# ATLAS of Substance Use Disorders

**Country Profile: TAJIKISTAN**

## Demography

<table>
<thead>
<tr>
<th>Metric</th>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (‘000s)</td>
<td>2006</td>
<td>6'640</td>
</tr>
<tr>
<td>Annual population growth rate (%)</td>
<td>1996-2006</td>
<td>1.3</td>
</tr>
<tr>
<td>Population living in urban areas (%)</td>
<td>2006</td>
<td>25</td>
</tr>
<tr>
<td>Life expectancy at birth (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2006</td>
<td>66</td>
</tr>
<tr>
<td>Male</td>
<td>2006</td>
<td>63</td>
</tr>
<tr>
<td>Adult literacy rate (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female (aged 15 and above)</td>
<td>2006</td>
<td>99.5</td>
</tr>
<tr>
<td>Male (aged 15 and above)</td>
<td>2006</td>
<td>96.5</td>
</tr>
<tr>
<td>Human Development Index (HDI)</td>
<td>2005</td>
<td>0.673</td>
</tr>
<tr>
<td>GDP per capita (PPP US$)</td>
<td>2005</td>
<td>1'356</td>
</tr>
<tr>
<td>Gini Index</td>
<td>2007</td>
<td>32.6</td>
</tr>
</tbody>
</table>

## Substance Use Epidemiology

<table>
<thead>
<tr>
<th>Metric</th>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>National epidemiological data collection system</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Alcohol Drugs</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Prevalence estimates for alcohol use disorders (12-month prevalence, %)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female (15+ years)</td>
<td>2004</td>
<td>0.29</td>
</tr>
<tr>
<td>Male (15+ years)</td>
<td>2004</td>
<td>2.57</td>
</tr>
<tr>
<td>Prevalence estimates for drug use disorders (12-month prevalence, %)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female (15+ years)</td>
<td>2004</td>
<td>0.45</td>
</tr>
<tr>
<td>Male (15+ years)</td>
<td>2004</td>
<td>1.24</td>
</tr>
<tr>
<td>Injecting drug users (per 100'000 inhabitants)</td>
<td>2007</td>
<td>75</td>
</tr>
</tbody>
</table>

## Injecting Drug Users: Health Problems

<table>
<thead>
<tr>
<th>Metric</th>
<th></th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS (%)</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Hepatitis B (%)</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Hepatitis C (%)</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Tuberculosis (%)</td>
<td></td>
<td>-</td>
</tr>
</tbody>
</table>

## Substance Abuse Policy and Law

<table>
<thead>
<tr>
<th>Metric</th>
<th></th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance abuse policy</td>
<td></td>
<td>Yes, a drug policy</td>
</tr>
<tr>
<td>Availability of special legislative provision:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment and rehabilitation for people with SUD</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Compulsory treatment for people with SUD</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Presence of drug courts in the country</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Availability of programmes which divert clients away from criminal justice system towards treatment</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>
### TREATMENT SERVICES

#### A. ADMINISTRATION AND FINANCING

<table>
<thead>
<tr>
<th></th>
<th>Government unit responsible for treatment services for SUD</th>
<th>Yes, for mental health, alcohol and drug use disorders together</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget line in annual budget of government for SUD treatment services</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Most important financing method for treatment services:</td>
<td>Alcohol: Tax-based funding, Drugs: Tax-based funding</td>
</tr>
</tbody>
</table>

#### B. SECTORS AND SETTINGS

<table>
<thead>
<tr>
<th></th>
<th>Of those receiving treatment for alcohol use disorders, the percentage (%) treated in:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public sector</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>Private sector</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Joint public-private sector venture</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>NGOs</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Of those receiving treatment for drug use disorders, the percentage (%) treated in:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public sector</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>Private sector</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Joint public-private sector venture</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>NGOs</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Most commonly used treatment setting for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with alcohol use disorders</td>
<td>Specialized treatment service</td>
</tr>
<tr>
<td>People with drug use disorders</td>
<td>Specialized treatment service</td>
</tr>
</tbody>
</table>

