

5. New Psychoactive Substances in the Republic of Tajikistan: The Latest Developments, Challenges, and Solutions

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Understanding the Drug Dynamics: National Influences on Tajikistan's Drug Scene

The Republic of Tajikistan is a country located in the southern part of the Central Asian region. Tajikistan is landlocked, and more than 90% of its territory is mountainous. The country has a land area of 143,000 km² and a population of more than ten million people (Figure 1).

Tajikistan shares its borders with several countries. To the south, it borders Afghanistan over a distance of 1,356 km; to the east, it has a 519-km boundary with the People's Republic of China; to the north-east, it stretches 630 km adjacent to the Kyrgyz Republic; and to the north and west, it extends 910 km alongside the Republic of Uzbekistan. The extensive southern border with Afghanistan, a country known for its significant production of illegal drugs such as opiates and cannabis, greatly influences the drug situation in Tajikistan. Tajikistan was ranked eleventh among the countries with the highest volume of opiate seizures in 2020 (UNODC 2022).

More than two-thirds of the country's residents (72.9%) live in rural areas of Tajikistan and are employed in agricultural production. Economically, the country belongs to the category of low-income countries. Children under 15 years old make up more than a third of the total population (33.9%). In 2020, per capita healthcare expenditure was 70 USD, accounting in total for 8% of the GDP. Total healthcare costs amounted to 6,865,000,000 somoni (more than USD 628 million), with 1,806,000,000 somoni (more than USD 165 million) covered by the state budget, accounting for 26.3% of the total costs. Government spending on healthcare is among the lowest in Central Asia (WHO Regional Office for Europe 2020).



Figure 1: Map of the Republic of Tajikistan (www.infoplease.com)

In Tajikistan, the foundation of drug policy rests on the Triune UN Conventions ratified in 1961, 1971, and 1988. This framework mandates state regulation of the distribution of substances included in the National List of Narcotic Drugs, Psychotropic Substances, and Precursors. Government officials frequently address the challenge of drug trafficking. However, the management of drug addiction treatment and the prevention of psychoactive substance use falls under the drug treatment services, which receive inadequate attention in the public sphere. The main strategic focus of the drug policy remains on curbing drug availability, rather than on demand reduction or harm minimisation strategies.

Tajikistan has established the Drug Control Agency under the President of the Republic of Tajikistan (DCA), an authoritative entity responsible

for setting national drug policy and coordinating the efforts of various law enforcement bodies in this sector. As a law enforcement agency, the DCA primarily concentrates its efforts on diminishing the supply of drugs.

Several factors impact the drug landscape in Tajikistan. Firstly, its geographic position plays a crucial role; Tajikistan is situated to the north of Afghanistan, which is well-known for its illegal production of drugs such as opiates and cannabinoids. Moreover, the drug scenario is shaped by socio-political shifts. After gaining independence in 1991, Tajikistan experienced a six-year civil war involving various political factions. Civil strife has triggered significant migration processes: tens of thousands of Tajikistan residents fled to Afghanistan to save themselves and their families from the horrors of civil war, and a comparable number of citizens were forced to leave their homes and became internally displaced persons within the country. Before the Republic of Tajikistan gained independence in 1991, the country was home to a significant number of people from various ethnic groups. However, most of them later left Tajikistan and moved to other countries formed after the dissolution of the Soviet Union, such as the Russian Federation, Ukraine, and Kazakhstan. It is difficult to estimate the number of people of non-indigenous nationalities (Uzbeks, Turkmens, Kyrgyz, Kazakhs, Russians, etc.) who emigrated from Tajikistan during the years of instability. According to the United Nations Refugee Agency's (UNHCR) data, by 2006, there were no longer any internally displaced persons in Tajikistan, and virtually all Tajik refugees had been repatriated from Afghanistan (Nazarshoeva 2019). Since gaining independence and up to the present, the country has experienced a phenomenon known as labour migration. According to various sources, up to one million working-age people are employed outside of Tajikistan, mostly in the Russian Federation. All of the aforementioned factors, especially the political unrest, combined with the long border with Afghanistan, have facilitated a sharp rise in the trafficking of opium and cannabis-derived drugs through Tajikistan to Russia and Europe. Consequently, this has led to higher drug availability within Tajikistan's borders, thereby increasing domestic drug usage.

