

VIEWPOINT

Toward the Emergence of Compulsory Treatment for Drug Use in Morocco?

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In Morocco, people incarcerated for drug offenses make up 69% of those in pretrial detention (22,587 out of a total of 32,732 people).¹ As of 2018, 25% of people incarcerated were serving a drug-related sentence (21,004 out of a total of 83,732 people). Disaggregated data are not available on the number of prisoners serving sentences for use, possession, or trafficking charges.² Prison overcrowding can surpass 240% in some Moroccan prisons.³

For almost half a century, between 1974—when the Narcotics Act entered into force—and 2021, there were no reported judicial precedents for people charged with using drugs being sentenced to compulsory treatment. This changed in November 2021, when a judge sentenced an individual arrested for drug use to undergo compulsory treatment. This viewpoint essay contextualizes the recent compulsory drug treatment order within the evolving national drug policy ecosystem and explores how the 2021 court decision may influence the future imposition of compulsory treatment in Morocco.

Legal framework and drug policy situation

Reliable data on drug use in Morocco are challenging to source. The only comprehensive national survey to date, conducted in 2005, estimates the annual prevalence of illegal drug use in Morocco to be 4.1% among the adult general population, with cannabis prevalence alone representing 3.93% of this total.⁴ A 2007 study in 30 schools (primary, middle, and high schools) among 6,231 students found that 50% of those who use drugs consumed cannabis, while 12% used cocaine and 3% used heroin.⁵

In 1966, a decade after gaining independence, Morocco ratified the Single Convention on Narcotic Drugs of 1961; in 1979, it ratified the Convention on Psychotropic Substances of 1971; and in 2002, it ratified the United Nations Convention against Illicit Traffic of 1988.⁶ In 1977, Morocco established its National Narcotics Commission, an interdepartmental body tasked with coordinating the country’s response to the illegal drug market.

One of the most important drug-related laws in Morocco is the *dahir* (Moroccan King’s decree) that established the Narcotics Act of 1974. Under this law, people who use drugs (as confirmed by urine tests after being arrested by the police or denounced) are liable to prison sentences between two and twelve

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months, while those charged with possession for personal use risk prison sentences between five and ten years, regardless of whether the quantity carried is small.⁷

The legal framework also allows for dropping criminal charges if the individual is sentenced to compulsory treatment of one to three months. However, in practice, people arrested for using drugs rarely receive compulsory treatment sentences.⁸ People accused of committing a crime under the influence of illegal drugs, including alcohol, can be sentenced to compulsory treatment and be held under surveillance in one of the existing sixteen addiction units or clinics for a period of up to two years.⁹ For children and adolescents, mandatory treatment can be imposed without their consent if agreed to by their parents or legal guardians.¹⁰

Stigma and discrimination against people who use drugs are widespread. This includes psychological and physical mistreatment by police officers.¹¹ Lawyers report sexual harassment and abuse perpetrated against women who use drugs by police officers.¹²

In the last few years, there have been attempts to move the national approach toward a health-based management of illegal drug use. For example, the 2018–2022 National Strategic Plan for Prevention and Care of Addictive Disorders aims to increase investments in treatment (both abstinence-based and substitution therapies); however, it does not distinguish between occasional consumers and people with drug use disorders.¹³

The most recent drug policy reform is the medical and industrial cannabis use act (Cannabis Licit Uses Act), adopted in July 2021.¹⁴ The legalization of medical use of cannabis was adopted to respond to the social and economic issues of cannabis farmers. This latest reform is not expected to significantly influence Moroccan drug policy, since it does not include provisions to decriminalize recreational cannabis consumption.

Available rehabilitation and harm reduction services

The quality of treatment and management of

dependence and drug use in Morocco remains problematic. In 2010, the government introduced three pilot projects for methadone distribution (in Casablanca, Rabat, and Tangiers), which were later expanded to three sites in Tangiers and rolled out in two other cities (Tétouan and Nador) through residential facilities (locally called *services d'addictologie*), as well as within five prisons.¹⁵ These services are aimed at preventing the social and economic costs of HIV transmission and promoting abstinence among dependent consumers, rather than protecting the health and well-being of consumers. Nevertheless, existing services remain extremely limited and are struggling to respond to demand, leading to long waiting lists for enrollment.¹⁶ In 2012, there were a reported 293 people enrolled; this number reached 2,327 people in 2018, including only 180 women.¹⁷ Media reports refer to shortages in qualified health workers and geographic remoteness as reasons for waiting lists that can reach up to 1,000 people in the case of the city of Tétouan.¹⁸

At the same time, the number of drug dependence treatment facilities in public hospitals, including residential facilities where people in compulsory treatment are kept against their will and where consumers of all substances are forced to undergo abstinence, has grown in recent years, reaching 16 centers in 2021. These facilities function without specific guidelines, with each unit allowed to choose its methods and lengths of treatment.¹⁹ That said, the law requires that compulsory treatment sentenced for a period up to three months be controlled through a biweekly mandatory examination conducted by an expert medical doctor designated by the Public Prosecutor's Office.²⁰

Judicial precedent for compulsory treatment

In November 2021, a lower court judge in Kenitra, a city to the north of Rabat, the country's capital, rejected the prosecutor's charges on drug possession rather than use on the grounds that possession charges deny an individual the possibility to be sentenced to compulsory treatment and have his

criminal charges dropped. The judge decided that by denying compulsory treatment, and by not informing the person arrested of this existing provision in the law, the prosecution ignored article 8 of the Narcotics Act of 1974. The court concluded that all criminal charges should be dropped once the person undergoes mandatory treatment as punishment for drug use.²¹ The individual charged in this case has not appealed the judgment.

This judgment poses several legal and health-related concerns for people who use drugs, starting with the definition of the “agreement” to undergo treatment. According to the Narcotics Act’s article 8, people arrested on use (and not possession) grounds are coerced to undergo a urine drug test and subsequently subscribe to a treatment regimen in residential facilities, where they are retained for the period of the sentence (one to three months). The agreement therefore seems more related to avoiding incarceration and infringes the right to health since coercive medical treatments should be reserved as a last resort for the most serious mental health conditions or to control the spread of infectious diseases.²²

Conclusion

Evidence-based and human rights-informed drug policy reform has been slow in Morocco. The implementation of harm reduction services has been introduced to enhance the reduction of HIV transmission among people who inject drugs. A decade later, the country has legalized the medical use of cannabis to respond to the social and economic issues of cannabis farmers. Nevertheless, these reforms are limited and low-priority. Moroccan drug law and practice remain focused primarily on the prohibition of illegal drugs and the enforcement of abstinence from drug use, without specific attention to mitigating the negative consequences of prohibition on people who use drugs.

The country’s first court ruling requiring compulsory treatment for drug use represents a risk of increasing the numbers of people arrested for illegal drug use being sentenced to mandatory therapies as an option to avoid incarceration. In

order to avoid a judicial reliance on compulsory treatment, the scale-up and increased coverage of evidence-based harm reduction services, advocacy for the decriminalization of drug use and possession of small quantities carried for personal consumption, and the repeal of legal provisions allowing for coerced treatment must be brought back onto the political agenda.

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