

CONTEXT

Morocco stands out for its progressive yet contradictory attitude towards drugs. According to the United Nations Office on Drugs and Crime (UNODC), Morocco remains the world's leading producer of cannabis ([UNODC, 2017](#)). The magnitude of cannabis production (after processing) is considerable in economic terms. It accounts for nearly a quarter of the country's GDP and provides a living for up to 1 million people, including 140,000 growers, concentrated in the Rif region in the north ([ALCS, 2020](#)).

Still, in recent years, at the initiative of the Istiqlal and Authenticity and Modernity (PAM) parties, the legalisation of cannabis for pharmaceutical, medical and industrial purposes has become a real topic of public debate. However, the current Islamist government remains moralistic in its approach to drug use ([ALCS, 2020](#)).

In recent years, Morocco has taken major steps to reform its cannabis policy. While recreational use of cannabis remains illegal, a [2021 law legalized](#) its cultivation, processing, and export for medical, pharmaceutical, and industrial purposes. The government established a regulatory agency to oversee licensing, and [thousands of permits have since been issued](#). This shift aims to bring traditional cannabis farmers—especially in the Rif region—into the legal economy. Despite this progress, much of the cannabis trade still operates outside the legal framework, and personal use without medical authorization continues to be prohibited.

[After years of designing drug policies that have mainly focused on eliminating drug use, drug policy reform is becoming a mainstream discussion in Morocco](#). Morocco has incorporated a harm reduction approach in its national HIV policy since 2008 and the opiate agonist treatment (methadone) has been available since 2010.

The sale and use of psychoactive substances are penalised. Drug offences account for more than a third of the cases dealt with by Moroccan courts and it is estimated that a quarter of prisoners are imprisoned for drug trafficking ([ALCS, 2020](#)). However, the current general observation concerning the penal treatment of drug use is that it is very subjective. There is neither legality, nor satisfaction of the feeling of justice, resulting in a loss of humanity of people who use drugs mainly due to stigmatisation.

As a result of its geographical position, Morocco is a transit country through which part of the Afghan heroin and Latin American cocaine, the consumption of which is increasing steadily. Morocco is also at the crossroads of different migratory routes of European and African populations. Morocco is characterised by the existence of a territorial connection with Spain, 14 km north of Morocco, and above all the existence of two 2 enclaves on the Mediterranean

coast: Ceuta/Tetouan and Melilia/Nador. The latter has had an on the increased availability of drugs such as heroin and cocaine, but also on the diversification of modes of consumption (injection) and the risks of infection by HIV and hepatitis (AHSUD, 2018). In addition, the appearance of new substances and types of consumption in Morocco that may appear on the national territory may be explained by new habits acquired by Moroccans living abroad. Finally, according to Morocco's Ministry of Health, globalisation of emerging drug markets through the darknet are leading to the emergence and dissemination of new molecules, new practices and new forms of use.

POLICIES

The 1974 law criminalizes drug use and Morocco's legal framework is essentially repressive. In 1977, Morocco set up a National Commission on Narcotics, an inter-ministerial body including health and social ministries as well as law enforcement. In 2006, Morocco was one of the first countries in North Africa to officially join the MedNet network, which led to Morocco's request to join the Council of Europe's Pompidou Group (EU Council) in 2011. The membership shows Morocco's credibility and efforts in the field of human rights, a fundamental pillar of the Council of Europe's Charter. Morocco has become the first country outside the European geographical area to become a full member of the Pompidou Group. The Moroccan Observatory of Drugs and Addictions (OMDA) was created in 2010, with the aim of producing factual information based on scientific evidence in order to enlighten public authorities, professionals in the field and the general public on the phenomenon of drugs and addictions in Morocco, but also to contribute to the monitoring of the phenomenon at the international level. Since the creation of the National Observatory for Drugs and Addictions (OMDA) in 2010, Morocco has benefited from spontaneous and voluntary technical support from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

With regard to scope of Morocco's drug laws, as per the provisions of the 1974 law, anyone who illegally imports, produces, manufactures, transports, exports or holds substances or plants classified as narcotics shall be punished by imprisonment of five to ten years and a fine of 5,000 to 50,000 dirhams.