The Emergence of New Psychoactive Substances: Transformations in Drug Markets

Since 1996, there has been a notable surge in new cases of opioid addiction recorded by national drug treatment services. The multiple increase in new cases of opioid dependency registration has been coupled with a rise in the injectable consumption of opioids. Over the last decade, injectable heroin use became a driver of HIV spread. According to data presented in the country's report on progress made in combating the HIV epidemic, in 2009, the share of injection transmission in new HIV cases among men was 71.6% (Republican Center for Prevention and Control of AIDS 2015). In response to this situation, programmes aimed at preventing HIV infection began to be developed in the country, primarily focusing on working with people who use injectable drugs. These programmes are funded by international donor organisations. Needle and syringe exchange programmes and opioid overdose prevention strategies were widely implemented. Starting in 2010, in order to prevent the spread of HIV infection among people who inject drugs (PWID) in Tajikistan, opioid substitution therapy programmes using liquid methadone began to be implemented.

As the socio-political climate in Tajikistan stabilised and governmental functions normalised, the availability of traditional plant-based narcotics started to decline. Concurrently, synthetic drugs increasingly emerged on the black market. Synthetic psychotropic drugs first appeared in Tajikistan in 2006, when a single pill was confiscated. Initially, these instances of seizure were sporadic. However, in the last five years, the capture of such drugs has become a regular occurrence, raising concerns (Drug Control Agency under the President of the Republic of Tajikistan 2020). From 2013 to 2020, a total of 68,787 tablets and approximately 82 kilograms of synthetic drugs were seized from illegal trade. Over the past five years, the annual seizure figures have consistently ranged between 10,000 and 15,000 tablets, which is concerning. The primary substances confiscated during this period include 3,4-Methylenedioxymethamphetamine (MDMA), methamphetamine, alprazolam, and phenobarbital, among others. According to the Drug Control Agency, in 2018 alone, authorities confiscated 15,880 tablets of various psychoactive substances. During a single operation by the Anti-Drug Agency in February 2020, 10 kg of methamphetamine were seized from citizens of the Islamic Republic of Afghanistan (Firuz 2020).

The national drug control strategy of Tajikistan for 2021–2030 highlights recent trends in the illegal drug trade, including the rise of online transac-

tions that do not involve physical hand-offs. Additionally, there has been an increase in the illegal importation of new types of synthetic drugs and psychotropic substances into Tajikistan from abroad. This has coincided with a growing demand for drugs among the population, particularly among young people, which has led to a rise in non-medical use of these substances (Drug Control Agency under the President of the Republic of Tajikistan 2022).

According to the 2021 review of the drug situation in the Republic of Tajikistan, an analysis of seized prohibited substances reveals a rise in synthetic substance seizures across the Central Asian region. In 2021, Tajikistan's competent authorities confiscated over 101 kg of methamphetamine, marking a significant increase from previous years. Furthermore, in 2021, authorities in Tajikistan seized 5,088 MDMA tablets, 645 diazepam tablets, 418 phenobarbital tablets, 287 pregabalin tablets, and 15,099 alprazolam tablets from illegal trafficking (Figure 2). The total number of psychotropic tablets seized amounted to 21,537, nearly tripling the quantity confiscated in 2020 (Drug Control Agency under the President of the Republic of Tajikistan 2022).

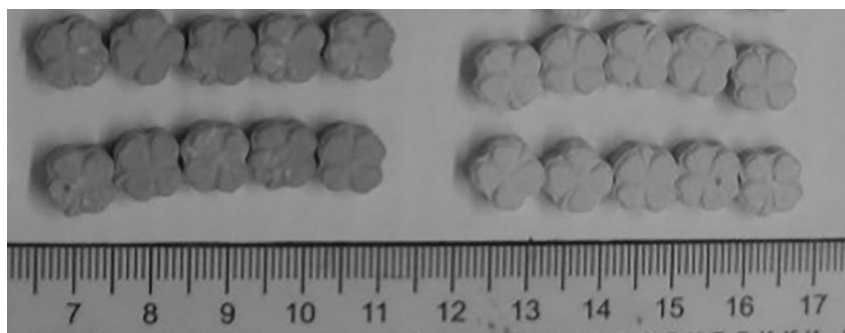


Figure 2: Tablets containing MDMA seized in 2021 (Drug Control Agency under the President of the Republic of Tajikistan)

