



Morocco stands out for its progressive yet contradictory attitude towards drugs. While Morocco has implemented harm reduction approaches in national policies and established a national strategy to reduce drug risks, people who use drugs still struggle with a lack of access to healthcare, discrimination, and stigmatization.

This document

This policy brief aims to promote the realization of health and human rights for people who use drugs in Morocco. It is intended primarily for policymakers and programme managers to inform decisions on policies, programs, and interventions for people who use drugs. The brief outlines the context in which people who use drugs find themselves in Morocco, paying special attention to the national drug policy framework, drug use and health of people who use drugs, existence of harm reduction services and peer involvement, context of human rights, availability of care in prisons, situation of women who use drugs, and additional social issues and inequalities. Recommendations are provided based on the data gathered and community reviews. The brief is [based on a database](#) built within the framework of the [Love Alliance](#) program.

Policy



Since the [1974 law that criminalized drug use](#), Morocco's legal framework has been essentially repressive. However, Morocco has since been involved in the [MedNet network](#) and the [Pompidou Group](#), as well as setting up the [Moroccan Observatory of Drugs and Addiction](#) for drug education and monitoring. Charges for transport, manufacture, and production of 'narcotics' are heavier than those for use, though both involve varying degrees of imprisonment and fines. However, *de facto* decriminalization means these laws are not always observed. In 2007, Morocco adopted a [national strategy](#) for reducing drug use risks, focusing on prevention, harm reduction, treatment, and rehabilitation [through political support, mobilization of funding, and cohesive interventions](#).

Drug use and health



[According to 2005 data](#), 4.1% of the population have used drugs in the past year, most commonly cannabis and sedatives. There are [approximately 3,000 people who are dependent on drugs](#), most being men and/or poly-users. Most people who use drugs stick to a single route of administration, with the exception of

people who use heroin. [HIV prevalence among people who inject drugs is 11.4%](#), and is [otherwise concentrated around key populations](#) such as female sex workers, MSM, migrants, and prisoners. The [rates of needle sharing](#) were [around 20%](#) in 2014 [HCV prevalence among those injecting their substances is an estimated 57%](#), with [prison populations being particularly at risk](#).

Harm Reduction



Morocco [supportively references harm reduction in national policy](#) and has implemented NSP ([with six operational programs](#)) and OAT programs ([which favor methadone for affordability](#)), though still lacking are drug consumption rooms and Naloxone peer distribution. Since most people smoke heroin rather than inject, efforts need to be adjusted. [The NGO ALCS, the Ministry of Health, UNAIDS, and the Global Fund have launched a pilot project on HIV prevention](#), yielding positive results. [ALCS interventions also target rapid testing for HIV among key populations](#).

Peer Involvement



According to input from ALCS and Mainline interviews with key informants, self-supports (peer educators who use drugs) are community leaders responsible for raising awareness, outreach, and mapping new consumption sites. If effective, they may become facilitators with more of a mentoring role. Working with lawyers and a medical team, community-based interventions focus on social integration, social inclusion, and human rights. However, there is lack of training in terms of peer education and a need for raising awareness with local residents, pharmacies, and law enforcement. In 2015, ALCS implemented demedicalized HIV testing, and routinely conducts community-based research projects, though there is a need to carry out additional research on peer educators.

Human Rights



Most people who use drugs in Morocco [report stigma as a barrier to accessing healthcare](#), many experiencing discrimination and [violations of their rights by medical staff](#). In some cases, the [Penal Code that protects the right to privacy](#) is also [violated, especially with HIV-related cases](#). [41.1% of PLHIV reported refusal of health services](#); similar refusals manifest with MSM, sex workers, and people who inject drugs. In addition, people who use drugs [are often mistreated at the time of arrest](#), with some [women who use drugs mentioning sexual harassment and abuse](#) as well. This stigma also [has social repercussions, leading to further discrimination and exclusion](#).

Prison



In 2014, [80.3% of people who inject drugs had been incarcerated at least once](#), and an overwhelming majority ([90.1%](#)) of those incarcerated had reported using drugs. On 2010, [about a third of the country's prison population was imprisoned for drug-related offenses](#). Since drugs are less easily obtained in prisons and tolerance is reduced, [many experience overdoses upon](#)

[release, the leading cause of death among prisoners leaving prisons](#). Survey data reveals that [women were incarcerated more than men for drug offenses](#). Although [opioid substitution therapy is available in prisons in Morocco](#), it is reported to be largely inaccessible, and there are no NSP or condom distribution.

Women who use drugs



Though limited data on women who use drugs is available, [women are generally over-represented in younger age groups](#), and [mostly use cannabis, tobacco, and alcohol, followed by benzodiazepines, cocaine, and opiates](#). Out of a sample of people who mainly inject drugs from 2006, [74% of women reported having had sex for money or drugs](#). [Sex workers' health is also disproportionately impacted](#) and they have reported suffering human rights violations, largely at the hands of police. From the population who uses drugs, women seem to have more often to resort to illegal activities as a source of income. The national addiction prevention and care program [includes reproductive health and family planning services](#), and the [National Strategy on Human Rights and HIV AIDS](#) seek to fight violence against women through advocacy and information accessibility.

Social Inequalities



Health concerns are often suspended by concerns about obtaining drugs, [often for daily consumption](#). Resources for education and employment are scarce, and sometimes those who would not otherwise inject drugs will do so for money to participate in research studies. Although Morocco is one of the few countries in the MENA region that has succeeded in reversing the trend of the HIV epidemic, [key populations are still over-represented, and discrimination and stigmatization still reduce access to care](#). [The Moroccan Penal Code punishes discrimination](#), though communities at large and law enforcement still perceive drug use as dangerous; ALCS in particular has taken steps to help fight these perceptions.



For a more comprehensive view on Harm Reduction in Morocco, please visit:
<https://sites.google.com/view/lovealliancedatabasedrugs/countries/morocco>