HARM REDUCTION INTERNATIONAL

INVEST IN JUSTICE

CASE STUDY

EGYPT

Expanding Harm Reduction Within a Punitive Drug Policy Framework

Summary

Egypt's drug policy framework remains largely punitive, relying heavily on criminalisation and incarceration for drug-related offences despite longstanding concerns regarding prison overcrowding and the availability of legal alternatives to imprisonment. Criminalisation, stigma, and broad enforcement discretion continue to shape responses to drug use, contributing to over-incarceration, human rights concerns, and wider public health burdens.

In practice, enforcement discretion is rarely exercised neutrally. Rather, it creates conditions for selective and discriminatory application of the law, disproportionately affecting people living in poverty, marginalised communities, and those with limited access to legal protection.

At the same time, Egypt has made important investments in health-based responses to drug use. Building on the success of its national hepatitis C (HCV) elimination programme, the country has expanded harm reduction and treatment services, creating momentum for broader public health approaches. In 2020, the Ministry of Health and Population formally integrated opioid agonist therapy (OAT) into national health programmes, alongside increasing recognition of needle and syringe programmes (NSP) and naloxone as essential public health interventions.

Egypt has since expanded free OAT services across multiple governoratesa, invested in digital mental health and referral platforms, and introduced locally produced OAT to improve sustainability and reduce costs by approximately 65%.

While the legal framework remains predominantly punitive, these developments demonstrate growing investment in health-centred responses and represent important progress toward improving access to care, strengthening service integration, and reducing barriers to treatment.

Chiffres clés

65%

Locally produced methadone has reduced costs by 65% compared to imported alternatives.[1]

$95 MILLION

Over $95 million is spent annually on prison operating costs alone.[2]

207.3%

The prison occupancy rate in 2020 was 207.3%.[3]

4.1 MILLION

4.1 million people were treated for HCV under the 100 Million Seha campaign.[4]

The punitive approach

Egypt's drug policy framework remains overwhelmingly punitive. Under Anti-Narcotics Law No. 182 of 1960, drug-related offences carry severe penalties, including lengthy prison sentences, substantial fines, and, for certain trafficking-related offences, the death penalty. 5 While legal provisions allowing alternatives to incarceration exist, they remain inconsistently implemented.[1] In practice, compulsory treatment can function as a form of involuntary detention, raising concerns regarding effectiveness, autonomy, and human rights.

Enforcement is shaped by broad interpretation and discretionary decision-making. Although individuals found with small quantities of drugs may be eligible for alternatives to imprisonment, implementation varies considerably depending on assessments made by law enforcement and judicial authorities.[1] Such discretion can result in arbitrary and discriminatory application of the law, disproportionately affecting people living in poverty, marginalised communities, and those with limited access to legal protection.

In 2023, $57 Million was allocated for prison operational costs such as food, clothing, and maintenance, while $38 Million went to salaries for prison staff.[2] The actual spending is likely higher than official figures due to the cost of judicial proceedings and construction of new prisons.[4] However, there is no available data on the proportion of the prison population detained for drug-related offences, limiting assessment of the full impact of drug criminalisation on the over 200% prison occupancy rate.[6]

Stigma remains a major barrier to accessing care in Egypt. Evidence shows that fear of discrimination and self-stigma discourage people who use drugs from seeking care, reinforcing cycles of exclusion and delayed treatment.[7] This is particularly pronounced among women who use drugs, who face layered stigma linked to both substance use and gender norms.[8]

Building a Health-Centred Response

Egypt's transition toward greater investment in health-based responses has been influenced by the country's successful HCV elimination efforts. Beginning in 2006 the National Committee for Control of Viral Hepatitis launched a coordinated national response that transformed Egypt from one of the countries most affected by HCV, into a globally recognised leader in hepatitis elimination.[9, 10]

Building on these achievements, the "100 Million Seha" campaign, which began in 2014 and was reinforced in 2018, significantly expanded access to screening, prevention, and linkage to care, demonstrating the effectiveness of coordinated public health action when systems are aligned around health outcomes.[11]

This experience helped create a favourable environment for broader harm reduction reforms. As evidence, community advocacy, and international guidance increasingly converged, policy discussions began to shift toward the public health dimensions of drug use.

Instigating Change

Political commitment, community demand, and international technical guidance have led to NSP, OAT, and naloxone being supported through increased government financing, with the Ministry of Health and Population assuming primary responsibility for implementation.

In 2020, the Ministry issued Ministerial Resolution No. 640, formally integrating OAT into national health programmes.[12] This marked a significant policy milestone and reflected sustained advocacy by civil society organisations, growing demand from affected communities, and increased confidence in public health approaches generated through the HCV response.

A key enabling factor was inter-ministerial coordination between the Ministry of Health and Population, the Ministry of Interior, and the Ministry of Justice. While initial institutional resistance existed, direct engagement with service delivery sites helped shift perceptions and build support for implementation.

There are plans to expand and scale up this model across additional hospitals in Egypt, gradually diverting people away from incarceration and into health services.[1]

Investing in Community, Health and Justice

A key development has been the expansion of OAT, now provided free of charge with only minimal administrative fees upon registration. The government fully funds medication and service delivery, with OAT currently available in 15 of the 27 governorates.[13]

Investment has also expanded into national digital outreach systems, to improve reach among hidden and hard-to-access populations. Government funded hotlines and online platforms provide free referrals, counselling, and mental health support.

To improve sustainability and reduce long-term costs, Egypt has introduction locally produced methadone (Methadency), officially registered with the Egyptian Drug Authority.[14] The initiative reflects a strategic shift to reduce dependence on imported medications, strengthen supply security, and ensure continuity of OAT services. Local production has reduced costs by approximately 65%, generating substantial savings while maintaining service availability.[1]

Conclusion and Recommendations

Although still in its early stages, Egypt's harm reduction reform trajectory shows a clear, if uneven, shift toward more health-oriented responses to drug use. The most tangible gains lie in expanded service coverage, improved treatment availability, increased government investment, and more structured referral pathways linking health, civil society, and state institutions, alongside growing institutional acceptance of harm reduction approaches.

However, emerging diversion efforts within the existing legal framework remain constrained by the continued dominance of punitive drug laws, meaning that criminalisation, stigma, and structural barriers to accessing care still substantially limit the reach and impact of reforms.

To maximise the impact of the country's harm reduction investment, Egypt must commit to reducing the prison population and ending criminalisation of people who use drugs to ensure engagement with people who use drugs without fear of reprisal and freeing up further funding to expand harm reduction interventions.

Egypt should gradually reallocate resources from incarceration towards evidence-based harm reduction services, expand OAT nationwide using savings generated through locally produced methadone, strengthen diversion and referral mechanisms that connect people who use drugs to voluntary health and social services, and strengthen data systems to monitor drug-related arrests, incarceration, diversion, and treatment outcomes.

> **"In rehab, I felt trapped, like I was imprisoned again, isolated in a place where I did not belong. But with harm reduction, I was given the freedom to heal step by step. No one can force a person to recover. Real recovery starts when someone is supported, not controlled."**

Sources

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This is one in a series of case studies which captures the experiences of governments and donors around the world divesting from punitive approaches to drugs, and investing in programmes which prioritise community, health and justice. These case studies are not meant to be comprehensive but provide examples of effective divestment and investment, and related advocacy strategies.