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NATIONAL REPORT

НАЦИОНАЛЬНЫЙ ОТЧЁТ

**ON DRUG**

**О НАРКО-**

**SITUATION**

**СИТУАЦИИ**

IN THE REPUBLIC OF

В РЕСПУБЛИКЕ

**TAJIKISTAN**

**ТАДЖИКИСТАН**

National Centre for Monitoring  
and Prevention of Drug Addiction,  
Ministry of Health of the  
Republic of Tajikistan

**2012**



**2012 National report on the Drug Situation in the Republic of Tajikistan  
(Drug situation in 2011)**

**Национальный отчёт о наркоситуации в Республике Таджикистан 2012  
(Наркоситуация в 2011 году)**

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# **Drug Situation in 2011**

## **REPUBLIC OF TAJIKISTAN**

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& CADAP 5, 2012

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This report includes information from ministries, public agencies, and non-governmental organisations involved in issues related to drug addiction and the prevention of HIV/AIDS, as well as in countermeasures against the illicit trafficking of drugs, information on the state of the art in the implementation of national programmes, and issues of coordination and inter-agency cooperation.

Following the statistical reporting system on drug supply and demand reduction that exists in the Republic of Tajikistan, the management principles and key epidemiology indicators, as well as the guidelines for the preparation of National Reports developed by the European Monitoring Centre for Drugs and Drug Addiction, were used where applicable.

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## EXECUTIVE SUMMARY

The annual report on the drug situation in the Republic of Tajikistan for the year 2011 was prepared by specialists of the Ministry of Health of the Republic of Tajikistan (MoH RT), the Drug Control Agency under the President of the Republic of Tajikistan (DCA), the Ministry of the Interior of the Republic of Tajikistan (Mol RT), the Ministry of Justice of the Republic of Tajikistan, and the Customs Service of the Government of the Republic of Tajikistan within the frameworks of the implementation of the Drug Abuse Monitoring Systems component of the European Union's Central Asia Drug Prevention Programme (CADAP-5), and with technical support provided by international experts. The purpose of this report is to reflect on key developments and trends that took place in 2011 in the fields of drug demand and supply in Tajikistan, including the ones summarised below.

In view of the complex drug situation in the region, influenced by the steady growth of opiate production in neighbouring Afghanistan, the year 2011 was a year in which the fight against illicit drug trafficking was defined as a priority activity area by the Government of the Republic of Tajikistan. Another important activity area of the Government of the Republic of Tajikistan is drug prevention. The adoption, in 2007, of the "Single State Targeted Programme on the Prevention of Drug Addiction and Countering Illicit Drug Trafficking in the Republic of Tajikistan for the years 2008-2012" was an important milestone in addressing both issues.

In 2011, in accordance with the Decree issued by the Ministry of Health of the Republic of Tajikistan on June 21, 2011, Ref No 348, a working group was established and tasked with developing the "National Programme on the Prevention of the Spread of Drug Addiction and Strengthening Narcological Services in the Republic of Tajikistan for the years 2013-2017".

In August 2011, the "Programme for the Development of the Health of Young People in the Republic of Tajikistan for the years 2011-2013" was adopted. In December 2011, the results of the implementation of the "Single State Targeted Programme on the Prevention of Drug Addiction and Countering Illicit Drug Trafficking in the Republic of Tajikistan for the years 2008-2012" were reviewed.

Furthermore, a number of amendments were made to the drug-related legislation of the Republic of Tajikistan.

As far as drug control is concerned, among the measures adopted by the Government of Tajikistan was the establishment of the coordinating bodies to coordinate the counternarcotics activities of the respective law enforcement services, as well as to coordinate the activities of ministries and institutions in the field of drug prevention and the licit drug trade.

In 2011, three sessions of the Drug Abuse Prevention Coordination Council were conducted, with two sessions taking place in the city of Khudjand in the Sogd Province and in the city of Vakhdat. Among the results achieved by the Coordination Council is the mass involvement of the population of Tajikistan in drug prevention activities and advocacy of a healthy lifestyle.

A substantial amount of work was carried out to form a legal and regulatory basis for the crime prevention and counternarcotics activities in the state.

In 2011, some increase in the level of state funding of narcological services was noted, and this happened as a result of the re-allocation of resources within the state budget. At the same time, some of the narcological services became services that have to be paid for. However, the treatment of people living with HIV (PLWH) is provided free of charge.

Drug use among the general population and among at-risk groups:

- No general population drug use studies were conducted in the Republic of Tajikistan in 2011.
- No studies on drug use among school students were conducted in Tajikistan in 2011.

Treatment of drug dependence:

- By December 31, 2011, the total number of drug-dependent individuals registered in the Republic of Tajikistan had reached 7135 people, including 5755 heroin users, out of whom 4627 were intravenous heroin injectors. By the end of 2010, the total number of drug-dependent individuals registered in the Republic of Tajikistan had reached 7398 people, including 5814 heroin users, out of whom 4578 were heroin injectors. 1207 people were treated at the Republican Clinical Centre of Narcology named after Prof. M. Gulomov in 2011 (1007 in 2010), and 92.5% of those who received treatment were diagnosed as heroin-dependent.
- In the Republic of Tajikistan, drug treatment is provided by specialised narcological institutions. Drug-free treatment services are offered by some non-governmental organisations (NGOs). The anonymity of treatment services is guaranteed by the state.
- In May 2011, a third opioid substitution therapy (OST) site was launched in the city of Khorog, where 44 patients were enrolled in the programme (the total capacity of the site is 50 clients). Altogether, there are three OST sites operating in Tajikistan that can serve up to 200 clients.

Health correlates and consequences of drug addiction:

- By December 31, 2011, the total number of people living with HIV in the Republic of Tajikistan had reached 3846, including 2987 men (77.7%) and 859 women (22.3%). Furthermore, in recent years, the number of new HIV infections diagnosed among women has increased almost 2 to 3 times. By the end of 2010, the total number of PLWH in Tajikistan was 2857 (79.8% men and 20.2% women).
- The prevalence of HIV infection reached 43.4 per 100,000 in 2011. Geographically, HIV infections were diagnosed in 66 out of 68 districts of the country. The total number of AIDS-related deaths has reached 552 (14.4% of all people diagnosed with HIV infection) in Tajikistan.
- In 2011, 39 cases of fatal drug overdoses were registered in the Republic of Tajikistan.



#### Drug-related crime:

In 2011, 4,237.798 kg of narcotic drugs were seized in the country. This is 8.6% more than the amount of drugs seized in 2010 (3,902.716 kg). Furthermore, a significant amount of work was carried out to establish a legal and regulatory basis for counternarcotics activities and crime prevention. As far as the structure of drug-related crimes committed in the Republic of Tajikistan is concerned, a comparison of the years 2011 and 2010 shows an increase in the number of detected crimes coming under Article 200 of the Criminal Code of Tajikistan (illicit trafficking in narcotic drugs or psychotropic substances with the intent to sell) by 18.2%, those coming under Article 201 (illicit handling of narcotic drugs or psychotropic substances (without intent to sell)) by 5.9%, and those under Article 289 (smuggling) by 56.5%.

# MAIN TRENDS AND DEVELOPMENTS

## 1. DRUG POLICY: LEGISLATION, STRATEGIES, AND ECONOMIC ANALYSIS

### 1.1. Introduction

The state strategy of the Republic of Tajikistan in the field of the control of illicit drug trafficking is aimed at preventing the use of the territory of the state by transnational organised criminal drug groups for the smuggling of narcotic drugs, the implementation of international obligations, and the establishment of strict controls over the legal trafficking of drugs, ensuring an effective fight against the illicit trafficking of drugs, guaranteeing medical services to drug users, and the expansion of international cooperation in this field.

### 1.2. Legal system

For the implementation of obligations arising from the international drug conventions of the UN and the regulation of relations in the field of drug control, the Republic of Tajikistan has ratified and adopted a number of conventions, laws, and other legislative and regulatory acts and codes, which are listed in the annex to this report. Among these acts are the Law “On Narcological Care” and the Criminal and Administrative Codes.

The Law of the Republic of Tajikistan “On Narcological Care” is aimed at the provision of medical and social care to drug-dependent individuals and at the prevention of drug-related illnesses. The main objectives of the law are the protection of the rights and legal interests of persons with drug-related illnesses, the establishment of the basis of and procedures for the provision of narcological care, and protection of the rights of the medical and other workers providing narcological care. In accordance with Article 6 of this Law, the State guarantees the provision of the following types of narcological care and social protection:

- emergency narcological aid;
- anonymous narcological care in specialised drug treatment facilities;
- counselling and diagnosing services, treatment and prevention services, and medical rehabilitation in outpatient and inpatient facilities;
- all types of narcological examination and determination of temporary incapacity;
- legal counselling and other types of legal assistance;
- social protection for patients with disabilities and for aged drug patients.

According to this law, the coordination and control of activities in the field of the provision of narcological care to the population is entrusted to the Ministry of Health of the Republic of Tajikistan.

Chapter 22 of the Criminal Code of the Republic of Tajikistan establishes responsibility for the following drug-related violations of the law:

- illicit trafficking of narcotic drugs or psychotropic substances for the purpose of selling them (Article 200 of the Criminal Code of the Republic of Tajikistan);
- illicit handling of narcotic drugs or psychotropic substances (without the purpose of selling them) (Article 201 of the Criminal Code of the Republic of Tajikistan);
- theft of narcotic drugs or psychotropic substances (Article 202 of the Criminal Code of the Republic of Tajikistan);
- illicit production, manufacturing, processing, purchase, storage, transportation, or mailing of precursors (Article 202<sup>1</sup> of the Criminal Code of the Republic of Tajikistan);
- theft of precursors (Article 202<sup>2</sup> of the Criminal Code of the Republic of Tajikistan);
- involvement of other people in the use of narcotic drugs or psychotropic substances (Article 203 of the Criminal Code of the Republic of Tajikistan);
- illicit cultivation of drug-containing plants whose cultivation is prohibited (Article 204 of the Criminal Code of the Republic of Tajikistan);
- organisation or maintenance of dens for the use of narcotic drugs or psychotropic substances (Article 205 of the Criminal Code of the Republic of Tajikistan);
- illicit trafficking of high-potency or poisonous substances for the purpose of selling them (Article 206 of the Criminal Code of the Republic of Tajikistan);
- violation of the rules for the handling of narcotic drugs, psychotropic substances, or precursors, or high-potency or poisonous substances (Article 206<sup>1</sup> of the Criminal Code of the Republic of Tajikistan);
- “smuggling”, transporting of narcotic drugs, psychotropic, high-potency, or poisonous substances (Article 289, part 2, of the Criminal Code of the Republic of Tajikistan).

In the absence of signs of a crime, the illicit cultivation of narcotic plants whose cultivation is prohibited leads to an administrative punishment in the form of a fine amounting to ten to twenty calculation indices, together with forfeiture of the subject of the administrative violation (Administrative Code of the Republic of Tajikistan, Article 127).

Involvement of minors in the use of alcohol or intoxicating substances leads to an administrative punishment in the form of a fine amounting to twenty to thirty calculation indices (Administrative Code of the Republic of Tajikistan, Article 129).

Promotion (“Propaganda”) or the illegal advertising of narcotic drugs, psychotropic substances, or precursors leads to an administrative punishment in the form of a fine amounting to ten to twenty calculation indices (for individuals), forty to fifty calculation indices (for officials), and two hundred to three hundred calculation indices (for legal entities), together with forfeiture of the subject of the administrative violation (Administrative Code of the Republic of Tajikistan, Article 131).

The illegal cultivation of narcotic plants leads to an administrative punishment in the form of a fine amounting to five to ten calculation indices (Administrative Code of the Republic of Tajikistan, Article 261).

A “calculation index” is a sum of money set annually in the Law of the Republic of Tajikistan “On the State Budget of the Republic of Tajikistan” used for the calculation of taxes, duties, other mandatory payments, and fines.

