



Morocco

DRUG SITUATION AND POLICY

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Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs

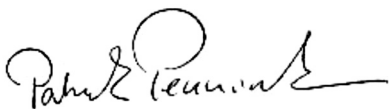


Preface

The Pompidou Group is publishing a new series of “Country profiles” to describe the current drug situation and policy of its Member States and States co-operating in its networks (the Mediterranean network MedNET and the South East Europe and Eastern European Networks). Its long term aim is to provide a first basis to contribute to the establishment of a National Observatory in the country described.

This “country profile” examines the state of affairs and drugs policy in Morocco and provides a descriptive analysis to help professionals to study the treatment, prevention and law enforcement methods used in Morocco. This profile also provides an analysis of the impact of drugs and its effects on the health of citizens. In addition, it provides an overview of the various international commitments and relations with neighbouring countries to fight drug trafficking. The document contributes to the implementation of the national policy and shows the successes and lessons learnt in the fight against drug abuse and drug trafficking.

I would like to express my gratitude and appreciation to the Department for Anti-drug Policies of the Presidency of the Council of Ministers of Italy for their financial support in the realisation of this booklet, as well as Professor Jallal Toufiq and his team. Further acknowledgement goes to Matthieu de La Rochefoucauld for providing a first draft of the report and having given it thorough follow up.



Mr Patrick PENNINCKX
Executive Secretary of the Pompidou Group

Partenaire du projet

**Presidency of the Council of Ministers
Department for Anti-drug Policies of Italy**



**PRESIDENZA DEL CONSIGLIO DEI MINISTRI
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Information and data on drugs

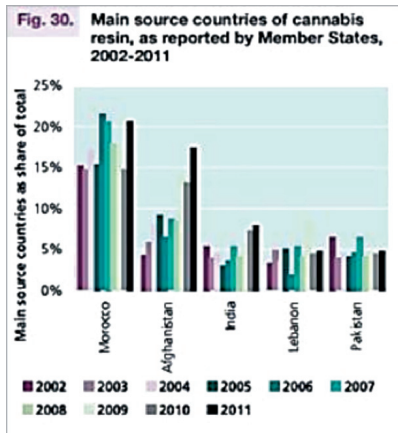
Introduction

General overview on drugs

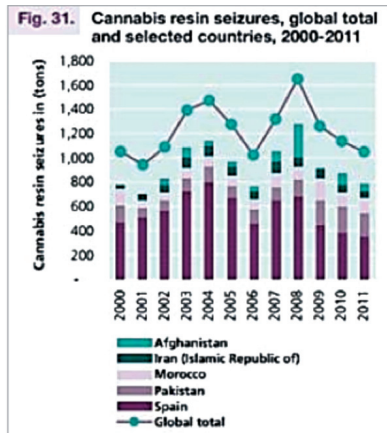
According to the 2013 report of the International Narcotics Control Board (INCB), Morocco is one of the world's chief cannabis producers, alongside Afghanistan.

It is also the world's main provider, Europe being the most important market for cannabis, despite Morocco's efforts to eradicate drug trafficking. According to the World Customs Organisation, some 72% of all cannabis seized by customs in 2011 originated from Morocco. Nevertheless, recent data from the UNODC suggests that the supply of cannabis resin from other countries, notably Afghanistan and India, may be increasing.

Moreover, what with such a substantial market, made up of over 78 million Europeans (ages 15 to 64) who have experimented with cannabis, European countries have reported a significant increase in terms of domestic production of marijuana over the past two decades. Data on the number of cannabis crops discovered in Europe suggest an increase in domestic production of cannabis in the majority of countries who communicate data to the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) since 2004.



Source: UNODC, data from the annual report questionnaire and other official sources.



Source: UNODC, data from the annual report questionnaire and other official sources.

Source: 2013 Report on drugs / United Nations Office on Drugs and Crime

Cannabis cultivation and production in Morocco have developed over the past decades, despite it being illegal and the fact that Morocco has signed various United Nations conventions on narcotics and psychotropic substances (1961, 1971, and 1988) and the United Nations Conventions against Transnational Organized Crime (2000).

Crops are densest in the Northern extremity of the country, between the Rif Mountains and the Mediterranean, and large sections of the population in this region participate in cannabis farming. According to the Moroccan government, nearly 760 000 Moroccans living in the villages across this region are involved in the production of cannabis. The economic impact of cannabis production on this population is particularly important. According to the estimates of the United Nations Office on Drugs and Crime, cannabis is a source of income for 800 000 Moroccans, and represents approximately 3% of Morocco's GDP in terms of agriculture.

The centre of production in Morocco seems to have switched from Chefchaouen to Al-Hoceima, due to the Moroccan government's efforts to stamp out production. Nearly 50% of all cannabis is produced in Al-Hoceima, with the surrounding provinces of Taounate, Tetouan, and Chefchaouen producing most of the rest. According to the Moroccan government, the province of Larache has become less significant in terms of cannabis production.

In 2010, with 47 500 hectares of cannabis crops remains well ahead of Afghanistan (12 000 hectares of crops) or Mexico (12 000 of crops and 13 430 hectares of crops destroyed). Annual production in 2011 was estimated by the United Nations at 38 000 tons. According to data communicated by the Moroccan government to the UNDC, cannabis production would nevertheless be on the fall. Along with a reduction in production, there is a decrease in seizures of resin and kif. This decrease is thought to be linked to renewed efforts to combat drug production in Morocco and drug trafficking along the Moroccan borders.

For Moroccan producers, cannabis remains an essentially European export, with the majority of the production transformed into resin or cannabis oil, and exported primarily to Europe. Only very limited volumes of cannabis and narcotics produced in Morocco or trafficked through Morocco reach the United States of America.

