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Kyrgyzstan
Tajikistan
Uzbekistan

Country overview: Tajikistan

Situation summary

Contents

[Drug use among the general population and young people](#)

[Prevention](#)

[Problem drug use](#)

[Treatment demand](#)

[Drug-related infectious diseases](#)

[Drug-related deaths](#)

[Treatment responses](#)

[Harm reduction responses](#)

[Drug markets and drug-law offences](#)

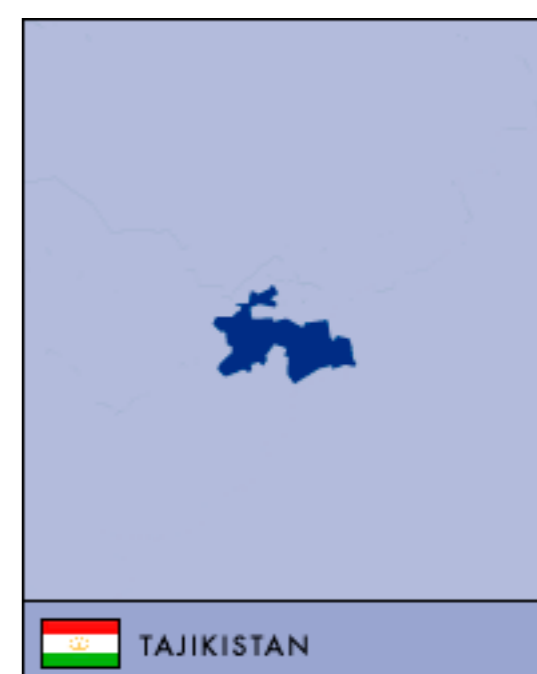
[National drug laws](#)

[National drug strategy](#)

[Coordination mechanism in the field of drugs](#)

[References](#)

Updated: March 2014



This summary was prepared within the framework of the Central Asia Drug Action Programme — Phase 5 (CADAP 5) in the Component DAMOS (Drug Epidemiology Database Collection and Development). The content of this summary does not necessarily reflect the official opinions of the European Union, nor the official opinion of the Republic of Tajikistan, and should be seen as the product of [CADAP 5](#).

(Updated: August 2013)

Key figures

	Year	Tajikistan	Source
Surface area (km ²)	2011	143 100	Agency on Statistics under the President of the Republic of Tajikistan
Population	2011	7 800 000	Agency on Statistics under the President of the Republic of Tajikistan
GDP per capita	2011	EUR 430	Agency on Statistics under the President of the Republic of Tajikistan
Inequality of income distribution (Gini coefficient)	2011	Lower boundary: 3.2 % Upper boundary: 25.2 %	Agency on Statistics under the President of the Republic of Tajikistan
Unemployment rate	2011	2.4 %	Agency on Statistics under the President of the Republic of Tajikistan
Prison population rate (per 100 000 inhabitants)	2011	103	Agency on Statistics under the President of the Republic of Tajikistan
Population below poverty line	2011	68 %	Agency on Statistics under the President of the Republic of Tajikistan

Drug use among the general population and young people

Studies on the prevalence of drug use among the population of Tajikistan were not carried out in 2011. The most recent survey was conducted in 2007 by the United Nations Office on Drugs and Crime (UNODC) in three regions of the country — the Gorno-Badakhshan Autonomous Region, Sughd and Khatlon — and in the capital, Dushanbe. The study used the European School Survey Project on Alcohol and Other Drugs (ESPAD) methodology and questionnaire for respondents aged 15–16 (in the 8th to 10th grades). In total, 5 003 respondents were interviewed, of which 2 369 (47.4 %) were male and 2 634 (52.6 %) were female. The study found that the female respondents had a slightly higher awareness of the existence of drugs than the males. The list of substances mentioned consisted of the 11 most common drugs and the fictitious drug 'relewin'. Some 46.9 % of girls and 39.5 % of boys knew about marijuana. Among all respondents, 31.2 % knew about cocaine, 31.0 % knew about heroin, and 26.4 % knew about opium. When asked how difficult it would be to obtain a narcotic substance if they wanted, 96 % of the respondents answered that it would be 'very easy'. Some 1.2 % of boys and 1.0 % of girls expressed an intention to try drugs. The survey results showed that 45.1 % of the boys and 48.1 % of the girls said they would have admitted drug use, particularly marijuana or hashish. However, 34.4 % of the students said they would not have admitted drug use.

