



Situating the Local in Global Drug Policy Debates: Historical Overview of Political and Drug Market Developments in Azerbaijan

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RESEARCH



ABSTRACT

As a post-Soviet, Muslim-majority, and secular state, Azerbaijan has historically stood at the intersection of European and Eastern influences. Among other geopolitical relations, this has affected the use, control, and production of psychoactive drugs, and eventually Azerbaijan's place in the international drug control system. Located on the Caucasus trafficking route through its Southern border with Iran, the state has maintained an official drug policy of monitoring trafficking in this one region. At the same time, the country's political regime has ensured a relatively 'uneventful' national drug discourse for almost three decades by strictly controlling publicly accessible information and statistics around seizures, prevalence, user population, and public health concerns. Despite its financial strength from oil and gas resources, the state allocates minimal support to harm reduction and other medical and social services for people who use drugs. This gap has historically attracted international donors, but in recent years, most initiatives ceased, and harm reduction programs were discontinued. With more stimulants entering the market and cheaper synthetic alternatives replacing heroin, the need to design more nuanced policies has been exacerbated. This article draws on expert interviews and the developments of the past 30 years since Azerbaijan's independence from the USSR to offer a historical overview and highlight the current challenges amidst increasing need for local drug policy reforms.

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KEYWORDS:

Azerbaijan; drug market;
drug trafficking; history;
international drug policy; UN

TO CITE THIS ARTICLE:

Sultan, A. 2024. Situating the
Local in Global Drug Policy
Debates: Historical Overview
of Political and Drug Market
Developments in Azerbaijan.
*Journal of Illicit Economies and
Development*, 5(2): pp. 78–91.
DOI: [https://doi.org/10.31389/
jied.215](https://doi.org/10.31389/jied.215)

How ‘international’ is the international drug policy? This prompt is provoked by the growing critical debates in drug policy studies and political debates, bringing the decolonial and neocolonial lenses to argue for the overdue reforms. International drug policy studies rarely focus on country-specific policy analysis beyond certain key interest countries, resulting in overabundant knowledge on some and at best, broad overviews of others. The latter are usually regional overviews analyzed and presented in response and direct interest to global analysis of drug situations led and disseminated predominantly by English-speaking Western countries. Partly due to the lack of empirical research from some regions and partly due to the importance given to different forms and origins of knowledge in the scientific and policy-making realms, this imbalance in how the narrative of international drug policy is built demands more nuanced engagement. Throughout this article, when described as *international*, the drug policy will indicate partnerships with other countries, regional collaborative projects, and border relations. The *international* situates the local policy developments as a response to multilateral agreements and as a national foreign policy tool, as will be discussed in the following sections. Correspondingly, when described as *global*, the term drug policy will indicate cooperation among the world’s countries for maintaining and enforcing worldwide prohibition principles. This is reflected in the worldwide drug policy index, which was developed to ‘measure the extent to which national drug policies align with the core UN principles of human rights, health, and development’ (Wall & Bewley-Taylor 2021: 5). Following this distinction, an *international* policy would imply a relational co-shaping of drug policies and correlated measures with respect to other countries in a given region. However, as this article argues drawing on emerging, decolonial critique in drug policy studies, such co-shaping is rarely acknowledged in present policy reform debates. More often, international agreements and alliances are considered as multilateral cooperations without necessarily assessing the role of individual countries in their historical, socio-cultural contexts. This is especially prominent in the North–South divide in international drug policy.

Although increasingly voiced, critical discussions denouncing prohibitionist laws still miss the mark when calling for international decolonization reforms partly because implications of the Western historical hegemony in shaping the very phenomenon of ‘drugs’ and subsequently, drug control is rarely challenged in drug laws (Koram 2019). Current legalization and depenalization reforms still stem from and carry ideals that are relevant to the socio-economic contexts of particular affluent countries. Here again, although frequently termed as ‘progressive,’ the reformist policies delineate and ‘other’¹ postcolonial and newly independent states that maintain and enforce outdated prohibition policies (see Pettus 2019) as part of their member state roles. One could argue that the idea of ‘progressive’ drug policy, as described by Western liberal democratic states, acts as yet another benchmark against which certain countries and regions of the world are measured comparatively to Western standards and thereby rendered anew the focus of both critique and further interventions such as international aid, multilateral partnerships and in some instances, sanctions (Latypov 2010; Sarang et al. 2007). While this is true to the general position of the UN and its international treaties, the highly complex and colonial roots of modern drug policy deserve better scrutiny on national and international levels.

Drawing on recent historical developments, expert interviews and in relation to international literature on decolonizing drug policy, this article offers a historical overview of different factors that co-constitute Azerbaijan’s drug policy in response to international drug laws. The purpose of this overview is to indicate the various foreign influences in forming the local drug policies which cannot be studied or grasped without acknowledging historical events and the growing disconcertment with the global drug policy agendas.