### **1.2.1. Implementation of the legislation in 2011**

In December 2011, the results of the implementation of the “Single State Targeted Programme on the Prevention of Drug Addiction and Countering Illicit Drug Trafficking in the Republic of Tajikistan for the years 2008-2012” were reviewed. Some amendments were made to the laws of the Republic of Tajikistan, including the Law “On narcotic drugs, psychotropic substances, and precursors”. The main aim of the law is the implementation of the state policy and international agreements in the fields of the legal trading of narcotic drugs, psychotropic substances, and precursors, countering illicit trafficking in narcotic drugs, psychotropic substances, and precursors, and drug prevention, as well as the provision of narcological assistance to people with a dependence on drugs or toxic substances. Some amendments were also made to the Law “On the licensing of certain types of activities”, with these amendments relating to the more specific outlining of the rights of the Drug Control Agency in the sphere of the licensing of precursor-related activities. According to the Bylaw “On specifics of the licensing of certain types of activities”, the licensing of activities related to the legal trading of narcotic drugs, psychotropic substances, and precursors used in the sphere of public health is entrusted to the Ministry of Health of the Republic of Tajikistan. In accordance with the amendments, a licensing commission functions at the Ministry of Health, whereas the Drug Control Agency hosts a separate commission on licensing activities related to the legal trading of precursors.

In 2011, the public organization “Rost” presented a report providing an analysis of the Tajik drug legislation. The objective of this study was to develop practical recommendations for harmonising and improving the existing Tajik drug-related legislation and bylaws in order to ensure access to a broad range of medical and social services for drug users and to ensure the observation of other rights of drug users. To conduct this analysis of the drug legislation, a special task force was established, comprising representatives of the Ministry of Health of the Republic of Tajikistan, the Drug Control Agency, and a non-governmental organisation providing services to drug users. This task force collected and reviewed the Tajik national legislation, including laws and bylaws, institutional instructions, and other normative documents that collectively regulate all issues related to drugs and to the use of drugs. In the course of their work, the members of the task force also approached other specialists with requests for information and expertise, including those from the Parliament, the General Prosecutor’s Office, the Ministry of Justice, the Ministry of the Interior etc. In the process of the review and analysis of the legislation, the task force identified a large number of pieces of legislation and bylaws that need to be further amended (Public Organisation Rost, 2011).

## 1.3. National strategy and coordination in the field of countering drugs

### 1.3.1. National strategy

In December 2011, the results of the implementation of the following activity areas of the “Single State Targeted Programme on the Prevention of Drug Addiction and Countering Illicit Drug Trafficking in the Republic of Tajikistan for the years 2008-2012” were reviewed by the respective participating ministries and institutions:

- reducing the demand for drugs, implementation of comprehensive measures to expand the range of social services for drug users, the employment of drug users, formation of positive moral values, and promotion of a healthy lifestyle;
- improvement of the system of law enforcement and other state bodies, strengthening the material, technical, and human resource base of the special services responsible for counternarcotics activities, as well as the base of medical and other institutions specialising in the provision of narcological and psycho-social care and assistance;
- consistent implementation of targeted activities in the field of drug prevention and eliminating the root causes of the spread of drug addiction and related offences, and improvement of the provision of medical and social assistance to people with a drug dependence;
- implementation of ongoing monitoring of the extent of illicit drug use in the country;
- strengthening of narcological care in the republic by means of the introduction of new methods for the diagnosis, treatment, and medical and social rehabilitation of people with a drug dependence;
- improvement of the drug legislation by means of the analysis of aggregated data on the implementation of the laws;
- activation of the international cooperation in the field of countering drug trafficking and drug abuse, including by means of ensuring the implementation of commitments and obligations of the republic vis-à-vis other countries and international organisations.

Furthermore, the results of the implementation of the normative-legal, control-organisational, scientific-informational, educational, structural, technological, and human resource directions of the “Programme for the prevention of the spread of drug dependence and improvement of narcological care in the Republic of Tajikistan for the period of 2005-2010” were reviewed and validated.

Finally, the results of the Programme on Youth Health Promotion in the Republic of Tajikistan for the years 2006-2010 (adopted in 2006) were reviewed and validated. The main goal of this programme was to improve the health of young people by means of reducing their risk behaviours, such as casual sex, drug use, and the prevalence of sexually transmitted infections and HIV.

### 1.3.2. Coordination

In the Republic of Tajikistan, the Drug Prevention Coordination Council serves as the main entity for coordinating the drug prevention activities of the ministries, institutions, and organisations, irrespective of their forms of ownership. The Coordination Council was established by the Decree of the President of the Republic of Tajikistan dated April 3, 2004, Ref No 1310.

The Coordination Council implements activities that are aimed at reaching the following objectives:

- defining priority areas for the prevention of drug abuse in the Republic of Tajikistan;
- coordinating the activities of ministries, institutions, governmental and non-governmental organisations, and local authorities (Khukumats) in the area of the prevention of drug abuse;
- analysis of the activities of ministries and institutions as far as their implementation of the Law “On Narcotic Drugs, Psychotropic Substances and Precursors” is concerned;
- ensuring that the drug prevention activities are conducted effectively;
- carrying out regular checks on the implementation of respective national and specialist programmes and other directives in the field of the prevention of drug abuse;
- raising the necessary resources for the effective implementation of national and specialist programmes and other directives in the field of the prevention of drug abuse;
- organising interaction between governmental and non-governmental organisations, including international organisations based in Tajikistan, on issues related to the prevention of drug abuse;
- considering oral activity reports from respective ministries, institutions and local authorities (Khukumats) as far as drug prevention is concerned;
- the development and implementation of drug prevention activities;
- provision of expertise to various stakeholders on matters related to drug prevention.

In the Gorno-Badakhstan Autonomous Region and Sogd and Khatlon Provinces, as well as in the city of Dushanbe, there are regional and city- and district-level drug prevention councils, which function to implement the goals and objectives of the national council on their respective territories, and which report to the national council on their activities.

The Drug Prevention Coordination Council has working bodies to provide consultations and technical assistance. These bodies are represented by the Ministry of Health of the Republic of Tajikistan and the Drug Control Agency under the President of the Republic of Tajikistan, and their respective regional branches, which provide the national, regional, and city- and district-level councils with all the necessary information related to the prevention of drug abuse.

The sessions of the national, regional, and city- and district-level coordination councils are convened in accordance with the terms laid down by their chairpersons at least once every quarter.

### **1.3.3. International cooperation**

The Ministry of Health, in partnership with various international organisations, including the United Nations Office on Drugs in Crime (UNODC) and Treatnet II “Treatment of Drug Dependence and Health Consequences”, conducted six national training events in the cities of Dushanbe, Khudjand, and Kurgan-Tube. At these, 106 specialists from the state public health system institutions and non-governmental organisations were able to enhance their knowledge in the field of substance dependence treatment and were introduced to new methods for diagnosing and treating patients with a drug dependence. Furthermore, within the framework of this project, the premises of the regional narcological centre in Kurgan-Tube, in Khatlon Province, were renovated. This centre, along with the medical centre of the Bokhtar district, in Khatlon Province, was also equipped with new furniture and technical facilities.

On April 29, 2011, the signing ceremony of a Memorandum of Understanding “On cooperation in the field of drug control” by the Drug Control Agency under the President of the Republic of Tajikistan and the United States Drug Enforcement Administration, Department of Justice, took place on the premises of the Tajik Drug Control Agency. This document was prepared in line with the Agreement on Cooperation in the Field of Law Enforcement signed by the governments of Tajikistan and the United States on January 27, 2003.

On October 4, 2011, an agreement “On cooperation in the field of combating illicit trafficking of narcotic drugs, psychotropic substances, and precursors” was signed by the Tajik DCA and the Ministry of the Interior of the Republic of Kazakhstan.

On October 22, 2011, in the course of the visit of the Afghan Ministry of Interior delegation headed by the Deputy Minister, Mr. Bozmukhamad Akhmadi, a Protocol on Cooperation was signed between the Tajik Drug Control Agency and the Ministry of the Interior of the Islamic Republic of Afghanistan. This protocol refers to the possibility of establishing posts of drug liaison officers of the Afghan Ministry of Interior on the territory of Tajikistan. The parties also made a decision to develop an agreement in this respect that was scheduled to be signed in early 2012. It was also agreed to conduct regular meetings between the heads of the anti-drug agencies of both countries, as well as between the heads of law enforcement and military units of the Gorno-Badakhshan Autonomous Province and Khatlon Province and the heads of the equivalent units in the border regions of Afghanistan.

On November 8, 2011, an agreement on “Exchange and protection of classified drug information of the CARICC member states” was signed in the city of Almaty. In accordance with the decision of the Council of National Coordinators, the agreement was sent to Azerbaijan, Kazakhstan, Kyrgyzstan, Russia, Tajikistan, Turkmenistan, and Uzbekistan for the implementation of the necessary internal signature procedures, with Tajikistan becoming the first country to sign the agreement. This agreement serves as a legal basis for the collection, processing, storage, protection, analysis, and exchange of classified information within the framework of the activities of the Central Asian Regional Informational and Coordination Centre (CARICC).

#### **1.4. Budget and funding issues**

Funding for drug enforcement and drug treatment and prevention activities is allocated from the republican budget, which is approved annually by the Parliament of the republic. This funding becomes part of the budget of the appropriate national ministries and institutions. This funding includes budget lines for expenses on medications, treatment and diagnostic facilities, furniture, food for patients etc. In 2011, some services provided by the narcological facilities became fee-based. The treatment of people living with HIV is offered on a free-of-charge basis. Furthermore, some increase in state funding for narcological services was noted in 2011, and this happened as a result of the redistribution of resources within the republican budget.



## **2. DRUG USE AMONG THE GENERAL POPULATION AND AMONG VULNERABLE GROUPS**

### **2.1. Drug use among the general population**

No studies on drug use among the general population were conducted in 2011.

### **2.2. Drug use among young people**

No studies on drug use among the school population were conducted in 2011. The latest one was conducted back in 2007.

### **2.3. Drug use among other groups**

In 2011, the Drug Control Agency under the President of Tajikistan conducted a survey among school students, medical workers, law enforcement officers, and staff members of local authorities (DCA, 2012). Out of 3500 completed questionnaires, 2544 were approved for processing and analysis. 956 questionnaires were found to be invalid because of incomplete answers. According to this survey, 80% of the respondents believe that there is almost no drug use in their community (city or district). Nearly 40% consider drugs to be either unavailable or difficult to access, with the majority of such responses being provided by law enforcement personnel (62.9%). At the same time, 38.5% believe that drugs are either available or easily available, with the majority of such responses being given by medical personnel (49.96%). Over 20% of the respondents did not provide any answer to the question concerning availability. Thus, according to the findings of this survey, many respondents (medical specialists, law enforcement officers, and staff members of local authorities) do not consider the problem of drug use to be a significant one in this country, and do not think that drugs are easily available. According to the responses of the respondents, cannabis is the most accessible illegal drug (33.5%), followed by heroin (26.78%) and opium (17.21%). Furthermore, only a few respondents from the cities of Dushanbe and Khudjand noted the availability of synthetic drugs (amphetamines or ecstasy).

## **3. PREVENTION**

### **3.1. Introduction**

Great attention is paid to preventive activities, especially among young people, in the Republic of Tajikistan. Taking into account the fact that most people start drug consumption at a young age, the main work on the prevention of the spread of drug use should be carried out among young people. The objectives of preventive activities are the reduction of the demand for drugs and other psychoactive substances, a reduction in the number of persons at high risk of drug use, reduced involvement in drug use, and reduced drug morbidity.

The sources of information on the implementation of preventive activities are various ministries, agencies, and public organisations.