Regarding the cannabis trade, essentially aimed at Europe, traffickers rely on container ships, fishing vessels and private yachts. They also use “zodiac” type inflatable boats, known for their speed and discretion, as well as more sophisticated means, including helicopters that fly to Spain. Traffickers continue to smuggle drugs through the Spanish enclaves of Ceuta and Melilla, and through the Moroccan port of Tangiers. Several tons of cannabis are regularly seized there. Some is also transported South by truck, where the drugs are shipped on cargo ships, generally sailing for Europe (The Netherlands, Belgium, Germany). Concerning those countries where the volumes of drugs seized are most significant, Spain, main doorway to Europe for Moroccan cannabis, ranks first. In 2011, the country accounted for 34% of cannabis seized worldwide.

Considering its geographical situation and transport infrastructures, Morocco also serves as a transshipment point for cocaine from Latin America, trafficked through West Africa en route to Europe. According to the INCB, cocaine traffickers are increasingly attempting to traffic cocaine into Europe through Morocco. Drugs from South America arrive in Morocco from Sub-Saharan Africa and the Sahel region. Worryingly though, cocaine arriving in Morocco is not solely in transit as some is intended for the local market, which continues to grow.

The INCB report further highlights a rise in opiate trafficking (substances derived from opium) in Africa, as well as of other stimulants such as amphetamine and cocaine.

With regards to data on the prevalence of drug abuse amongst the Moroccan population, the 2006 National study on the Prevalence of Mental Disorders and Drug Addiction yielded the following statistics:

- the prevalence of drug abuse amongst 15 year olds was 2.0% ;
- the prevalence of alcohol dependence of those over 15 was 1.4%;
- the prevalence of substance abuse of those over 15 was 3.0% ;
- the prevalence of substance dependence of those over 15 was 2.8%.

General population statistics for Morocco

		Year	Morocco
Population		2013	32 649 130
Age structure	0-14	2013	27.1%
	15-24		18%
	25-54		41.7%
	55-64		7%
	65 and over		6.3%
Population growth rate		2013	1.04%
Median age		2013	27.7 ans
GDP per capitae		2012	3 970€
Unemployment rate		2012	9%
Unemployment, youth ages 15-24		2011	19.5%
Illiteracy rate		2011	32.9%
Population below poverty line		2007	15%
Government type			Constitutional monarchy

National anti-drug abuse and drug trafficking policy

Morocco's overall approach to drug enforcement

Aware of the necessity of a comprehensive and integrated approach to drug-related issues, Morocco has developed its anti-drug policy based on a strategy focused on reducing offer, curbing both trafficking and demand, and the implementation of measures designed to encourage alternative development. Concretely, this strategy simultaneously stresses police action, the destruction of cannabis crops, including through programmes for the development of alternative crops, and the reduction of demand, which requires the development of economic alternatives, so as to slow the progression of cannabis production in Morocco's Northern regions.

In terms of institutions, in 1996 Morocco created an Anti-drugs Coordination Unit (Unité de Coordination de la lutte anti-drogue, UCLAD), in an effort to improve coordination between the various enforcement agencies and a National Narcotics Commission (Commission Nationale des Stupéfiants).

Depuis 2005, une stratégie nationale de lutte antidrogues a été mise en œuvre appelant à concerter les efforts pour assurer une coordination tant au niveau institutionnel qu'au niveau de la mise en œuvre d'actions multidimensionnelles communes à plusieurs secteurs.

Thus, in the context of a comprehensive approach to reducing offer, operations to destroy crops are combined with a broader development strategy designed to encourage alternative development and alternative crops.

These key projects are further supported by other projects to combat economic insecurity and poverty by encouraging human development in the overall context of the National Human Development Initiative (Initiative National du Développement Humain, INDH).

This strategy, combining enforcement and prevention, has enabled the Moroccan authorities to shrink the surface area of cannabis crops by over 65%, from 134 000 hectares in 2003 to 47 500 in 2010 (in 2010, 9 400 hectares were destroyed). Significant funds and material and human resources were mobilized to achieve the targets of large scale crop destruction and drug trafficking enforcement.

Since 2009, a government programme for alternative development has been implemented in Morocco's Northern provinces. Various projects focused on socioeconomic and environmental development have been launched in over 74 target rural communities.

Drug enforcement efforts

Concerning the fight against drug trafficking, Morocco's efforts have mostly been focused on the development of specialised units, strengthening existing measures, and the modernisation of infrastructures along the country's sea, land, and air borders. Total quantities of narcotics seized by border patrols have been increasing since 2004.

The Moroccan government has thus reinforced police forces in the Rif Mountains and along the Northern sea borders to prevent drug trafficking operations and staff all drug enforcement checkpoints. Government forces now use helicopters, planes, fast ships, mobile backscatter x-ray machines, ultrasound technology, and satellites to combat drug trafficking.

Moreover, Moroccan law provides for a maximum prison sentence of 30 years for drug-related offences, as well as fines for lesser drug-related offences ranging from 15 000 to 60 000 euros. Prison sentences ranging from ten to fifteen years remain the most common sentence for drug traffickers sentenced in Morocco.

Cultivation / Production / Eradication of cannabis

The Moroccan government has significantly reduced cannabis and cannabis production over the past years.

Morocco's efforts to combat cannabis cultivation, production, and trafficking led to the destruction of 4 900 hectares of illegal cannabis crops in 2010. Thus, the total surface area of cannabis crops fell by 134 000 hectares in 2003 to 47 500 hectares in 2010.

Morocco's policy for the detection and enforcement of drug-related offences is based on a comprehensive strategy for alternative development and on a crop substitution programme with a budget of 85 million euros, which enabled the implementation of projects focused on socioeconomic and environmental development in 74 rural communities.

Circulation & Transit of drugs

Due to its geographical proximity with Morocco, Spain is a gateway for cannabis intended for the European market, from which it is trafficked to most of the other destinations throughout Western Europe. France, Belgium, the Netherlands, and Italy are also all key European markets for cannabis from Morocco.

Most of the larger cannabis trafficking operations to Spain are carried out on zodiac ships, with which the journey to and from Spain can be made in under an hour. However, fishing vessels, private yachts and other boats are also used. Furthermore, drug traffickers continue to transport cannabis by truck and car, via the Spanish enclaves of Ceuta and Melilla and the Moroccan port of Tangiers by crossing the Gibraltar Straights.