People who use drugs or plants classified as narcotics risk up to 1 year in prison and a fine of 500 to 5,000 dirhams and may be arrested and convicted as dealers. Sanctions may be accompanied by a therapeutic injunction, rarely implemented. Therapeutic injunction may be imposed in either a therapeutic establishment under the conditions provided for in article 80 of the penal code, or in a private clinic approved by the Ministry of Public Health. With regard to the possession of paraphernalia, Mainline interviews with key informants reported that the

police usually confiscate and destroy any equipment (such as sterilised syringes) provided by harm reduction associations – unless awareness-raising activities have been previously carried out.

Since 2021, however, there has been a notable shift toward de facto decriminalization. While the formal legal framework remains punitive, in practice, people who use drugs do not always face imprisonment. Especially for first-time or minor offenders, police often issue warnings rather than making arrests—partly due to severe prison overcrowding, with some facilities exceeding 240% occupancy. This informal leniency is the result of years of sustained advocacy by civil society organizations (CSOs). A key component of this is a 2023–2027 national advocacy action plan developed through ASF's Moroccan coalition, which promotes alternatives to incarceration, judicial training, the integration of health liaison officers into police forces, and public information campaigns. While no formal decriminalization law has been passed, these practices—coupled with rising concern over overcrowded prisons—are gradually reshaping enforcement norms across the country.

As Morocco's repressive approach has shown its limits, the country adopted a genuine national strategy for the reduction of risks associated with drug use in 2007. After a process of national consultation, and taking into account the evolution of the drug phenomenon and harm reduction interventions at an international scale, and the emergence of new challenges, strategic axes have been identified. Said axes are linked to primary, secondary and tertiary prevention, harm reduction, treatment and rehabilitation formalised in the 2008-2012 and 2012-2016 National Mental Health Plan. It is within this framework that the 2018-2022 National Strategic Plan for the Prevention and Management of Addictive Disorders was prepared in line with existing strategies and plans in order to provide responses in terms of harm reduction associated with drug use. All in all, Morocco's national response in terms of harm reduction was made possible through three key factors: (1) political support at the highest level for a coherent strategy based on local reality and enriched by the latest epidemiological studies, with the support of the Mohammed V Foundation for Solidarity; (2) strong mobilization of national and international funding; and (3) synergy of intervention between professionals and civil society actors.

In 2024, Morocco adopted a new National Plan for the Prevention and Management of Addictive Disorders (2024–2030), building on previous strategies and aiming to strengthen the country's harm reduction framework. The plan seeks to reduce mortality linked to substance use, ensure universal access to quality prevention and treatment services, and align with international human rights standards. It promotes a coordinated, multisectoral approach that involves healthcare professionals, civil society, and international partners. In parallel, Morocco is developing a Multisectoral Strategic Plan for Mental Health 2030, designed to expand mental health infrastructure, integrate services into general hospitals, and reduce stigma

through nationwide awareness campaigns. Both plans reflect a broader shift toward public health and rights-based approaches in addressing drug use and mental health challenges.

DRUGS USE AND HEALTH

According to the Ministry of Health (2005), in Morocco, the prevalence of drug use during the last twelve months among the general population (15 years and older) is 4.1%, drug abuse 3%, and drug addiction 2.8%. The most common drugs used are cannabis (3.93%), followed by sedatives. The prevalence of heroin use is 0.02% and cocaine 0.05% among those aged 15 and over. As per the 2016 Global State of Harm Reduction, there are 18,500 people who inject drugs in Morocco. Still, Mainline key informants have called into question the accuracy of the available data. In the absence of accurate data, it is possible to project global overdose incidence data onto the estimated number of people who use drugs in Morocco. The number of people who use drugs with addictions has been estimated at 3,000 in the country's 2012-2016 Action Plan.

