

Trajectories of an addiction: ethnography of heroin use in Tangier (Morocco)

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Abstract

Since the 1980s, the landscape of illegal drug use has changed in Morocco. This has come about through the introduction of new drugs and new modes of consumption. Morocco's geographical position has actively contributed to facilitating the transit of cocaine from the Sahel; heroin arriving through the two enclaves of Sebta and Melilla; and psychotropic drugs from Europe or those transiting through Algeria. The 2000s were marked by the "democratization" of certain drugs with the massive arrival in Morocco of cocaine and heroin, which had until then been reserved for a wealthy clientele. Thus "kahla/heroin", introduced in the north at a price of around 20 dirhams (2 Euros) per gram, generated a considerable number of injecting drug users, with all the attendant public health problems (HIV). Using the city of Tangier as a working space, this article attempts to understand the process of heroin addiction, and tries to answer the following questions: how do people become junkies? How it feels to break the social link? How do they experience the user-sick position?

Keywords: drugs; heroin; consumption; addiction; Morocco.

Trajetórias de um vício: etnografia de usuários de heroína em Tangier (Marrocos)

Resumo:

Desde os anos 80, o cenário do uso ilegal de drogas mudou no Marrocos. Isso ocorreu através da introdução de novos medicamentos e novos modos de consumo. A posição geográfica de Marrocos contribuiu ativamente para facilitar o trânsito de cocaína de Sahel; heroína que chega pelos dois enclaves de Sebta e Melilla; e psicotrópicos da Europa ou em trânsito na Argélia. Os anos 2000 foram marcados pela "democratização" de certas drogas, com a chegada maciça de cocaína e heroína em Marrocos, que até então estava reservada a uma clientela mais abastada. Assim, a "kahla / heroína", introduzida no norte a um preço de cerca de 20 dirhams (2 euros) por grama, gerou um número considerável de usuários de drogas injetáveis. Usando a cidade de Tânger como espaço de trabalho, este artigo tenta entender o processo do vício em heroína e tenta responder às seguintes perguntas: como as pessoas se tornam viciadas? Como é romper o vínculo social? Como eles experimentam a posição de usuário doente?

Palavra-Chave: drogas; heroína; consumo; vício; Marrocos;

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Introduction³

Since the UNODC report in 2005, Morocco has been described as the world's largest producer of cannabis. However, a new reality has just been added to this position as the world leader in cannabis: the massive arrival of new drugs, including cocaine, crack cocaine, and psychotropic pills. The reasons for this change lie first of all in: the country's strategic position as a crossroads linking Africa and Europe, then the economic development of the port platforms in the north of the country, particularly in Tangier, which has accelerated the transformation of Tangier into an important transit zone for goods but also for drugs, and finally the presence of the two Spanish enclaves Ceuta and Melilla, which constitute a transit route for all kinds of drugs⁴. Northern Morocco has become an area for the consumption of drugs, particularly heroin, with extremely low prices compared to the rest of Morocco. The cities of the North, specifically Tangiers, Tetouan and Nador, have thus been caught up in a new dynamic of drug consumption, moving from cannabis as a socially accepted product to injectable and sniffed drug products. These new practices have given rise to a real public health problem, with the presence of a large number of junkies⁵ occupying squatters and public spaces, stigmatized and outside the health care system, in a situation of social precariousness, breaking social bonds and also in economic precariousness.

Faced with the scarcity of care for this population, several families in the North resort to traditional therapy, and were the first "clients" of the mausoleum of Bouya Omar in the Great Atlas Mountains, where a 16th century marabout, to whom supernatural powers are attributed, is buried. This place attracts more than 30,000

visitors every year, among them thousands of drug users from the northern cities. The latter, who become residents of this mausoleum, remain chained there for months in closed and isolated corners. Since the Ministry of Health closed down Bouya Omar in June 2015, 799 patients have been removed from the mausoleum and dispatched to 27 public establishments specializing in the treatment of mental illness, with a total bed capacity of no more than 1,725 beds.