The installation by Spain of fixed and mobile radars, infrared technology, and image sensors around the Gibraltar Straights, starting in 2009 and known as the Integrated System of External Vigilance (Système Intégré de Surveillance Extérieure, SIVE) has forced Moroccan traffickers to explore lengthier and more vulnerable routes.

Over the past years, Latin American drug cartels have started operating the well-established Moroccan cannabis itineraries to traffic cocaine and heroin into Europe. Although the most important zones in Africa from which Latin American cocaine is redistributed remain in Sub-Saharan Africa, notably in Ghana, Guinea, Guinea-Bissau, and Nigeria, Morocco is fast becoming a transit state and this trend is expected to continue.

Combatting drug-related corruption and money laundering

Morocco's policy dictates that it firmly condemn the production and distribution of drugs and money laundering resulting from illegal drug transactions. Since 2003, Morocco has adopted a series of measures to strengthen the enforcement of its law on money laundering, including the implementation in May 2007 of a further law on money laundering and the creation in Rabat of a Financial Intelligence Unit. This law provides for the obligation to account for suspicious financial transactions by any legally responsible agent, whether public or private, who in the exercise of his functions, executes or facilitates the movement of funds potentially linked to drug trafficking, human trafficking, arms trafficking, corruption, terrorism, tax evasion, or counterfeiting.

In 2008 the Moroccan government created the Central Body for the Prevention of Corruption (Instance Centrale pour la Prévention de la Corruption). In 2010 the government launched a biannual programme to promote public services' integrity and transparency, strengthen internal administrative supervision, and reform anticorruption law. In 2011, with the adoption of the new Moroccan Constitution, more important powers were granted to the Central Authority for the Prevention of Corruption (Autorité Centrale pour la Prévention de la Corruption), insofar as its status changed and it became an independent body.

Moreover, in July 2013 the Council of Europe launched, in Rabat, the process of reviewing Morocco's anti-corruption legal and institutional framework. This process is based on GRECO's methodology, and led by an on-location team of experts appointed by the Council of Europe and the Moroccan authorities. A draft report will then be discussed with the Central Body for the Prevention of Corruption, other relevant public bodies, and representatives from civil society. The results of this review will allow to better target those activities to combat corruption and money laundering that will be implemented in the second phase of the South Programme.

Recently, in the framework of the EU/Council of Europe programme "Strengthening democratic reform in the Southern neighbourhood" (South Programme), a field visit to Morocco was organised for the team of experts in September and October 2013. The visit was conducted in the context of the review of Morocco's legal and institutional framework against corruption. The experts debated and exchanged with national stakeholders, including representatives from the government, enforcement bodies, the Parliament, and civil society.

To combat money laundering, the Moroccan government also created the Financial Intelligence Unit in 2009. It is in charge of collecting, analysing, and communicating

financial intelligence and co-ordinate the activities of the administrations' investigative services, public bodies, and legal persons covered by public law.

Law No. 43-05, adopted and implemented in 2007, strengthened the national regulatory framework punishing activities linked to drug trafficking. The Unit can exchange financial intelligence on money laundering and financing terrorism with foreign agencies with similar competences. In this context, between October 2009 and December 2012, the Unit received 184 requests for financial intelligence from 10 foreign financial intelligence units, and issued 28 requests.

In February 2010, Morocco made a high-level political commitment to work with the Financial Action Task Force (FATF) and the Middle East and North Africa Financial Action Task Force (MENAFATF) to remedy the gaps in its strategy to combat money laundering and the financing of terrorism. Since then, Morocco has made progress by strengthening its strategy in this field, notably by adopting legislative amendments extending the scope of the crimes of money laundering and financing terrorism, by strengthening the obligation to exercise customer due diligence, and by taking measures to render the Financial Intelligence Unit fully operational. However, the FATF noted that various lacunas in Morocco's strategy in this field persist. Morocco should forge ahead with the implementation of its action plan so as to remedy these gaps, notably by prosecuting in a satisfactory manner the financing of terrorism.

Indeed, in February 2013, the FATF reported a few gaps in Morocco's strategy to combat money laundering and the financing of terrorism. The FATF is not yet satisfied that Morocco has made sufficient progress in correcting the most significant gap, namely that pertaining to the financing of terrorism. Morocco has successfully implemented all other elements of its action plan, but should co-operate with the FATF and MENAFATF to correct this lacuna by passing the necessary laws.

Hence in April 2013, the Moroccan Parliament adopted a draft law relevant to combatting money laundering which also extends to the financing of terrorist activities. This draft law includes two articles:

- The first hones the definition of what is an act of terrorism. Thus, the financing of terrorism constitutes an act of terrorism, even if committed outside of Morocco.
- The second article defines all income as "all tangible and intangible goods, mobile or immobile, divided or joint, as well as acts or judicial documents attesting to ownership of these goods or of the rights pertaining thereto" ("tous les types d'avoirs corporels ou incorporels, meubles ou immeubles, divis ou indivis, ainsi que les actes ou documents juridiques, attestant la propriété de ces avoirs ou des droits qui s'y rattachent").

The draft extends the scope of prohibited activities to include all aspects of the financing of terrorism and strengthens the powers and competences of the Moroccan judiciary to punish money laundering committed within the national jurisdiction or in a foreign jurisdiction.

Drugs legislation

From a legislative perspective

One of the most important drug-related laws in Morocco is the dahir establishing law No. 1-73-282 of 21 May 1974, punishing drug addiction. It punishes both possession and use of substances or plants categorized as a narcotic and the act of facilitating by any means the use of these substances or plants.

