

Central Asia Drug  
**CADAP**  
Action Programme



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# CURRENT SITUATION OF DATA COLLECTION AND DRUG EARLY WARNING SYSTEM IN TAJIKISTAN



2023

# CADAP 7

## Result 2

Technical Assistance Services for the improvement of data collection and analysis systems and the implementation of a Drug Early Warning System in Central Asian Countries

## Current situation of data collection and drug early warning system in Tajikistan



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## Acronyms

<b>CADAP</b>	Central Asian Drug Action Programme
<b>CARICC</b>	Coordination Centre for Combating illicit trafficking of Narcotic Drugs, Psychotropic Substances and their Precursors
<b>DCITND</b>	Department for Combating Illicit Traffic in Narcotic Drugs
<b>DCA</b>	Drug Control Agency
<b>DRID</b>	Drug– related infectious diseases
<b>DRD</b>	Drug– related deaths
<b>EU</b>	European Union
<b>EWS</b>	Early Warning System
<b>MHSP</b>	Ministry of Health and Social Protection
<b>MDECP</b>	Main Directorate for Execution of Criminal Penalties
<b>MoJ</b>	Ministry of Justice
<b>MIA</b>	Ministry of Internal Affairs
<b>NC MPDA</b>	National Centre for Monitoring and Prevention of Drug Abuse
<b>NPS</b>	New psychoactive substances
<b>NSP</b>	Needle and syringe programme
<b>OSCE</b>	Organisation for Security and Cooperation in Europe
<b>OST</b>	Opioid Substitution Treatment
<b>PWID</b>	People Who Inject Drugs
<b>RCCA</b>	Republican Clinical Centre for Addictions
<b>RCPC AIDS</b>	Republican Centre for the Prevention and Control of AIDS,
<b>RNC</b>	Republican Narcology Centre
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNODC</b>	United Nations Office on Drugs and Crime

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## 1. Introduction

Tajikistan is a country with 10 million citizens located at the South-east of Central Asia that covers territory of 142,326 square kilometres. Geographically, Tajikistan is divided into four zones: Khatlon Region, which is located in the south-west part of the country, Badakhshan Mountainous Autonomous Region in the eastern part, including Pamir highlands, Sogd region in the northern part of the country, and the capital city of Dushanbe.

The Republic of Tajikistan shares borders with Afghanistan to the south, the People's Republic of China to the east, the Kyrgyz Republic to the northeast, and the Republic of Uzbekistan to the northwest. In terms of border-related matters, Tajikistan collaborates with all neighbouring countries.<sup>1</sup> Furthermore, the Republic of Tajikistan (RT) actively engages with other countries in various regional and international projects and programmes supported and implemented by the United Nations (UN), the Organisation for Security and Cooperation in Europe (OSCE), the World Bank (WB), the World Customs Organisation (WTO), Interpol, the European Union (EU), and other entities.

Tajikistan is a member of the Central Asia Regional Information and Coordination Centre for Combatting Illicit Trafficking of Narcotic Drugs, Psychotropic Substances, and Their Precursors (CARICC). On February 2, 2020, RT assumed the CARICC Directorship for a two-year term. Additionally, the Drug Control Agency (DCA) of Tajikistan proposed legislative updates to the National List of narcotic drugs, psychotropic substances, and precursors, which were approved by the Tajikistani government on February 27. Tajikistan's drug investigation and interdiction agencies possess the necessary legislative tools, and counter-narcotics agencies have received extensive support from international donors over the years. The country actively participated in previous CADAP phases and the main partner in CADAP 7 in Tajikistan is Drug Control Agency.

## 2. Legal and institutional framework

### Coordination of drug policy

In accordance with the Decree of the President of the Republic of Tajikistan, the Coordination Council on Drug Abuse Prevention was established in 2004 to serve as the primary body for coordinating state drug policy activities among various ministries, agencies, and organisations. The Council is headed by the Vice Prime Minister, while its two deputies are the Director of the Drug Control Agency and the Minister of Health and Social Protection. The Drug Control Agency under the President of the Republic of Tajikistan is the primary executive body responsible for drug policy implementation in the country.

The Drug Control Agency under the President of the Republic of Tajikistan is mandated to ensure the security of Tajikistan against drug threats and their harmful effects, as well as to strengthen efforts to combat illicit drug trafficking.

The state institutions tasked with implementing drug policies include the National Centre for Monitoring and Prevention of Drug Abuse, the Republican Clinical Centre for Addictions, the Republican Centre for the Prevention and Control of AIDS, the Main Directorate for Execution of Criminal Penalties under the Ministry of Justice, and the Department for Combating Illicit Traffic in Narcotic Drugs under the Ministry of Internal Affairs.