When asked about drug use, 0.5 % responded that they had tried drugs once or twice in their lifetime; 0.5 % of the boys and 0.3 % of the girls reported that they had tried drugs once. The consumption of inhalants was the most prevalent. According to the responses, 1.9 % of the boys and 1.2 % of the girls had tried inhalants at least once in their lifetime. The use of marijuana or hashish was second most popular, with 0.5 % of all respondents reporting that they had tried it. The first experience with drugs most often took place at the age of 16 and usually the drug was marijuana, amphetamines, or tranquillisers.

[↑ top of page](#)

Prevention

Drug prevention activities are conducted by the relevant ministries and government agencies, including the Ministry of Health of the Republic of Tajikistan, the Agency for Drug Control under the President of Tajikistan, the Ministry of Internal Affairs, 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, the Committee on Youth, Sports and Tourism of the Government of the Republic of Tajikistan, and the Committee for Television and Radio Broadcasting of the Government of the Republic of Tajikistan, as well as by public organisations.

In 2011 a series of educational, sports and cultural events aimed at promoting a healthy lifestyle were organised. The events, which centred on preventing drug use and human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), were provided at schools, high schools, colleges, universities, health centres and other locations. Participants were given information about the problems of drug use in modern society and its consequences. Health bulletins were issued and health information prepared in both the Tajik and Russian languages. Articles were published in newspapers and magazines and awareness-raising programmes were broadcast on three TV channels (Channel One, Safina, and Jahonnamo) and on the Republican radio. Anti-drug events are also organised annually to coincide with the International Day against Drug Abuse and Illicit Trafficking (26 June).

[↑ top of page](#)

Problem drug use

Studies to estimate the population of opiate users, including injecting drug users (IDUs), were not carried out in 2011. According to research by the AIDS Project Management Group conducted using the Factor and Delphi methods in 2009, the number of injecting drug users in Tajikistan was estimated to be 25 000, with a possible range of 20 000–30 000 (AIDS Project Management Group, 2009).

[↑ top of page](#)

Treatment demand

Drug treatment is carried out in the Republic of Tajikistan in specialised drug treatment facilities. The State guarantees anonymous drug treatment. The Drug Treatment Service of the Ministry of Health of the Republic of Tajikistan has 290 beds.

In 2011 a total of 1 207 people received inpatient treatment in substance abuse treatment centres. Of these, 80.7 % received a diagnosis of heroin addiction (F11.2 according to the International Classification of Diseases (ICD-10)). The number of drug addicts who received hospital treatment in 2011 increased by 200 (19.86 %) compared to 2010.

[↑ top of page](#)

Drug-related infectious diseases

In 2010 the Programme to Counteract HIV/AIDS was adopted for the period 2011–15. The main strategic focus of this programme included:

- the establishment of a legal framework conducive to ensuring universal access to prevention, treatment and care;
- the implementation of preventive programmes and access to HIV services for all groups, especially for the most vulnerable; the implementation of antiretroviral (ARV) therapy; the treatment of opportunistic diseases such as tuberculosis; the provision of palliative care, including treatment and care for people living with HIV (PLHIV);
- the integration of services for the treatment of HIV infection within the structure of primary healthcare (PHC) to improve access and the quality of care and reduce stigma;
- the provision of social support for PLHIV;
- improvements to surveillance systems, and the monitoring and evaluation of preventive measures and improvement of the bio-behavioural surveillance (BBS) of HIV infection.