BACKGROUND

In recent decades, global public health agendas have spurred researchers’ interest in studying the implementation of internationally financed programs for people who use drugs

¹ Othering (to other) is a concept introduced by postcolonial scholar Edward Said in his seminal work on Orientalism to indicate the segregation of beliefs and practices that are different from Western societies.

in Azerbaijan and Transcaucasia as a whole. Following the global health prevention agendas on infectious diseases, ample quantitative studies reported on the prevalence rates of HIV, hepatitis C virus and tuberculosis among target populations in carceral settings and national drug treatment centers (Azbel et al. 2015; Nassibov & Abdullayev 2005; Polonsky et al. 2016; Rozanova et al. 2018). These studies have partially addressed the gaps in the healthcare systems in the region as well as the moral, social, and political barriers to better integrated and person-oriented services. Despite the growing evidence base and opportunity to study drug policy developments, empirical studies, and critical qualitative scholarship on other pillars of local drug policy are still scarce. Such lack of research and political will for policy reforms put Azerbaijan in a fragile position, especially in light of rapidly changing drug markets, drug use sub-cultures, prevalence, and related health concerns. Despite its financial strength due to oil and gas resources, the state allocates minimal to no support to effective measures such as harm reduction and social support services for people who use drugs. This directly affects the development of low-threshold social services for people who use drugs and simultaneously experience austerity due to mental illness, unemployment, and other forms of material and social deprivation. This gap has historically attracted international donors for harm reduction. Still, in recent years, most of these initiatives have reduced their spectrum and programs have been discontinued due to a lack of governmental support. Attempting to navigate between the internal political tensions as a transitional state and its aspirational Westernization, the country continues to face social policy reform challenges (Balabanova et al. 2012; Sayfutdinova 2015). The lack of attention to healthcare has been linked to corruptive systems in many post-Soviet states (Habibov & Cheung 2017). Corruption stifles the potential for inclusive, humane, and evidence-based policies and is the main incentive for preventing any developments that could reduce the demand or the market (Kupatadze 2020). Presently, there is little room for systemic reforms in most post-communist states, as citizens can still acquire services and individually tailored help through the system of informal payments (Habibov et al. 2019). In general, the law enforcement and legal system are known to practice ambiguous interpretations of law and selective implementation of penalties mainly for the benefit of law enforcement agents (see Habibov & Cheung 2017). This practice is mainstream in medical institutions for getting better care, easing detention conditions, buying out a release from prison, or preventing incarceration altogether (Sultan 2022). Previous studies have shown that local law enforcement agents accept informal payments for not punishing the sale of controlled drugs without a prescription, thereby cooperating with some local pharmacies to cover up this business; and at the same time, charging buyers a punishment fee for buying the same prescription drugs, thereby doubling the profit through prosecution (ibid.). Drugs are also often used as a tool by law enforcement agents in political imprisonment of activists against the current government, which has led to several expert speculations that trafficking and border control are not transparent, either. These speculations suggest that police might be involved in making a profit in their border control capacity, as well.

In this scheme, the main goals of harm reduction such as distribution of needle and syringe programs, methadone maintenance treatment, and psycho-social support services remain unmet. The strict prohibition laws, deficiency of trained professionals, and the unwanted intrusion of law enforcement agencies compromise anonymity when applying for professional services, contributing to the lack of public trust in state institutions. These obstacles also prevent frontline workers from providing the necessary support, as they are often restricted in their abilities to accommodate the immediate needs of patients.² Such structural impediments underpin a need for more political will to accommodate effective and evidence-based measures and prioritize citizen-wellbeing, including for those most marginalized.

Any policy amendments of the last decade, either under consideration or in their current implementation, continue to focus on border control, seizures, and monitoring, with some programs addressing short-term emergency medical treatments for overdose and other extreme physical and mental health conditions. In this approach, the national drug discourse actively preserves a conservative scare-and stigma-based status quo on drugs. Fear of contradictory promotion effects of harm reduction measures and conservative agendas remain the main barrier to political advocacy and overdue reforms (Sultan 2022). There is very little

² Expert interviews within the study on COVID-19 treatment: <https://bakuresearchinstitute.org/en/drug-services-in-azerbaijan-during-the-covid-19-pandemic/>.

empirical evidence to draw upon concerning societal developments and discourse on drugs and no public sphere in which people with lived experiences, those directly affected by the drug use of close ones, and those involved in a professional capacity could come together to challenge the debate and demand policy reforms. In this sense, drug policy is entirely under authoritarian governance and remains a multipurpose tool for foreign policy and geopolitical and social controls. For several reasons discussed below, knowledge of Azerbaijan's socio-political developments and their relevance for the Transcaucasian region can contribute to this gap in the literature and social conversation while also expanding scholarship on histories of drug policy.