Article 8 of this law takes into account addicts' interests as it does acknowledge the importance of treatment and care of narcotics addicts. Indeed, this Article provides that "criminal prosecution will not be brought if the author of the crime, following a medical exam performed at the request of the Royal Prosecutor, consents to go into treatment for drug addiction for as long as is needed [...]" ("les poursuites pénales ne seront pas engagées si l'auteur de l'infraction consent, après examen médical effectué sur réquisition du procureur du roi, à se soumettre pour la durée nécessaire à sa guérison, à une cure de désintoxication [...]") and that "the investigating judge can, on the advice of the Royal Prosecutor, compel treatment" ("le juge d'instruction peut, après avis du procureur du roi, ordonner que l'intéressé soit soumis à ce traitement"). Article 8 also provides for the exceptional possibility, where the defendant is a minor, to "provide treatment in a family setting, and in conformity with the conditions determined by order of the Minister of Justice made after consulting with the Ministry of Health" ("traiter les auteurs de [ces] infractions en milieu familial, et conformément aux conditions déterminées par un arrêté du Ministre de la Justice pris après consultation du Ministre de la Santé").

However, in practice, the measures provided for in Article 8 are only very rarely implemented. The dahir of 3 October 1977 (amended by No. 1993/52) created the National Commission on Narcotics (Commission Nationale des Stupéfiants). This Commission is made up of the various government departments in charge of the medical and social fields or of enforcement. Its mission is to monitor legal psychoactive substances, punish the cultivation, commercialisation, and trafficking of illegal drugs, and implement a policy to prevent drug abuse.

Sentencing

The provisions of the Penal Code pertaining to drugs are at Article 80 (placement in a rehabilitation facility), 571 (possession), and 89 (confiscation). Moreover, a decree of the Ministry of Public Health (last amended in 1997) lists all legal and illegal drugs.

With regards to sentences applicable to drug-related offences, they can reach up to 30 years, combined with a fine of up to 60 000€. However, on average drug traffickers are sentenced to eight to ten years.

According to data provided by the Moroccan authorities, in 2010 approximately 29% of the prison population was sentenced for drug-related crimes, ranging from mere personal use to trafficking committed by an organized group.

Drug use remains criminalised, which sometimes goes hand in hand with a sense of stigmatisation amongst drug users. According to a 2011 study amongst 300 addicts, half of those experienced the way care was provided by medical personnel as “infringing their fundamental rights” and 87% reported having been subjected to police violence. When asked to be more specific, 83% described harassment and 65% “illegal practices”.

Drug seizures

The Moroccan government reported a fall in the production of cannabis in the country. This reduction in production is underpinned by a decrease in resin and kif seizures in Morocco.

In 2011, 38 tons of kif were seized, or less than in 2009 (223 tons) and less than in 2010 (186 tons). Cannabis resin seizures by the Moroccan authorities have slightly increased, from 119 tons in 2010 to 126 tons in 2011, but this rise comes after a significant fall by contrast with the 188 tons seized in 2009.

In 2010, the Moroccan authorities attributed the fall in drug seizures to the renewed enforcement efforts to combat production in Morocco and to combat drug trafficking along the country's borders.

Prisons

On 1st of January 2013 the total prison population was 72 000, or 220 prisoners per 100 000 of the national population, whereas total prison capacity was 40 000. In Africa, Morocco ranks 6th in terms of prisoners per capita. Of these prisoners, 1 152 prisoners are minors, or 1.6%.

According to statistics provided by the “Délégation générale de l'administration pénitentiaire et de la réinsertion”, 27.05% of prisoners were incarcerated for drug-related offences, or 19 476 prisoners. The Moroccan Observatory of Prisons highlighted a few issues regarding the circulation of drugs, hallucinogenic pills and other prohibited substances in prisons, as well as the development of alternative uses for prohibited substances through accomplices who enable the introduction of drugs into prisons to be used as barter. These practices thus encourage the spread of illnesses amongst prisoners and threaten their health.

However, since June 2010, a programme for opioid replacement therapy has been introduced in Morocco, with the future objective of creating, in prisons, units specialised in drug addiction and able to distribute methadone.

Prevention

Prevention is implemented on various levels in Morocco. Relevant Ministries are the Ministry of Health, the Ministry of National Education and Professional Training, the Ministry of Domestic Affairs, the Ministry of Youth and Sports, the Ministry of Higher Education, the Ministry of Habous and Islamic Affairs, the Ministry of Solidarity, Women, Family, and Social Development, and the Ministry of Employment and Social Affairs.

Moreover, on a local level, numerous organisations further complement the government's efforts, by making themselves available to the population and by organisation activities within the framework of drug abuse prevention.

Surveys have been conducted in schools to better understand the target audience and improve the diagnosis: 1994 National school survey; 2003 study on the prevalence of mental disorders and drug addiction; 2006, 2009, and 2013 MedSPAD surveys.

The creation of “clubs de la citoyenneté” constitutes the premises for national action in terms of prevention. Of these clubs, the health club, communication club, theatre club and other clubs for leisure activities have been introduced in schools to be more supportive of students and explain to them the serious dangers of drug abuse. In certain public schools, the idea of building higher walls was raised as a means of combatting against the intrusion of drug dealers. Moreover, teacher-led counselling unites have also been implemented, with the objective of raising awareness and finding solutions to the more serious cases.

The Ministry of Health has developed a “social communication strategy for the prevention of drug abuse” covering the period 2008-2012. The objectives of this programme were:

- Preventing drug addiction amongst young people and vulnerable populations, combined with the promotion of mental wellbeing.
- Improving the quality of the care available to drug addicts.
- Reducing the risk of HIV/Aids, Hepatitis C amongst Injecting Drug Users.
- Treating drug addiction and rehabilitating drug users.
- Combatting the stigmatisation of drug users.

The Ministry of Health implemented a new national strategy to prevent drug abuse through an action plan covering the period 2012-2014.

This plan provides for activities targeted at young people, adults, as well as vulnerable populations. The Ministry intends to prevent addictive behaviours and promote a healthy lifestyle, notably by implementing a social communication strategy. In an effort to make these prevention measures more efficient, the Ministry plans on developing collaborations and partnerships. Indeed, to render these prevention measures efficient and significant, it is necessary that they be realized in the context of an intersectoral and integrated approach.

A number of Moroccan organisations are also active in the field of drug prevention. This is the case for example of the “Moroccan Society against tobacco and drugs” (“Association marocaine de lutte contre le tabac et les drogues”) which led a number of prevention campaigns throughout the year and the country to raise Moroccan’s awareness of the risks associated with the use of illegal substances. These awareness campaigns have involved several open day events, specialist speakers, door to door initiatives, and sports events.