According to a survey conducted in April 2011 in the cities of Tangiers, Tetouan and Nador among 300 people who use drugs, 91% were men and 9% were women. The distribution by site, however, reveals a higher proportion of women in Tetouan representing almost two thirds of all women recruited for this survey.

According to a survey conducted in April 2011 in the cities of Tangiers, Tetouan and Nador among 300 people who use drugs, almost all people who use drugs (94%) are poly-users, the most common mode being the combination of three drugs. 6% who use a single product are mainly heroin users (84% of them). People who use drugs generally use a single route of administration for the drugs they use, with the exception of heroin users in Tetouan: 40% of men and 71% of women who use heroin use both injection and inhalation. 86% of people who use methadone tablets from abroad take it orally, and only one injects it. With regard to the frequency of use, the two main drugs (heroin and cannabis) are used mainly on a daily basis. Alcohol is used in social settings only, and is used less frequently. With regard to daily use, heroin accounts for 98.6%, cannabis 80%, whereas benzodiazepines 41.9% at least once a week, cocaine 64.9% less than once a week, bazoka/crack 52.5% less than once a week, and alcohol 78% less than once a week.

A 2024 cross-sectional study conducted among students at Mohammed First University in Oujda revealed a lifetime prevalence of psychoactive substance use of 28.7%. The most commonly used substances were tobacco (24.1%), alcohol (15.9%), cannabis (13.4%), sedatives (6.9%), stimulants (5.2%), and cocaine (4.4%). Factors such as male gender, age over 20, self-financing, academic challenges, and personal or family medical history were significantly associated with higher substance use.

HIV prevalence among people who inject drugs is 11.4%. According to the 2018-2021 National Strategy on Human Rights and HIV/AIDS, HIV prevalence in Morocco remains low and stable in the general population, at around 0.1%, but is much higher among female sex workers (1.3%), men who have sex with men (4.5%), people who inject drugs (7.1%) and migrants (3%). The level of the epidemic is concentrated among men who have sex with other men in Casablanca and among people who inject drugs in Nador. Prevalence reaches peaks of 13.2% in Nador among people who inject drugs. High prevalence was also recorded among prisoners (0.5 to 1%) and seasonal workers (0.4 to 1%). This means that the HIV epidemic in Morocco is concentrated and heterogeneous.

As of 2023, Morocco's HIV epidemic remains low in the general population but is concentrated among key populations. According to UNAIDS, approximately 23,000 people are living with HIV in the country, with an adult prevalence rate of 0.14%. However, significantly higher prevalence rates are recorded among vulnerable groups: 11.4% among people who inject drugs (with peaks of 13.2% in regions like Nador), 4.9% among men who have sex with men, and 1.7% among female sex workers. HIV prevalence among prisoners ranges from 0.5% to 1%, highlighting the need for health interventions within detention facilities.

The rate of needle sharing was high (20% in the last 6 months) in 2013-2014 in Tetouan, compared to other injection equipment. People who inject drugs had less knowledge about the links between sharing injection equipment and HCV, compared to the knowledge about HIV. According to the RDS bio-behavioural studies conducted in 2010 in Tangier and in 2011 in Nador, 67% of people who inject drugs reported having used sterile injection equipment the last time they injected.

In Morocco, an estimated 1.2% of the general population, or 400,000 people, are infected with HCV. HCV prevalence among people who inject drugs is 57%. According to an RDS bio-behavioural studies conducted in 2010 in Tangier, HCV prevalence was 41%. Injecting drug use is the main route of transmission for hepatitis C in Morocco among prison populations and those in closed settings particularly at risk.