As of 31 December 2011, the country had 3 846 officially registered HIV cases (cumulative number), of which 77.7 % were male and 22.3 % were female. The HIV prevalence rate was 43.4 people per 100 000 inhabitants. HIV cases have been registered in 66 of the 68 districts of the country. The number of deaths among the total number of PLHIV was 552 (14.4 %). The average estimated number of HIV-positive people in the country ranges between 6 800–10 000. Moreover, in recent years, the number of newly reported HIV cases among females has increased almost 2.3 times. Thus, in 2005 the proportion of women among registered new cases was 8.5 % and in 2011 it was 20.2 %.

In 2011, of the total number of registered HIV cases, 52.6 % were infected through transmission by injecting, 29.8 % were infected through unprotected sex, 1.5 % were attributed to mother-to-child transmission, and for 15.7 % the route of transmission was not known. The prevalence of HIV infection among the groups at highest risk, particularly among injecting drug users, has exceeded 5 % in the last few years, confirming that Tajikistan is experiencing a concentrated HIV epidemic.

In 2011 the country registered 989 new cases of HIV infection, of which 77.7 % were male and 22.3 % female. Among the newly registered HIV cases, 423 people (42.7 %) were injecting drug users.

In 2011, according to the official data of the Centre for Health Statistics of the Ministry of Health of Tajikistan, there were reported 368 cases of hepatitis B virus (HBV) infection in the general population, representing a 30 % increase compared to 2010 (282 cases).

The number of reported cases of hepatitis C virus (HCV) in 2011 was 84. According to the BBS in 2011, the highest prevalence of HCV among IDUs was recorded in Dushanbe (36.2 %) and Khorog (21.4 %), while the lowest prevalence was detected in Istaravshan (2.7 %).

According to the Centre for Health Statistics of the Ministry of Health of Tajikistan, in 2011 there were 273 cases of syphilis infection among the general population, of which 159 were male and 114 were female. According to the BBS in 2011, the highest prevalence rate of syphilis among IDUs was observed in the cities of Tursunzoda (16.5 %) and Vahdat (16.4 %). The lowest prevalence of syphilis among IDUs was found in the cities of Istaravshan (2 %) and Kulyab (2.3 %).

Drug-related deaths

The official data from Tajikistan provide very limited information on the number of deaths related to drug use. According to the Republican Clinical Centre of Forensic Medical Examination under the Ministry of Health, in 2011 there were 39 deaths associated with an overdose of heroin (Republican Clinical Centre of Forensic Medical Examination, 2011). This figure most probably does not reflect the true picture, as in Tajikistan autopsies are only conducted for 7 % of deaths, and the stigma attached to drug consumption results in families trying to avoid deaths being identified as drug-related.

Treatment responses

Announced in 2007, the 'United target programme of drug prevention and combating drug trafficking in the Republic of Tajikistan for 2008–12' provides for educational outreach activities aimed at families whose children are treated for drug addiction at treatment clinics.

Drug treatment is carried out in the Republic of Tajikistan at specialised drug treatment facilities. The State guarantees anonymous drug treatment. Services provided by specialised drug treatment agencies in the country include inpatient and outpatient care, anti-relapse therapy, rehabilitation programmes, work with drug addicts and efforts to prevent substance abuse.

Treatment of drug dependence in the Republic of Tajikistan is conducted mainly at public drug treatment facilities, including:

- the National Clinical Centre of Addiction in Dushanbe (100 beds);
- Regional Drug Treatment Centre of Gorno-Badakhshan Autonomous Oblast in Khorog (30 beds);
- Sughd Regional Drug Treatment Centre: Khujand (40 beds); mental hospitals at Isfara (10 beds), Kanibadama (10 beds) and Pendzhikenta (10 beds); drug treatment clinic at Istravshan (10 beds); Chkalovsk Central District Hospital medical ward (20 beds);
- in Khatlon (50 beds), including: the Regional Drug Treatment Centre No. 1 Kurgan-Tube (20 beds); the Regional Centre for Addictive Disorders Kulob No. 2 (20 beds); and the mental hospital in Nurek (10 beds).
- in the regions of Republican Subordination in Gissarsk Central District Hospital (10 beds).