An awareness raising campaign was launched in March 2012, in partnership with the Moroccan Biology Teachers’ Society (“Association des Enseignants des Sciences de la Vie et de la Terre au Maroc”, AESVT), in 10 schools (private and public) in the city of Marrakech. The campaign included a student contest, open to all subjects, on the theme of drugs. The Society also works within the framework of its health at school education activities, in certain schools. On the World No Tobacco Day on 31 May 2013, the Nador section of the AESVT, in partnership with the clubs from the Farkhana highschool, a no tobacco awareness evening.

AMED – Moroccan Organisation to Foster Listening and Dialogue

This organisation, created in 2005, carries out awareness raising activities on the dangers linked to drugs, favouring an approach based on group listening and dialogue.

The objectives of the organisation are to promote listening and dialogue in schools, improve students' learning, raise awareness on the dangers of tobacco, drugs and infectious diseases, and to encourage students' artistic talents and sports in an effort to include them in prevention efforts.

AMED has carried out many activities :

- Training organizers and teachers
 - 25 training sessions were organised.
 - 555 people benefited from training.
- Monitoring Centre for listening and dialogue
 - 25 centres were created from 2006 to 2013.
 - 600 listening and dialogue sessions were organised.
 - 12 000 students benefited from group listening sessions.
 - 19 cases of drug addiction were referred to the Arrazi hospital to become inpatients and 27 cases were referred to the Agdal Centre for Teenagers (Centre de l'Agdal pour Adolescents) which provides treatment and follow-up care to patients.
- Raising parents' awareness of the dangers linked to drugs
 - 2000 parents benefited from awareness raising from 2008 to 2012.
- Raising students' awareness of the dangers linked to drugs through activities
 - Art, théâtre, dance, cinema, sports, singing ...
 - 20 000 participated in one of these activities.
 - 25 schools organised these activities across several cities.
- Awareness buses
 - 6 thematic buses (films, presentations by psychologists, social workers, brochures, flyers ...)
 - 13 280 students benefited from this awareness raising activity
 - 36 schools were visited.
 - 432 awareness raising sessions were organised.

Source : Amina BAJI, présentation de l'AMED, Table ronde du Groupe Pompidou, Rabat le 13 novembre 2013.

NASSIM – Organisation for the prevention of addiction

NASSIM, created in 1994, is active in 3 ways. Through initial prevention which includes awareness campaigns, campaigns to prevent introduction to drug abuse or to prevent the transition from recreational use to dependence. Through secondary prevention, by referring users to therapy through healthcare projects and individualised care options. Through tertiary prevention, by developing a harm reduction policy targeted at at-risk populations.

- **Projet Unplugged – 2011.**

In partnership with the UNODC and the Ministry of Health, NASSIM participated in Morocco Unplugged, a prevention programme targeted at teenagers, ages 12 to 14. The objective was to limit the number of new users and to delay the transition from experimental use to addiction. 123 schools were included in this pilot project.

Training 22 teachers in raising student awareness. 900 students participated.

- **Awareness Raising Programme with the Casa-Anfa Rotary 2011-2012.**

Target population: Private and public schools in the Casa-Anfa region. 4 educators recruited and trained. Awareness raising as carried out when school finished for the day: focused on a local approach to reinforce young people's skills to resist peer pressure to experiment with. 40 schools and high schools followed this programme, which represents 2 500 teenagers. 750 brochures were distributed.

- **Awareness raising programme in schools in Casa-Anfa with the support of the National Initiative for Human Development (Initiative Nationale pour le Développement Humain, INDH) 2011-2012.**

Target population : Students in schools in Casa-Anfa (derb ghalef district).

Age group : 12-15 years old. Weekly awareness raising sessions were organised by the member of NASSIM and educators. 1 500 students benefited.

There are also a number of centres specialised in prevention issues, such as the Al-Raed Centre for the prevention of tobacco and drug use.

The objectives of this Centre are to :

- Raise awareness of the negative consequences of tobacco and drug use.
- Spread information on the dangers of, and prevent tobacco and drug use.
- Train volunteers to combat tobacco and drug use.
- Support and guide the young victims of tobacco and drugs.

The Centre allowed for over 100 young people and high school students to be trained on the negative consequences of tobacco and other drugs.

In partnership with the Pompidou Group, prevention material aimed at users, their families and the wider community was developed by the team from the National Centre for Prevention, Treatment and Research on Drug Addiction (“Centre National de Prévention, de Traitement et de Recherche en Addictions”) and from the Ar-razi Knowledge Hub.

Treatment

Morocco, as a country of Maghreb, was a pioneer in the field of treating addiction, with the completion, since the 80s, of a series of epidemiological studies on the nature and scope of this issue.

Patient care of drug addicts in Morocco, including treatment, follow-up care, and rehabilitation, is dispensed by bodies specialised in addiction issues, including both outpatient and inpatient options.

Healthcare includes inpatient centres specialised in addiction issues in Salé and Casablanca, as well as mobile units offering medical and psychological care in Rabat, Tangiers, Tetouan, Oujda, Nador, and Marrakesh, as well as harm reduction centres. In cities where there are no specialised medical structures dedicated to addiction issues, hospitals and psychiatric wards provide treatment, rehabilitation, and follow-up care to drug users. As of yet, there are no dedicated rehabilitation clinics.

The Moroccan Ministry of Health has adopted a national strategy to tackle the issue of drug abuse and has announced the development of 14 units dedicated to treating addiction, planned for 2020, in those regions most concerned by the resurgence of this problem.

The Moroccan Ministry of Health's strategy to tackle addiction is focused on improving the quality of medical care available to addicts, establishing specialised medical consultation units in the different regions, strengthening the care network, creating mobile specialised units operating from teaching hospitals, and promoting youth healthcare centres offering psychological counselling in Rabat, Beni Mellal, Marrakesh, and Casablanca.