In addition, previous attempts to involve local media outlets and drug services in promoting public participation in understanding and discussing drugs have yielded resistance grounded in strong moral values and a bias against open dialogue. For example, the Global Drug Survey of 2018 and 2019 was translated into Azerbaijani and promoted through some online news channels, but interest rates were very low, resulting in no statistically significant findings (Davies et al. 2022). Likewise, overdose education and education on safer use and political activism for the rights of people who use drugs is virtually non-existent. Instead, issues concerning drug use are usually part of the work of legally registered organizations that provide shelter and other low-threshold services to women, survivors of abuse and violence, people experiencing homelessness, and children and youth without legal protection. Often significantly underfunded, these organizations, similar to harm reduction programs implemented in drug treatment institutions, scarcely survive thanks to the intermittent support of global donors such as the World Bank, WHO, and UNAIDS, among others.

Against this background, the international drug control system becomes a question for neocolonial critique in the face of a struggle to preserve local moral values and interests, rather than an integrated development of new strategies or systemic responses to multilateral agreements. This argument partly draws on the increasing scholarship calling to decolonize global drug policy agendas, pointing out racial roots in drug laws (Koram 2019) and the historical analyses that attempt to draw attention to a more contingent definition of the 'global' in the North-South divide (e.g., Obot 2016). As Pettus (2019: 202) puts it, quoting Kwame Nkrumah: 'It is neo-colonialist because it seeks, notwithstanding the acknowledged sovereignty of a people, to subordinate their interests to those of a foreign power'. However, more recent historical accounts of drug policy point toward the complex roots of modern drug policy, drawing attention to the roles played by China, India and Russia (Collins 2021), as well as empirical and political narratives of 'governing images' and the role of local values reflected in national drug policy choices (Ritter 2021). Albeit differing in approach, these efforts are highlighting the importance of historicism as a constructivist tool and the importance of understanding regulatory elements of the international drug control system.

In the case of Azerbaijan, such foreign powers were the UN treaties affecting the regional drug trade and opium production through Iran, Afghanistan, and Turkey. Azerbaijan joined the Single Convention on Narcotic Drugs 1961 (SC) in 1999 and is a signatory to the 1971 UN Convention on Psychotropic Drugs, 1972 Protocols, 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, and 2000 UN Convention Against Transnational Organized Crime and Accompanying Protocols. This was followed by ratification of joining the UNODC in 2005. The gradual formation to the international drug control system led to increased positioning of the global drug market as a security issue and political threat to be negotiated among different regions and with respect to the world's major industrial democracies (Collins 2021). Since the initiation of the Single Convention on Narcotic Drugs 1961 and the International Narcotics Control Board (INCB), the smaller countries were expected to implement local 'anti-drug' propaganda and prohibition measures in cooperation with the UN conventions and subsequent regional alliances.

In the beginning of the 21st century, the clear and rapid spread of Western punitive systems across the world's countries still indicated a willingness of the smaller and so-called 'developing' countries to maintain international recognition and alliances. Due to its complex geo-political status, Azerbaijan too has responded to proliferating transnational challenges from drug trafficking through its international partnerships: primarily as a foreign policy agenda, it has reinforced prohibition (see Golichenko 2020).

International drug control conventions have forged an inscrutable system solidifying punitive drug control systems. However, with the developments of the black market and the consequences of the worldwide prohibitionist system, countries with ‘unremarkable’ drug policy strategies have slipped under the universal drug control agendas by default. This has led to more pronounced policing, monitoring, and border control as incentivized through regional security networks. Funded by the international drug control agencies, regional networks are expected to adopt and, where applicable, adapt the global drug policy agendas to local circumstances, which often means going against the local values, drug use traditions, and informal monitoring systems.

In Azerbaijan, the accuracy and reliability of statistical monitoring data and other empirically drawn conclusions can be controversial. International monitoring reports and surveys can extract only limited information, with most of the data relying on censored public records, statistics, and local key informants’ knowledge. Access to official state informants is reportedly challenging to achieve, and when successful, the provided information is often strictly censored for the government’s preferred position. In addition, international reports tend to emphasize regional commonalities and rarely highlight local specifics of national drug discourse. Grouping countries into regional clusters (such as the Commonwealth of the Independent States) misses the conditions responsible for gradual policy developments that are more traceable locally. Adding to this obscurity is also the fact that international monitoring is motivated by the anticipated security threats and global trade supply chain issues that are more likely to affect country borders and trafficking routes, thereby ‘justifying’ the regional focus of drug control agencies. Having been historically treated as a single country, the USSR’s collapse did not fundamentally change the international perception of the post-Soviet states. Rising nationalism, socio-economic and identity crises of transition states, and the problem of corruption are often cited as unifying regional characteristics of what are today fourteen sovereign countries. Treating these states as regional blocks, often grouped as Central and Eastern Europe and Central Asia (CEECA), presumes Russia’s perceived and long-lasting influence and simultaneously reinforces a broad-brush, universalistic treatment of the local epistemologies. While it is often argued that the CEECA countries have adopted and actively maintained the Russian drug policy (cf., [Golichenko 2020](#)), an alternative and more realistic explanation is that the transitioning states kept the existing systems *by inertia*. Any changes and potential attempts at reforms have followed as a result of the establishment of independent national social welfare and judiciary systems as well as varied economic growth.

