‘What’s the Problem Represented to Be?’ The Place and Wellbeing of Young People in Azerbaijan’s Drug Policy

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Abstract

This policy paper bridges interdisciplinary research to analyze the effects of drug policy in Azerbaijan on the provision of social care and treatment for young people who use illicit drugs. Drawing on Carol Bacchi’s critical policy analysis method – ‘what’s the problem represented to be’ – the paper focuses on what the state’s drug policy enables and/or impedes in the implementation of better protection and care for young people aged between 14 and 17. To do this, two texts are selected for the analysis to explore representations and social construction of youth through various problematizations in policy legislations. The analysis suggests that drug policy in Azerbaijan is formulated to further cultural and political purposes to maintain a community-based immunity to drugs, rather than psycho-social and medical interventions or individual engagement with young people’s wellbeing.

Keywords Azerbaijan · Carol Bacchi · Childhood and youth · Critical drug studies · Policy analysis · Young people

1 Introduction

Representation of young people in drug policy and related prevention and intervention strategies has been historically guided by moral panic and pathological discourses (Farrugia & Fraser, 2017; Moore, 2002; Stoker, 1999; Sulkunen et al., 2004). There is a large body of sociological, psychological, and clinical research that assesses drug use among young people on the basis of ‘risk factors’ such as hereditary preconditions, mental health, poverty, and adverse childhood experiences (Anthony & Petronis, 1995; Aytacilar et al., 2003; Boys, 2001) Among these, the developmental literature mainly debates drug use as ‘immature’ coping mechanism,

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a result of peer-pressure or ‘deviant’ lifestyle (Arain et al., 2013; cf. Becker, 2016; Blackman, 2010). Disease theories of addiction often subject young people who use drugs to ‘brain disease’ and tend to medicalize social and psychological aspects of drug use as merely a brain reaction to chemicals above which young subjects have no or minimal control (Volkow et al., 2016; for critical view see Farrugia & Fraser, 2017; Heather et al., 2017). In the 70s and 80s, the qualitative sociological studies began to pave the way to studying socialization aspects of drug use including peer-pressure, risk, control, and agency and meanings of drug use in young people’s practice (see Foster & Spencer, 2013). Early ethnographic research in cultural drug studies looked into drug use as a learning experience (Becker, 2016), using to belong to a group, and drug use settings as part of identity expression (Bourgois, 1996; Zinberg, 1984). The normalization thesis followed in the 90’s which acknowledged young people’s drug use as part of youthful lifestyle and socialization and the focus shifted onto indicators of ‘problem drug use’ (see Measham et al., 1994; Parker et al., 2002).

The growing critical drug studies have begun to zoom into punitive drug policies and their detrimental effects on young people who use drugs recreationally and habitually (see Blackman, 2010). As a result, research studies switched to social policy analysis addressing young people’s wellbeing, safety, and health concerns. The sociologists have turned onto youth subcultures such as clubbing, festivals, chemsex (Measham, 2004; van Amsterdam et al., 2015) and recently also to the interaction of young people in digital user platforms and with online drug markets as some of the newly emerging concerns for researchers, practitioners, and policy-makers alike (see Demant et al., 2019; Oksanen et al., 2020).

Children have also become a budding research interest in exploring the effects of drug policies, especially focusing on parts of the world with highest drug trafficking, manufacture, and sales involving minors. War on drugs and prohibition have led to profound negative effects on the health and wellbeing of children and young people (Barrett, 2018). Until the adoption of the UN Convention on the Rights of the Child (UNCRC) in 1989, early international drug treaties have considered children’s and young people’s rights and wellbeing only indirectly, and mainly focused on drug prevention and education where aims, approaches, and programs have been open to interpretation by local governments. This then raised the question of how states implement the protection of young people and whether such measures could justify forms of coercive and intrusive governance and counterproductively, cause harm (Barrett, 2017). However, these debates remain largely confined to Western policy discourse and academic circles, as most countries continue to resist fundamental drug policy reforms neglecting specific policy strategies to address children and young people’s needs, participation, and representation.

