambling addiction. They emphasized the importance of shifting societal perceptions away from seeing gambling solely as an individual problem, since there is a prevailing belief that addiction and the loss of housing or employment are the results of weak willpower, bad luck, or irresponsibility. Instead of reproducing these misconceptions, respondents called for greater compassion and awareness. They highlighted the need for several types of information: sharing real-life stories and the impact of gambling addiction

(e.g., through dissemination of statistics), and promoting early intervention (through raising public awareness).

One of the respondents reflected on the mistakes in how information about addiction is communicated. According to him, fear-based narratives are counterproductive. Framing addiction with extreme scenarios, such as claiming it "kills brain cells," or linking it to death or severe mental illness, fails to capture the complexity of the issue and can even provoke addictive behaviour. Additionally, this approach reinforces existing stigma toward people struggling with gambling addiction.

EMPLOYMENT, CARE WORK, AND EDUCATION

Employment Experiences

Respondents spoke about their past employment experiences. Most survey participants were engaged in precarious labour within the service and sales sectors, as well as transportation and logistics. Some also mentioned working in the non-governmental and media sectors. The challenges they faced were primarily related to **exhausting working conditions**, often due to long hours and the need to juggle multiple roles simultaneously. **Low wages, combined with the absence of additional compensation for increased responsibilities**, contributed to their dissatisfaction. Concerns about **physical safety in the workplace** were also raised. Additionally, participants described experiencing **hostile work environments and discrimination**, including harassment based on their sexual orientation and gender identity.

> *"Before I started working in this space, I worked in another field where I faced many problems. The fact that I was bisexual gave people an excuse to somehow insult me. It was like, 'She's bisexual – what does she even doing here?' There were all kinds of issues at my previous workplace."*
>
> *Dea, cisgender woman, bisexual, 31.*

One of the respondents shared that he consistently encountered a transphobic environment at the workplace, which often led to harassment. As a result, he be-

gan disclosing his identity during the interview stage to assess the environment in advance and establish his own boundaries.

> *"I tell the employer directly that I'm transgender, and if that's a problem for you, don't even invite me to the interview. Before that, I wasn't looking for a workplace where my identity would be acknowledged. I just had the attitude that I had to tolerate it."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

One respondent shared her experience working in a slot club, where she witnessed **physical violence** by customers toward staff. Another participant spoke about **being mocked and bullied at work due to her substance use**.

These challenges in the workplace became a source of ongoing stress and contributed to other difficulties. Harassment, low wages, and poor working conditions were closely linked to personal struggles such as substance use. As one respondent noted, she tolerated these problems at the time because she was actively using substances and needed the income to sustain her use.

Several respondents also shared their **experiences with sex work**, noting that they have been generating income through sex work for 8–10 years or more. They reported that **violence – both psychological and physical** – is very common for people engaged in sex work. One respondent recounted particularly traumatic experiences, including being raped, beat, and stabbed. Despite repeated exposure to such trauma, respondents said they have become emotionally detached from the pain, especially when income from sex work is critical for survival in face of homelessness and poverty. Nevertheless, one participant noted that she and her friends, who are also involved in prostitution, experience ongoing psychological pressure, as they feel unsafe in every aspect of their work. Despite being engaged in precarious work, some are able to financially support their family members and acquaintances.

> *"I also take care of dogs. I give money to other people – when they need to pay for internet, so I cover that. I also pay for their electricity. I support many families."*
>
> *Keti, transgender woman, bisexual, 40, Tbilisi*

Several respondents also spoke about the specifics of **working in NGOs – queer and feminist organizations**. **Emotional labour** was identified as a defining aspect of working with marginalized groups. One issue frequently mentioned was the blurring of boundaries – when job descriptions remain merely formal, and support, listening, and encouragement are often expected beyond working hours, especially during politically turbulent times. The **impact of new repressive legislation on the work environment** and on individuals' psycho-emotional well-being was highlighted. The overwhelming **daily struggles faced by queer individuals – and the inability to offer adequate help due to systemic issues and limited resources** – also contributes to feelings of frustration among workers. In such environments, where colleagues are also comrades and friends, **the sense of collective failure can feel especially intense**. **Work-related burnout is also linked to substance use**, with some noting that substances served as a coping mechanism to ease the weight of responsibility. At the same time, visibility and the sense of being accepted for one's identity and sexual orientation were highlighted as crucial aspects of working in such organizations.

Other respondents also reported about **challenges employment-related opportunities**. One of the issues they highlighted was **the difficulty of finding a job due to non-normative physical appearance and gender identity**. Being **rejected from jobs because of substance use** was another concern. One respondent noted that **the lack of employment opportunities significantly intensified his alcohol addiction**:

> *"When nothing works out for you here, and you desperately need something, you need it, but nobody needs you, and you start doubting everything. You doubt yourself. There's so much hopelessness. That's the direct trigger for you to go and use. At that point, I had already quit drugs, but there was alcohol, and I had no control. I was drinking heavily."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

To cope with stress and burnout, respondents occasionally resort to various strategies, including setting personal boundaries and refusing to take on responsibilities beyond their official duties. This is essential for them to recharge and prevent burnout. Substance use was also mentioned as a way to manage stressors and escape from responsibilities.

> *"It is about the desire to escape from responsibilities, you want it but you are incapable of doing it. You may fall into a victim identity and tell your friend 'How can you expect anything from me when I'm in this state?'"*
>
> *Dodo, non-binary, asexual, 29, Kutaisi*

The participants of the study also shared positive experiences related to employment, which were mostly characterized by respect for personal space from both employers and colleagues, as well as an inclusive and supportive environment where they could freely express themselves and their identities. They described working in such a queer-friendly setting as a privilege. The ability to adjust their work schedules and maintain flexibility was also highlighted as a positive aspect. Additionally, it was noted that employment and decent working conditions even led some participants to reduce their substance use.

Care Work

As part of the research, we aimed to explore the participants' experiences with unpaid care work – how they engage in this type of labour, whom they provide care for, and how they cope with the physical and emotional burnout of caregiving.

According to participants, members of the LBT community often care for family members, relatives, or friends of various ages who face chronic illnesses, disabilities, or other challenges. Several participants also shared experiences of caring for children, including their own. They described a long-term, often continuous work care work that involves both emotional and physical support.

Some participants spoke about their early experiences with unpaid care work and how these responsibilities shaped their personalities. Through caregiving, they developed unique skills – learning how to care for bodies, well-being, and health of others, and consider their specific individual needs. This knowledge extended to caring for young children, adults with Down syndrome, people with severe cardiovascular disease, and others facing various health challenges. In several cases, participants also mentioned providing care for animals.

The topic of care and co-dependency also emerged. For example, some shared their experiences of caring for friends who were addicted to substances. Respondents described how difficult it is to witness loved ones harming their bodies and assisting them during crises, including overdoses. These situations sometimes strain their re-

lationships, as they often lead to feelings of resentment and disappointment. It was noted that in co-dependent dynamics, caregiving can create a toxic cycle, particularly when the person receiving care does not acknowledge or appreciate the unconditional support. One respondent suggested that breaking this cycle may be possible when the caregiver, the co-dependent person, chooses to stop providing care.

When discussing care work, it is important to highlight the heightened sense of isolation and loneliness that often arises when these responsibilities are not shared with others. Several respondents described how they had to provide care entirely on their own, without any support from others, institutions, or care services.

For the study participants, care work is a complex experience – while it can bring feelings of satisfaction and fulfilment, it also triggers frustration, fatigue, exhaustion, and a strong desire to escape the situation. One respondent shared that she didn't notice the toll it was taking during the caregiving process but later felt the exhaustion all at once.

> *"When I was taking care of this person, it was actually like the opposite extreme – my whole body was in a heightened state of alertness. But toward the end, I realized that I could no longer carry the entire weight of another person. I had to end it; I had to escape; I had to take care of myself."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

One respondent also spoke about a form of caregiving addiction, noting that they are dependent on the sense of being needed and are constantly attentive to others, which makes them feel valued and appreciated. This is reflected, for example, in their daily routine of preparing meals for coworkers.

For several respondents, the intensity and stress of caregiving exacerbated their substance use, which served as a temporary escape. It also functioned as a form of self-reward.

Education Opportunities

When discussing educational opportunities, it became evident how poverty, social exclusion, alongside addiction impact the well-being of the LBT community. Both past and present barriers to education were frequently mentioned,

particularly the difficult choice between pursuing education and maintaining employment due to financial hardship.

Participants expressed a strong desire to attain vocational or higher education but reported a lack of financial resources as a major obstacle. Limited access to education is also shaped by time poverty – having to work full-time to meet financial obligations leaves no time for studying.

The study participants also discussed obstacles at the school level, including the absence of a supportive caregiver.

Respondents shared the reasons for dropping out of school at different stages in their lives. For example, one participant cited domestic violence as one of the factors.

> *"I didn't finish school because we had a lot of drama at home. My father was gambling. We had a lot of debts. He would beat my brother and me. Because of that I was focused on helping my mother with something. Financially. Because we were struggling. I would rather work and earn money."*
>
> *Martha, cisgender woman, 27, Tbilisi*

The reasons for dropping out of higher education included violence and persecution by family members due to sexual orientation and gender identity, as well as time poverty caused by demanding work schedules. One respondent also mentioned mental health challenges and related complications that forced them to discontinue their master's studies.

It was further noted that poverty and social exclusion created for them unequal opportunities compared to their peers in pursuing higher education, significantly limiting their educational prospects.

> *"Poverty is everywhere, all the time. For example, when I started university, I didn't even know what a computer was or how to turn it on. In my school in Tbilisi, we had them, and my classmates knew how to use them – they had laptops. But I didn't know anything; I had never even seen one. It was very difficult. When they gave us assignments, I didn't know what the thing was or how to use it. On top of that, because of the traumas and everything going on in my*

life at the time – because of the violence – my communication skills were completely erased. I was very shy, extremely shy. I had no ability to present myself at all. Even now it's difficult, but back then it was much worse. Despite everything, even though I studied well, I didn't know how to do basic things like finding information. I never had the ability to make a presentation or give a speech in front of people. I just wanted to run away. And still I had good grades, because I forced myself to. I had no other choice."

Eto, non-binary person, Lesbian, 31, Tbilisi

HEALTH STATUS AND ACCESS TO HEALTHCARE SERVICES

Physical Health and Access to Services

The study participants had the opportunity to assess their physical and mental health status. From their discussions about physical health, it is evident that chronic pain and undiagnosed health issues significantly affect their quality of life. These undiagnosed conditions include arrhythmia, chronic fatigue, and problems related to the spine, as well as the reproductive, musculoskeletal, and digestive systems. This highlights the barriers they face in accessing healthcare services, diagnosis and treatment.

Most respondents reported experiencing chronic pain. This was not only described as a physical symptom but also as a source of stress, emotional burnout, and exhaustion. Chronic pain appears to be multifactorial, often linked to a range of causes. In many cases, pain is both a result of stress and a contributing factor to it.

"Headaches, eye pain, neck and shoulder pain, burning sensations in my hands, numbness, and pain throughout my spine. Sharp pain on both sides radiating from the spine. Lower back pain and reduced sensitivity in the right leg muscle. These symptoms bother me almost every day. And recently, I've started experiencing stomach pain almost daily."

Efemia, lesbian woman, 32, Batumi

"Pain everywhere, but it's different kinds of pain. Sometimes it's from chronic conditions, sometimes my back hurts from scoliosis, sometimes my head hurts from anxiety. I also have anemia, which really drains my energy, weakens my bones, and causes even more pain."

Dodo, non-binary person, asexual, 29, Kutaisi

"I have a lot of pain, and I have to take many painkillers, and sometimes even those don't help."

Maisa, agender, pansexual, 24, Tbilisi

When it comes to coping with physical health problems, respondents rarely mentioned specific methods during the interviews. However, some mentioned attempts to establish a routine in their daily lives – for example, incorporating exercise. For most, the only way to manage chronic pain is by taking painkillers or using substances that offer temporary relief from discomfort.

Most respondents have universal health insurance, and in some cases, they also use private insurance. Despite this, they identified several barriers to accessing healthcare services, including financial constraints, cultural, and emotional stress, often linked to the non-inclusive nature of health services, which can become sources of stigma and discrimination for LBT individuals.

Respondents noted that because of the complexity of their health issues sometimes they are not able to undergo all the necessary medical tests and procedures, as insurance does not cover the full cost. As a result, they often refuse to receive the service altogether. In some cases, participants reported not visiting a medical facility for years (6-8).

"There have been times when I went to a doctor, underwent all the necessary tests, received a prescription, and then couldn't afford the medication. That's why I've never felt a sense of security – knowing that if I go unpaid for a while and get sick, neither the state nor private insurance will support me. I've never experienced that. I usually avoid going to a doctor anyway, because every visit requires a new coming-out, and that's very stressful for me."

Ivane, transgender man, bisexual, 24, Tbilisi

> *"I have to prepare myself mentally before I go to the gynaecologist. I don't want to hear something that will upset me. Something homophobic or sexist. Interacting with doctors is extremely stressful for me."*
>
> *Nisa, non-binary person, lesbian, 28, Rustavi*

In addition to social barriers, study participants also discussed cultural obstacles – for instance, having difficulty making an appointment with a doctor or establishing a routine, even when they have the financial means to do so.

Alongside describing their physical health, respondents were asked to reflect on what physical health means to them more generally. They tended to understand it as a broad concept – not merely the absence of illness, but something tied to emotional stability, ease in daily functioning, and a sense of vitality.

Participants also spoke about the direct and indirect links between addiction and physical health. For example, individuals addicted to gambling or using various substances reported persistent physical weakness. One respondent shared that he had contracted hepatitis C through shared syringe during intravenous drug use. Several participants also mentioned significant weight fluctuations and endocrinological issues.

Mental Health and Access to Services

During the interviews, respondents described experiencing acute symptoms that significantly impacted their mental health, including depressive mood and chronic stress. They described feelings of helplessness, apathy, loss of motivation, self-harm, emotional exhaustion, and despair.

As with physical health, while participants often experience severe symptoms, obtaining a formal diagnosis and accessing mental health services remains a major challenge. Their accounts revealed strong links between past traumas. For example, several respondents noted that their psychological difficulties are rooted in childhood experiences.

> *"I've had these sudden outbursts, self-punishment since childhood. Because when we lived in that house, we were bad. Teachers told us our parent did not want us. We were targets of beating and punishment.*

And I still carry that with me. I try to hurt myself. To destroy the bad part of me."

Noe, transgender man, heterosexual, 43 , Tbilisi

Issues of self-perception and self-esteem also emerged as significant themes, often tied to emotional depletion and exhaustion.

"I feel terrible. I'm in a state of apathy. I feel like I've been fighting for so long, for nothing. I've sacrificed my personal life too. I feel defeated."

Alexander, transgender man, heterosexual, 51, Tbilisi

Diagnosed cases include generalized anxiety disorder, borderline personality disorder, and attention deficit hyperactivity disorder. Several respondents report being treated with medication. However, some express dissatisfaction with the side effects, such as drowsiness and lack of energy. Financial difficulties also pose a significant challenge during treatment, as the cost of necessary medications – combined with doctor visits – becomes an additional financial burden. As a result, some participants report irregular treatment with medications.

Study participants also draw clear connections between substance use and mental health. They report experiencing memory loss, heightened anxiety, feelings of detachment from reality, and paranoid thoughts, particularly during or after substance use.

"I heard voices. It felt like someone was following me. When you're a drug user, it always feels like someone is either following you or watching you."

Melita, transgender woman, heterosexual, 23, Tbilisi

Several respondents also mentioned experiencing panic attacks. For example, one participant shared that even consuming a small amount of alcohol can trigger a panic attack and make emotional regulation difficult. According to the study participants, substance use either exacerbates pre-existing mental health issues or contributes to their development.

The majority of respondents with mental health problems reported having experienced recurring suicidal thoughts, either in the past or currently. For many,

struggling with these thoughts is a familiar and ongoing challenge. Some respondents disclosed having attempted suicide once or multiple times; in one case, a participant reported four such attempts. They described the desire to disappear as stemming from intense feelings of guilt, not being enough, loneliness, feeling abandoned, and the belief that they are unworthy of love.

Respondents shared their views on the concept of mental health. Most commonly, they associated mental health with a sense of calm, emotional stability, and the ability to self-regulate. They also emphasized the impact of external factors on their mental well-being.

> *"You should probably have the opportunity to feel calm. In the world where I live, I don't know how that can be achieved. It's understandable that there are some practices, yoga and so on, but that's not for me. It feels a bit like self-deception. I can't find myself in that state. There is no state of calm or rest."*
>
> *Mavra, 31, Kutaisi*

Several respondents define mental health as a state in which one does not rely on external stimuli (such as medications or substances) or external validation from others in order to function.

Regarding health services, most respondents agree that they are in need of mental health services, including psychotherapy and psychiatric care. However, financial barriers often prevent them from receiving the help they need. Those who already use or have previously used mental health services primarily mention visits to psychiatrists, psychologists, and addiction specialists. One respondent shared her experience of being admitted to a psychiatric institution, noting that she was hospitalized after her drug use contributed to a worsening of her mental health.

Free services provided by community organizations are shown to be a crucial source of support for members of the LBT community. Several respondents emphasized the importance of financial assistance in accessing these services. The services most frequently mentioned include consultations with psychiatrists and psychotherapists (both individual and group therapy), as well as queer-specific sexual and reproductive health services – such as laboratory tests, screenings, and access to protective measures. Participants also highlighted the importance

of integrated services. For example, receiving support from both a psychotherapist and a sexologist simultaneously.

Interviews revealed that some LBT community members do not openly discuss gambling or substance use during therapy. One respondent noted that when a person is a user, they usually don't talk about their use. Others admitted they only briefly mentioned these issues within the therapy, often because they did not yet recognize them as problems, raising questions about the psychotherapist's role and engagement in the process.

However, in several cases, respondents shared how therapy supported their self-reflection. These accounts suggest that the psychotherapist's ability to create space for honest dialogue is essential.

> *"I've overcome it… that's how I deal with drinking. It helped me a lot psychologically, and even now, when I need a psychologist, I go to the community psychotherapist in "Tanadgoma" and receive an hour of free counselling. It's a huge relief for me."*
>
> *Noe, transgender man, heterosexual, 43, Tbilisi*

In other cases, when discussing addiction, it appears that therapists sometimes avoid the topic, even when respondents bring it up during sessions. This may suggest that the therapist does not feel competent to address the issue and therefore does not explore the client's concerns in depth. According to the study participants, therapists should possess both the necessary knowledge and sensitivity in this area. However, one respondent noted that, given the limited resources of community organizations, the therapeutic services they offer, that are fragmented and time-limited, should not be seen as the only solution to the problem. Instead, it would be more effective for these organizations to create environments that support long-term sobriety, enabling individuals to focus on different areas of life, feel a sense of connection, and know that they have a support network. This underscores the importance of collective healing, a role that community organizations can, to some extent, take on.

> *"In my opinion, community organizations should not take on such responsibilities [referring to addiction specialist services]. And in general, they should not address such a systemic problem, which requires*

professional drug specialists, and systemic knowledge. Finding one person or specialist is neither sufficient nor effective – it's self-deceiving. The state should take all the responsibility, and no matter how difficult it may seem, we must pressure them and hold the state accountable. That's how I see it. Community organizations should focus on community work. They shouldn't be expected to run services or entire systems."

Dodo, non-binary person, asexual, 29, Kutaisi

Two participants in the study reported that they had consulted an addiction specialist. However, both stopped shortly afterward because the specialist prescribed treatment with antagonists,[122] which they felt unprepared for.

Several respondents also expressed general scepticism toward psychotherapy. While they did not deny its potential value, they believed that current therapeutic approaches are often overly individualistic, failing to account for public feelings and broader social contexts. Instead, they felt that these approaches place excessive emphasis on self-care and individual empowerment.

"Self-care, walking, having fun – I understand all that, but I don't want to become like that. If I lose the emotions and energies that I have, something will be missing from the world. That's how I see it… I feel like everyone is trying to build walls. Only care about the personal stuff."

Eto, non-binary person, lesbian, 31, Batumi

According to one respondent, ingrained homophobic attitudes among mental health professionals create an additional barrier for members of the LBT community.

122 Antagonist therapy is a treatment approach that involves the use of specific medications to block the effects of addictive substances. These medications prevent the pleasurable or reinforcing effects of the substance, thereby reducing cravings and supporting the individual's recovery process.

> *"It's easy to find a homophobic psychologist. It's very easy. That's why, when someone asks me to recommend a psychologist, I never do. Even if I know they're very good, I still think there's a chance of creating such a dynamic that could leave the person even more traumatized."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

In addition to the challenges mentioned above, other reasons for not accessing services include a lack of emotional readiness and feelings of shame. Respondents who have not come out to their family members also expressed concerns about potential breaches of confidentiality when using such services. Several participants who specifically discussed services provided by community organizations noted that, given limited resources, they felt that there are less privileged individuals who would benefit more from these services, and they chose not to use them.

> *"Even though I knew I needed it and couldn't afford to see a psychologist on my own, the thought that so many community members needed it more – and that the limited resources of organizations should go to them rather than to me… so it held me back from using such services."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

Members of the LBT community also noted that they typically discuss health issues with friends, family members, and acquaintances. However, sharing these experiences does not always bring relief. In some cases, disclosing personal struggles is met with judgment or criticism – questioning why they have not sought professional help. Respondents also described feeling misunderstood when listeners responded to deeply sensitive issues with superficial or dismissive remarks, ultimately leading to distrust and alienation.

The study participants also reflected on how they see an **ideal service model** to support them in addressing substance use or gambling addiction. First and foremost, they emphasized the need to integrate addiction-specific approaches in psychotherapy. However, they argued that interventions should be gradual and cautious, and rigid or punitive methods should be avoided. For example, participants drew comparisons between psychotherapy and antagonist-based

therapy offered by addiction specialists, viewing the latter as overly prohibitive and unlikely to produce meaningful, long-term results. This view is consistent with earlier accounts in the study, where members of the LBT community stopped using addiction services for precisely this reason. According to respondents, the ideal service should prioritize **recovery, safety, and confidentiality**. They also highlighted the importance of equipping LBT individuals with practical skills to support healing and prevent relapse – preparing them more effectively for life, education, and employment.

The participants of the study also spoke about rehabilitation services, emphasizing the importance of envisioning healing beyond traditional, medicalized approaches found in standard rehabilitation centres. However, they don't deny the significance of rehabilitation centres. One respondent specifically reflected on the term "service", noting that it evokes feelings of untrustworthiness, sterility, and inadequacy, often lacking elements of human connection and social interaction.

Most study participants reported struggling with mental health challenges on a daily basis. In addition to formally diagnosed conditions, many also experience acute, undiagnosed symptoms, placing members of the LBT community in a particularly vulnerable position. Numerous respondents highlighted the link between mental health issues, substance use, and gambling addiction. Considering the challenges they face, they emphasized the importance of psychotherapy. However, a lack of financial resources often prevents them from accessing consistent and long-term therapeutic support. While many benefit from free mental health services provided by community organizations – including sessions with psychotherapists and psychiatrists – these resources are limited. Another limitation highlighted was the insufficient training or competence of therapists in the area of addiction and gambling-related issues. Overall, respondents viewed the role of community organizations as crucial in fostering collective healing and supporting long-term recovery. Additionally, they expressed preference for gradual, sensitive, and non-invasive approaches to addiction.

TRANSITION EXPERIENCES

Conversations with respondents about transition extended beyond hormonal, social, or surgical aspects and included reflections on broader life transitions.

Respondents described **social transition** as a deeply transformative experience – a moment when they were able to express and make their gender identity visible to others. For them, this was an inevitable step. One transgender woman shared that she remembers how all signs of masculinity gradually disappeared and were replaced first by gender-neutral, then by feminine attributes. She didn't overthink these decisions; it felt natural, and unavoidable. For most respondents, social transition began between the ages of 12 and 16, at a point when they could no longer conceal their identity. According to them, at a certain stage of life, social transition turned out to be sufficient to bring a sense of relief and to help them navigate society with more confidence.

> *"I just distanced myself from some people, that's what happened. it actually had a positive effect on me. There was an emotional side too. I became more irritable, emotionally numb. It made me colder. But overall, it had a more positive impact on me, both psychologically and physically, than a negative one."*
>
> *Ilia, transgender man, heterosexual, 22, Tbilisi*

Respondents note that social transition can bring a sense of relief, but it often remains limited to a specific circle of friends, those who accept their identity. Unfortunately, outside of these spaces, they continue to face painful experiences. They report that old acquaintances and family members still address them by their old names, forcing them to repeatedly assert and explain their identity. Additionally, one participant, a lesbian woman, described her own experience of transition as moving from one category of womanhood to another category of femininity.

Some respondents are currently undergoing, or have already undergone, **hormonal transition**. According to one participant, hormone therapy eased the process of social transition, particularly the change in voice, which helped him communicate more comfortably with others. For several respondents, hormonal transition led to greater self-love and self-acceptance. Despite discomfort, they underwent injections with the knowledge that they were becoming more

aligned with their true selves. Several participants refused hormone therapy due to health conditions. They noted that this was not an easy decision to make, and it was tied to both physical and psychological readiness. One respondent, who engages in sex work, shared that she has not pursued hormone therapy because her current gender expression was essential for her work, and despite her personal desire, transitioning is not an option yet. Another participant, a transgender man, discussed the fears associated with hormone therapy – particularly his female partner's concern that it could shorten his lifespan.

