

EGYPT

CONTEXT

On the northeast of Africa, Egypt lies between the Mediterranean Sea to the north, the Gaza Strip, the Red Sea to the east, Sudan to the south and Libya to the west. Covering over 1,001,450 square kilometres. As the world's 14th-most populous country and the most populous nation in the Arab world, Egypt is home to more than 101.479 million.

POLICIES

The national strategy between (2015 – 2020) focused on reducing the demand for drugs, while the new national plan that was reviewed by UNOCD and underway for launch will focus on reducing drug addiction and its demand between (2022 – 2025). Law No. 182 of 1960 with the latest amendment issued on September 30, 2021, plays the main role in shaping the national strategies and implementing them.

The country establishes severe penalties for anyone who trades or possesses narcotic substances, whether for the purpose of bringing, distributing, trading or using drugs, and penalties are harsh, including big fines, life in prison or the death penalty. The drug use penalty, in particular, includes imprisonment from 1 to 5 years, or a fine of 1,000 to 5,000 pounds, depending on the type of drug used and its arrangement in the drug schedule. Possession of needle/syringes and other drug paraphernalia can be considered evidence of drug use and drug dealing.

New laws have also come into force on 15 December, law (No. 73 of 2021), allowing the state to run random and sudden drug tests and fire employees who test positive.

No decriminalization policies for drug users in practice. In 2018, an Egyptian MP proposed a draft law to decriminalise all drug use. However, the proposal has come up against harsh opposition from other legislators, including the former assistant interior minister, Magdy al-Bassiouni, who said that "such a reform would increase the number of drug users, as punishment ensured moral standards."

The Fund for Drug Control and Treatment of Addiction (FDCTA), plays the main role in prevention, early detection, treatment, rehabilitation, and social integration. Collecting data to draw up national plans.

National AIDS Program in Egypt (NAP) was established within the Ministry of Health and Population in 1986 and it is the official government body responsible for HIV/AIDS response. The national AIDS plan was updated for the period (2021-2025) to align with the updated global initiatives in all parts of the country to provide health services to people living with HIV according to the latest WHO recommendations, as well as the provision of 'opioid alternatives' as one of the harm reduction interventions. Egypt is also a signatory to the two international agreements (Declaration of Commitment on HIV - AIDS - Conventions on the Rights of Women and Children for a Declaration of Commitment on HIV), according to which the state is bound by the text of the two agreements.

The first national control program for HCV was issued in 2008, focused on expanding access to treatment. Then In 2014, Egypt's second national program for mitigating HCV was issued, with emphasis on prevention, education, and improved patient care for those living with HCV. By 2018, the program had evolved into a national strategy to eliminate HCV as a public health threat. This new strategy aligned with the first Global Health Sector Strategy on Viral Hepatitis 2016–2021 agenda that was unanimously adopted by the 194 WHO member states, including Egypt. The Egyptian presidential initiative, called "100 Million Healthy Lives" was launched in 2018 and included improving the public health status of 100 million Egyptians and eliminating HCV from Egypt by 2030, providing HCV detection services, a follow-up and evaluation service through treatment centres and exchange units scattered in all governorates of the Republic, in addition to the use of mobile cars or various state facilities.

In October 2023, the World Health Organization awarded Egypt "gold tier" status for its progress in eliminating hepatitis C, making it the first country to achieve this milestone. The recognition reflects Egypt's success in diagnosing 87% of individuals with HCV and treating 93% of those diagnosed—well above WHO's targets. This achievement is largely attributed to the national "100 Million Healthy Lives" campaign, which provided free, widespread testing and treatment, positioning Egypt as a global model for hepatitis C elimination.

The National Tuberculosis Eradication Program aims to eliminate tuberculosis and seeks to reduce the incidence of the disease by 50% by 2025 through the strategy of discovering positive tuberculosis cases and preventing new infections while treating cases with latent tuberculosis infection. Providing care for tuberculosis patients in the MoHP on the basis of the short-term treatment strategy through a network of chest units and primary health care centres, while in all chest units examinations and treatment for patients are available free of charge, according to MoHP.