Today, the highest rate of drug addiction is observed in the north of the country. This region is home to a large proportion of drug users, particularly heroin and injecting drug users. There are mainly three sites: Tangier, Tetouan, and Nador. According to the Hasnouna Association for Support to Drug Users (NGO/Tangier), there are more than 3,000 heroin users in Tangier. According to the same source, and based on the number of people seeking medical treatment, heroin and cocaine use affects all social classes and age groups. Despite the achievements made in terms of the provision of care and medical treatment, which have expanded considerably in recent years with the establishment of addiction centers and the adoption of opiate substitution treatment (methadone)⁶, Morocco maintains the status quo in terms of the criminal treatment of drug users of all kinds. Drug use is still governed by Decree Law No. 1-73-282 of 21 May 1974⁷ Article 8 of the said Decree punishes any use of any substance or plant classified as a narcotic, and the user is liable to a penalty of two months to one year's imprisonment and/or a fine of 500 to 5,000 dirhams. Nevertheless, in the second paragraph of this article, the judicial authority may discontinue criminal proceedings if the accused, a drug user, consents, after a medical examination carried out at the request of the King's Prosecutor, to undergo detoxification

3 We thank Dr. Azeddine Khalfaoui professor at Moulay Ismail University for his reading and corrections to the English version of this text.

4 In 2018, Moroccan police seized 1.65 tons of cocaine and 1.3 million psychotropic hallucinogenic tablets and ecstasy. An official account.

5 In the north, the term Junky refers to heroin-dependent users.

6 Methadone, see Ministry of Health guide.

7 Official Bulletin No. 3214 du 05/06/1974 – p. 928.

for the duration necessary for his recovery. Such treatment must be carried out either in a therapeutic establishment under the conditions laid down in article 80 of the Criminal Code or in a private clinic approved by the Ministry of Public Health. In the latter case, the individual under treatment must be examined every fortnight by an expert doctor appointed by the King's Prosecutor. This doctor alone will be qualified to assess the state of recovery. If the drug user is again the perpetrator of an offence of drug use or drug trafficking, within three years from the start of his medical treatment, a new criminal prosecution will be initiated, with cumulative penalties, both for the old offence and for the new offence.

In the absence of specialized centers for the treatment of drug users, systematic recourse to imprisonment remains the general rule, with the exception of individuals from wealthy families with links to power. It is worth recalling here the tolerance of police officers and magistrates towards arrested persons, particularly when it concerns only the use and not the trafficking of drugs and when the quantity seized does not exceed a few doses for personal and daily use. Based on an ethnographic approach in the city of Tangier, this article attempts to understand how the career of the Junkies takes place, and how the social barriers that separate drug addicts, particularly heroin addicts, from the rest of society are set up.

Junky: how do you become one?

Rather than reducing addiction to the workings of political economy and biopower, addiction from a trajectory of learning and socialization invites us to separate ourselves from both "the forces that structure and determine the social phenomenon on beaten paths and those that maintain the contingency and indeterminacy of those paths, allowing individuals to stray in unforeseen directions" (Singer 2012: 8).

Anthropological work, despite the elementary nature of drug research, has succeeded in showing the differentiation between use, abuse, and dependence. They have thus introduced another nuance, shifting the focus from the product to the behaviours, but also pointing out that not all drug users are drug addicts (Decorte 2002). This work has also rejected the dominant idea of drug users as sick individuals. In this study of the phenomenon, we focus on how users play on the sick category to gain social status. Indeed, it is important not to impose a theoretical or analytical framework. We start from the premise that the diversity of the field gives us the opportunity to better understand drug use in different cultural, social and economic contexts. The identity of a Junky is forged in the rituals and rules of drug use, and this identity is structured in relation to the availability of the product, the places of consumption and the processes of self-regulation. The identity of the junkie results from the socio-spatial context, that of life in squats. As soon as they start to drift, heroin or crack users are involved in a double process of learning and distance. The learning process is a long one; we will describe the most important stages from the users' point of view. In the first phase the junky deconstructs himself according to a process of interpretation of his state of withdrawal called (L'Mono) followed by a second phase which is the integration of squats (kharba).