According to DCA, the majority of methamphetamine available on Tajikistan's black market originates from Afghanistan, primarily in crystalline forms and as tablets. Recent seizures indicate a significant increase in methamphetamine production within Afghanistan, suggesting that Afghan traffickers are capturing a larger share of the regional and possibly global methamphetamine market. In 2020, methamphetamine comprised a sub-

stantial portion of the total drug seizures in many Afghan provinces. The data of the United Nations Office on Drugs and Crime (UNODC) confirm an increase in methamphetamine production in Afghanistan (Figure 3).

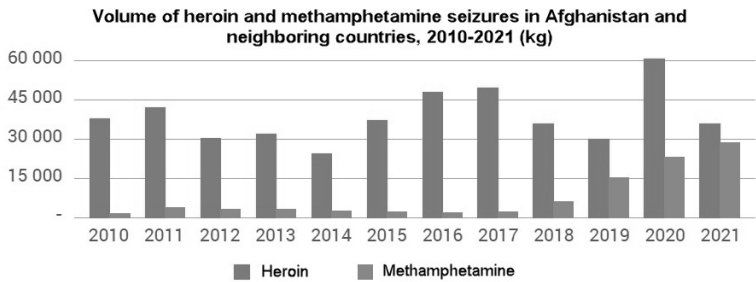


Figure 3: Volume of heroin and methamphetamine seizures in Afghanistan and neighbouring countries, 2010–2021 (kg) (UNODC 2023)

As noted in the UNODC’s brief research review ‘Understanding Illegal Methamphetamine Production in Afghanistan’, a significant portion of methamphetamine is produced using the plant *Ephedra distachya*, which grows freely on the mountain slopes of Afghanistan and is used as a raw material for the extraction of ephedrine—the substance from which methamphetamine is derived through simple chemical reactions (UNODC 2023).

In 2021, the majority of psychotropic substances seized in Tajikistan were methamphetamine, received by the DCA laboratory for analysis mostly in crystalline forms and as tablets. The wholesale seized methamphetamine typically appeared as crystals, ranging from 0.4 cm to 5.0 cm in size, while retail packages contained the substance in a crushed form. The seized methamphetamine tablets varied widely in both appearance and methamphetamine content. In contrast, the seized MDMA tablets displayed less variation. In recent years, there has been a noticeable increase in the seizure of pharmaceutical substances involved in illicit trafficking, particularly psychotropic substances like alprazolam and pregabalin. Tramadol, a potent controlled substance, ranks as the next most frequently seized drug. Seizures of diazepam and phenobarbital are less common. Additionally, DCA laboratory conducts expert testing on medications such as zopiclone (marketed under names such as Somnol, Sonlife, and Megas-

on-7.5) and tropicamide (branded as Midax) (Drug Control Agency under the President of the Republic of Tajikistan 2022).

According to the Republican Clinical Center for Narcology (RCCN), there has been a recent trend towards reduced use of natural opiates among drug users, which they attribute to these substances becoming less available. In response, the use of pharmacy opioids like tramadol and Tramal, as well as other medications such as tropicamide and pregabalin, is on the rise (Latypov, 2020). Additionally, the RCCN notes an increase in the number of individuals seeking help for the use of psychostimulants, particularly those from the amphetamine and methamphetamine groups (Table 1).

Table 1: Patients with substance use disorders (SUDs) registered by drug treatment institutions of the Republic of Tajikistan, by types of drugs, 2017–2024 (Malakhov, 2024)

Substances	2017	2018	2019	2020	2021	2022	2023	3 months of 2024
Heroin	5,505	4,705	4,404	3,714	3,385	2,577	1,359	1,242 (30.5%)
Opium	816	778	775	795	737	729	731	729 (17.9%)
Other opioids (for opioid substitution therapy)							600	604 (14.8%)
Cannabinoids	319	309	332	332	343	351	408	391 (9.6)
Two or more substances	307	267	264	258	282	690	1,014	1,056 (25.9%)
Psychostimulants, sedatives, and hypnotics					2	34	48	51 (1.3%)
Total	6,947	6,059	5,375	5,099	4,749	4,381	4,16	4,073

Treatment statistics also show a decrease in the number of individuals under dispensary observation at drug treatment facilities in the Republic of Tajikistan.