In March 2025, Egypt launched a new national strategy to eliminate tuberculosis by 2030, aligning with its Vision 2030 and the Sustainable Development Goals. The plan targets a TB case detection rate above 90%, identification of over 80% of drug-resistant cases, and a treatment success rate exceeding 90%. It also aims to cut TB incidence to less than half of 2015 levels.

Mental Health Law No. 71 of 2009 addresses human rights issues for patients within psychiatric facilities and monitors all processes and treatment procedures within the facilities. It states: “A person who suffers at the time of committing the crime shall not be held criminally responsible for a psychological or mental disorder that renders him unconscious or conscious, or who suffers from a coma resulting from narcotic drugs of any kind if it is taken by force or without knowledge”

Egypt's National Strategic Plan for HIV (2021–2025) aims to achieve zero new infections (including mother-to-child), zero preventable HIV-related deaths, and zero discrimination. The plan focuses on reducing new cases, especially among vulnerable groups, lowering deaths from HIV, TB, and hepatitis in co-infected individuals, and meeting the 95-95-95 targets for testing, treatment, and viral suppression. It also emphasizes removing discriminatory laws and reducing stigma, particularly in healthcare and legal settings.

DRUGS USE AND HEALTH

The last comprehensive national survey conducted during the year 2020 by FDCTA on 30,000 persons across Egypt, showed that the drug use rate is 5.9%, and the drug dependence rate is 2.3%, compared to the global rate of 5.3%, according to a UNODC report. According to the survey, the rate of drug use (5.9%) decreased in 2020 compared to 2014 (10.4%), as it did the drug dependence rate (2.4%) in 2020 compared to 3.4% in 2014.

The last national survey study that was carried out before 2020 was done in 2014 and its results were published in 2017. The few existing studies on the prevalence of drug use in Egypt are based on the aforementioned study.

FDCTA's 2021 activities report and survey indicate that peer pressure is at the forefront of the driving reasons for drug use, with 72.61%, followed by curiosity and experimentation with 20.21%. The activities report indicates that 99,581 calls were made requesting treatment services from FDCTA in 2021, of whom 95% are men and only 5% are women.

Analysis of the calls according to the type of drug people seeking treatment were using shows the following distribution: Cannabis 51.2%; Heroin 41.9%; Tramadol 31.6%; Strox (a synthetic cannabinoid) and Voodoo (heterogeneous mixture of psychoactive substances) 12%; Banjo

(a type of cannabis) 11.9%; Apetryl (benzodiazepine tablets) 3.8%; Alcohol 3.3%; Shabu (mixture of methamphetamine and caffeine) 3.2%; Lerolin - Lerica 1.8%; Opium .9%. Several treatment seeking people combined multiple substances.

Due to its geographical position, Egypt is an important transit point for Asia, Europe, and the rest of Africa. Cannabis, heroin, voodoo, stox and crystal methamphetamine seizures have been reported by Egyptian authorities in 2018, 2019 and 2020.

Captagon, crystal meth, strox, voodoo and El Madda – a crude, so-called designer drug made from ketamine mixed with insecticides – are becoming new trends in recent years. Voodoo use often leads to neurological symptoms such as agitation, hallucinations, and/or disturbance of consciousness, and in rare cases, death. Smoking Strox was closely followed by depression, experimentation, and peer pressure.

One of the biggest causes of traffic accidents in Egypt is drug use by drivers, and it is the cause of many disastrous accidents in the transport sector in Egypt which is often reported in official statements. A research study using the odds ratio analysis found that driver fatigue, obesity, and drug use emerged as reliable predictors of truck traffic accidents. Use of drugs before long journeys was a common behaviour, anabolic substances being most reported.

In general terms, cannabis and alcohol are reported by UNODC in 2019, 2020 and 2021 to be the most used both by the general population, and university students. 3% of the adult population misused tramadol in 2016, and 1.4% of secondary school students in Egypt reported non-medical use of tramadol in 2020. ADHD in adults with tramadol use was found to be common and is associated with early-onset, high dose, and long duration of tramadol use.

Drug use amongst youth is expanding with new trends of drug types during the last few years. Opioid use among adolescents (aged 15–17) showed the use of Tramadol, Heroin and Opium/morphine. Also (Voodoo) use grows among youth. While tobacco is the most commonly used substance followed by benzodiazepines which seem to be used on a regular basis. Alcohol, organic solvents, and cannabis are also commonly used.