The well-being of young people in drug policy is typically understood through different prevention and intervention approaches, while the concept’s meanings are usually vaguely defined. This is due to the fact that wellbeing differs across countries and drug laws, and individual young people are not offered the same level of care and services tailored to their needs. Similar to the new sociological studies of childhood, the human rights framework has therefore been instrumental in drug law reforms, too, in order to minimize the negative health and wellbeing consequences

for people who use drugs. This has led to international harm reduction initiatives and eventually offered some indicators of rights and wellbeing such as access to clean injection equipment, medical checkups, social support, supervision, and counselling (see Harm Reduction International, 2014). Within the context of this article, wellbeing manifests as a communal and generic form of welfare, not as specific determinants of quality of life, wellness or subjective measure of life satisfaction (Pollard & Lee, 2002). The selected policy texts in this article merely hint at the well-being of children and young people, but do not discuss the concept or its meanings in an explicit manner. Against this background, this article bridges sociology of childhood and youth, and critical studies of international drug policy to analyze how the well-being of children and young people is represented in drug policy using Azerbaijan as the case example.

1.1 Drug Policy Discourse in Azerbaijan

Azerbaijani youth born in the early and mid-90s has grown up in a post-Soviet liberation spirit as the country prospered with oil-boom and its vast revenues soon after the collapse of the USSR. Along with it came the pursuit of the re-establishment and re-emergence of the national identity and cultural values of transitional societies. Simultaneously, this was also the period where a few central districts of the capital became hot-spots for drug dealing, often affecting an early onset of drug use among young people living in these urban neighborhoods. High rates of school dropout, poor socio-economic status, lack of safe spaces for leisure, of daytime supervised care or other options such as playgrounds and after-school leisure activities in these neighborhoods have potentially contributed to early onset of drug use. In the past two decades, the state has intensified the architectural transformation in Baku, and as part of this economic diplomacy and nation-state building, began to demolish some of the urban neighborhoods in central Baku (Grant, 2014). This commenced with targeting the houses and destroying the infrastructure in densely populated urban districts in what might be interpreted as an attempt to dissipate the established networks in drug dealing and organized minor criminality in the area. This attempt was more explicitly exemplified as residents of targeted districts were offered alternative housing in the city's outskirt areas.

Since the collapse of the former Soviet Union in 1991, changes in the healthcare and social welfare system of Azerbaijan have been slow to progress. Attempting to navigate between the internal political tensions as a transitional state and its aspirational Westernization, the country continues to face healthcare reform challenges (Balabanova et al., 2012; Sayfutdinova, 2015). In general, the lack of attention to healthcare has been linked to corruptive systems in many post-Soviet states (Habibov et al., 2017). As an oil-rich state, the case of Azerbaijan is different in comparison to other former Soviet states as despite having sufficient financial means, the country significantly underfunds its healthcare system (Rzayeva, 2013). Moreover, drug policy is among the most neglected areas of the overall developmental agenda, although not significantly different to the situation in the rest of South Caucasus (Verulava & Maglakelidze, 2017). With the growing post-Soviet

deinstitutionalization of care systems for children and young people in Azerbaijan (Claypool & Ismayilova, 2019), little is being done for those who already engage in drug use or are negatively affected by the consequences of parental drug use. Despite ratifying a number of international human rights treaties, the state follows demoralizing and punitive strategies powered by the overall international drug control regime (Sultan, [forthcoming](#)).

The growing body of social drug research shows that while there are young people from all layers of society who use drugs, the severe addiction affects those who have the least resources, access to medical care, and safe drug use knowledge. As developed states strive to adopt human and civil rights perspectives in treating drug use and related consequences, Azerbaijan maintains a highly moralized approach. Denial is still one of the leading strategies, exacerbating the marginalization of the most vulnerable communities. But the state also heavily relies on the role of the family and social stigma as the central protective and balancing factors against higher prevalence rates.