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<sup>1</sup> <https://www.mfa.tj/en>

## Drug strategy and action plans

In accordance with the national drug policy of the Republic of Tajikistan, the strategic framework is established by the National Strategy to Combat Illicit Drug Trafficking in the Republic of Tajikistan for 2013-2020. This document outlined the priorities and measures to address drug trafficking and related issues in the country.

More recently, the National Drug Control Strategy of the Republic of Tajikistan for 2021-2030 and the 2021-2025 Action Plan for the Implementation of the National Drug Control Strategy in the Republic of Tajikistan were adopted on 20 March 2021. These documents provide a comprehensive framework for addressing drug-related issues in the country for the next decade. The strategies and action plans aim to strengthen drug control measures, reduce drug demand, and promote international cooperation in combating drug trafficking.

## Legal framework

Tajikistan's legal framework pertaining to drug-related matters comprises various laws, including the Criminal Procedure Code, Penal Enforcement Code of the Republic of Tajikistan, the Code of Criminal Procedure, and the Code of Execution of Criminal Punishments of the Republic of Tajikistan.

In November 2019, Tajikistan organized its first penitentiary forum, which brought together representatives from government bodies, accredited international organisations, public organisations, and penitentiary systems of several countries. The forum resulted in the adoption of final documents aimed at enhancing the legislation and law enforcement practices of the criminal penalty execution system. Notably, the Penal Reform Strategy of the Republic of Tajikistan for the period up to 2030 was developed and approved as a consequence of the forum. The Strategy entails a gradual reform of the penitentiary system of Tajikistan and provision of social support for individuals following their release. The government of Tajikistan approved the Strategy through the Resolution No. 385 on 25 June 2020.

## 3. Drug information system

The National Centre for Monitoring and Prevention of Drug Addiction was established by the Decree No. 282 of the Government of the Republic of Tajikistan on May 30, 2008 under the auspices of the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan. This makes Tajikistan the only country in the region with a well-defined and mandated centre exclusively for drug monitoring.<sup>2</sup>

The National Centre for Monitoring and Prevention of Drug Addiction was established with the primary objectives of monitoring, analysing, and assessing the circulation of narcotic drugs, psychotropic, potent and toxic substances, and precursors used for medical purposes, as well as preventing drug addiction. To achieve these objectives, the Centre conducts research and surveys, collects statistical data, and evaluates the registration, treatment, harm reduction measures, comorbidities, mortality, and medico-social rehabilitation of drug-dependent patients. Additionally, the Centre monitors and coordinates the activities of organisations, enterprises, and institutions, irrespective of their legal status and forms of ownership, and reviews existing programmes related to the trafficking of narcotic drugs, psychotropic, poisonous, potent substances, and precursors used for medical purposes.

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<sup>2</sup> Presidential Decree under #1310 from April 3, 2004. It should be noted that the Council is headed by a Deputy Prime Minister

## 4. Drug situation overview by key indicators

### Prevalence and patterns of drug use among the general adult population

In 2018, a study titled "Psychoactive Substances: Knowledge, Attitudes and Practice" was conducted in Tajikistan as part of CADAP 6. This cross-sectional study included a general population survey on drug use and attitudes towards illicit drugs and other psychoactive substances in Tajikistan, with a sample size of 1000 respondents between the ages of 18 and 64. The sample was chosen through a proportional, stratified, random, and representative approach at national, regional, and urban/rural levels.

The study found that the lifetime heroin use prevalence was low, reported by 0.2% of respondents, with no recent usage reported by either men or women. The lifetime use of substances was reported by 0.9% of respondents, with 0.1% noting recent usage. Unlike cannabis and heroin, inhalant use was reported by both men (0.8%) and women (1.4%). Additionally, approximately half of the respondents believe that it is difficult or impossible to obtain marijuana/hashish (54%) and heroin (44%) in Tajikistan.<sup>3</sup>

### Youth

In 2007, a survey was conducted among school children in Tajikistan, with a sample size of 5003 students aged 15-16 years old in the capital Dushanbe and several other administrative areas. The survey found the lifetime prevalence of illicit drug use to be 0.4%.