FUZZY LINES OF INTERNATIONAL DRUG POLICY: HUMAN-RIGHTS AND EVIDENCE-BASED DRUG POLICY

[C]onventions are unlikely to be rescinded but are destined to become increasingly devoid of meaningful content in the face of growing differences between the methods chosen by countries in managing drugs. Consequently, there will no longer be a ‘global drug problem’ around which the nations can be rallied. ([EMCDDA 2021](#))

In the past two decades, several critical voices questioned the relevance of the human rights approach to universal drug policy ([Keane 2003](#); [Room & Reuter 2012](#); [Seear & Mulcahy 2023](#)). As Keane (2003: 228) argues, human rights frameworks are questionable as ‘they may work to reinforce a universal model of the “normal” sovereign individual that pathologises and marginalises drug users’. The poor fit of human rights as a reference point for drug policy measures also exacerbates the divide between ‘progressive’ states and those understood as undemocratic in their treatment of people who use drugs. While the international drug control system seeks to provide a universal framework for drug laws and policies and has the potential to recognize divergences in local implementation, the idea of universal drug governance itself has proven deleterious ([Golichenko 2020](#)). Furthermore, while the UN collectively emphasizes human rights principles, the Conventions are out of step and increasingly irrelevant, with the UNODC becoming something of an outlier amongst UN agencies.

Similar to human rights framework, the overuse of evidence-based framework is porous as well. The core argument is that evidence is not only a result of scientific research but also the representation and reproduction of moral values, social and cultural norms, and political ideologies ([Ritter 2021](#); [Stevens & Ritter 2013](#)). Basing evidence on taken-for-granted categories such as sex, gender, class, socio-economic status, and religion cast out the more complex and contingent characteristics that make up evidence ([Stevens 2019](#)). As a result, what ends up

‘black-boxed’ as objective knowledge and evidence is seldom questioned. Moving forward from this insight necessitates reflecting upon *who* collects the data and *how* evidence comes to be. One step is to treat researchers’ involvement in producing evidence more critically and reflectively within a process of knowledge generation. In other words, instead of understanding the empirical data as given in its extracted form, researchers and those they consult in policy-making should be seen as *generating data* instead of collecting it as given and granted; here data generation represents a multi-layered and co-constructed form of evidence (see Lancaster & Ritter 2014). In the absence of locally-generated, critically and methodologically robust empirical data, leaning into the so-called ‘global agenda’ of evidence-based drug policy presents an ethically thorny issue (Klein & Stothard 2018)—not least because that which ends up a ‘universal,’ ‘objective,’ and ‘undisputed’ evidence then becomes a tool with which to exclude as resisting the progress of change. Considerable amounts of research data, whether collected by international agencies, regional research institutions, or temporary internationally funded aid programs, are based on statistics and studies produced in the Western drug policy context. These data often provide the basis for policymaking and proposals that are made into generalizable and universal agendas. Because most of the regional and international reports rely on such data, the limitations of (re) produced knowledge about drug policies and hence, gaps and limitations on the local level in different countries should be treated cautiously and mindful of potential (and intended) bias. In this vein, underfunding of social drug research in Azerbaijan is a political strategy for maintaining the status quo, refuting the need for reforms requiring more state budget investment and curation. Careful filtering of the information presented to international monitoring organizations serves a similar purpose. Many of the statistics produced by the Azerbaijani government is not readily adaptable for social scientific inquiries, considering that the governmentally generated and selectively publicized data is gathered for internal use and manipulated for political purposes. The national statistical committee only provides rough numbers of medical patients being redirected for a drug treatment assessment for which the number has risen from 34.602 persons in 2021 to 44.510 in 2023. These then specify the number of women and age groups, however, the types of used drugs, frequencies, combination, mortality rates, termination of treatment and gender-specific needs of clients are not calculated. According to expert interviews, these statistics are not updated regularly, and mortality rates are not taken into account.

These internationally cultivated approaches rarely complement the cultural and social roles of drugs and drug use practices in local contexts and situations (see for example, Herrick 2016; Obot 2016). The opioid substitution treatment implemented in Azerbaijan since 2004 (although with partial interruptions and shortages) is an apt example of such an attempt to adapt international harm reduction measures while lacking relevant local resources and professional staff for successful implementation (Open Society Institute 2008). Studies investigating the effects of such measurements in Eastern Europe, Transcaucasia, and Central Asia have reported poor adaptation of these programs, resulting in diversion of essential medications, incorrect prescription practices, overly complicated enrollment procedures, power abuse, and high rates of treatment termination (Azbel et al. 2015; Latypov 2010; Zabransky et al. 2014). Several other internationally funded projects with harm reduction initiatives in Azerbaijan and neighboring countries show similar findings.

Subsequently, several questions should be asked: what kind of evidence should be prioritized in policymaking? How is evidence intertwined with moral values, beliefs, and the local political landscape? What prospects and speculations could be drawn from the international debates calling for better-informed drug policies, and how can these speculations be discussed within the frame of human rights?