In a cross-sectional study from 2015 to 2020 using convenience sampling of university students in Egypt, 6.8 percent reported the use of synthetic cannabinoids (“Strox”) and 8 percent reported smoking cannabis. When students were asked about their reasons for smoking Strox, they cited the following motivations: to achieve a feeling of euphoria (28.9%), depression (23.7%), experimentation (23.7%), peer pressure (21.1%), and having excess

money (2.6%). The results showed a clear association between tobacco and cannabis smoking and consumption of Strox.

More recent studies (2022) provide additional insights: among Egyptian university students, the most commonly abused substances were cigarettes (8.9%), tranquilizers (4.3%), hashish (3.6%), alcohol (2.7%), and tramadol (1.0%). Among secondary school students, lifetime nicotine use reached 9%, followed by benzodiazepines (5.1%), alcohol (3.3%), and organic solvents (3.1%). In Upper Egypt, hashish remains the dominant substance among individuals with drug dependence, accounting for 71.4% of reported cases.

The national survey in 2017 also showed that the percentage of drug use among the population of the governorates, in Cairo governorate represented 22.7%, followed by the Red Sea governorate, Sohag, New Valley, Giza, Qena, Alexandria and Port Said (12.4%, 11%, 10.7%, 10.6%). Kafr El-Sheikh Governorate was the least in drug use.

The latest population size estimation of PWID in 2014 reported by UNAIDS is 93,300, locating Cairo, Alexandria and Menia as places where injecting can be found. And around 2.5 % HIV prevalence among PWID is reported by UNAIDS in 2020. Egypt is considered to have a low HIV prevalence in the general population, with concentrated epidemics among PWID and MSM.

According to a Mainline key informant, most PWID inject heroin (men and women) and report to share needles sometimes. Harmful injection practices often result in multiple cases of blood abscesses, blood circulation failure, tissue fibrosis, and blood infections (a few of those reaching clots).

A research study in 2021 found that PWID in Egypt who are unemployed or married are more likely to share needles or syringes. Unemployed PWID may have also been more likely to share needles or syringes due to having fewer resources to buy clean injecting equipment.

Egypt has the fastest growing epidemic in the Middle East and North Africa Region (MENA) showing an increase of 234% in new HIV infections since 2010. Estimates of People living with HIV in Egypt in 2020 were 24,000 persons from all ages. The National AIDS Control Program (NAP) provides voluntary counselling, testing (VCT) through its affiliated centres and treatment (ART) for people who test positive for HIV with a total of 8700 PLHIV on treatment in 2020.

Egypt suffered from HCV and in 2015 topped the countries with the highest cases in the world, but great efforts were made through the “100 Million Healthy Lives” initiative, running mass screening and providing treatment since 2018. Prevalence in 2021 reached 2 percent, marking

a drop compared to 7 percent in 2018. However, there is a high percentage among PWID - 51.8%.

Egypt has an HBV vaccination program that provides adequate protection. However, HBV infection is not recognized as STI and there are hardly awareness campaigns to prevent its spread through the sexual route. Insufficient attention has been given to making the HPV vaccine widely available and Egypt does not subsidize this vaccine or undertake public health campaigns to encourage its uptake.

HARM REDUCTION

Harm reduction services and interventions are available and mentioned in the national policies in Egypt but yet not the core of interventions targeting HIV. NSP, drop-in centres and outreach programs exist in Egypt but there is no estimate on the extent of coverage among PWID. Nonetheless, significant improvement is observed in the tolerance of the government to the harm reduction concept and intervention in the last years. However, PWID was identified as a target group for HIV prevention. According to UNAIDS (2019), the use of sterile injecting equipment at last injection (2015) was 31.5%, with no detail on needles and syringes distributed per person who inject, coverage of naloxone or DCR.

Up until 2023, OAT programme still did not exist in Egypt but there are positive signs of OAT development. In 2019, the UNODC and WHO worked with the General Directorate of Mental Health and Addiction and the National AIDS Programme of Egypt to review and update the OAT feasibility study conducted by UNODC in 2014, with the possibility of beginning a pilot programme. So far, the lack of effective medical drug distribution systems and fears of drug diversion have hampered efforts.