In addition, according to the RCCN, in recent years there has been a trend towards a decrease in injection drug use (Figure 4) and a slight decrease in the number of people using natural opiates (Table 1).

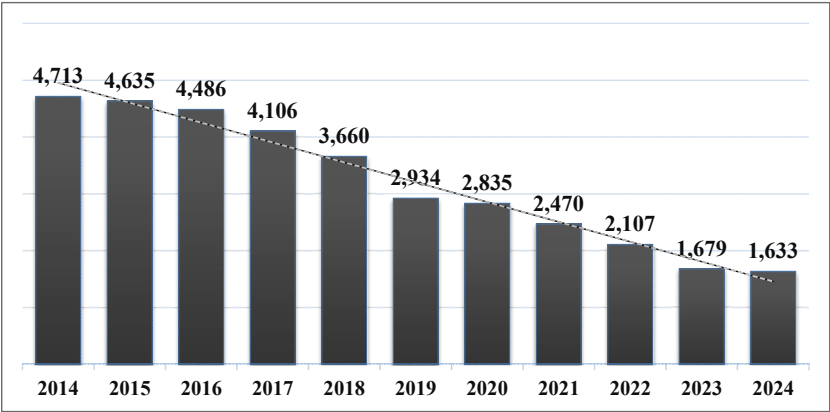


Figure 4: Dynamics of the number of people who inject drugs in the Republic of Tajikistan, 2014–2024 (Malakhov, 2024)

The RCCN statistics, as shown in Table 2, corroborate the trend of increased requests for medical examinations related to drug use. The data indicate a rise in the instances where MDMA and methamphetamine residues have been identified in the biological fluids of people undergoing medical tests.

Table 2: Psychoactive Substances Identified in Specimen Tests at RCCN, 2019–2023

Substances	2019	2020	2021	2022	2023
Opiates	62	50	69	60	38
Cannabinoids	707	709	1,153	844	952
Use of two or more substances	71	94	211	172	201
MDMA/ metham- phetamine				43	92
Barbiturates, benzodi- azepines, and phency- clidine	9	22	32	23	-

Specialists from RCCN, commenting on the number of registered cases of people using synthetic psychoactive substances, agree that the actual number of such cases far exceeds official data. They believe this is due to the fact that most synthetic psychoactive substances, such as methamphetamines, do not cause severe addiction. Withdrawal symptoms associated with these substances are limited to psychological problems (drowsiness, fatigue, and mood swings) and rarely require medical intervention. Most registrations of people using synthetic psychoactive substances at the RCCN are linked to their detention by law enforcement during the buying and selling of these substances, as well as during medical examinations of drivers for substance abuse. The situation as regards the use of pharmaceutical drugs is even more complicated. The specialists at RCCN lack testing systems to detect many pharmaceutical drugs that are subject to abuse, hence people using these substances remain undetected.

In 2024, a survey was carried out with 100 participants from the programme of opioid substitution therapy (OST) at the RCCN, focusing on the use of new psychoactive substances (NPS) and pharmaceuticals. The findings indicated that the most commonly used drugs among the respondents were Pregabalin, reported by 82 participants, cannabinoids by 77, the synthetic opioid Tramadol by 58, and the psychostimulant amphetamine by 22. Meanwhile, 83 respondents believed that there is a trend towards a decrease in the use of heroin, and 68 respondents believe the same for opium (Sharipov 2024).

A community-led assessment conducted in 2023 on HIV risks, interactions with health services, and the unmet needs of people using synthetic and new psychoactive substances in Kyrgyzstan, Kazakhstan, and Tajikistan revealed several key findings for Tajikistan. The study highlighted that pharmaceutical drugs such as tramadol, Midax, Moparol, Lyrica, tropicamide, and Ropitax are the most commonly used substances among respondents. Stimulants like methamphetamine and mephedrone are also used, though less frequently, due to their higher costs. The report notes that pharmaceutical drugs are typically consumed to restore a 'normal state'. In Tajikistan, these substances are obtained either through pharmacies or via direct hand-to-hand transactions. Notably, none of the respondents reported purchasing substances through online applications. The use of pharmaceutical drugs via injection is common, and many people switch to smoking methods due to the absence of veins, often using a light bulb as a smoking device. The transition back to injection is often justified by users as being more 'economical' in terms of substance consumption.