During the Soviet regime, open discussions about illicit drug use were strictly prohibited and the issue of problematic drug use among younger generations deliberately denied. This was partially due to lower incident rates, but mainly due to high stigmatization of drug use (Mileshina et al., 2019) and the state's denial strategy of conduct considered as anti-social (Tulchinsky & Varavikova, 1996). This strategy is also evident in today's healthcare system of Azerbaijan. For example, the actual numbers of people registered for drug treatment are believed to be at least 10 times higher than provided in official statistics (Farhadova, 2011; Serrano-Cinca et al., 2005). Due to the unavailability of accurate statistical data and low numbers of registered young people, measurements that could inform more nuanced policies are difficult to carry out. This is because young people's experiences with drugs are largely underreported due to neglect and lack of treatment options (Sultan, [forthcoming](#)). This particularly affects young people in early adolescence, mainly between the ages of 14 and 17. This age range is specified based on the youngest person in Azerbaijan ever registered for drug treatment at a national drug center (14) according to publicly available recent official reports (National Statistics Committee, 2020) and the oldest age which is still considered as legally minor (17). Young people having reached the majority are subject to the criminal justice system in the same way as adults which often excludes them from being targeted by specialist services for children and minors. Most young people in this age range who are subjected to state-funded treatment are generally referred to treatment through legal enforcement. An enforced treatment is an alternative option to incarceration if a minor is detained for the use of illicit drugs and through parental consent can be transferred into an emergency inpatient treatment. However, those considered legally minor are also often neglected due to the lack of outreach programs, harm-reduction measures and other low-threshold services for street-involved young people. In addition, because of the lack of functional preventive systems, a majority of young people between 14 and 17 is not linked to any youth counselling services, community and peer-support groups, or other forms of continuous educational and preventive programs that could enable earlier and more efficient interventions. In addition, state-funded free drug treatment centers do not offer long-term psycho-social rehabilitation or specific

treatments designed for young people, as both young and older users are generally treated together. Internationally funded and required medical treatments such as opioid substitution programs are not accessible to young people either (despite the growing numbers of heroin and recently also methamphetamine use among younger population¹) mainly due to complicated enrollment criteria and consequently, a low percentage of 'eligible' patients (Farhadova, 2011). The medical approach to drug treatment is the dominant model, mainly carried out by doctor-narcologists, although in recent years some Russian-speaking private praxis has begun offering psycho-social counselling, with foreign private 12-steps programs offering seasonal treatment workshops and residential facilities outside of the city (Sultan, [forthcoming](#); Kitachayev, 2019). However, most of these private offers are only affordable for high-income families and make little contribution to the nation's health system as they are principally driven by the prospect of profit. Profiteering of such programs also relies on better anonymity that they can provide in comparison to state programs and overall conditions of daily care offered in national treatment centers. Consequently, young people rarely apply for treatment and do not receive the necessary professional help to prevent further health complications or ensure long-term rehabilitation.

2 Approach

Theories of critical policy analysis problematize the policy-making practice itself, built upon the idea that policies create problems through the ways they offer solutions (Turnbull, 2013). Asking how problems are constructed in governance through policies and legislations, critical policy analysis questions both what assumptions inform policy and their ways of implementation. In this sense, Carol Bacchi's post-structuralist framework has been an essential tool and methodological backbone to critical policy analysis in critical drug studies. Bacchi states that "what one proposes to do about something reveals what one thinks is problematic (needs to change)" (Bacchi, 2012: 21). Following this analytically, the WPR approach offers six central questions that are designed to reveal the implicit policy assumptions (Bacchi, 2009: xii).

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1. What's the 'problem' represented to be in a specific policy or policy proposal?
 2. What presuppositions or assumptions underpin this representation of the 'problem'?
 3. How has this representation of the 'problem' come about?
 4. What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought about differently?
 5. What effects are produced by this representation of the 'problem'?
 6. How/where has this representation of the 'problem' been produced, disseminated and defended? How has it been (or could it be) questioned, disrupted and replaced?
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¹ Personal correspondence with the ex-deputy chief narcologist of the National Drug Center.

She also analyses policy as discourse arguing that policy recommendations often serve certain political purposes. Bacchi critically engages with the works of policy-as-discourse scholars who argue that various representations of policies in discourse can sometimes justify hindering progressive changes (Bacchi, 2000). In the case with drug policy, for example, progressive changes mean reducing the negative effects of prohibitionist laws that criminalize and discriminate against people who use drugs. For example, these changes and reforms include decriminalizing drug use, making treatment accessible, promoting open conversations about drugs, expanding harm reduction services including the novel initiatives such as drug checking services that target health and safety of young people at festivals and party clubs.