Only a few respondents have undergone **surgical and/or plastic surgery procedures as part of their transition**. One participant shared that he underwent sterilization surgery, which came with complications and anxiety. Nevertheless, they emphasized that he has never regretted the decision, since sterilization gave him a sense of peace and restored a feeling of control over her body. Several respondents have chosen not to pursue surgical interventions, such as mastectomy, as they fear dysphoria. Others noted that surgical transition is something they desire but is inaccessible at the moment.

> *"Hormonal transition… you can see who I am. My life has become much easier since then. No one stands around wondering whether I'm a girl or a boy anymore. I couldn't have surgery because of financial reasons. I used to dream about it when I was young, but now my if I went through with it, I might not even survive, because of my health condition. It's just not worth it anymore."*
>
> *Alexander, transgender man, heterosexual, 51, Tbilisi*

When discussing the impact of transition, respondents note that **it has saved them from transphobic attacks and violence**. They have reached a state where they have become less visible to society, that is a sad reality, which also brings a sense of peace and stability.

According to respondents, transition should be recognized as a public health issue. However, they note that the state not only fails to acknowledge trans-specific healthcare needs but is also actively limiting pathways through which trans people were previously able to access minimal, community-based healthcare support.

Several respondents also spoke about undergoing transition in the future. Within the current system, they see only two ways of undergoing transition. One

respondent identified migration as the only viable route, citing access to transition-related healthcare as their primary motivation for wanting to leave the country. Another respondent reported that gambling was often driven by the hope of winning money for surgical transition – as it is unimaginable to afford such procedures given poverty and lack of healthcare access.

UNDERSTANDING SYSTEMIC OPPRESSION

Respondents frequently spoke about systemic oppression, expressing the belief that their lives, and those of their loved ones, are shaped by systemic inequalities. Most respondents emphasized the importance of naming and discussing these dynamics. According to them, without reflecting on and analysing addiction and substance use within a systemic context, our understanding will remain fragmented and overly focused on individual responsibility.

> *"In state policies, you [should] see the problem in the environment, in labour regulations, and in everyday life, without placing full responsibility on the individual, without saying: 'Hey, he's bad, he's pathological, he couldn't survive, while someone else did. That means he's weak.' Shifting the focus from the individual to the system is very important. It will probably give more people the opportunity to talk about these issues, and maybe then, people won't be pushed to or feel the need to rob a bank with a fake grenade just to be heard."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

One respondent spoke about **the economic violence** inflicted by the state on the entire population, examples of which are clearly illustrated in the section on economic conditions. **Ethnic oppression** was also cited as an example of systemic violence, when ethnicity shapes how one is perceived, the behaviours attributed to them, and the expectations placed upon them.

Another commonly mentioned experience of oppression was being labelled as "other" by the system. Respondents noted that homophobic persecution has deepened their sense of not belonging in this society, not feeling connected the people they live with – share public transportation with or stand next to them in grocery stores. According to them, these experiences

have shaped not only their self-perception but also their sense of place within the country.

Homophobia, biphobia, and transphobia are identified by the majority of respondents as powerful forms of systemic oppression. They emphasize that in the face of such oppression, queer people lose their autonomy and are perceived as a group whose existence for society. This persecution is not only painful in its content but also in its erasure of diverse life stories and identities, reducing them to a fabricated image of an enemy.

The rejection of gender non-conformity and non-normativity operates hand-in-hand with homophobia, often resembling it. It is not necessary for someone to declare who they choose to be in a relationship with – intentional or unintentional non-normative self-expression alone can be enough to provoke persecution and negative attitudes.

> *"[They've told me] 'I'll hand you over to a butcher shop, I'll cut you open.' We were easily recognized by people."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

> *"Society doesn't let you forget that you're different. I feel it all the time. Wherever I go, I scan the space – to see who's around. You're always aware of potential threats. But it happens so quickly and automatically that you might not even notice it. It's become second nature; it is like a habit. You analyse people within seconds."*
>
> *Nisa, non-binary person, lesbian, 28, Rustavi*

Respondents state that **political homophobia** fuels public hostility, without it, coexistence would have been possible, and in many cases, it has been. In the current climate, however, finding islands of peace and cooperation is becoming increasingly difficult.

> *"The government is turning on the green light. Recently, they launched a campaign targeting LGBT people. That is directed towards us, and I know this is a very dangerous time.*
> *We just have to somehow get through these next three months."*
>
> *Melita, transgender woman, heterosexual, 23, Tbilisi*

Respondents speak about specific dates and events that have shaped how they coexist within society. They live in the shadow of these traumatic experiences and find their own coping mechanisms.

> *"If I don't have money for a taxi, I might not be able to leave the house. Since July 5, it's been like that for almost four years. I have these moments. If there's no Plan B, I might not go out… Even when I'm standing in line at the store, I get anxious if a man comes up behind me. There's always some interaction. In that moment, I get anxious, should I turn around and respond, or just ignore it? In the end, unfortunately, I usually shut down, act like I can't hear, and stay silent. And then there's more anxiety – why can't I respond? There are always these little things, you know?"*
>
> *Maisa, agender, pansexual, 24, Tbilisi*

Respondents speak about **new repressive legislation** specifically targeting non-normativity. They note that such laws can become powerful tools for the oppression, erasure, and persecution of queer existence. According to several participants, the improvement of queer rights has always been illusory, but now persecution and discrimination are openly legalized.

Some respondents emphasize that the body remembers the experience of oppression and often relies on this memory as a defence mechanism – though living in constant anticipation of threat is difficult. Several participants also mention that they have learned to avoid systemic threats, avoid unwanted conversations, and accept that power lies in the hands of others. For them, this strategy becomes a form of resistance and self-preservation.

The Impact of Systemic Oppression on Addictive Behaviour

Systemic and intersectional oppression significantly influence addictive behaviour. Respondents speak openly about how the system traps individuals by perpetuating poverty, disempowerment, and the construction of the enemy image, while offering no way out. In such conditions, substance use, and addiction often are the only accessible escaping strategies. Notably, respondents describe a wide range of consumption and addiction patterns.

"An environment that treats you as if you are defective, makes you defective, because of your identity. And so, again, you turn to the substances made available by this system, for some kind of relief."

Keke, queer, non-binary person, 25, Tbilisi

They are fully aware that this is not real help, it is a lie, but at times, believing in that lie feels like the only solution. Respondents point out that addiction is rarely discussed in relation to how the human body and mind attempt to adapt to the current accelerated pace of life, the exploitative practices created by the neoliberal economy, deceptive consumer behaviours, the manufactured ideals of success, beauty, and bodily perfection, ableism, and the social pressure to conceal failure.

"It's very difficult to exist, and I remember reading an article. It critiqued neoliberal psychological approaches and argued that being 'normal' in this world is actually more abnormal than being abnormal. Everyday life has changed so much… We are constantly operating in survival, accumulation, and self-preservation modes. Every aspect of life induces anxiety: What should I eat? How do I go to the doctor? What if I lose my job? How can I handle so many responsibilities?... All of this leads to falling into a spiral of self-destruction. I don't want to romanticize it, but the analysis of these problems needs to shift from an individual focus to the larger system – because that's where the root of the problem is."

Nini, cisgender woman, lesbian, 32, Kutaisi

People are constantly exhausted, and this fatigue stems not only from physical and mental labour but also from emotional labour – feelings of frustration, and the experience of living with poverty, inequality, and injustice. The system continuously demands productivity and usefulness, and if one fails to keep up with this race, they are pushed toward isolation and emotional withdrawal. This exhaustion and sense of hopelessness often lead to detachment from life. Importantly, such isolation is not always physical – people may still be present in shared spaces while feeling completely disconnected from society and social life. For some respondents, this type of isolation and loneliness results in immersion in consumption or gambling.

> *"You have a salary of 400 GEL for the whole month, and you don't know how to manage it, but your brain still tells you there's a chance you'll hit something. And really, you have a casino in your pocket. That's the scariest part, that anywhere – in the elevator, on the bus, in the toilet – you can suddenly open it, deposit money, and start playing."*
>
> *Maysa, agender, pansexual, 24, Tbilisi*

For respondents, accessibility is a central issue in the context of systemic oppression. The system itself creates the very spaces, feelings, pain, products, lack of solidarity, and patterns of power relations, while simultaneously opening doors to substance use and gambling. The system offers no real access to healing or care – as it is easier to find someone who is guilty in that situation.

Some respondents reject the idea that homophobia is the only or primary axis of their oppression. In fact, they actively resist such generalizations. According to them, systemic oppression is so comprehensive and has such diverse impact for everyone that it cannot be reduced to a single explanation like societal homophobia. They often experience the solidarity in non-queer-friendly spaces. As a result, they reject attempts to categorize different forms of oppression or to create divisions among people with the same experiences. While homophobia undoubtedly threatens their existence, they emphasize their anger must not fracture the possibility of collective unity – that who are oppressed can stand together.

The Police State, Queer Bodies, and Sense of Safety

Respondents shared their experiences with law enforcement. Most of them report turning to the police only in extreme cases, as interactions with law enforcement are often unpleasant. They believe that if they find themselves in danger, the police are unlikely to handle the situation objectively, since queer bodies are frequently met with prejudice, and their concerns are often minimized.

> *"A homophobic attack by the police isn't just about being hit on the head... they lit candles at the police station. They arrested me and my friends – we were drawing something on the street on May 17 – and they lit candles 'cleanse' the police station of our so-called debauchery.*

We were there, and apparently just being there was enough for them to 'purify' the space. The officers were very open about it."

Efemia, lesbian woman, 32, Batumi

Some respondents also recalled their own, their family members', or friends' experiences of violence in which they turned to the police, but the case either failed to reach a conclusion or became complicated due to police prejudice and lack of sensitivity. Whether dealing with domestic violence or rape, respondents noted that the police often avoid investigating the case, pressures victims to withdraw complaints, or attempts to convince them that no real problem exists or that the issue is overstated. These experiences severely damaged their trust in law enforcement and deepened their sense of insecurity.

"When they told me about my father – 'it's not worth it, he's crying, who hasn't been hit or shot at' – the policeman was handling the case, I just gave him time to talk for a bit. He told me that once, they dealt with a woman for domestic violence – her husband had beaten her in front of their young children. He said, 'We talked to the woman, and we 'settled' it, man, and now they're back together.' And my question was, 'Now what? He doesn't hit her anymore?' To which he answered – 'What do we know about it'. I warned him that I would call the General Inspectorate, and the officer went into his office, and never came out."

Manana, cisgender woman, 29, Kutaisi

"Something very bad happened to me, something that harmed me – almost killed me. In order to prove I was telling the truth; I had to face them again. And when I told the truth, they didn't believe me... 'Well, you were drunk – no big deal' Because of that attitude, I wanted to give up on that case. They dismissed my pain and what had happened to me in that moment."

Baia, bisexual, cisgender woman, 27, Kutaisi

"I ran outside barefoot. I called 112… And when the police arrived – 'Is this your father?' they started speaking to me aggressively. They said, 'He's your parent. Of course, he'll slap you or hit you with a stick sometimes.'"

…
"How old were you?"
"I was 16 at the time."

Melita, transgender woman, heterosexual, 23, Tbilisi

Respondents are aware that the police's attitude toward the queer community is a manifestation of political homophobia. They understand where the mocking behaviour and the dismissal of their sense of safety come from. Often, any positive experiences with law enforcement depend entirely on the goodwill of individual officers.

"When I call the police, unless I immediately follow up with a whole analysis of systemic, institutionalized homophobia, they wouldn't even call me back... like, come on, help me. I tell them directly: this is the result of your work. I used to call more often, but not anymore – because in the hands of the police, you end up even more traumatized, and the person who attacked you often becomes more radical. When there's no immediate danger, we just avoid it altogether."

Nini, cisgender woman, lesbian, 32, Kutaisi

Experiences with substance use further complicate relationships with law enforcement. Current or past use of any substance can become an additional factor that undermines respondents' chances of accessing justice in cases of violence or other crimes. Several respondents said they often avoid contacting the police for this very reason – believing it would create more problems. When psychoactive substances are involved, the police tend to resort to their punitive role, making it nearly impossible for respondents to share their experiences without encountering prejudiced attitudes. Respondents describe a constant sense of being monitored by the police – as if their mere existence, appearance, or lifestyle is already seen as justification for the oppression they face.

When asked to assess their **personal sense of safety**, the vast majority reported feeling unsafe. The sources of this insecurity are different: respondents anticipate threats not only from their external environment, but sometimes even from themselves.

The majority of respondents reported a decline in trust toward their environment over the past two years – whether in relation to broader society or state institutions. They perceive increasing threats and, unlike in the past, are now more likely to avoid situations or even choose invisibility. Many recalled that they used to resist more boldly, since anger gave them energy, but after repeatedly facing the threat of physical harm, resistance gradually gave way to exhaustion. They now live with a constant expectation that something bad will happen, and this state of hypervigilance takes a heavy toll on both their bodies and minds.

– "I don't like being outside. I just don't. I always go out with my friends, and I'm not afraid exactly, I just expect that something bad will happen."
– "And do you feel safe anywhere?"
– "At home."
– "And what does that feeling of safety mean to you?"
– "You're relaxed. Nothing will happen. You know that, and you're calm."

Manana, cisgender woman, 29, Kutaisi

Some respondents noted that the constant sense of danger is one of the most burdensome aspects in their lives, and that substance use has often served as a means of escape from it. According to several participants, achieving a sense of safety is particularly challenging, as they inhabit a female body. A woman's existence is constantly sexualized, and women are conditioned to anticipate and navigate these impulses from the environment. The sense of threat does not stem only from a homophobic environment, but from structural factors – such as education, healthcare, and urban development policies, making impossible to sustain a sense of safety.

"When I walk down the street and look at a newly built building, even that feels tragic to me, I just can't take it anymore."

Dodo, non-binary person, asexual, 29, Kutaisi

Transgender respondents spoke about the sense of safety that transition brought, particularly when it became harder for others to identify them, allowing

them to move more freely in public spaces. However, the danger often persists when signs of non-normativity remain (for example, a transgender man wearing an earring). Participants described specific visual or imagined scenarios that have repeatedly surfaced in their minds during certain situations. Several respondents shared these imagined scenarios in detail.

> *"In 2021, it was July 5th... I was sitting with my friends on the porch at Wendy's, and three guys were smoking behind me... I genuinely believed that one of them would take out a knife and stab me in the neck.*
>
> *And then, especially during Pride Week, it's the hardest and the worst. Like, when I'm walking home or somewhere, and I see someone coming toward me, I get this feeling and belief that they're about to stab me... And it is always knife, always, just waiting for someone to stab me...*
>
> *…I only feel safe in one place – when I go to see my psychologist. That room. I don't feel that kind of safety anywhere else."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

Respondents report a lack of emotional security, which significantly impacts their physical well-being. They note that such feelings constantly place them in a victim position, and escaping this state is often impossible.

Discussions about what "security" means to them and where they find it were particularly interesting. For several transgender respondents, transition brought a sense of safety – providing inner peace and relieving them of the constant sense of being visible or easily identifiable in public. For some, the feeling of safety is associated with being at home – in their own a friend's house. Although they acknowledge that this safety is fragile, they still allow themselves to relax in these moments. Other respondents described feeling safer in the company of women – walking, socializing, and spending time with them. They expect less risk of harm from women, since women aware of the threat men can pose, they have mutual agreement on basic principles, and can protect each other without judgment or prejudice.

Poverty, Economic Oppression, and Associated Feelings

The primary source of income for respondents is their salary, which they earn either regularly (monthly) or irregularly, depending on the type of work. A second, and often only other source of income is money transfers from a family member or relative. Three respondents identified sex work as their main source of income, while one noted relying on social assistance and IDP support. Discussions around expenses revealed the major financial challenges and hardships that respondents face daily. Members of the LBT community described how limited and insufficient their income is, even for covering basic needs. They are often forced to prioritize only the most immediate and essential expenses, **such as food, utility bills, debt repayments, and transportation**. In some months, they struggle to meet even these needs, leading to unpaid debts or utility bills.

Members of the LBT community are left with minimal finances for social activities, personal fulfilment, or self-care. They rarely spend money on clothing, healthcare, and travel expenses are mentioned even less frequently. Saving money is nearly impossible. Several respondents mentioned that, despite poverty, caring for a pet remains a priority.

> *"I will stay hungry, but my dog will have everything. Cigarettes are enough – I don't want food; that's the main thing."*
>
> *Keti, transgender woman, bisexual, 40, Tbilisi*

Only in isolated cases do respondents report sharing housing costs, food, or daily expenses with others. In several instances, they also mention periods in their lives when family members provided financial assistance.

When discussing financial decisions, several respondents revealed that, in the face of poverty, they sometimes go without even basic necessities such as food in order to buy alcohol or cigarettes.

The findings highlight how **emotional needs, poverty, and consumerism or impulsive spending intersect in situations of chronic financial instability**. When respondents receive a certain amount of money, there is often a strong urge to spend it – either on themselves or to support others. This may be due to a lack of experience in managing finances or prefer temporary pleasure, whether through helping others or self-reward – a pattern often seen in gambling and substance use.

> *"I mostly spend. I don't know – on clothes, or buying something for someone, to give it away. To elderly people, who are sitting in the streets. That feels good. I don't regret giving to others, but I just have to buy something. It doesn't even matter what it is, I'll come up with something. I feel like I need to spend it, you know? I get nervous having too much money. I don't like it. I enjoy having it for a moment, and then I immediately start thinking about how to spend it."*
>
> *Rene, cisgender woman, bisexual, 22, Kutaisi*

Impulsive spending after winning money can also be explained by the desire to avoid losing it again – a fear of ending up without money. People may want to prove that their gambling had a tangible outcome by buying something for themselves or others. This immediate spending can be seen as a mechanism for regaining control over the situation.

The vast majority of respondents **face financial obligations and have taken out loans or debts from banks, microfinance organizations, or individuals**. Most often, these loans are used to meet personal needs, support loved ones, or, in some cases, for gambling; less commonly, for drug or alcohol use. Another reason mentioned was unemployment or leaving a job. Several participants in the study have been repaying loans for 9–10 years. The accumulation of debt, its cyclical nature, and the emotional burden of powerlessness are sometimes so overwhelming that they no longer even track its exact amount, indicating that they view this problem as overpowering.

Respondents' hypersensitivity to debt is tied to the significant stress and anxiety it has caused in the past. For instance, one participant, who had been evicted from their home due to his sexual orientation, described how this experience heightened their need to monitor finances and avoid new debts. He continues to pay off a bank loan taken to secure housing and is unwilling to consider taking another.

> *"I wouldn't have taken this loan if I hadn't been physically kicked out of the house. I would rather go hungry than take out another loan, because you really don't know how to pay for it."*
>
> *Dodo, non-binary person, asexual, 29, Kutaisi*

In addition to debt and loans, participants also spoke about the obligation to financially support others, most often family members. This usually involves the responsibility of caring for a child and ensuring their well-being. In some cases, it extends to other family members, including those with health issues. The responsibility of providing for others is sometimes described as a significant burden, and in one instance, a respondent mentioned taking out a large loan for this reason.

Respondents also shared their **financial management practices**, including how independently or autonomously they handle their income and how they feel about it. A range of experiences emerged: some are satisfied with managing their finances on their own and report having a clear understanding of how to allocate their income. Others noted that they feel comfortable managing finances jointly with another person, viewing it as a way to share responsibility. However, several respondents mentioned feeling influenced or controlled by others when it comes to financial decisions, which causes frustration and resentment.

Regarding property ownership, only a few respondents reported owning real estate. Some are co-owners with parents, other family members, or partners. It was also mentioned that, in some cases, apartments that were once personally owned are now owned by the bank.

Members of the LBT community spoke about issues related to economic stability, sharing their personal feelings and perceptions. They find it difficult to identify any hopeful signs in the current socio-economic environment that would help them feel safe or stable.

> *"Even if I were hungry, I could never say, 'I'm hungry' or anything like that. There were days like that – when I was locked inside my home, hungry, but I wouldn't go out. I didn't want to. That's just how I am. I help others here. I have so many friends – women – none of them could ever say, 'I'm hungry, feed me, send me money.' That just doesn't happen. I've become like my mother."*
>
> *Keti, transgender woman, bisexual, 40, Tbilisi*

During the conversations, respondents expressed **differing views on the future in relation to financial stability**. Some spoke with a sense of hope, while others continue to live without any hope. Several respondents saw em-

igration as the only solution, driven by a belief that there are better employment opportunities abroad. Broader systemic issues, such as capitalism and the country's economic policies, were frequently cited as key factors contributing to both personal and collective oppression, vulnerability, and economic instability. It was noted that an oppressive system benefits when people become addicted to substances, gambling, or other distractions; while these dependencies are profitable for the system, they also exhaust individuals' capacity to resist or remain vigilant.

One respondent shared that he often blamed himself and his substance use for his financial instability. However, over time, despite having stopped using, he remained in poverty. This led him to recognize the deeper economic context: the job market, inflation, and lack of opportunities that kept him and his peers trapped in a cycle of economic oppression.

Several respondents drew direct links between financial instability and substance use or gambling. They described financial decisions as driven by addiction. They also spoke about taking out loans for buying drugs or gamble. Others spoke about the compulsion to purchase things they do not truly need but feel an irresistible urge to buy. According to them, consumer desire/behaviour functions much like addiction.

> *"When it comes to my money, it feels like I'm finally doing everything I once held myself back from. That's the feeling I was talking about – the brain craving that dopamine hit. Sometimes, I get it just from buying something. When I swipe my card, I feel so much pleasure. There have been moments when I'd go into a store like I was in a manic state – touching things, buying, feeling absolutely thrilled in the moment. And then, not even 20 minutes later, I'd come out and realize what I had done. That moment of realization hits – and you know you shouldn't have done that. It still happens to me, to this day. Once a month. Sometimes more. Once or twice a week. I never fight it. But at the end of the day, I'm genuinely scared."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

Housing

Having a home is closely tied to feelings of stability and security. Respondents shared their experiences and frequently spoke about precarious housing situations. The interviews revealed the complexity and interconnectedness of issues related to access to property, personal relationships, and identity.

Shared living arrangements emerged as a key factor affecting the quality of life of study participants, both in the past and present. Living in shared spaces is typically result of necessity rather than personal desire. Many respondents live with family members, friends, or others – often due to financial constraints or a desire for comfort and emotional safety. Living with family often comes at the cost of personal space and autonomy, yet due to limited financial resources, they are compelled to adapt and live in family or privately-owned homes. One respondent also described an overwhelming fear of living alone, which compels them to live with others. However, sharing space with others and the associated discomfort often intensify existing financial challenges.

The second issue concerns the **frequent change of residence** and the stress and anxiety that accompany it. Those who do not own a home and live in rented accommodations often have to move at least once a year, demanding considerable time and energy to find a new apartment and adjust to a new home. Relocation is not always prompted by external, objective reasons; sometimes it is also linked to emotional states or a personal search for renewal. One respondent, for example, reflected on her history of substance use and shared how her relationship with housing shifted after achieving emotional stability.

> *"My brother and I have been living together for eight years. I don't know, I've moved at least twice a year. But where we are now, we've been for more than a year, and things are more or less stable. And actually, since I got rid of all that, my need for stability has grown, including in terms of housing. Before that, I'd always find a reason to leave the palce. I used to go to different cities, live there for a few months, work there. I was always working... Now I don't like change as much. I still like it, but only in balance with stability. I don't want to keep changing apartments or jobs anymore."*
>
> *Sara, cisgender woman, bisexual, 30, Tbilisi*

Sharing space with others does not always imply negative experiences. It can also represent care, connection, and a sense of security. For example, one respondent, who lives alone, occasionally has a friend move in, who has health issues and needs support. Some respondents also mentioned experiences of living with a partner. Though less frequently, there were also mentioned living alone, either in a privately owned or rented apartment.

Several respondents spoke about **housing challenges related to homophobia and transphobia**. In some cases, rejection by family members forced them to leave their homes. In more severe instances, this rejection was direct and involved being physically expelled by a family member. One respondent recounted an attempted murder by her father. Following such traumatic events, they either rented housing or temporarily stayed with relatives. In one case, the respondent also shared their experience of living in a shelter. Leaving home does not necessarily mean cutting ties with family. Despite unresolved conflict, limited communication with family members often continues in some form.

Homophobic and transphobic attitudes significantly impact homeless respondents during both the search for housing and while living in rented apartments. These challenges often contribute to frequent relocations. Several respondents described experiencing discrimination from landlords during the apartment search process, including questions about their gender identity and sexual orientation. Members of the transgender community, in particular, reported such experiences. Some also shared stories of being evicted by landlords because of their identity.

> *"Then the landlord finally found out, and when she did, she made me leave the apartment. I asked her, 'Which law says I can be evicted for being transgender? The contract expires in two months, and if not, we can take this to court.' Then she backed off. When I confronted her like that, and realized she would lose."*
>
> *Christine, transgender woman, heterosexual, 38, Tbilisi*

Religion

The study also explored aspects related to religion – particularly its connection to addiction, systemic violence, and experiences of coping in the lives of LBT individuals. **For some, faith and the emotions it brings can serve as a healing path and a source of hope. At the same time, religious institutions often play a significant role in reinforcing heteronormative and oppressive systems, which contributes to the ongoing reproduction of shame and guilt among LBT people.**

The majority of study participants reported having a relationship with faith, both in the past and in the present. One respondent identified as an atheist. Those who described themselves as believers said that faith provides comfort, inner peace, and hope. Several respondents, for instance, noted that their faith helped ease emotional burdens during difficult periods in their lives.