The Mono⁸

Through observation and discussion with junkie people, we come to understand what might be the common thread among all people who use drugs. It is true that the stories are different from one junkie to another, but they all agree on the issue of stopping taking drugs. "You can't stop taking heroin when you're on the Mono. Thus, learning to feel the Mono is a kind of rite of entry into the community knowing that the Mono is never defined and determined. It is

8 Withdrawal, locally called mono, is the medical and cultural term for drug dependence.

a whole implicit practical rule to which one must credibly believe. And to believe it, one must learn to feel it. What is Mono? How does the junky describe it? How does he experience it?

The first uses: partying

There are more or less conscious reasons for taking the drug. But, whatever the causes, when it comes to heroin and cocaine, the first uses are generally in a festive and playful context. Often, the setting of a discotheque or the atmosphere of a party facilitate initiation and help to achieve a state of euphoria at all costs, especially as it is easy to obtain drugs from friends and acquaintances at parties. This festive atmosphere and the strong sensations felt by the new initiates impress the spirits and provide a strong desire to repeat the experience, and so on... The Junkies relate, with nostalgia and sorrow, the sensations they felt when they reached the flash point with their first doses of heroin or cocaine. From the very first use, the initiate feels an irresistible urge to take cocaine again. The symptom of Mono acting, the access to the drug and its use then proceed from an individual approach. And out of fear of experiencing the horrors of Mono and reliving the behavioral consequences, each insider buys his or her doses for his or her own account. The following excerpt from our contact person Ahmed eloquently illustrates the journey of a junkie living in a squat:

“In the beginning we went to the disco every weekend with the colleagues I worked with in a call center. We buy a quarto (a quarter of a gram) for the whole night. Then you start bringing a gram of cocaine, especially when you’re with girls. And since we work all day long, we wear a few shifts to work so that we can use them during the rest hour and without being noticed by our colleagues and managers. After a few months, I still felt uncomfortable to the point where I couldn’t work without taking a line of cocaine. Then I started to get white powder on my own. And I buy everything

I need for the whole week”.

For subsequent use, Mono becomes a well-founded practical rule governing the relationship of the junky to the product consumed. In this phase, obtaining cocaine or heroin becomes the drug addict’s only concern, in a state of extreme withdrawal. Thus, he or she reaches the status of a true junky, busy trying not to end up in a state of Mono. In this phase, the junkie adapts a victim posture ; they justify their conduct which they consider deviant:

“I know all junkies get their hands on “borşa”⁹(bag) by stealing other people’s stuff, but you are forgiven. It’s not our fault, it’s the drugs’. I wasn’t like that. I worked like everyone else, with a salary and a family. But drugs made us like this”. “When I got caught on the Mono, I didn’t know what I was doing. May God forgive me. I sold everything I had in my room. I sold my clothes. And how many times I took things from the house and sold them to get some heroin. One day, my brothers changed the keys of the door of the house and kicked me out. Since then I have been here in this corner”.

From the very first takes, new junkies have to undergo an initiation rite to discover Mono. Junkies also experience the state of Mono and endure the psychological or behavioral changes induced by stopping taking heroin or cocaine. A simple change in mood or a little boredom is then interpreted as symptoms of a craving that can only be remedied by taking cocaine or heroin. This repeated process will reinforce the need to take drugs as the only recourse. As a result, he becomes accustomed to describing any physical disturbance as resulting from Mono, and every behavioral change, however insignificant, is interpreted as a manifestation of a state of withdrawal.

As soon as physical and behavioral changes appear due to the effects of the first drug use, the initiate anxiously expects that the repetitive use of drugs will cause him to develop

9 Borşa in Tangier and papela in Tetouan, it’s a heroin fix.

Mono, and as soon as he becomes aware of his behavioral and physical changes, he engages in a permanent and repetitive use of heroin, for fear of being caught by the state of Mono. And when this becomes clear, the initiate reorganizes his entire physical and psychological lifestyle to the rhythm of his heroin or cocaine use.

We witnessed a conversation between two junkies, Youssef, 19, and Tawfiq, 40, both from a downtown squat in Tangier. The former has been using heroin (by smoking) for almost a month, and cocaine (by sniffing) for a few months. The second is a heroin addict (by smoking) for more than ten years. The first exchanges of their conversation are quite edifying:

- Youssef: Hello Tawfiq. How are you brothers?
- Us: Hi Youssef, how are you?
- Youssef: I'm fine, I'm fine, yesterday I couldn't sleep. I spent the whole night throwing up so much that I woke up the whole family. (Sadly) I don't know what happened to me.
- Tawfiq: This is Mono my brother. Did you smoke this morning? Take a PLATA (a dose of heroin on a piece of tin foil) and you'll see, everything will be fine.