### **3.2. General prevention**

#### **3.2.1. Prevention in schools**

In the Republic of Tajikistan, lessons on the prevention of drug use and the consequences of the abuse of psychoactive substances are provided for pupils in the 10<sup>th</sup> grade within the framework of the “Healthy lifestyle for Grades 1-11” programme, which was adopted in February 2006. The topics for such lessons are selected to cover the following issues:

- reasons for involvement in drug use;
- the influence of narcotic drugs on the health and psychological condition of an individual;
- health-related harms and consequences.

Issues related to the consequences of drug use have been included in the General Biology lessons in the 10<sup>th</sup> and 11<sup>th</sup> grades since 2002 and in the Human Anatomy lessons in the 9<sup>th</sup> grade since 2003, as well as in the Ecology lessons in the 8<sup>th</sup> grade since 2004.

#### **3.2.2. Non-school programmes for young people**

The issues of drug use and health consequences are covered by the above-mentioned Youth Health Promotion Programme in the Republic of Tajikistan for 2006-2010. Within the period from October 2009 to December 2010, with the support of the UNDP, as the principal recipient of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) grants, HIV prevention services were provided on 28,485 occasions to vulnerable groups of young people through Friendly Rooms (UNDP, 2011).

#### **3.2.3. Prevention in society**

In 2011, with the aim of raising public awareness about the consequences of the abuse of psychoactive substances, a number of anti-drug measures were implemented among various strata of Tajik society with the support of international donors and non-governmental organisations. These actions were also aimed at strengthening the drug prevention capacities of medical institutions, law enforcement agencies, and non-governmental organisations.

In 2011, a large number of educational, sports and cultural activities aimed at the promotion of a healthy lifestyle were carried out in the country. Specialists from the National Centre for the Monitoring and Prevention of Drug Addiction carried out healthy lifestyle educational activities in schools, colleges, lyceums, institutes, universities, and public health centres and in various settlements. They conducted over 100 meetings, 9 educational seminars, 4 large-scale events (mass events), and one round-table discussion. At these events, the participants received information on the problem of the spread of drug addiction in contemporary society, and on its consequences. Furthermore, the specialists of the centre issued educational bulletins and set up “health corners” with educational materials in Tajik and Russian. They also published articles in newspapers and journals and participated in TV and radio programmes broadcast by three TV channels (Channel One, Safina, and Djakhonnamo) and by the Republican Radio. Furthermore, in order to raise the awareness of the population about drug abuse and to make this information more accessible, the centre has developed its own website ([www.mmmprn.tj](http://www.mmmprn.tj)).

In the Republic of Tajikistan, the International Day Against Drug Abuse and Illicit Trafficking – 26 June – is marked by numerous anti-drug events. In 2011, on this day, the National Centre for the Monitoring and Prevention of Drug Addiction organised a large musical and theatrical performance event in the “Dustii Khalqkho” national park in Dushanbe. Poets, distinguished public health workers, and famous sportspersons spoke to the audience. Anti-drug activities were widely covered by the national mass media. This event took place under the slogan “Youth against Drugs” and was attended by over 2500 people.

Similar events took place in other cities and districts of the republic. In 2011, events took place in the following cities and districts of the country: Isfara, Kairakkum, Matcha, Rasht, Khamadoni, Shuroabad, Farkhor, Pyandzh, and Kumsangir. The advocacy team consisted of representatives of the Ministry of Health, the Drug Control Agency, and specialists in education, culture, and religion. Speaking before the audience, they highlighted the drug abuse-related problems and consequences. In the course of these events, various competitions and quizzes were organised, such as a competition for the best drawing depicting “Public harm resulting from drug addiction”, as well as sports and cultural events with the participation of performance groups and popular singers.

On June 24, 2011, at the “800 Years of Moscow” Square, frequented by numerous residents of the capital and tourists, a concert of popular singers was organised. Distinguished educational specialists, poets, and sportspersons addressed the audience as well. Over 7000 residents of the capital and tourists took part in this event.

With the purpose of the prevention of the dealing in and use of synthetic drugs such as amphetamines and ecstasy, the Drug Control Agency designed and published posters with financial support from the OSCE Bureau in Tajikistan. The content of these posters was divided into three sections “Be Careful!!!”, “Know!!!”, and “Remember!!!”, which included detailed information on the harms caused by these drugs and the consequences of the use of such drugs. With the support of the Khukumats of the cities of Dushanbe, Khudjand, Kurgan-Tube, Kulyab, and Khorog, these posters were distributed in youth entertainment facilities, restaurants, city markets, hotels, trading centres, and in public transportation facilities. Anti-

drug information was provided on 978 occasions, including 240 publications in local print media, 368 speeches on the radio, and 370 appearances on TV.

### **3.3. Selective prevention among risk groups**

In 2011, within the framework of the MEDISSA component of CADAP, drug prevention events continued to be conducted, and the possibility of conducting “Closer to each other, away from drugs” drug prevention activities among parents was positively reviewed. Within the framework of this component, a series of training events were organised for public health and education specialists.

### **3.4. Media campaigns**

The Ministry of Health and the Drug Control Agency, in partnership with other stakeholders, organise nationwide media campaigns on an annual basis, with such campaigns usually marking the International Day against Drug Abuse and Illicit Trafficking.

Apart from that, the “Soyarushan” programme, with the participation of scientists, poets, teachers, narcologists (addiction specialists), religious leaders, and specialists of the Drug Control Agency, is broadcast on a weekly basis on the First Republican Radio Channel, with guest speakers talking live with radio listeners and answering their drug-related questions.

## **4. PROBLEM DRUG USE**

### **4.1. Introduction**

For the purposes of this report, problem drug use should be understood as injecting drug use. The type of estimation of the prevalence of problem drug use is an indirect method (for example, the multiplier method), in which various data sources are used. No studies on problem drug use were conducted in Tajikistan in 2011. Information on the characteristics of problem drug users comes from official sources (forms of statistical reporting of the Ministry of Health), as well as from the results of special studies.

### **4.2. Problem drug use prevalence estimate**

No such studies were conducted in Tajikistan in 2011.

### **4.3. Information from medical institutions on problem drug use**

Among the total number of drug-dependent individuals (7135 persons), the number of injecting drug users in 2011 was 4627 persons (see Sections 4 and 5).

## 5. DRUG TREATMENT

### 5.1. Introduction

The narcology service of the republic adheres to the following definition of the term “treatment”: the treatment of dependence on psychoactive substances is a set of medical, psychotherapeutic, and socio-therapeutic activities performed by the treatment and prevention institutions of the specialised narcology service of the Republic of Tajikistan aimed at the achievement of steady remission and the prevention of relapses.

Funding for drug treatment is provided through the Ministry of Health and through grants from the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

### 5.2. Narcological care system

Order No. 781 of the Ministry of Health of the Republic of Tajikistan, dated December 5, 2008, approves the reporting formats for gathering data from the narcological centres (dispensaries), HIV/AIDS centres, and forensic medical examination centres. These reporting forms were developed by national and international experts and follow international standards as far as is possible in the local context. The treatment of drug addiction in the Republic of Tajikistan is provided in inpatient and outpatient institutions, with the following services available:

- inpatient detoxification;
- inpatient medical and psychological rehabilitation (long-term psychosocial care);
- outpatient rehabilitation activities (counselling, social assistance).

According to the Law “On Narcological Care”, the grounds for admission to an inpatient drug treatment clinic are as follows:

- voluntary consent to admission resulting from drug dependence, requiring examination and treatment which cannot be performed in outpatient conditions;
- the carrying out of a forensic drug examination;
- the carrying out of an occupational examination;
- the carrying out of a military drug examination;
- the provision of (alternative) substitution therapy.

The grounds for emergency admission to an inpatient drug clinic are serious mental and somatic disorders resulting from the consumption of psychoactive substances, which can be expressed in:

- immediate danger to a person themselves or people who might be near the person;
- helplessness, i.e. the inability to independently satisfy one’s own basic vital needs;

- significant harm to a person's health as a result of the deterioration of their mental state, if the person is left without narcological care.

The problem of injecting drug use and the related increase in the number of diagnosed HIV infections remains of high importance in the Republic of Tajikistan. According to official statistics, 7135 drug-dependent persons were registered in the Republic as of January 1, 2012.

It should be noted that these figures do not reflect the actual situation. According to an estimate by the AIDS Projects Management Group (APMG), made using calibrated empirical data and the data on registration in the drug service, the number of IDUs in Tajikistan should be estimated at 25,000, with a possible range of 20,000-30,000 (AIDS Projects Management Group, 2009).

The number of registered heroin-dependent persons in Tajikistan between 1997 (the beginning of the epidemic of heroin use in Tajikistan) and 2011 is 5755.

**Table 1: Number of registered drug-dependent individuals in 2003-2011**

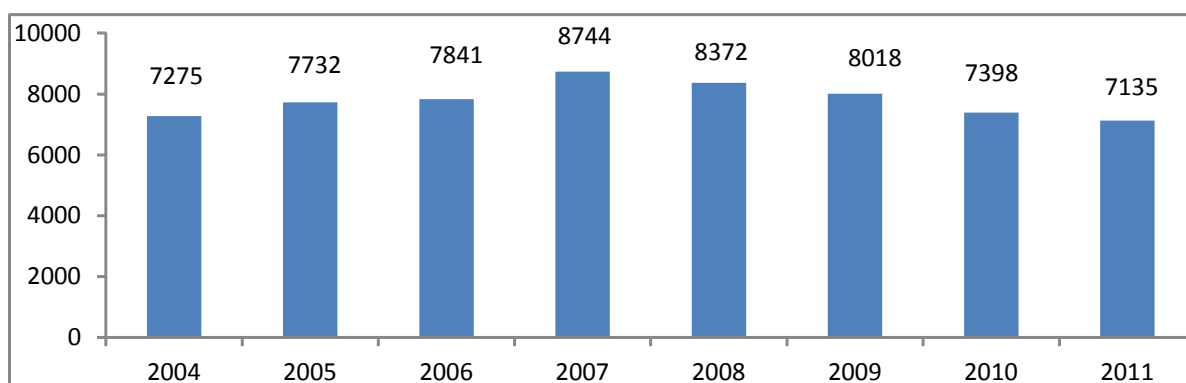
	2003	2004	2005	2006	2007	2008	2009	2010	2011
Drug-dependent individuals registered with the narcological services of Tajikistan	6759	7275	7732	7841	8744	8372	8018	7398	7135
Injecting drug users	2420	3564	4478	4693	5386	4878	4583	4578	4627
Injecting drug users (%)	35.8	49.0	57.9	59.9	61.6	58.2	57.1	61.9	62,9

Source: National Centre for the Monitoring and Prevention of Drug Addiction, 2011

The trend of drug dependency registration shown here is based on the data obtained from the state narcological institutions. The functions of these institutions include the registration of all cases of a diagnosis of drug dependence within the so-called "narcological registration" system. This registration system involves dispensary observation of patients discharged from in-patient facilities, forensic-narcological examination, and examination in specialised facilities (e.g. a room for the examination of alcoholic and drug intoxication).

Figure 1 shows the number of registered drug-dependent individuals in Tajikistan between 2004 and 2011.

Figure 1: Number of registered drug-dependent individuals in 2004-2011



Source: National Centre for the Monitoring and Prevention of Drug Addiction, 2011

The analysis of data from the Tajik narcological register shows that, as of the end of 2011, out of the total number of registered drug-dependent individuals, 81% were people with a dependence on heroin, 5% were people with a dependence on hashish, 9.5% were people with a dependence on opium, and 4.6% were people diagnosed with polydrug dependence (see table 2).

Table 2: The number of registered drug-dependent individuals, by regions of the Republic of Tajikistan, as of 2011

2011	Dushanbe	Sogd Province	Khatlon Province	GBAO	Regions of Republican Subordination	Total
Total number of registered drug-dependent individuals	3018	1038	1236	891	952	7135
Sex						
Female	125	62	19	5	25	236
Male	2893	976	1217	886	927	6899
By types of drugs						
Hashish	19	65	161	31	90	366
Opium	407	52	48	90	82	679
Heroin	2438	921	998	681	717	5755
Polydrug dependence	154	0	29	89	63	335
Newly diagnosed cases	134	120	308	86	185	833

Source: National Centre for the Monitoring and Prevention of Drug Addiction, 2011

As can be seen from Table 3, out of the total number of registered drug-dependent individuals (7135) as of January 1, 2012, 4627 were injecting drug users (IDUs), which makes 62.9%.