In 2023, Egypt officially launched its Opioid Agonist Therapy (OAT) program in partnership with the UNODC and the Ministry of Health, with support from international partners. The program began with five service sites providing methadone and buprenorphine to people who inject drugs, as part of efforts to reduce opioid dependence and prevent HIV. Medical staff received specialized training, and the program was further supported through international collaboration and a regional training held in 2024. Although challenges such as limited medication distribution systems and concerns about potential misuse remain, the initiative marks a major and promising shift toward adopting harm reduction strategies in Egypt's healthcare system.

The National AIDS Program (NAP) at the Ministry of Health and Population (MoHP) provides testing, treatment, management and counselling services for PLHIV and populations at risk. MoHP provides in all governorate's centres for advice, support, and definition of HIV and ways to prevent it while providing designated places for follow-up and obtaining free medicines in confidentiality for all patients. According to MoHP, PLHIV are routinely tested for hepatitis C and B as established by the National protocol. PLHIV who have hepatitis C co-infection are registered in the national treatment system for free. NAP offers free treatment to WLHIV and infants born, formula milk for children of WLHIV for free up to 6 months.

HCV, prevention, testing, treatment provided by a national programme extended to the entire country, including both urban and rural areas with mass screening through health centres and mobile clinics. "100 Million Healthy Lives" initiative with the goal of eliminating HCV from Egypt by 2030 and assessing the situation of NCDs. Egypt is among the few countries in the world considered to be on track for the HCV elimination target of 2030 set by the WHO.

The National TB Eradication Program seeks to reduce the prevalence of the disease by 50% by 2025 through the strategy of detecting positive TB cases and preventing new infections by treating cases with latent TB infection. MoHP is implementing an advanced treatment program in the hospitals to treat TB and provide the necessary treatment for free, which has contributed to reaching cure rates of 87%, which is higher than the international rates, which reach 85% globally, in addition to increasing the rates of disease detection to reach 68%.

To support these goals, Egypt has expanded its healthcare infrastructure. This includes upgrading 48 chest disease hospitals, modernizing eight bronchoscopy units, and increasing CT scan facilities to 22 nationwide. In 2024, over 2.2 million patients received treatment through 34 hospitals and 123 dispensaries. The "Lung Health Initiative" screened over 40,000 individuals for chronic obstructive pulmonary disease (COPD), and more than 31,000 dialysis patients were tested for latent TB.

Prevention activities for key populations were reported available, including targeted education, comprehensive condom promotion, HTS, but with no systematic tracking of care. Several NGOs are providing condom promotion, HIV testing and counselling and NSP for PWID in large cities. But barriers facing couples who are not married or married informally (where the marriage is not registered) where they are not considered as populations that need access to condoms by health providers, increasing their risk of HIV and STI infections.

Other wide range of services reported to be offered through “a drop-in centre”, including health, legal services, psychosocial support, referral for health services, and HTS.

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Since 2023, Egypt has expanded the role of drop-in centres as key hubs for delivering HIV-related services to vulnerable and key populations, including people who inject drugs, sex workers, and men who have sex with men. These centres now offer a more comprehensive package of services, including health and legal assistance, psychosocial support, referrals for specialized care, and HIV testing services (HTS). They have also scaled up harm reduction interventions, distributing over 307,000 clean needles and syringes and more than 19,000 condoms in seven governorates. Additionally, capacity-building efforts have trained over 2,100 healthcare providers to deliver non-discriminatory, community-based care.

A Mainline key informant highlighted that drug treatment services like detox and rehabilitation programmes (governmental, private and NGOs) are available across the country in many provinces. It offers treatment programs for rehabilitation, most of which are "The Matrix and the 12-step program". Governmental treatment centres and addiction departments in psychiatric hospitals offer programs free of charge and rely on an open-door policy.

UN Egypt assessment in 2020 found that 53% of people living with HIV (members of key populations; namely injecting drug users (IDU), men who have sex with men (MSM) and other LGBT) could not access psycho-social support as a result of the interruption of services because of covid-19. Only 14% of women were able to access psycho-social support, in comparison to 40% of men omen living with HIV.

