



Tajikistan

DRUG SITUATION AND DRUG POLICY

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Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs



Preface

The Pompidou Group is publishing a series of “Country Profiles” to describe the current drug situation and policy of its Member States and States and countries of the European neighbourhood, including Central Asia. The aim is to provide an overview on the issues and developments related to illicit drugs and provide information about the policies, laws and practical responses in place. It is hoped that the Country Profiles will become a useful source of information and reference for policy makers, practitioners and other interested audiences.

This publication examines the state of affairs and drugs policy in Tajikistan and provides a descriptive analysis for an interested audience on drug related developments in the country, existing policies and legislation, as well as information on prevention and treatment measures and law enforcement activities. Furthermore, the role of substitution treatment and harm reduction programmes as well as treatment options available in prisons are described. In addition, it provides an overview of the various international commitments and relations with neighbouring countries in the areas of demand and supply reduction. Overall, the publication provides an overview on the state of implementation of the national drug policy in Tajikistan.

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Mr Jan MALINOWSKI

Executive Secretary of the Pompidou Group

ADC	Agency for Drugs Control of the Republic of Tajikistan
AIDS	Acquired immunodeficiency syndrome
BOMCA	EU Programme to facilitate the management of borders in Central Asia
CADAP	Central Asian Drug Action Programme
CARICC	Central Asian Regional Information and Co-ordination Centre
CSTO	Collective Security Treaty Organization
DEA	Drug Enforcement Administration
EU	European Union
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDU	Injecting drug users
NGO	Non-governmental organization
OSCE	Organization for Security and Co-operation in Europe
OST	Opioid substitution therapy
SCO	Shanghai Co-operation Organization
STI	Sexually transmitted infections
UN	United Nations Organization
UNODC	United Nations Office for Drugs and Crime

Notes on terminology:

“friendly rooms” are offices or spaces organized within AIDS centres and dermatovenerologic institutions to provide medical services to vulnerable groups on issues related to HIV/AIDS and STIs.

“narcomania” is a term commonly used in former Soviet countries for a condition of psychological addiction and physical dependence on a drug. It continues to be used in Kazakh practice and legislation.

“prison” – in the context of this text the term means pre- and post-trial facilities

“prisoner” – in the context of this text the term means people in pre- and post-trial facilities

“toxicomania” is a term commonly used in former Soviet countries for a condition of psychological addiction and physical dependence on psychotropic substances and also non-medicinal substances of synthetic or natural origin, similar to narcotic drugs in their psychoactive effects. It continues to be used in Kazakh practice and legislation.

“trust points” are offices or spaces organized within AIDS centres or health care institutions to provide free access for vulnerable groups, including IDUs, to anonymous and confidential health services. They provide information, training and counselling, disinfectants, needles and syringes as part of needle and syringe exchange programmes and also co-ordinate outreach activities with vulnerable groups.

“valeology” is a term referring to a “general theory of health” claiming to have a holistic approach to physical, moral and spiritual health of an individual.

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Figure 1. Map of the Republic of Tajikistan

Introduction

Country overview

The Republic of Tajikistan is a state in Central Asia which is a presidential republic. The country has presidential and parliamentary elections on a regular basis. The capital is Dushanbe. The area is 143,100 square kilometers. The local currency is the somoni (1 € = approximately 7 somoni).

Tajikistan is located in the southeast of Central Asia. 93% of the territory is part of the mountainous system of Central Asia – Tian-Shan and Pamir.

The Republic of Tajikistan has borders with the following republics: in the south – with the Islamic Republic of Afghanistan (1,030 km), in the west and in the north – with the Republic of Uzbekistan (910 km) and the Kyrgyz Republic (630 km), in the east – with the People's Republic of China (430 km). The length of the state border is 700 km from west to east and 350 km from north to south. ¹

The administrative-territorial division of Tajikistan is structured as follows: 1 autonomous province, 2 provinces, 62 districts, 17 towns, 57 settlements, and 370 rural communities. ²

Tajikistan holds the biggest silver ore deposits in Central Asia. Tajikistan takes the leading place in the Central Asian region in terms of lead and zinc ore deposits. It also holds the most coal reserves in Central Asia. The total geological reserves make up about 4 billion tons. 80% of the coal is coking coal. In terms of antimony reserves, the country comes third after China and Thailand in Asia and it is number one among the CIS countries. One of the main metals of central Tajikistan is tin. ³

¹ *Tajikistan in figures, 2014. Agency on statistics under President of the Republic of Tajikistan. P.9 Available at: http://www.stat.tj/en/img/695c206e2b1ce86f333f33fdc268a469_1439617381.pdf*

² *Ibid., P.18*

³ *Minerals of Tajikistan. Tajik Development Gateway information portal: www.tajik-gateway.org*

The main areas of agricultural industry are: cotton, grain, potato, vegetables, cucurbits, and also horticulture and grapes viticulture. Fast growing industries are cattle breeding, bee-keeping (apiculture), poultry breeding and fishing industry. The export of dried fruits, grapes and fresh fruits.

Tajikistan has rich water resources which are considered strategic. 947 rivers with the total length of over 28,500 km and 1,300 lakes with the total area of 705 square kilometres. ⁴

General population statistics

The total size of the population as of 1 January 2014 was 8,161,000 people of which 4,124,200 were men and 4,036,900 women. For the beginning of 2014, 2,170,900 were city dwellers and 5,990,200 people lived in rural communities. The specific weight of urban population in 2012 was 26.6% whereas 73.4% were rural population. There is a tendency for rural citizen to move to the cities. ⁵ Life expectancy in 2013 was 73.4 years: 71.6 years for men and 75.3 years for women.

The number of people who were born was 209,400 people, 25.9 people per 1,000 of population. The number of people who died was 31,700 people, 3.9 people per 1,000 of population.

According to the official data, the number of able bodied people in 2013 was 4,920,100 people. The population below the able bodied age at the age from 0 to 14 years was 2,844,200 people, above the able bodied age – 396,800 people.

The number of officially registered unemployed people was 53,900. The average monthly salary was 694.89 somoni. The minimal monthly salary for the end of 2013 was 250 somoni. The export is 1,161.8 million US dollars, the import is 4,150.7 million US dollars. ⁶

The number of immigrants in 2013 was 36,300 people; 4.5 people per 1,000 of population. The number of emigrants was 40,300 people.

⁴ *Tajikistan in figures, 2014. Agency on statistics under President of the Republic of Tajikistan. P.12-14.*

⁵ *Ibid., P.25-26.*

⁶ *Ibid., P.21-22.*

Drug situation in the Republic of Tajikistan

Drug use among the general population

In 2007 in the city of Dushanbe and in 3 provinces of the Republic of Tajikistan – in the autonomous province of Gorno-Badakhshan, in Soghd and Khatlon provinces – the United Nations Office for Drugs and Crime (UNODC) conducted a survey based on the European School Survey Project on Alcohol and Drugs (ESPAD) that was used among respondents at the age of 15-16 year (schoolchildren of 8-10 forms). The total number of survey respondents was 5,003. Among them 2,369 were boys (47.4%) and 2,634 were girls (52.6%).⁷

The survey showed that schoolgirls were more aware of drugs than schoolboys. The 11 most prevalent drugs were included into the list of narcotic drugs, including relevin, a “fictitious” substance. 46.9% of girls and 39.5% of boys responded that they knew marijuana. 31.2% of respondents knew cocaine. Heroin with 31% of respondents came third. 26.4% of schoolchildren also knew about opium.

On the average, 96% of respondents noted that drugs could be “quite easily” obtained. 1.2% of boys and 1% of girls were willing to try a drug. The results of this survey showed that 45.1% of boys and 48.1% of girls responded that they would admit the use of drugs, in particular the use of marijuana and hashish. 34.4% of schoolchildren claimed that they would never admit the use of drugs.

Among the surveyed schoolchildren 0.5% tried a drug 1-2 times in their lifetime. Most prevalent was the use of inhalants. 1.9% of boys and 1.2% of girls tried inhalants at least once in their lifetime. 0.5% of all the surveyed schoolchildren had used marijuana and hashish. The first ever use of drugs most frequently recorded at the age of 16 and concerned mainly marijuana, amphetamines and tranquilizers.