HARM REDUCTION

According to the 2018 Global State of Harm Reduction, Morocco has explicit supportive reference to harm reduction in national policy documents. Indeed, the country has implemented operational needle and syringe programmes and opioid substitution programmes. Unfortunately, the country has not yet included drug consumption rooms and naloxone peer distribution programme in its national harm reduction plans.

With regard to needle and syringe programmes, there are currently six operational programs at national level. According to Mainline interviews with key informants, CSO through advocacy efforts as of 2006 were able to distribute single use kits among people who inject drugs, including two syringes, cup, alcohol, distilled water, aluminium foil, filters, condoms, and educational leaflets and flyers. In addition, community-based interventions organise activities to collect used syringes in the streets or squats.

According to the 2018 Global State of Harm Reduction, the coverage of opioid substitution programmes is still quite low and buprenorphine is not available in the OST packages, thus increasing risks of overdose among people who inject drugs. The national OST protocol favoured methadone, rather than buprenorphine, for the introduction of opiate substitution treatment mainly for cost-effectiveness reasons. According to the 2014 Annual Report of the National Observatory of Drugs and Addictions, the methadone substitution programme started in three pilot sites (Tangiers, Salé and Casablanca) in 2010, with the support of the MedNET network of the Pompidou Group for the training of medical staff as part of the National Harm Reduction Programme in Morocco. The substitution programme was evaluated very positively in 2011. As a result, the Moroccan government approved its extension to seven other cities (Oujda, Rabat, Marrakech, Tetouan, Nador, Al Hoceima and Agadir). However, Mainline interviews with key informants reported that most people who use heroin smoke it, rather than injecting it. There is a need to include people who smoke heroin to be included in epidemiological indicators. Through advocacy efforts methadone is now available for people who smoke and/or inject heroin. Still, there are some issues in terms of administrative management with regard to access to OST as a result of long waiting lists, for example.

Naloxone is available only in emergency rooms. However, CSO and Global Fund are carrying out advocacy efforts to increase availability of naloxone at community level. Peer educators are not allowed to carry naloxone due to a lack of prioritisation and leadership of the Ministry of Health in the case of naloxone and overdoses, as reported in Mainline interviews with key informants.

The Moroccan NGO ALCS (Association de lutte contre le SIDA) in partnership with the Ministry of Health, UNAIDS and the Global Fund, have launched a pilot project on HIV pre-exposure prophylaxis (PrEP), which is a major innovation that consists of giving antiretroviral drugs to HIV-negative people, but at high risk of HIV infection, to prevent them from becoming infected. This pilot project has yielded positive results and this service is now part of the package of services provided in ALCS sexual health clinics. The offer of PrEP is targeting nearly 1,000 people by the end of 2021.

In April 2024, ALCS initiated the "PrEP Femmes" project, aiming to enhance access to PrEP for women vulnerable to HIV, including sex workers, transgender women, and female partners of people who inject drugs. This project is funded with €1.5 million and is set to run until May

2028. It focuses on diversifying PrEP services, such as introducing injectable and mobile PrEP options, and consolidating the intervention environment in Morocco and Mauritius. The project also seeks to disseminate ALCS's experiences to support the adoption of community-based PrEP in other countries within the MENA region and the Indian Ocean.

ALCS interventions include the provision of rapid testing among sex workers, MSM and other vulnerable populations targeted. Through the targeting of actions where the epidemic is most active. ALCS manages to screen nearly 50% of people living with HIV (PLHIV) in Morocco each year, even though it performs only 10% of all HIV tests performed in the country. According to Mainline interviews with key informants, at community level, those most at risk (i.e. people who inject drugs and sex workers) have access to rapid tests and community testing. Since 2019, self-testing is also available.