> *"I've loved God deeply because of my childhood. That's why I consider myself religious. I loved God because when there were fights at home and things were bad, I would pray. I didn't even know what I was praying for – I just kept repeating, 'God, help us,' over and over. It was a relationship between just me and God. Then, when everything suddenly got better, I thought, 'Wow, God helped me.' That made me believe in Him and trust Him even more."*
>
> *Baia, bisexual, cisgender woman, 27, Kutaisi*

This connection to faith remains meaningful even for respondents who do not observe religious rituals. In some cases, they still engage in practices such as lighting candles, going to church, or visiting priest. **Several respondents also mention faith as a way of coping with addiction**.

Despite this, the majority clearly distinguish between personal belief in God and church, which they see as perpetuating contempt and rejection toward them in society. This sense of alienation is especially pronounced among respondents who have had **negative experiences with clergy, often due to their sexual orientation or gender identity**. In other cases, the disconnection stems from their perception of clergy as part of a corrupt, profit-driven, oppressive, and violent system. One respondent recalled that her deep religious beliefs and the conviction that people like her were unacceptable to

God had led to self-rejection and feelings of inferiority in the past. Another noted that she had never considered it sinful to have romantic feelings for someone of the same sex. Small number of respondents continue to maintain relationships with clergy and internalize the view that their sexual orientation is "abnormal" or inappropriate.

Feelings of Shame

If we examine the digitized transcripts of the conversations with respondents, the word "shame" appears as one of the most frequently used terms. For this reason, we have dedicated a separate chapter to exploring the feelings of shame.

Half of the respondents spoke about feelings of shame related to their substance use and/or gambling. Some described experiencing shame when they cannot remember what they did under the influence, when they relapse after a period of abstinence, or when they use a substance, they have previously sworn to avoid.

> *"It's stuck in my brain as shame, and it's probably also connected to the stigma, related to what I used to hear growing up. The fact that I've become everything I used to hear about, that also brings this feeling of shame."*
>
> *Dodo, non-binary person, asexual, 29, Kutaisi*

One respondent noted that although he has stopped using methamphetamine and feels proud of this achievement, he still feels deep shame about ever having used it.

According to respondents, **the shame associated with substance use is one of the most complex and layered emotions they have ever experienced**. It is difficult for them to articulate these feelings; they described them as a mix of pain, helplessness, a desire to hide, and feelings of not being enough. This shame is not only directed inward but is also experienced toward others who are dependent – those who cannot control their use, display aggression, or harm people close to them.

One respondent shared the experience of having introduced someone to substance use, who is now unable to stop. This made the respondent feel a sense of shame, believing they contributed to the other person's addiction.

Some respondents shared that they only feel shame when others point out their drinking or gambling. In those moments, they begin to see themselves through the eyes of others and feel ashamed. According to one respondent, this shame temporarily stops him from drinking alcohol – waits for the feeling to subside, because drinking under the weight of shame only intensifies negative emotions.

Reputational damage is another factor respondents associate with shame. They express embarrassment about how others perceive them. One respondent mentioned that among his friends, he has a reputation for being a heavy drinker. Although he doesn't agree with this label, he feels unable to challenge their perception, which leaves him with lingering shame and anger. Another respondent, whose main activity is sports, said she feels particularly embarrassed when people discover that she drinks alcohol frequently.

Reputational damage is closely tied to the experiences of **not being perceived seriously**, as emphasized by several respondents. It is especially painful because, despite any changes in their actions or behaviour, they feel that others' prejudices remain unchanged. This often leads them to resort to behaviours that "justifies" those negative expectations.

One respondent noted that the feeling of shame can play a significant role in maintaining self-control and limits – if this feeling disappears, nothing feels frightening anymore, and it becomes harder to find a way back.

> *"The feeling of shame violates your dignity, and when you lose this, everything becomes very difficult. You turn into a diminished and hopeless person and end up feeling even more shame."*
>
> *Dodo, non-binary person, asexual, 29, Kutaisi*

People involved in gambling report that the feeling of shame is familiar to them, yet they have not been able to manage it. They feel shame when they receive their salary and spend it on slot machines instead of essential needs like shoes, or when someone points out that they still cannot enjoy the money they've won because they remain caught in the cycle of gambling.

For respondents, shame is not only tied to substance use and gambling addiction. It also comes from deeply rooted and difficult-to-overcome experiences, such as **shame about poverty, sexual orientation and gender identity, non-normativity, appearance, not fitting into specific social groups (a sense**

of being an outsider), lack of achievement, involvement in sex work, ethnic identity, or having a disabled family member.

Respondents engaged in sex work expressed particularly intense feelings of shame. They spoke about the emotional difficulty of providing a service to a client for the first time, as well as the moment their loved ones discovered their work. They also recalled the shame of standing on the street – an emotion that, over time, was gradually replaced by other feelings.

MEMORY OF TRAUMA AND PAIN

Bringing the memory of trauma and pain to the surface is especially important for this study, as it allows for a deeper understanding of addiction through the lens of these experience. Respondents spoke about violence, dysfunctional family dynamics, and neglect, factors that have significantly shaped the trajectories of their lives. Many described chronic difficulties with stress regulation and impulse control, often tracing these struggles back to early traumatic experiences. While discussing deep psychological and physical wounds was difficult for respondents, it also provided a sense of relief. This chapter underscores the importance and centrality of a trauma-informed approach when addressing addiction.

For most respondents, **childhood memories** hold particular significance. They recalled early experiences as key to understanding course of their lives. These reflections often centered on parenting styles, issues of control, and experiences of domestic violence. In many cases, a conservative or authoritarian parenting approach was evident – where strict boundaries were imposed by family members, either provoking internal resistance and struggle or leading to self-limitation.

> *"My grandmother, who was ultra-conservative and moralistic, would often watch me from behind the curtain, observing my mannerisms and the tone of my voice… My grandmother standing behind the curtain – became my superego, and she's still present in my life to this day. No matter how much I try to process things, these feelings are so deeply imprinted in my mind that I can't let go of any of it."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

Several respondents spoke about experiencing **sexual harassment** during childhood. This abuse was often perpetrated by a family member, neighbour, or relative. One respondent also recalled being sexually abused by a clergyman, and when she told the story, no one believed her. In several cases, the respondents' non-normative appearance or behaviour made them targets. These traumatic experiences left them with fear of their own sexuality, deep mistrust, and irrational feelings of guilt.

> *"My friend's father wanted to rape me. I was waiting outside for my friend… Her father came by and said, 'Come inside the house, she'll be back soon.' I said, 'No, I'll wait outside, and when she comes, I'll go in.' Still, he took me in… I said, 'Maybe she's not coming yet,' so I got up to leave… He grabbed me from behind and told me to go to the room so no one would hear. He kissed me on the neck, I pushed him, and ran out… I was very young. I told my grandmother, but she didn't tell my uncle – they're Svans, they would have killed him. Later, my grandmother went there, argued with him, even slapped him, and then he left the city. There was a fight, and I was even hit… It caused me a lot of stress. After that, I was afraid, that he would come to kill me."*
>
> *Maia, bisexual, 25, Kutaisi*

Other respondents also spoke about **rape and attempted rape**. Several recalled being raped before the age of 18. Two shared experiences of sexual violence or attempted rape by a partner or friend. Respondents emphasized that these incidents left a lasting mark – they find it difficult to revisit these events or fully understand the impact they may have had on the course of their lives.

> *"The last incident of sexual violence happened about a year ago… It affected the gambling. In the sense that I didn't want to think about it too much. When I'm drinking, you can't fully run away from it – those thoughts are still there… But with gambling, that memory does not exist even for one second. It's easiest when I'm playing 24/7 and everything is focused on that – like I disappear.*
> *– Only gambling can stop those thoughts…*
> *– Yes, it is always effective."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

One respondent also shared the story of their friend's rape, which shattered their entire sense of basic security. They recalled experiencing it as a collective failure, of all women, and said the incident destroyed their connection to everyone and everything. She lost faith that resisting injustice and oppression could lead to change.

> *"In developmental psychology, they say a child develops trust in the world based on self-sufficiency – and if don't develop that trust, nothing really works out. That's what happened to me: trust and hope disappeared. I lost the will to fight for ideals. It became so overwhelming that I thought, what's the point? From there, it became very easy to give up – on work, on using substances, on falling into depression, on relationships. It became easy to give up on everything… It also gave me this feeling that it doesn't matter if I don't work well, if I don't take care of myself – what's the point, anyway?"*
>
> *Dodo, non-binary person, asexual, 29, Kutaisi*

Several respondents directly link addiction to childhood trauma, pain, and behavioural patterns formed early in life. One of them describes a tendency toward dependence whether on something or someone -and offers their own interpretation regarding this pattern

> *"I think dependence on people is also a kind of addiction. For example, I was dependent on my grandmother, at least until adolescence. But it really was an addiction – I couldn't be away from her even for a minute… I believe you're already traumatized by the age of two or three. I think my attachment to my grandmother, or even to something like a pacifier, came from that trauma. I was a child abandoned by my parents, and I think that's where my attachment to my grandmother came from – so that she wouldn't abandon me too."*
>
> *Keke, queer, non-binary person, 25, Tbilisi*

Transgender women involved in sex work speak about the violence and trauma they have experienced as a result of their involvement in this work. In face of the devaluation of sex work and dehumanization of their gender identity, they have en-

dured – and continue to endure – daily degrading treatment from "clients," law enforcement officers, and society at large. One respondent, who is no longer engaged in sex work, reported that enduring violence and oppression simply to afford rent and food was traumatic. According to her, alcohol became the best option – both for herself and for other women – to make the work more bearable.

Several other respondents also spoke about **abandonment trauma**, stating that their entire existence has been shaped by abandonment. While they actively try to process and heal from this trauma, the feeling is so powerful and pervasive that it is still hard to cope. One respondent noted that this sense of loneliness and abandonment ultimately led to substance use.

> *"When you are alone, by yourself, it becomes very easy to either treat yourself badly or give a reward …*
> *… My main trauma and recurring pattern is the feeling of abandonment, and my entire existence is shaped by it – how I relate to others and to myself. Right now, I'm going through a phase where I've put in a lot of effort, and things still aren't going well. The country doesn't help you at all. You know how it is, like a roller coaster: you start feeling a little better, you don't smoke for a month, or you don't drink for six months, you gather energy to work – and then suddenly, something horrible happens. Ten people around you die, someone else is getting kicked out of their house, someone sells their belongings, someone's mother dies… it's just endless."*
>
> *Dodo, non-binary person, asexual, 29, Kutaisi*

Respondents describe experiences of domestic violence from early childhood to adulthood. They recall instances of abuse by family members and close relatives. One respondent noted that from as early as she can remember until the age of 16, she consistently experienced violence from family members. For her, the only way to escape the violence was to stay away from home. **Domestic violence and neglect** are common experiences among the majority of respondents. They speak about physical, psychological, economic, and emotional abuse. Many recall situations in which another child – usually a boy – was favoured, with emotional and financial resources directed toward him instead. Several respondents report being physically abused by multiple family members. Some sought help from the po-

lice or others, but these experiences often proved traumatic in themselves, either due to the dismissive reactions they encountered or the fear of the consequences for the abuser. In many cases, the underlying motive for domestic violence was non-normativity, queerness, or any perceived difference – regardless of whether respondents expressed their identities openly or kept them hidden.

The majority of respondents describe **violence related to their identity or self-expression** as a traumatic experience, perpetrated not only by family members but also by society and institutions. Transgender women recount particularly severe instances of violence, including brutal beatings and gang rape. One transgender woman shared that being raped because of her identity inflicted lasting psychological harm, leaving her with deep feelings of disgust and distrust that she is still struggling to heal. She noted that this experience marked the beginning of her self-harming behaviour. Several transgender women report receiving constant threats from relatives, neighbours, and family members. Over time, this rejection and these threats have transformed into intense feelings of anger and pain, which are difficult to live with.

In addition, several respondents recount traumatic memories involving **family members' addictions to alcohol, drugs, and gambling.** Some note that they later sought comfort in these same behaviours during adolescence or adulthood. They recall dealing with alcoholic parents and close relatives, and one respondent remembers witnessing family members inject drugs when she was just five years old. Another respondent reflected that violence and addiction were normalized in her early life, and it was only through therapy in adulthood that she began to recognize the profound impact these experiences had on her.

> *"My father's gambling changed everything."*
>
> *Martha, cisgender woman, 27, Tbilisi*

> *"My brothers gamble, my father gambles. My brothers tell me not to gamble."*
>
> *Gayane, cisgender woman, lesbian, 37, Tbilisi*

Two respondents shared their experiences of **being placed in an orphanage** due to their non-normativity. One recounted that his stepfather could not accept his appearance and persuaded his mother to send him to the orphanage in order to avoid social shame.

"They couldn't accept me because of my identity. my clothes, my style, my mannerisms.
They put me there because I couldn't conform."

Noe, transgender man, heterosexual, 43, Tbilisi

Respondents shared experiences of both being placed in an orphanage and living there, describing it as a traumatic experience. They noted that persecution not only continued but often intensified within the orphanage due to them being differences. They recalled oppression by peers, teachers, and caregivers. From this early age, many developed a belief that they were unworthy of love.

"Teachers told us our parent did not want us. We were targets of beating and punishment. And I still carry that with me. I try to hurt myself. To destroy the bad part of me."

Noe, transgender man, heterosexual, 43, Tbilisi

The same respondent also recounted escaping from the orphanage, ending up on the streets at the age of 11. He explained that this was when he began using drugs, because at the time, it was nearly impossible to survive or connect with others on the street without substance use.

Respondents recalled instances of **witnessing violence against family members**, describing these events as traumatic, with both immediate and long-term psychological consequences. One respondent shared that she turned to alcohol to try and forget violence within her family. Many participants recognize witnessing violence inflicted on others as a form of intense and painful psychological trauma.

Participants also spoke about experiencing **violence from intimate partners**. In several cases, this violence took the form of economic abuse, when a partner used substances and demanded money from the respondent. The use of psychoactive substances was mentioned as a contributing factor in partner violence.

"I didn't know he was an injecting drug user at the time. I was working, I left in the morning and came back in the evening, and we lived together for a while. It later turned out that he was addicted to methadone

and other substances. At one point, he became extremely unstable. He probably didn't have anything to use, and I didn't have anything to even smoke. He tried to cut his veins and manipulate to scare me."

Sara, cisgender woman, bisexual, 30, Tbilisi

"He knew I had drugs and was going to take them from me by force."

Respondents noted that their substance use also contributed to mutual violence in partner relationships. They explained that such a vulnerable state creates premises for violence and toxic dynamics, and that people struggling with addiction often have difficulty coping in these situations.

Ending a romantic relationship is also described by some respondents as a traumatic experience. They shared that their relationships often ended in disappointment and pain, and they tried to fill the resulting void with alcohol or other substances. Several respondents mentioned becoming dependent on their partners, finding it difficult to end the relationship, and eventually replacing it with another form of dependence.

Some respondents are also familiar with the trauma of war and displacement. The experience of loved ones or family members going to war or serving in the military was traumatic, they recalled the fear and uncertainty of waiting, not knowing if their loved ones would return. One respondent described how the August 2008 war defined her life, saying that from that point on, she adapted to a world shaped by distrust, injustice, persecution, and escape. Although she began reflecting on her sexual orientation at the age of 13, that profoundly disrupted her life, she said that her first awakening and pain were related the war. Another respondent also recalled the 2008 war:

"I have very disturbing images in my mind. I still remember. When we were leaving the city, bombed cars were arriving in Gori. There were many wounded and dead soldiers in those cars... These images... Whenever someone mentioned the war, these images would come to mind."

Efemia, lesbian woman, 32, Batumi

One transgender man recalls that he joined the war at the age of 11 – when the war in Abkhazia began. He accidentally ended up in one of the battalions after escaping from the orphanage. During the war, he witnessed many of his older friends wounded or crippled, and he himself narrowly escaped death. It was there that he changed his name introduced himself to others as Giorgi. From this perspective, he says that the war, the loss, and the danger he experienced at such a young age completely erased his sense of fear or at least made him accustomed to loss and risk.

Human loss is one of the most transformative traumatic experiences for the majority of respondents. They speak about the trauma of losing a loved one and describe how such losses brought them face-to-face with the fear of death. For many, it felt as though the most precious thing had been taken from them, shaking the very ground beneath their feet. Some recall their first encounter with death – seeing the deceased for the first time. One respondent shared her experience of witnessing a loved one die:

> *"In short, a person died right in front of me, right next to me. And it happened in a terrible way... That was all I could think about. The realization that, well, after that, there's nothing. You can't see them anywhere. You can't talk to them. You can't do anything...*
> *When that person died, I was 16. When I turned 17, I started doing drugs."*
>
> *Dea, cisgender woman, bisexual, 31*

Some respondents perceive the presence of death in their lives as a kind of misfortune and note that such events can completely alter the course of a person's life. Several spoke about the loss of multiple family members – losses they struggled to process, and which continue to shape their lives today.

> *"In my family, death was always there, on my father's side. It started with my father. Then my uncle, my grandfather, and my cousin, who was 30. That one destroyed me mentally."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi.*

"Most of my family members died one after another over the past four years – about eight people. Among them were very young relatives: my aunt, my uncle, my cousin, and my grandmother, whom I loved very much. My mother's mother. Her death was extremely traumatic for me. She was very close to me. I loved her so much… She was like a pillar, and I was very dependent on her. Her life was the only one I ever prayed to God to save. The most stressful thing I remember in my life is her illness and death."

Efemia, lesbian woman, 32, Batumi

Respondents associate the death of loved ones with misfortune, dehumanizing living conditions, poverty, mental health struggles, addiction, illness, and intergenerational trauma. They note that the pattern of such losses is especially difficult to process and has a profound effect on people's psychological well-being and the trajectory of their lives.

Coming out

„Our love is a threat to the system…
Our existence is already a virus for the system".

Maisa, agender, pansexual, 24, Tbilisi

Within the scope of the study, it was important to explore whether respondents, at different stages of life, had disclosed their gender identity and sexual orientation – to themselves and to others – and how they experienced this process. Coming out is a vulnerable act, as it involves asserting one's existence while entering a space of ambiguity, uncertainty, and unpredictability, without knowing how one will emerge. This state can reproduce anxiety and stress. Therefore, we sought to understand how respondents navigate this process, and how stressful it is for them.

As the interviews revealed, coming out is not a universal or standardized experience within the LBT community. This is evident first in how individuals personally conceptualize and question the idea of coming out itself. One respondent explained that, since he does not experience his identity as a fixed category, the concept of coming out holds little meaning for him, and he cannot see its significance. Others expressed that declaring a specific identity can trap a person

within the expectations attached to it, limiting their freedom and eroding their sense of authenticity. Another respondent shared that, for her, coming out is associated with threat and the pain of rejection, and that living with her identity already feels like carrying a heavy burden.

The remaining respondents shared their experiences with coming out. For many, it was a gradual process rather than a single moment of disclosure to family, friends, or relatives. Several participants noted that coming out is a continuous process – one that requires them to disclose their sexual orientation or gender identity in every new relationship or interaction, making it exhausting and emotionally isolating.

> *"Sometimes it becomes a burden. You just want to live your life, but your mind keeps spinning with thoughts, like you feel the need to assert your queerness to normalize it but still feeling like it separates you from others. It's really, really stressful. Sometimes you just want to be a 'normal person.' Not heteronormative – just have a normal life. Like, you buy bread at the store and it's not, 'Queer buys bread.' It's still a burden, isn't it?"*
>
> *Maysa, agender, pansexual, 24, Tbilisi*

At times, the overwhelming desire to share one's identity with family members, and the long search for the "right moment", can last for years, causing significant stress and anxiety. This was especially true during adolescence. One respondent recalled that, at the time, she feared her mother would abandon her if she came out.

> *"It was unimaginable to me that my mother would ever understand or accept it. It took me several years. In fact, every day and every night, I would tell myself that at some point, my mother would find out about all this, and I couldn't imagine a scenario where I would bury it inside forever. I believed I had to be myself, no matter what. It was a very difficult experience for a 13-year-old. I was preparing myself to lose this person."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

In some cases, respondents felt there was no need for a direct conversation with family members, as there had been expectations about their identity or sexual orientation since childhood, often based on appearance or behaviour. However, in several of such cases, they eventually came out to their families.

> *"I once told my brother that I liked girls. And he said that he already knew that, even my mother and the rest of the family new that."*
>
> *Martha, cisgender woman, 27, Tbilisi*

In some cases, coming out occurred indirectly – for example, by expressing one's identity on social media or writing a letter to a friend. When it comes to direct coming out, it most often happened with mothers or close friends.

Several respondents shared positive experiences of coming out. The respect shown toward personal boundaries, sensitivity, acceptance, and supportive attitudes from family members make such moments memorable. However, such acceptance is not taken as given. Respondents described the emotional labour involved and the cautious navigation required to preserve the status quo. One respondent spoke about the complexity of coming out to their child. They emphasized the importance of remaining open, while protecting the child emotionally and sharing information gradually and, in an age-appropriate way.

Respondents also spoke about negative experiences and emotions related to coming out, often associated with conflict, isolation, and despair. These feelings typically arise in environments where heteronormative values are especially dominant, such as within families and other social circles, including extended families. Many respondents described the emotional pain and trauma associated with disclosing their gender identity or sexual orientation. In some cases, this disclosure was forced; in others, it was voluntary. It often leads to emotional train with parents and other family members and is expressed in rejection, neglect, humiliation, bullying, or threats. In the most severe cases, coming out resulted in the loss and complete severance of relationships with family members, leading respondents to experience deep loneliness and a feeling of not being enough. In some instances, respondents maintain contact with families, but it is accompanied by a persistent feeling of vigilance and not being welcome.

> *"I can't see my mother, firstly, because she's not in Tbilisi, and secondly, she prefers not to see me. She keeps her distance. If we talk on the phone, I'll even called her before I came here. We can speak, share things. I help her financially, whenever I can. But if I shave my beard, then she can see me, talk to me. If not, then no."*
>
> *Ilia, transgender man, heterosexual, 22, Tbilisi*

Although coming out is less frequently linked to substance use or gambling, one respondent shared that he began drinking at an early age due to overwhelming feelings of self-loathing, using alcohol to temporarily numb the pain of shame and guilt.

ACTIVISM

Activism manifests in both personal and collective struggles, as well as in resistance to dominant social norms. It encompasses a wide range of personal and collective experiences of failure and success, trauma, burnout, and processes of recovery or renewal. As part of this research, we explored the experiences of LBT community members in this context, and what is the relationship between their involvement in activism and gambling addiction and substance use.

Self-identification as an Activist and Relevant Experiences

Respondents offered various definitions of activism, forms of its expression, levels of involvement, and opportunities. Many emphasized that activism is not limited to protests or formal organizational work; rather, it is often manifested in everyday acts of solidarity and support for others. Some described activism as the creation of spaces for critical reflection, where ideas can be generated and shared. Others defined it as a commitment to universal values and the integration of those values into daily life. Activist behaviour, they noted, can be small-scale but still rooted in collective care and the desire to improve the surrounding environment. It was also highlighted that activism is typically not financially compensated and should not be driven by material gain.

As part of the study, we explored how participants identified themselves as "activists" and the reasons some chose not to identify as one. Many respondents

viewed their public actions as related to activism. For them, activism is driven primarily by personal beliefs and motives and is expressed in many forms, such as critical reflection, publicly speaking about important issues, participating in discussions and demonstrations, and using music as a means of protest. Some also described their work in educational settings – raising awareness around queer issues and fostering discussion among students. Respondents' experiences extended beyond queer rights. They described their involvement in child rights, animal rights, and women's rights advocacy. Some had participated in protests organized by the student movement "Laboratory 1918", demonstrations related to healthcare, labour rights; engagement in discussions related to environmental protection, and problems existing on municipal level.

Regarding their involvement in activism directly related to queer issues, respondents primarily recalled their participation in the May 17, 2013, demonstration and the traumatic experiences associated with it. They spoke about the intense fear and stress they endured at the time. Respondents also recalled May 17, 2015 – police control and the isolation of the LGBT(Q)I community.

> *"It was held near the Round Square, and there were probably about 200 of us in total, 180 of them embassy employees and 20 identity workers. So, who was this even for? It was just a rally, nothing more... I mean, all the streets were blocked, and we were encircled by maybe 15 lines of police officers. A big, thick corridor of police officers everywhere. You had to enter one by one – first, you gave your name and surname to one officer, then showed your ID to another, the third searched you, the fourth asked questions... I felt really unwell in that moment. Out of fear… out of stress… It felt like we were trapped... The fear hit me so hard that I ended up taking a lot of tranquilizers.*
>
> *Efemia, lesbian woman, 32, Batumi*

In some cases, the starting point for engagement in activism was early resistance to family hierarchies. In these instances, activism gradually transformed into public action and political struggle. For others, involvement in activism is tied to work within LGBT(Q)I community organizations, taking the form of establishing support groups for the trans community and organizing various events to

support queer individuals. This also includes advocating for the needs of queer women in informal settings and helping them find their place, gain visibility, and build strength within the broader movement.

Study participants were asked to recall a transformative moment in their activist journeys that inspired hope or renewed motivation. Many emphasized the significance of small victories – instances where activism contributed to improving someone's quality of life. Examples included improvements in the state childcare system, the creation of temporary housing for the queer community, and activism around education and labour reforms that carried strong socio-economic messages. Respondents also highlighted their contribution to the decline of homophobic and transphobic attitudes in society.