Thus, there is a clear trend of an increasing share of IDUs in the total number of drug-dependent individuals registered with the narcological institutions in Tajikistan.



**Table 3: The number of injecting drug users against the total number of registered drug-dependent individuals, 2000-2011**

Years	Registered drug-dependent individuals	Injecting drug users	
		number	%
2000	4604	1419	30.8
2001	6356	2193	34.5
2002	6496	2334	35.9
2003	6759	2420	35.8
2004	7275	3564	49.0
2005	7732	4478	57.9
2006	7841	4693	59.9
2007	8744	5386	61.6
2008	8372	4878	58.2
2009	8018	4583	57.1
2010	7398	4578	61.9
2011	7135	4627	62.9

Source: National Centre for the Monitoring and Prevention of Drug Addiction, 2011

## 5.3. Treatment system

### 5.3.1. Organisation

Drug treatment in the Republic of Tajikistan is provided in specialised narcological institutions. The state also guarantees narcological care on an anonymous basis. The services provided by the specialised narcological institutions of the country include inpatient and outpatient treatment, relapse prevention treatment, substitution therapy, rehabilitation programmes, and drug prevention activities. Drug treatment in the Republic of Tajikistan is provided primarily by state narcological institutions, including:

- the Republican Clinical Narcology Centre in the city of Dushanbe;
- the Regional Narcology Centre of the Gorno-Badakhshan Autonomous Province in the city of Khorog;
- the Sogd Province Narcology Centre in the city of Khujand;
- two regional narcology centres in Khatlon Province – Regional Narcology Centre No. 1 in Kurgan-Tube, and Regional Narcology Centre No. 2 in Kulyab.

Furthermore, there are drug treatment beds in psychoneurological dispensaries in the cities of Istaravshan, Isfara, Kanibadam, and Pendjikent in Sogd Province, as well as in the narcology units in the Central District Hospital in Chkalovsk. There are also drug treatment beds in the psychoneurological dispensaries of the Gissar district and in the city of Nurek in Khatlon Province.

In total, the narcological service of the Ministry of Health of the Republic of Tajikistan has 290 beds. The Republican Clinical Narcology Centre in the city of Dushanbe has 100 beds; the Regional Narcological Centre (of the Gorno-Badakhshan Autonomous Province) in the city of Khorog has 30 beds; there are 100 beds in Sogd Province, including 40 beds in the Sogd Regional Narcology Centre in the city of Khojend, 10 beds in the psychoneurological dispensary in the city of Isfara, 10 beds in the psychoneurological dispensary in the city of Kanibadam, 10 beds in the

psychoneurological dispensary in the city of Pendjikent, 10 beds in the narcological dispensary in the city of Istaravshan, and 20 beds in the therapeutic unit of the Central District Hospital in Chkalovsk. There are 50 beds in Khatlon Province, including 20 beds in Regional Narcology Centre No. 1 in the city of Kurgan-Tube, 20 beds in Regional Narcology Centre No. 2 in the city of Kulyab, and 10 beds in the psychoneurological dispensary in the city of Nurek. The districts of republican subordination have 20 beds placed at the Central District Hospital in the Gissar district. Altogether, the country has 4 narcological beds per 100,000 members of the population.

In 2011, 1207 individuals received in-patient treatment throughout the above network of narcological facilities. 92.5% of these patients were diagnosed with a dependence on heroin (F11.2 according to ICD 10). The distribution of these patients according to the types of drugs they were dependent on is provided in Table 4.

**Table 4: Comparative data on the number of inpatient drug treatment demands from narcological facilities in 2004-2011**

Drug of dependence	Number of patients receiving drug treatment and %							
	2004 No/%	2005 No/%	2006 No/%	2007 No/%	2008 No/%	2009 No/%	2010 No/%	2011 No/%
Opium	32 (3.15)	30 (2.89)	69 (5,79)	45 (3.61)	47 (4.08)	119 (9.25)	122 (12.1)	48 (3.98)
Heroin	972 (95.78)	1003 (96.44)	1006 (84.39)	1090 (87.55)	970 (84.2)	1039 (80.79)	883 (87.7)	1116 (92.5)
Hashish	1 (0.09)	2 (0,19)	3 (0,25)	1 (0,08)	1 (0,09)	6 (0,46)	2 (0,2)	1 (0,08)
Poly drug dependence	10 (0.98)	5 (0.48)	114 (9.57)	109 (8.76)	134 (11.63)	122 (9.5)	0	42 (3.48)
Total	1015 (100)	1040 (100)	1192 (100)	1245 (100)	1152 (100)	1286 (100)	1007 (100)	1207 (100)

Source: National Centre for the Monitoring and Prevention of Drug Addiction, 2011

In Tajikistan, according to the Law “On Narcological Care”, people with substance use disorders who have completed their treatment course have the right to receive psychosocial rehabilitation at rehabilitation centres. Such rehabilitation services are provided in the specialised Republican Centre for Medico-Social Rehabilitation “Tangai”, based in the city of Vakhdat, as well as in the city of Dushanbe, where the SPIN Plus NGO has been running a Re-adaptation Centre since 2008.

### 5.3.2. Opioid substitution therapy

In 2009, the Government of Tajikistan reviewed and supported the request of the Ministry of Health of the Republic of Tajikistan regarding the introduction of a pilot project of opioid substitution therapy (OST), initially for 200 patients. In accordance with the resolution of the Government, the Ministry began to implement the project. In June 2010, the Ministry of Health, with financial support from the GFATM and UNODC, opened the first OST centre in Dushanbe, at the Republican Clinical Narcology Centre named after Prof. M. G. Gulomov. By the end of 2011, 102 patients, including 7 women, were receiving OST at that centre. The second OST

centre was opened in the city of Khujand, Sogd Province, in December 2010, with 52 patients (including 3 women) receiving OST there by the end of 2011. The third centre was opened in Khorog in June 2011, with 44 patients (including 1 woman) receiving OST there by the end of 2011 (Nidoev, 2012).

In Dushanbe, the following eligibility criteria for the OST programme are reportedly being used: age over 18, the presence of an opioid dependence diagnosis, a confirmed history of injecting drug use, a history of failures in drug treatment, and the capability to provide informed consent.

According to an evaluation conducted among OST patients in Dushanbe in October 2011, 94% of the participants in the programme reported improved family relationships; the number of employed patients rose to the level of 50%; the number of patients adhering to antiretroviral (ARV) therapy increased threefold; 98% reported a lack of legal problems in the past 30 days.

The OST programme in Tajikistan continues to be funded through grants received from international organisations.

## **6. DRUG-RELATED HEALTH CORRELATES AND CONSEQUENCES**

### **6.1. Introduction**

This section provides, first of all, information on the prevalence of infectious diseases among drug users, as well as on mortality among them. The sources of data are the National Centre for Monitoring and Prevention of Drug Addiction, the Republican Clinical Narcology Centre named after Prof. M.G. Gulomov, the Republican AIDS Centre, and the Republican centre of forensic-medical examination of the Ministry of Health of Republic of Tajikistan. The data collection is performed on the basis of approved reporting formats, as well as on the results of studies that were carried out in the country, including sentinel epidemiological surveillance.

### **6.2. Drug-related infectious diseases**

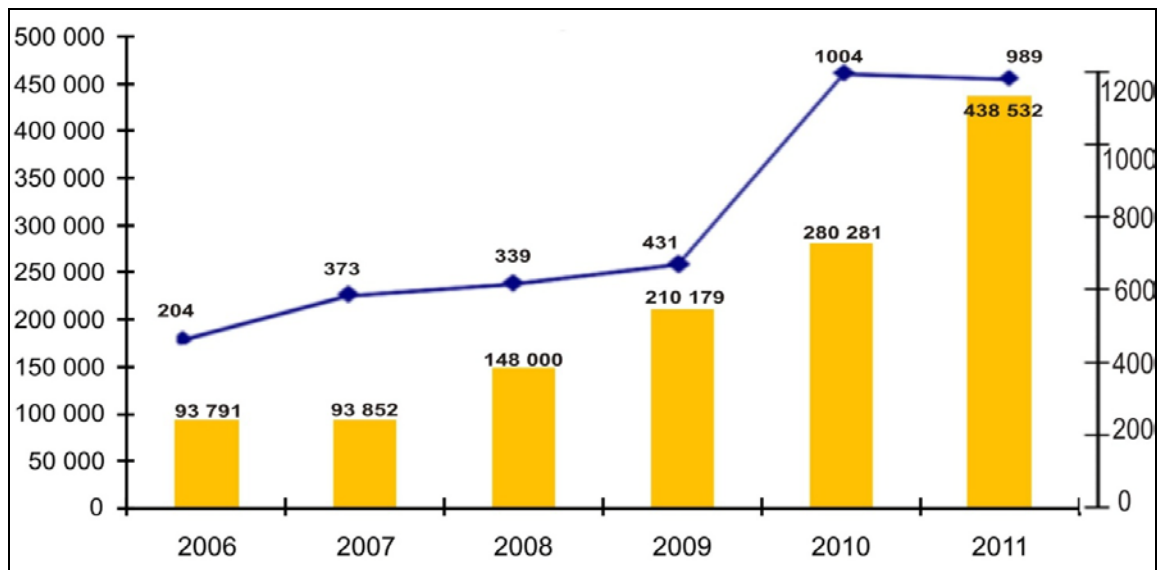
#### **6.2.1. HIV/AIDS**

The programme for countering the HIV/AIDS epidemic for 2011-2015 was adopted in Tajikistan in 2010. The main strategic directions of this programme are: the establishment of a legal framework promoting universal access to prevention, treatment care, and support services; the implementation of preventive programmes and the provision of access to HIV-related services for all groups of the population, first of all for those who are especially vulnerable; providing ARV therapy and the treatment of opportunistic infections, such as tuberculosis; the provision of palliative assistance, treatment, and care to people living with HIV; the integration of services for HIV treatment into the structure of the provision of primary healthcare (PHC) to ensure improved accessibility, the reduction of stigmatisation, and the improvement of the quality of medical care; the provision of social support to PLWH; the improvement of epidemiological surveillance and the system of the monitoring and evaluation of prevention activities, and the improvement of the HIV surveillance system.

As of December 31, 2011, a cumulative total of 3846 HIV infections had been diagnosed in the country, with HIV infections among males comprising 77.7% and among females 22.3%. The incidence of HIV (diagnosed infections) is 43.4 per 100,000 members of the population. HIV infections were registered in 66 out of 68 districts of the country. The total number of AIDS-related deaths is 552 (14.4.% of diagnosed HIV cases). The estimated number of people infected with HIV has been put between 6800 and 10,000. Furthermore, in recent years, the number of new HIV infections diagnosed among women has increased almost 2 to 3 times. Thus, in 2005, newly diagnosed HIV infections among women made up 8.5%, whereas they made up 20.2% in 2011.

By the end of 2011, in terms of the cumulative total of HIV infections diagnosed in the country, 52.6% were transmitted intravenously; 29.8% were transmitted through unprotected sexual contact; 1.5% were transmitted from mother to child, and for 15.7% the transmission mode was unknown. The prevalence of HIV infection is over 5% among some of the most-at-risk population groups, such as IDUs, indicating that Tajikistan has a concentrated HIV epidemic.