In 2016, in collaboration with the UNODC, DCA conducted a cross-sectional survey on psychoactive substance use among school children aged 13 to 18 years old. The survey included 5,169 school students from Khatlon, Districts of Republican Subordination (DRS), Sughd, and Gorno-Badakhshan Autonomous Region, who were asked about their own and their friends' experiences with the use of both licit and illicit substances. The results of the survey indicate that the lifetime prevalence of any drug use among students in Tajikistan is estimated to range from 0.2% to 5.0%, with the highest values found among male students from urban settings, as indicated in Table 1 below.<sup>4</sup>

**Table 1. Prevalence drug use among youth aged 13 to 18 years, 2016 (excluding alcohol and tobacco)<sup>4</sup>**

	Have used drugs during their lifetime	Have used drugs in the past 12 months	Have used drugs in the past 30 days
Male students (urban, n=616)	10.9%	3.2%	1.0%
Male students (rural, n=2,010)	4.5%	1.9%	1.3%
Female students (urban, n=578)	4.2%	1.9%	1.2%
Female students (rural, n=1,965)	1.1%	0.4%	0.4%
<b>Total (n=5,169)</b>	<b>3.9%</b>	<b>1.5%</b>	<b>0.9%</b>

### Patterns of drug use in the nightlife settings

As part of the "Psychoactive Substances: Knowledge, Attitudes and Practice" report from 2018, a qualitative study was conducted through interviews with nightlife participants, bartenders, waiters, and

<sup>3</sup> Samishova G., Beknazarova G., Yorov M.. Analytical Report Psychoactive substances Attitudes , Knowledge and Practice, ResAd, 2019. [https://www.eu-cadap.org/wp-content/uploads/2023/01/2019\\_Tajikistan\\_NPS.pdf](https://www.eu-cadap.org/wp-content/uploads/2023/01/2019_Tajikistan_NPS.pdf)

<sup>4</sup> UNODC. 2016 Youth Substance Use in Tajikistan. Available at [https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug%20use/Youth\\_substance\\_use\\_in\\_Tajikstan\\_2017.pdf](https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug%20use/Youth_substance_use_in_Tajikstan_2017.pdf)



taxi drivers in Dushanbe. The study aimed to identify the profile of drug users in nightlife settings, including their demographics, drug use patterns, and awareness of the consequences of drug use. The research included 30 interviews with potential respondents, who were categorized into three groups: security guards, staff (waiters, bartenders, hall managers, taxi drivers), and visitors (consumers).

The findings indicated that a typical drug user in Dushanbe's nightlife settings is a man aged 25-35 years old with a high income who mainly uses hashish and is aware of its consequences. The study identified the institution's profile, the list of substances used in the nightlife places of the city, patterns of drug use, and a model portrait of the drug user. Several experts were involved in conducting observations to verify the results of the study.<sup>5</sup>

The results indicated that young people up to 25 years old prefer energy drinks and cocktails, and visitors generally come to the club to dance, drink, and socialise. Of the total number of respondents who participated in the interview, 26% confirmed the use of drugs. Among the illicit drugs used at nightlife places, respondents named hashish, cannabis (marijuana), ecstasy, and heroin. Respondents noted that the purchase of illicit drugs is carried out by users (81%) outside restaurants and clubs, and the cost of one dose of hashish is \$5-7, while the cost of one dose of ecstasy is \$25-30.

**Table 2. Prevalence of illicit drug use in the nightlife settings, 2018<sup>6</sup>**

		Men (n=499)	Women (n=501)	Total (N=1000)
Heroin	Throughout the life	0.4%	-	0.2%
	During the last 12 months	-	-	-
	During the last 30 days	-	-	-
Cannabis group	Throughout the life	1.8%	-	0.9%
	During the last 12 months	0.2%	-	0.1%
	During the last 30 days	0.2%	-	0.1%
Volatile solvents (inhalants)	Throughout the life	0.8%	1.4%	1.1%
	During the last 12 months	-	0.4%	0.2%
	During the last 30 days	-	0.4%	0.2%
Ecstasy	Throughout the life	0.2%	-	0.1%
	During the last 12 months	0.2%	-	0.1%
	During the last 30 days	0.2%	-	0.1%

Moreover, most respondents mentioned that illicit substances are used in the form of smoking mixtures (59%), individually, or in a company. None of the surveyed consumers had confidence in the purity of drugs. The obtained data are consistent with the results of a survey of the population, as characteristics such as gender and age correspond with these findings, highlighting the relevance of the data obtained.