THE STATE IN DISARRAY: HISTORIOGRAPHY

Since regaining independence in 1991, changes in social policy, public healthcare, and welfare systems have progressed slowly. The process of separation from the Soviet Union began in 1988 with armed conflicts on the border with Armenia and Maydan protests during the national liberation movement between 1988 and 1991. In 1991, the Soviet Union collapsed, and Azerbaijan declared its full independence on 28 May 1992. Next, the country was to establish an independent, secular state and restore the democracy that was ended by the Soviet occupation in 1920 as the country was forced under a communist dictatorship. The early 90s were marked

by the desire to ‘completely dismantle the Soviet-style political system,’ and the utmost priority was maintaining territorial integrity in the face of Russian-ignited armed conflicts over Nagorno-Karabakh (Yunusov 2011). This was followed by a middle-ground foreign policy orientation to maintain visible cooperativeness with Russia while integrating into Western political and economic systems (Valiyev & Mamishova 2019). With the oil boom following in the mid-90s, Azerbaijan became the energy-rich country in the region while the public system swirled into corruption. After regaining independence and under frequently disrupted cease-fire terms with Armenia since 1993, border control and drug trafficking played an essential political role in the conflict negotiations. Uncontrolled territories under the Armenian occupation became safe cultivation spaces and smuggling routes, thereby scaling up security and criminality concerns for the authorities and causing further disputes over control of the territories.

Over these decades, drug policy became one of the central political tools as the country tried to come to grips with 150 years of colonial history—first under the reign of the Russian Empire, the Tsar regime, then the Soviet Union—and simultaneously navigate rising nationalism as the outcome of the ongoing decolonization process. Such struggles also showed up in the need to preserve local cultural values while striving to Westernize and keep up with the effects of globalization. Questions of social justice and social welfare that have been shaped by moral values and traditions for one and a half centuries by different cultural influences were being reconstructed in the face of new global demands such as international human rights, sustainability, global health, and international criminal justice reforms. The Sovietized political healthcare and drug policy systems began to slowly decay as the country became part of the European Neighborhood Policy (ENP) program in 2004 and Eastern Partnership Program in 2009; some reforms were implemented, while still preserving the integrity of the national constitution. This is not to indicate that the EU drug laws are always for the betterment of international status-quo on drugs, but rather to build a link to the challenges of incorporating EU-originated welfare and protection laws, including the provision of social services and harm reduction to people who use drugs. Today, the stagnation of local drug policy is one of the most prominent cases trapped in this socio-economic and political maelstrom. Against this background, the history of drug policy in Azerbaijan can be divided into two periods:

- I. from 1999, with joining the United Nations Office on Drugs and Crime (UNODC) which marked the onset of receiving international donors and the emergence of civil society organizations; and
- II. from 2011, following the increased pace of re-adapting local drug policy to international pressures and geo-economic conditions.

To chart these periods and address the gaps, especially during the last two decades, the following part of the article draws on a brief historical overview. In the final part, the empirical analysis draws on nine expert conversations conducted throughout the years 2020–2021 and early 2023 as part of different research projects. The interviewed experts include medical treatment specialists (the local term is *doctor-narcologists*) from state and private institutions, outreach workers, harm-reduction NGO representatives, and owners of private rehabilitation centers.

1999–2010: THE RISE OF CIVIL SOCIETY, HARM REDUCTION, AND PUBLIC AWARENESS

Historically, political efforts around civil mobilization and citizen participation have been low in Transcaucasia. Political studies show that the poor development of civil society is not only due to socio-economic and political challenges from the post-communist transition, but also attributable to the region’s historical legacies (Aliyev 2015). As a result of joining international conventions and making Western allies, the past two decades have seen a wave of non-profit harm reduction organizations emerging in Transcaucasia and Central Asia. However, local NGOs dedicated to harm reduction, prevention, and public awareness raising have operated in a less-organized manner. Efforts made through these organizations have mainly stayed at the margins of society, with the general public largely unaware of their existence and the spectrum of services offered. In the recent five years, WHO has supported basic harm reduction programs for needle exchange and essential equipment for injecting users to address street-based users in Baku districts and surrounding regions. Through this, there has been an increased need for

outreach social workers. Due to the voluntary nature of the engagement, the job is usually performed by untrained staff with lived experiences, usually ex-prisoners, ex-users, people living with HIV/AIDS, and human rights activists³ (Sultan 2021a).