Figure 2: Diagnosed HIV infections and HIV testing among the population by years, 2006 -2011

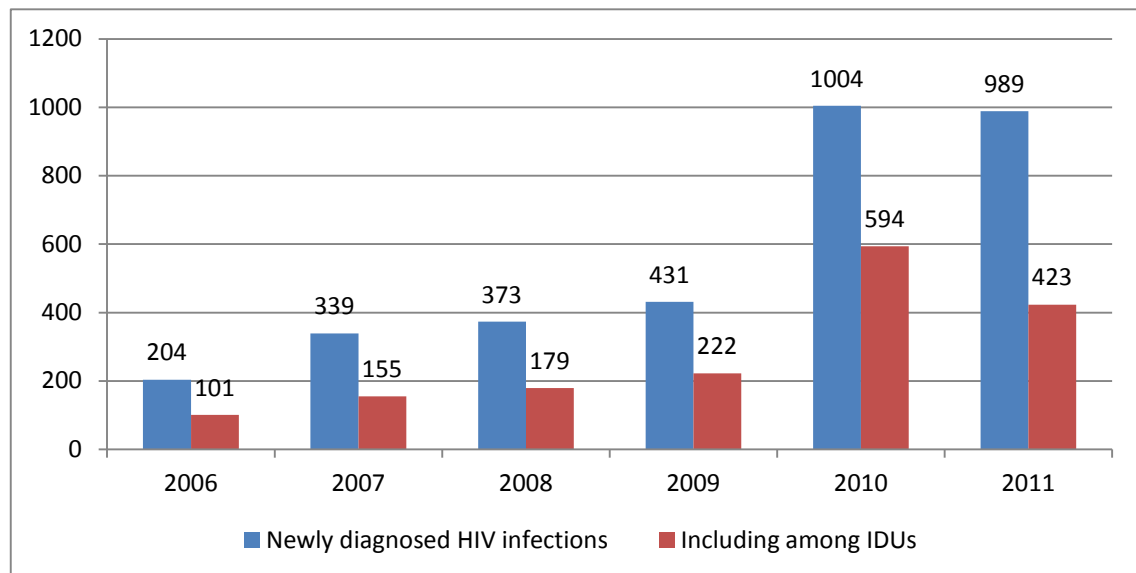


Source: Republican HIV/AIDS Centre, Ministry of Health of the Republic of Tajikistan, 2011

Figure 2 above shows the number of HIV tests per year (columns, yellow) and the number of diagnosed HIV infections (line, blue).

In 2011, 989 new HIV infections were diagnosed in Tajikistan. Among these newly diagnosed cases, 423 (42.7%) were diagnosed among IDUs.

Figure 3: Newly diagnosed HIV infections, including those among IDUs 2006-2011



Source: Republican HIV/AIDS Centre, Ministry of Health of the Republic of Tajikistan, 2011

Table 5: Analysis of Sentinel Surveillance Data, Injecting Drug Users, 2011

Sites (sample sizes)	Prevalence of HIV, HCV, and Syphilis (%)	Risky drug injecting behaviour (%)	Risky sexual behaviour (%)	Percentage of respondents who had an HIV test in the past 12 months and who know their test results (%)	Coverage by prevention services (%)	Tested in the past 12 months (%)	Years of injecting drug use (%)	Overdose in last year (%)
Dushanbe (n=400)	HIV - 27.4% HCV - 36.2% Syphilis - 11.1%	3.3%	44.8%	38.1%	37.4%	40.4%	61.5% up to 3 years 38.5% >3 years	28.2%
Khudjand (n=200)	HIV - 9.6% HCV - 21.4% Syphilis - 8.4%	0.3%	36.2%	38.8%	42.6%	41.8%	39.9% up to 3 years 60.1% >3 years	21.0%
Isfara (n=110)	HIV - 11.3% HCV - 3.2% Syphilis - 3.7%	73%	0.0%	56.3%	26.5%	67.9%	20.4% up to 3 years 79.6% >3 years	3.6%
Istaravshan (n=110)	HIV - 0.0% HCV - 2.7% Syphilis - 2.0%	0.0%	28.7%	19.6%	16.4%	20.4%	18.3% up to 3 years 81.7% > 3 years	45.8%
Kulyab (n=210)	HIV - 6.2% HCV - 13.3% Syphilis - 2.3%	3.6%	93.4%	37.8%	19.5%	39.7%	75.0% up to 3 years 25.0% >3 years	26.9%
Kurgan-Tube (n=160)	HIV - 11.6% HCV - 14.3% Syphilis - 8.9%	2.8%	68.2%	25.4%	30.7%	26.7%	93.6% up to 3 years 6.4% >3 years	4.8%
Khorog (n=360)	HIV - 24.4% HCV - 28.3% Syphilis - 3.7%	0.9%	27.2%	79.8%	36.9%	81.1%	11.7% up to 3 years 88.3% >3 years	12.0%
Vakhdat (n=180)	HIV - 16.7% HCV - 32.5% Syphilis - 7.2%	21.4%	54.7%	27.6%	37.4%	29.5%	80.2% up to 3 years 19.8% >3 years	24.7%
Tursunzade (n=160)	HIV - 3.3% HCV - 14.4% Syphilis - 16.5%	3.6%	74.7%	43.5%	24.7%	44.9%	53.4% up to 3 years 46.6% >3 years	14.3%
Rudaki (n=110)	HIV - 3.6 % HCV - 15.6 % Syphilis - 16.4%	10.3%	28.9%	26.7%	18.9%	30.2%	63.1% up to 3 years 36.9% > 3 years	37.0%

Source: Republican HIV/AIDS Centre, Ministry of Health of the Republic of Tajikistan, 2011

In 2011, a sentinel surveillance survey was conducted at 10 sites. In Dushanbe, the sample size was 400 IDUs, in Khudjan 200, Isfara 110, Istaravshan 110, Kulyab 210, Kurgan-Tube 160, Khorog 360, Vakhdat 180, Tursunzade 160, and in the Rudaki district 110 IDUs. In 2011, the data received through sentinel surveillance were analysed with the RDSAT software and statistical analysis was performed for each site.

According to the data from the sentinel surveillance study conducted in 2011, the prevalence of HIV among IDUs was highest in Dushanbe and reached the level of 27.4%, followed by Khorog, with 24.4%, and Vakhdat, 16.7%. In the cities of Isfara and Kurgan-Tube cities, the prevalence of HIV was 11.3% and 11.6% respectively. The prevalence of HIV among IDUs was lower in the city of Tursunzade, at 3.3%, and in the Rudaki district, 3.6%. No HIV infections were found among the IDUs recruited in the study in Istaravshan.

At all sites, a certain percentage of the IDUs self-reported a history of drug overdoses in the past, with the percentage being the highest in the city of Isfara (45.8%). The highest levels of coverage of IDUs by HIV testing in the past 12 months were found in the cities of Khorog (81.1%) and Isfara (70%).

According to data from the Republican AIDS Centre, HIV testing among IDUs is quite low, and out of 438,532 HIV tests performed in 2011, the percentage of HIV tests among IDUs was only 1.2%, despite the increase in the absolute number of HIV tests among IDUs (102 Code) in 2011 (5362) compared to 2010 (4893).

**Table 6: Comparative data on HIV testing and diagnosed HIV infections among IDUs, by years**

Years	Total number of HIV tests	Including HIV tests among IDUs	Percentage of HIV tests among IDUs (Code102) of total HIV tests	HIV infections diagnosed among IDUs	Percentage of positive HIV tests among IDUs tested for HIV infection
2009	210,179	2099	1%	134	6.4%
2010	280,281	4893	1,7%	433	8.8%
2011	438,532	5362	1,2%	423	7.8%

Source: Republican HIV/AIDS Centre, Ministry of Health of the Republic of Tajikistan, 2011

The coverage of people living with HIV with ARV therapy is increasing annually, including among HIV-infected injecting drug users. In 2011, out of 364 PLWH who were receiving ARV therapy, 141 (38.7%) were IDUs.

**Table 7. Coverage of PLWH with ARV therapy, and the number of IDUs receiving ARV therapy in 2010-2011**

№	Regions	Cumulative number of people on ARV therapy (from 2006 by the ends of 2010 and 2011)		Receiving ARV therapy in 2010	Including IDUs	Receiving ARV therapy in 2011	Including IDUs
		2010	2011	2010	2010	2011	2011
1	Dushanbe	259	361	129	50	102	43
2	Regions of Republican Subordination	107	179	59	28	72	15
3	Sogd Province	141	238	44	18	97	51
4	Gorno-Badakhshan	54	80	17	6	26	16
5	Khatlon Province	157	224	52	20	67	16
	<b>Total</b>	<b>718</b>	<b>1082</b>	<b>301</b>	<b>122</b>	<b>364</b>	<b>141</b>

Source: Republican HIV/AIDS Centre, Ministry of Health of the Republic of Tajikistan, 2011

In 2010-11, voluntary testing for TB and HIV was available in Tajik prisons, finding substantial increase in number of newly detected cases of both infections:

**Table 8: Number of inmates diagnosed with HIV or TB infection in Tajik penitentiary facilities, 2003-2011**

Years	2003	2004	2005	2006	2007	2008	2009	2010	2011
HIV	52	92	115	128	129	139	158	319	374
Tuberculosis	1800	1760	919	929	752	756	694	496	451

Source: Chief Department for the Execution of Criminal Punishments, Republic of Tajikistan

### 6.2.2. Hepatitis B Virus (HBV)

According to the official data of the Ministry of Health of Tajikistan, 368 HBV infections were diagnosed in 2011, whereas 282 HBV infections were diagnosed in 2010.

### 6.2.3. Hepatitis C virus (HCV)

According to the official data of the Ministry of Health of Tajikistan, 84 HCV infections were diagnosed in Tajikistan in 2011, whereas 64 HCV infections were diagnosed in 2010. According to the findings of the 2011 sentinel surveillance study, the highest prevalence of HCV was found in samples of IDUs in Dushanbe (36.2%) and Khorog (21.4%), while the lowest prevalence of HCV was found in the city of Istaravshan (2.7%).

### 6.2.4. Syphilis

According to the official data of the Ministry of Health of Tajikistan, 273 cases of syphilis infections were diagnosed among the general population, including 159 infections among men and 114 infections among women. According to the findings of the 2011 sentinel surveillance study among IDUs, the highest prevalence of syphilis was found in the samples of IDUs in Tursunzade (16.5%) and Vakhdat (16.4%). The lowest prevalence of syphilis among IDUs was found in the cities of Istaravshan (2%) and Kulyab (2.3%).

## 6.3. Other drug-related diseases

In Tajikistan, there are no specialised institutions to serve patients with a dual diagnosis. However, these patients are seen in the Republican Clinical Narcology Centre. But it should be noted that there are services for drug-dependent individuals with TB infections. Table 9 below



shows data on the findings of forensic-narcological examinations conducted by the Republican Clinical Narcology Centre and the respective diagnoses that were given to the examinees.

**Table 9: Results of forensic-narcological examinations conducted in the Republic Clinical Narcology Centre between 2004 and 2011**

	2004	2005	2006	2007	2008	2009	2010	2011
Chronic alcoholism	179	250	178	-	28	6	22	21
Toxic substance addiction*	-	5	-	1	-	4	1	1
Drug addiction including:	131	138	133	206	159	114	129	233
Heroin	124	133	121	201	148	83	122	209
Cannabis	5	-	3	1	-	17	-	3
Opium	-	2	7	2	12	11	5	16
Polydrug addiction	2	3	2	2	1	3	2	5
Persons found not to have chronic alcoholism and not dependent on narcotic drugs, who do not require compulsory treatment	197	263	195	166	169	165	234	285
<b>Total</b>	507	656	506	373	356	289	386	540

Source: Republican Clinical Narcology Centre named after Prof. M. G. Gulomov, 2011

\*glue, petrol, shoe polish etc.

In 2011, there was a certain decrease in the number of patients with mental disorders and with substance abuse disorders who were treated in the narcological facilities of Tajikistan. In the Republican Clinical Narcology Centre, such patients can receive integrated care (in one institution and by one therapeutic team) within the scope of the existing narcological care system.