**Narcological register**

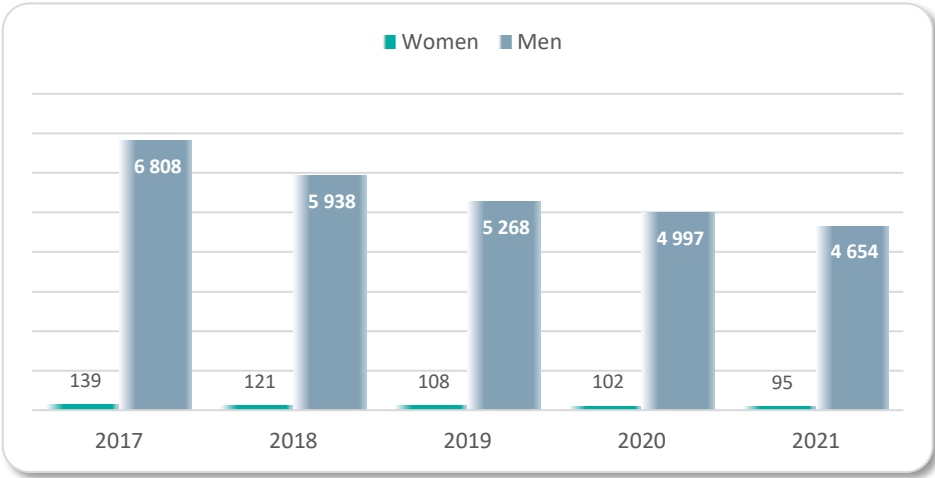
Based on official statistical data, the total number of individuals classified as drug users and recorded in the narcological register in 2021 was 4,749, indicating a decrease of 350 individuals when compared to the previous year's figure of 5,099. The prevalence of drug addiction based on this indicator stands at 51

<sup>5</sup> Samishova G., Beknazarova G., Yorov M.. Analytical Report Psychoactive substances Attitudes , Knowledge and Practice, ResAd, 2019. [https://www.eu-cadap.org/wp-content/uploads/2023/01/2019\\_Tajikistan\\_NPS.pdf](https://www.eu-cadap.org/wp-content/uploads/2023/01/2019_Tajikistan_NPS.pdf)

<sup>6</sup> ibid

per 100,000 population. Notably, no drug dependent individuals under the age of 17 were registered in the country. As shown in Graph 1<sup>7</sup> below, the number of registered women is significantly lower than that of men, consistently representing 2% of the total number of registered drug users, while males account for 98%.

**Graph 1. Drug users registered in narcological register**



Further analysis revealed that among the total number of drug users, the proportion of individuals aged between 18-34 years constituted 23.7%, while those aged between 35-59 years accounted for 73.9%. Individuals aged over 60 years comprised 2.4% of the total number of drug users. Remarkably, of the total number of registered drug users in 2021, 2,470 persons, or 52%, were people who inject drugs (PWID).<sup>8</sup>

**Prevalence and patterns of problem drug use**

As per the data provided by UNAIDS, the estimated population of people who inject drugs (PWID) in 2018 was 22,200, which reflects a decline as compared to the figures reported in 2011 (25,000) and 2014 (23,100). However, the percentage of PWID who reported safe injecting practices in 2018 was 55.6%, which is lower than the figures recorded in the previous years.<sup>9</sup>

**Drug-related infectious diseases and harm reduction**

The National Programme on Combatting HIV Epidemics in the Republic of Tajikistan for 2017-2020 was adopted by the Resolution №89 of Government of Tajikistan, as of February 25th.<sup>10</sup> The Government of Tajikistan, in conjunction with its partners, has demonstrated a proactive stance towards HIV/AIDS by applying innovative approaches in this field. Specifically, Tajikistan was the second country in Eastern Europe and Central Asia to carry out a National AIDS Spending Assessment. Moreover, in 2011, the Ministry of Labour and Social Protection of the Population of the Republic of Tajikistan, in collaboration with social partners from the Association of Employers and the Federation of Independent Trade Unions of Tajikistan,

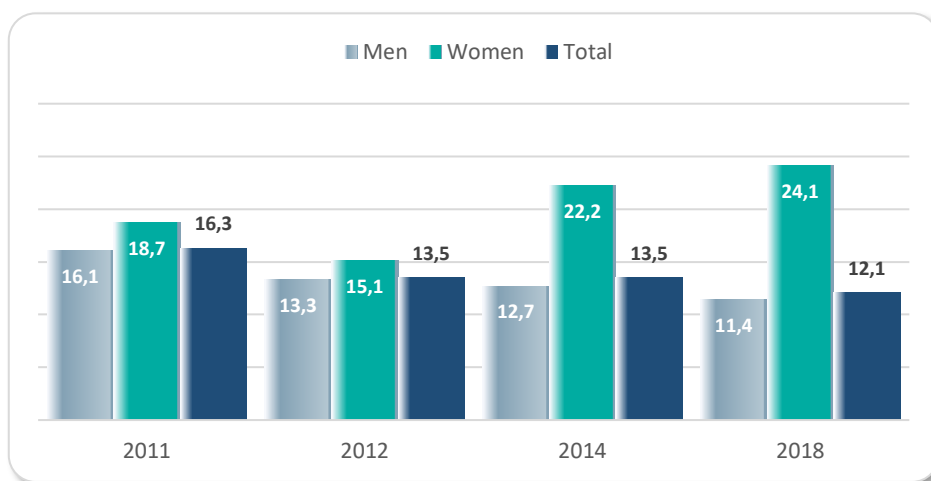
<sup>7</sup> UNODC. Paris Pact Fat Sheet 2022  
<sup>8</sup> UNODC. The Central Asian Region Information Bulletin on Drug-Related Situation for 2021  
<sup>9</sup> <https://kpatlas.unaids.org/dashboard>  
<sup>10</sup> The National Programme on Combatting HIV Epidemics in the Republic of Tajikistan for 2017-2020: adopted by the Resolution №89 of Government of Tajikistan, as of February 25th, 2017