⁷ Country overview: Tajikistan. European Monitoring Centre for Drugs and Drug Addiction: <http://www.emcdda.europa.eu/publications/country-overviews/tj>

In 2011 the Agency for Drugs Control at the President of the Republic of Tajikistan conducted a survey among schoolchildren, medical workers, law enforcement workers and workers from the local self-government bodies. 2,544 questionnaires were analyzed. 956 questionnaires were not accepted for analysis because of being incomplete.

Over 80% of respondents believed that narcotic drugs in their city were either practically not used or were used by very few people only. Almost 40% of respondents thought that drugs were either inaccessible or difficult to access. 38.5% of respondents believed that drugs were either accessible or easily accessible. Over 20% could not answer the question about the accessibility of illicit drugs. According to respondents, most accessible illicit drugs were cannabis (33.5%), heroin (26.78%) and opium (17.21%).⁸

Problem drug use

Officially there are 7,116 registered drug users in Tajikistan. At the same time, the overall drug situation is apparently gradually stabilizing according to government statistics. In 2011-2013 there was a decline in the number of registered people with addiction.

Table 1. Number of people with addiction in the period of 2007–2013⁹

Republic of Tajikistan (years)	2007	2008	2009	2010	2011	2012	2013
Total number of people with addiction	8,744	8,645	8,018	7,398	7,117	7,231	7,116
Incidence per 100,000 population	122.4	118.4	108.7	98.2	94.5	93.8	88.5
Men	95.0	94.2	95.3	95.8	96.7	90.9	86.1
Women	5.0	5.8	4.7	4.2	3.3	3.8	2.4
Primary prevalence per 100,000 population	12.7	6.71	9.08	5.04	9.6	8.8	8.3

⁸ Национальный отчет о наркоситуации в Республике Таджикистан 2012. Национальный центр мониторинга и профилактики наркомании Министерства здравоохранения республики Таджикистан. Р16.

⁹ Обзор наркоситуации в Республике Таджикистан. 2014. Р.54.

Most drug users use heroin. It is also worth noting that the structural composition of users of narcotic drugs and psychotropic substances is different from the composition of officially registered people with addiction. This is related to the fact that users of cannabis drugs rarely seek narcological assistance.

Table 2. Structure of drug use in terms of drug types

Republic of Tajikistan (years)	2010		2011		2012		2013	
Total number of drug users	7,398		7,117		7,231		7,176	
Including the types:	Number	%	Number	%	Number	%	Number	%
Cannabis	376	5.1	264	3.8	304	4.2	311	4.3
Opium	1,056	14.2	719	10.1	704	9.7	697	9.7
Heroin	5,552	75.1	5,798	81.4	5,865	81.1	5,791	80.6
Polydrug use	414	5.6	336	4.7	357	4.9	376	5.2
MDMA	-	-	-	-	1	0.01	1	0.01

In Tajikistan among people with addiction 3-4% are women. This indicator is determined by the social, ethnic and cultural status of women in the society and according to traditional norms of conduct.

In the age structure in 2013 the age category of 35–59 years prevails. Out of the total number of people registered with the narcological service 71.07% are urban population. In general, people with addiction are unemployed (94.1%).

Table 3. Social and demographic characteristics of people with addiction in the Republic of Tajikistan in 2010-2013 (according to the data from narcological institutions) ¹⁰

Republic of Tajikistan (years)	2010		2011		2012		2013	
Total number of drug users	7,398		7,117		7,231		7,176	
Including (number and percentage):	Number	%	Number	%	Number	%	Number	%
Before 14 years	0	-	0	-	0	-	0	-
15–17 years	0	-	0	-	2	0,02	0	-
18–34 years	2,587	34.9	2,314	32.5	2,108	29.3	2,341	32.6
35–59 years	4,774	64.5	4,739	66.5	5,033	69.6	4,755	66.26
Over 60 years	47	0.6	64	0.89	88	1.21	80	1.11
Rural population	1,276	17.2	1,558	21.8	2,103	29.08	2,076	28.9
Urban population	6,122	82.8	5,559	78.1	5,128	70.91	5,100	71.07
Pupils	0	-	0	-	0	-	0	-
Students	0	-	0	-	0	-	0	-
Employed	800	10.8	666	9.3	581	8.03	424	5.9
Unemployed	6,598	89.2	6,451	90.6	6,650	91.96	6,752	94.1

Since 2001 the number of injecting drug users (IDUs) has been increasing. In 2013 the number of IDUs registered with the narcological service was 4,837 people (67.2%) of the total number of estimated people with addiction.

The statistical data about people registered with the narcological service are made up of only those who voluntarily seek narcological assistance. According to the estimates of the AIDS Project Management Group conducted by the multiplication method and DELPHA in 2009, the real number of IDUs in Tajikistan was estimated at 25,000, with a possible range of 20,000-30,000. ¹¹

¹⁰ *Ibid.*, P.57.

¹¹ *Project report: Support to national response to AIDS by strengthening of HIV prevention and care services in Tajikistan. AIDS Projects Management Group (2009).*

Table 4. Dynamics of the specific weight indicator of IDUs among those registered with the narcological service in the Republic of Tajikistan in 2010–2013

Republic of Tajikistan (years)	2010		2011		2012		2013	
Total number of drug users	7,398		7,117		7,231		7,176	
Including (number and percentage):	Number	%	Number	%	Number	%	Number	%
IDUs	4,578	61.8	4,185	58.8	4,882	63.3	4,837	67.2

Mortality among drug users

According to the data from the Republican Centre of Forensic Expertise, 39 cases of death of people from drugs, including 4 women, were registered in 2011. All 39 people had used heroin.¹² In 2012 the number of deaths decreased to only 33 cases, whereas in 2013 the number of drug-related deaths increased again to 45.¹³

Table 5. Drug-related mortality with ranking of drugs as primary cause of death

	2009	2010	2011	2012	2013
Number of deaths related to drug use	42	78	39	33	45
Including by drug type:					
Heroin	38	78	39	n/a	45
Opium	4	0	0	0	0

Drug-related crime

In 2013, 18,336 crimes were registered in Tajikistan. For the period from 2010 to 2013 this is the highest indicator of crime: the number of general crimes rose by

¹² Национальный отчет о наркоситуации в Республике Таджикистан 2012. Национальный центр мониторинга и профилактики наркомании Министерства здравоохранения Республики Таджикистан. P.33.

¹³ Paris pact report. UNODC. 2014. P.164. Available at: <https://www.paris-pact.net/upload/6eaea53ad96285902e6267865d913051.pdf>

26%. Out of the total number of crimes, 936 criminal offences were drug-related. As compared to general crime, drug-related crime was growing at a slower rate, from 2010 to 2013 – by 14.7%. ¹⁴

Table 6. Crimes registered in the Republic of Tajikistan in 2010–2013.

	2010	2011	2012	2013
General crimes	14,548	16,864	16,593	18,336
Drug-related crimes	816	927	895	936

Out of 936 drug-related crimes registered in 2013 by law enforcement agencies, 634 (67.7%) fell under Article 200 of Criminal Code “Illicit trafficking of narcotic drugs or psychotropic substances with the aim to sell”. In 2013 867 criminal proceedings related to illicit trafficking of drugs were instituted (by 5.1% more than in 2012).

In 2013 the cost of narcotic drugs per kilo varied from 50 to 6,000 US dollars depending on the substance.

Table 7. Price (in US dollars) of narcotic drugs per kilo from 2009 to October 2013 ¹⁵

	2009	2010	2011	2012	1 Oct 2013
Heroin, high purity	3,000-8,000	3,500-6,000	4,000-6,000	3,800-6,000	3,800-6,000
Heroin, middle purity	1,300-4,000	2,000-4,000	2,000-3,000	n/a	n/a
Opium	00-800	250-1,000	400-700	400-1,000	400-650
Cannabis	50-950	100-600	50-100	200-800	50-350
Hashish	100-950	150-800	150-500	300-800	90-350

Analysis of drug-related crimes for the period from 2010 to 2013 indicates their decline in the city of Dushanbe and Soghd province, but their rise in the autonomous province of Gorno-Badakhshan (by 2.4 times), Khatlon province (by 36.9%) and in the districts subordinated to national government (by 47.4%).