Despite being aware of the socio-political context and actively reflecting on these issues, several study participants noted that they do not/cannot consider themselves activists. This is primarily due to personal reasons. Primarily, it relates to self-perception: some feel they lack the necessary communication skills or the confidence to express themselves effectively, and they view politics and activism as too complex. Identity-related challenges and personal struggles within their families also contribute to their disengagement. In some cases, rejection by family members due to their gender identity or sexual orientation creates a sense of alienation, making it difficult to mobilize the internal resources needed to participate in activism.

Challenges, Failures, and Burnout in Activism

We aimed to explore how respondents perceive activism in Georgia, particularly queer activism, strategies, challenges, and internal contradictions within the movement.

One of the key challenges identified was **the lack of group cohesion and solidarity**. Respondents noted that individuals and groups within the queer community are often divided, with limited collective spaces for organizing. **The depoliticization of queer activism** was also highlighted as a significant concern, with respondents observing how the movement has increasingly aligned with liberal frameworks, thereby losing its radical edge. However, respondents identified physical survival as the most pressing issue queer individuals face today.

> *"In today's situation, we are truly on the verge of non-existence. As always, queer people are likely to suffer the most during any crisis. Migration is on everyone's mind – wondering what's the point of fighting, and if we lose, how do we save ourselves? We are a point where our physical safety is at risk."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

Additionally, respondents acknowledged the contribution of various organizations in providing free services to community members. However, respondents emphasized **the need to equip queer individuals with sustainable resources and skills to help them overcome poverty and unemployment**.

The lack of proactivity in queer activism was also identified as a concern. Respondents noted that current queer resistance tends to be reactive, limited to responding to existing discrimination and marginalization rather than initiating broader structural change. Respondents also criticized the direct transfer of Western LGBT(Q)I activism models, which often fail to consider the local context. This issue was linked to the dependence of local activists on international and donor organizations.

Additionally, they emphasized the need to reassess the approaches of Tbilisi Pride – **particularly the need to prioritize the safety of the queer community and acknowledge the associated risks, the importance of promoting gradual shifts in public consciousness.**

Respondents also reflected on the broader challenges of activism in Georgia. They noted **an overreliance on academic language and theoretical frameworks that often feel disconnected from the lived realities and needs of marginalized groups**. One respondent pointed out that activism today sometimes places **too much emphasis on performance, physical expression**, rather than focusing on substance and the dissemination of knowledge.

The institutionalization of activism was identified as another pressing issue. Participants highlighted the need for activism that emerges organically, one that is not driven by organizational agendas, funding, or the pressures of political correctness. The current political crisis, specifically the controversy surrounding the "transparency of foreign influence" legislation, may serve as a catalyst for the transformation, radicalization, and renewed proactivity of activism in Georgia.

One of the challenges cited was the restriction on openly expressing protest due to pressure and oppression in peripheral regions. For example, one respondent noted that in the region he is from, attempts to express protest led to surveillance and persecution.

In addition to general observations, participants also reflected on specific failures within activism and political engagement, noting how they resulted in loss of trust and hope, alienation, and emotional harm.

Several respondents expressed disappointment with **broken promises and betrayals of shared principles within activist circles**. Others mentioned the suppression of student movements, which had once been a major force in activism, as a significant source of frustration.

> *"I would call it a total disappointment, but you stay in activism despite the disappointment. You realize there is no other way. It doesn't matter if you are full of hope or not, it becomes more about strategy than emotions."*
>
> *Mavra, 31, Kutaisi*

Respondents also noted that their frustration with activist circles stems from the marginalization and invisibility of trans and queer issues. For example, the daily struggles and urgent needs of trans people are often overlooked or undervalued by fellow activists, which deeply frustrates them.

> *"These people I'm involved with in activism – I don't really feel like we're in it together, though we intersect. They don't even ask how I feel, I'm a transgender person who is now banned from accessing hormones under this law. They are banning my existence… Well, I can still buy hormones on the black market and take them, fine, I might harm myself, I accept that. But if the police stop me and ask, 'You're biologically a woman, so why do you have a beard?' does it mean I am committing a criminal offense? Why are you ignoring my situation?… I feel like even though we are in this together, queers are still alone somewhere. And that's the most frustrating thing."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

The participants in the study primarily expressed deep disappointment related to exclusion and marginalization, which was also expressed through their concerns about feminist activism. According to one respondent, although the feminist movement operates with limited resources and is aware of this constraint, it should still engage with activists living on the periphery and create a common, inclusive space. Another respondent's perspective echoed this view. She noted that there are certain hierarchies within feminist circles and emphasized the need to introduce more horizontal structures and forms of organization.

During the interview process, respondents were also asked to what extent they experience fatigue and activist burnout. As the interviews reveal, burnout commonly manifests as chronic fatigue, loss of motivation, a desire for isolation, and at times, depressive thoughts. It tends to affect those activists more severely who are also engaged in organizational work on these issues. Activities that once energized and motivated them now feel uninteresting or meaningless. Participants also reported physical symptoms and emotional exhaustion as key indicators of burnout. Most often, this is expressed in avoidance to engage with others and a strong need for solitude and isolation. These symptoms likely stem from an underlying need for self-recovery and self-care.

> *"Now, I am like I don't want anything, I don't want to work, or study, or grow. I can't. I just can't. I just can't do anything. When your desires fade, it is like all of them disappear. I don't even want to listen to music, watch a movie, eat, or go outside… Everything is done simply because it has to be done – not because I want to. I used to be someone full of desires, really. I had so many different desires, and I was always the one taking initiative. And now, I have none left."*
>
> *Efemia, lesbian woman, 32, Batumi*

Activist fatigue is also reflected in the desire to temporarily withdraw from public and community activities in order to focus on oneself, introspection and personal growth, to reconnect with one's authentic self. This is often rooted in the frustration of struggling without seeing meaningful results.

> *"I realized that I want to give myself some time. Ontologically, I follow ontological anarchism. I take all of this, process it in my mind, sort it out, and then bring it to you. Then I talk to you about it. But when you're exhausted to the point of burnout, and still have to talk about the same things, I just can't do it anymore."*
>
> *Maisa, agender, pansexual, 24, Tbilisi*

Depression and severe anxiety – often linked to both physical and emotional labour – were also mentioned by respondents. In this context, they spoke about feeling alienated from their own desires, as well as experiencing hopelessness, frustration, and emptiness. Fatigue becomes especially intense during acute crises, when circumstances demand urgent and active responses, adding further pressure.

It was also noted that this fatigue stems from years of supporting particularly vulnerable groups, which required constant vigilance and a continuous sense of responsibility. One research participant referred to this condition not simply as fatigue, but as "aging" – a state where, due to accumulated physical and mental exhaustion, they can no longer manage the responsibilities they once could.

MIGRATION

The experiences of emigration, internal migration, the emigration of family members, care work, and the unbearable pain of longing have significantly impacted the emotional state of the study participants at different stages in their lives. The main countries of emigration include Turkey, Spain, Germany, the Netherlands, the United States, the Czech Republic, Italy, and the United Arab Emirates. **Overcoming poverty and social exclusion** is one of the primary reasons members of the LBT community choose to live abroad. In most cases, respondents lived in emigration for several years **for work-related purposes**. In one instance, a respondent faced persecution and violence from family members, which forced him to spend several months in a shelter in another country. He recalls ending up in a lonely, indifferent, and emotionally cold environment. **Emigration for educational** purposes was also mentioned, along with the **desire for a change of environment**. In one case, this desire came from the need to escape substance use and avoid their social circle. Another respondent connected

their wish to relocate to the feeling of being fundamentally different from their society, which led them to seek life in another country. **The pursuit of education** was cited as an additional motivation, along with **romantic relationships and the desire to live abroad with a partner**.

The participants of the study also shared the main hardships and challenges they faced in their live during periods of migration, and in some cases, the ways they coped with these difficulties. Life as a migrant was often described as uncomfortable, marked by **feelings of being a stranger and homesickness**. Many spoke of the sensation that "you are nobody and no one knows you," accompanied by longing for their country, culture, food, and loved ones, especially due to the loss of care and emotional connection. One respondent described feeling depressed during that period and used marijuana frequently.

> *"I had a heightened sensitivity to everything. I had to leave behind my child – I didn't know whether I would stay, whether I would return. I hadn't planned it, and I was taking care of another child. I've cried for weeks, silently in my room or in the toilet."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

Difficult working conditions were often an additional challenge, contributing to feelings of insecurity and hopelessness. One respondent described experiencing significant stress and constant tension due to care work and the accompanying fatigue.

Some participants identified **the migration of family members, particularly their mothers**, as a major turning point in their lives. In addition to mothers, other relatives such as grandmothers, fathers, and brothers are also in emigration. In some cases, separation from family members began at an early age – around 3 or 4 years old. This early separation from parents altered family dynamics and placed a heavy burden of responsibility on the respondents, that mostly required them to care for themselves and other family members.

> *"When I was drinking, I would talk about myself, about my family, about everything. I couldn't talk while sober, but I would talk a lot about my family when I was drinking."*
>
> *Baia, bisexual, cisgender woman, 27, Kutaisi*

The participants of the study also spoke about their experiences with internal migration, which primarily involved relocating to the capital. The main reasons for this migration included **access to education, changes in family residence, employment, and the desire to start a new life or change their environment**.

Respondents shared the challenges they encountered during this process. The primary difficulty was achieving **financial stability**, which affected their ability to secure housing, pay rent and utilities. They also noted that **adapting to the new environment** was not easy – especially for those coming from smaller towns or settlements, due to the different pace of life and feelings of social alienation. Nevertheless, they emphasized that internal migration also brought a powerful sense of freedom and independence.

One of the ways they coped with the challenges was by forming supportive communities with other young people from the regions, **creating spaces of mutual care and solidarity**.

> *"We were always together, despite everything. I remember we had a weekly budget of 20 GEL. We'd visit each other's homes – if someone cooked, it was an act of hospitality. Eating well was a big deal. That's how we got through those years together."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

In several cases, **substance use** was also mentioned as a coping mechanism, primarily involving alcohol and marijuana.

Respondents also spoke about their future plans and desire to emigrate, along with the motivations behind it. For some, migration is associated with the hope of a better and more promising future – expanded financial opportunities and access to better healthcare. This concern is particularly relevant for transgender respondents. However, the decision to emigrate is often complicated by responsibilities toward family. For instance, one respondent noted that caring for his mother is her responsibility, making relocation to another country a difficult decision.

Some participants also associated the desire to emigrate with efforts to manage or stop their substance use. They see migration as an opportunity to break consumption patterns, believing it could support their professional growth and allow for a more structured use of their time.

PATHWAYS TO RELIEF AND HEALING

In discussing addiction, our focus is not on a medicalized, individual-centered notion of recovery, but rather on restoring agency, identifying support networks, and analysing the systemic oppressions related to substance use and gambling addiction. Stigma, discrimination, and social isolation often make it impossible to pursue a form of healing that goes beyond mere sobriety or traditional definitions. Healing means more than what society expects, it involves cultivating spaces and feelings rooted in belonging, acceptance, and justice. This chapter explores the approaches to healing and relief identified by the target group, outlines their own visions of healing, and considers how collective care and shared awareness can break cycles of harm and lay the groundwork for a discourse on addiction – one that centers the needs and experiences of the queer community.

Preferred and Transformative Ways of Socializing

Respondents identified **relieving social stress** as one of the reasons for substance use, but they also consistently emphasized the importance of relationships and the need for spaces grounded in responsibility, solidarity, and care, spaces that foster recognition and support.

Therefore, it was important to explore what forms of socialization they prefer and how they envision new, transformative, consumption-free spaces. Many respondents noted the lack of alternatives to clubs and bars, which are often linked to substance use, making it essential to open a conversation about what those alternatives could look like.

Respondents described academic, informative, creative, and informal educational spaces as ideal environments for socialization, that would serve a dual function: enabling meaningful, critical discussions and fostering new communities based on such discussions, shared knowledge, and values. They emphasized that queer inclusion in the production of knowledge is not only necessary but long overdue.

> *"I imagine a space with a creative atmosphere, where ideas are exchanged, and collective projects are created… a space where we can get to know each other. I think a different kind of queer mobilization would happen there – in that kind of space."*
>
> *Nisa, non-binary person, lesbian, 28, Rustavi*

Some respondents mentioned organizing meetings in parks, on hikes, or in nature. They note that these spaces remain meaningful forms of socialization, although alcohol or marijuana use sometimes becomes part of these gatherings. Despite that, many still envision **nature-based socialization** as a vital starting point for healing relationships and building more intentional, supportive communities.

> *"In Pioneer Park… it's all trees and very quiet, not many people around… We all gather there… we talk, so, we do what we're supposed to be doing somewhere else. It's nice. Being surrounded by so many trees. Have you ever been there?… Oh, it's so beautiful! It's so beautiful now, in the summer."*
>
> *Manana, cisgender woman, 29, Kutaisi*

Members of the LBT community also note that **queer socialization should not be something sterile** – limited to interaction only within familiar or allied groups. According to one respondent, while queer people certainly need a sense of safety, they should not be confined to a binary logic that divides the world into "good" and "bad." In reality, there is often more that connects different groups than separates them.

> *"…The most meaningful approach would be, first of all, to raise class consciousness… If we always avoid breaking down these barriers, then there's no point. If people don't talk to each other… If they're never in the same space. It's the business and political elites who benefit from creating the image of an enemy. I'm not naive… I know where I live and I'm aware of the reality. But I still need small sparks of hope."*
>
> *Mavra, 31, Kutaisi*

Although some respondents prioritize queer **spaces free from heteronormative gaze** – where they can feel at ease without worrying about stares, comments, or uncomfortable conversations – they are also critical of so-called queer-friendly spaces, whether organized by community organizations or taking place in bars. They believe that such spaces, despite their positive features, are often not free from impulses that trigger substance use. According to one respondent, these

gatherings often lack exchange of ideas and discussion, and therefore fail to foster development, unity, or the creation of collective meanings.

Respondents describe ideal, consumption-free spaces with the following words: **affordable, accessible, educational, green, ordinary, spaces of resistance, self-organized, and mobilizing.**

> *"Self-organized – where people who live in the same city, or in the same neighbourhood, or share the same interests – do things together, learn from one another... especially in an environment where there is nothing and we have to learn everything from each other. I've experienced this, and I've learned a lot from my friends – even at university – whether it's about resistance, protest, knowledge, theory, or even chemistry and physics."*
>
> *Dodo, non-binary person, asexual, 29, Kutaisi*

Respondents emphasized the absence of spaces for resistance. According to them, transformative spaces should also foster resistance – spaces aimed at analysing and responding to systemic oppression. Talking about resistance is like talking about problems, and for many exhausted queer bodies, there is a desire to simply let go and forget. As a result, these discussions are often set aside during moments of socialization. However, resistance, as one respondent emphasized, requires equipping oneself with knowledge and ideas, and demands long-term, tireless, and consistent effort.

> *"Those institutions that oppress you systematically – violence is the only solution… We have to create discomfort… If you don't fight them with their methods, you will always lose. I don't know, maybe I just carry a lot of anger, and that's why."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

Although respondents discuss the creation of new spaces, they also acknowledged the risk of these spaces becoming commercialized and eventually tied to addictive behaviours, since offering such spaces may feel like treating the symptom rather than addressing the root causes, as people still carry many reasons to fall back into patterns of consumption.

"I've tried several times to spark interest, to bring people together in a space where we could nurture that interest… In Batumi, some young people were playing board games… They were very worried, anxious, and would discuss those feelings. But then, they started obsessing about some game. In the beginning, I thought other kinds of relationships would forming here, but that's not what happened."

Eto, non-binary person, lesbian, 31, Batumi

According to the experiences of respondents living in the regions, there is greater potential for self-organized spaces to emerge farther from the center – where creating such spaces tend to be more natural, implicit and inevitable. People simply have the need to talk to one another without whispering – and with that motivation, they create these spaces themselves. According to respondents, while these spaces do not prevent substance use, unlike urban centers, they offer more protection from self-destructive behaviours and do not contribute to business interests. These spaces may also emerge through activities like playing football or spending time in nature.

Respondents expressed scepticism toward the concept of "safe spaces," believing that in the current political, social, and economic climate, a true sense of safety is only possible at home – if one even has a home and lives in a non-hostile environment. According to participants, "safe spaces" have become promises that are rarely fulfilled in practice. They primarily define safe spaces as places or gatherings where using alcohol, marijuana, and other substances are not encouraged. On the one hand, they see so-called queer bars and clubs as spaces dominated by cis men, which undermines their sense of safety; on the other, lesbian gatherings often fail to offer a safe environment that can break the vicious cycle.

"These spaces, I think, have exhausted themselves in a way. I no longer feel the joy in the fact that women are now having fun together. I have this anxiety, that we are contributing to the deterioration of out already fragile mental health, passively, without creating alternatives or critical reflection. Everyone struggles with alcohol consumption and moderation."

Nini, cisgender woman, lesbian, 32, Kutaisi

Although respondents have created moments of safety through socialization and a sense of belonging in various spaces, many believe that this sense of security is short-lived and illusory. Even when the risks of substance use are avoided, people often return to environments that are completely different from the microcosms that offer illusion of safety. These fleeting feelings – though at times joyful and exciting – can also be frustrating and alienating for some individuals.

On the other hand, respondents generally view the notion of "safe spaces" as an exaggeration. They believe such spaces are often temporary, situational, and exclusive – typically tied to life in the center (Tbilisi), owning social capital, and belonging to specific groups (academic, queer, NGO, activist), excluding many individuals with queer experiences who exist outside these circles.

Collective Care

The presence of informal support networks in the lives of study participants serves as a crucial pillar in coping with trauma, social and economic oppression, and addiction. In the absence of institutional support mechanisms, emotional and practical support from friends takes various forms – ultimately fostering a sense of safety and security.

Collective care is most visible in the context of gambling or substance use, where friends and loved ones offer **non-judgmental attitudes, unconditional acceptance, empathy, encouragement of healthy routines and behaviours**, as well as physical support – such as hugs or physically accompanying someone. Participants also noted that care from friends is often expressed through encouraging the use of healthcare services and visits to the doctor.

> *"It's very rare for someone to give you that kind of push, without shaming you for not taking care of yourself. For example, a friend of mine once made a doctor's appointment for me. That was a push. We didn't start discussing the details, she just went and made an appointment. The visit didn't happen in the end, for some reason, but even that step felt so significant, I thought, 'Hey, I did it, I went, I did at least something.'"*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

Participants in the study rarely but occasionally spoke about financial support. Additionally, one participant emphasized the significance of care within academic circle, describing it as a particularly meaningful form of support. This type of care allows a person to engage in discussions about shared values beyond their personal struggles, while also feeling assured that their voice is heard.

A respondent living in a peripheral area reflected on the unique nature of collective care in such contexts. They noted that the social dynamics in a smaller town, where people tend to know each other more closely, create a sense of safety and cohesion. In these environments, everyday interactions form the basis for mutual care.

Participants in the study also spoke about the complexities of informal support networks, the social dynamics and challenges within groups, that ultimately negatively affect practices of collective care. They noted that divisions and personal conflicts within queer activist circles often reach the point of making collective mobilization and sustained solidarity difficult to achieve. In their view, resolving conflicts must begin with honest, direct, and sincere communication. These difficulties are sometimes compounded by ignoring addiction, the lack of open discussion about it, that hinder mutual care. Several participants also mentioned individuals within the community who struggle with gambling or substance use but have not yet acknowledged it as a problem. They reported that sometimes they don't feel ready to speak openly about their problems, which can lead to disconnection and emotional distance within the community. The reluctance to admit addiction is sometimes rooted in fear of being judged or being perceived as weak.

> *"Even though we all get along and share things, there's still this underlying fear. Shame and fear come to surface. We create certain taboos around this topic."*
>
> *Ivane, transgender man, bisexual, 24, Tbilisi*

Another respondent emphasized the need for the community to unite around shared challenges – beginning with reflection on the issue of internal divisions. They noted that focusing on differences in identities or specific problems can become a barrier to collective care.

The Concept of Healing: Definition and Critical Reflection

The study provided an opportunity to explore the concept of healing through the perspectives of respondents. It was important to understand their interpretations, the alternatives they offered to replace the word *healing*, and what emotions or ideas the notion of healing evokes in them. Some respondents suggested alternatives such as: **revitalization, liberation, overcoming, finding strength, release from guilt, catching a breath, recovery, and management**.

Several participants stated that *healing*, to them, implies the complete recovery of someone who is ill – and they do not see this as applicable to themselves. Their responses generally fell into two categories: one group rejected the concept of healing altogether, arguing that they are not "sick," and that it only reinforces stigma and isolation instead of offering genuine support. The second group associated healing with the idea of fully leaving something behind, whether a behaviour, habit, or illness, which they viewed as unrealistic due to the chronic nature of addiction. Instead, they emphasized the significance of management. While they acknowledged that recovery is possible, they described it as a complex process, one that looks different for each individual. Within this perspective, they also saw an opportunity to reframe the term healing – to give it a meaning that reflects the complexity of this term.

> *"It's a very accurate word, in a way. It's like those phases – you're sick. Usually, when someone is addicted to heroin and they have a hangover the next day, that's what it is. When you lose control and really start shaking. Itching. It manifests physically. Cognitively, it shows up as something else. You can go pale, turn red. It's a disease, right? Probably acquired. Maybe the cure is management – control over yourself – if you can allow your brain to give autonomy back to you instead of managing everything independently of you."*
>
> *Maisa, agender, pansexual, 24, Tbilisi*

The majority of respondents had not previously reflected on which words, ideas, or approaches might help them better manage their addiction. They noted that these conversations were thought-provoking and shifted their perspectives. In general, the dominant narrative centers around being "clean," "sober," and seeking replacement – while less attention is given to a more nuanced, multi-layered vision of healing that incorporates not only individual but also collective healing.

Ways and Practices of Healing and Finding Relief

Some respondents view healing as something that needs interdisciplinary, ethical, and nuanced approaches – rooted in research, knowledge, and the lived experiences of those directly or indirectly affected by addiction (including people with addictions, their family members, partners, and friends). According to these participants, healing cannot be reduced solely to therapy, medication, or alternative treatments.

One respondent described the possibility of healing as **resting and leisure**. This means having space for introspection and inner exploration. In her words, it's a kind of "catching a breath" – a form of healing in itself. She added that perhaps healing is already close, but people often lack the time to welcome those answers into their lives.

> *"If I have some money and the opportunity to take a few months off work, that will be the cure, and everything. But I know I can't."*
>
> *Mavra, 31, Kutaisi*

Some respondents noted that even **thinking about managing addiction** is often a privilege – one that is closely tied to having the right people around (sources of support and care), escaping poverty, and having more free time (leisure). When none of these are accessible, significantly more resources are required to achieve change.

Several participants also emphasized that they do not wish to live in a state of total restriction or isolation. Instead, they envision how they **manage** their condition and have opportunity to occasionally use substances such as marijuana or alcohol, but with a sense of personal control, where the substance does not control them.

> *"I try to manage. To give my body a dose that doesn't harm me, doesn't harm my work, or ruin it."*
>
> *Keke, queer, non-binary person, 25, Tbilisi*

However, several respondents also note that management does not apply to all substances, and in some cases, it is considered nearly impossible. They believe this largely depends on the individual and the extent of addictive behaviour – what the substance gives them, how much control they are able to exert, how

they define "management," and what they admit or hide form themselves. According to the respondents, these boundaries are highly individual, but that does not mean they are ineffective.

> *"In my case, controlling doses or setting limits – like using only once a month – would work better. I know this, but the addiction is still there. It's not just physiological or psychological; there are many factors involved. I also know that radical change isn't a lifestyle. What should I do? At this stage in life, I haven't found a replacement. I see no solution beyond reasonable use."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

Respondents also view who they use with as an important aspect of managing their consumption. Several participants noted that a key skill they have developed is avoiding use in all environments and with all groups, this includes being able to periodically refuse. They substances only in situations where they feel safe, trust the people around them, and are confident that the substance is reliable and tested.

One respondent shared her experience of giving up gambling, which was made possible after new priorities emerged in her life. In her case, it was becoming a parent, and caring for her child became an irreplaceable priority. She also valued the sense of agency that came with being able to manage money, allocate it according to needs, and even lend to others, something that had previously felt impossible.

Several respondents stated that they can easily talk about their substance use or gambling addiction, but they either choose not to or view these behaviours more beneficial than harmful. They emphasized that, for them, gaming and substance use have always been conscious choices rather than uncontrolled behaviours. As a result, they imagine, it will be easy to overcome their addictions.

> *"You know, I can say yes, and I can say no. If I say no, that's it. It is a no. I said no a month ago, and I block myself every third day. It is a done deal... I even wrote to my manager the day before yesterday, saying, 'I don't want to see a single message from you. If I do, I'll burn down your place. Don't try to pull me back in again…' As soon as I go back to Tbilisi, I am going to write, 'I'm done. That's it. It's over.' Everything has a beginning and an end."*
>
> *Christine, transgender woman, heterosexual, 38, Tbilisi*

In contrast, some respondents believe that addiction can only be managed – it never fully disappears. Even when people succeed in limiting their use, many associated factors can act as "triggers" that lead them back to the same behaviour. These include environmental factors, relationships, the continued use of substances by close friends or family, and the nature of addiction itself. One respondent compared addiction to other chronic illnesses: even when symptoms are under control, there is always the risk of recurrence. According to him, viewing addiction this way makes management feel more realistic and less painful. He also noted that a person struggling with addiction needs a motive, a reason to stay sober, and he must sustain or create such a reason all over again.