The availability of substance abuse treatment beds in the Republic of Tajikistan is 4 per 100 000 inhabitants.

Harm reduction responses

Harm reduction programmes are implemented to minimise the consequences of drug use. The first prevention programmes were initiated in 1999 and funded by the Joint United Nations Programme on HIV/AIDS (UNAIDS) (two programmes) within the framework of the harm reduction strategy in Tajikistan. Later activities for the development of harm reduction programmes were mainly funded by the Soros Foundation (Open Society Institute — Tajikistan–OSI).

In 2005 the implementation of harm reduction (HR) programmes was funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and since 2006 projects have also been financed by the UK-funded Central Asia Regional HIV/AIDS Programme (CARHAP 1), OSI Drug Demand Reduction Program (DDRP 2), AIDS Foundation East–West (AFEW). Geographically, the HR programme covers almost the whole of the country.

The main work with IDUs in HR programmes in Tajikistan includes:

- opioid substitution treatment (OST);
- needle and syringe programmes (NSPs);
- social support;
- drop-in centres;
- referrals for medical care;
- outreach;
- provision of information and educational materials;
- overdose prevention by providing IDUs with naloxone;
- voluntary counselling and referrals for HIV testing.

In 2009 the Government of the Republic of Tajikistan reviewed and supported the letter of the Ministry of Health of the Republic of Tajikistan asking it to consider a pilot implementation of a programme of OST. The first OST site was opened in June 2010 by the Ministry of Health, with support from the GFATM and UNODC, in the Republican Clinical Narcological Centre, named after Professor M. Gulyamov. Up to 102 patients have received OST at this centre. The second OST site was opened in the city of Khojent, Sogd region in December 2010, where up to 52 patients have received OST. A third OST centre was opened in Khorog in May 2011, where, at the end of 2011, a total of 44 patients had received OST.

On 1 June 2011 the SPIN Plus community based organisation, which implements projects in Dushanbe and Vahdat, opened a crisis centre for female IDUs, offering a range of services with day care. This is the first gender-sensitive project in the Republic of Tajikistan. By the end of 2011 this project had reached 296 women, of whom 162 (55 %) were under the age of 30. The centre provided low-threshold services (laundry, showers, communication, leisure, food, sanitary napkins) and legal advice and referral to doctors. In addition to the women-only centre, SPIN Plus also established a re-adaptation centre for all IDUs, with the support of the AIDS Foundation East–West. In this centre, 62 were re-adaptation clients, 40 of whom abstained during the reported period, and two patients were referred for further rehabilitation to the Tangai Republican Rehabilitation Centre.

The staff of SPIN Plus have assisted 29 heroin overdose cases using the opioid antagonist naloxone. Under the aegis of SPIN Plus, a self-help group was organised consisting of 60 clients receiving OST with methadone. These clients received low-threshold services and advice at the drop-in centre.

As a part of the United States Agency for International Development (USAID) Dialogue on HIV and tuberculosis (TB), educational activities (mini sessions, training, individual group discussions) covered 1 122 IDUs, including 981 males and 141 females. Five hundred motivational packages were given to the most active clients.

Considering the rate of prevalence of HIV infection in the country and the role of injecting drug use in its transmission, and taking into account international experience in reducing the spread of HIV among vulnerable groups through the widespread introduction of harm reduction programmes, the government began to organise harm reduction units called 'trust points' to provide services to IDUs. Harm reduction programmes were first introduced in the Republic of Tajikistan in 1998 in Dushanbe, Khujand and Khorog, mainly in the form of needle exchange programmes (NEPs) and via the distribution of information materials. The programme of NEPs was

subsequently expanded to include the cities of Tursunzoda Vahdat and Kurgan-Tube, and other districts of the Sughd and Khatlon regions.