¹⁴ Обзор наркоситуации в Республике Таджикистан за 2013. 2014. P.6-7.

¹⁵ Paris pact report. UNODC. 2014. P.161.

In 2013, 988 people were detained for committing drug-related crimes in the Republic of Tajikistan (in 2012 – 989). Most of the detained people come from the city of Dushanbe and Soghd province. The proportion of people who had committed drug-related crimes, at the age of over 30 years was 69.7%, the proportion of the age range from 18 to 30 years was 29.3%, the number of minors involved was 1%. The number of women who had committed drug-related crimes in 2013 as compared to 2012 declined from 33 to 31.¹⁶

In 2013, 9,162 people were sentenced for committing general crimes in Tajikistan, out of them 1,049 people were sentenced for drug-related crimes. In 2013 36 women were sentenced for committing drug-related crimes.

Table 8. Number of people sentenced for crimes in 2010–2013

	2010	2011	2012	2013
Total number of prisoners	7,491	7,626	8,467	9,162
Number of prisoners for drug-related crimes	955	985	1,054	1,049

In 2013, as compared to 2012, the number of people with addiction who had been sentenced for illicit trafficking of drugs declined by 22.8%, but this indicator is still by 12.1% higher than in 2010. Since 2010 the country has witnessed a tendency of growing volumes of seized drugs. For this period in Tajikistan the volume of seized drugs rose by 71.3% from 3,902.7 kg in 2012 to 6,686.5 kg in 2013.

Table 9. Volume of narcotic drugs seized by law enforcement in 2010–2013.

	2010	2011	2012	2013
Volume of seized narcotic drugs (in kg)	3,902.71	4,237.79	5,978.840	6,686.534

Most drugs were seized in Khatlon province that is close to Afghanistan. The share of seizures in this province rose from 40.7% (2010) to 61.2% (2013).

Since 2011 in the volume of seized drugs the proportion of opiates has declined sharply and the proportion of cannabis drugs has risen. In 2013 the proportion of seized opiates was 18.8% whereas the proportion of cannabis drugs rose to 81.2%.

¹⁶ 2Обзор наркоситуации в Республике Таджикистан за 2013 год. 2014. Р.9.

Table 10. Volume of drugs from opium and cannabis groups for the period of 2008–2013

	2008	2009	2010	2011	2012	2013
Cannabis group	44.3	51.9	55.7	76.2	80.8	81.2
Opium group	55.7	48.1	44.3	23.8	19.2	18.8

In 2013 the volume of cannabis drugs seized was 5,428.627 kg (since 2012 a rise by 12.3%). From illicit trafficking of opiates 1,257.907 kg were seized (1,146,134 kg in 2012), out of which 483.8 kg was heroin and 774 was opium.¹⁷

In 2013 single cases of seizure of psychoactive drugs were registered: tablets with meta-chlorophenylpiperazine (m-CPP) in the amount of 2,013 pieces, 6 tablets of MDMA, 408 tablets of phenobarbital and 52 tablets of diazepam in the Republic of Tajikistan.

All in all, 43 non-citizens were detained in Tajikistan in 2013, compared with 28 in 2012.

Table 11. Arrests of and drugs seized from non-citizens¹⁸

	2009	2010	2011	2012	2013
National citizens	845	805	871	989	742
Foreign citizens	39	43	50	28	43
Afghanistan	25	25	32	16	36
Iran	0	0	0	5	1
Pakistan	0	5	0	0	0
China	0	1	1	0	0
Lithuania	0	2	0	0	0
Others	14	12	17	9	6

In 2013, a total of 618 kg (compared with 222 kg in 2012) of illicit drugs were seized from non-citizens. Of the total number of detained people, 36 people were citizens of Afghanistan from whom 567 kg were seized.¹⁹

¹⁷ Обзор наркоситуации в Республике Таджикистан за 2013. 2014. P.13-14.

¹⁸ Paris pact report. UNODC. 2014. P.158.

¹⁹ Обзор наркоситуации в Республике Таджикистан за 2013. 2014. P.18.

Situation in prisons

In 2010, prison population in Tajikistan was estimated at about 10,000 prisoners. According to the data from Department of Corrections responsible for execution of sentences of the Ministry of Justice,²⁰ the number of prisoners in Tajikistan decreased from 12,500 in 2005 to 8,000 people in 2009. Those prisoners were kept in 19 correctional institutions.²¹

According to the information contained in annual reports of the Agency for Drugs Control, 24.4% of all prisoners were sentenced for drug-related crimes in 2001. From 2008 to 2010 the total number of prisoners per year was 7,000-8,000 people, of them 12% -13% were involved in drug-related crimes.²²

From 2005 to 2009 the number of HIV infection cases among prisoners in 2 cities (Dushanbe and Khudzhand) increased from 6.2% to 8.6%. Experts believe that sharing injecting equipment and availability of drugs contributed significantly to the HIV epidemic in prisons in Tajikistan.²³

Epidemiological situation

HIV/AIDS. According to the Republican AIDS centre 5,382 HIV infected people were registered in 2013 in Tajikistan, out which 2,878 (53.5%) were IDUs.²⁴ As of 1 January 2014 5,550 HIV infected people were registered.²⁵ In 2013 there were 876 new cases of HIV infection registered out of which 239 (28%) were IDUs. Most of drug users practice unsafe sex which leads to the spread of HIV through the sexual route. Implementing harm reduction programmes in the Republic of Tajikistan facilitate the change of the situation and the reduction of this indicator for the route of HIV transmission among IDUs.

²⁰ According to Resolution of the Government of the Republic of Tajikistan No.343 "On making changes and amendments into some resolutions of the Government of the Republic of Tajikistan" of 1 July 2011 changes were made into Resolution of the Government of the Republic of Tajikistan No.587 "On the Ministry of Justice of the Republic of Tajikistan" of 28 December 2006.

²¹ Latypov A. Drug dealers, drug lords and drug warriors-cum-traffickers: drug crime and the narcotics market in Tajikistan. Report. P.16. Eurasian harm reduction network. Available at: http://traccc.gmu.edu/pdfs/Latypov_FINAL_EN.pdf

²² *Ibid.*, Page 16.

²³ *Ibid.*, Page 17.

²⁴ Обзор наркоситуации в Республике Таджикистан. 2014. P.58-59.

²⁵ Statistics at the website of the Tajik Republican AIDS Centre: www.nc-aids.tj

Hepatitis C virus (HCV). According to the Ministry of Health of the Republic of Tajikistan statistics, in 2011 84 cases of Hepatitis C virus were registered. According to the Sentinel Epidemiological Surveillance for 2011, the highest HCV prevalence among IDUs was detected in the cities of Dushanbe (36.2%) and Khorog (21.4%); the lowest prevalence was detected in the city of Istaravshan (2.7%).²⁶

Syphilis. According to the statistics from the Ministry of Health of the Republic of Tajikistan in 2011 273 cases of syphilis among general population were officially registered. According to the data from the Sentinel Epidemiological Surveillance for 2011, the highest prevalence of syphilis among IDUs was detected in the cities of Tursunzade (16.5%) and Vakhdat (16.4%); the lowest prevalence – in the cities of Istaravshan (2%) and Kulyab (2.3%).²⁷

²⁶ Национальный отчет о наркоситуации в Республике Таджикистан 2012. Национальный центр мониторинга и профилактики наркомании Министерства здравоохранения Республики Таджикистан. Р.31.

²⁷ Ibid., Р.31.

Drug policy in the Republic of Tajikistan

National drug strategy

By Decree of the President of the Republic of Tajikistan No.1409 "National strategy to combat illicit trafficking of drugs in the Republic of Tajikistan for 2013–2020" of 13 February 2013 was approved. This first ever strategy in Tajikistan is the fundamental policy document regulating the activities of ministries, structures and agencies responsible for drug control.

The main aim of the strategy is a significant reduction of illicit proliferation of narcotic drugs and their non-medicinal use, the scale of consequence of their illicit trafficking for the safety of people's health, society and the state.²⁸

This aim of the Strategy is implemented through:

- Improving the system of measures aimed at organizing efforts to combat illicit drug trafficking;
- Demand reduction among the population;
- Improving the system of a timely identification of people with drug addiction, improving the quality of treatment and their social rehabilitation;
- Providing a system of state control over drug trafficking;
- Improving drug-related legislation.