The ‘what’s the problem represented to be’ (WPR) method is also suggestive of researcher’s subjective reasoning in the selection of policies, documents, reports and other materials for the analysis. The method entails a great deal of reflexivity embedded in “interpretive exercise” of selecting particular texts and leading to “interpretive implications” (Bacchi, 2009: 54) while also cautioning against the intrinsic bias. Analyzing specific national policy documents is closely linked with knowledge of the local language, customs, history, political and socio-economic landscape. The prohibitive side of drug policy is international at its core which makes the WPR method applicable to a wide range of countries and drug policy contexts and the resulting analyses relevant for the international audience. At the same time the method allows to uncover the implicit nuanced-thinking behind a specific policy that might be central to a certain regional context. In the international literature, WPR approach has been used widely in drug studies to ask how the problem of drugs is constituted in recovery policies in Australia and the UK (Lancaster et al., 2015) how problematization of alcohol is represented in the global alcohol strategy of the World Health Organization (Bacchi, 2015), or how under-representation of various vulnerable groups such as women who use drugs (Brown & Wincup, 2019), ethnic minorities (De Kock, 2019) or families with history of drug use (Devaney, 2017) inform international drug policy and impact delivery of professional services.

For the purposes of this paper, two texts are selected to conduct the critical analysis: the first is the new state program by the National Committee for 2019–2024 on Combating Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and their Precursors and Drug Addiction (henceforth “State Program”); the second text is from the Department of Psycho-Social Training and Public Relations of the Ministry of Defense (MoD). Both texts illustrate the socio-political thinking that informs overall drug policy in the country and serve as relevant examples for understanding the place and wellbeing of young people as part of ‘drug problem’ strategies. The WPR method helps to tackle problematizations of drug use in general, young people, and their wellbeing across the selected material. *The first text* is the official legislation and the only up to date policy document in relation to the socio-political impact of drugs. *The second text* is an ‘open’ interpretation of this policy by the MoD. While the first text leaves it up to various official law enforcement agencies to define the details and their own implementation strategies, the second text responds to exemplifying production, dissemination, and defense of such official policies. Through thinking critically about representations and problematizations, WPR

approach eventually seeks to understand what a piece of policy aspires to achieve and what political effects it then produces (Bacchi, 2009).

3 Analysis

Still strongly committed to an anti-drug narrative, Azerbaijani state and the society continue to neglect and alienate young people who use drugs. This neglect is especially prominent in the prevention strategies led by the *National Committee for Combating Drug Abuse, Illegal Traffic in Narcotic Drugs, Psychotropic Substances and their Precursors* (hereafter, the National Committee). A review of official reports and press releases shows that the preventive and educational campaigns targeted at young people mainly consist of few figures of authority delivering speeches of conventional scare-narratives in school classrooms or in official anti-drug campaign events. These usually target parents and school teachers, and other staff working with children and young people.² Young people themselves are rarely given a voice in such events, while the 'expert' adults use the examples of lived experiences from doctor reports, media, or simply personal acquaintanceships to promote moral and social judgement.

The two texts selected for the analysis take a classic and by now, a well-outdated approach to drug use as the 'disease of the will', and at the same time depict drug use as a highly undesirable *choice* of conduct (see Valverde, 1998). Simultaneously, the strong moralizing tone overshadows the lack of references to legal consequences, which conceals the criminal justice procedures that are carried out against young people caught for drug use, sale, or possession. Both texts are the official sources of the state who also has absolute hegemony in the production and dissemination of drug-related knowledge in the country. Given that there are no independent institutions and only few internationally-funded NGOs that engage with young people who use drugs, there is no or limited amount of different available knowledge on drugs. This also means there is a lack of plurality of authorities and professionals capable of driving changes in practice with the support of local institutions.

4 The New 'State Program'

The original official drug legislation was created by the establishment of the National Committee in 1999 and today consists of six chapters and 29 articles. This original legislation did not mention young people, while children were only mentioned once as a prerequisite for the enforced treatment of nursing mothers. This has changed recently after a new state program was signed in 2019 with the introduction of the new anti-drug program that builds upon and expands the existing drug legislations. This recent State Program approved for five years (2019–2024) considers implementation of a number of anti-drug propaganda

² Official information detailing these methods can be found at <https://mia.gov.az/?/en/content/29824/>

activities and events. The limited duration of the State Program suggests that it might have an exploratory pilot character for further, better-nuanced suggestions in a possibly new future policy legislation. The prevention agenda consists of 38 articles across four sections: 1) organizational events, 2) improvement of the drug policy, 3) international events, and 4) prevention, treatment, rehabilitation, and education. The State Program contains three articles specifically on children and young people under the section ‘Prevention, Treatment, Rehabilitation, and Education’. All three articles provide general guidance on how to organize and implement various prevention systems. The legislation does not provide specifics about the target population, but implies all minors and young adults.