Respondents described moments of reaching a critical peak – turning points when they decided to quit substance use or gambling, often triggered by excessive use or behaviour that damaged relationships with loved ones or partners. They identified this breaking point as a key factor in their decision to stop. For some, sometimes this included distancing from people whose behaviour encouraged use. Although this process can be painful, respondents emphasized that without such management, overcoming addiction would be impossible.

> *"I already knew it was destroying my body. We went in a forest at 3 a.m. to pick up drugs.… We all came out muddy, scratched, it was terrifying – seeing myself and my friends in that state, realizing I was doing all of this because of some stupid thing that could kill me. And we had friends waiting for us… it was awful. I told myself, if I do these two or three more times, I definitely won't be able to get out of it. I quit and just made a promise to myself never to go back."*
>
> *Dodo, non-binary person, asexual, 29, Kutaisi*

> *"I have no friends left who use marijuana, it's been almost a year. because I've become radical about it. You have no other choice. When you say no, you have to become radical about it. You can't stand in the middle."*
>
> *Sara, cisgender woman, bisexual, 30, Tbilisi*

For some, however, **prohibition and restriction** are a traumatic and anxiety-inducing path that is not effective. *What if I can't keep my promise? What will this disappointment bring?* – As if the restrictions function in a binary way: either

you succeed or you fail. This failure is often experienced as final, reinforcing the belief that it's impossible to feel better or break free from consumption.

> *"If you don't do it at all, it becomes even more stressful, and you become more attached to it… Because then you start hiding it again, even from yourself, and you end up in a worse place… My therapist's advice, for example, when it came to smoking, was not to punish myself for smoking, but to ask why I do it. It's a very long process, but I learned a lot from it. And really, the more I stopped punishing myself and started asking why, what, and how I was doing it, the more distance it gave me. You know when the real shift happens – when you stop wanting to be addicted? It happens when you realize that the thing controls you so much that it no longer gives you pleasure or any benefit."*
>
> *Dodo, non-binary person, asexual, 29, Kutaisi*

At the same time, some respondents cannot imagine completely giving up, as they are not ready to let go of the feelings associated with using marijuana or alcohol. They are unable to focus only on the negative aspects of consumption and prefer not to make definitive decisions. Instead, they remain in a process of observing, exploring, and reassessing their own emotions and attitudes.

> *"Alongside drinking, we can also be floating in the garden of love – there are dimensions to this experience that perhaps shouldn't be entirely discarded."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

The participants of the study reflect on the possibilities and **ways of giving up, healing, or managing their addictions**. They describe the approaches they have already tried, as well as what they believe could help improve their current physical or mental well-being. In relation to addiction, they emphasize the importance of finding a practice, or a set of practices, that can work long-term while allowing space for ongoing reflection and exploration. Respondents highlight **the need for meetings focused on addiction**. In their view, such spaces would provide an opportunity to discuss the liberating, relieving, or painful aspects of addiction and help them confront and process the untamed areas of

their lives and unspoken experiences. They believe that without this, even when information is available, it is often passively consumed – people may simply skim through brochures or online surveys. In contrast, meeting face-to-face and developing certain logic around this topic could create space for reflection and, ultimately, healing. One respondent made a key observation: people with different substance addictions should participate in separate group therapies, as the experiences and challenges of addiction can differ vary, and someone addicted to alcohol may not fully understand the perspective of someone struggling with marijuana use.

> *"Even when I talk to someone who is addicted to marijuana, despite the fact that the brain's addiction mechanisms work similarly, the experiences are so different, they function so differently, that I still can't fully understand what they're going through. There are huge differences in the substances themselves, and their effects. The degree of addiction is different, as is the environment in which we consume them. I've often been told, 'You're not vigilant, because alcohol is available everywhere, it's sold in stores. But we, who use marijuana, sometimes use it even when we don't want to, we'll definitely smoke it if it's available.' That's why it would be so good to form groups based on shared experiences, with the support of a specialized facilitator."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

In such meetings, several respondents suggest organizing so-called anonymous meeting spaces specifically for the LBT community. However, their primary desire was to first address these issues within internal groups before bringing them into public discussion.

Respondents also emphasize **the need for rehabilitation centers and services**, stating that such resources should be accessible to everyone, as addiction is seen as a pandemic, and combating it requires a range of resources and support systems. Several respondents express scepticism toward these services, believing that people often return from treatment with new problems and quickly relapse into substance use. Overall, for most respondents the existence of such services is an essential component of recovery but is not sufficient.

One of the respondents shared their experience of being able to limit their own

use while helping others with addiction as part of a support program. According to him, this was an opportunity to assist others and remain sober more frequently and for longer periods. He redirected his energy toward making life easier for other addicts. Smiling as he recalls these moments, he notes that through this process, he was "reborn" – and helped others experience a kind of rebirth as well.

For several respondents, they are already at the stage of healing. According to them, they cannot define it any other way, because the persistent feelings of self-blame and shame have stopped, giving way to alternating moments of stability and setbacks, along with acceptance of their shortcomings (or "abnormality" within the theoretical framework of this study). They feel more capable of managing their situations and have a growing sense that control is in their hands, providing a foundation for inner peace.

Healing becomes possible when you understand why you are addicted – **what the addiction is easing in you**. For some respondents, this self-awareness is key to managing addiction. They believe addiction is systemic to the human psyche, and if one fails to understand this, reducing addiction to a disease, it becomes harder to cope with. As they say, healing is **achieved through shared understanding, care, and a sense of responsibility**. These are already intrinsic to lesbian love and community, and a collective return to these values is essential.

> *"A different life: asexuality, education, learning, a different form of entertainment – just getting together and talking, which is something women and the lesbian community tend to do more."*
>
> *Dodo, non-binary person, asexual, 29, Kutaisi*

Respondents believe that unless everyone involved (family, friends, the workplace, or others) takes their share of responsibility, long-term management and harm reduction will become impossible.

For many respondents, **changing their environment and daily routines** is one of the main ways to distance themselves from substance use or gambling addiction. According to them, changing the environment that encourages or triggers the use of substances or engagement in gambling may be the most effective strategy for managing addiction. Several respondents shared experiences of socializing with other groups of people, at or outside of work, where they did not feel the need to consume alcohol. For them, this served as a reminder

that it is possible to enjoy human connection without being intoxicated or high. They consider relationships centered around consumption to be meaningful and valuable but also recognize the need either to heal these relationships or to distance themselves when such connections form their consumption cycle. One respondent offered an insightful observation: distancing is sometimes necessary because the people you use with know all of your failures, and they themselves may struggle to believe that you can truly recover or be in a better place. In such cases, the version of yourself seen through their eyes follows you everywhere and prevents you from changing or creating change. Taking a step back is often necessary for coping – it doesn't necessarily mean that anyone in the group or relationship is intentionally causing harm.

> *"It just took me a long time to realize this. I kept wondering why my life wasn't getting better – until I understood that remained in the same place, where everyone… constantly pulls you back into that experience, and it was difficult to let go. It's also addiction – people. Especially in this country, there are many who believe that if you're not waking up with certain people, going to rallies with them, or partying in clubs with them, then… well. Long story short, I lost a lot of friends because of my own and others' substance use. When one or two emotional ties were severed – something therapy helped me understand – I realized how I can save myself, and sadly it's about ending things."*
>
> *Dodo, non-binary person, asexual, 29, Kutaisi*

One respondent also noted that substance use behaviours shape the relationships, rather than the relationships shaping the behaviour. In their view, it's not a coincidence that people who use substances tend to find each other.

For the respondents, changing daily routines can have a similar effect – if they are able to avoid the social settings where they used to use, or stay away from the casino they would go after work, their routines shift, opening up space for different behaviours or rituals, and with that, the nature of those behaviours may gradually change.

Respondents also associate changing routines with **self-discipline** – introducing new activities and interests, adopting healthier eating habits, implementing physical activity, and sports or meditation. They acknowledge that

this process is long and requires significant effort and resources, but many have experienced its positive impact firsthand. Some describe the importance of staying at home, becoming familiar with themselves in that space, and facing themselves honestly. Falling in love with being sober and overcoming shame are also parts of the process. Several respondents highlight the need to critically reflect on the neoliberal cult of success, fixed timelines, and always staying ahead. While discipline is indeed necessary, it is equally important to realize that **there is no such thing as "lost time."** It is always possible to start again and move forward. As long as a person is alive and accumulating experience, they still have time. One respondent shared that they've developed the capacity to forgive and accept themselves. They've come to understand that they have survived despite carrying multiple roles of being a mother and a child and juggling different responsibilities. In light of this realization, they no longer believe they've failed or need to "catch up" with life. They describe this acceptance as a form of self-consolation.

Respondents note that they were able to cope and find relief through psycho-emotional support – which, for many was the first and most defining step in managing addiction. They mention **art therapy, sessions with a psychologist, and learning meditation practices**. Although they remain critical of some of these approaches, they emphasize that with persistence and exploration, one can eventually discover a method, approach, or practice that reveals both one's smallness in relation to the world and, paradoxically, the strength to appreciate the ordinary blessings of existence. One respondent shared that she resisted addiction through similar feelings – realizing she was not as helpless or powerless as she had believed, reflecting on her past actions, and envisioning what she could still accomplish. She also noted that there are no universal solutions during such times; everyone must create their own mantra, remember it, and voice it when needed.

> *"Anything that awakens creative impulses in a person and translates them into a collective process of creating something is very important, it is a way of healing."*
>
> *Nini, cisgender woman, lesbian, 32, Kutaisi*

Creating a support network that is informed, sensitive to addiction, and genuinely interested in these experiences – rather than offering judgment or crit-

ical attitude – is crucially important to most respondents. They recognize that the burden placed on the loved ones of people struggling with addiction is no less heavy, but they also believe that in the process of seeking healing, one key source of relief is finding such connections.

> *"First of all, as I see it, it's a very good support system. It stays on track with you, even through the challenges of sobriety. It's simply there, beside you, and there's very little judgment. That is very important. If this support system isn't there, the likelihood of relapsing and going back is very high."*
>
> *Tamta, cisgender woman, lesbian, 28, Tbilisi*

According to some respondents, support does not mean controlling the person, constantly expressing anger or resentment, or ignoring the problem. In reality, the journey is a solitary one – each person walks it in their own mind. But when the support system is solid and doesn't collapse during moments of personal breakdown, it becomes a great relief and allows the person to continue searching. Therefore, respondents believe that loved ones, relatives, friends, and family members, should not assume the role of rescuers, but rather create a foundation that enables the person to seek their own recovery.

> *"You cannot save someone if they don't understand how to survive or even realize that they need to survive at all."*
>
> *Efemia, lesbian woman, 32, Batumi*

Some respondents note that **love and romantic relationships** can serve as a source of relief in the process of managing addiction. However, they emphasize that this should not become a substitute – one should not focus entirely on another person. Instead, it should be an opportunity for observation, self-discovery, and self-acceptance alongside loving another person or people. One respondent noted that if you put your trust only in the relationship/love, then the path to healing may lead to disappointment and failure.

Several respondents also discuss the role and potential effectiveness of psychedelic practices. They express more questions than answers. They are curious about the consequences of such approaches, who has access to them, and what side ef-

fects or long-term effects they might have. According to one respondent, it might be possible to mentally reframe one's relationship with addiction and find relief through psychedelic experiences. Another respondent shares their experience of microdosing mushrooms and notes that it can indeed have a positive effect in overcoming addiction. However, they also stress that it depends on the individual psyche and condition – what works for one person might not work for another. In their view, this is not a guaranteed state of sobriety or transformation, and while it might be worth trying, it should not be seen as a reliable method for healing.

One of the respondents spoke about the benefits of medicinal plants and the need deepen knowledge about them. According to her, nature often holds the key – plants can heal both physical and emotional pain. She recalled becoming interested in medicinal herbs, enriching the knowledge passed down by her grandmother. She shared an experience where a wound wouldn't heal due to amphetamine use, and it was through medicinal plants that she found relief. She believes in the healing potential of such herbs.

Finally, some respondents highlight systemic healing as one of the most effective and realistic solutions. They emphasize that unless the system itself is transformed, which continuously pushes people toward addiction, any results will remain short-term and individual. By "healing the system," they refer to measures such as banning advertisements for bookmakers and online gambling and adopting policies that prioritize human well-being and health over business interests and punitive approaches. While armed with knowledge and alternative practices one may find a personal path to recovery, healing the system remains a utopian, yet deeply desired goal.

KEY CHARACTERISTICS OF THE TARGET GROUP IN QUALITATIVE RESEARCH

Table #3 – *Descriptive Summery of the Target Group in Qualitative Research*

N	Changed name	City	Sexual orientation	Gender Identity	Ethnicity	Education	Age
1	Keke	Tbilisi	Queer	Non-binary	Half Armenian	Master's degree – not completed	25
2	Nini	Kutaisi	Lesbian	Cisgender woman	Georgian	Bachelor's degree	32
3	Efemia	Batumi	Lesbian	Cisgender woman	Georgian	Bachelor's degree	32
4	Maia	Kutaisi	Bisexual	N/A	Georgian	Secondary education	25
5	Manana	Kutaisi	N/A	Cisgender woman	Georgian	Secondary education	29
6	Baia	Kutaisi	Bisexual	Cisgender woman	Georgian	Secondary education	27
7	Dodo	Kutaisi	Asexual	Non-binary	Georgian	Bachelor's degree	29
8	Maisa	Tbilisi	Pansexual	Agender	Georgian	Secondary education	24
9	Gaiane	Tbilisi	Lesbian	Cisgender woman	Georgian	Master's degree	37
10	Lia	Kutaisi	Bisexual	Cisgender woman	Georgian	Secondary education	23
11	Rene	Kutaisi	Bisexual	Cisgender woman	Half Ukrainian	Secondary education	22
12	Mavra	Kutaisi	N/A	N/A	Georgian	Bachelor's degree	31
13	Noe	Tbilisi	Heterosexual	Transgender man	Georgian	Secondary education – not completed	43
14	Nana	Tbilisi	N/A	Transgender woman	Georgian	Vocational	33
15	Melita	Tbilisi	Heterosexual	Transgender woman	N/A	Secondary education – not completed	23
16	Sara	Tbilisi	Bisexual	Cisgender woman	Georgian	Master's degree	30

17	Christine	Tbilisi	Heterosexual	Transgender woman	Georgian	Master's degree	38
18	Kato	Tbilisi	Heterosexual	Transgender woman	Georgian	Vocational	32
19	Keti	Tbilisi	Bisexual	Transgender woman	Half Ukrainian	Secondary education	40
20	Eva	Tbilisi	Bisexual	Cisgender woman	Georgian	Bachelor's degree	36
21	Ilia	Tbilisi	Heterosexual	Transgender man	Georgian	Bachelor's degree – not completed	22
22	Ivane	Tbilisi	Bisexual	Transgender man	Georgian	Bachelor's degree	24
23	Alexander	Tbilisi	Heterosexual	Transgender man	Georgian	Bachelor's degree	51
24	Dea	N/A	Bisexual	Cisgender woman	Georgian	Bachelor's degree – not completed	31
25	Zoia	Tbilisi	Bisexual	Cisgender woman	Georgian	Secondary education	27
26	Nisa	Rustavi	Lesbian	Non-binary	Georgian	Master's degree – not completed	28
27	Eto	Batumi	Lesbian	Non-binary	Georgian	Master's degree – not completed	31
28	Marta	Tbilisi	Lesbian	Cisgender woman	Georgian	Secondary education – not completed	27
29	Tamta	Tbilisi	Lesbian	Cisgender woman	Georgian	PHD	28
30	Zanda	Tbilisi	Bisexual	Cisgender woman	Georgian	Bachelor's degree	35

QUANTITATIVE RESEARCH RESULTS

GENERAL PATTERNS OF PSYCHOACTIVE SUBSTANCE USE IN THE LBT COMMUNITY

This chapter analyzes the prevalence of psychoactive substance use (particularly the most commonly used substances: alcohol, tobacco, and cannabis) and the frequency of strong urges to use them within the LBT community, highlighting differences across demographic groups.

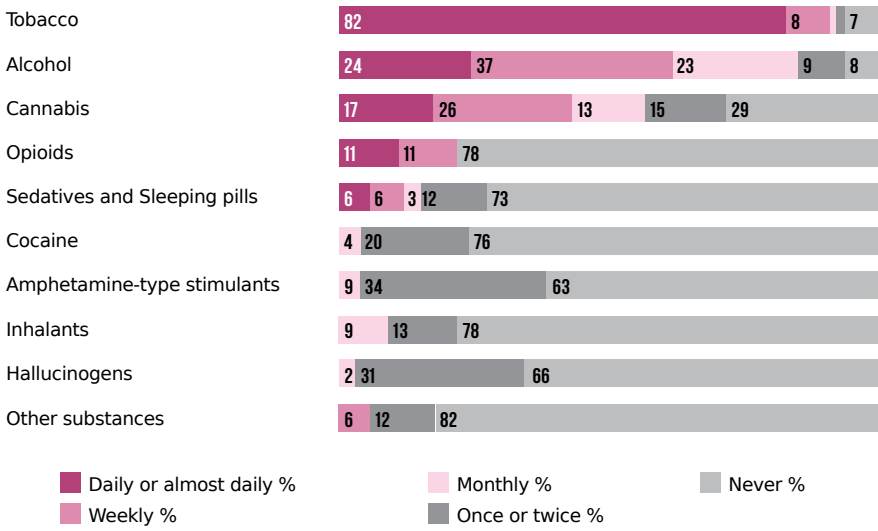
The vast majority of respondents surveyed in the quantitative research (n = 109) reported having used alcohol (98%; n = 106), tobacco (95%; n = 104), and cannabis (92%; n = 100) at least once. Only 30% of respondents reported never having used other psychoactive substances, such as cocaine, amphetamine-type stimulants (ATS), inhalants, sedatives and sleeping pills, hallucinogens, opioids, or homemade drugs. A significant proportion of respondents (30% to 50%) reported having experience with ATS, hallucinogens, and sedatives. Experience with cocaine, inhalants, and other substances was less common (10% to 30%), while opioid use was the least reported, with only 9% of respondents indicating having used them at least once. Notably, almost one in ten participants (9%; n = 10) reported having used injectable drugs, two respondents among them – both transgender individuals – have used injectable drugs within the past three months.

Among respondents who have used psychoactive substances at least once, the most frequently used substances in the past three months were **tobacco** (93%; n = 104), **alcohol** (93%; n = 106), and **cannabis** (72%; n = 100) (see Graph #1). The frequency of use and the intensity of the desire to use these three substances were generally higher among respondents identifying as **homosexual**, **bisexual**, or with **another**[123] non-heterosexual orientation, compared to **heterosexual** respondents. It is important to note that the use of other substances (ATS, hallucinogens, sedatives, cocaine, inhalants, and opioids) was significantly lower across all groups, which limits the ability to draw statistically meaningful conclusions about differences between groups.

123 Participants who identified with other sexual orientations, such as pansexual, asexual, demisexual, etc.

Graph #1.
Frequency of psychoactive substance use over the past three months

In the past three months, how often have you used the following substances?



Among respondents who have used psychoactive substances at least once, **tobacco** is the most frequently used substance in the past three months. Daily or almost daily use, as well as a strong desire to use, is high across all three gender groups, with the highest levels reported among non-binary respondents (use – 91%, n=29; strong desire – 91%, n=30). These figures are followed by cisgender respondents (use – 80%, n=31; strong desire – 79%, n=30) and transgender respondents (use – 77%, n=23; strong desire – 76%, n=22) (see Graph #2). Notably, compared to **heterosexual** respondents, those identifying as **homosexual, bisexual, or "other"** report significantly higher levels of both tobacco use and a strong desire to use. Daily or almost daily use is markedly more common among homosexual (89%, n = 31), bisexual (82%, n = 28), and those who selected **"other"** as their sexual orientation (83%, n = 10), compared to **heterosexual** respondents (74%, n = 17). Only a small portion of respondents (6–9%) reported not using tobacco at all in the past three months. The pattern of strong desire to use is similar among different groups, however strong desire to use everyday/

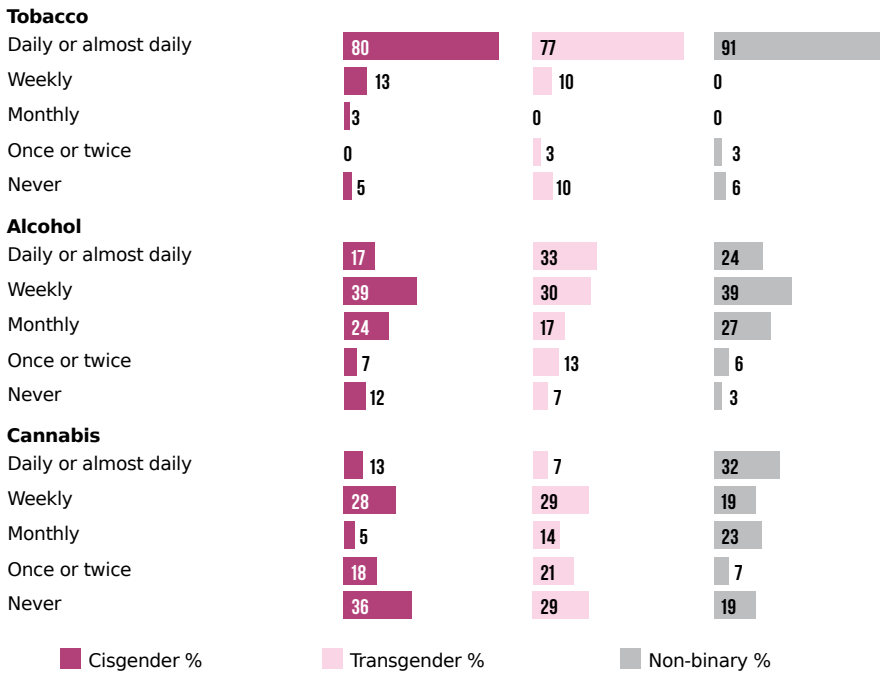
almost everyday is highest among **homosexual** respondents (88%, n = 29) and those grouped under **"other"** sexual orientations (e.g., asexual, demisexual, etc.) – 92% n = 11, Compared to **bisexual** (79%, n = 27) and **heterosexual** respondents (73%, n = 16).

Alcohol is also a widely used substance among respondents who reported at least one instance of substance use in the past three months (90%; n = 106). Daily or almost daily alcohol use and strong desire to use were highest among **transgender** respondents compared to other gender groups (use – 33.3%, n = 10; strong desire – 47%, n = 14), followed by **non-binary** individuals (use – 24%, n = 8; strong desire – 44%, n = 14), and **cisgender** respondents (use – 17%, n = 7; strong desire – 26%, n = 10) (see Graph #2). Notably, among "other" groups, **homosexual** respondents reported the highest frequency of daily alcohol use and strong desire to use. While **bisexual** and **"other"** respondents demonstrated relatively high weekly use, their rates of strong daily desire to use were lower. Daily or almost daily alcohol use was most prevalent among **homosexual** respondents (37%, n = 13), compared to **heterosexual** (26%, n = 6) and **bisexual** respondents (17%, n = 6). Strong desire to use alcohol daily or almost daily was also highest among **homosexual** (52%, n = 17) and **heterosexual** (48%, n = 11) respondents, compared to **bisexual** (23%, n = 8) and **"other"** (17%, n = 2) respondents.

In addition to alcohol and tobacco, majority of respondents reported **cannabis** use in the past three months (72%, n = 100). Daily or almost daily cannabis use and strong desire to use were significantly higher among **non-binary** respondents (use – 32%, n = 10; strong desire – 43%, n = 13) than among **cisgender** (use – 13%, n = 5; strong desire – 27%, n = 10) and **transgender** respondents (use – 7%, n = 2; strong desire – 19%, n = 5) (see Graph #2). Furthermore, respondents identifying as **homosexual,** bisexual, or "other" reported significantly higher rates of cannabis use and strong desire to use than heterosexual respondents. Frequent use – daily or almost daily use – was particularly high among bisexual (23%, n = 8) and "other" (25%, n = 3) respondents. Similarly, strong desire for daily or almost daily use followed the same pattern, being highest among "other" (50%, n = 6), homosexual (35%, n = 10), and bisexual respondents (32%, n = 11), compared to heterosexual respondents (10%, (n = 2).

Graph #2.
Psychoactive substance use by gender identity

In the past three months, how often have you used the following substances?



CONTEXTS OF SUBSTANCE USE — SPACES AND PEOPLE

This chapter explores the environments and social contexts in which members of the LBT community most commonly use psychoactive substances.

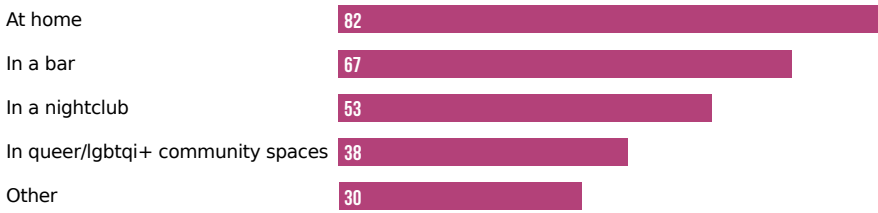
Contexts of Use

Quantitative data indicate that the most common setting for substance use across all groups is the home (see Graph #3). Social venues – such as bars, nightclubs, and queer/LGBTQI+ gathering spaces, are more frequently used by younger individuals and by people with specific gender or sexual identities, although usage patterns vary within each group. Notable geographical differences also

emerge: in Kutaisi, substance use is reported at significantly higher rates across almost all types of spaces, whereas in Tbilisi, usage in social settings is considerably lower.