To effectively implement the Strategy, sectoral and agency-based programmes to combat illicit trafficking of drugs and drug prevention are foreseen.

²⁸ *National Strategy of combating illicit drug trafficking in the Republic of Tajikistan for 2013 – 2020, approved by Decree of President of the Republic of Tajikistan No.1409 of 13 February 2013.*

Co-ordination mechanisms in the field of drugs

One of important measures, adopted by the Government of the Republic of Tajikistan in the sphere of drugs control, is setting up co-ordination bodies at different levels to co-ordinate activities of law enforcement agencies in combating illicit drug trafficking.

By Decree of the President of the Republic of Tajikistan No.1310 of 3 April 2004 the Co-ordination Council to prevent drug abuse was set up at the Government level. This is the main body to co-ordinate activities of ministries, agencies, and organizations, irrespective of their status and legal basis, in the sphere of prevention of drug abuse.

The main tasks of the Co-ordination Council are:²⁹

- To identify priorities in preventing drug abuse in the Republic of Tajikistan;
- To co-ordinate activities of ministries, agencies, governmental and non-governmental organizations, bodies of state power (khukumats) responsible for preventing drug abuse;
- To analyze activities of ministries and agencies with regard to implementing Law of the Republic of Tajikistan "On narcotic drugs, psychotropic substances and precursors";
- To ensure that prevention activities aimed at preventing drug abuse are implemented effectively;
- To provide regular control over implementation of appropriate national and sectoral programmes and other policy documents in the sphere of drug prevention and combating proliferation of drug abuse;
- To find necessary resources for effective implementation of national and sectoral programmes and other policy documents in the sphere of drug prevention and combating proliferation of drug abuse;
- To organize interaction among governmental and non-governmental organizations, and also international organizations, accredited in the Republic of Tajikistan, on the issues related to drug prevention; etc.

To improve the system of anti-drug law enforcement agencies, the Agency for Drugs Control was set up in 1999 at the President of the Republic of Tajikistan. The main tasks of the Agency for Drugs Control are co-ordination

²⁹ Regulation of the Co-ordination Council on the prevention of drug abuse, approved by Decree of President of the Republic of Tajikistan No.1310 of 3 April 2004.

and control over activities of state bodies responsible for trafficking of narcotic drugs, psychotropic substances and their precursors, combating their illicit trafficking, preventing drug use, and also co-ordinating activities of drug prevention NGOs.³⁰

The main functions of the Agency for Drugs Control are:³¹

- identification, prevention, interdiction and solving crimes, related to narcotic drugs, psychotropic substances and their precursors, identification and interdiction of activities of criminal drug gangs with regional and international connections, and also people privy to this category of crimes;
- implementation of measures to ensure internal security;
- participation in the development and implementation of national programmes in the sphere of drugs control;
- development jointly with competent ministries and agencies of legislation concerning trafficking of narcotic drugs, psychotropic substances and their precursors in the Republic of Tajikistan and exercising control over its implementation;
- exercising control in the sphere of trafficking narcotic drugs, psychotropic substances and their precursors in a manner set out by the legislation of the Republic of Tajikistan;
- signing international treaties on co-operation in the sphere of drugs control on the instructions of the President of the Republic of Tajikistan or the Government of the Republic of Tajikistan;
- conducting a comprehensive analysis and evaluation of the status of combating illicit trafficking of narcotic drugs, psychotropic substances and their precursors, of control over their trafficking and drug prevention in the Republic of Tajikistan;
- organization and co-ordination of work to train and promote qualification and exchange experience of the staff of the Agency, other law enforcement bodies and competent ministries and agencies of the Republic of Tajikistan;
- co-ordination and control over drug prevention, performing other functions, stipulated by the legislation of the Republic of Tajikistan, etc.

³⁰ Regulation on the Agency for Drugs Control under President of the Republic of Tajikistan, approved by Decree of President of the Republic of Tajikistan No.156 of 30 January 2007. The Agency for Drugs Control under President of the Republic of Tajikistan <http://rus.ahn.tj>

³¹ Ibid.

Drug-related legislation

In Tajikistan, the legislation aimed at combating illicit trafficking of drugs, prevention, treatment, and rehabilitation of drug addiction, has been aligned to international legal and political instruments. The Republic of Tajikistan is a member of a number of international organizations and signatory to conventions, agreements, and treaties, including the Single Convention of 1961 on narcotic drugs with amendments according to the Protocol of 1972, the convention of 1971 on psychotropic substances, and the Convention of 1988 on combating illicit trafficking of narcotic drugs and psychotropic substances. The state has signed 17 interstate agreements and has been implementing 30 international antidrug projects.³²

In 1999, the Government of Tajikistan adopted Law No.874 “On narcotic drugs, psychotropic substances and precursors”. The aim of this Law is to implement state policy and international treaties of the Republic of Tajikistan in the sphere of licit trafficking of narcotic drugs, psychotropic substances and precursors, combating their illicit trafficking, prevention of narcomania and toxicomania, and also providing narcological assistance to people suffering from narcomania and toxicomania.³³

Law of the Republic of Tajikistan No.67 “On narcological assistance” of 8 December 2003 is aimed at providing citizens suffering from narcological diseases with medical and social assistance, at prophylaxis and prevention of narcological diseases. The main aims of this Law are to protect the rights and lawful interests of people suffering from narcological diseases, to establish the grounds for and a manner in which narcological assistance is to be provided, and also to protect the rights of health care and other workers who provide narcological assistance.³⁴

The Criminal Code of the Republic of Tajikistan in Chapter 22 envisages responsibility for the following violations of law related to drugs:³⁵

- illicit trafficking of narcotic drugs or psychotropic substances with the aim to sell (Article 200);
- illicit trafficking of narcotic drugs or psychotropic substances without the aim to sell (Article 201);

³² *National strategy to combat illicit trafficking of drugs in the Republic of Tajikistan for 2013 – 2020, approved by Decree of President of the Republic of Tajikistan No. 1409 of 13 February 2013.*

³³ *Law of the Republic of Tajikistan No.874 “On narcotic drugs, psychotropic substances and precursors” of 10 December 1999.*

³⁴ *Law of the Republic of Tajikistan No.67 “On narcological assistance” of 8 December 2003. Article 1.*

³⁵ *Criminal Code of the Republic of Tajikistan, entered into force on 1 September 1998.*

- theft of narcotic drugs or psychotropic substances (Article 202);
- illegal production, manufacture, processing, purchase, storage, transportation or sending precursors (Article 202.1);
- theft of precursors (Article 202.2);
- involvement into use of narcotic drugs or psychotropic substances (Article 203);
- illicit cultivation of prohibited for cultivation plants that contain narcotic drugs (Article 204);
- organization or maintenance of dens for use of narcotic drugs or psychotropic substances (Article 205);
- illicit trafficking of highly potent or poisonous substances with the aim to sell (Article 206);
- violation of rules of trafficking of narcotic drugs, psychotropic substances and precursors, highly potent or poisonous substances (Article 206.1).

With a view to improve the drug-related legislation, under the initiative of the Agency for Drugs Control, changes into laws and normative acts have been made: ³⁶

- By Resolution of the Government of the Republic of Tajikistan of 22 July 2013, Law of the Republic of Tajikistan No. 988 "On amending and supplementing "Law of the Republic of Tajikistan on narcotic drugs, psychotropic substances and their precursors"³⁶ was adopted;
- By Resolution of the Government of the Republic of Tajikistan No. 448 "The order of registering, storing and destroying narcotic drugs and psychotropic substances seized from illicit trafficking" of 04 October 2013 was adopted;
- By Resolution of the Government of the Republic of Tajikistan No. 475 of 02 November 2013 amendments and supplements were made into "The National Schedule of narcotic drugs, psychotropic substances and their precursors".

Also, by Resolution of the Government of the Republic of Tajikistan No. 183 of 30 April 2012 "National programme of preventing proliferation of drug use and improving narcological assistance in the Republic of Tajikistan for 2013–2017" was adopted. This programme was developed on the basis of the Constitution of the Republic of Tajikistan, laws of the Republic of Tajikistan "On protection of people's health", "On narcological assistance", and the National strategy of people's health of the Republic of Tajikistan for the period of 2010-2020.

