

TOBACCO CONTROL
FACT SHEET

Tajikistan

Health impact of tobacco control policies
in line with the WHO Framework Convention
on Tobacco Control (WHO FCTC)

➔ Based on the current level of adult smoking in Tajikistan (1,2), premature deaths attributable to smoking are projected to be as high as 233 000 of the 467 000 smokers alive today (Table 1) and may increase in the absence of stronger policies.

TABLE 1.
Initial smoking prevalence and projected premature deaths

Smoking prevalence (%)		Smokers (n)	Projected premature deaths of current smokers (n)			
Male	Female	Total	Male ^a	Female ^a	Total ^a	Total ^b
17.0	0.3	467 100	229 500	4 050	233 550	151 808

^a Premature deaths are based on relative risks from large-scale studies of high-income countries.
^b Premature deaths are based on relative risks from large-scale studies of low- and middle-income countries.
Source: Centre for Sociological Research "Zerkalo" (1); Statistical Agency under the President of the Republic of Tajikistan et al. (2).

Key findings

Within 15 years, the effects of individual tobacco control policies when fully implemented in line with the WHO FCTC (3) are projected to reduce smoking prevalence by:

- 31.8% by increasing excise cigarette taxes from the current level of 2.66% to 75% and prevent much smoking among young people;
- 8.9% with more comprehensive smoke-free laws and stronger enforcement;
- 5.5% by banning most forms of direct and indirect advertising to create a comprehensive ban on advertising, promotion and sponsorship with enforcement;
- 11.3% by requiring that strong graphic health warnings be added to tobacco products;
- 4.4% by increasing from minimal provision to a well publicized and comprehensive tobacco-cessation policy; and
- 7.5% by increasing from a low- to high-level media campaign.

With this stronger set of policies and consistent with the WHO FCTC (2), smoking prevalence can be reduced by 42% within five years, 54% within 15 years and 64% within 40 years. Almost 150 000 deaths could be averted in the long term (Table 2). The SimSmoke tobacco control model (4) incorporates synergies in implementing multiple policies (such as strong media campaigns with smoke-free laws and tobacco-cessation policies).

TABLE 2.

Effect of tobacco control policies (individual and combined) on initial smoking prevalence and smoking-attributable deaths

Tobacco control policy	Relative change in smoking prevalence (%)			Reduction in smoking-attributable deaths in 40 years (n)			
	5 years	15 years	40 years	Male ^a	Female ^a	Total ^a	Total ^b
Protect through smoke-free laws	-7.7	-8.9	-9.6	22 083	390	22 473	14 607
Offer tobacco-cessation services	-2.5	-4.4	-6.3	14 359	253	14 612	9 498
Mass media campaigns	-6.5	-7.5	-7.8	17 901	316	18 217	11 841
Warnings on cigarette packages	-7.5	-11.3	-15.0	34 425	608	35 033	22 771
Enforce marketing restrictions	-4.6	-5.5	-6.0	13 724	242	13 966	9 078
Raise cigarette taxes	-21.2	-31.8	-42.5	97 441	1 720	99 161	64 454
Combined policies	-41.5	-53.9	-64.1	147 059	2 595	149 655	97 275

^a Smoking-attributable deaths are based on relative risks from large-scale studies of high-income countries.

^b Smoking-attributable deaths are based on relative risks from large-scale studies of low- and middle-income countries.

→ Monitor tobacco use

The prevalence of current cigarette smoking among men (16–60 years old) in Tajikistan in 2015 was 17% (1); the prevalence of current cigarette smoking among women (15–49 years old) in Tajikistan in 2012 was 0.3% (2).

→ Protect people from tobacco smoke

No indoor public places in Tajikistan are completely smoke-free (Table 4). Under current legislation, smoking is prohibited in health-care, government and education facilities (including universities) and on public transport (except in designated smoking areas). Smoking violations incur fines for the establishment and patron. A system is in place for citizen complaints and further investigations, but no funds are dedicated to enforcement (5).

TABLE 3.

Complete smoke-free indoor public places

Health-care facilities	Education facilities (except universities)	Universities	Government facilities	Indoor offices and workplaces	Restaurants	Cafes, pubs and bars	Public transport	All other indoor public places
⊖	⊖	⊖	⊖	⊖	⊖	⊖	⊖	⊖

Source: WHO (5).

⊖ = not completely smoke-free.

→ Offer help to quit tobacco use

Smoking-cessation services and a toll-free quit line are not available in Tajikistan. Nicotine replacement therapy is available and sold legally in the country (5).

→ Warn about the dangers of tobacco

The law mandates that health warnings appear on tobacco packages, but does not specify the percentage of the principal display areas of the package that must be covered by the warnings. The law does not mandate specific health warnings and does not specify health-warning characteristics (5).

→ Enforce bans on tobacco advertising, promotion and sponsorship

Through a law adopted in 2003 (6), Tajikistan has bans in place on some forms of direct and indirect advertising (Table 4). The law requires fines for violations of these bans (5).

TABLE 4.

Bans on direct and indirect advertising

Direct advertising		Indirect advertising	
National television and radio	✓	Free distribution in mail or through other means	✗
International television and radio	✓	Promotional discounts	✗
Local magazines and newspapers	✓	Non-tobacco products identified with tobacco brand names	✗
International magazines and newspapers	✓	Appearance of tobacco brands in television and/or films (product placement)	✗
Billboards and outdoor advertising	✓	Appearance of tobacco products in television and/or films	✗
Advertising at point of sale	✗	Sponsored events	✓
Advertising on the Internet	✗	Tobacco products display at point of sale	✗

Source: WHO (5).

✓ = banned. ✗ = not banned.

Tajikistan does not have:

- bans on tobacco companies/tobacco industry publicizing their activities;
- bans on entities other than tobacco companies/tobacco industry publicizing activities of the tobacco companies;
- bans on tobacco companies funding or making contributions (including in-kind contributions) to smoking-prevention media campaigns, including those directed at young people; and
- a requirement to present prescribed anti-tobacco advertisements before, during or after the broadcasting or showing of any visual entertainment (5).

→ Raise taxes on tobacco

A pack of cigarettes in Tajikistan costs 5 TJS¹ (US\$ 1.01), of which 25.88% is tax (15.25% is value-added tax, 2.66% excise taxes and 7.97% import duty) (5).

¹ The currency code is according to International Organization for Standardization, ISO 4217 currency names and code elements.

About the SimSmoke model

The abridged version of the SimSmoke tobacco control model, developed by David Levy of Georgetown University, United States of America, projects the reduction in smoking prevalence and smoking-attributable deaths as a result of implementing tobacco control policies (individually and in combination) (4). Specifically, the model projects the effects from:

- protecting from second-hand smoke through stronger smoke-free laws
- offering greater access to smoking-cessation services
- placing warnings on tobacco packages and other media/educational programmes
- enforcing bans on advertising, promotion and sponsorship
- raising cigarette prices through higher cigarette taxes (7).

Data on smoking prevalence among adults for the SimSmoke model were taken from the most recent nationally representative survey covering a wide age range; data on tobacco control policies were taken from the 2015 WHO report on the global tobacco epidemic (5).

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References

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