Moreover, in 2010, the programme for methadone substitution was initiated in three pilot locations (Tangiers, Sale, and Casablanca), with the support of the MedNET network and of the Pampidou Group for the training of the medical staff. This type of treatment is part of the National Risk Reduction Programme in Morocco ("Programme National de Réduction des Risques au Maroc"). There was a national consensus on methadone as a therapeutic substitute, and no specific legal basis was required insofar as methadone is on the list of medicines essential to public health in Morocco. This type of substitution programme received very positive feedback in 2011. Consequently, the government approved its extension to several further cities (Oujda, Rabat, Marrakech, Tetouan, Nador, Al Hoceima et Agadir).

By contrast with the prevalence of narcotics addiction, the accessibility of specialised care appears very limited. Indeed, in 2012, the National Human Rights Council's preliminary report on Mental Health and Human Rights ("rapport préliminaire Santé mentale et droits de l'Homme du Conseil National des Droits de l'Homme") describes these services as insufficient and almost inaccessible in the light of addicts' limited economic resources, who have neither the means nor the care required to fight their addiction.

The national 2015-2016 action plan to combat drug addiction provides for the creation of hospital units specialised in addiction issues in Berrechid, Kenitra, El Kelâa Sraghna, and Agadir

Inpatient rehabilitation programmes for drug users

National Centre for Addiction Treatment, Prevention and Research

The National Centre for Addiction Treatment, Prevention and Research (Centre National de Traitement, de Prévention et recherche en Addictions de l'hôpital Ar-Razi, CNTPRA) at the Ar-razi hospital is accessible to all patients who suffer from substance dependence, regardless of their geographic origins. Admission is decided by a specialised medical team. An admissions interview allows the team to

benefit from a comprehensive evaluation (patient's motivation, addictive behaviours, psychiatric and somatic status, family circumstances and social situation).

A therapeutic contract and contract of trust are established between each patient and the healthcare team, giving the patient access to:

- Regular medical care and treatment adapted to the patient ;
- psychotherapy sessions (motivational therapy, cognitive therapy, group therapy, physical and relaxation therapy, tools to manage and prevent any relapse, etc.);
- information and education sessions (information on addiction, the negative consequences associated with different drugs, risks associated with intravenous use – Aids/Hepatitis B and C, preventing relapses...);
- occupational therapy and on social integration (videos, sports activities, educational activities, music, writing and drawing workshops...);
- psychosocial support and rehabilitation measures, support and family-based care, and follow-up care.

Following the initial patient evaluation and the degree of severity of the patient's addictive behaviour and the possible existence of comorbid psychiatric and/or physical symptoms, addicts are integrated into an inpatient rehabilitation programme lasting from 5 to 10 days, which requires a toxicological and biological exam, as well as medical care to manage the symptoms of withdrawal. Treatment is individualised based on the psychoactive substances the patient is addicted to, but also in function of comorbid psychiatric and/or physical symptoms. The patient is then, following a second evaluation, supported through post-hospitalisation care which includes therapy focused on the prevention of relapses and on occupational therapy, all delivered in accordance with a well-established roadmap. The duration of this second phase is 3 months, and renewable on the advice of the healthcare team. The Centre remains open year round and guarantees its patient complete confidentiality.

The Men's Unit has 4 inpatient beds and 12 beds for post-rehabilitation outpatients. The Women's Unit has 2 inpatient beds and 4 post-rehabilitation outpatient beds.

Department on Substance Dependence at Ibn Rochd University Hospital in Casablanca

In this hospital, patients can benefit from outpatient psychiatric care for the duration of rehabilitation. They can also, if necessary, be admitted as inpatients. On average, the department sees 40 patients a day, with 12 daily new cases.

The hospital welcomes patients of all ages. They are generally between the ages of 14 to 50, and 28 on average. Patients are school students, university students, the employed and unemployed alike, and persons on the edge of society. Those requiring inpatient care are admitted to a rehabilitation unit. However, the unit's capacity is limited to ten patients, two patients in each room. The unit is equipped with facilities for occupational therapy, sports, reading and leisure activities. Patients have access to a variety of sports and leisure activities. Patients are kept apart from their friends, families and anything that is a reminder of their past habits.

Length of hospitalisation varies between 1 to 3 months according to the evolution of a patient's treatment, the degree to which a patient is dependent, and the nature of the drugs used. This is a period of complete abstinence during which patients promise not to use drugs.

Risk reduction

Health consequences

Drug use can be the direct cause of viral infections such as HIV/Aids or Hepatitis, but also of other infectious diseases resulting from intravenous drug use.

In 2009, 26 000 people were living with HIV/Aids in Morocco, and 1 200 had died from Aids.

Estimates suggest there were 18 500 Injecting Drug Users (IDU) in Morocco in 2013. Amongst these IDUs, 5 000 to 6 000 were injecting with heroin, which is linked with a higher prevalence of HIV and Hepatitis C.

In 2006, the National Centre for Addiction Treatment, Prevention and Research at the Arrazi hospital studied the risk of HIV amongst IDUs (phase I of the study), based on a sample of 424 IDUs.

Foremost, the study indicated in what regions there were the highest numbers of IDUs:

- Tangiers (36%)
- Tetouan (24%)
- Casablanca (24%)
- Rabat-Salé(16%)

Secondly, the study revealed that 50% of IDUs surveyed had shared or reused needles. Nevertheless, 3 IDUs out of 4 “disinfected” the needles use. However, this finding must be tempered by the fact that most IDUs who clean their needles do so with water. The prevalence of HIV amongst this population was 7%, and 18% for Hepatitis C.

Phase II of the study, carried out in 2008, showed an increase in the habit of sharing needles amongst IDUs, and estimated at 50% to 70%.

Intravenous drug use has significantly progressed over the past few years in Morocco. According to data provided by the Ministry of Health, the prevalence of HIV amongst IDUs is anywhere in between 7% to 22%, and that of Hepatitis C is even thought to be 80%.

Answering these challenges

According to the 2012 Harm Reduction International report, Morocco is amongst those countries which do have functioning needle exchange programmes and where opioid substitution therapy is being developed.