The *PrEPare Morocco* project, detailed in a 2024 study, marked a significant step in HIV prevention by piloting the country's first community-based PrEP (pre-exposure prophylaxis) program for men who have sex with men (MSM) and female sex workers (FSW), two groups at heightened risk of HIV infection. Implemented in 2017 across Agadir, Marrakech, and Casablanca, the initiative was delivered through local sexual health clinics and relied on trained peer educators to engage participants. Of the 373 individuals assessed, 86% chose to start PrEP—demonstrating strong interest and acceptability. While overall retention declined over time, short-term retention at three months was high at 78%, and no HIV seroconversions were reported during the study. These findings, published in 2024, provided essential evidence for scaling up PrEP services in Morocco and underscored the effectiveness of community-based, peer-supported models for reaching vulnerable populations.

PEER INVOLVEMENT

This section includes input from ALCS and Mainline interviews with key informants. In Morocco, peer educators who use drugs are called “self-supports”. They are usually community leaders with interpersonal skills, who are close to their communities, and who undergo a training process that includes behaviour change components, HIV and HCV prevention. When assigned intermediate-level tasks, self-supports are responsible for awareness raising activities, outreach activities, participation in team meetings for the planning of weekly activities in order to determine community needs, and the identification of new consumption sites. If they prove to be effective in their tasks, self-supports may become facilitators (who also mentor other “self-supports” at lower levels) and provide different services to their communities.

Work with self-supports is carried out from a multidisciplinary perspective and a public health and human rights based approach. Self-supports are not subject to abstinence criteria. The

moto is to leave people the choice. Those who are stable and on methadone may participate in professional training programmes in order to provide support to people who inject drugs.

However, Mainline key informants have identified a lack of training in terms of peer education in Morocco. There is also a need to raise awareness among local residents, pharmacies and law enforcement to accept self-supports and people who inject drugs within community-based responses.

In terms of outreach work, community-based interventions include interpersonal sessions targeting people who use drugs with a team of self-supports, lawyers and a medical team. Community-based interventions focus on social reintegration, social inclusion and human rights. In some locations CSO manage low-threshold centres with the help of self-supports; in others, people who use drugs are organized in self-help groups that run workshops (such as gardening and drawing) and edit a newspaper.

As of 2015, ALCS has implemented demedicalized HIV testing, which have marked a turning point and show the association's commitment to reach the first 90 target. The latter includes a strong participation of community stakeholders and counsellors who play a key role with peer educators in offering testing. The direct beneficiaries are key most-at-risk populations with an increasing number of people who know their HIV status. This shows that mobilizing community stakeholders can achieve significant results. ALCS also conducts community-based research projects involving researchers and community stakeholders aiming at yielding scientific evidence and achieving social transformation.

In terms of the presence of people who use drugs in Morocco's CCM, there are currently two people who use drugs participating in the platform.

Even though some experiences – such as ALCS's – have somehow documented the effectiveness of involving peer educators in community-based interventions, there is a real need to carry out additional research on peer educators.

HUMAN RIGHTS

Most people who use drugs in Morocco report having experienced or anticipated stigma as barriers to accessing health care. According to a survey carried out in 2011 among 300 people who use drugs, half of them had experienced "violations of their fundamental rights" when treated by medical staff. In a regional survey carried out in 2017 among people who use drugs accessing ART and other harm reduction services, it was reported that three quarters of participants believed that services in public healthcare settings were not stigma-free; and that they were subjected to discrimination.

The Penal Code protects the right to privacy and confidentiality. It regulates the use of confidential information entrusted to health workers, prohibits their disclosure, and provides for sanctions for those who reveal such information without consent. These provisions are key in the field of HIV, as the deliberate disclosure of HIV-related information is considered a breach of confidentiality, which is punishable under law. Medical and paramedical staff and other officials may only disclose HIV status to a third party in specific cases provided for by law. Still, health personnel were blamed for disclosing HIV status without consent in more than 15% of cases. In addition, 12% were convinced that their medical records were not kept confidential.