Between 1999 and 2010, seasonal or temporary labor migration to Russia and other former Soviet States such as Ukraine and Belarus have been associated with the spread of infectious diseases and injection drugs. Through these migrations, some workers have seen different medical and rehabilitation programs abroad, which some brought back to penitentiary services and contributed to the work of local civil society organizations. The South Caucasus Anti-Drug (SCAD) program was one such investigative and training initiative. SCAD aimed at training professionals about harm reduction in prison settings while monitoring the outcomes within the local, resource-limited circumstances, but was prematurely terminated in 2009 due to the lack of governmental support. The 2005–2012 South Caucasus Anti-Drug Program funded by OSCE was also the first joint regional program Azerbaijan agreed to partake in alongside of Armenia after having ceased all communication, trade, and negotiations due to the Nagorno-Karabakh conflict (Klein 2008). Piloting of various harm reduction programs in the country before and after that, such as the initiation of the methadone program in 2004 and basic prevention strategies against the spread of infectious diseases among target populations such as soon-to-be-released prisoners (Azbel et al. 2015), have gradually developed into marginal but ongoing non-profit works in these areas (Latypov 2010).

2011–2020: DRUG CONTROL AS A FOREIGN POLICY TOOL

Until late 2010, drug use and production in Azerbaijan (and Transcaucasia at large) were considered to be at low levels (Eversole 2011) and hence, attracting lesser attention than in Central Asian countries. Global drug reports indicate that the prevalence of drug use in the Western world did not exist in the Global South until recently (EMCDDA 2019). This partly shows why state programs and professional services have been sparsely developed in Transcaucasia.

Since 2020, the outcomes of the recent Nagorno-Karabakh war have signified a new era for drug control in Azerbaijan. Having regained control over the region after 30 years, Azerbaijani authorities claim to have significantly reduced the drug trafficking routes, cut illegal trade conducted by Iran in the occupied territories, and eradicated the newly discovered cannabis cultivation areas in the previously uncontrolled lands. However, informal conversations and gray literature suggest that official border control agents often aid in trafficking. While the official public information claims that methamphetamine is only trafficked into Azerbaijan, methamphetamine users and medical professionals treating them speculate that the production of methamphetamine has moved from previously uncontrolled territories of Nagorno-Karabakh to inside the country. Expert interviews suggest that law enforcement may have even supported the initial setup of these labs for a share of the revenue. Still, contrary to the evidence above, local harm reduction and outreach workers believe these labs have been destroyed after the pandemic.

Some experts point out that ‘members of the Guards are directly involved in the transportation of heroin from Afghanistan to Azerbaijan, across the southern borders in the Astara district’ (Ahmadov 2021). If previously, it was believed that Azerbaijan was only on the export route of Afghani opium through Iran to Europe, the latest conversations with experts suggest an increase in the inflow of drugs to Azerbaijan. Among these, bath salts and synthetic cannabis are considered the most prominent in quantity and come from Europe. The war has not been the only player in recent developments. The pandemic has spurred further changes in prevalence, types of drugs, and variety of online markets. Although the initial halt of trafficking was an anticipated outcome of the COVID-19 pandemic, expert interviews conducted in late 2021 revealed no significant interruption to trafficking and an increase in the number of trafficked drugs partially due to the temporary unemployment crisis.

Heroin from the ‘Golden Crescent’ has also historically passed through Azerbaijan’s southern border, making Iran a key factor influencing the internal drug policy measures and drug laws in Azerbaijan. Several trafficking routes include Iran-Azerbaijan transit leading to Russia-Japan, Georgia-Europe, and Russia-Ukraine. In addition, the National Committee for Combating Drug

3 Based on expert interviews conducted in 2020 on drug services during COVID-19. Short report available at: <https://bakuresearchinstitute.org/en/drug-services-in-azerbaijan-during-the-covid-19-pandemic/>.

RESPONDING TO DRUG MARKET CHANGES: EMPIRICAL INSIGHTS

As the use of scheduled synthetic substances grows in Transcaucasia, use prevalence, trafficking systems, and drug market offerings rapidly change. In nine expert interviews conducted between 2020 and 2021, medical professionals from state-funded and private drug treatment clinics have voiced expectations of a drastic increase in methamphetamine patients, going up to 1200 persons by the end of 2021. One reason for this increase in the last three years has been the visible boost of drug trafficking and the manufacturing of stimulants between Iran and Azerbaijan. Medical professionals assume that there seems to be only one kind of methamphetamine that comes from Afghanistan. However, the information is conflicted, and other evidence points to Iran as the leading exporter of methamphetamine to Azerbaijan. Early signs of synthetic stimulant production in Iran were reported in four facilities in 2008 (EMCDDA 2021). Recently, Iran has reportedly scaled the production of ephedrine-based methamphetamine (EMCDDA 2021) and increased the exports passing through Azerbaijan and Turkey further to Europe. The more frequent export and increased demand for methamphetamine in Azerbaijan have been linked to further exchange between Iranian and Azerbaijani traffickers. The most recent EMCDDA (2022) report indicates Iranian chemists coming in and helping to set up temporary methamphetamine labs in Azerbaijan. Expert interviews from 2021 suggested that there may be an increase in methamphetamine labs in Azerbaijan, with reported news of private domestic production cases being uncovered.