Driving means of transport in a state of narcotic intoxication is another public health consequence of drug use. Despite the limited amount of data from the state traffic police on the number of drivers tested for drugs, the data presented in Table 10 show an increasing trend towards positive tests in the majority of cases.

**Table 10: Activities of the Republican Clinical Narcology Centre named after M. G. Gulomov on identifying states of alcoholic and narcotic intoxication among drivers (2003-2011).**

Diagnosis/ Years	2003	2004	2005	2006	2007	2008	2009	2010	2011
State of alcoholic intoxication	2909	3349	3290	3309	4215	3823	3866	5217	4966
State of narcotic intoxication, including:	80	81	76	67	84	134	146	228	371
Opium	2	2	1	5	3	18	22	17	9
Cannabis	13	13	15	18	24	52	104	164	240
Heroin	64	66	60	43	57	34	2	41	56
Polydrug dependence	1	-	-	-	-	3	-	6	64
Unknown substance	-	-	-	1	-	-	-	-	2
No substances found	1862	1918	1899	1757	2321	1976	1982	1991	1861
<b>Total</b>	<b>4851</b>	<b>5348</b>	<b>5265</b>	<b>5133</b>	<b>6861</b>	<b>5935</b>	<b>5977</b>	<b>7436</b>	<b>7198</b>

Source: Republican Clinical Narcology Centre named after Prof. M. G. Gulomov, 2011

#### 6.4. Drug-related deaths and mortality of drug users

According to data provided by the Republican Forensic-Medical Centre, 39 cases of fatal drug overdoses were registered in 2011, including 4 cases among women. Table 11 below contains data on fatal drug overdoses by years.

**Table 11: Number of fatal drug overdoses, 2002-2011**

Years Type of drug	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Opium	10	0	1	3	34	3	-	4	0	0
Heroin	30	7	22	42	101	82	68	38	78	39
Total	40	7	23	46	135	85	68	42	78	39

Source: Republican Forensic-Medical Centre, Ministry of Health of Tajikistan, 2011

Given that only about 2% of deaths lead to an autopsy in Tajikistan, and that drug use is highly stigmatised (families name other reasons for deaths, but do not mention drugs), the above figures are very likely to be significantly underestimated.

In view of the high level of importance of the drug overdose issue, the Ministry of Health of Tajikistan approved Guidelines for harm reduction programmes on the prevention of overdoses and reducing the number of fatal overdoses on opiates. Importantly, this document contains a

detailed description of the model of drug overdose prevention activities for NGOs, with this model envisaging the distribution of naloxone through non-governmental organisations which provide harm reduction services.

Among these NGOs involved in overdose prevention among IDUs is the Gorno-Badakhshan-based Public Association “Volunteer”, which implemented the Tajikistan Assistance Foundation-funded overdose prevention project “To Know, To Learn, To Live” between November 2010 and November 2011. This NGO reported 76 cases of drug overdoses between November 1, 2010 and November 1, 2011, including 29 cases in Khorog, 14 cases in the Rushan district, and 18 cases in the Shugnan district. With the help of naloxone, 73 cases of drug overdoses were reversed, while 3 overdoses were fatal (Public Association “Volunteer”, 2011).

Furthermore, the “SPIN Plus” NGO reported providing assistance to 29 clients with heroin overdoses, with all the cases involving the use of naloxone.

## **7. RESPONSES TO DRUG-RELATED HEALTH CORRELATES AND CONSEQUENCES**

### **7.1. Introduction**

Harm reduction programmes are implemented in the republic as a means of response measures aimed at the minimisation of the consequences of drug use. The main work in this direction is carried out by trust points, functioning on the premises of non-governmental organisations and treatment and prevention facilities, as well as OST service provision sites.

### **7.2. Reducing the harm resulting from non-medical drug use**

The first harm reduction projects were launched in Tajikistan in 1999 and were funded by UNAIDS (2 programmes). Later, the majority of harm reduction programmes were supported by the Soros Foundation (Open Society Institute – Tajikistan). Since 2005, harm reduction programmes in Tajikistan have been supported by the GFATM, with more international organisations and programmes, such as CARHAP, DDRP, AFEW, Operation Mercy, and PSI funding harm reduction services since 2006.

Among the main services offered to IDUs within the scope of harm reduction programmes are the following ones:

- opioid substitution therapy;
- needle and syringe programmes;
- case management
- drop-in centres;
- outreach;
- information and education activities;
- overdose prevention through the distribution of naloxone among IDUs;
- voluntary HIV counselling and testing.

The SPIN Plus organisation implements harm reduction projects in Dushanbe and Vakhdat. It also runs a crisis centre for women IDUs with day-time stays offered to clients. This first specialised facility for women IDUs was opened on June 1, 2011. By the end of 2011, the centre had served 296 clients, including 162 women (55%) below the age of 30. At the crisis centre, both low-threshold (laundry, showers, peer communication, leisure time activities, food, and hygiene packages) and legal counselling and referrals to a medical doctor are provided.

In addition to the above services, SPIN Plus was also running a re-adaptation centre for IDUs with financial support from the AIDS Foundation East-West. In 2011, 62 clients completed the programme at the re-adaptation centre, with 40 remaining drug-free. Two clients were referred to a rehabilitation programme at the Republican Rehabilitation Centre “Tangai”.

Furthermore, the SPIN Plus NGO also organised a self-help group for 60 clients of its OST programme. These clients were offered low-threshold services and counselling at a drop-in centre.

Finally, as one of the local implementing partners of the USAID-funded Dialogue on HIV and TB Project, SPIN Plus reached 1122 IDUs with information and education activities (981 males and 141 females), which included mini-sessions, training activities, and individual and group discussions. The most actively involved clients were also provided with 501 motivational packages.

The Public Association “Volunteer” implements harm reduction projects in the Gorno-Badakhshan Autonomous Province. During the reporting period, “Volunteer” provided harm reduction services 9001 times, including case management (1231 times), prevention services (2057 times), medical services (2078 times), information and counselling services (1984 times), psychological support services (326 times), legal services (966 times), and social services (359 times).

The Public Association “RAN” implements harm reduction projects in Dushanbe. “RAN” runs 4 needle and syringe programmes and 1 mobile trust point, which are based at the Republican Tuberculosis Hospital and at the City Health Centres. During the reporting period, “RAN” enrolled 1417 clients into its harm reduction programmes.

Overall, the package of harm reduction services offered at trust points and friendly rooms includes the following: counselling, needle and syringe exchange at trust points for IDUs, treatment of sexually transmitted infections (STIs), the provision of condoms, disinfectants, lubricants, information, and educational materials, as well as the provision of information through peer-to-peer training events for volunteers, outreach workers and clients, and the provision of case management and referrals to other services, such as TB testing and diagnosis, ARV therapy (National Coordinating Council on Prevention and the Fight against HIV, TB, and Malaria in the Republic of Tajikistan, 2012).

As of the end of 2011, 49 needle and syringe programmes were operating in Tajikistan through the trust points, including 21 trust points for IDUs (based on the premises of treatment and prevention facilities) that were supported by UNDP within the framework of the implementation of GFATM grants, and 28 trust points supported both through GFATM grants and CARHAP/DFID, PSI, OSI, and Red Crescent Society projects. Geographically, NSPs are available in 28 sites of the 68 districts of the country.

In 2011, 2,200,000 needles and syringes were distributed in the country, which translates into 88 needles/syringes per IDU (based on the total estimated number of IDUs in the country). Cumulatively, 15,871 clients were reached by harm reduction services in 2011, making up about 63% of the estimated number of IDUs in Tajikistan (National Coordinating Council on Prevention and the Fight against HIV, TB, and Malaria in the Republic of Tajikistan, 2012). Specifically, about 6133 IDUs were reached by needle and syringe programmes in 2011 (Burkhanova and Ibragimov, 2012). The provision of harm reduction materials to all programmes is done exclusively through GFATM funding, and at the present moment there are no alternative sources of funding, which jeopardises the future sustainability of harm reduction programmes

in the country (National Coordinating Council on Prevention and the Fight against HIV, TB, and Malaria in the Republic of Tajikistan, 2012).

### **7.2.1. Standards and evaluation**

With its orders dated March 1, 2010 (Ref No 110) and September 8, 2010 (Ref No 522), the Ministry of Health of Tajikistan approved “Guidance on the implementation of programmes on reducing the harm resulting from injecting drug use in the Republic of Tajikistan” and the “Guidelines on the interaction between public health services and public associations [NGOs] in the field of harm reduction”. The general standard requirement for harm reduction programmes implemented in the country is to ensure a broad variety, accessibility, and safety of services.

As highlighted in the Tajikistan National UNGASS Country Progress Report, in 2011, within the framework of a regional project for Eastern European and Central Asian countries and in collaboration with UNAIDS, UNDP, and the University of New South Wales (Sydney, Australia), a study on the cost-effectiveness of needle and syringe exchange programmes was carried out, in order to establish the role of the programme in preventing HIV infections in the Republic of Tajikistan. This assessment was carried out with the use of a standardised model, which was initially developed for the evaluation of needle and syringe exchange programmes in Australia and subsequently adapted to be used as a general tool for this study.

The study found that investments in needle and syringe exchange programmes in Tajikistan increased considerably between 2005 and 2010. The mean number of needles and syringes distributed and the proportion of IDUs reached by these programmes increased by more than 300%. It was clearly shown that the frequency of shared use of injecting equipment goes down as the number of needles and syringes distributed per IDU goes up. With the cost of the programme in this period being about 2.83 million USD, the cost of one averted HIV infection was 279 USD. According to estimates, needle and syringe programmes prevented between 19.8% and 30.7% of new HIV infections on average and between 20.7% and 30.4% of new hepatitis C infections. According to the forecasting made for the period up to 2020, a reduction in funding for needle and syringe exchange programmes and the distribution of sterile injecting equipment by 50% from the current (2010) level would lead to 3912 new HIV infections and 5533 new hepatitis C infections among IDUs. Additional public health expenses for the treatment of HIV-infected patients, as well as patients with hepatitis C, with a 15% coverage of those in need, would come to 40 million USD. With a further increase in the scope of needle and syringe programmes and the amount of drug injecting equipment distributed of 150-200% from the current level, the maximum level of cost-effectiveness of the programme is reached. Public health savings related to HIV and hepatitis C infections (with 15% coverage of those in need) would come to more than 7 million USD.

This study provided convincing, evidence-based data on the high level of effectiveness of needle and syringe exchange programmes, both in terms of reducing the risk of HIV and HCV infections and in terms of the cost-effectiveness of the development of public health strategies (National Coordinating Council on Prevention and Fight against HIV, TB, and Malaria in the Republic of Tajikistan, 2012).

## **8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION**

### **8.1. Introduction**

Drug users constantly face serious problems in social life (family relations, education, employment etc). In addition, a close relationship between illicit drug use, offences, and criminality has been observed.

### **8.2. Social problems**

No research on drug use-related social problems was conducted in 2011.

## 9. DRUG-RELATED CRIME

### 9.1. Introduction

The national authorities in Tajikistan collect, process, and analyse statistical data on drug-related crimes (also in terms of the specific characteristics of the groups involved in drug trafficking) and follow the trends and dynamics in drug-related crimes.

### 9.2. Drug-related crime

According to the data of the Tajik Drug control Agency, 16,864 offences (all criminal offences) were registered in Tajikistan in 2011. This is one of the highest numbers recorded over the past two decades. At the same time, the share of drug-related offences made up 5.5% of all criminal offences registered in 2011, a 0.1% difference compared to what was observed in 2010.

One of the reasons behind the increase in the number of registered criminal offences in Tajikistan is the improvement in the system of recording and registration. Thus, on December 22, 2009, the Government of Tajikistan approved the “Order for a unified registration of criminal offences and individuals who committed crimes” (Ref No 676).