For example, a programme was started in 2009 in Tetouan, in Northern Morocco, by the National Association Against Aids (Association de Lutte Contre le Sida, ALCS), with the financial support of Coalition Plus and further funding from Catalonia and the Global Fund to Fight Aids, Tuberculosis and Malaria. Injection kits and HIV prevention material, aluminium and condoms were distributed from a mobile unit. In total, over the course of 2009 to 2011, 35 000 needles were distributed, and a little over 50% were returned.

A needle exchange programme was also implemented by the National Centre for Addiction Treatment, Prevention and Research. The programme has several objectives:

- Awareness raising and education in locations where IDUs use ;
- Distribution of injection kits and condoms;
- Needle collection;
- HIV and screening;
- Medical care.

In the context of MENAHRA (The Middle East and North Africa Harm Reduction Association), a “Knowledge Hub Arrazi” was opened in Rabat in 2007, to act as a

regional knowledge hub for Morocco, Algeria, Tunisia, and Libya. The Hub is housed by the National Centre for Addiction Treatment, Prevention and Research at the Arrazi Hospital. Its main task is the implementation of regional initiatives on HIV/Aids and intravenous drug use.

To this end, the Knowledge Hub Arrazi participates in various activities, such as:

- Preparing and providing classes, training, and workshops in the fields of reducing the negative consequences of drug use and fighting HIV/Aids.
- Developing region-specific material.
- Promoting and implementing harm reduction initiatives and programmes.
- Collecting and disseminating information on these initiatives and the regional and international developments in the field of harm reduction.

In 2012-2013, the NASSIM organisation implemented a harm reduction programme, with the support of the Global Fund to fight Aids, Tuberculosis and Malaria. Through this programme, locations in the Greater Casablanca where heroin and cocaine are used were mapped. This initiative facilitated the development of a local approach with field visits, to raise awareness on the link between drug use and HIV and educate those most vulnerable to the risk of HIV and other infectious diseases on good practices. 80 persons benefited from this programme, including 36 IDUs.

In the context of MENAHRA, the Pompidou Group also funded three regional advocacy workshops on harm reduction and the prevention of diseases linked to drug abuse.

Screening

With regards to HIV screening, Morocco's healthcare policy expressly precludes obligatory screening.

According to estimates communicated by Morocco to UNAIDS in 2012, only 11% of IDUs get screened and follow up on their test results. With regards to care, 30% of Moroccans living with HIV had access to antiretroviral therapy in 2010.

Morocco has implemented a National Aids Plan for 2012-2016. It provides for the support, treatment, and care of IDUs, and the prevention of the stigmatisation of and discrimination against this population.

International, regional, and bilateral co-operation

International co-operation

Faced with the worrying growth of drug trafficking, combined with the necessity of developing prevention and providing treatment and reintegration to a rising number of drug users, Morocco has reiterated its commitment to co-operate with all relevant States to fight drugs and drug-related crimes and to contribute, in a spirit of shared responsibility, a comprehensive, balanced and coordinated response to this threat which concerns the whole of society.

Hence, Morocco has ratified various United Nations conventions on narcotics and psychotropic substances (1961, 1971, and 1988) and the United Nations Convention against Transnational Organized Crime (2000).

Morocco has numerous laws regulating all aspects of drugs (production, trafficking, using). The national legislative and regulatory framework punishing drug-related activities was strengthened by law No. 43-05 on money laundering, adopted and implemented in 2007.

In a spirit of judicial assistance, Morocco fully co-operates with its partners to fight drug trafficking, notably in the context of extradition requests, but reciprocity is not always possible with some European countries who tolerate possession and use of certain drugs, which further encourages trafficking.

In accordance with the United Nations' recommendations, Morocco, as early as 1977, implemented an institutional framework in charge of coordinating the measures taken to fight drug trafficking and addiction, including through the creation of National Narcotics Commission. UNODC's participation in surveys on cannabis in Morocco testifies to Morocco's willingness to include the international community and donors in its anti-drugs efforts.

Morocco maintains a close relationship with the International Narcotic Control Board (INCB), whose reports also highlights Morocco's efforts and the progress made in destroying crops and the fight against drugs.

Morocco further collaborates very closely with the MedNET network (the Pompidou Group's Mediterranean network for co-operation on drugs and addictions) which aims to foster co-operation, exchanges and mutual transfer of knowledge between

Mediterranean countries and Pompidou Group European Member States (North-South and South-North exchanges). This co-operation has led to many activities (training workshops, study visits, development of an addictology diploma from Casablanca and Rabat Medical Schools, MedSPAD national survey on drug use in Moroccan schools, production of prevention-related material... etc.). Morocco formalized its membership of the Pompidou Group on 1st of July 2011 after participating in the MedNET network for five years. This partnership facilitated the creation of the Moroccan Monitoring Centre on Drugs and Drug Addiction (Observatoire National des Drogues et Addictions, ONDA), inaugurated on 11th of June 2013. This body's mission is to provide decision-makers with factual objective, reliable and comparative information on drug use and its consequences.

Morocco thus efficiently fosters close ties with European countries, the United States of American, and certain African countries to strengthen coordination and the fight against international drug trafficking networks, whilst also creating mechanisms to better prevent trafficking across its own borders.

Regional co-operation

The Kingdom of Morocco works in close collaboration with several other Mediterranean countries on the issue of narcotics. Indeed, through the financial support of the Gulf Co-operation Council countries, Saudi Arabia contributes significantly to funding major development projects in the Kingdom. The Ministry of Foreign Affairs and Co-operation has reiterated Morocco's staunch support and strong attachment to preserving the stability, security and unity of Gulf countries, reaffirming the Kingdom's determination to co-operate with its partners to fight terrorism, drug and arms trafficking, money laundering and transnational crime.

Bilateral co-operation

2008-2009 marked the creation of a joint Moroccan and Spanish anti-drug committee when the Kingdom became a member of the Mediterranean area anti-drug enforcement coordination Centre (CECLAD-M).