Graph #3.
Contexts of substance use

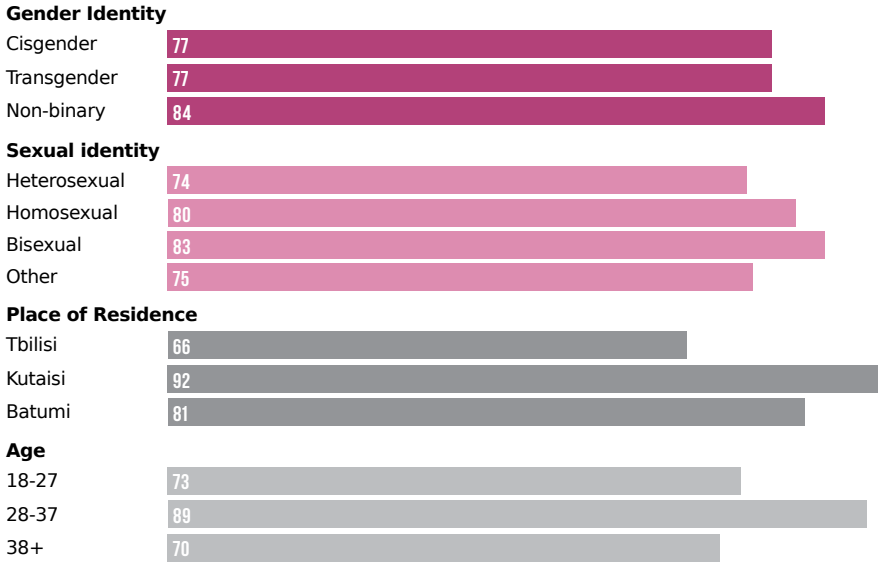
In what settings do you typically use psychoactive substances?
Identified as users of psychoactive substances% (97%, n=106)



More specifically, respondents most commonly reported using substances in their own homes (79%, n = 84). This trend holds across all three gender groups: non-binary (79%, n = 26), cisgender (77%, n = 33), and transgender (74%, n = 23). Home use is most prevalent among heterosexual respondents (61%, n = 14), but it is also common among other groups (homosexual 49%, n = 17; bisexual 53%, n = 18, and "other" 50%, n = 6). Using substances at a friend's home is also frequent across all groups, particularly among bisexual (53%, n = 18) and heterosexual (48%, n = 11) respondents. Interestingly, home use is widespread across all age groups (28-37. – 89%, n=40; 18-27. – 73%, n=30; 38+. – 70%, n=14). Home use is especially high in Kutaisi (92%, n = 34) and Batumi (81%, n = 22). Although slightly lower in Tbilisi, a majority of respondents there also report home as their primary place of substance use (66%, n = 25) (see Graph #4).

Graph #4.
Demographic breakdown of psychoactive substance use at home

In what settings do you typically use psychoactive substances?
Identified as individuals who use psychoactive substances at home% (97%, n=106)

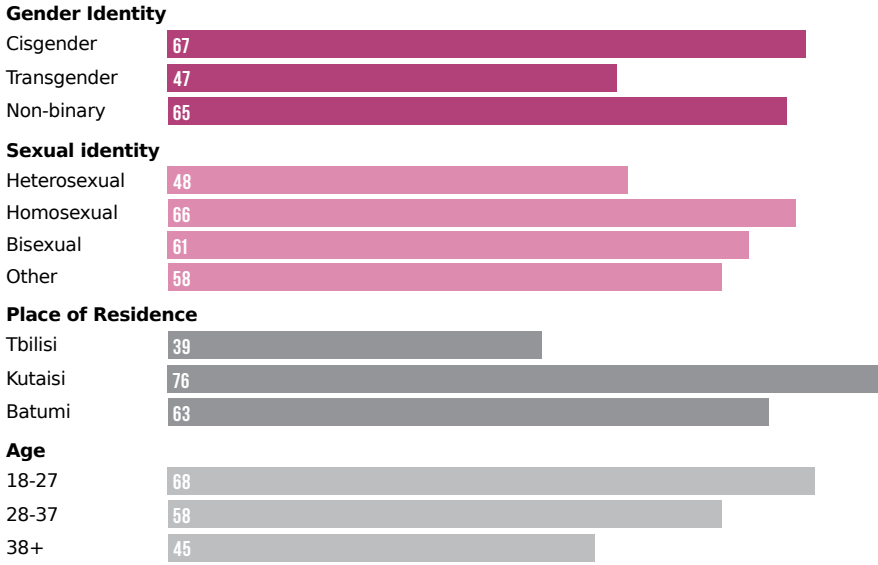


Substance use in bars is reported by most respondents (59%, n = 63), though it is more common among cisgender (67%, n = 29) and non-binary (61%, n = 20) individuals, while transgender respondents report it less frequently (45%, n = 14). By sexual orientation, bar consumption is most common among homosexual respondents (64%, n = 23), followed by bisexual (60%, n = 22) and "other" (58%, n = 7) respondents. Heterosexual participants report bar use least frequently (46%, n = 11). As for age groups, the younger the respondent, the more likely they are to report substance use in bars. A majority of those aged 18–27 (68%, n = 28) report using substances in bars, followed by half of those aged 28–37 (58%, n = 26), while the rate is lowest among those aged 38 and older (45%, n = 9)

Geographically, bar use is mentioned most frequently in Kutaisi (76%, n = 28) and Batumi (63%, n = 17), while in Tbilisi it is significantly lower (39%, n = 15) (see Graph #5).

Graph #5.
Psychoactive substance use in bars by demographic group

In what settings do you typically use psychoactive substances?
Identified as individuals who use psychoactive substances at home% (97%, n=106)

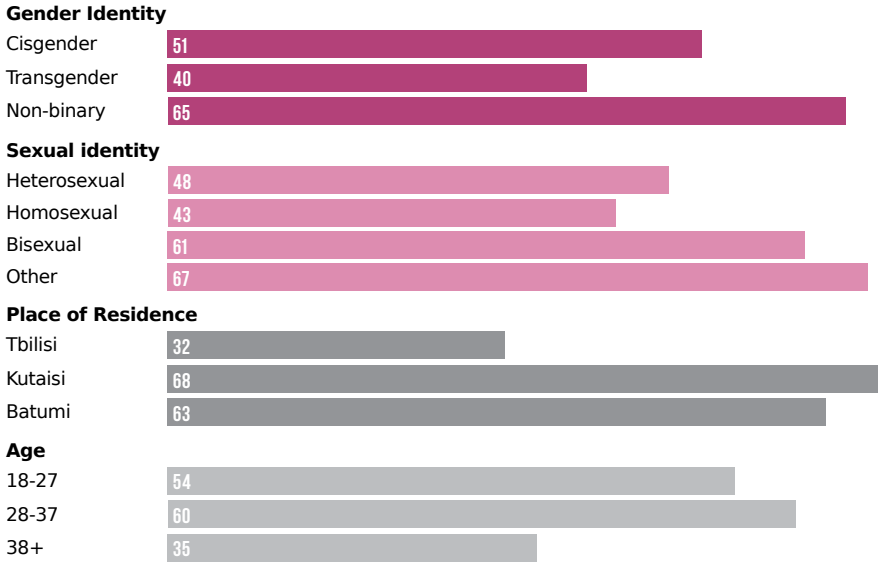


As for substance use in nightclubs (53%, n = 56), it was most frequently mentioned by non-binary respondents (61%, n = 20), followed by cisgender (51%, n = 22) and transgender respondents (39%, n = 12). Nightclub use was most common among respondents in the "other" category (67%, n = 8) and bisexual respondents (60%, n = 22). It was relatively less common among heterosexual (46%, n = 11) and homosexual (42%, n = 15) respondents.

As with bar use, nightclub substance use is more prevalent among younger respondents. It was most common among those aged 28–37 (60%, n = 27) and 18–27 (54%, n = 22), while significantly lower among those aged 38 and older (35%, n = 7). Nightclub use is especially high in Kutaisi (68%, n = 25) and Batumi (63%, n = 17), whereas Tbilisi reports the lowest rate (32%, n = 12) (see Graph #6).

Graph #6.
Demographic breakdown of substance use in nightclubs

In what settings do you typically use psychoactive substances?
Identified as individuals who use psychoactive substances at a bar% (97%, n=106)



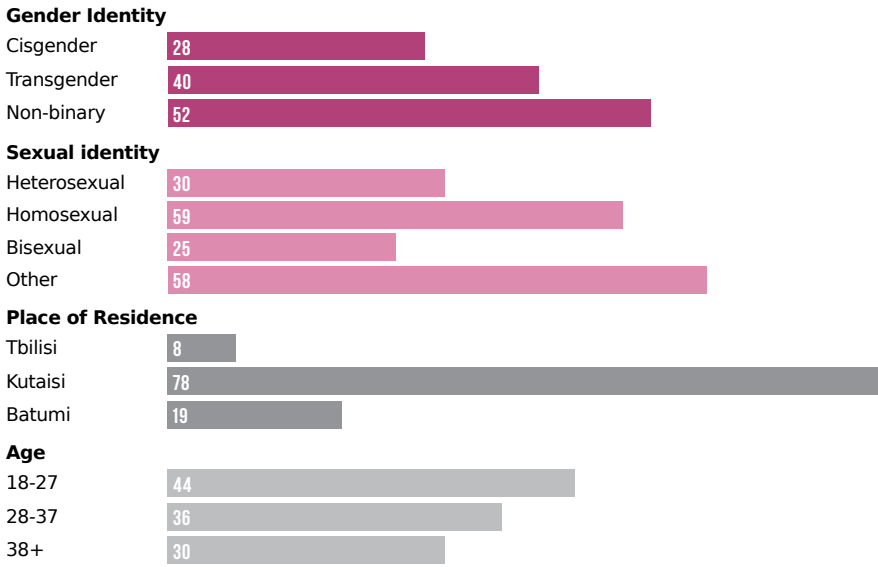
Substance use in queer/LGBTQ+ community settings was reported by the third of respondents (38%, n = 40). It was most frequently mentioned by non-binary respondents (49%, n = 16), followed by transgender respondents (39%, n = 12). In contrast, cisgender respondents reported substance use in these settings less frequently (28%, n = 12). Among sexual orientation groups, respondents identifying as "other" reported the highest rate of substance use in queer community spaces (58%, n = 7). Nearly half of homosexual respondents also reported use in these spaces (47%, n = 17), while the rates were lower among heterosexual (29%, n = 7) and bisexual (24%, n = 9) respondents.

An age-based analysis shows that use in queer spaces is most common among respondents aged 18–27 (44%, n = 18), followed by those aged 28–37 (36%, n = 16), and those 38 and older (30%, n = 6).

Substance use in queer spaces is highest in Kutaisi (78%, n = 29), while significantly less common in Tbilisi (8%, n = 3) and Batumi (19%, n = 5) (see Graph #7).

Graph #7.
Demographic breakdown of substance use in queer spaces

In what settings do you typically use psychoactive substances?
Identified as individuals who use psychoactive substances at queer/lgbtqI+ community spaces (97%, n=106)



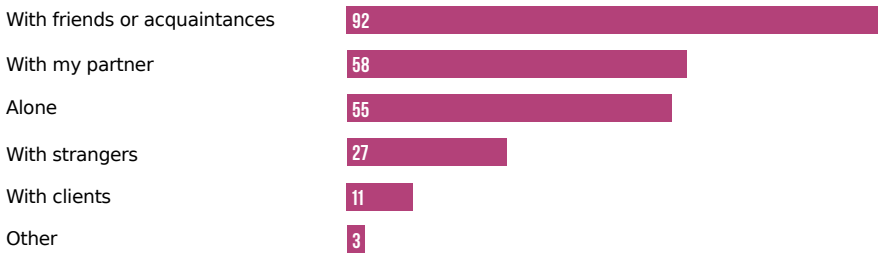
Co-Users of Psychoactive Substances

Participants most commonly reported using psychoactive substances in social settings, primarily with friends or acquaintances (91%, n = 96). A significant proportion also reported using substances with a partner or lover (57%, n = 60), as well as using alone (55%, n = 58).

Use with strangers was less common (27%, n = 29), while participants engaged in sex work reported using substances with clients in 11% of cases (n = 11). Only two respondents (n = 2) indicated that they use psychoactive substances with a family member (see Graph #8).

Graph #8.
Co-use of psychoactive substances

With whom do you use psychoactive substances?
Identified as users of psychoactive substances (97%, n=106)



The most common context for substance use – **consumption with friends or acquaintances** – is prevalent across all gender identity groups: cisgender (98%, n = 42), non-binary (90%, n = 28), and transgender (83%, n = 25). This practice is especially widespread among respondents in the "other" category (100%, n = 12) and bisexual individuals (94%, n = 34). A majority of homosexual (89%, n = 31) and heterosexual (87%, n = 20) respondents also report using substances with friends or acquaintances. 93% of respondents aged 18–27 (n = 38), 95% of those aged 38 and older (n = 19), and 89% of those aged 28–37 (n = 40) reported using substances with friends or acquaintances. This trend is also reflected across all cities, with the highest rates observed in Kutaisi (97%, n = 36), followed by Batumi (89%, n = 24) and Tbilisi (87%, n = 33).

Substance use **with a partner** is most common among cisgender (67%, n = 29) and non-binary (61%, n = 19) respondents, while it is significantly less common among transgender respondents (37%, n = 11). Use with a partner is particularly prevalent among those in "other" category (83%, n = 10) and bisexual respondents (61%, n = 22). Among homosexual respondents, 54% (n = 19) reported using substances with a partner, while the rate was lowest among heterosexual respondents (43%, n = 10).

As for age groups, the highest rate of partner-related substance use was among respondents aged 18–27 (66%, n = 27), followed by those aged 38 and older (60%, n = 12), and those aged 28–37 (49%, n = 22). Using substances with a

partner is most common in Kutaisi (70%, n = 26) and Batumi (70%, n = 19), while significantly lower in Tbilisi (34%, n = 13).

Using substances alone is most common among non-binary respondents (68%, n = 21). Slightly more than half of cisgender respondents (51%, n = 22) and 43% of transgender respondents (n = 13) also report using substances alone. This pattern is especially prevalent among bisexual (69%, n = 25) and among those with "other" sexual identity (67%, n = 8). In contrast, using alone is less common among heterosexual (43%, n = 10) and homosexual (43%, n = 15) respondents. Age-based analysis shows that using alone is slightly more common among younger individuals: of respondents aged 18–27 (54%, n = 22), those aged 28–37 (53%, n = 24), and 38 and older (60%, n = 12) reported using substances alone.

Geographically, substance use is most common in Batumi (63%, n = 17) and Kutaisi (54%, n = 20), while it is relatively less frequent in Tbilisi (47%, n = 18).

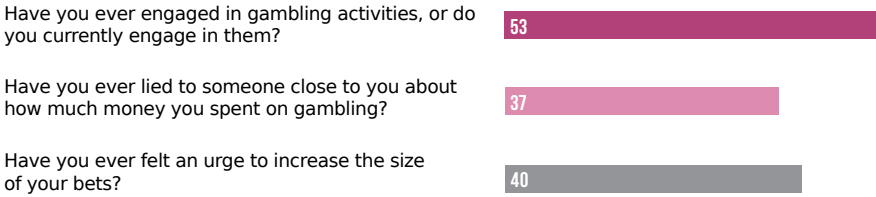
GAMBLING-RELATED INDICATORS

This chapter explores the prevalence of gambling among respondents and analyses indicators of problem gambling (such as lying to significant others about gambling behaviour and the urge to increase bets) across different demographic groups.

The data indicate that gambling is relatively common within the surveyed group: more than half of respondents (53%, n = 57) reported having gambled. However, indicators of problem gambling – such as lying to significant others about the amount spent on gambling or feeling the need to increase the size of bets – were reported less frequently (see Graph #9).

Among those who have gambled, the majority (63%, n = 36) stated they have never lied to significant others about their gambling behaviour and money, while about one-third (36%, n = 21) reported having done so. Similarly, most respondents (60%, n = 34) reported never feeling the need to increase their bets, although a significant proportion (40%, n = 23) did report experiencing this urge (see Graph #9).

Graph #9.
Gambling-related condition
The data includes only those with gambling experience (53%, n=57)



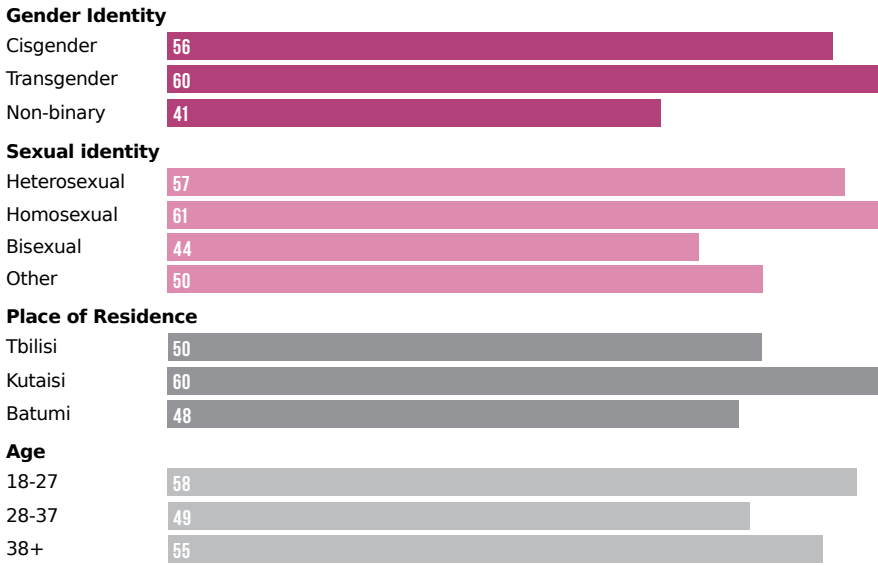
An analysis by gender identity shows that gambling is most common among transgender (60%, n = 18) and cisgender (56%, n = 24) respondents. In contrast, non-binary respondents are the least likely to report gambling (41%, n = 13), with a majority of this group (59%) stating they have never gambled (see Graph #10). When it comes to indicators of problem gambling, such as lying about gambling and feeling the need to increase bets, transgender respondents report the highest rates (lying – 50%, n = 9; urge to increase bets – 44%, n = 8), significantly exceeding those of other gender groups.

Gambling is most prevalent among homosexual respondents (61%, n = 22), followed by heterosexuals (57%, n = 13) and those identifying as "other" (50%, n = 6). Bisexual respondents report the lowest rate of gambling (44%, n = 16), with the majority (56%) indicating they have never gambled (see Graph #10).

Interestingly, although homosexual respondents are the most likely to report gambling, the highest rates of problem gambling behaviours are found among heterosexual respondents (lying – 62% (n = 8); urge to increase bets 54% (n = 7)), with figures significantly higher than in other groups.

Graph #10.
Demographic Breakdown of Gambling Experience

Have you ever engaged in gambling activities, or do you currently engage in them?
Yes%



Gambling behaviour is highest among respondents aged 18-27 (58%, n = 23), followed by those aged 38 and older (55%, n = 11), with the lowest rate observed in the 28–37 age group (49%, n = 23) (see Graph #10).

Problem gambling rates are most prevalent in the 18-27 age group, (lying – 52%; (n = 12); urge to increase bets – 52%; (n = 12)). In comparison, the 28–37 age group shows significantly lower rates (lying – 17%, n = 4; need to increase bets – 26%, n = 6). Among respondents aged 38 and older, a substantial proportion of those who have gambled report experiences of problem gambling (lying – 45%, n = 5; need to increase bets – 45%, n = 5).

Significant differences also emerge based on place of residence. Respondents living in Kutaisi report the highest rate of gambling experience (60%, n = 24), compared to those in Tbilisi (50%, n = 19) and Batumi (48%, n = 12) (see Graph #10).

Problem gambling is also significantly more prevalent in Kutaisi (lying – 54% (n = 13); urge to increase bets – 54% (n = 13). In contrast, these rates are notably lower in Tbilisi (lying – 26%, n = 5; urge to increase bets – 37%, n = 7) and Batumi (lying – 17%, n = 2; urge to increase bets – 17%, n = 2).

EMPLOYMENT AND EDUCATION

This chapter presents data on respondents' employment, economic and social status, housing situation, and involvement in sex work. It also covers levels of education and reasons for dropping out.

The respondent group is characterized by a relatively high level of employment. However, self-assessments of economic status reveal significant challenges (half of the respondents report difficulty meeting basic needs). More than half have experienced being at risk of homelessness, and about one-third have someone dependent on them. Involvement in commercial sex work, having social vulnerability status, and experiences of displacement are reported by a smaller proportion of respondents.

Employment and Economic Status

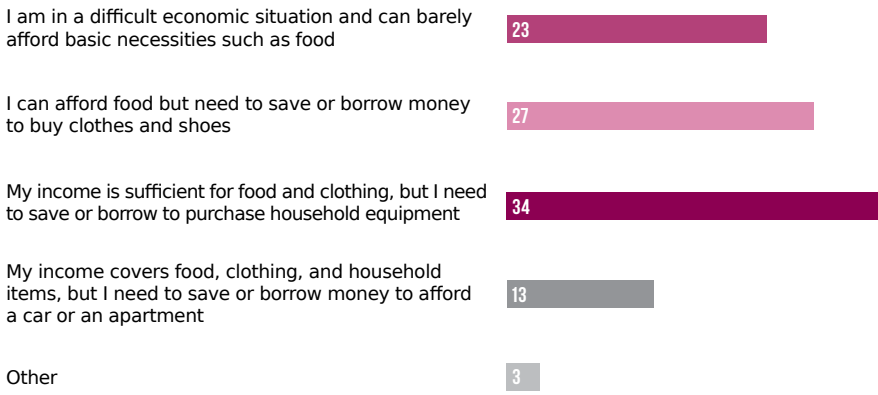
The majority of respondents (65%, n = 70) reported being employed either full-time or part-time, while approximately one in nine (13%, n = 14) identified as self-employed. The unemployment rate stands at 16% (n = 17).

Despite relatively high employment levels, a large majority of respondents (85%, n = 90) reported experiencing economic hardship. Nearly one in four (23%, n = 25) stated that they barely have enough income to buy food. About one in four (27%, n = 29) said they can afford food but not clothing. One in three (34%, n = 36) reported having enough income to buy food and clothing, but not household equipment. Only 13% (n = 14) described a relatively stable situation, saying they have sufficient income to purchase household items.

Given this economic context, it is particularly noteworthy that one in three respondents (33%, n = 35) has at least one person who is dependent on them (see Graph #11).

Graph #11.
Economic status

Describe your current economic situation (%)



Severe economic hardship ("have barely enough money for food" or "enough for food but not for clothes") was reported by the majority of transgender (58%, n = 18) and non-binary respondents (55%, n = 18), while a significant portion of cisgender respondents also reported similar difficulties (42%, n = 18). Notable differences were observed by place of residence: the majority of respondents living in Kutaisi (70%, n = 28) reported experiencing difficult economic conditions, compared to lower rates among those living in Tbilisi (39%, n = 15) and Batumi (33%, n = 9).

The majority of respondents (83%, n = 89) reported never having been involved in commercial sex work. However, 17% had such experiences: 13% (n = 14) had been involved in sex work within the past three months, while 4% (n = 4) reported past involvement. Transgender respondents reported the highest rates of involvement (39%, n = 12), significantly more than other groups (cisgender – 2 participants; non-binary – 4 participants).

Additionally, the majority of respondents (72%, n = 77) stated that they do not currently have, and have never had, the social vulnerability status. Notably, 19% (n = 20) reported having held this status in the past, although some have since lost it. At the time of the survey, only 8% of respondents (n = 9) reported currently having this status.

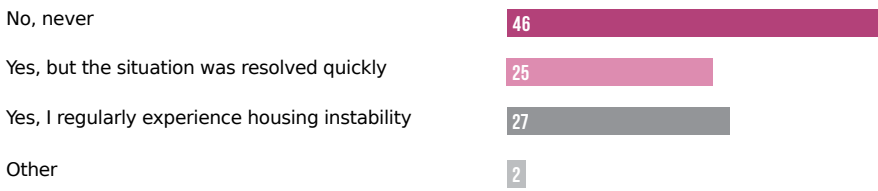
Only 13% of participants reported owning their own home, while 42% live in housing owned by a family member. The data show that half of the participants do not have access to property owned by themselves or their families: 40% live in rented accommodation or stay with friends, and 5% reside in temporary shelters at the time of the survey.

Housing challenges are further highlighted by the data, which show that only 44% of participants reported never having been at risk of homelessness. More than half (55%, n = 60) have experienced or are currently experiencing housing instability, while approximately one in four respondents (27%) report that they are constantly facing the issue of not having stable housing. An equal share (27%) indicated that they have been at risk of homelessness at some point in their lives (see Graph #12).

Among those who have ever been, or are currently, at risk of homelessness (55%, n = 60), a significant portion (42%, n = 25) reported having spent at least one night on the street, while one in four (25%, n = 15) said they have lived in a shelter at some point in their lives. Transgender respondents report the highest levels of housing insecurity. Only 19% (n = 6) of them have never been at risk of homelessness, while nearly half (45%, n = 14) report ongoing challenges related to unstable housing. Additionally, one in three (35%, n = 11) stated that they had faced the risk of homelessness at some point, although the situation was resolved relatively quickly.