#### C. AVAILABILITY, COVERAGE AND CAPACITY

<table>
<thead>
<tr>
<th></th>
<th>Availability of treatment services (Yes/No) and estimated coverage* (%) of population:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol use disorders</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inpatient medical detoxification</td>
</tr>
<tr>
<td></td>
<td>Outpatient medical detoxification</td>
</tr>
<tr>
<td></td>
<td>Long-term residential rehabilitation</td>
</tr>
<tr>
<td><strong>Drug use disorders</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inpatient medical detoxification</td>
</tr>
<tr>
<td></td>
<td>Outpatient medical detoxification</td>
</tr>
<tr>
<td></td>
<td>Outpatient abstinence oriented treatment</td>
</tr>
<tr>
<td></td>
<td>Substitution maintenance therapy of opioid dependence</td>
</tr>
</tbody>
</table>

| | Specialized treatment services for patients with drug use disorders (including IDU) with HIV/AIDS | Yes |
| | Number of outpatient treatment slots for alcohol and drug use disorders (per week) | - |
| | Total number of beds for alcohol and drug use disorders (most recent year available) | 290 |
| | Waiting period to receive outpatient opioid substitution treatment | - |
| | Implementation of screening/brief intervention in primary care | |
| | Alcohol | No |
| | Drugs | Yes, but rarely |

### D. TREATMENT SYSTEM ORGANIZATION

| | Specialized treatment system for alcohol and drug use disorders | Treatment for both alcohol and drug use disorders |
### PHARMACOTHERAPY OF SUBSTANCE USE DISORDERS

| Pharmacotherapy used for treatment of opioid dependence for detoxification | - |
| Pharmacotherapy used for treatment of opioid dependence for maintenance | - |
| Pharmacotherapy used for treatment of alcohol withdrawal | - Benzodiazepines (diazepam)  
- Nitrous oxide  
- Chlorpromazine |

### OPIOID AGONIST TREATMENT: THERAPEUTIC DRUGS & SETTINGS

| Availability of agonist pharmacotherapy (Yes/No) and purpose of treatment (maintenance or detoxification) | Methadone  
Buprenorphine | No  
No |
| Formulation of Methadone used | - |
| Average daily dose (mg) for maintenance | - Methadone  
Buprenorphine |
| Settings involved in provision of Methadone | - |
| Settings involved in provision of Buprenorphine | - |
| Number of supervised doses per week | - Methadone  
Buprenorphine |
| Cost per milligram of Methadone in pharmacies | - |
| Cost per 2 mg tablet of Buprenorphine in pharmacies | - |
| Number of treatment slots for opioid agonist maintenance treatment (per day) | Methadone  
Buprenorphine |

### HUMAN RESOURCES

| Three most important health professionals for treatment of persons with: | Alcohol use disorders  
Drug use disorders |
| - Alcohol use disorders | - Addictologists/Narcologists  
- Addiction Counsellors  
- Psychiatrists |
| - Drug use disorders | - Addictologists/Narcologists  
- Addiction Counsellors  
- Psychiatrists |

| NGOs in the country focusing on: | Alcohol  
Drugs |
| - Alcohol | Yes |
| - Drugs | Yes |

### PREVENTION AND HARM REDUCTION

| Government unit responsible for the prevention of SUD | Yes, for mental health, alcohol and drug use disorders together |
| Budget line in annual budget of government for prevention of SUD | No |
| Most important financing method for prevention services of SUD | International Organizations |

**Availability of prevention services (Yes/No) and estimated coverage (%) of population**

| Mass media (audiovisual) | Yes | 50-74 |
| Mass media (print) | Yes | 50-74 |
| School-based programmes | Yes | 50-74 |
| Community-based programmes | Yes | 25-49 |

**Availability of harm reduction programmes**

| Needle exchange programmes (community-based) | Yes |
| Needle exchange programmes (in prisons) | No |
| Supervised injection facilities | No |
| Outreach services for injecting drug users | Yes |
| Naloxone distribution | Yes |
| Bleach distribution (community-based) | Yes |
| Bleach distribution (in prisons) | Yes |
Note:
This country profile compiles information from the WHO ATLAS survey on resources for the treatment and prevention of substance use disorders, and from other sources of data. If not otherwise indicated, data refer to the year 2008.

Footnotes:
1 Data from World Health Statistics, 2008.
2a Human Development Index (HDI): Index combining measures of life expectancy, literacy, educational attainment, and GDP per capita. A HDI below 0.5 represents "low development", a HDI of 0.8 or more represents "high development".
2b Gini index: Inequality measure of wealth distribution. A value of 0 corresponds to perfect equality, a value of 100 to perfect inequality.
5 Reference: Ministry of Health of Tajikistan, Law on Drug Treatment.
* Response involves expert assessment.