³⁶ Обзор наркоситуации в Республике Таджикистан. 2014. Р.108-109.

The main aim of the Programme is the monitoring, analysis and the evaluation of the situation, preventing and controlling proliferation of use of psychoactive substances, and also the reduction of its medical and social consequences in the population and strengthening the material and technical base of the drug control agencies.

To achieve the aims of the Programme, the following tasks have been set: ³⁷

- Improving drug-related legislation;
- Improving educational programmes in the structure of higher and vocational education and promoting qualification of specialists from this sphere;
- Improving the basis for managing and organizing narcological assistance to people combined with forming and improving the material technical base in this sphere;
- Effectively providing scientific and informational aspect of the process of forming and updating the structure of narcological assistance;
- Implementing modern technologies for monitoring, analysis and evaluation of the situation, as well as prevention, detection, treatment and medical and social rehabilitation of drug-related diseases;
- Increasing the level of drug and alcohol awareness among the population taking into account national, religious and cultural peculiarities of society;
- Improving the harm reduction programme with giving priority to small cost-effective programmes.

To regulate the activities of drug control services and other competent agencies in the Republic of Tajikistan the existing regulating documents are revised and new are developed. By Order of the Ministry of Health and social protection of the people the following documents were developed and approved:

- The Instruction on the implementation of the Programme of reducing harms from the use of injecting drugs in the Republic of Tajikistan;
- The Instruction on the joint work of medical institutions with nongovernmental organizations (NGOs) in the field of harm reduction;
- The Methodological recommendation on "Organizing the prevention of drug overdose and reducing the number of lethal overdoses by opiates". ³⁸

³⁷ *National programme on preventing proliferation of drug addiction and improvement of narcological assistance in the Republic of Tajikistan for 2013 – 2017. Approved by Order of the Government of the Republic of Tajikistan No.183 of 30 April 2012. <http://mmmpn.tj/>*

³⁸ *Обзор наркоситуации в Республике Таджикистан. 2014. Р.60.*

The Ministry of Health and social protection upon agreement with the Agency on drug control at the President of the Republic of Tajikistan developed and approved “Methodological manual on the opioid substitution therapy in the Republic of Tajikistan”. With the support from UNODC in Central Asia the new edition of the standards of narcological assistance were published. To improve the quality of treatment for people with addiction, the Republican Clinical Narcological Centre developed and approved the new edition of “The methodological instructions on diagnosing and treating people with addiction”.

Drug prevention

Tajikistan puts an emphasis on general prevention with programmes and activities targeting the population at large. The prevention activities are implemented by the Ministry of Health of the Republic of Tajikistan, the Agency for Drug Control under the President of the Republic of Tajikistan, the Ministry of the Internal Affairs of the Republic of Tajikistan, the Ministry of Education of the Republic of Tajikistan, the Ministry of Culture of the Republic of Tajikistan, the Committee on Women and Family Affairs under the Government of the Republic of Tajikistan, the Committee of Youth Affairs, Sports and Tourism under the Government of the Republic of Tajikistan, the Committee on TV and radio broadcasting under the Government of the Republic of Tajikistan.

The Ministry of Education and Science has developed methodological tools on healthy lifestyles oriented towards the age characteristics of schoolchildren from comprehensive schools. These programmes are aimed at teaching schoolchildren skills that allow them to resist the use of psychoactive substances. The “Healthy Lifestyles for 1-11 forms” programme covers the issued related to:

- Reasons for starting drug use;
- How drugs affect the health and psychological state of people;
- Harms for health and consequences of drug use.

For students of teacher training colleges a methodological manual on “HIV prevention and young people” was developed in the Tajik and Russian languages.

In 2011 under the MEDISSA component of the CADAP programme several prevention activities targeting parents under the slogan “Closer to each other, further of from dugs” were developed and implemented.

Every year antidrug activities marking the International Day Against Drug Abuse and Illicit Trafficking on 26 June are conducted in Tajikistan. As a run-up to this date, the mass media broadcasts TV programmes and social videos promoting healthy lifestyles. For the first time in 2013 “the World League of ‘Reason beyond drugs’”, an NGO from Kyrgyzstan with the support from Agency for Drug Control at the President of the Republic of Tajikistan, organised an exhibition called “Maya Planet: the world against drug use”. This exposition contained 60 works of art illustrating the dangers of drugs including drawings, videos, photos from 150 countries from near and far abroad.

Support for prevention work is provided by international organizations and NGOs. In 2013 for the first time впервые были организованы и проведены cultural mass anti-drug activities with the Kyrgyz Republic and the Islamic Republic of Afghanistan were organized and conducted with the support from UNODC as part of the “Regional programme for Afghanistan and the neighbouring countries in 2011–2014”.

In June 2013 the Agency for Drugs Control jointly with the State Drugs Control Service of the Kyrgyz Republic conducted activities devoted to the International Day Against Drug Abuse and Illicit Trafficking among the people of the Soghd province of Tajikistan, which has common borders with the Batkent region of the Kyrgyz Republic. Such high-profile activities with the participation of athletes, artists, dance companies were conducted in August 2013 in the districts of Tajikistan that have common borders with Afghanistan. These activities, apart from the local population of both states, were attended by representatives of administration and border services of the Republic of Tajikistan and the Islamic Republic of Afghanistan.

Special attention is given to remote border settlements which are regularly visited by groups of specialists from several agencies: the Agency for Drugs Control, the Ministry of Health and Social Protection, the Committee for Women and Family Affairs, the Committee for Youth Affairs, Sports and Tourism for awareness raising activities with women, teachers, teenagers and young people. In 2013 such meetings were conducted in Khatlon and Soghd provinces.

In total there are 63 youth and 41 volunteer centres in Tajikistan. 1,500 volunteers and 170 trainers were trained who actively conduct prevention and awareness raising activities among young people from rural areas. 7 centres for young people in difficult situations were opened and provide information about the risks related to the use of psychoactive and toxic substances and such diseases as HIV/AIDS, sexually transmitted infections (STIs), and tuberculosis.

Drug treatment

Law “On narcological assistance” was adopted which is aimed at providing people, suffering from narcological diseases, with medical and social assistance, prophylaxis and prevention of drug-related diseases.

According to Article 6 of Law “On narcological assistance” “... the state guarantees the following types of narcological assistance and social protection:

- Urgent narcological assistance;
- Anonymous narcological assistance at specialized narcological institutions;
- Consultative and diagnostic, treatment and prevention assistance and medical rehabilitation in outpatient and inpatient facilities;
- All types of narcological expertise, determining temporary disability;
- Legal consultations and other types of legal assistance;
- Provision of social and living conditions for disabled and old people suffering from narcological diseases”.³⁹

The treatment of drug addiction in Tajikistan is carried out at specialized narcological institutions of the Ministry of Health of the Republic of Tajikistan. The state guarantees anonymous narcological assistance.⁴⁰ Treatment of drug addiction is carried out mainly by state institutions including:

- The Republican Clinical Centre of Narcology named after Professor M.G. Gulyamov that is a leading organization of the structure in the sphere of narcological services of the Ministry of Health and is designed for 100 beds;
- The Regional Narcological Centre of the Autonomous province of Gorno-Badakhshan of the city of Horoga, designed for 30 beds;

³⁹ Article 6 “Types of narcological assistance and social protection, guaranteed by the state”. Law of the Republic of Tajikistan “On narcological assistance”.

⁴⁰ Ibid., Article 10. “Anonymous narcological assistance”.

- The Soghd Regional Narcological Centre: in Khudzhand – 40 beds, at the Psychoneurological Dispensary of Isfara – 10 beds, at the Psychoneurological Dispensary of Kanibadama – 10 beds, at the Psychoneurological Dispensary of Pendzhikenta – 10 beds, at the Neurological Dispensary of Istravshan – 10 beds, at the therapeutical unit of the Central district hospital of Chkalovsk – 20 beds;
- In Khatlon province – 50 beds, including the Regional Narcological Centre No. 1 of Kurgan-Tyube – 20 beds, the Regional Narcological Centre No. 2 of Kulyaba – 20 beds, at the Psychoneurological Dispensary of Nurek – 10 beds;
- Gissarski district: at the Central District Hospital – 10 beds.