The Fund for Drug Control and Treatment of Addiction (FDCTA) through 26 centres for treatment, rehabilitation, and social integration in 16 governorates, work on prevention includes introducing lessons on drug use in primary and preparatory school curricula, and coordinating intensive awareness campaigns in schools, youth centres, cultural centres and universities, and social and mainstream media. Between 2015 and 2020 the focus was to raise awareness in government and technical schools, activating the role of the media. There was a successful Mohamed Salah campaign “You Are Stronger Than Drugs”.

FDCTA also recognizes the importance of income-generating programs for drug dependence recovery, launching "A New Beginning Initiative" in 2016, which gives loans to people recovering from drug dependence in different governess across the country to

establish small projects that help them return to work and integrate into society. Recovered people receive loans on conditions that the recovery period is not less than 10 months or more, and that there are no relapses during the recovery period, as well as that the person is treated from drug dependence at FDCTA. The total value of loans provided to establish small projects for drug dependence recoveries from Nasser Social Bank amounted to 5.330 million Egyptian pounds so far, and more than 700 drug dependent patients have been trained within the FDCTA centres deals with craft professions needed by the labour market.

Outreach teams from the FDCTA conduct home visits to raise awareness of the harms of drug use and early detection mechanisms within the presidential initiative "A Dignified Life". In 2021, about 40,900 home visits have been made in 409 villages so far, targeting an average of 350,000 citizens. The Freedom Drugs and HIV Programme also is one of the few organisations that have outreach teams, made up of a social worker and two ex-PWID, to build relationships with PWID in the community, to support group services for PWID and PLHIV. All clients are provided with information regarding safer injection and sex practices and are offered condoms, clean syringes, and educational materials.

People at high risk for contracting HIV such as MSM, PWID, FSWs, and street children receive "harm-reduction" services through local NGOs. There are approximately 15 harm-reduction centres nationwide. Services delivered at this harm-reduction intervention are anonymous and free of charge. They include health education and counselling on safe sex and safe injection, HIV counselling and testing, in addition to the distribution of condoms and sterile needles. Harm reduction centres utilises outreach workers from the same target group and word of mouth of their clients to recruit new clients. Outreach workers are MSM, FSWs, and former drugs users who can easily establish rapport with clients and gain their trust. NGO centres that provide harm reduction services are mainly located in Cairo and Alexandria with a few recently established centres in Upper Egypt.

A research study in 2019 found that 40% of treatment services are concentrated in Cairo governorate, followed by Alexandria governorate with 12%, and service provision is rare in Qena, Beni Suef and Port Said governorates with 5%, while the absence of services was observed in the governorates of Matrouh, El Wadi El Geded, Sohag, Fayoum, Suez and Luxor.

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.

Additionally, organizations like Caritas Egypt have been instrumental in integrating peer workers into harm reduction programs. For instance, Mohamed Mahmoud Daoud, a former heroin user, now serves as a peer worker at Caritas. After completing a course on behavioral modification of addiction, he supports others in making safer choices or achieving recovery, depending on their individual goals. His work emphasizes reducing stigma and discrimination associated with drug use.

HUMAN RIGHTS

Since the coup of July 3, 2013, Egypt has been witnessing serious human rights violations and repression of basic freedoms, resulting in countless killings, torture, arbitrary arrests, enforced disappearances, extrajudicial executions and trials that lack the values of justice. Many governments around the world view the Egyptian authorities as "abusing with impunity".

HRI reported in 2021 increase of using the death penalty and stated that "Egypt has now become one of the world's top executioners". A high proportion of these executions, which are predominantly reported by the local press rather than official sources, appear to be connected to episodes of political violence.

157 people were sentenced to death in 2021 alone, 80 of them executed, a new precedent in the history of Egyptian criminal justice institutions. This made Egypt rank third in the world in signing the death sentence (The Egyptian Initiative for Personal Rights). The report did not specify the number of death sentences related to drug crimes, but through local press coverage, 10 people were sentenced to death for drug smuggling in September 2021. Eight people (4 Yemenis, a Sudanese, a Syrian, and two Egyptians) were executed on charges of drug smuggling, in March 2021.