As far as the structure of drug-related crimes committed in the Republic of Tajikistan is concerned, a comparison of the years 2011 and 2010 reveals an increase in the number of crimes that come under Article 200 of the Criminal Code of Tajikistan (illicit trafficking in narcotic drugs or psychotropic substances with the intent to sell) by 18.2%, those under Article 201 (illicit handling of narcotic drugs or psychotropic substances (without intent to sell)) by 5.9%, and those under Article 289 (smuggling) by 56.5%.

Nationwide, an increase in the numbers of drug-related crimes was observed in all regions in 2011, ranging from a 1.3% increase in the regions of republican subordination to 38.1% in Gorno-Badakhshan, although the annual absolute numbers of registered criminal offences, including drug-related crimes, are always the lowest in Gorno-Badakhshan.

The highest increase (over 38%) in the number of drug-related offences under Article 200 of the Criminal Code of Tajikistan was observed in Khatlon Province. Similarly, the number of drug-related offences under Article 289 increased more than twofold. However, the increase in the number of drug-related offences under Article 201 was one of the lowest (3.6%) compared to other regions.

The number of individuals arrested for drug-related offences in 2011 increased by 8.6% compared to 2010. Increases in the numbers of individuals arrested were observed in Sogd Province (31.1%), in Gorno-Badakhshan (20%), and in Dushanbe (5.3%). At the same time, the numbers of individuals arrested for drug-related crimes decreased by 21.7% in Khatlon Province and by 5% in the regions of republican subordination.

As in previous years, the majority of drug-related crimes registered in 2011 were committed by unemployed individuals (86.3% or 795). 60 women were arrested on drug charges in 2011, or 6.5% of the total number of individuals arrested on drug charges. Among these women, 43 (71.7%) were over 30 years of age; 17 (28.3%) were aged between 18 and 30.



Of 8 minors who were sentenced for committing drug-related crimes, 4 committed these crimes in Sogd Province, 2 in the city of Dushanbe, one in Khatlon Province, and one in the Tursunzade district.

As in previous years, the majority of individuals detained on drug charges in 2011 were aged over 30.

**Table 12: Number of all registered criminal offences including drug-related offences in the Republic of Tajikistan, 2005-2011**

	2005	2006	2007	2008	2009	2010	2011
Total number of individuals sentenced	6661	5126	6276	7392	7469	7491	7626
Including for committing drug-related offences	911	863	828	870	973	955	985

Source: The Drug Control Agency under the President of the Republic of Tajikistan

### 9.2.1. Individuals sentenced for drug-related crimes

According to data provided by the Tajik Drug Control Agency, in recent years the percentage of individuals sentenced for drug-related crimes has ranged between 12 and 13% of the total number of individuals sentenced (all crimes). The year 2011 was not an exception to this trend, with the percentage of those sentenced for drug-related crimes making up 12.9%.

**Table 13: The total number of individuals sentenced for committing criminal offences in Tajikistan, including the number of individuals sentenced for drug-related crimes 2005-2011**

	2005	2006	2007	2008	2009	2010	2011
Total number of individuals sentenced	6661	5126	6276	7392	7469	7491	7626
Including for committing drug-related offences	911	863	828	870	973	955	985

Source: The Drug Control Agency under the President of the Republic of Tajikistan

According to the data of the Tajik Drug Control Agency, about 70% of the drug-related crimes committed in Tajikistan are registered and classified under Article 200 of the Criminal Code, and the majority of criminal cases are submitted to the courts as having been committed under Article 200. In 2011, the majority of people sentenced for drug-related crimes were sentenced under Article 200 (75.4%) (72.3% in 2010). A similar trend is observed in the regions of Tajikistan.

In 2011, among those sentenced for criminal offences, 63.1% were neither employed nor studying at any educational institutions. Among those sentenced for drug-related crimes, 15.9% (157) had a diagnosis of “drug addiction”, and this was 2.9% higher than in 2010 (124). 41 women were sentenced for drug-related crimes in 2011, or 4.2% of all the individuals sentenced for drug-related crimes.

### 9.3. Alternatives to imprisonment for offenders with a drug dependence

In Tajikistan, no alternatives to punishment exist for those who commit drug offences. In every case, the court’s decision involves the application of some measure of punishment, depending

on the gravity of the offence committed (ranging from a fine to incarceration). Courts do not consider mandatory drug treatment as an alternative to incarceration.

#### **9.4. Assistance to drug users in prison**

There are 19 penitentiary facilities in Tajikistan, including 1 colony (settlement/camp for prisoners) for women, 1 specialised colony, 1 colony for minors, 1 medical penitentiary facility, 1 prison, 5 detention facilities, 3 residential colonies, and 6 correctional facilities. In total, the prison population in Tajikistan ranges between 7500 and 10,000 inmates. However, following an amnesty, over 4000 inmates were released from penitentiary facilities.

Assistance to drug users in penitentiary facilities is provided by the medical units of the facilities on the basis of the decision of the court on mandatory in-prison drug treatment. Essentially, this treatment is limited to detoxification. Depending on the health condition of an individual, they may be given vitamin therapy, glucose injections, intravenous injections of physiological solutions, and individual psychotherapy sessions. In 2011, there were 350 drug-dependent inmates in Tajik penitentiary facilities. With support from the Republican HIV/AIDS Centre, Assistance Foundation-Tajikistan, AIDS Foundation East-West, and GFATM, harm reduction services are implemented in the penitentiary facilities of Tajikistan, and other services are available as well, including HIV pre- and post-test counselling and drug awareness activities, with the latter being conducted for both staff and inmates.

GFATM implements HIV prevention programmes among inmates and provides financial support for the treatment and care of HIV-infected inmates. Since 2005, 16 friendly rooms have been operational throughout the penitentiary system of Tajikistan, where pre- and post-test counseling, STI diagnoses, and treatment are offered. On March 15, 2010, a pilot needle and syringe programme was introduced in correctional facility No 3/4 in Dushanbe. It is expected that this programme will be expanded to other penitentiary facilities as well. Furthermore, ARV therapy, TB treatment, and isoniazid TB preventive therapy are available in penitentiary facilities as well. At present, ARV therapy is available in all the penitentiary facilities of the Chief Department for the Execution of Criminal Punishments, with 90 people receiving this therapy. Annually, over 4000 inmates are reached with information and education activities.

The UNODC also supports prevention activities in prisons. Thus, a programme on professional standards for the personnel of penitentiary facilities has been developed, and an assessment of the drug situation in prisons has been carried out. Furthermore, two social case management bureaux were established to work with inmates before and after their release, and study tours for the staff of penitentiary facilities were organised.

The AIDS Foundation East-West provides support in the implementation of a combined approach project, where the activities are focused on both HIV and TB.

The Assistance Foundation-Tajikistan has provided financial support for HIV prevention activities in prisons since 2003, organising HIV and drug prevention educational programmes for both medical and non-medical staff.

With financial support from the Central Asian Regional HIV/AIDS Programme (CARHAP), an educational visit to Slovenia was organised for staff members of the Chief Department for the Execution of Criminal Punishments.

Through support from CADAP-4, an Atlantis model-based drug rehabilitation centre was established at the Central Hospital of the Chief Department for the Execution of Criminal Punishments of the Ministry of Justice of Tajikistan, with a total capacity of 24 beds. Seminars on drug treatment-related matters were conducted for 20 staff members of the penitentiary system. Furthermore, 8 staff members went on a study tour to Poland, where they were introduced to European approaches to drug treatment and rehabilitation.

A number of NGOs also conducted informational activities for inmates on health issues and disease prevention.

In 2010-2011, with financial support from GFATM, voluntary TB and HIV testing was offered to all inmates of Tajik penitentiary institutions. This resulted in 216 newly diagnosed HIV infections and 10 cases of HIV and TB co-infection. More than 17 thousand inmates were tested for these two infections during the course of these 2 years. See Table 8.

## 10. DRUG SEIZURES AND SEIZURE ANALYSIS

### 10.1. Introduction

Along with Turkmenistan and Uzbekistan, Tajikistan is one of the countries located on the so-called “Northern Route” of drug trafficking from Afghanistan to Central Asian countries, Russia, and Europe. All the opiates and cannabis drugs that are seized in Tajikistan are of Afghan origin, with the intensive transit of such drugs through the country having been observed since 1993.

### 10.2. Seizures

In 2011, 4,237.798 kg of narcotic drugs were seized in the country. This is 8.6% more than the amount of drugs seized in 2010 (3,902.716 kg) (DCA, 2012). The continuous increasing trend of the share of seizures of cannabis (primarily hashish) that was observed over the past several years was also documented in 2011. The share of cannabis seizures represented 76.2% of all the drugs seized, which is 20.5% more than in 2010. The percentage of opiate seizures decreased to the level of 23.8%.

Such a major change in the shares of drugs seized in Tajikistan can be explained by the expanding areas under cannabis in Afghanistan, with such expansion taking place over the past few years.

In 2011, with an average harvest of 44.5 kg of opium per hectare, a total of 5800 tons of opium were produced in Afghanistan, a 61% increase compared to 2010 (3,600 tons). According to preliminary estimations, in 2011, Afghanistan produced 82% of the opium produced globally. The total area under opium was 131,000 hectares, a 7% increase compared to 2010 (123,000 hectares).

In June 2011, the UNODC published a Review on Cannabis in Afghanistan based on the 2010 assessment, which suggested that Afghanistan has become a global leader in cannabis production. The fact that the opium plants in Afghanistan were affected by fungus was also of a certain importance in terms of contributing to a decrease in opium and heroin production in 2010.

In 2011, opium production in Afghanistan increased by 61%, and as a result of this, the amount of opiates seized in Tajikistan in the last quarter of 2011 increased.

The contemporary drug situation in the Islamic Republic of Afghanistan suggests that hashish will remain the major drug in terms of drug seizures in 2012, both in Tajikistan and the region as a whole. Furthermore, an increase in the seizures of opiates coming from the Afghani Badakhshan province is anticipated.

**Table 14: Narcotic drugs, psychotropic substances, and precursors seized in the Republic of Tajikistan, 2005-2011**

<b>Drugs</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Amphetamine-type psychotropic substances (tablets)	0	0	351	173	3164	188	2413*
Opiates (kg)	3449.01 (74.8%)	3484.25 (72.7%)	4096.09 (77.7%)	3382.47 (55.7%)	2198.84 (48.1%)	1729.54 (44.3%)	1007.76 (23.8%)
Cannabis (kg)	1164.43 (25.2%)	1305.54 (27.3%)	1174.06 (22.3%)	2690.98 (44.3%)	2372.76 (51.9%)	2173.18 (55.7%)	3230.04 (76.2%)

Source: The Drug Control Agency under the President of the Republic of Tajikistan

\* amphetamine

### **10.2.1. Cannabis**

#### **Cannabis drugs:**

Cannabis drugs make up the majority of drugs seized in the Republic of Tajikistan in 2011, with three different types being seized: cannabis, hashish, and bushes of the cannabis plant.

Cannabis seized in large consignments (50 kg and more) is often the well-dried upper parts of the cannabis plant, in sizes ranging between 5 and 20 centimetres. Cannabis that is seized from retail dealers is often packed in matchboxes containing between 3 and 10 grams of crushed substance (pieces of the plant in sizes up to 3 centimetres).

#### **Hashish:**

According to the data of the Drug Control Agency, hashish was mainly seized in the form of blocks with occasional stamps on the surface of the block, and in the form of sticks.

Importantly, the stamps on the surfaces of the blocks of hashish seized in Tajikistan are limited in their variety. Blocks of hashish with very similar stamps have been seized each year in Tajikistan for several years now. However, the majority of the blocks of hashish that are seized in Tajikistan do not have any marks on their surfaces. No cases of seizures of cannabis oil have been reported in Tajikistan for several years.