In total – 290 beds are provided, amounting to a ratio of 4 beds per 100,000 population. In 2011, 1,207 people underwent inpatient treatment in the centres. 92.5% of patients were diagnosed as addicted to heroin.⁴¹

These institutions, jointly with the National centre for monitoring and prevention of drug use, the Republican centre of medical and social rehabilitation “Tangai” and narcological offices for examination, prevention, treatment and rehabilitation of people suffering from drug addiction, alcoholism and polydrug use, provide specialized narcological services.

According to Article 17 “treatment and prevention institutions providing inpatient narcological assistance, carry out:

- Examination to establish the state of narcotic, toxic or alcoholic intoxication;
- Integrated clinical examination of hospitalized people with the aim of establishing a diagnosis;
- Treatment and medical rehabilitation of people suffering from narcological diseases;
- Provision of medical, social and legal assistance to people suffering from narcological diseases;
- Provision of alternative substitution therapy for people suffering from narcological diseases”.⁴²

People with addiction after treatment are subject to dispensary supervision at a narcological institution in a manner and time, determined by the Ministry of Health.

⁴¹ Национальный центр мониторинга и профилактики наркомании, 2011 г.

⁴² Article 17. “The tasks of health care institutions providing inpatient narcological assistance”.

Services of non-medication treatment are provided by some NGOs.

According to Law “On narcological assistance” people suffering from narcological diseases after a course of treatment have a right for psychological rehabilitation in rehabilitation centres. Psychological rehabilitation is provided in the specialized Republican Centre of Medical and Social Rehabilitation “Tangai” in the city of Vakhdat and in the Centre of Re-adaptation at the SPIN Plus NGO in the city of Dushanbe.

Opioid substitution therapy

The OST programme in the Republic of Tajikistan started in 2010 with the financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other donor organizations. A pilot OST project was started in the Republican Clinical Centre of Narcology named after Professor M.G. Gulyamov in the city of Dushanbe, at the base of which the first OST centre was opened. In December 2011 102 patients received OST, out of them 7 were women.

The second OST centre was open in the Soghd province in December 2010 in the city of Khudzhand. For the end of 2011 this centre had 52 patients in the OST programme and 3 of them were women. In June 2011 the third OST centre was set up in the city of Khorog where for the end of 2011 44 patients were receiving OST, including 1 woman.

However, taking into account the number of IDUs in the country, the coverage and their inclusion in the OST programme was insignificant.

In 2013, a new facility for OST implementation was set up at the Regional narcological Centre of Khatlon province in the city of Kurgan-Tyube.

The following inclusion criteria were set for the potential patients: ⁴³

- Age – over 18 years;
- A diagnosis of opioid addiction;
- A confirmed record of injecting drug use;
- Unsuccessful attempts of drug addiction treatment;
- An ability to submit informed consent.

⁴³ Национальный отчет о наркоситуации в Республике Таджикистан 2012. Национальный центр мониторинга и профилактики наркомании Министерства здравоохранения Республики Таджикистан. Р.26.

In 2011 among the participants of the OST programme in the city of Dushanbe, a survey was conducted. 94% of respondents noted improvement in family relations; the number of employed people rose to 50%; 98% of respondents noted absence of problems with the law in the previous 30 days; by 3 times rose the number of people receiving antiretroviral therapy.⁴⁴

In Tajikistan OST was provided in medical institutions which were also responsible for training of OST professionals. A significant proportion of OST programmes is still funded from international sources (mainly, GFATM and also UNODC). At the same time, a very low OST coverage level is noted – significantly lower than recommended by the UN agencies.⁴⁵ A complicated system of approvals and quotas when purchasing OST medication threatens the continuity of treatment.

Treatment of people with drug addiction in correctional institutions

19 institutions of a closed time operate in the Republic of Tajikistan:

- 1 children's penal colony,
- 1 women's penal colony,
- 1 specialized penal colony,
- 1 treatment institution,
- 1 prison,
- 5 remand centres,
- 3 settlement colonies,
- 6 correctional institutions.

There are from 7,500 to 10,000 prisoners serving sentences in prisons.

The treatment of people with addiction is carried out in medical units of correctional institutions based upon court order of compulsory treatment due to drug addiction. This is mainly detoxification, where indicated. In treatment, the following

⁴⁴ *Ibid.*, P.26.

⁴⁵ Султангазиев Айбар, Болтаев Азизбек. Доказанная эффективность: опыт применения ОЗТ в Кыргызстане. Стр.3 Голос снижения вреда. Выпуск «Опиоидная заместительная терапия», май 2013 года. Available at: http://www.harm-reduction.org/sites/default/files/pdf/ehrm_ost_newsletter_may_final_rus1.pdf

therapeutical methods are used: vitamin therapy, glucose injections, intravenous infusions of physiological solution, and individual sessions of psychotherapy. In 2011 there were 350 people with addiction in correctional institutions upon court order.

Prevention activities and harm reduction programmes are implemented with the support from GFATM, the Republican AIDS Centre, the Assistance Foundation–Tajikistan, the AIDS Foundation East-West Organization. There are also awareness raising activities about drugs with the staff of correctional institutions and prisoners.

Since 2010 a pilot syringe and needle exchange project has been implemented in the correctional institution No. 3/4 of the city of Dushanbe with the support from GFATM.

With the support of the CADAP programme a rehabilitation centre to treat people with addiction on the Atlantis programme was set up at the Central Hospital of Department of Corrections of the Ministry of Justice of the Republic of Tajikistan for 24 beds; seminars on the treatment of people with addiction for the staff of the penitentiary system were conducted.

Risk and harm reduction

Since 2005 the implementation of harm reduction programmes has been by GFATM, CARNAP, DDRP, AFEW, Operation Mercy, and PSI projects.

The main forms of work with IDUs under the harm reduction programme in the Republic of Tajikistan are:

- Syringe exchange programmes;
- Social supervision programmes;
- DROP-IN centres;
- Outreach work;
- Opioid substitution therapy;
- Providing information and education materials;
- Overdose prevention by means of distributing naloxone among IDUs;
- Voluntary counselling and referrals for HIV testing.

In 2010 by Orders of the Ministry of Health of the Republic of Tajikistan “Guidelines on implementation of harm reduction programmes for injecting drug use in the Republic of Tajikistan” (Order No.110 of 1 March 2010) were approved; and together with “Guidelines on cooperation of services of healthcare and NGOs in harm reduction activities”(Order No.522 of 8 September 2010).

SPIN Plus NGO in 2011 opened a crisis centre of accessible services for female IDUs with day care facility – the first specialized centre for female IDUs in Tajikistan. In this centre women are provided with low threshold services such as washing, shower, social communication, leisure, food and referral to doctors. Already in 2011 296 clients were served. With the support from AIDS Foundation East-West, SPIN Plus NGO opened a centre of re-adaptation for IDUs. SPIN Plus NGO also organized a self-help group consisting of 60 clients of the OST programme. SPIN Plus NGO implement their projects in the cities of Dushanbe and Vakhdat.

Due to the severity of problems related to drug overdose, the Ministry of Health of the Republic of Tajikistan approved “Guidelines for harm reduction programmes to organize work for overdose prevention and reduction of lethal cases due to opiates overdosing” in 2011. These guidelines include a detailed description of a model of how to prevent the overdose for use by NGOs. This includes the distribution of naloxone through NGOs dealing with harm reduction. Quite active in the prevention of overdose among the IDUs were Volunteer NGO and SPIN Plus NGO. In 2011 Volunteer NGOs with the use of naloxone revived 73 people. The staff of SPIN Plus NGO in 2011 provided assistance to 29 IDUs with heroin overdose.⁴⁶

RAN NGO implements harm reduction projects in Dushanbe. At the base of this organization operate 4 syringe and needle exchange outlets and 1 mobile trust outlet located in the Republican Tuberculosis Hospital and municipal health centres.