The trend continued in 2023, with Egyptian courts issuing at least 348 death sentences, including 16 individuals in political cases. The Court of Cassation upheld at least 27 death sentences, and authorities executed at least 8 individuals in criminal cases. In 2024, there was a slight increase in death sentences, with at least 380 issued, including 31 in political violence cases. The Court of Cassation upheld 35 death sentences, and authorities executed at least 13 individuals in criminal cases

Amnesty International, Human Rights Watch and many other organisations report regularly on the lack of access to health in prisons. Egyptian prisons lack the basic elements of health, which include good food, sanitary facilities, human toilets that fit the number of prisoners, as well as lighting, ventilation and exercise. Prisoners suffer from severe overcrowding inside places of detention and that makes social distancing impossible, which prompted many national and international human rights organizations to demand that authorities deal seriously with the prisoners' distress in emergency cases and to facilitate the necessary procedures for receiving health care inside prisons or in external hospitals, and allocating a budget from the Ministry of Interior to improve the infrastructure in prisons and places of detention and to provide the necessary medical devices and tools instead of relying on first aid only.

The number of deaths in Egyptian prisons and detention centres reached about 1058 deaths in October 2020, including 761 deaths due to denial of health care, according to the "Committee for Justice" organization.

The authorities also banned prison visits between March and August citing COVID-19 fears, and for the whole year for scores of detainees. Prison officials failed to provide regular alternative means of communication between prisoners and their families and lawyers.

Interview discussions conducted by MENA Rosa organization highlighted a lack of specialised services for women from the LGBTQI+ community; one key interview noted for MENA rosa that "specific services for LGBTQI+ community in Egypt are extremely rare, and many LGBTQI+ members seek psychological support from mental health professionals but are unfortunately often stigmatised by service providers". However, several organisations offer HIV prevention, treatment, and management services to women from the LGBTQI+ community. LGBTQI+ community lives in fear which is a huge barrier in different aspects of their lives as the Egyptian police are monitoring LGBTQI+ people through dating apps and social media to track and arrest them, violating their right to privacy and freedom of expression.

Female genital mutilation (FGM), discrimination, high rates of Gender-based violence, virginity testing, sexual harassment and denial of adequate healthcare occurs often in Egypt and are reported. A study on Marital violence and sexually transmitted infections among women in post-revolution Egypt found that, almost one-third of women self-reported symptoms of STI. Fourteen per cent of women reported they had experienced physical or sexual violence by a male partner in the past 12 months. Abused women had 2.76 times higher odds of self-reported STI symptoms. The significant relationship between self-

reported STI and past year partner violence against women did not alter when adjusting for men's and women's behavioural characteristics and factors related to poverty and gender inequality.

The country also deports individuals based on HIV status and conduct forced HIV test at the Health Ministry's central laboratory for all people who apply for a residence or work permit (students, foreign employees, immigrants).

PRISON

In Egypt, there are at least a prison population of 114,000, including 3.7% female and as many as 10,494 pretrial detainees. The number of detainees in Egypt is expected to be higher due to the various violent incidents that took place over the past years. There is a lack of statistics on prisoners and offences they are imprisoned for. As of 2024, Egypt has 78 prison facilities, with a total number of incarcerated people of 120,000.

UNODC reported that the past two years have seen a major expansion in harm reduction programs in prisons in Egypt. The UNODC Prison HIV project in collaboration with the Ministry of Interior in 2019, provided voluntary counselling and testing for HIV, HBV, HCV and TB prevention and treatment; and sexual and reproductive health services. The project also distributed needles, syringes and condoms to released inmates and their families.

The UNODC Prison HIV project is covering 10 prisons (male and female) at Fayoum, Wadi Al-Natroon, Borg Al-Arab, Gamasa, Merg, Minia and Al-Kanater, Katta new prison, Abu Za'bal and Damanhour prison. UNODC also provided training to medical staff from key prisons in Egypt on prevention, treatment and care of most common non communicable diseases and mental health problems in closed settings.