Morocco also benefits from observer status with the Maritime Analysis Operational Centre (MAOC-N). The Spanish and Moroccan Ministers of Interior Affairs have also implemented a strategy for detecting narcotics in airports, as well as across the Gibraltar Straights.

Morocco further works closely with the various US agencies, such as the Federal Bureau of Investigation (FBI), Drug Enforcement Administration (DEA), and the Department of Homeland Security (DHS). Moreover, the Department of State's Bureaus of International Narcotics and Law Enforcement Affairs and Diplomatic Security communicates regularly with the relevant Moroccan bodies in the field of drug enforcement.

Training in addiction issues

In collaboration with MedNET, two specialised degrees in addiction issues were created in Rabat and Casablanca and have proven both very popular and useful. The objectives of these training opportunities are to complement knowledge in the field of addiction issues and to contribute to the training of participants in the National action plan against drug abuse. The target audience of these training courses are doctors, psychiatrists, other specialists, psychology interns and doctors.

In total, over 100 people have been trained since the creation of this diploma and now work in the 4 treatment centres.

In the framework of the "harm reduction programme" developed by the NASSIM organisation, two training courses were offered to train healthcare professionals in harm reduction.

Finally, in June 2013, in partnership with the Ministry of Health, training in accelerated HIV screening was offered to the personnel at the addiction centre and the volunteer doctors of the NASSIM organisation so as to promote screening amongst drug users.

Data availability

The Moroccan authorities have published several studies and surveys which reflect trends, including the prevalence and use of drugs or demand for drugs in schools. They depend primarily on the Ministry of Health, of Justice, or of Education and, depending on their objectives, are carried out on different scales. For example, "capture-recapture" studies by the Ministry of Health in the North of the country and in the main urban zones allowed a better understanding of how to care (from a social and medical perspective) for drug users.

Similarly, the Ministry of Justice provided data on drug use in prisons. IN January 2013, several studies were ongoing, notably on the quality and price of drugs, as well as the percentage of sentences linked to drug use or trafficking.

Mainly missing is data on the consequences of drug abuse, including data on the death rate and deaths linked to drug abuse.

In order to centralize the existing information and data on drugs and addiction, and so as to collect the missing data, in 2011 Morocco created a National Monitoring Centre on Drugs and Drug Addiction (Observatoire National des Drogues et Addictions, ONDA) following the training sessions organised by MedNET with the participation of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). It was inaugurated on 11 June 2013 by the current Minister for Health, Professor Hussein Al Ouardi, and chaired by Professor Jallal Toufiq.

The ONDA is specialised in collecting, analysing, and interpreting data to produce information useful to decision-making on drugs and drug addiction. The Centre therefore has several functions:

- Provide information deemed essential to drafting policies and organising drug-related services ;
- Provide information on general questions on drug abuse ;
- Collect and produce the information necessary to satisfy obligations imposed by national and international monitoring bodies on drugs ;
- Collect data on a national level ;
- Analyse and interpret this information ;
- Produce reports.

Specific themes

Young people and drugs

Epidemiological study and statistical data:

Morocco pay particular attention to the prevalence of drug use in schools. It is in this context that the MedSPAD studies (Mediterranean School Survey Project on Alcohol and other Drugs) were conducted in 2006, 2009 and 2013.

MedSPAD is an adaptation to the Mediterranean countries of the ESPAD (European School Survey Project on Alcohol and other Drugs), in the framework of the activities of the MedNET network.

The Morocco MedSPAD studies were conducted by two joint teams from the Ministries of Education and of Higher Education at the Arrazi Psychiatric Teaching Hospital in Salé. The first MedSPAD study, carried out in 2006, focused on students in the Rabat-Salé region. Two further MedSPAD studies were then carried out in 2009 and 2013 and were conducted throughout Morocco. These studies primarily focus on students between the ages of 15 to 17 and are repeated every 3-4 years to assess the evolution of trends linked to drug abuse in this age group.

The objectives of the MedSPAD studies are diverse: to know the age at which users are first introduced to psychoactive substances, to highlight risk factors amongst students, to better understand students' opinions and behaviour and to extract information that could be used to draft recommendations and act in the field of preventing narcotics abuse in schools.

Les résultats de l'enquête MedSPAD 2009 peuvent être retrouvés dans le Rapport MedSPAD 2009-2010, Usage de drogues en milieu scolaire marocain (P-PG/Med(2011)17), publié par le Groupe Pomicou.

Targeted action:

Despite the introduction in schools of several projects to prevent drug abuse, it is important to improve the rigour of these programmes. They must indeed be focused, take into account the results of scientific research, use interactive methods, and dedicated to young people. The approaches which seem most efficient to reduce drug abuse include courses that enable young people to acquire specific skills and more general training in social norms.

Conclusion

This “country profile” allows for a better understanding of the Moroccan model. Indeed, it provides an overview of the government’s policy and of the bodies’ active in the fight against drug trafficking and drug abuse.

This policy on drug is still developing. Several reports highlight, on the one hand, the efforts made by the country to combat drug production, trafficking and abuse, and the harm caused, and on the other, the concrete results achieved by Morocco. In 2010, the American Bureau of International Narcotics and Law Enforcement Affairs stressed that Morocco’s cannabis destruction programmes had been particularly successful, and more generally that Morocco never ceased to demonstrate its active commitment to respond to the issue of drug trafficking.

Moreover, even if Morocco’s approach to drug enforcement remains today quite repressive, the country is one of the most progressive in the Maghreb reduction in the field of harm reduction. Indeed, it is one of the only countries in the region to offer both needle exchange programmes and opiate substitution therapy.

L’année à venir apportera de nouveaux challenges pour le Maroc. Les diplômes en addictologie de Casablanca et Rabat vont être renouvelés. Le réseau MedNET va continuer de soutenir, pour sa deuxième année, le fonctionnement et développement de l’Observatoire Marocain des drogues et des addictions.

The year ahead will come with its new challenges for Morocco. The diplomas in addiction at Casablanca and Rabat are going to be renewed. The MedNET network is going to continue to support, for its second year running, the activities and development of Morocco’s National Monitoring Centre on Drugs and Drug Addiction.

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