Despite strong and persistent cultural and political ties with neighboring Russia, some of the Azerbaijan's developments and trends in drug use prevalence are drastically different. Unlike its bordering neighbors and the other former Soviet states, Azerbaijan's fraternal relationship with Turkey contributed to a stronger breaking point with Russia and to joining the Turkic world for inter-regional partnerships. These relationships later developed into Security Cooperation Agreement and, eventually, the training of Azerbaijani law enforcement agents in Turkey for cooperative border control and 'anti-drug' coalitions. In 2020, Azerbaijan joined the Inter-Regional Network of Customs Authorities and Port Control Units (IREN Network) under the UNODC-WCO Global Container Control Programme (CCP). While these partnerships are potentially beneficial for border security, with reports indicating a 23% decrease in heroin and opium seizures in the CARICC⁵ region (INCB 2021), overlooking bodies such as UNODC continue to hold the authority to determine the purpose, practice and value of these partnerships.

Azerbaijan's state drug policy is also majorly influenced by its geographic position in the region and neighborhood with Iran and Russia. With more stimulants entering the market and synthetic, cheaper alternatives replacing heroin, there is a need for more nuanced policies that go beyond one-dimensional monitoring and control. Considering the digitalization of some drug markets and the increase in new psychoactive substances in Transcaucasia (UNODC 2022), their availability and faster and easier access have also changed. More unofficial observations are being made regarding party drugs that have appeared in online drug markets and the changes in nightlife and festival cultures, with novel recreational patterns of drug use and the modes of prevalence (Kitachayev 2019). These changes are observed among young urban, upper(-middle) class populations. The capital city of Baku has seen a budding nightlife in the recent decade after beginning to host international events such as Eurovision, Formula-1 races, and European Olympic Games. The drug use culture also expanded as the city became more global and attractive to tourists. This population, however small and representative of above-average socio-economic status, is a novel development in the city's drug scene. However, denial of drug use as a social practice, whether traditional or part of recreational youth sub-cultures, has prevented the government and local civil society organizations from offering safer drug use education and more effective intervention programs better targeted to young people's needs (Sultan 2021b). The media maintains strict anti-drug and anti-nightlife propaganda. The

⁴ Access through <https://www.nmdk.gov.az/page/category/2/>.

⁵ Central Asian Regional Information and Coordination Centre was initially setup in 2004 to 'counter the problem of drug trafficking from Afghanistan' with member states being Azerbaijan, Kazakhstan, Kyrgyzstan, Russia, Turkmenistan, Tajikistan and Uzbekistan.

local news frequently reports on how local law enforcement vigilantes monitor drug use and shut down nightclubs where drug use takes place (Elchin 2023). While in general, the use and possession of controlled drugs is punishable with stiff penalties, including fines and long-term imprisonment, in some instances these practices are selectively foregone.

With the change in drug use cultures, the increased flow of synthetic drugs to the country, and hence varied forms of dependencies registered in the state treatment centers, the need for more diverse and long-term interventions has also risen. The standard three-week-long detoxification treatments have seldom been effective in the past. They are not suitable for users with less severe cases, users of new psychoactive substances, prescription opioids, and people requiring long-term psychological counseling (Sultan 2022). This has recently led to the budding of profit-driven private recovery centers, usually brought by self-proclaimed rehabilitation experts from Eastern European countries. Several local, state-funded, and private drug treatment clinics have cooperated with such rehabilitation centers for patient referrals, making up long-term and multi-stage treatment programs. However, business incentives seem to be the driving factor here.

Moreover, local law enforcement is challenged by the emergence of digital drug markets as public knowledge about drugs and online exposure to emerging drug use cultures are not sufficiently addressed. Due to the emergence and spread of digitally-mediated drug dealing, local news has been able to report more detailed information on methamphetamine, unlike the conventional drug confiscation news of the past. This has perhaps unintentionally contributed to public awareness about methamphetamine in a closer frame of reference. Individual and small-scale research projects focusing on isolated instances of policy implementation or local user practices are scarce, albeit there is a growing interest in social drug research.

This is visible both in the increase in the quantity and variety of drugs coming to Transcaucasia and in the emerging and gradually strengthening stigmatization and severity of punishments for people who use drugs. Interesting dynamics are prominent in the distinctive ways traffickers and users are treated. For example, a study of Eastern European drug settings demonstrates how drug use in post-Soviet transitional states has been transformed from a domestic, 'natural,' and 'symbolically valuable' activity, to segregation, 'risk and shame' in the face of the global prohibition system, and its detrimental consequences (Rhodes & Bivol 2012). The current prohibitionist policy, while continuously upheld by international coalitions, is a Soviet legacy, too. Like with many 'social diseases,' drug use and addiction were said to have been 'eradicated' in the USSR in that the central Moscow championed 'a nearly complete liquidation of *narkomania* in the USSR' (Latypov 2012: 7). In this sense, the state's denial strategy is one of the most persistent Soviet legacies. Raising awareness to educate and inform is perceived as promoting prohibited or 'sinful' conduct. With this logic, a 'lost generation' kind of portrayal of people who use drugs is the dominant narrative on the socio-political level. Likewise, the emergence of online drug markets and the spread of online drug buying is exceptionally covered in crime news and discussed as the case of extremely marginal conduct to contradict the otherwise 'functional society' image.