formulated the “Tripartite Partnership Strategy on HIV and AIDS Prevention in the World of Work in the Republic of Tajikistan”.<sup>11</sup>

According to a 2014 review of the HIV programme in Tajikistan, despite increased HIV testing efforts, only approximately one-third of the estimated population living with HIV (PLHIV) in the country are aware of their status. This high proportion of undiagnosed infections poses challenges in accurately estimating the overall HIV prevalence and assessing the stability of incidence rates in Tajikistan.<sup>12</sup>

Based on the data provided by UNAIDS, the number of individuals living with HIV in 2021 was estimated to be 10,900, as compared to 10,100 in the previous year. The prevalence of HIV among people who inject drugs (PWID) was recorded at 12.1% in 2018, which was lower than the rates recorded in 2014, 2012, and 2011, namely, 13.5% and 16.3%, respectively. The estimated size of the PWID population was 85,300, and only 55.6% of PWID reported using safe injecting practices in 2018, which indicates a decrease in comparison to the preceding years.

**Graph 2. HIV prevalence among PWID (in %)<sup>13</sup>**



In 2020, the number of new HIV cases in Tajikistan was 1,084, corresponding to 11 cases per 100,000 people, indicating a slight decrease from the previous years (16 in 2018 and 14 in 2019). In 2019, injecting drug use was noted as the route of transmission for every tenth new HIV case. Notably, Tajikistan has witnessed an upward trend in the number of women (both adults and children) living with HIV among new HIV cases in recent years. This trend has risen from 28.9% in 2011 to 40% in 2016, and to 42% in 2019.<sup>14</sup>

Although the prevalence of viral hepatitis C is substantially higher than the prevalence of HIV in Central Asia, effective antiviral treatment is not widely available for people who use drugs in the region, including Tajikistan.

In 2018, the coverage of opioid substitution therapy (OST) in Tajikistan was only 2.7%. Needle and syringe programmes (NSPs) are available in the country and have shown relative stability in recent years. According to UNAIDS data of 2018, 200 needles were distributed per injector, indicating a decrease from 2016 (345)

<sup>11</sup> "Tripartite Partnership Strategy on HIV and AIDS Prevention in the World of Work in the Republic of Tajikistan", Ministry of Labor and Social Protection of Population of the Republic of Tajikistan, 2012, Accessed on April 2017 - [http://www.ilo.org/wcmsp5/groups/public/-ed\\_protect/-protrav/-ilo\\_aids/documents/legaldocument/wcms\\_177728.pdf](http://www.ilo.org/wcmsp5/groups/public/-ed_protect/-protrav/-ilo_aids/documents/legaldocument/wcms_177728.pdf)

<sup>12</sup> Mansfeld M, Ristola M, Klinte J, Bultman J, Kastelic A and Rotberga S. HIV programme review in Tajikistan. World Health Organisation 2015. Available at [HIV programme review in Tajikistan \(who.int\)](http://www.who.int/hiv-programme-review-in-tajikistan)

<sup>13</sup> UNAIDS, Key Population Atlas, <https://kpatlas.unaids.org/dashboard>

<sup>14</sup> UNODC, Paris Pact Fact Sheet, March 2022 Tajikistan

and 2017 (274). There are indications that women may have slightly higher access rates to NSPs compared to men. However, it remains unclear whether NSPs effectively help women overcome healthcare barriers resulting from drug registries, criminalisation, and drug-related stigma.