Behaviourally, the use of NPS is predominantly nocturnal and frequently associated with increased sexual activity (Moroz/Plotko et al. 2023).

Evidence from both healthcare professionals and people who use NPS suggests that patterns of use vary depending on the substance itself. Our own contacts among employees of the drug treatment system, public organisations, and people who use psychoactive substances themselves have helped us identify several usage patterns for NPS and pharmaceutical drugs in the Republic of Tajikistan.

Tramadol, also known as Tramal, is a synthetic opioid that is part of the opioid analgesic group and is used medically for severe pain syndromes. It brings about pain relief, a sense of calm, and mood improvement. In Tajikistan, Tramadol is listed as a potent substance. This medication can only be purchased at a pharmacy with a prescription. However, people who use this drug find various ways to acquire it. Typically, they use personal, informal connections and overpay for the illegally acquired medications. Typically, consumers take it orally, with doses ranging from two to ten 50-mg tablets at a time, often combined with pregabalin. It is also taken with alcohol or used to enhance the effects of methadone for a euphoric effect. The combined use of these drugs potentiates and prolongs their effects. Tramadol and pregabalin can also be used alone, in which case the dosage of the drug taken at one time increases. Tramadol can also be taken intranasally as a crushed powder. The main harmful consequence of non-medical use of tramadol is the development of opioid dependence. Additionally, respiratory depression can occur in the event of an overdose, especially if tramadol is used in combination with central nervous system (CNS) depressants.

Pregabalin is a medication used to treat certain forms of epilepsy, pain syndromes, and anxiety disorders. In high doses, the drug has a euphoric effect. Additionally, it enhances the euphoric effects of other psychoactive substances (central nervous system depressants), when used together. Like tramadol, it is considered a potent medication and should be dispensed strictly by prescription. To achieve a euphoric effect, it is usually taken orally in amounts of 600 mg or more. Pregabalin is most commonly used in combination with other central nervous system depressants.

Methamphetamine, imported from Afghanistan, is common on the black market in Tajikistan. It appears either as crystals or as a white powder obtained by grinding the crystals. The most common method of using methamphetamine in Tajikistan is by inhaling the vapours of the substance. To do this, a small amount of the substance is placed in a glass flask from

a car lamp or a previously emptied glass ampoule of medicine and heated with a lighter; the vapours are then inhaled through a straw. The powder form is less frequently used by sniffing it into the nose.

Tropicamide, a liquid drug that is used in ophthalmic practice and is similar in action to atropine, is used to diagnose the condition of the fundus by instilling it on the conjunctiva of the eye. Typically, to obtain a euphoric effect, users take doses that are significantly higher than therapeutic doses, for example, up to 10 ml of a 1% tropicamide solution intranasally during the day. Some users also inject the drug. It is sometimes used by drug addicts to hide the use of opiate substances by dropping it into the eyes, or to enhance the effect of other narcotic or psychotropic drugs when used simultaneously. It should be particularly noted that tropicamide in doses commonly used for recreational purposes causes the destruction of red blood cells, which in turn leads to hypoxia of all organs and tissues of the human body. The brain is primarily affected by this. Even relatively brief systematic use of tropicamide to achieve a euphoric effect can cause various mental disorders, ranging from neurotic to psychotic and even psycho-organic syndrome (dementia).

MDMA is available on the black market in tablet form and its usage patterns in Tajikistan are no different from those in other countries. It is typically a 'weekend drug' and people who use only MDMA rarely come to the attention of addiction specialists. Among the harmful effects of use is the 'swing effect'—the manifestation of symptoms opposite to those typical of MDMA intoxication after the effects of the substance wear off. Dehydration, altered consciousness, and perception disorders (illusions and hallucinations) are also possible.