With regard to stigma and discrimination in health care settings, the Index of Stigma and Discrimination of People Living with HIV in Morocco (2017) revealed that 41.1% of PLHIV reported cases of refusal of health services, in particular dental care, surgery, gynaecology and childbirth. PLHIV acknowledged that while stigmatisation and discrimination are almost non-existent in referral centres, it remains strong on the part of medical and paramedical staff in other services, and can go as far as refusing or delaying care. The reason most frequently given by staff is the lack of protective equipment and the fear of being contaminated. Refusal of health services is significant among men who have sex with other men, sex workers and people who inject drugs.

When it comes to law enforcement and drug use, people who use drugs are often mistreated at the time of the arrest and in the police station (as do some at the hands of the lawyers), as a result of stigmatisation. Relations with the police are also marked by the discretionary power that officers have with regard to the arrest, the drafting of reports and the judicial follow-up to the arrest. According to a survey among 300 people who use drugs conducted in 2011, 87% said they had experienced violence from the police. When asked what kind of abuse they had experienced, 83% mentioned harassment and 65% illegal practices. Some women who use drugs also mentioned sexual harassment and abuse on behalf of police officers.

According to Mainline interviews with key informants, drug use and addiction are highly stigmatised in Morocco, which may lead to fear and mistrust among the population. The numerous relapses of people who use drugs are often seen as a lack of willpower which may lead to further rejection. As a result, people who use drugs are often victims of social stigmatisation, discrimination and exclusion, and the most serious insult is that of “chamkar,” which expresses a strong sentiment of contempt.

PRISON

As of the latest data (2024), Morocco and Western Sahara have a total prison population of 102,653, with an incarceration rate of 267 per 100,000 inhabitants. The average length of imprisonment is approximately 9.84 months, and prison density is high, at 158.8%, indicating significant overcrowding. Drug-related offenses continue to be a major driver of incarceration: in 2020, more than 31% of inmates were imprisoned for drug consumption or trafficking. This punitive approach disproportionately affects people who use drugs and contributes to the system's chronic overpopulation. Despite legal provisions dating back to 1974 that allow courts to impose compulsory treatment instead of incarceration, such alternatives have been rarely applied until a landmark 2021 case. However, harm reduction services in prisons remain minimal, with no access to needle exchange programs and limited opioid substitution therapy, increasing the risk of overdose—particularly upon release, when reduced tolerance heightens vulnerability.

In 2020, Morocco's prison system housed 83,346 inmates, with 31% (25,591 individuals) incarcerated for drug-related offenses, including consumption and trafficking.

In 2014, four out of five people who inject drugs (80.3%) have been incarcerated at least once in their lifetime. During their stay in prison, the overwhelming majority (90.1%) reported having used drugs. According to Mainline interviews with key informants, the use of hashish is widespread, whereas cocaine and heroin are less frequently used. Even though drug use is a reality in Moroccan prisons, access to substances is more often reduced or limited compared to levels of use on the outside. Incarceration therefore reduces the tolerance threshold. As a result, exposure to the same amount of opioids as before incarceration is likely to result in overdose upon release, which is the leading cause of death among prisoners leaving prison.

According to Mainline interviews with key informants, the Ministry of Health, the National Human Rights Council of Morocco (CNDH) and the Penitentiary Administration have carried out a study focusing on screening, stigma and discrimination (no date available). In addition, in 2019, the Penitentiary Administration conducted a study on drug use in prisons. Unfortunately, the results have not yet been published.

Morocco's prison population in 2017 was around 83,4000. According to Moroccan authorities, around 29% of the prison population in 2010 had been imprisoned for drug-related offenses, ranging from drug use to participation in organised drug trafficking. In 2018, one third of all incarcerated people reported to have been imprisoned for drug-related offenses.