Stigma and discrimination against HIV and key populations continue to be significant issues in Tajikistan, with a history of injection drug use serving as a factor that reinforces HIV-related stigma.<sup>15</sup> Nevertheless, the government and the national AIDS programme for 2021–2025 increasingly recognize this issue. The programme includes a separate focus on human rights and aims to reduce stigma and discrimination against women living with HIV.<sup>16</sup>

### Drug-related deaths and mortality of drug users

The number of drug-related deaths recorded by 1<sup>st</sup> July 2019 was 75, which indicates a considerable increase from 2015 when the number of registered drug related deaths for the year was 49 people.<sup>17</sup>

### Demand for drug treatment

Tajikistan's treatment facilities for drug abuse include narcological in-treatment clinics, narcological outpatient units, outpatient units for children and adolescents with drug problems, and narcological day-care centres. As of December 31, 2017, there were no private narcological facilities.<sup>18</sup>

The Health Code of RT recognizes drug abuse as a disease and defines the principles of treatment, emphasizing that forced treatment is prohibited. However, there are some discrepancies between the Health Code, the Criminal Code, and the Code of Execution of Criminal Penalties regarding the issue of narcological aid. The latter two codes do not follow the norms set in the Health Code and allow for the sentencing of PWID with compulsory treatment.<sup>19</sup>

The treatment system offers both in-patient and out-patient treatment options, including inpatient detoxification, short-term rehabilitation, outpatient relapse prevention, medical-social rehabilitation, and OST. The "Atlantis Programme," which provides social rehabilitation and integration for drug users in detention, is also available. In 2019, a total of 639 PWUD received treatment in these centres, a figure similar to that recorded in 2018 and the previous three years. The majority of them (350 people) were heroin users.<sup>20</sup>

Women who use drugs in Tajikistan face significant levels of criminalisation, making them a highly targeted and marginalized group. Drug-related offenses constitute one of the primary reasons for women's incarceration in the country, with estimates suggesting that up to 70% of incarcerated women in Tajikistan are imprisoned due to drug-related charges.<sup>21</sup>

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<sup>15</sup> The people living with HIV stigma index, Tajikistan, analytical report Tajikistan-SI-Report-2021. Available at: [Tajikistan-SI-Report-2021\\_English.pdf \(stigmaindex.org\)](#)

<sup>16</sup> [https://www.unaids.org/en/resources/presscentre/featurestories/2020/march/20200303\\_tajikistan](https://www.unaids.org/en/resources/presscentre/featurestories/2020/march/20200303_tajikistan)

<sup>17</sup> *ibid*

<sup>18</sup> The Regional Report on the Drug Situation in Central Asia 2019

<sup>19</sup> UNDP. Legal and Regulatory Environment Assessment for HIV/AIDS in the Republic of Tajikistan, 2019 Available at <https://www.undp.org/tajikistan/publications/legal-and-regulatory-environment-assessment-hiv/aids-republic-tajikistan>

<sup>20</sup> UNODC Paris Pact Fact Sheet 2022 Republic of Tajikistan

<sup>21</sup> Daria Matyushina-Ocheret . Access Barriers to Health Services for Women Who Use Drugs in Eastern Europe and Central Asia (in The Impact of Global Drug Policy on Women: Shifting the Needle), 2021. Available at: [The Impact of Global Drug Policy on Women \(emerald.com\)](#)

## Drug related crime

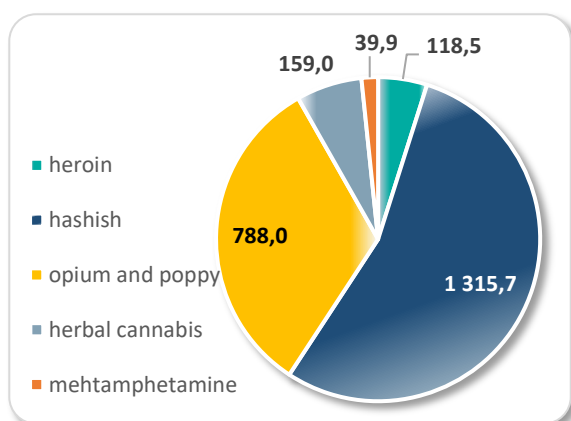
A total of 707 drug-related offences were recorded in the Republic of Tajikistan in 2021, which represents a slight increase from the number of offenses registered in 2020 (700).<sup>22</sup> The number of drug-related crimes recorded under Article 200 of the Criminal Code (intent to sell) in 2021 was 76, indicating no significant change compared to the previous four years. There were 8 offences registered under Article 201 (without intent to sell), which is lower compared to previous years (19 in 2017 and 13 in 2020), and 12 for smuggling.<sup>23</sup>

The detection of administrative offenses by law enforcement officers serves as a measure to suppress the retail drug trade and prevent its spread in society. Along with an increase in the number of drug-related crimes in 2020, there was also an increase in the number of detected administrative offenses related to drug trafficking.