“Increase of attention to training and education of minors and young people, their employment, organization of leisure, sports, and arts, and creation of conditions for engaging in socially useful labor, ensuring preventive measures and timely remedial for drug-prone persons” (Article 4.4.12.)

Suggested increase of attention implicitly conveys that training and education of young people has been so far neglected, which presumably can facilitate the ‘problem of drug use’. Engaging in socially useful labor implies a prevention from becoming ‘useless’ that might lead to or be the cause of a potential ‘drug problem’. Presenting the listed activities as preventive measures, the policy treats using drugs as mutually exclusive to being socially engaged, active, and healthy. This in turn silences the many cases of young people who already use drugs. Similar to UNCRC article 33, this excerpt also does not make it explicit whether the law also considers children and young people who already use drugs and what is needed for their protection and wellbeing (see Barrett & Veerman, 2010). In addition, this type of prevention-focused policy does not present strategies for identifying young people who do not apply for treatment and who are not part of the targeted populations, but focuses on those whose has been registered and made known to the authorities in some way.

“Implementation of individual rehabilitation and reintegration back to the society for children harmed by drugs” (Article 4.4.19.; limited to the period of 2019-2024)

It is unclear who identifies “harm” and the problem of “harmed by drugs”, rather the problematizations manifest in an array of presuppositions across the document. Without explicitly referring to evidence-based prevention science, it is impossible to provide effective rehabilitation and reintegration programs or their adjustment to specific needs of young people. Neither the policy document nor additionally reviewed interpretations and recommendations specify conditions of referral and enrollment should a young person or the guardian wish to apply for a state-funded treatment.

The lack of treatment choices and the use of stigmatizing language are important elements in drug treatment and related social and medical care. However, it has to be noted that the adoption of a new State Program and explicit focus on minors and young people is likely to be a latent response to the demands of

international human rights treaties and increasing evidence on the region’s drug situation scarcely studied and reported by international organizations (e.g. EMCDDA, 2020; UNODC, 2020). The rapidly growing critical drug studies literature shows that there is an inevitable westernization in the adaptation and implementation of drug policy and related public health internationally (e.g. Bewley-Taylor & Tinasti, 2020; Buxton, 2008; Csete et al., 2016; Klein & Stothard, 2018). Nonetheless, the question of how far the state in Azerbaijan subscribes to research and recommendations of international treaties and the Council of Europe remains open.

This new legislation then suggests possible ways of enhancing prevention methods.

“Development of activities by the state institutions serving teenagers and young people for the effective organization of leisure time in cities and regions, increase of knowledge, skills and professionalism of specialists and employees working in this field” (Article 4.4.34.)

The paragraph suggests an enhancement of several areas and has a direct implication to how young people’s wellbeing is thought about. The policy clearly demands a more nuanced approach and more holistic approach to prevention, although without any concrete specifications. In this sense, the state legislation transfers the executive power to civil society, without attending to the questions of (subjective) wellbeing of young people themselves. Without explicitly mentioning wellbeing, the text presumes the prevention of drug use as equal to health and useful social labor, active lifestyle, social participation, sports, and education. These assets are deemed as mutually exclusive to drug use, thereby representing the latter as an altogether destructive force. However, there is a lack of representation of vulnerable groups such as young people living in poverty, care homes, shelters, and who are otherwise impacted by resource deficiency is another indicator of a broad definition of prevention, likely mediated by an orthodox understanding of welfare. Eventually, such policy documents that do not provide specific guidelines and ethical frameworks for direct practices often reinforce existing social inequalities. The generic messages of ‘increase’, ‘development’, and ‘implementation’ are suggestive of a “do-able solution for a fix-able problem” (McLeod & Wright, 2016: 780). At the same time, it is not only the representation of ‘drug problem’ that is pictured as ‘fix-able’, but also the potential of using drugs is seen as ‘prevent-able’ especially, for young people’s health and wellbeing. In this sense, the state’s current approach perceives drug use as a discrete “social disease” detached from its surrounding context. In addition, the brief mention of treatment approach does not do enough to highlight medical intervention and long-term psycho-social treatment as part of the prevention, too.