According to a survey among 300 people who use drugs conducted in April 2011 in the cities of Tangier, Tetouan and Nador, more than four-fifths (81.7%) had been incarcerated, with an average number of incarcerations of 4.1 and a median number of 3, meaning that half of people who use drugs had been imprisoned more than three times. Men were more likely than women to have been in prison. With regard to the reason for incarceration, data reveals gender disparities: overall, women were incarcerated more often than men for drug offenses. In

general, the majority of people who use drugs incarcerated for drug offenses are incarcerated for drug use only. Women were proportionally incarcerated much more than men for drug offenses (82% of women compared to 63% of men incarcerated for drug offenses). The number of incarcerations solely for use represents 59% of the total number of incarcerations.

According to a survey conducted by the General Delegation for Penitentiary Administration and Rehabilitation (DGAPR) in 2008-2009 on the prevalence of drug use in prisons in Morocco involving 635 prisoners in 7 prisons across the country, 30% of prisoners used drugs during incarceration, 11% of whom used injectable drugs. There were 76,000 people in prison in Morocco at the time of the survey. Applying to this denominator the rate of people who inject drugs in detention is 11%. The number of people potentially at increased risk of overdose would be more than 8,000.

Opioid substitution therapy is available in prisons in Morocco, but are reported to be largely inaccessible. In 2011, King Mohamed VI inaugurated the first prison methadone centre in Morocco, in Casablanca. According to Mainline interviews with key informants, methadone has been effectively available in prisons for 4 to 5 years now. In 2021 a team was trained to prescribe methadone in prisons. Unfortunately there are no operational needle and syringe programmes or condom distribution in prisons, as prison authorities believe it will provide prisoners with an incentive to use drugs or have sex.

The 2024 report by Morocco's National Preventive Mechanism (NPM) provides an in-depth analysis of the conditions faced by women in the country's prison system. As of December 2023, women constituted 2.47% of the total prison population, with 2,535 female inmates housed across 43 mixed-gender prisons that include separate units for women. Notably, there are no women-only prisons in Morocco. The report highlights several concerns, including the routine use of strip searches during various prison procedures, such as entry, visits, transfers, and daily activities. While these searches are conducted by female staff, the NPM recommends the adoption of alternative detection methods, like scanners and metal detectors, to uphold the dignity of female detainees.

WOMEN WHO USE DRUGS

With regard to women who use drugs, only local surveys of a limited scope have been carried out.

According to a survey conducted in April 2011 in the cities of Tangiers, Tetouan and Nador among 300 people who use drugs, 91% were men and 9% were women. The distribution per site, however, reveals a higher proportion of women in Tetouan representing almost two thirds of all women recruited for this survey. Women are younger than men and are over-represented

in the 18-24 age group. According to an IBSS survey of people who inject drugs in Tetouan in 2013-2014, out of 212 people recruited 205 were men (with women smoking rather than injecting), with a median age of 39 years.

According to a study carried out over a period of almost 8 years in the addictology department of the Ar-Razi hospital in Salé since the opening of its women's unit, from March 2009 to 30 June 2017, out of 119 women who use drugs, requests for hospitalization for a cannabis problem are the most frequent (68%), followed by tobacco (52.1%), then alcohol (40.33%, (40.33%), followed by benzodiazepines (33.61%), cocaine (15.96%), opiates (7.5%), ecstasy (6.7%) and finally inhalants (1.6%). Heroin was used during the lifetime of 3 residents. The average age of first use was 25.6 years. Other forms of opioids used without a prescription were codeine-based drugs and "tramadol". All of them (7.5%) use them regularly in tablets.