Graph #12.
Risk of homelessness

Have you ever been at risk of becoming homeless? (%)



Education

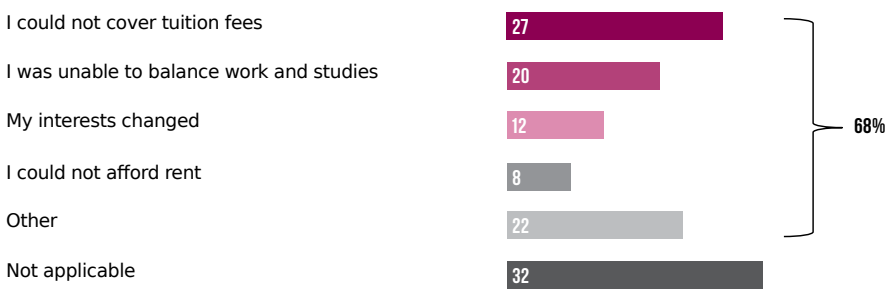
About one-third of respondents (31%, n = 34) reported that they had completed all levels of education they desired. Among those who were unable to do so, the most commonly cited reasons for dropping out included financial barriers (tuition fees), work-study incompatibility, and other unspecified reasons. Less frequently mentioned factors included changing interests and housing-related financial difficulties.

A bachelor's degree is the most common level of education among participants, reported by the third of respondents (34% n = 37). The second most common level is completed secondary education, reported by 24% (n = 26), followed by incomplete bachelor's degrees (12%, n = 13) and completed master's degrees (12%, n = 13). Other levels of education were mentioned more rarely.

Among the 75 respondents who were unable to complete their desired level of education, the primary reason cited was financial hardship (tuition fee – 39%, n = 29). This was followed by work-study incompatibility (29%, n = 22), changing interests (19%, n = 14), and housing-related financial problems, (inability to pay rent – 12%, n = 9) (see Graph #13). Other reasons were cited less frequently, though it is notable that 8% of respondents (n = 6) said they were unable to continue their education due to bullying or discriminatory attitudes.

Graph #13.
Barriers to completing formal education

What was the reason you were unable to complete desired level of education? (%)



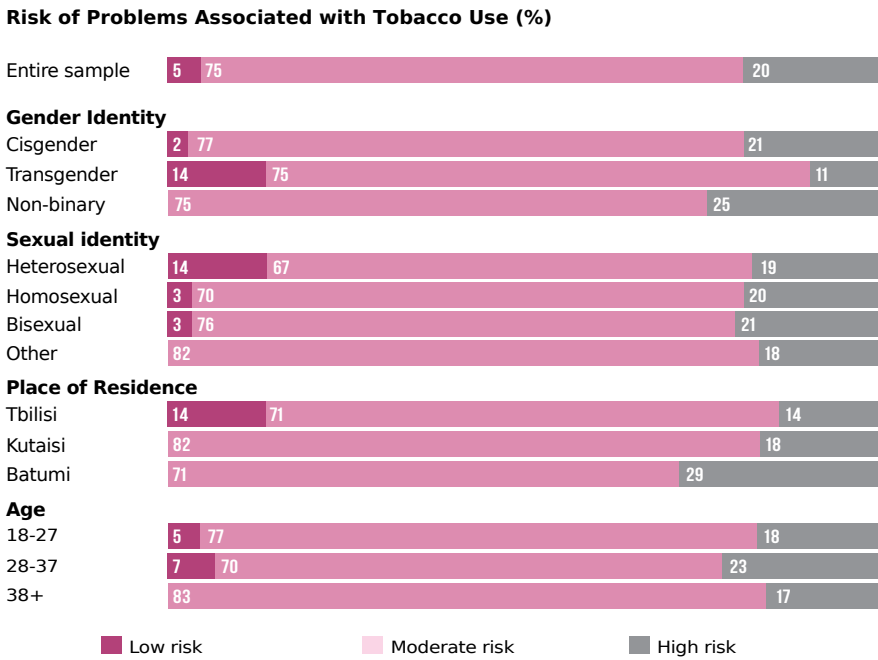
HEALTH STATUS

Risk of Problems Associated to Tobacco, Alcohol, and Cannabis Use

As part of the quantitative study, the risk of problems associated with the most commonly used substances – tobacco, alcohol, and cannabis – was assessed using the ASSIST[124] screening tool. This test evaluates a person's risk level for substance-related problems and the corresponding need for referral to a specialist for further care.

As previously discussed, the vast majority of participants reported using tobacco. According to the screening results, among those who use tobacco, one in five (20%) fall into the high-risk category for tobacco-related problems. The majority (75%) are in the moderate-risk category, while 5% fall into the low-risk group. Further analysis indicates that tobacco-related risk is not significantly associated with gender ($p = 0.16$), sexual orientation ($p = 0.63$), or age ($p = 0.07$) (see Graph #14).

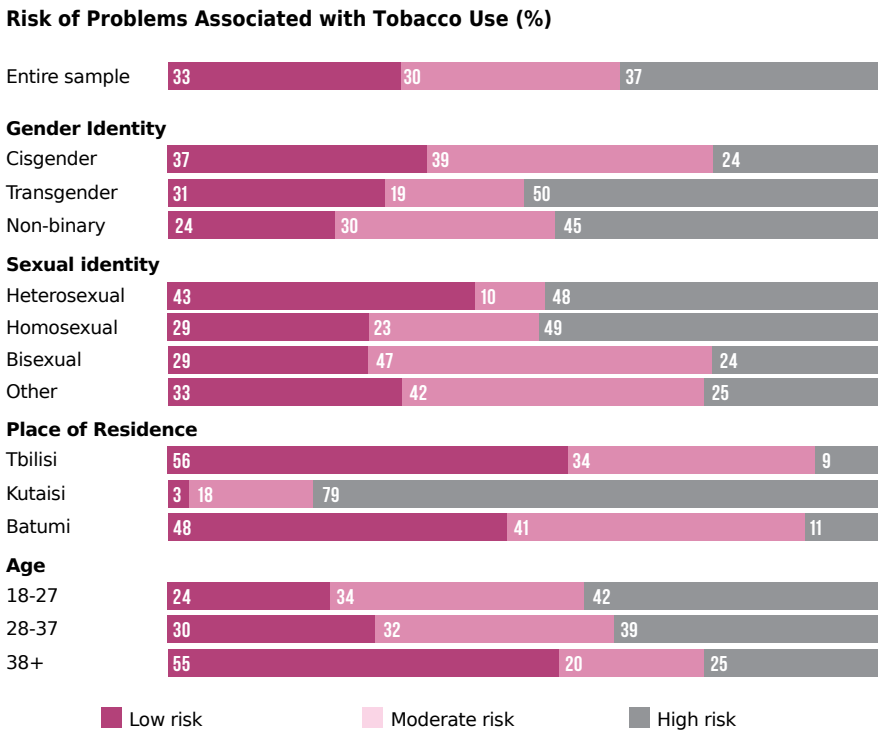
Graph #14.
Risk indicator for problems related to tobacco use



124 The ASSIST questionnaire provides a risk score for each substance used, categorizing it as low, moderate, or high risk. These categories help determine the appropriate intervention, ranging from no action to brief intervention or referral to a specialist.

The vast majority of participants (93%) also reported consuming alcohol. Among them, one in three (37%) fall into the high-risk category for alcohol-related problems, while 30% are in the moderate-risk group, and 32% in the low-risk group. Similar to tobacco use, alcohol-related risk is not significantly associated with gender ($p = 0.16$), sexual orientation ($p = 0.63$), or age ($p = 0.07$) (see Graph #15).

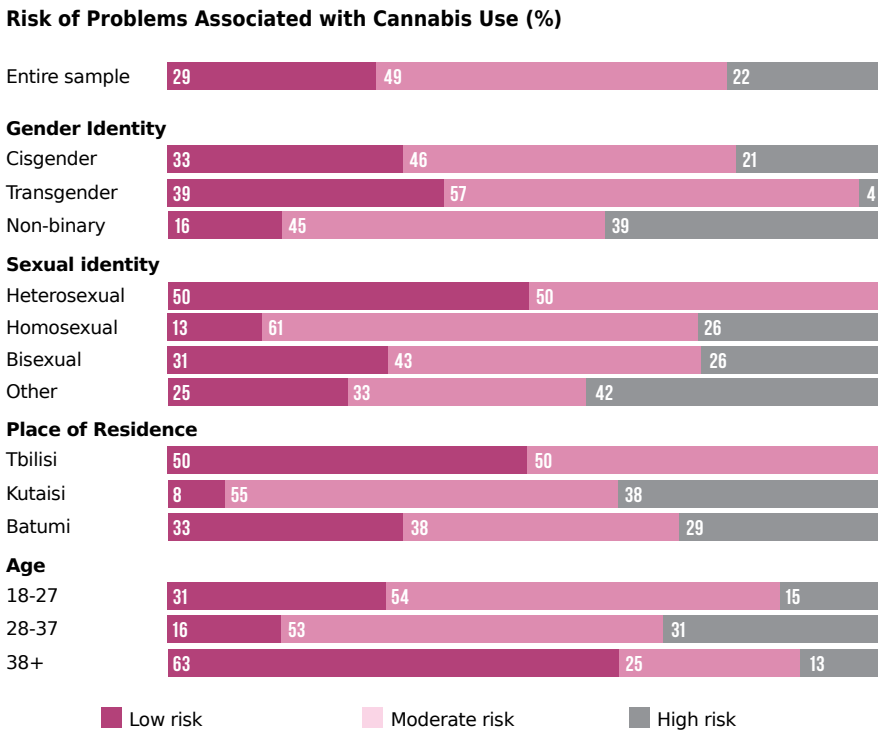
Graph #15.
Risk indicator for problems related to alcohol use



As for cannabis use, 92% of participants reported using it. According to the screening results, one in five users (22%) fall into the high-risk category for cannabis-related problems, while half (49%) fall into the moderate-risk group. The remaining 29% are in the low-risk group and, therefore, do not require referral to a specialist for care.

Notably, cannabis use is statistically significantly associated with gender (higher among non-binary and transgender respondents), sexual orientation (higher among those in the "other" category), and age (lower among respondents aged 38 and older). The need for intensive care was identified in approximately one-third of respondents living in Kutaisi and Batumi (see Graph #16).

Graph #16.
Risk indicator for problems related to cannabis use



As previously discussed, participants reported minimal use of other types of substances; consequently, no high-risk indicators for substance-related problems were identified for any of these substances.

Anxiety

Anxiety levels were assessed in the quantitative study using the Generalized Anxiety Disorder 7-item (GAD-7) scale, a self-report instrument that measures the frequency of anxiety symptoms experienced over the past two weeks.[125]

The vast majority of respondents reported experiencing a range of anxiety symptoms during this period. Excessive worry, difficulty relaxing, nervousness, irritability, and fear of the future were especially prevalent, with more than 60% of respondents indicating they experienced these symptoms on most days or nearly every day. Furthermore, these symptoms had a significant or very significant negative impact on daily functioning for the majority of participants (75%, n = 81), indicating serious mental health challenges.

Anxiety symptoms were prevalent across all gender groups. However, a higher frequency of symptoms (nervousness, restlessness, difficulty relaxing, and irritability) was observed among non-binary (68–79%, n = 22–26) and transgender (65–71%, n = 20–22) respondents, compared to cisgender respondents (56–63%, n = 24–27).

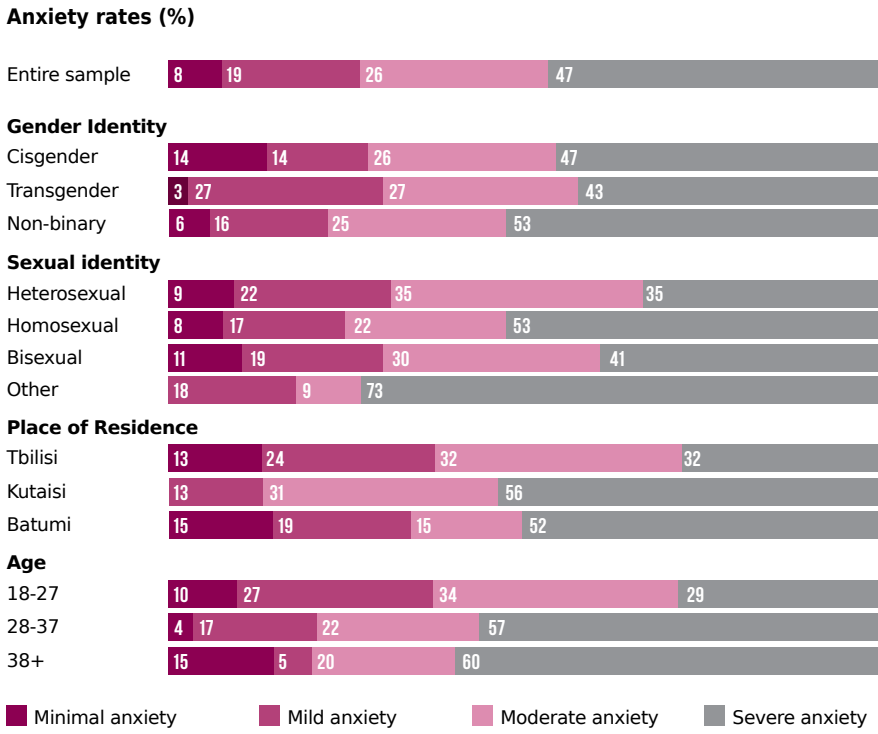
Analysis of the Generalized Anxiety Disorder Scale (GAD-7) reveals that nearly half of the respondents (47%, n = 50) exhibited symptoms of severe anxiety, which according to established guidelines, requires pharmacotherapy, psychotherapy, and multidisciplinary care. Additionally, 26% (n = 28) showed moderate anxiety, 19% (n = 20) reported mild anxiety, and only 8% exhibited minimal symptoms (see Graph #17).

An analysis by gender identity shows that while high levels of anxiety are present across all groups, severe anxiety is most common among non-binary respondents (53.1%, n = 17). However, a substantial portion of cisgender (47%, n = 20) and transgender (43.3%, n = 13) respondents also fall into this category (see Graph #17).

By sexual orientation, severe anxiety is most frequently observed among homosexual respondents (53%, n = 19), followed by bisexuals (40%, n = 15), and heterosexuals (35%, n = 8). Notably, the majority of respondents who identified with other sexual orientations (e.g., pansexual, asexual, demisexual) also experience severe anxiety (72%; n = 8) (see Graph #17).

125 Responses to each item were rated on a 4-point scale ranging from 0 ("not at all") to 3 ("almost every day"). A total score (range: 0–21) was calculated by summing the scores for all items. Based on their total score, participants were classified into four categories of anxiety severity: minimal (0–4), mild (5–9), moderate (10–14), and severe (15–21). Minimal anxiety (0–4) – no intervention required; Mild anxiety (5–9) – observation recommended; Moderate anxiety (10–14) – counselling and/or pharmacotherapy with regular monitoring; Severe anxiety (15–21) – immediate pharmacotherapy and/or psychotherapy, with multidisciplinary care.

Graph #17.
Anxiety rates



It is noteworthy that severe anxiety appears to increase with age. In the youngest age group (18–27), moderate (34%, n = 14) and mild (27%, n = 11) anxiety levels are the most common. This group also has the lowest proportion of severe anxiety (29%, n = 12) compared to other age groups. In contrast, severe anxiety is most prevalent in the middle-aged group (28–37 years), where 57% (n = 26) fall into the acute category, and in the older age group (38+), where 60% (n = 12) experience severe anxiety. In the latter category, other levels of anxiety (minimal, mild, and moderate) are reported less frequently (see Graph #17).

Respondents living in Tbilisi were least likely to fall into the severe anxiety category (32%, n = 12), whereas 52% of respondents in Batumi (n = 14) and 56% in Kutaisi (n = 22) reported experiencing severe anxiety (see Graph #17).

Anxiety and Substance Use

The quantitative analysis, using Pearson's correlation coefficient ($r = 0.3596$, $p = 0.001$), reveals a moderate positive linear relationship between anxiety levels and substance use. This means that higher levels of substance use are associated with higher levels of anxiety. These findings support the research hypothesis that increased anxiety within the community correlates with increased substance use.

Depression

The study also assessed levels of depression[126] using the Patient Health Questionnaire-9 (PHQ-9), a self-report tool that measures the frequency of depressive symptoms experienced over the past two weeks.

Respondents reported a high prevalence and intensity of depressive symptoms during this period. The majority experienced a range of symptoms frequently (on most days or nearly every day). These symptoms had a significant or very significant negative impact on daily life and functioning for approximately 70% of respondents ($n = 76$), indicating a high overall level of depression within the sample.

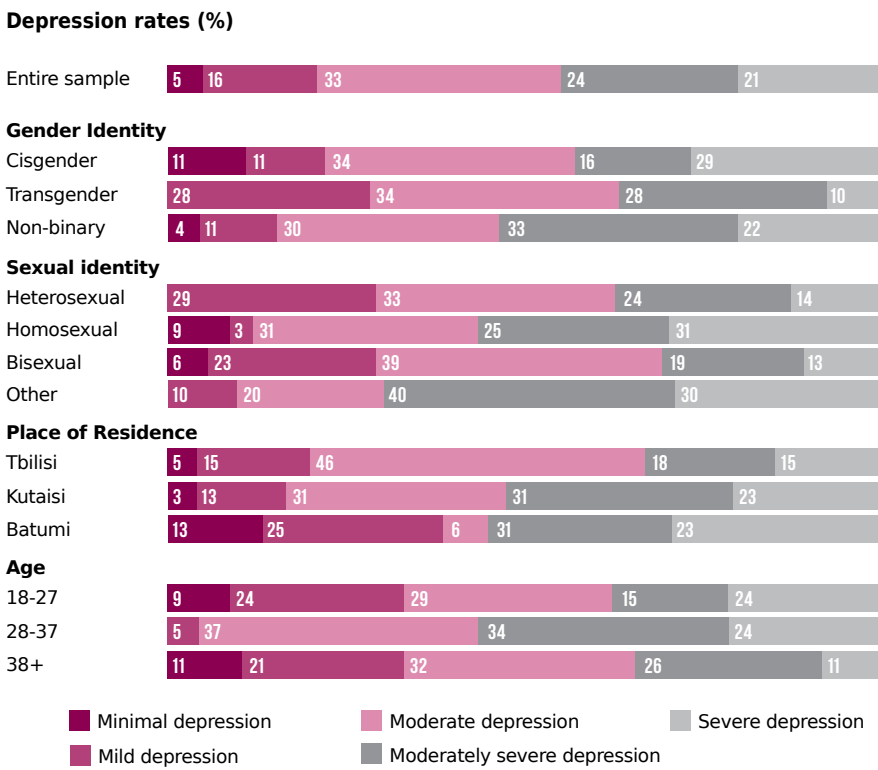
Symptoms of depression are prevalent across all gender groups, though transgender and non-binary respondents tend to report certain symptoms more frequently. Among cisgender respondents, fatigue is the most commonly reported symptom (79%, $n = 34$) (experienced on most days or every day). Notably, 19% ($n = 8$) also reported frequent thoughts of self-harm. Transgender respondents more commonly reported sleep disturbances (71%, $n = 22$), while non-binary respondents frequently reported depressed mood (73%, $n = 24$), loss of interest in activities (61%, $n = 19$), and difficulty concentrating (53%, $n = 17$). The negative impact of depression on daily functioning was especially pronounced among non-binary respondents, with 85% ($n = 28$) reporting a significant or very signif-

126 The 9-item Patient Health Questionnaire (PHQ-9) was used to assess depression. This instrument measures the frequency of depressive symptoms over the past two weeks, with each of the nine items rated on a scale from 0 ("not at all") to 3 ("almost every day"). The scores for all items were summed to produce a total score ranging from 0 to 27. Based on the total score, participants' depression severity was classified into five levels: scores of 0–4 indicated no or minimal depression, 5–9 indicated mild depression, 10–14 indicated moderate depression, 15–19 indicated moderately severe depression, and 20–27 indicated severe depression. Minimal depression (0–4) required no intervention; mild depression (5–9) required observation; moderate depression (10–14) required counselling or pharmacotherapy with monitoring; moderately severe depression (15–19) required active pharmacotherapy and psychotherapy; and severe depression (20–27) required immediate pharmacotherapy and/or psychotherapy along with multidisciplinary care.

icant impact. High significant negative impact also observed among cisgender (70%, n = 30) and transgender (55%, n = 17) respondents.

These findings highlight serious mental health challenges, particularly among transgender and non-binary individuals. Analysis of the PHQ-9 depression severity scale shows that the majority of respondents (79%, n = 74) fall into the categories of moderate, moderately severe, or severe depression – indicating a clear need for multidisciplinary mental health care. Particularly concerning is that nearly half of respondents (46%, n = 43) fall into the moderately severe or severe categories. Only 21% of respondents reported experiencing minimal or mild symptoms of depression (see Graph #18).

Graph #18.
Depression rates



By gender identity, the highest prevalence of severe depression was observed among cisgender respondents (29%, n = 11). The highest rate of moderately severe depression was found among non-binary participants (33%, n = 9), while a significant portion of transgender respondents (34%, n = 10) reported symptoms consistent with moderate depression.

In terms of sexual orientation, severe depression symptoms were most prevalent among homosexual respondents (31%), a rate more than twice as high as that reported by heterosexual (14%) and bisexual (13%) respondents. The highest rate of moderate depression was observed among bisexual participants (38%).

As with anxiety, analysis by age category shows that the prevalence of severe depression increases with age. Among respondents aged 18–27, 15% reported symptoms of severe depression. This figure rises to 23% in the 28–37 age group and reaches 31% among those aged 38 and older. However, an opposite trend is observed in the moderate depression category, where rates decrease with age. Moderate depression symptoms were reported by 46% of respondents aged 18–27, 31% of those aged 28–37, and only 6% of those aged 38 and older.

The highest concentration of respondents falling into the moderate and moderately severe depression categories was recorded in Kutaisi, accounting for 71% (n = 27) of participants. These two categories also represented 58% of participants in Batumi (n = 11) and 44% of those in Tbilisi (n = 15).

Overall, the depression screening results suggest that the vast majority of respondents fall into categories indicating a need for psychosocial and/or pharmacological care.

Depression and Substance Use

Analysis of the quantitative data reveals a statistically significant association between depression and substance use (Pearson's correlation coefficient: $r = 0.2932$, $p = 0.0041$). While the strength of the correlation is weak, the result is statistically significant, indicating that the relationship is unlikely to be due to chance. This finding supports the study's hypothesis that higher levels of depression are associated with increased substance use.

Post-Traumatic Stress Disorder

The study also assessed symptoms of post-traumatic stress disorder (PTSD)[127] for the first time in the context of healthcare, using the PC-PTSD-5 screening tool based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This self-assessment instrument evaluates the presence of PTSD symptoms within the past month, provided the respondent has experienced at least one of the following: a serious accident (e.g., fire, car crash), physical or sexual abuse or violence, a natural disaster (e.g., earthquake, flood), war, witnessing someone being killed or seriously injured, the murder or suicide of a loved one, or other similarly traumatic events.

The findings indicate a high prevalence of traumatic experiences among respondents. Notably, 71% (n = 76) reported having experienced physical or sexual violence (see Graph #19). An analysis by gender identity reveals high rates of physical or sexual violence across all groups, with the highest prevalence among non-binary respondents (78%, n = 25). High rates were also reported among transgender respondents (70%, n = 21) and cisgender respondents (65%, n = 28).

In addition, half of the respondents reported having witnessed someone being killed or seriously injured (50%, n = 53), and nearly as many experienced the death of a loved one due to murder or suicide (46%, n = 49) (see Graph #19).

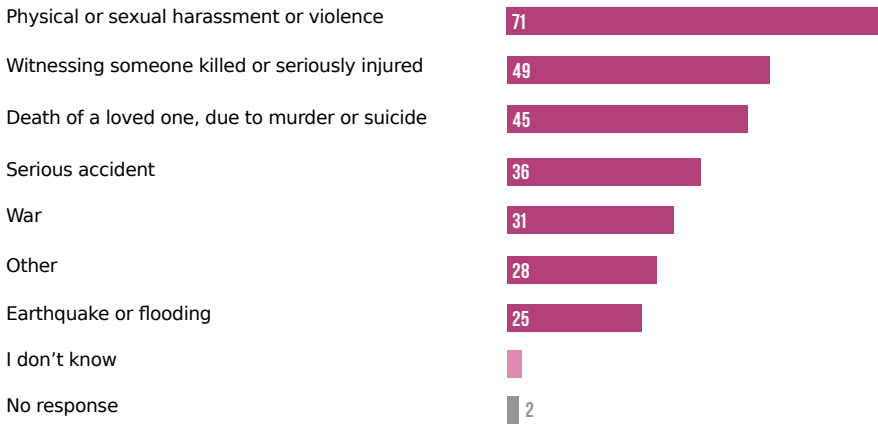
The experience of witnessing someone being killed or seriously injured was most common among transgender respondents (60%, n = 18). Half of non-binary respondents (50%, n = 16) and 40% of cisgender respondents (n = 17) also reported this experience. Regarding the death of a loved one, this was also most frequently reported by transgender respondents (57%, n = 17), though a substantial proportion of non-binary (44%, n = 14) and cisgender (37%, n = 16) respondents reported similar experiences.