In Kulyab a 24-hour drop-in centre for drug users was opened by the non-government organisation (NGO) Anis. The NGO Volunteer, which implemented a programme in the Gorno-Badakhshan Autonomous Oblast (GBAO), provided services 9 001 times during the reporting period, including services related to: social support (1 231); prevention (2 057); healthcare (2 078); information and counselling (1 984); psychological care and support (326); legal services (966); and social services (359). The Social Bureau covered 1 163 clients (324 people injecting drugs, 9 sex workers, 24 people living with HIV, 89 people with tuberculosis, 52 ex-prisoners with HBV and 15 with HCV, 1 minor at risk, and 649 vulnerable women). A client satisfaction poll on the services provided by the Social Bureau found that 1 197 clients rated their experiences as 'excellent', 72 'good', and 159 'satisfactory'; only 2 clients rated the service as 'unsatisfactory'.

The NGO RAN is implementing a harm reduction project in Dushanbe. As part of this programme, one mobile trust point and four NSPs were established, located on the premises of the National Tuberculosis Hospital in urban health centres Nos 2, 12 and 14. During the reporting period, RAN served 1 417 clients. A total of 198 150 syringes were exchanged and 23 040 condoms were distributed. In January and February 2011, the DomRAN drop-in centre provided 3 217 services, including medication for 26 clients.

According to the United Nations Development Programme (UNDP) report on the implementation of Global Fund grants for 2011, a cumulative number of 15 871 IDUs were covered by the programme of harm reduction, including needle and syringe exchange, which accounted for about 63 % of the total estimated number of IDUs in the country. In particular, the programme reached 5 700 clients through its needle and syringe exchange, accounting for about 22 % of the average estimated number of injecting drug users (25 000), distributing an average 88 syringes per customer per year.

During the reported period, 21 trust points for IDUs were operating in healthcare facilities in the country, supported by UNDP through the implementation of Global Fund grants, and 28 were operating in NGOs, supported by a grant from the Global Fund and the CARHAP/DFID projects, PSI, OSI, and the Red Crescent Society, which implemented a programme for the exchange of needles and syringes.

1 CARHAP is funded by UK Aid from the Department for International Development (DFID) of the United Kingdom.

2 The USAID-funded Drug Demand Reduction Program (DDRP) aims to address social problems among vulnerable populations involved in or at risk of involvement in drug use in Central Asia.

[↑ top of page](#)

Drug markets and drug-law offences

In 2011 a total of 4 237.798 kg of drugs were seized, which is 8.6 % more than in 2010 (3 902.716 kg) (DCA, 2012). The steady increase in seizures of cannabis, primarily hashish, continued in 2011, with the result that cannabis comprised 76.2 % of the entire quantity of drugs that were seized, which is 20.5 % more than in 2010, while the proportion of opiates seized reduced. This significant change in the type of drug seized was a result of an increase in the areas sown with cannabis in Afghanistan in recent years.

According to chemical analysis, the purity of heroin seized in 2011 ranged from 20–85 %. The impurities in the samples of heroin that were seized were found to be from the manufacturing process — 6-monoacetylmorphine and acetylcodeine — and cutting agents of extrinsic origin — caffeine, acetaminophen (paracetamol) and dextromethorphan.

No extrinsic substances were found in the narcotic opium seized in 2011. Starch-containing substances were found in just a few samples.

The physical appearance of the cannabis resin that was seized was either in the form of a rod or of material compressed into rectangular tiles. The dimensions of tiles varied within the following ranges: width 14–16 cm, length 21–23 cm, thickness 2–3 cm.