The service package delivered at the trust outlets and friendly rooms includes:

- counselling,
- syringe and needle exchange in trust outlets for IDUs,

⁴⁶ Национальный отчет о наркоситуации в Республике Таджикистан 2012. Национальный центр мониторинга и профилактики наркомании Министерства здравоохранения Республики Таджикистан. Р.34.

- treatment of Sexually transmitted infections (STIs),
- distribution of condoms, disinfectants, lubricants,
- distribution of information and education materials,
- peer trainings for clients,
- social supervision for referral of clients to receive other services (testing, tuberculosis diagnostics, antiretroviral therapy).⁴⁷

From the beginning of 2012 there were 49 syringe and needle exchange problems at trust outlets; 21 trust outlets for IDUs at hospitals supported by UNDP as part of the GFATM grant implementation; 28 trust outlets working at NGOs funded by GFATM and CARNAP/DFID, PSI, OSI, The Society of Red Crescent projects.

In 2013 under the “Bridging the gaps: health and rights of vulnerable groups” project, 11 NGOs addressed the issues of access of drug users to integrated services of HIV prevention in some cities and districts of Tajikistan: Dushanbe, Kurgan-Tyube, Khudzhand, Kulyab, Pendzhikent, Darvoz, Shakhrituz and Istravshan. By the efforts of local organizations jointly with regional AIDS, narcology and tuberculosis centres, 3,363 drug users were covered, of them 1,008 were IDUs.⁴⁸

In 2013 the Republican Public Association AIDS Foundation East-West – Tajikistan (AFEW) launched a medical informational electronic portal www.afew.tj, which improved access for medical specialists to up-to-date scientific information and counseling support in the field of HIV/AIDS and drug use. From the moment it was launched, 3,085 have had an opportunity to receive answers to their questions.

The SPIN Plus NGO in 2013 covered more than 2,000 IDUs. At this NGO there are 3 syringe and needle exchange points and 2 drop-in centres.⁴⁹ This NGO, jointly with the Republican and municipal AIDS centres for drug users, also provided services of pre-clinical counseling and HIV testing, organized outreach work and counselling. The SPIN Plus NGO conducted mini-trainings and working meetings on harm reduction issues related to the use of drugs and HIV prevention

⁴⁷ *Ibid.*, P.36.

⁴⁸ *Обзор наркоситуации в Республике Таджикистан за 2013. 2014. P.69*

⁴⁹ *Drop-in centre is a place for low threshold services. Drug users can visit the centre at any convenient time and receive services there.*

for district police officers and the staff of Department of Corrections of the Ministry of Justice of the Republic of Tajikistan.

The APERON NGO in 2013 jointly with other organizations in the cities of Kurgan-Tyube, Kulyab, in Khatlon province implemented the 'Together against AIDS' project to improve access to for IDUs to harm reduction services and HIV and STIs prevention. 5 trust points were opened: 1,500 IDUs received free consultations from doctors, 300 people were tested for HIV.

In Soghd province the HIETY NAV NGO, with the financial support of UN Global Fund, conducted short-term courses for IDUs on drug and STIs prevention under "the Co-operation for better access of IDUs to a set of HIV preventive services" project.

International cooperation

In 2013 the Government of the Republic of Tajikistan came up with an initiative for a meeting for heads of anti-drug agencies from the countries of the region. Such meeting was organized by the Agency for Drugs Control at the President of the Republic of Tajikistan with the support from UNODC in the Republic of Tajikistan. On 29 November 2013 heads of anti-drug agencies from Afghanistan, Iran, Kazakhstan, China, Kyrgyzstan, Pakistan, Russia, the USA, Tajikistan, Turkmenistan, Turkey, Uzbekistan, and representatives of UNODC and the European Union (EU) met in Dushanbe. A decision was taken with the support of UNODC to set up a multilateral and integrated regional anti-drug strategy and a network of liaison officers on drug control among the member-states with a co-ordination centre in the drug control police of Afghanistan. "The Dushanbe dialogue" having gathered 12 countries, has marked the beginning of a new format for international meetings to unite joint efforts to solve issues related to illicit drug trafficking.

The UNODC. Since 1999 16 UN drug-related projects have been completed in Tajikistan, 14 are in the implementation stage.

- **Project TD/TAJ/H03 "Drug Control Agency – Phase II"** was aimed at capacity building of the Tajik Agency for Drugs Control. The implementation period of the project had been set to last from 1 March 2003 to 31 December 2016. In 2013, the emphasis was set on promoting the qualifications of the staff

of the Agency for Drugs Control. Special technical equipment was purchased, together with encryption technology to register crimes and people who have committed them in a central data base located at the Tajik Ministry of Internal Affairs. At the same time, a local network of the Analytical Centre of the Agency for Drugs Control with analytic specialists in regional departments was set up.

- The Global Project “Monitoring trade in Afghan opiates” (GLO/V20 project) aimed at providing a systematic and comprehensive analysis of information about the trends in illicit trafficking of Afghan opiates and providing assistance in strengthening international co-operation to combat illicit trafficking of drugs. The GLO/V20 project covered Western and Central Asia, South-Eastern Europe, Eastern Europe, South and East Asia, Africa and the Middle East. In 2013, a group of analysts from law enforcement agencies of Central Asian countries, Azerbaijan, Belorussia, Ukraine, Russia and representatives of UNODC, CSTO, SCO, OSCE, CARICC and the BOMCA project on “Northern Route” to combat illicit trafficking of Afghan opiates, met for the first time. The main issues addressed by this group included purity levels of seized heroin, ways of transportation and concealment of drugs, and aspects of regional co-operation. In 2013, a series of training seminars was conducted for the staff of analytical departments of Tajik law enforcement agencies.

- Project TD/RER/F23 “Law enforcement systems for collecting, analyzing, and exchange of information in the drugs control sphere” was designed for capacity building of law enforcement agencies responsible for drug control in Central Asian countries, Azerbaijan and Afghanistan. It has been implemented since 2001.

- The project TAJE24 “Strengthening control along the Tajik-Afghan border” seeks to assist law enforcement agencies whose units are located at the most difficult parts of the Tajik-Afghan border. In 2013, the Situational Analytical Centre of the State Department for Border Forces of the State Committee of National Security was set up. The analytical centres of law enforcement agencies in the Republic of Tajikistan were also equipped with technical devices for collecting and analyzing data related to the border control.

- The project XCEA01 “Capacity building to increase effectiveness of HIV/AIDS prevention among vulnerable groups in Central Asia and East Europe – Phase II”. This project was implemented in 8 countries of Central Asia and Eastern Europe (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, Azerbaijan, Ukraine and Moldova) by providing technical assistance for sustainable systemic reforms to resolve issues related to the HIV epidemics among IDUs and people in custody. In 2013 the working group on “Implementing the opioid substitution therapy in prisons” developed the OST Implementation Plan which was signed by the Ministry of Justice and approved of by the Agency for Drugs Control at the President of the Republic of Tajikistan and the Ministry of Health. At the same time, a technical working group prepared an adapted regional manual for social work students and post-graduates on the provision of services for prevention and treatment of HIV among IDUs and prisoners.

US Embassy in the Republic of Tajikistan

US Drug Enforcement Administration (DEA). In 2012 the Agency for Drugs Control of the Republic of Tajikistan and the DEA signed a Memorandum “On implementing the programme of Specialized Unit to combat illicit trafficking of drugs in the Republic of Tajikistan” which gave an opportunity to form a special unit of 25 staff within the Operative and Search Department of the Agency. Its main tasks are to counter trafficking of drugs from Afghanistan and to investigate activities of organized criminal groups who have regional and international connections.

Programme to fight drugs of the US Central Command. To strengthen and update its material and technical infrastructure, Tajik law enforcement agencies received technical assistance for over 20.4 million US dollars: means of transport (all terrain vehicles, minibuses, snowmobiles, motor cars), communication equipment, night vision equipment, thermal pointers, individual protection, laboratory equipment to analyze narcotic drugs and other substances.

Department for Drugs Control and Public Order of the US Embassy in the Republic of Tajikistan. A programme aimed at capacity building of the communities to develop local strategies to combat drug use was initiated in December 2013 in co-operation with the National Olympic Academy NGO from Tajikistan and the US “Coalition of American Communities against Drugs”

NGO. One of its objectives was to organize groups to develop co-operation between the police and communities in 6 towns and districts of Tajikistan (Kayrakkum, B.Gafurovski, Fakhorski, Kumsangirski, Pyandzhski and Vakhdatiski districts).