The need for policy reforms is aggravated by the absence of an informed social policy that would consider the effects of the supply-demand relations and market changes on drug use and address the deficits in health and social care. Policies to tackle the development and spread of online drug markets need to be developed further. The local law enforcement authorities need more up-to-date resources to identify digital channels and intervene if necessary. Education around exposure to digital drug markets is nonexistent, as are overdose education and education on safer use. Media is a frequently utilized tool to report police work of identifying and capturing people selling drugs online, thereby maintaining the scare-based prevention strategy. Despite research evidence proving otherwise, the state continues to rely on 'anti-drug' propaganda in formulating legislation and various 'educational' and 'prevention' programs as the primary public information and safety tools. Expert interviews also revealed that the Ministry of Internal Affairs (mainly responsible for drug policy programs) had rejected several updated and newly designed educational materials on drugs by the National Committee. This again points to the blind objective of drug-free society, which simultaneously discredits any attempts at educational reforms, even if based on the up-to-date data collected by the state institutions.

This article has discussed Azerbaijan's drug policy as a postcolonial state and its relevance regarding and resulting from international drug policy. This is not a mere attempt to highlight the challenges framed in analyzing a postcolonial nation-state. Balancing a contingent view of world politics on drugs, the Western prohibition discourse, and their effects on individual countries, and the intricacies of local policies, present several challenges, particularly concerning methodological nationalism. Adding the voices of under-represented regions in the larger global drug policy debate, especially critical voices against the international drug control system, has merits and potential drawbacks. While global drug politics unite the world's countries under the prohibitionist umbrella of control and punishment and hence compliance to showcase international cooperation, they also unify and erase the local traditions, knowledge, and practices around drugs. Individual country cases of how global drug control demand is navigated locally remind us that drug policy cannot be rooted in global frameworks, not even in human rights as its backbone (Keane 2003).

This historical overview serves to map out the importance of knowledge exchange and power influences for local implementation of global ideas regarding how to govern drugs and treat the people who use them. Pertaining to certain recent debates, this could be seen as evidence that member states of international treaties have their own interests in maintaining prohibitionist system (e.g., see Collins 2021). However, the pluralist discussion of historical drug policy analyses overlooks a major indicator when calling for national level reforms: namely, the fact that as long as international treaties and UN SDG goals remain the markers of progress, conditions for inclusion, recognition and a say at the table, no national policy reforms can be understood as independent and agentic. Regional clustering of the world to understand the intricacies of global drug policy is an ethically challenging position. This challenge is exacerbated by equating 'progress' with the regions' socio-economic development, GDP performances, and geopolitical positions in their respective areas. Even as the contemporary critical debates on drug policy and the momentum calling for sensible reforms are crucial and overdue, their political interpretations still reinforce normative, colonial, masculine, and specific Western neoliberal principles.

Lack of political will and scientific evidence remain significant barriers to better-informed policy reforms. Conversations around controlled drugs are still strongly influenced by the outdated anti-drug propaganda in the media, and the state programs remain short of effective prevention and education strategies. In the absence of intellectual debates and open conversations, the public sphere is effectively governed by the government's political fearmongering and social control agendas. To maintain the fear of drugs means to ostracize and dehumanize those using drugs and eventually carry a 'war on people' with and by means of the war on drugs (Zigon 2018). Hence the conventional perception that any discussion on drug use should be based on a 'universal' understanding of drugs as harmful means that alternative discussions cannot penetrate the discourse at an impactful level.

All this points out that the 'problem' of drugs in the country has been disregarded and unworthy of any attention beyond the prohibition. As international efforts intensify to undertake the reforms to address some of the 'unintended' effects of the global drug control systems (UNODC 2009), it is reasonable to expect that sooner than later, these debates will translate into policy amendments in Azerbaijan too. To what degree those amendments will prioritize the needs of people who use drugs with respect to local and cultural values and subsequently affect judiciary practices is difficult to predict.

ACKNOWLEDGEMENTS

Some of the empirical data re-used in this article was collected by the EMCDDA contract (CT.21.EU4MD.0050.1.0) with Trimbos Institute and financed under the EU4Monitoring Drugs project funded by the European Union. The analyses in this article are the sole responsibility of the author and do not necessarily reflect the views of the European Union. The author would like to thank Lisa Strada for the invitation to support the EU4MD research process and for facilitating access to reuse empirical data on Azerbaijan.

The author has no competing interests to declare.

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TO CITE THIS ARTICLE:

Sultan, A. 2024. Situating the Local in Global Drug Policy Debates: Historical Overview of Political and Drug Market Developments in Azerbaijan. *Journal of Illicit Economies and Development*, 5(2): pp. 78–91. DOI: <https://doi.org/10.31389/jied.215>

Submitted: 27 July 2023

Accepted: 12 October 2023

Published: 16 January 2024

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Journal of Illicit Economies and Development is a peer-reviewed open access journal published by LSE Press.