Alpha-pyrovalerone and **alpha-methylfentanyl** are substances with a suspected presence on the black market in Tajikistan, but reliable information about the patterns of their use was not possible to collect.

Diphenhydramine, a non-selective antihistamine, is very popular among people who use psychoactive substances, including participants in the opioid agonist maintenance therapy (OAMT) programme. The most common pattern of use is the injection of a solution prepared independently from tablets, typically using ten tablets of 50 mg each. This enhances the euphoria from other psychoactive substances, including methadone.

Zopiclone, a hypnotic drug used orally, is employed to potentiate the euphoric effects of other CNS depressants like methadone and tramadol.

Amitriptyline, a tricyclic antidepressant with a sedative component, is used by some participants in the OAMT programme in combination with methadone to achieve euphoria.

The most obvious harmful effects of using the aforementioned drugs are primarily linked to their method of administration. Experts note that individuals who have previously injected opioids tend to inject various other substances, even those available in tablet form. To do this, tablets are crushed into a powder, mixed with water, and then drawn into a syringe through a cotton filter. This method does not ensure complete sterility or the removal of solid particles, frequently resulting in medical complications such as abscesses, phlebitis, and trophic ulcers. Moreover, this practice increases the risk of contracting blood-borne infections such as HIV and viral hepatitis.

The use of NPS with psychostimulant effects can lead to high-risk behaviours such as having unprotected sex, heightening the risk of HIV and sexually transmitted infections (STIs). CNS stimulants may also trigger the development of psychosis, particularly under frequent use or high doses.

The general toxic effect of consuming large quantities of the aforementioned substances can lead to various somatic pathologies, including significant weight loss or even cachexia, toxic liver damage, renal dysfunction, and issues with the gastrointestinal tract. These effects underscore the severe health risks associated with the misuse of these drugs.

In the study entitled 'Risks of HIV infection, interaction with health services, and unmet needs of people using synthetic and new psychoactive substances in Kyrgyzstan, Kazakhstan, and Tajikistan', all participants initially described benefits such as increased energy, a more stable mood, and improved physical condition after using NPS. Many also reported heightened sexual activity and a state of euphoria, particularly during the early months of use.

However, the initial positive effects were often short-lived. Months after beginning to use synthetic substances, as well as during periods between uses, many respondents reported experiencing severe negative mental health effects. These included psychosis, paranoid thoughts, depression, sleep disturbances, and irritability. A significant number of those surveyed also mentioned enduring episodes of psychosis, chronic sleep disturbances, depression, and suicidal thoughts.

These findings highlight the complex dual nature of NPS use—while they may provide temporary relief or pleasure, they also pose substantial

risks to mental health over time, potentially leading to serious, long-term psychological issues (Moroz/Plotko et al. 2023).

Over the last three decades, both healthcare systems and civil society organisations have adapted to the escalating opioid crisis, primarily involving heroin. Medical institutions have established comprehensive standards and protocols for treating opioid dependency. These include maintenance therapies using opioid agonists such as methadone and buprenorphine, and strategies for preventing and managing opioid overdoses. Furthermore, non-governmental organisations have enhanced their focus on services for individuals using injectable drugs, historically dominated by opiates. This has been crucial due to the strong association between injectable drug use and the HIV epidemic, prompting nearly all international donor activities in Tajikistan to concentrate on opiate-related programmes. These efforts encompass drug demand reduction and harm reduction strategies tailored to injectable drug use. Collaborative frameworks have been developed between governmental and non-governmental bodies to offer centralised services addressing opiate use issues. This includes a referral system, co-ordinated opioid substitution therapy across healthcare and penal institutions, and integrated treatment services for HIV, tuberculosis, and addiction under a unified service model. Between 2019 and 2022, an evaluation of Tajikistan's response to drug-related challenges confirmed that these interventions align with international standards set by the UNODC and the World Health Organization (WHO).

The current system is inadequate in addressing the challenges posed by the widespread use of NPS. Both addiction services and civil society organisations lack a clear strategy for responding to this new situation, and their current services do not meet the needs of NPS users, which are not yet fully understood. There are no established treatment protocols for disorders related to NPS and pharmaceutical drug use in the country, nor are there standardised harm reduction measures for public organisations.