The Federal Drugs Control Service of the Russian Federation. In 2013 an agreement “On providing assistance to the Agency for Drugs Control of the Republic of Tajikistan to combat illicit trafficking of narcotic drugs, psychotropic substances and their precursors” was signed between the Agency for Drugs Control of the Republic of Tajikistan and the Federal Drugs Control Service of the Russian Federation. This agreement foresaw financial, material and technical assistance supplied by the Federal Drugs Control Service of the Russian Federation for the total amount of 5,410,800 US dollars. The funds were spent on technical equipment, means of transport, communication, office equipment and material investments aimed at increasing the motivation of law enforcement staff.

European Union

The EU implements the Central Asian Drug Action Programme (CADAP) also in the Republic of Tajikistan. The main aim of CADAP is to speed up a gradual adoption of the EU and other international best practices in the sphere of drug policy and contributing to decreasing drug-related problems in the 5 Central Asian republics (Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan, and Turkmenistan).

CADAP consists of 3 components:

- the DAMOS component is aimed to increase knowledge on drug situation through setting up of a comprehensive and sustainable system of drug situation monitoring in the countries;
- the TREAT component is aimed to support the introduction of state-of-the-art systems of drug dependence treatment;
- the MEDISSA component is aimed to prevent drug use, raise awareness and improve accessibility of treatment.

The BOMCA programme in Tajikistan provides support for the implementation of the National strategy to manage borders of the Republic of Tajikistan. As part of the Programme, capacity building activities to increase the qualification of Tajik law enforcement officers were carried out. 132 officers received training in

national seminars where they developed skills in the following spheres: fighting corruption, collection and analysis of intelligence data, identification of stolen vehicles etc.

The OSCE Office in Tajikistan provided support to anti-drug cultural mass activities in several regions of the country. The OSCE Office also facilitated publication of the annual "Drug Situation Review in the Republic of Tajikistan".

Conclusions

The Tajik authorities are not conducting epidemiological monitoring on the basis of national population surveys on a regular basis. The survey projects carried out to date do not provide solid evidence on prevalence rates and trends in drug use and proliferation. Government statistics used to describe the drug situation are based on the numbers of people officially registered with drug addiction. These figures indicate a slightly declining trend in terms of people registered in the official data base. However, no reliable estimates as to overall prevalence rates or addiction cases are available.

Available data show that by far the greatest number are registered heroin users and that the number of injecting users has been steadily increasing over the last years while mortality rates have experienced an increase after a period of stability. At the same time, seizure rates show that the proportion of seizures of cannabis based drugs has increased significantly as compared with opioids. In 2013, cannabis based drugs accounted for over 2/3 of all seizures by volume.

The prevailing interpretation of the available data leads most researchers and officials in Tajikistan to predict a gradually stabilizing trend in overall drug use and associated problems. The country also experienced a trend of an increasing number of convictions for drug related crimes, but the number have been growing more slowly recently.

In addition to significant investments in supply reduction measures, the Tajik drug policy seeks to promote general prevention activities on a broad scale with the conceptual and material support of international organizations, as well as international and national NGOs. Prevention campaigns are based on abstinence oriented messages and the promotion of healthy lifestyles, as are the school programmes.

Drug dependence treatment in Tajikistan is carried out in the treatment facilities of the Ministry of Health. The legislation guarantees anonymous treatment and support for drug dependency. Methods and approaches for the treatment of drug

addiction are still based on the Soviet concept of narcology. Recently, a number of additional internationally recommended treatment concepts started to find their way gradually into the system. Tajik legislation also provides for compulsory treatment upon court order which is then carried out in correctional institutions of the Ministry of Internal Affairs.

A high rate of overdose deaths and the spread of HIV/AIDS in Tajikistan led the government to introduce harm reduction measures and substitution treatment. In particular, in prisons, an increasing spread of HIV/AIDS and Hepatitis C were attributable to a great extent to IDUs. In recognizing the severity of these developments, the authorities introduced harm reduction programmes and OST with technical and financial support from international organizations and several countries. Today Tajikistan provides OST in health care institutions. A significant proportion of OST programmes continues to be funded from international sources. At the same time, coverage of OST services remains low, significantly less than recommended by UN agencies. Harm reduction activities are now being expanded in the country and pilot needle and syringe exchange projects are implemented in correctional institutions.

Little or no information is available about efforts to monitor and evaluate the implementation of supply and demand reduction measures or their effects and impact. Also, while there appears to be a recognition for the need to establish effective monitoring of drug prevalence rates and trends in drug use, a national monitoring system following internationally recognized standards is not in place as yet.

References

Sources in Russian

1. Обзор наркоситуации в Республике Таджикистан за 2013 год. 2014.
2. Обзор наркоситуации в Таджикистане в 2011 г. Душанбе, Агентство по контролю за наркотиками Президента Республики Таджикистан. 2012 год
3. Опиоидная заместительная терапия: Обзор ситуации в 29 странах и углубленный анализ ситуации в 15 странах Центральной и Восточной Европы и Центральной Азии. Евразийская сеть снижения вреда.
4. Общественная организация «Волонтер». 2011 год. Отчет по проекту по профилактике передозировок среди инъекционных потребителей наркотиков.
5. Национальный Координационный Комитет по профилактике и борьбе с ВИЧ, туберкулезом и малярией в Республике Таджикистан. 2012. Национальный отчет о достигнутом прогрессе в осуществлении мер в ответ на СПИД. Отчетный период: январь 2010г. – декабрь 2011г. Доступно на сайте: www.unaids.org
6. Национальный отчет о наркоситуации в Республике Таджикистан 2012. Национальный центр мониторинга и профилактики наркомании Министерства здравоохранения республики Таджикистан.
7. Национальный центр мониторинга и профилактики наркомании, 2011 г.
8. Республиканский центр судебно-медицинской экспертизы. Отчет по г. Душанбе. Душанбе. 2011 г.
9. Султангазиев Айбар, Болтаев Азизбек. Доказанная эффективность: опыт применения ОЗТ в Кыргызстане. Стр.3 Голос снижения вреда. Выпуск «Опиоидная заместительная терапия», май 2013 года.
10. Центральная Азия: Кыргызская Республика, Таджикистан и Узбекистан – региональное исследование проблемы потребления наркотиков и ВИЧ/СПИДа. УНП ООН и Всемирный банк, 2007.

Sources in English

1. Accessibility of HIV Prevention, Treatment and Care Services for People who Use Drugs and Incarcerated People in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan: Legislative and Policy Analysis and Recommendations for Reform. UNODC (Regional Office for Central Asia).
2. Central Asia: Kyrgyz Republic, Tajikistan and Uzbekistan – Regional Study on Drug Use and HIV/AIDS. UNODC, 2007.
3. Latypov, A. (2011). Drug dealers, drug lords and drug warriors-cum-traffickers: Drug crime and the narcotics market in Tajikistan. In Central Asian Drug Policy Center, Kyrgyzstan through the prism of drug economy.
4. Latypov, A., Otiashvili, D., Aizberg, O., & Boltaev, A. (2010), Opioid substitution therapy in Central Asia: Towards diverse and effective treatment options for drug dependence (Vilnius: Eurasian Harm Reduction Network).
5. Paris pact report. UNODC. 2014.
6. Project report: Support to national response to AIDS by strengthening of HIV prevention and care services in Tajikistan. AIDS Projects Management Group (2009).
7. Tajikistan in figures, 2014. Agency on statistics under President of the Republic of Tajikistan.
8. World Drug Report. 2010. UNODC.

List of web-links

1. Agency on Statistics under President of the Republic of Tajikistan: <http://www.stat.tj/en/>
2. Agency for Control of Drugs under President of the Republic of Tajikistan: <http://rus.agn.tj>
3. EMCDDA: <http://www.emcdda.europa.eu>
4. Tajik Development Gateway information portal: www.tajik-gateway.org
5. Tajik Republican AIDS Centre: www.nc-aids.tj
6. UNAIDS: www.unaids.org