In her post-structural analytic strategy, Bacchi encourages policy analysts to replace the need for ‘problems’ with ‘problematizations’ – declaring something a problem means that there is a need for intervention and engagement (Bacchi, 2017). What we see in the selected texts and other similar documents and press releases, the ‘drug narrative’ in Azerbaijan is not declaring a ‘war on drugs’ to position drug use as the problem, rather the written policies urge awareness and caution against a *danger*, not a ‘problem’. Hence, the state’s solution is to stop young people from

initiating drug use by encouraging a conscious disengagement, and thereby ignoring the multifaceted issues that exist in relation to drug use. The analysis of the second text below illustrates exactly this kind of deliberate disengagement.

5 “Fighting against white death”

The second text is from the Ministry of Defense entitled “Fighting Against White Death” published online in January of 2019. The phrase “white death” in the title is one of the most widely used phrases in the country’s anti-drug campaigns and generally refers to heroin addiction. The text acts both as a policy guideline and an information sheet. With 1212 words, the text begins with a moral take on drugs and a description of the potential health harms of illicit drug use as well as the “highly dangerous” threat that young people who use drugs potentially present to society; it then moves onto a general discussion of the state’s overall anti-drug policy; and concludes with three paragraphs about the role of the military service and a variety of trainings and physical activities for keeping young people healthy and active. In Azerbaijan, every able male is obliged to begin at least a year of military service after turning 18 years old, unless by that time they are enrolled at a University in which case the service can be completed after graduation. The importance of military service in shaping young people is, hence, an intentional policy proposal. Moreover, given the scarcity of drug treatment options and in some cases lack of financial means to opt for treatment abroad, many parents choose military service as a form of treatment, a sort of recovery strategy for their children. The text begins with an opening paragraph reflecting its title:

“Death can occur for a variety of reasons. Wars, infectious diseases, car accidents, murders, suicides, natural disasters, and in some lands, famine are among these factors. Recently, addiction – what we call as “white death” – has been also added to this list. Drug addiction gradually destroys people and leads to death.”

This alarmist depiction of addiction suggests that danger of fatality is the primary reason to engage with the question of drug use. While from a harm-reduction viewpoint preventing drug-related deaths should be a top priority of humane international drug policy, the paragraph quoted above reinforces the worst possible outcome perpetuating further moralizing and therefore, stigmatization and criminalization of drug use.

“Nowadays, the upbringing of adolescents and young people in an anti-drug spirit is not only the government’s responsibility. A big part of this responsibility falls onto society in general, but also the military, each citizen, public organizations, mass media, as well as educational institutions and art facilities”

The passage conveys a protective intention in which adults and the institutions they represent should bear the responsibility for the actions and choices of young people.

Each unit, whether a family or an institution, represents the entire society, which should actively respond to the risks and harms by protecting its most vulnerable, and yet, at the same time, the most 'problematic' members who potentially represent 'danger' to society. Unlike neoliberal approaches in Western drug policy, the texts in this article, however, highlight collective and shared responsibility (see Moore & Fraser, 2006) as a protective mechanism against individual choices and contributions. They emphasize the shared responsibility as a force in *prevention*, not as a support in treatment or reintegration; at least not explicitly. A more explicit focus on prevention rather than ways of intervention, harm reduction tools, and psycho-social support are indicators of the lack of political will to support those who use illicit drugs and suffer from negative consequences.

Moving through Bacchi's six questions presented above, the selected text represents the following problematizations: (1) it problematizes young people and portrays them as being in need of an adult protection and guidance, (2) it assumes that all young people are inherently at risk of drug use, potential addiction and even death; (3) it focuses on health risks and harms as the main outcome of drug use and disregards psycho-social and economic factors; (4) it neglects the role of young people, social support structures or peers with similar lived experiences in proposing effective ways of preventing or treating drug use; (5) it reproduces enhanced moralization, reinforces stigmatization of those identified as drug users, and thereby, justifies intervention and social control forms; (6) finally, the text reproduces the anti-drug propaganda championed and disseminated through official governmental institutions, thus minimizing the potential adoption of harm-reduction and human rights-based approaches as better alternatives.