Approximately one-third of respondents reported having experienced a serious accident (37%, n = 39), war (31%, n = 33), or another traumatic event (28%, n = 30). Experiences of natural disasters (earthquakes or floods), were somewhat less common, reported by 24% of respondents (n = 26) (see Graph #19).

127 The PC-PTSD-5 questionnaire was used to assess symptoms of posttraumatic stress disorder. This instrument evaluates symptoms experienced within the past month following exposure to a traumatic event. Each of the five items is scored as "yes" (1 point) or "no" (0 points), with the total score (ranging from 0 to 5) representing the sum of "yes" responses. Interpretation is based on a standard cutoff score for identifying probable PTSD that requires further evaluation: a score of 0–2 indicates a negative screening result (suggesting that PTSD is unlikely); a score of 3–5 indicates a positive screening result (suggesting probable PTSD and the need for further clinical assessment).

Graph #19.
Experiences of trauma

Have you ever experienced any of the following events? (%)



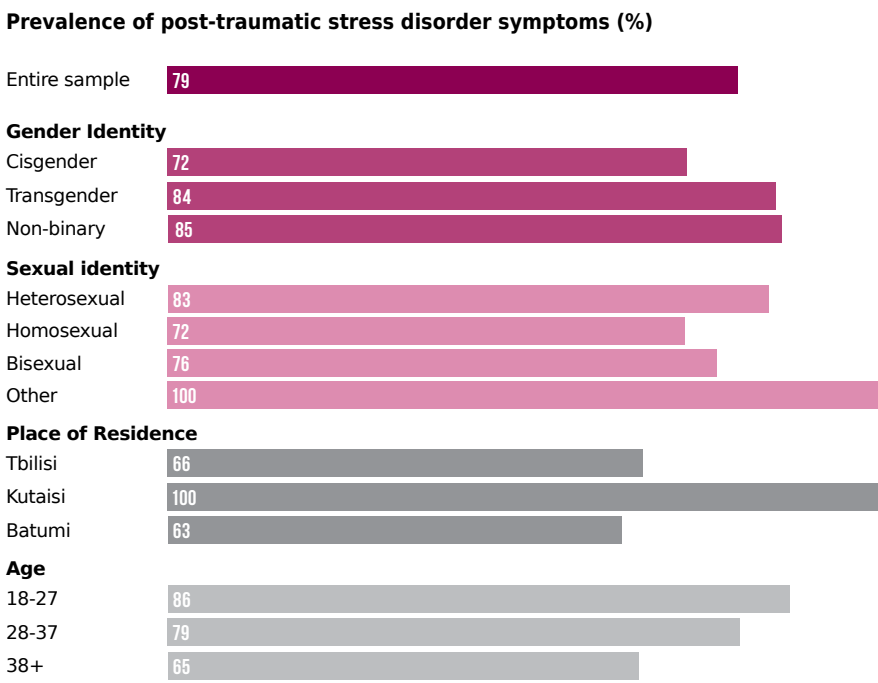
The prevalence of post-traumatic stress disorder (PTSD) symptoms among respondents in the past month is very high. According to the PTSD screening tool, 79% of participants reported experiencing symptoms characteristic of PTSD (see Graph #20). The majority of respondents reported experiencing the symptoms such as intrusive thoughts/nightmares (77%, n = 81), avoidance of places or situations that reminded them of the traumatic event(s) (75%, n = 79), hypervigilance/startling (72%, n = 76), feelings of guilt or blaming others (73%, n = 77), and a sense of disconnection from others or the environment (68%, n = 71).

Transgender (84%, n = 26) and non-binary (85%, n = 28) respondents reported higher rates of PTSD symptoms compared to cisgender respondents (72%, n = 31), though the prevalence remains high across all groups. A similar pattern emerges when analysed by sexual orientation: 83% of heterosexual participants, 75% of bisexual participants, and 72% of homosexual participants reported symptoms consistent with PTSD.

Analysis by age category shows that PTSD symptoms are most common among respondents aged 18-27 (86%). Notably, the prevalence of PTSD symptoms decreases with age: 79% of respondents aged 28-37 reported symptoms, compared to 65% of those aged 38 and older (see Graph #20).

Significant differences were also observed by city. In particular, probable PTSD was identified in all respondents from Kutaisi. In comparison, 66% of respondents from Tbilisi and 63% from Batumi screened positive for probable PTSD (see Graph #20).

Graph #20.
Prevalence of PTSD symptoms across demographic groups



Post-Traumatic Stress Disorder and Substance Use

Quantitative analysis reveals a statistically significant relationship between PTSD symptoms and substance use (Pearson's correlation coefficient: r = 0.3933, p = 0.000). Higher levels of substance use are associated with higher PTSD scores. This finding supports the study's hypothesis that elevated PTSD symptoms correlate with increased substance use. Notably, the strength of this relationship is greater than that observed between substance use and depression or anxiet

SYSTEMIC OPPRESSION – EXPERIENCES OF DISCRIMINATION AND VIOLENCE

As part of the quantitative study, participants were asked about their experiences of violence and discrimination related to their sexual or gender identity. The questions addressed both lifetime experiences and incidents that occurred within the past three months. Overall, 31% of respondents (n = 34) reported having been victims of identity-based violence more than a year ago. Additionally, 22% (n = 24) experienced such violence within the past year, and 28% (n = 30) reported experiencing it within the last three months. It should be noted that these categories are not mutually exclusive and, in some cases, may overlap.

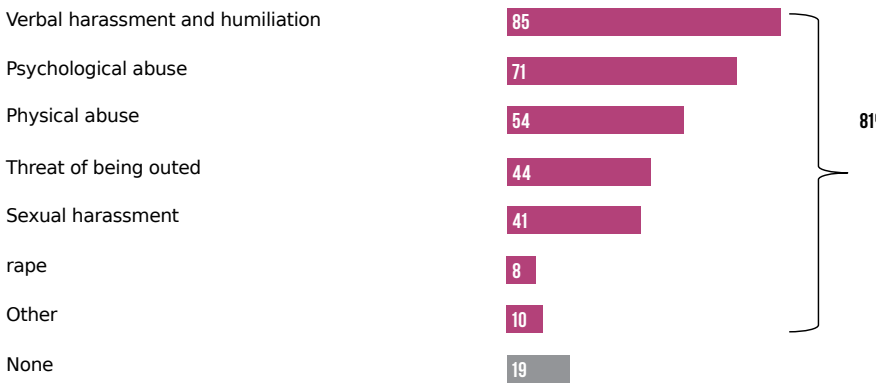
Forms of Violence and Discrimination

The majority of respondents (85%, n = 92) reported being victims of verbal abuse and humiliation. Psychological violence was reported by 72% (n = 78), while 53% (n = 57) experienced physical violence. Additionally, 43% (n = 46) reported being threatened with having their identity revealed, and 41% (n = 44) experienced sexual harassment, and 8% (n = 9) reported having experienced rape (see Graph #21).

Ten percent of respondents (n = 11) reported experiencing forms of violence not explicitly listed in the questionnaire. This included workplace catcalling, harassment, and hindering career advancement (n = 4), denial of employment due to gender identity (n = 1), death threats (n = 2), rape threats (n = 1), attempted physical violence (n = 1), and extortion involving threats to reveal one's identity to family members (n = 1).

Graph #21.
Forms of violence

Have you ever experienced violence based on your identity? If yes, please specify the type of violence? (%)



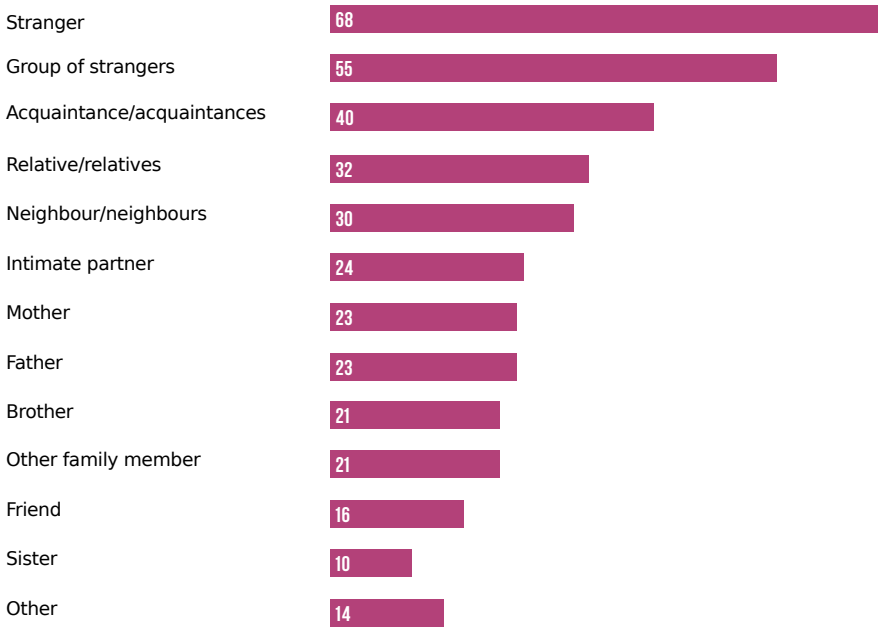
Experiences of Violence

Among respondents who have experienced violence in their lifetime (81%, n = 88), the majority – 68% (n = 60) most often reported violence perpetrated by a stranger, while more than half (56%, n = 49) indicated violence by a group of strangers. Additionally, 41% (n = 36) reported violence from acquaintances, 33% (n = 29) from relatives, 30% (n = 26) from neighbours, and 25% (n = 22) from a partner.

A significant portion of these incidents falls under the category of domestic violence. Violence from parents was reported with equal frequency: 24% (n = 21) experienced violence from their father, and another 24% (n = 21) from their mother. Among siblings, brothers were more frequently identified as someone exhibiting violent behaviour with 20% (n = 18) reporting violence from a brother. An additional 20% (n = 18) reported abuse from another family member. The lowest rate of reported familial violence was from sisters, mentioned by 10% (n = 9) of respondents (see Graph #22).

Graph #22.
Abuser

Iindicate who was the perpetrator of the physical, psychological, or sexual violence? (%)
The results are based on the 81% (n=87) of respondents who reported having been victims of violence (n=87)



PERCEIVED ABILITY TO COPE WITH TRAUMA

As part of the quantitative study, respondents were asked to what extent they possess skills to cope with potentially traumatic events – such as the injury or death of a loved one, serious illness or accident, rape or physical abuse, natural disasters, and similar experiences. These coping abilities were assessed using the Perceived Ability to Cope with Trauma (PACT) scale. The PACT scale measures two contradictory but complementary coping styles: 1) Directly dealing with trauma and 2) focusing on future. **Focusing on trauma** involves an individual's **perceived ability to concentrate directly on the processing or reprocessing of a traumatic event**. **Focusing on the future** reflects their **perceived ability to concentrate on moving beyond the trauma.** According to the PACT framework, effective trauma recovery involves flexible use of both coping styles.

The survey results indicate that respondents demonstrate the ability to use both future-focused and trauma-focused coping strategies. Many respondents report confidence in their ability to support and care for others despite the trauma, recall details of painful events, sit with unpleasant emotions, face reality, and reflect on the meaning of what happened. A majority also report being able to laugh/cheer themselves up and remind themselves that things will eventually improve.

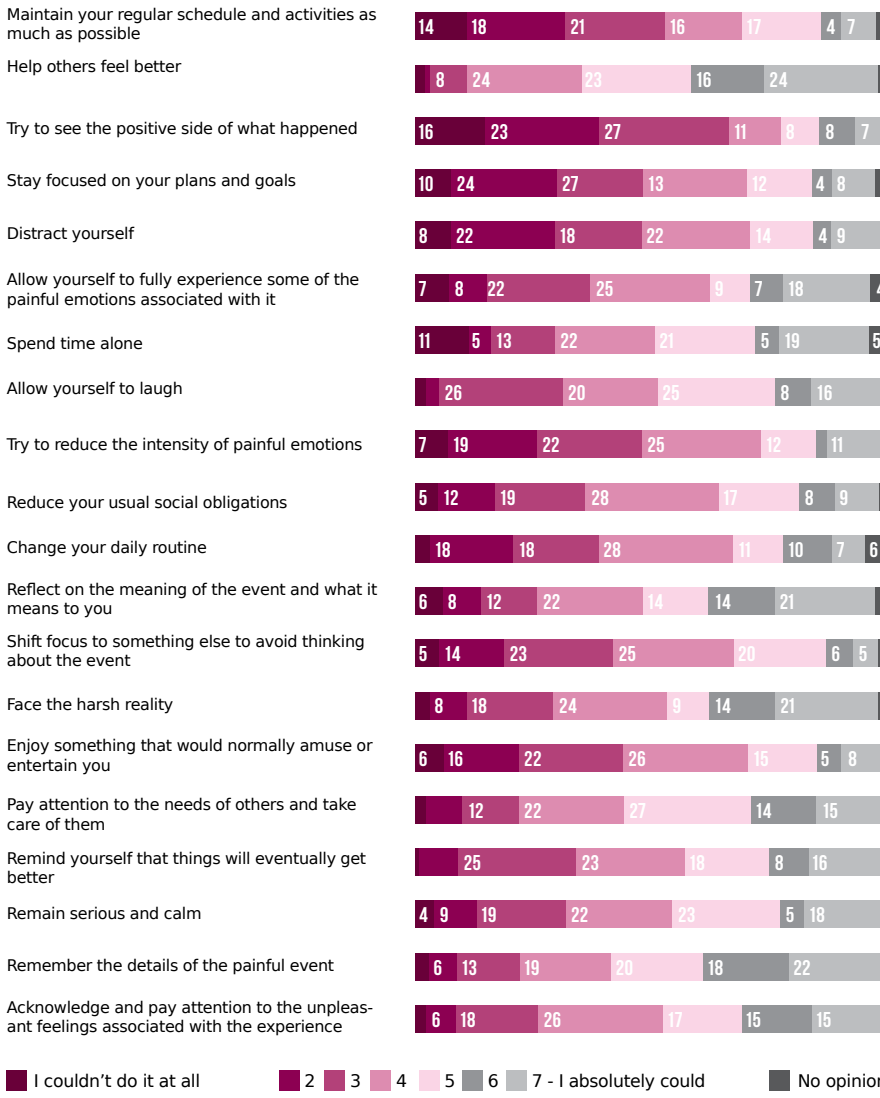
However, many respondents report difficulties maintaining a regular routine, staying focused on plans, and seeing any positive sides to the traumatic experience (see Graph #23).

Graph #23.

Perceived ability to apply various behaviours and strategies

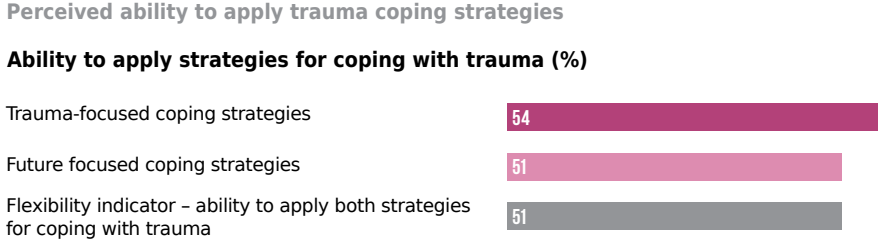
Ability to apply different behaviours and strategies (%)

Please indicate how likely you are to use each of the following behaviours and strategies if you were to experience a similar traumatic event (e.g., injury to someone close to you, natural disaster, serious accident or illness, sexual or physical assault, or terrorist attack).



Quantitative analysis[128] shows that more than half of respondents (54%, n = 59) believe they have relatively strong skills for coping with trauma by focusing on the future. Similarly, about half of the respondents (51%, n = 59) report having strong abilities to cope by directly engaging with it. Notably, 51% (n = 59) of respondents demonstrate above-average flexibility – that is, the perceived ability to use both trauma-focused and future-focused strategies (see Graph #24).

Graph #24.
Perceived ability to apply trauma coping strategies



Analysis by gender identity shows that a majority of cisgender (61%, n = 26) and non-binary (57%, n = 19) respondents believe they have relatively strong abilities to cope with trauma by focusing on the future. In contrast, a smaller proportion of transgender respondents (45%, n = 14) reported the same.

More than half of non-binary respondents (54%, n = 18) also believe they can cope with trauma by focusing directly on it. Among cisgender and transgender respondents, fewer hold this belief – 49% (n = 21) and 48% (n = 15), respectively. Regarding the ability to use both strategies, over half of cisgender (55%, n = 24) and non-binary (54%, n = 18) respondents demonstrated above-average flexibility. Among transgender respondents, this figure was at 42% (n = 13).

When analysed by sexual orientation, a majority of homosexual respondents (66%, n = 24) and half of heterosexual respondents (50%, n = 12) reported having strong future-focused coping abilities, while only 40% of bisexual respondents (n = 15) said the same. More than half of homosexual (52%, n = 19) and heterosexual (54%, n = 13) respondents reported strong trauma-focused coping abilities, compared to 45%

128 First, we calculated the mean scores for the entire sample separately by subscale. The mean score for the trauma focus subscale was 4.4 (SD=1.02), while the mean score for the future focus subscale was 4.02 (SD=1.1). These scores indicate above-average coping within the sample, although not particularly high when compared to the maximum score of 7. In the trauma focus subscale, the minimum mean score was 1.7 and the maximum was 6.6. In the future focus subscale, the minimum was 2.3 and the maximum was 6.5. The mean score for the flexibility scale was 7.6 (SD=1.8), with a minimum of 3.5 and a maximum of 12.2.

of bisexual respondents (n = 16). In terms of the ability to use both strategies – 58% of homosexual respondents (n = 21) showed above-average flexibility, compared to 50% of heterosexuals (n = 12) and 40% of bisexuals (n = 15).

Analysis by age group shows that younger respondents (18–27 and 28–37) tend to report relatively strong future-focused coping abilities (more than half scoring above average). Fewer than half of respondents aged 38 and older (40%, n = 8) reported strong future-focused coping skills. When it comes to trauma-focused coping, **more than half of the 38+ age group (55%, n = 11)** believe they can cope with trauma by confronting it directly. A similar belief is held by half of the respondents in both younger age groups (50% of those aged 18–27 (n = 21) and 28–37 (n = 24)). In terms of overall coping flexibility, the highest rate was observed among respondents aged 28–37, 60% of whom (n = 28) scored above average. They were followed by the 18–27 age group (47%, n = 20), and lastly the 38+ group (40%, n = 8).

Geographic analysis reveals that a large majority of respondents living in Kutaisi believe they can cope with trauma using both future-focused (77%, n = 31) and trauma-focused (82%, n = 33) strategies. In contrast, less than half of respondents in Tbilisi reported strong future-focused (42%, n = 16) or trauma-focused (31%, n = 12) coping abilities. Among Batumi residents, only 37% (n = 10) expressed the same.

Therefore, the highest rate of coping flexibility (scoring above average) was found among respondents living in Kutaisi (77%, n = 31), while only about one-third of those in Tbilisi (34%, n = 13) and Batumi (37%, n = 10) demonstrated above-average rates.

Coping with trauma and substance use – quantitative analysis (Pearson's correlation coefficient, r = 0.2653, p = 0.0053) reveals a statistically significant but weak positive relationship between PACT scores and substance use scores – higher perceived coping abilities are associated with higher levels of substance use. This finding does not support the initial research hypothesis.

Coping with trauma and post-traumatic stress disorder (PTSD) – bivariate analysis (Pearson's correlation coefficient, r = 0.2314, p = 0.0170) also indicates a statistically significant but weak positive relationship between coping strategy scores and PTSD symptom scores – suggesting that higher coping scores are associated with higher levels of PTSD symptoms. As noted in the description of the PACT tool, higher coping scores are generally expected to correlate with lower PTSD symptoms, indicating negative relationship. However, this pattern was not confirmed in our study, and our hypothesis regarding the direction of the relationship between coping abilities and PTSD symptoms is therefore not supported.

GENERAL CHARACTERISTICS OF THE TARGET GROUP IN THE QUANTITATIVE STUDY

Table #4- *General Characteristics of the Target Group in the Quantitative Study*

Demographic Characteristics	Number	Distribution by Percentage
Gender Identity		
Cisgender	43	40%
Transgender woman	16	15%
Transgender man	13	12%
Transgender (unspecified)	2	2%
Agender	2	2%
Gender queer	23	21%
Non-binary	6	5%
Gender fluid	1	1%
Dyke	1	1%
Sexual Identity		
Heterosexual	24	22%
Homosexual	36	33%
Bisexual	37	34%
Pansexual	8	7%
Queer	13	3%
Place of Residence		
Tbilisi	38	35%
Kutaisi	40	37%
Batumi	27	25%
Rustavi	1	1%
Mtskheta	2	2%
Brussles (Belgium)	1	1%
Age Group		
18-27	42	39%
28-37	47	43%
38+	20	18%

Some demographic variables were recoded for the purpose of analysis. The values for the **gender identity** variable were grouped as follows: *Transgender* – included transgender women, transgender men, and unspecified transgender identities. *Non-binary*: included agender, genderqueer, genderfluid, and dyke. For the **sexual identity** variable, a new *"Other"* category was created by combining pansexual and queer identities. In the **place of residence** variable, cases from Mtskheta and Brussels were excluded from the analysis due to small amount. **Age groups** were created by categorizing responses to an open-ended question.

CONCLUSION AND RECOMMENDATIONS

The study reveals the complex and multifaceted nature of addiction and addictive behaviours within the lesbian, bisexual, and transgender community in Georgia. The findings challenge the traditional dichotomy of "sobriety" versus "addiction," uncovering instead a spectrum of fluid, conflicting, and context-dependent experiences. The results underscore the need for policy and health frameworks that move beyond viewing addiction as an individual pathology, and addresses unmet needs, trauma, and the limited access to personal agency and choice. The study replaces approaches that criminalize, moralize, or solely medicalize addiction, with trauma-informed, community-based strategies that center care, empowerment, and structural change.

Gambling and substance use within the LBT community are often rooted in chronic structural vulnerability, social isolation, and emotional challenges related to coping. The lived experiences of participants highlight how intersecting forms of oppression – including poverty, misogyny, political homophobia, ableism, and systemic neglect – directly shape patterns of substance use and gambling addiction, as well as the conditions that contribute to relapse.

The study illustrates how the lives of LBT individuals are shaped by traumatic experiences rooted in family dynamics and social violence. Non-normativity often becomes a trigger for control, rejection, and domestic abuse, often extending beyond the family into broader social and institutional rejection. Such memory, which connects personal and collective histories, reveals how structural violence can become internalized and embodied, creating the emotional landscapes and coping mechanisms of LBT people.

For LBT individuals who are in the process of observing, or accepting their addictions, healing is rarely experienced as a linear process or a return to a previous state of being. For many, the word *healing* itself can feel reductive and isolating. Instead, healing is understood as a means to breath, let go and exist. In this context, regaining a sense of control becomes more important than restraint or prohibition – particularly when poverty and institutional neglect make healing a privilege, while healing the system requires long-term efforts.

Based on the above, policies and approaches related to addiction should observe, analyse, and address addiction and addictive behaviours through mul-

tidisciplinary frameworks, treating healing as a collective and political process grounded in human dignity, choice, and social connections. To achieve this:

- Medicalized approaches to addiction treatment should be critically reviewed, questioned, and depathologized. It is important to create space for (self-)defined, (self-)informed, and experience-based approaches that go beyond a focus on sobriety and instead view health and well-being holistically.
- Diverse forms of support should be made available to the LBT community at various stages of addiction, including prevention, crisis intervention, long-term care, and approaches that are sensitive to the risk of relapse.
- It is essential implement a decentralized model that provides free, queer- and trans-competent services and takes into account the needs (transportation and access to information) of people living outside the capital and major regional centers.
- LGBT(Q)I organizations must be consistently and strategically involved in the development of national drug and gambling addiction policies. Their lived experience and community-based knowledge are essential for identifying the real needs of the LBT population and designing responsive strategies.
- Addiction-related services should incorporate mental health care, housing support, and legal assistance as integral components, recognizing these as essential prerequisites for effective addiction management.
- It is recommended that mental health professionals receive comprehensive training on addiction and addictive behaviours – particularly within the LBT community – as well as on early identification and care.
- Harm reduction policies should be strengthened to include access to substance testing services, early intervention mechanisms, and the integration of trauma-informed care. Public health campaigns and the development of empathetic, culturally, and linguistically sensitive educational materials are essential for raising community awareness about harm reduction methods and their benefits.
- It is recommended to support and expand community-based and community-grown collective care practices in the understanding and management of addiction and addictive behaviours. Outlining such models can foster mutual help rooted in trust, solidarity, and shared understanding.

- It is necessary to encourage alternative, consumer-free spaces for socializing and organizing – spaces that promote connection with nature, and support informal, non-hierarchical creative and educational processes, helping restore a sense of joy, belonging, and resilience.
- It is important to economically empower LBT individuals who are at risk of addiction or who have experienced addictive behaviours. It is recommended to create accessible educational programs and support services focused on developing professional skills.
- It is essential to promoting discussions in academic spaces and encourage targeted research on the experiences of LGBT(Q)I. Additionally, LGBT(Q) and other marginalized groups should be included in broader addiction-related research.
- It is necessary to establish strategic platforms for international exchange of experiences. These platforms should be grounded in interdisciplinary collaboration, where mental health professionals, social workers, addiction specialists, researchers, and community organizations will jointly analyse local and global contexts.

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