### **10.2.2. Opiates**

Opiates are the second most common type of drugs that are seized in Tajikistan. The opiates seized in Tajikistan are mainly opium and heroin. The opium consignments seized in Tajikistan in 2011 did not have any qualitative or quantitative chemical differences compared with opium seized in the country in the previous several years. On the retail market, opium is usually packed into small metal "Vaseline" tins containing 12-16 grams of opium and is sold to drug users in these packs. Occasionally, opium is packed in plastic packs of various sizes ranging between 50 and 500 grams. When such plastic packs containing opium are seized and examined, the examination usually reveals that wheat flour has been used as an adulterant.

As for the heroin seizures made in 2011, it was characteristic for the consignments that were seized to have a variety of differences in terms of their qualitative and quantitative chemical composition. As in 2010, heroin was often adulterated with medical substances such as caffeine,

paracetamol, and dextromethorphan. These admixtures are believed to strengthen the perceived effect of heroin. In such consignments with medical admixtures, the share of heroin ranged between 10 and 46%.

In 2011, the highest heroin content in a consignment that was seized was 81%, whereas the lowest heroin content was as low as 0.5%. In consignments which, along with the above admixtures, contained lactose or saccharose, the heroin content was less than 10%. On some occasions, the following substances were identified as adulterants in heroin consignments:

- metamizol (analgin), diphenhydramine (dimedrolum);
- chloroxine-phosphatum (hyngamine) – a medical drug used for the treatment of malaria;
- levometrophan and dextropropoxiphenum, which are narcotic substances used in medicine.

### 10.2.3. Amphetamine-type psychotropic substances

According to DCA data, amphetamine-type drugs were seized in Tajikistan in 2011, with such seizures also being reported in previous years. These were tablets containing MDMA (3,4-methylenedioxy-N-methylamphetamine, “Ecstasy”) and pieces of paper with logos/pictures containing DOB (2,5-dimethoxy-4-bromoamphetamine). In 2010, the first seizure of a new psychoactive substance, *meta*-Chlorophenylpiperazine (mCPP), was reported in Tajikistan. This substance is being used as a replacement drug to imitate the effect of MDMA. In 2011, there were some significant seizures of tablets containing this substance. Thus, in February 2011, 1045 tablets with a Mitsubishi logo were seized in Dushanbe. *Meta*-Chlorophenylpiperazine was the only psychoactive substance component that was contained in those tablets.

*Meta*-Chlorophenylpiperazine is not a controlled substance in Tajikistan, which creates further challenges in fighting the trafficking of this substance. At present, the inclusion of this substance in the national list of controlled narcotic drugs, psychotropic substances, and precursors approved by the Resolution of the Government of Tajikistan as of September 21, 2000, Ref No 390, is being considered. Other psychoactive substances which are not yet controlled in Tajikistan, but which are widely abused in other countries of the Commonwealth of Independent States and are controlled in Kazakhstan, the Russian Federation, and Ukraine, are also being considered for inclusion in the list.

### 10.2.4. Precursors

In 2011, two large consignments of concentrated sulphuric acid with a total weight of 12 tons 428 kg were seized in Sogd Province. In both cases, the sulphuric acid was in 20-litre plastic containers used for the storage of vegetable oil and belonged to the same individuals.

## 10.3. Price, purity

Forensic examination of the narcotic drugs and psychotropic substances seized in Tajikistan in 2011 highlights the following features:

- chemical analysis suggests that the heroin content in consignments seized in 2011 ranged between 20 and 85%. Among the admixtures contained in heroin consignment samples were the following substances: 6- monoacetylmorphine and acetylcodein, as well as caffeine, paracetamol, and dextromethorphan;
- in the consignments seized in 2011, there were no samples which contained adulterants. Only on a few occasions, in small seizures of opium, did the samples contain starch-containing substances;
- hashish seizures were either hashish sticks or rectangular-shaped hashish blocks. The sizes of those blocks varied in the following range of: width – 14-16 centimetres, length – 21-23 centimetres, and thickness – 2-3 centimetres.

**Table 15: Approximate prices of narcotic drugs in the Republic of Tajikistan (euro/kg), 2005-2011**

Drugs	2005	2006	2007	2008	2009	2010	2011
High-quality heroin	5937	3962	4075	4850	4362	4387	4812
Low-quality heroin	1637	1412	1500	2587	2200	2937	2450
Opium	600	452	396	556	443	556	493
Hashish	620	587	537	475	406	368	281
Cannabis	290	302	308	390	377	251	168

Source: The Drug Control Agency under the President of the Republic of Tajikistan

The price of narcotic drugs on the black market in Tajikistan increases with the increase in the distance from the state border with Afghanistan. Thus, as of January 1, 2011, the price of 1 kilogram of high-quality heroin was 3278 Euro in Gorno-Badakhshan, between 2608 and 2831 Euro in the Khatlon Province, between 2980 and 3353 Euro in Dushanbe and the districts of republican subordination, and between 3353 and 4470 Euro in Sogd Province.

In Gorno-Badakhshan, the price of one kilogram of opium was in the range of 149-373 Euro; it was between 261 and 298 Euro in Khatlon Province, between 410 and 477 Euro in Dushanbe, and between 596 and 745 Euro in Sogd Province.

In Gorno-Badakhshan, the price of one kilogram of cannabis was 75-127 Euro; it was between 90 and 112 Euro in Khatlon Province, between 164 and 187 Euro in Dushanbe, and between 298 and 447 Euro in Sogd Province.

Table 16 below contains the approximate prices of narcotic drugs in Tajikistan, by types of drugs and by regions.

**Table 16: Approximate prices of narcotic drugs in Tajikistan in 2011, by types of drugs and regions (Euro/kg)**

Regions	Heroin		Opium	Hashish	Cannabis
	High-quality	Low-quality			
	2011	2011			
Khatlon Province	2608-2831	1862-2235	261-298	187-224	90-112
Gorno-Badakhshan Autonomous Province	3278	2980	149-373	112-149	75-127
Dushanbe	2980-3353	1862-2235	410-447	224-261	164-187
Sogd Province	3353-4470	1490-1862	596-745	447-596	298-447

Source: The Drug Control Agency under the President of the Republic of Tajikistan

### **10.3.1. Specialised study on drug markets in Tajikistan**

In 2011, a study on drug crime and the narcotics markets was carried out in Tajikistan. In this study, 20 drug users were interviewed between April and June 2011 in the cities of Dushanbe and Vakhdat, as well as in Khatlon Province and the Gorno-Badakhshan Autonomous Province. Many of these respondents noted that they do not face any difficulties in obtaining drugs, and that heroin has become more easily available over the past twelve months. They suggested that the quality of the heroin has increased and that more people, primarily drug users themselves, are getting involved in the retail drug trade (Central Asian Drug Policy Centre, 2011).



## ANNEXES

### List of full references to drug legislation acts adopted in Tajikistan

1. Three UN anti-narcotics conventions (1961, 1971, and 1988) were ratified in December 1996.
2. The law of the Republic of Tajikistan “On narcotic drugs, psychotropic substances, and precursors” of 1999, Ref № 873.
3. The Law of the Republic of Tajikistan “On the Licensing of Certain Type of Activities”, May 2004, Ref № 37.
4. The Law of the Republic of Tajikistan “On Narcological Care” dated December 8, 2003, Ref № 67.
5. The Law of the Republic of Tajikistan “On Militia” dated May 17, 2004, Ref № 41.
6. Criminal Code of the Republic of Tajikistan, dated May 21, 1998, Ref № 576.
7. Code on Administrative Offences of the Republic of Tajikistan, dated November 26, 2008, Ref № 1177.
8. Code on the Execution of Criminal Punishments of the Republic of Tajikistan, dated December 8, 2003, with amendments dated December 29, 2010.
9. The Decree of the President of the Republic of Tajikistan “On the Approval of the Draft Single Concept of an Anti-drug Coalition”, dated June 25, 2003, Ref № 1101.
10. The Decree of the President of the Republic of Tajikistan “On urgent measures to expand the fight against illicit drug trafficking”.
11. The Decree of the President of the Republic of Tajikistan “On urgent measures to scale up the fight against illicit drug trafficking” dated April 12, 1996, Ref № 464.
12. The Decree of the President of the Republic of Tajikistan “On establishing a Drug Abuse Prevention Coordination Council” dated April 3, 2004, Ref № 1310.
13. National List of Narcotic Drugs, Psychotropic Substances, and Precursors, approved by the Resolution of the Government of the Republic of Tajikistan, Ref № 390, dated September 21, 2000.
14. The Resolution of the Government of the Republic of Tajikistan “On the approval of the order of the use and on the regulation of the legal trading of precursors in the Republic of Tajikistan”, dated March 31, 2003, Ref № 12.
15. The Resolution of the Government of the Republic of Tajikistan “On the rules for the importation and exportation of medical drugs, medical commodities, narcotic drugs, psychotropic substances, and precursors used in medicine in the Republic of Tajikistan” dated April 2, 2009, Ref № 204.

16. Joint Decree of the Ministry of Health and the Ministry of Internal Affairs of the Republic of Tajikistan “On Enhancing the Fight against Drug Addiction and Ensuring the Legal Trading of Narcotic Drugs”, June 25, 2001, Ref. No. 202/437.
17. Joint Decree of the Ministry of Health and the Ministry of State Revenues “On Rules for the Transit of Narcotic Drugs by Individuals (Residents and Non-Residents of Tajikistan) through the Republic of Tajikistan”, February 12, 2004, Ref. No. 74/34.
18. Joint Decree of the Ministry of Health and the Drug Control Agency under the President of the Republic of Tajikistan “On organising the work with narcotic medical drugs”, dated March 3, 2005, Ref № 103.
19. Bylaws of the Licensing Commission on licensing activities in the field of the legal trading of narcotic drugs, psychotropic substances, and precursors.
20. Bylaws of the Drug Abuse Prevention Coordination Council, dated April 3, 2004, Ref № 1310.

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## List of abbreviations

ARV therapy – Antiretroviral therapy

DCA – The Drug Control Agency under the President of the Republic of Tajikistan

GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria

HBV – Hepatitis B virus

HCV– Hepatitis C virus

HIV – Human immunodeficiency virus

IDU – Injecting drug user

Mol – Ministry of the Interior

MoH – Ministry of Health

NGO – Non-governmental organisation

STIs – Sexually transmitted infections

PLWH – People living with HIV

UNODC – United Nations Office on Drugs and Crime

## REFERENCES

DCA. (2012). *Review of the drug situation in the Republic of Tajikistan for 2011*. Dushanbe: The Drug Control Agency under the President of the Republic of Tajikistan.

National Coordinating Council on the Prevention and Fight against HIV, TB, and Malaria in the Republic of Tajikistan. (2012). N. Available at:  
[http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce\\_TJ\\_Narrative\\_Report\[1\].pdf](http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_TJ_Narrative_Report[1].pdf)

Public Association “Volunteer”. (2011). Report on the overdose prevention project among injecting drug users.

Public Association “Rost”. (2011). Analysis of drug legislation of the Republic of Tajikistan. Study report. Dushanbe.

Central Asian Drug Policy Centre. (2011). *Kyrgyzstan through the prism of the drug economy*. Bishkek. (see a chapter by Latypov, A., pp. 314-376, Drug Dealers, Drug Lords and Drug Warriors-cum-Traffickers: Drug Crime and the Narcotics Markets in Tajikistan).

APMG. (2009). Project report: ‘Support to national AIDS response to scale up HIV prevention and care services in Tajikistan.’ AIDS Projects Management Group: For UNDP Tajikistan.

Nidoev, S. (2012). The threat of drug trafficking and drug dependence in the Republic of Tajikistan. 55th Session of the Commission on Narcotic Drugs. Side-event on “Reducing the Negative Health and Social Consequences among Injecting Drug Users in Central Asia – How to Create an Enabling Environment for the Prevention and Treatment of Drug Dependence”, Vienna, March 2012.

UNDP. (2011). Annual Project Report, 2009-2010.

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## ТАҶИКИСТАН ТАДЖИКИСТАН

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