Like many post-structuralist theorists of 'problematization', Bacchi (2009) notes that governance led by problem-solving orientation simplifies the problems, by reducing the complexities to single descriptions. Inevitably, this approach leads to incomplete responses, i.e. policies to a given problem. The selected two texts indirectly depict drug use as a self-evident 'problem' and reproduce a homogenized picture of young people. Hence, the drug use 'problem' is reduced to 'white death' and young people to 'youth at risk' etc. By grouping together all young people as a vulnerable population to power and potency of drugs, the policy neglects social strata and diverse socio-material and individual factors such as age, ethnicity, gender, disability, spatial divisions, and socioeconomic status that affect young people's well-being differently (Andresen, 2014; Andresen et al., 2012; Plenty & Mood, 2016). As a result, questions of poverty, inequities and social justice are left unproblematic, thereby reinforcing punitive and moralized discourse on drug use. At best, such broad-brush policy legislations do not reflect the shifting culture in youth cultures hence the necessity to develop better-attuned prevention, intervention, and education methods. However, this kind of scare-based official propaganda can cause severe consequences including no or very poor treatment, social isolation, incarceration, and even death. They also can also significantly affect even those who use drugs only occasionally or as part of specific infrequent events (e.g. Room, 2005).

Most importantly, the highly moralizing and stigmatizing policy approaches hinder seeking help for problematic drug use. Many young people who enroll in the national drug center in and around Baku, especially as recurrent patients, generally

lack psycho-social support structures, economic stability, and the necessary health-care services (Sultan, [forthcoming](#); Kitachayev, 2019). For most of these young people who grew up in certain neighborhoods of Baku or in the regions with high unemployment rates and poor access to education, there is no adequate structural support for their reintegration and rehabilitation. A recent study conducted by the author with young people who use drugs in Baku has shown that most avoid applying for professional help due to lack of confidentiality, getting a permanent medical record of addiction diagnosis, and poor, sometimes even violent treatment conditions at the state-funded facilities (Sultan & Duff, 2021; Sultan, [forthcoming](#)). As a result, many young people tend to either become recurrent patients or potentially become more frequently exposed to violence, incarceration, and crime. While the new State Program and the strategic guidelines by MoD show that there is a progress in thinking and a will to offer more support to young people with better solutions and services, there is still much to be done in this direction.

6 Conclusion

This article pointed out that the drug policy and consequently, publicly funded institutions adhere to a deliberate strategy of denial and neglect of those labelled as ‘undeserving’ of care and welfare, often conflicting with the state’s claim to protect vulnerable young populations (Bobrova et al., 2008; Rhodes & Bivol, 2012). Bacchi’s critical policy analysis helped to trace how ‘drug problems’ and young people are produced and represented in policies as well as implicit reinforcement of policy-induced problematizations. Studies have shown time and again that seeking and including young people’s voices in policy-making is crucial for successful policy and practice outcomes. Effectiveness of interventions for young people who use drugs and are involved in the criminal justice system were shown in a recent European study drawing on the close relationships between young people and the practitioners with lived experiences (Duke et al., 2021; Frank et al., 2021). While involving practitioners with lived drug use in youth prevention models is still a marginal practice, its broad application in countries like Azerbaijan where social and healthcare interventions in the drugs field is only allocated to medical professionals and state officials, requires several crucial steps in reforming the system. De-stigmatization of previous lived experiences and better integrated collaborative care are of primary importance here. Without direct engagement with evidence, the ‘problem of drug use’ in Azerbaijan is presented as intangible and its representation in society is discussed as potential, and yet invisible. In such an indirect way, young people’s participation in prevention and preventative education is reduced to a merely hypothetical imagination. Despite having proven little to no effect in preventing or reducing drug use, classic ‘educational’ events remain the primary strategy of Azerbaijan’s anti-drug policy (see also Farrugia & Fraser, 2017). Young people are often rendered as the ‘problem’ itself, their vulnerability framed within young age and perceived inability to adequately inform themselves, or draw conclusions without the intervention and guidance of the adults (Woodman & Wyn, 2013). Since there is a lack of empirical research, the direct implications on day-to-day lives of young

people are hard to assess. Clearly, national policy on drugs follows a shared responsibility principle, which is commendable for its community-oriented understanding of welfare. In this proposition, however, the policy also represents young people as both passive receivers of 'expert' information as well as citizens responsible for co-maintaining the social order, which leaves the participation of young people untouched and unattended for the near future.

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