Specialists in addiction treatment, the civil sector, and the community are aware of the NPS and pharmaceutical drug problem. The RCCN is actively discussing this issue and potential responses. Some civil organisations express their readiness to address the rising use of NPS and pharmaceutical drugs. However, they face obstacles due to a lack of comprehensive understanding of the problem and the needs of NPS and pharmaceutical drug users, as well as the absence of standardised protocols and procedures tailored to these individuals.

Some non-governmental organisations (NGOs) traditionally working with drug use problems (SPIN Plus, DINA, Marvorid, and SVON Plus) are trying to take the initiative and develop activities in this area. However, this activity is not supported by donors. This is due to the fact that donors working in Tajikistan are also focused on opioid-related programmes.

The drug landscape in the country is evolving, prompting responses from society and relevant authorities. In response to new drugs appearing in Tajikistan, legislative updates are implemented. While the legislation of the Republic of Tajikistan does not specifically mention ‘new psychoactive substances’, the procedures allow for adaptability in addressing these substances.

When needed, amendments are added to the National List of Narcotic Drugs, Psychotropic Substances and Precursors, along with the list of potent substances.

Since 2013, NPS such as piperazines and benzodiazepines have been scheduled in the national list (UNODC 2017).

Recently, drugs like Pregabalin and Tropicamide were added to these lists, establishing a necessary legal foundation for controlling drugs and combating the illegal trafficking of new psychoactive substances.

In 2023, the Eurasian Women’s AIDS Network conducted a study entitled ‘HIV Risks, Engagement with Health Services, and Unmet Needs Among Users of Synthetic and New Psychoactive Substances in Central Asia, with a Focus on Kyrgyzstan, Kazakhstan, and Tajikistan’. This study aimed to shed light on the challenges faced by individuals using these substances in the region. While the findings offer valuable insights that can inform future programmes addressing these issues, it’s important to consider the study’s limitations, particularly regarding its applicability to Tajikistan. One significant limitation is that the study was restricted to the capital city, and only a small number of respondents (five individuals) were included in the survey. These respondents were primarily sourced through an organisation focused on PWID, typically opioids. It’s evident that the sample lacked randomisation, rendering the results unable to represent the full spectrum of characteristics and needs among NPS users. Instead, they likely reflect a subset of individuals with a history of opioid use. Expert opinions in addiction medicine, corroborated by data from substance use assessments at the RCCN, suggest that a significant portion of NPS users have not engaged with addiction services or experimented with other substances.

To gain more pertinent insights into the collective needs and requirements of all NPS users, a broader study employing a snowball methodology across at least two regions in the country would be necessary. This approach would allow for a more inclusive and representative sampling, capturing the diverse experiences and challenges faced by individuals within this population.

Conclusions and recommendations

The dynamics of the drug situation in the Republic of Tajikistan are changing due to the increased production of methamphetamine in Afghanistan. This shift is leading to a reduction in the use of natural opiates and a rise in the use of NPS and pharmaceutical drugs for non-medical purposes. The trends likely to develop in Tajikistan's drug situation include a greater illegal influx of psychotropic substances, especially methamphetamine from Afghanistan, and an increase in the number of people suffering from disorders related to the use of NPS and pharmaceutical drugs.

Currently, professionals do not have a clear picture of the situation related to NPS and pharmacy drug use, especially among young people who have never sought help from medical drug treatment or community organisations.

Decision makers, both nationally and internationally, are not sufficiently aware of the problems associated with NPS and pharmacy drug use and therefore do not adequately assess their magnitude.

Both healthcare structures and public organisations are currently unprepared for this evolving challenge. To address this, it is recommended to create guidelines and standards for healthcare and public organisation workers on how to manage disorders related to NPS and pharmaceutical drugs. Additionally, these tactics should be incorporated into training programmes for healthcare professionals. It is also crucial to identify and engage donor organisations interested in funding this specific area of work.

In order to design a comprehensive prevention and intervention programme for the problem of NPS and pharmacy drug use, it would be advisable to conduct a study aimed at assessing the needs of users in two or more regions of the Republic of Tajikistan.

It would be advisable to conduct activities aimed at raising awareness among decision makers and the general public on issues related to the problem of NPS and pharmacy drug use.

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