Prison sitting in Egypt are overcrowded conditions and abuse further undermines the lives of prisoners when access to basic health care is denied. Putting detainees (children, pregnant women, mothers with newborns and children under the age of 2, disabled prisoners living with disabilities, and prisoners with cancer, tuberculosis and other respiratory diseases, HIV and other terminal diseases) at high risk during the COVID-19 pandemic.

Reports on a 0.01% median prevalence rate of HIV and 23.6% median HCV rate among prisoners in Egypt. Sexual risk behaviours, injecting drug use, unsafe injecting practices use of non-sterile toiletries (brushes and razors) and tattooing are identified risk factors in Egyptian prisons

HIV services in Egypt were significantly expanded in prisons with support from the Joint Programme and UNODC. Between 2022 and 2023, over 42,000 incarcerated individuals, former prisoners, and 40,500 of their family members accessed prevention and treatment services for HIV, hepatitis, STIs, and tuberculosis across 13 prisons. Additionally, 400 healthcare providers from prison health centers and civil society organizations received training to strengthen their capacity in delivering voluntary counseling and testing for communicable diseases.

Egyptian Initiative for Personal Rights reported that the mental health component is also missing inside places of detention, despite it being a health priority for detainees. Prisons lack the presence of psychologists or social workers, as well as psychological or vocational rehabilitation programs that are clearly important in supporting prisoners before they are released into society.

WOMEN WHO USE DRUGS

The comprehensive national survey in 2017 showed that the rate of drug use reached 10.6% during the year prior to the examination. While the percentage of users at least once in a lifetime was 14%, the percentage of use among men reached 18.7%, while the percentage among women reached 3%, meaning that the rate of use among men and women was 6.2:1.

Gender Responsive Services for Women who use drugs in Egypt showed that drug use is much more common in Egyptian men and the gap in drug use between males and females is narrowing in Cairo to approximately 3:1. According to MoHP Drug Treatment Data (TDI), most women use heroin, tramadol and cannabis and 40 to 70% of women who use drugs have suffered from sexual or physical violence during their lifetime and 20% of women who have been victims of violence will develop a psychiatric disorder.

UNAIDS reported that gender-sensitive services targeted to enhance the sexual and reproductive health of women living with HIV have been expanded in 2019 through the technical support of UNAIDS and currently cover 3 Egyptian governorates, although interventions are still in their initial phases.

Also, women dependent on drugs in treatment were quite often mentioning their experience of social stigma. Some statements conveyed this experience very plainly: “It is hard for society to forgive mistakes committed by a woman”; “others consider the female addict to be a criminal, they do not regard her in the same way as a male addict, people think she needs to be disciplined”.

Social stigma and child care and child custody issues were found to be important barriers to seeking treatment. Female addiction is often associated with partner addiction. Facilities for parallel management of addicted couples should therefore be made available.

Case studies of WLHIV in Egypt report that women who have husbands that are involved in high-risk behaviours (extramarital sex, homosexuality, or injection drug use) were reported to be hesitant to seek support from their community for fear of stigmatisation.

According to the 2023 UNODC Rapid Situation Assessment, women comprised just 2% of individuals in drug treatment programs in the first half of 2022. The majority were aged 26–30 years,, followed by 21–25 years. Heroin was the most commonly used substance among women (54.9%). Use of Tramadol dropped from 30.85% to 14.8%, and cannabis (hashish) from 28.72% to 18.3%. Injecting drug use was reported by 9.9% of women, though no cases of needle sharing were noted. Key drivers of drug use included gender-based violence, trauma, and pressure from male partners, with many women initiated into drug use by intimate partners or clients.

There is a need to develop training programmes for mental health personnel especially nursing staff, and training to improve their attitude toward women who use and are dependent on drugs, and support for treated women. It is also necessary to reconsider the importance of methadone provision, especially for prenatal care and pregnant women who use drugs. Finally, is it necessary to empower outpatient and community services and not only inpatient programmes as an effective alternative type of care.

SOCIAL ISSUES AND INEQUALITIES

A member from the State Drug Dependence Treatment Centre in Cairo described that “social stigma leads to inequality in accessing medical services as communities hold individuals with SUDs morally responsible for their illness and, in her opinion, this may lead to 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.