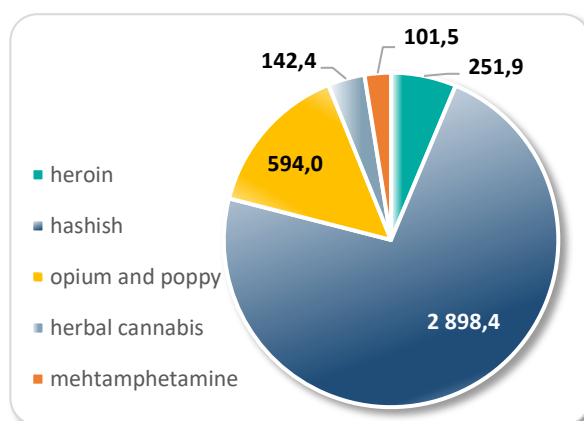
## Drug seizures

In 2021, law enforcement and security agencies in the Republic of Tajikistan seized 4,083 kg of drugs from the illicit market, which is a 68.4% increase from 2020. The amount of seized heroin doubled in 2021 compared to 2020, while the quantity of seized opium decreased from 789 kg to 594 kg. Additionally, the amount of cannabis-group drugs seized reached 3,132 kg, as depicted in the graphs below (Graph 3 and Graph 4<sup>24</sup>).

Graph 3. Drug seizures in 2020 (in Kg)



Graph 4. Drug seizures in 2021 (in Kgs)



Analysis of seizures of illicitly trafficked substances indicates that seizures of synthetic substances are increasing in the Central Asian region. In 2021, the competent bodies of Tajikistan seized over 101 kg of methamphetamine, significantly more than in previous years. In addition, 5,088 tablets of MDMA, 645 tablets of diazepam, 418 tablets of phenobarbital, 287 tablets of pregabalin, and 15,099 tablets of alprazolam were seized. This brings the total to 21,537 tablets of psychotropic substances, almost three times as many as in 2020.<sup>25</sup>

<sup>22</sup> ibid

<sup>23</sup> ibid

<sup>24</sup> UNODC Paris Pact Fact Sheet 2022 Republic of Tajikistan

<sup>25</sup> ibid

Ten foreign citizens were detained for committing drug-related crimes, and a total of 830 kg of narcotic drugs were seized from them. In the total volume of seized narcotic drugs and psychotropic substances, opiates accounted for 21%, cannabis-group drugs 77%, and psychotropic substances 2%.<sup>26</sup>

Wholesale prices of illicit drugs in 2021 for heroin were in the same range as in previous years (3,000-8,000 USD per kg), and there were no considerable changes in the prices of other drugs, which were 300-800 USD per kg for cannabis herb and 450-1,200 USD per kg for opium. Retail prices for heroin increased from 20-30 USD per gram in 2019 to 65-75 USD per gram in 2020.<sup>27</sup>

## 5. NPS and EWS

In Tajikistan, no specific data exists on the prevalence of NPS use among the population. However, the 2018 "Psychoactive Substances: Knowledge, Attitudes, and Practice" survey provides valuable insights into the awareness of NPS among adults in the country. According to the survey, 8.3% of the adult population in Tajikistan reported awareness of NPS, with the specific substance known as Spice being the most commonly recognized.

According to drug seizures data, illicit supply of synthetic drug (e.g., methamphetamine, illicit medicines such as sedatives) is on increase, however there is no specific reports on new psychoactive substances.

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<sup>26</sup> *ibid*

<sup>27</sup> *ibid*

## 6. Available information sources on drug situation in Tajikistan

Name/title	Type of data (in terms of key indicator or core data)	Methodological information	Provider (Institution name)	Periodicity
General population survey on substance use	Drug use in general population	Cross sectional study target population Sample 1000 adults 18-64	Z-Analytics group in close cooperation with the NC MPDA* and the DCA**	2018
School survey	Drug use in youth	Schools survey conducted in Dushanbe and three regions of the Republic of Tajikistan. Target group: schoolchildren from 8-10 grades		2007
School survey	Drug use in youth	Youth Substance Use in Tajikistan	DCA** with the support of the UNODC	2016
Data on drug use in other subpopulations	Drug use in recreational settings	Qualitative study interviews with nightlife participants, bartenders, waiters, and taxi drivers		2018
High risk drug use	Estimate of number of PDU	Multiplier method	NC MPDA*	2009
DRID	routine statistics	Number of people tested for HIV New HIV cases Mode of transmission Number of people living with HIV	MoH*** RNC****	annually
DRID	SES	HIV prevalence among PWID	UNAIDS	2018
DRD	Number of death cases	Number of drug related deaths	MoH*** NC MPDA*	annually