Drug prices in Tajikistan increase in proportion to the distance from the state border. Thus, the price of 1 kg of high-quality heroin in 2011 was EUR 3 278 in Badakhshan, EUR 2 608–2 831 in the Khatlon region, EUR 2 980–3 353 in the city of Dushanbe, and EUR 3 353–4 470 in Sughd. The price of 1 kg of opium was EUR 149–373 in Badakhshan, EUR 261–298 in the Khatlon region, EUR 596–745 in Sughd, and EUR 410–447 in Dushanbe. The price of 1 kg of cannabis drugs was EUR 75–127 in Badakhshan, EUR 90–112 in the Khatlon region, EUR 298–447 in Sughd, and EUR 164–187 in Dushanbe.

In 2010, a total of 124 people with a diagnosis of 'drug addiction' were put on trial for illicit trafficking.

[↑ top of page](#)

National drug laws

The legislation of the Republic of Tajikistan in the field of drug control is based on the rules and recommendations of the United Nations Drug Treaties and Conventions (1961, 1971, 1988), of which Tajikistan became a signatory in 1995 and 1996.

The main purpose of Law No. 873 of the Republic of Tajikistan 'On narcotic drugs, psychotropic substances, and precursors', dated 10 December 1999, is the implementation of public policies and international agreements in the field of the legal circulation of narcotic drugs, psychotropic substances, and precursors aimed to counter illicit trafficking, prevent drug and substance abuse and provide drug treatment services to people suffering from addiction and substance abuse.

Law No. 67 'On drug treatment', dated 8 December 2003, is aimed at providing people suffering from narcotic drug abuse and addiction with health and social care, prophylactics, and the prevention of narcotic drug abuse. The main objectives of the law are the protection of the rights and legitimate interests of people suffering from substance abuse and addiction, establishing bases and procedures for the provision of substance abuse treatment, and the protection and security of professionals providing drug treatment services. Article 6 of the Constitution guarantees the following types of drug treatment and social protection:

- emergency drug treatment;
- anonymous drug treatment in specialised drug treatment institutions;
- consultative-diagnostic, therapeutic and preventive care and medical rehabilitation in the community and inpatient facilities;
- all types of addiction assessment, identification of temporary disability;
- legal advice and other legal assistance;
- consultations regarding legal matters and other legal aid;
- legal advice and other legal assistance;
- consultations regarding legal matters and other legal aid;
- social amenities for disabled and aged people who suffer from narcotic drug abuse diseases.

The Law of the Republic of Tajikistan (Law RT) 'On narcotic substances, psychotropic substances and precursors' was implemented on 10 December 1999 (No 873). The main objective of this law is the realisation of the national policy and international agreements of Tajikistan in the sphere of licit trafficking of narcotic substances, psychotropic substances and precursors, countermeasures of their illicit trafficking, prevention of drugs and toxicomania and rendering of narcological assistance to people suffering from drug addiction and toxicomania.

The Law RT 'On narcological assistance' of 8 December 2003 (No 67) aims to provide people suffering from narcological diseases with medical and social care, and to prevent narcological diseases. The main task of the law is to protect the rights and legal interests of people suffering from narcological diseases, establish grounds and a procedure for rendering narcological assistance and to protect the rights of medical and other workers rendering narcological assistance. According to Article 6 of the Law, the Government guarantees the following kinds of narcological assistance and social protection:

- emergency narcological assistance;
- anonymous narcological assistance in specialised narcological institutions;
- consulting and diagnostics, medical and preventive assistance and medical rehabilitation in outpatient and inpatient conditions;
- all kinds of narcological expertise, determination of temporary incapacity for work;
- consultations on legal issues and other kinds of legal assistance;
- social arrangement of invalids and elder people suffering from narcological diseases.

