



Although significant increases in government tolerance to harm reduction have been observed in the past years, Egypt is still struggling with both a lack of harm reduction services and a lack of research into drug use. Key populations are in particular susceptible to transmittable diseases and often targets of human rights violations by healthcare professionals, discrimination, and stigma.

This document

This policy brief aims to promote the realization of health and human rights for people who use drugs in Egypt. 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 Egypt, 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



The current national plan on drug use in Egypt focuses on reducing drug dependence and demand, shaped largely by UNDOC reviews and the latest legislative amendment from 2021. Egypt establishes severe penalties for drug use and possession, including fines and imprisonment; these are supplemented by random state drug tests. Decriminalization policies are generally heavily opposed. The primary services for people who use drugs come from the Fund for Drug Control and Treatment of Addiction (FDCTA), which focuses on prevention, treatment, and social integration; this is supplemented by the Mental Health Law of 2009. These are supplemented by programs directed towards reducing transmittable diseases, such as the National AIDS Program, control programs for HCV, and the National Tuberculosis Eradication Program. In 2023, WHO recognized Egypt with gold-tier status for its progress in eliminating hepatitis C. In 2025, a new strategy was launched to eliminate tuberculosis by 2030, while the national HIV plan aims to meet 95-95-95 targets and reduce stigma among vulnerable groups.

Drug use and health



The most recent national surveys taken in 2020 display an increase in drug use and dependence rate. FDCTA reports that peer pressure is at the forefront of reasons for drug use, largely focused around Cannabis, Heroin, Tramadol, and other psychoactive blends, like captagon, strox, voodoo, and El Madda. Egypt has also been a hotspot transit point for the aforementioned substances and methamphetamine. According to 2014 UNAIDS survey, the population estimate of PWID is around 93,000. Egypt has a 234% increase in HIV infections since 2010, with PWID being disproportionately affected, often due to sharing needles or syringes. PWID also display a 51.8% rate of HCV, regardless of the efforts made through the '100 Million Healthy Lives' initiative.

Harm Reduction



Significant improvement in government tolerance to harm reduction has been observed in recent years, with NSPs, drop-in centres, and outreach programs now actively targeting HIV prevention among key populations. Egypt officially launched its Opioid Agonist Therapy (OAT) programme in 2023 with five active sites. Prevention and treatment services for PLHIV, HCV, and TB are available, with expanded harm reduction interventions including over 307,000 needles and syringes and 19,000 condoms distributed in seven governorates. FDCTA continues to lead national awareness campaigns, home visits, and income-generating programs for people in recovery. NGOs deliver anonymous, peer-led harm reduction services across roughly 15 centres, though access remains uneven, with rural and Upper Egypt still underserved.

Peer Involvement



Volunteers from “recovered addicts”, work at the above mentioned Fund for Drug Control and Treatment of Addiction (FDCTA) to reach the targeted groups, by communicating with them to convince people who are dependent on drugs of the existence of recovery programs that work, and to encourage them to take the step towards recovery.



Human Rights

Since the 2013 coup, human rights violations in Egypt have risen, alongside the use of death penalty. Although underreported, there are accounts of the death penalty being applied to drug smuggling charges. Numerous organizations also report the lack of healthcare access in prisons and severe overcrowding. These cases have led to both health detriment and death. In general, women from the LGBTQI+ are often barred from treatment due to stigma and lack of access, and gender-based violence and discrimination against women are consistently reported. The same goes for people with a positive HIV status.



Prison

UNODC reported a major expansion in harm reduction programs in Egyptian prisons over the past two years, including the UNODC Prison HIV project, which now covers 13 facilities and offers counseling and testing for communicable diseases. Between 2022 and 2023, over 42,000 prisoners and 40,500 family members accessed prevention and treatment services for HIV, hepatitis, STIs, and TB, and 400 healthcare workers were trained. Despite this progress, prisons remain overcrowded, with limited healthcare and high HIV/HCV risk due to unsafe injecting, tattooing, and poor hygiene. Mental health services and rehabilitation programs remain largely absent.

Women who use drugs



According to the Gender Responsive Services for Women who use drugs in Egypt, drug use is much more common in men, though the gap in Cairo is narrowing. MoHP Drug Treatment Data states that most women use the same prevalent drugs as men (cannabis, heroin, and tramadol), and 40-70% of women who use drugs have suffered from sexual or physical violence. UNAIDS reported an expansion of gender-sensitive services, although still in their initial phases. Stigma is often a barrier to treatment, including social stigma and child custody issues.

Social Inequalities



A member from the State Drug Dependence Treatment Centre in Cairo stated that social stigma leads to a “denial of access to treatment.” Fearing stigmatisation, people are still reluctant to get tested for HIV, preferring not to know. At the root of the stigma is HIV's association with immoral behaviour, such as illicit sexual relations and drug use. In order to reduce stigma and discrimination, the state added article (310) of the Penal Code punishes the disclosure of any information related to people being treated for drug dependency or people who use drugs.