Name/title	Type of data (in terms of key indicator or core data)	Methodological information	Provider (Institution name)	Periodicity
Drug users registered in dispensaries	Number of registered drug users	Total number by gender, by drug type	MoH*** RNC**** NC MIPDA *	annually
Drug related treatment	Treatment centre data	Number of treated persons Number of persons in substitution treatment Treatment capacities	MoH*** NC MIPDA ***	annually
Drug overdose	Treatment centre data	Number of cases of drug overdose	MoH***	annually
Services for drug users in prisons	Data from penitentiary system	Number of convicts with diagnosed drug addiction	DCA**	annually
Drug-related crime	Offenses according to the Criminal Code	Routine statistics Number of offenses by type of offenses Arrested suspects Offenders convicted	DCA**	annually
Sanctions for drug-related offences	Drug crime	Routine statistics on court hearings and convictions.	DCA**	annually
Drug seizures	Drug seizures	Routine statistics on number of seizures and quantity of drugs seized.	DCA**	annually
Drug prices and purity	Drug prices	Routine statistics	DCA**	annually

\* NCMPPA - Nacional Centre for Monitoring and Prevention of Drug Addiction

\*\* DCA - Drug Control Agency

\*\*\* MoH - Ministry of Health and Social Protection of Population

\*\*\*\* RNC Republican Narcology Centre



## 7. Strong and weak points of Drug Information Systems in Tajikistan

### Strong points

- Existence of the National Drug Observatory (National Centre for Monitoring and Prevention of Drug Addiction), which is adequately staffed with personnel to carry out drug monitoring and research activities.
- The existence of national policy support for Drug Information Systems (DIS) indicates a government commitment to understanding and addressing drug-related issues.
- Tajikistan has a substantial potential of experts and researchers with a wealth of experience in drug monitoring and research, which further supports the development of drug policies and interventions.
- The country has experience and existing capacities for conducting general population surveys among adults and youth, which can provide valuable insights into the prevalence and patterns of drug use.
- Routine data on clients in drug treatment and drug-related infectious disease are collected, which can inform the development of effective prevention and treatment strategies.
- Experience with research activities focusing on recreational settings exists, this can provide significant information into the patterns and contexts of drug use.
- Active participation in international projects, including CADAP, indicates a commitment to working with other countries to address drug-related issues at the regional and global levels.
- The country has considerable know-how in the preparation of annual reports on the drug situation, which can provide policymakers and stakeholders with up-to-date information on drug use trends and emerging issues.
- Gender-disaggregated data is being collected and utilised in as number of indicators.

### Weak points

- The knowledge about New Psychoactive Substances (NPS) is limited information in existing data sources a lack of targeted research on the topic.
- Non-existence of an early warning system on new psychoactive substances with established system of data collection and exchange
- Results of monitoring the drug situation and drug-related research are not being disseminated in professional journals and other outputs, leading to a lack of awareness and understanding of the drug situation.
- Significant lack of gender-specific and gender-sensitive data, particularly in areas related to supply reduction and law enforcement.

## 8. Recommendations

- Identifying gaps in data collection and quality for each indicator and preparing a road map for improvement. This will help to ensure that data is collected in a consistent and reliable manner and that any gaps in the data are identified and addressed.
- Ensuring repeated surveys on drug use among the general population and school children to observe trends. This will help to identify any changes in drug use patterns and inform the development of policies and interventions.
- Continuously strengthening capacities of national experts to participate in Drug Information Systems (DIS) at the national level. This will help to ensure that experts are well-equipped to collect, analyse and interpret data on drug use and related issues.
- Fostering cooperation and exchange of data between national experts and regional and EU experts and the development of joint research activities. This may include organizing a regional workshop, study tours, and participation at European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) annual expert meetings.
- Strengthening capacities for the preparation of articles to be published in scientific journals. This will help to ensure that findings from research activities are disseminated in a manner that is accessible to a wider audience.
- Conducting research on new psychoactive substances (NPS) in Tajikistan. This may involve a desk review of existing scientific literature, monitoring of social media channels where NPS are offered/discussed, news etc., and a survey aimed at the use of NPS in specific population groups/settings.
- Preparing up-to-date country drug reports. This will help to ensure that the latest data on drug use and related issues is available to policymakers and other stakeholders.
- Designing and implementing Drug Information Systems (DIS) and Early Warning Systems (EWS) on NPS. This will help to ensure that data on NPS is collected in a timely and accurate manner, and that any new developments in the field are quickly identified and responded to.
- Strengthening efforts in data collection that would allow evidence-based gender-sensitive services and interventions planning
- Develop and implement research that address vulnerabilities (gender, stigma, mental health etc.) and human rights in drug policy

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