Chapter 22 of the Criminal Code of the Republic of Tajikistan (effective from 1 September 1998) stipulates responsibility for the following violations of the law related to drug issues:

- illicit trafficking of narcotic drugs or psychotropic substances for the purpose of sale (Article 200);
- illegal handling of narcotic drugs or psychotropic substances (without intent to sell) (Article 201);
- theft of narcotic drugs or psychotropic substances (Article 202);
- illegal production, manufacture, processing, purchase, storage, transport or shipment of precursors (Article 2021);
- theft of precursors (Article 2022);
- involvement in the use of narcotic drugs or psychotropic substances (Article 203);
- illicit cultivation of illicit crop plants containing narcotic substances (Article 204);
- the organisation or maintenance of dens for the use of narcotic drugs or psychotropic substances (Article 205);
- illicit trafficking of potent or poisonous substances with the purpose of sale (Article 206);
- selling and buying of illicit or poisonous substances with intent to sell (Article 206);
- violation of the rules for handling narcotic drugs, psychotropic substances and precursors, or poisonous substances (Article 2061).

[↑ top of page](#)

National drug strategy

The National Strategy of the Republic of Tajikistan in the field of the control of narcotic drugs is aimed at preventing the use of the territory of the state by transnational organised drug traffickers to smuggle narcotics, international commitments and the establishment of strict control over the licit movement of narcotic drugs, ensuring the effective fight against drug trafficking, guaranteeing the medical care of patients with drug addiction and increasing international cooperation in this area.

In December 2010 the ministries and departments of the republic summed up the first year of the implementation of the relevant paragraphs of the 'United target programme of drug prevention and combating drug trafficking in the Republic of Tajikistan for 2008–12' and that information was forwarded to the Government of the Republic of Tajikistan.

The main goals and objectives of the programme are:

- reduction of the demand for drugs;
- improvement of the system of law enforcement and other government agencies;
- consistent implementation of targeted prevention and eradication of the causes of drug addiction;
- strengthening the drug service;
- improvement of the legislation on the control of narcotic drugs, psychotropic substances and precursors;
- promotion of international cooperation.

Key strategies and activities to reduce the demand for drugs were identified in the 'Programme for the prevention of the spread of drug addiction and the improvement of drug treatment in the Republic of Tajikistan for the period 2005–10', which shows the regulatory, controlling and organisational, informational, educational, structural, technological and personnel directions during the implementation period. It also summed up the 'Programme for the development of the health of young people in the Republic of Tajikistan for 2006–10', the main purpose of which was to improve the health of young people through the reduction of risky behaviour such as casual sex and drug use, and to reduce the spread of infections, sexually transmitted diseases and HIV/AIDS.

[↑ top of page](#)

Coordination mechanism in the field of drugs

One of the measures taken by the Government of the Republic of Tajikistan in the field of drug control is the coordination of bodies at all levels of society in order to synchronise the activities of law enforcement agencies in the fight against drug trafficking, as well as the relevant ministries and agencies in the control of drug trafficking, psychotropic substances and precursors, and drug prevention. The main body that coordinates ministries, departments and organisations in the prevention of drug abuse, regardless of their form of ownership, is the Coordinating Council on the prevention of drug abuse, approved by Decree No. 1310 of the President of the Republic of Tajikistan, dated 3 April 2004.

According to the decree, regional, city, and district councils for the coordination of drug prevention activities were established under republican subordination in the Gorno-Badakhshan Autonomous Oblast, Sughd and Khatlon regions, the city of Dushanbe, and other cities and districts. The Coordinating Council is recognised as the supervisory body of the interaction of ministries, departments and state bodies in the conduct of activities aimed at the prevention of the non-medical use of narcotic drugs and psychotropic and other drugs.

[↑ top of page](#)

References

AIDS Projects Management Group (2009), Project Report: Support for National Response to AIDS by Strengthening of HIV Prevention and Care Services in Tajikistan. (unpublished).

DCA (Drug Control Agency under the President of the Republic of Tajikistan) (2012), An Overview of the Drug Situation in Tajikistan in 2011, Dushanbe: Drug Control Agency under the President of the Republic of Tajikistan.

Republican Clinical Centre of Forensic Medical Examination (2011), Report on Dushanbe, Dushanbe: Republican Clinical Centre of Forensic Medical Examination.

[↑ top of page](#)

Page last updated: Friday, 18 December 2015