According to the rapid situation assessment on the risk of HIV infection in relation to injecting and problem drug use was carried out in 2005-2006, out of a sample of 495 people who use heroin, cocaine or psychotropic drugs who mainly inject, three out of four women (74%) reported having had sex for money or drugs. According to a survey conducted in April 2011 in the cities of Tangiers, Tetouan and Nador among 300 people who use drugs, sex workers who use drugs (19) perceive their general state of health as poor. Almost all of them use heroin, mainly by injection, but also use multiple drugs (benzodiazepines and cannabis, then cocaine and alcohol). Whatever the product, they tend to inject (84%). According to the same survey, three quarters of sex workers who use drugs (19) had been imprisoned, with an average of 2.7 stays. Of those who had been imprisoned (14), 10 had been imprisoned for drug offenses (simple use and/or resale), half of whom had also been imprisoned for other offenses (theft, begging, prostitution or murder) and the other four for other reasons (theft, begging or prostitution). They all declared having suffered human rights violations at the hands of the police. Women are proportionally much more concerned than men by illegal activities as a source of main income, while women only account for 9% of the total sample, they account for 44% of people who use drugs who incur in illegal activities as a source of main income.

According to a study carried out over a period of almost 8 years in the addictology department of the Ar-Razi hospital in Salé, 19 out of 119 residents (16%) had already been subjected to physical violence in the past. Six residents (5% of the total) had been victims of incest before their hospitalisation and 24 (20%) had been raped in their previous life.

The MedNet network in Morocco aims to take into account the gender dimension in health care services: specific needs of women who use drugs in accessing care. The national addiction prevention and care programme includes in its minimum package of addiction services (2019) the promotion of the use of reproductive health services and the promotion of family planning services for women who use drugs for women who use drugs. The 2018-2021 National Strategy on Human Rights and HIV AIDS seeks to strengthen the fight against

violence against women through (1) advocacy so that sex workers benefit from the protection measures provided by the law on human trafficking; (2) the organisation of information and advocacy days on women's rights and the links between violence and HIV transmission; and (3) the organisation of discussion groups between women living with HIV on their rights.

SOCIAL ISSUES AND INEQUALITIES

With regard to societal and social determinants, drug use relies highly on the drug market - that is, finding the money and then the product, which absorb a lot of energy both morally and physically. Health concerns are often superseded by concerns about obtaining and/or using the drugs. This is particularly true for people who inject drugs, especially heroin. Typically active people who use drugs generally spend most of their resources and income on the drug for daily consumption. Former users often lack education and are unemployed, and do not have sufficient resources either. One limitation identified by key informants is that, at times, when studies are carried out, people who do not usually inject drugs are willing to inject for a day in order to get the equivalent of 5 USD to participate in a study on people who inject drugs.

According to ALCS and Mainline interviews with key informants, Morocco is one of the few countries in the MENA region that has succeeded in reversing the trend of the HIV epidemic by reducing new infections thanks to important investment efforts that must be maintained so as to lower the risk of losing these gains. However, there are still obstacles and challenges that must be addressed. Indeed, among other obstacles, discrimination and stigmatisation reduce access to prevention and care, with deep consequences disproportionately affecting key populations, including men who have sex with men, sex workers and people who inject drugs.

In Morocco, although decreasing, the percentage of PLHIV who do not know their status remains high (30%) and nearly 70% of them belong to the populations most exposed to the risks of infection, often marginalized and excluded from the traditional care system. As already mentioned, the stigma index study revealed that 41.1% of people who live with HIV reported cases of refusal of health services, especially among men who have sex with other men, sex workers and people who inject drugs.

The Moroccan Penal Code punishes discrimination under Article 431-1, which defines discrimination as any distinction made between natural persons on the basis of national or social origin, colour, sex, family status, state of health, disability, political opinion, trade union membership or non-membership, whether real or assumed, of a particular ethnic group, nation, race or religion. Still, efforts are much needed to fight against stigma and discrimination. According to Mainline interviews with key informants, communities at large and law enforcement perceive drug use, especially injecting drug use, as dirty and dangerous.

Through advocacy efforts at community-based level, the police are able to understand that arresting people who use drugs perpetuates a vicious circle and to help field workers and self-supports.

Finally, in order to foster perception changes in the media, ALCS has prepared a guide for journalists on “how to talk about HIV” to fight against stigmatization and discrimination of people living with HIV.