No other diagnosis apart from that of the Mono from this experienced heroin addict. The Mono, by the force of conviction it generates, makes it possible to conceptualize the meaning of drug use in the new initiate, who will then become permanently addicted to drugs in order to avoid falling prey to the harsh symptoms of Mono. Paradoxically, the proven junky is not really worried about Mono, being always looking for doses so as to never be in a situation of withdrawal. The following terms with which a junky calls on the services of the mobile harm reduction team RDR during the implementation of the syringe exchange programme are a good illustration of the sustained rhythm of heroin use in relation to the feared prospect of Mono. "My brother, Mono in my house is difficult, bring me more syringes".

Mono is not a state of pain that must be relieved, but a number of dosages that must be

reached so that the Mono state is never reached. This state can also take various forms depending on the course of use of each junky and the product used. For heroin users, they present their condition as a disease that affects their body to the point of putting them in a state of anxiety. All junkies use the same language when they are about to smoke a plata of heroin: "I'm going to get rid of the disease", whereas users of "crack" or "free base", whose craving state is less painful, say "I'm going to erase the Mono", which is a less pathological formulation. The dependent consumer is then confronted with a whole process of estrangement that he has to face. He or she is labelled as a junky - an eminently pejorative term - and is viewed with great distance by the community, which condemns him or her to a life of reprobation. He must then resolve to live in squat, a place of more or less community life, but also of accepted consumption, for years trying to reduce this painful experience of isolation.

Kharba: a lifestyle to be learned

"It was the white powder, the cocaine, that ruined my life. It all started with parties and discos with friends. Then I ended up in the kharba (squats) with the junkies, as you can see. Coca gives the impression of perfect well-being and joy. You feel happy and overexcited all night long, but when morning comes, you won't be able to sleep. To get there, you have to take Valium, an anxiolytic depressant. After that nothing relieves my Mono. To suppress it, a friend of mine offered me heroin. I experimented with it and felt its effects. But this time the Mono is harder and unbearable. As soon as I finish taking one dose, I think of the other".

As soon as pleasure gives way to Mono, the junky creates his own squat which takes shape, at first, in his own room. He then finds himself alone and quickly forced to move elsewhere when he feels that his practice and his behavior are a disgrace to his family. Other users are simply rejected and ostracized by their own families. These trajectories intertwine to continually make and break addiction as a lived experience,

experiential life trajectories constituted by the subjectivity of the actors (Raikhel and Garriott 2013). Thus, understanding the invisible and unconscious coercion of what (Bourgois and Schonberg 2007) call intimate apartheid, allows us to unravel the symbolic violence that blames users who are victims of different forms of violence.

Leaving willingly or by force, the junky is forced to deprive himself of everything that belonged to him, in a form of dramatic violence. The majority of them present themselves to us in the grip of terrible moral suffering for having missed out on their life in society and betrayed their group of belonging. It is common to hear junkies say “I lost everything because of kahla¹⁰”. Kharba becomes the junky’s favorite exile, making it a place to live and consume. But how does one manage to live in kharba? The whole history of the junky is built around life in the squats. To start using heroin or crack, the junky has to create his own squat, out of sight of his family members. At that point, a whole process of distancing and estrangement begins. The forms of separation between family and junky are different from one family to another. Some families will reserve a separate room for the user, often on the roof of the house, while others prefer to pay for a rental room away from home, to avoid being blamed by neighbors. In extreme cases, some junkies are imprisoned at the request of their own families. The story of Bashir, ostracized and living alone away from his family for several years, illustrates a form of intimate violence to which some junkies are subjected:

“They told me, ‘you’re sick, fine. It’s not your fault, it’s the drugs’, so we’re going to buy you a room somewhere else where you can live quietly with your drugs. And as soon as you get out of it, you’re welcome”.

When a junky voluntarily or involuntarily leaves his original place of residence, he faces the risk not only of depriving himself of all his

material possessions, but also of having his family’s link broken. It is obvious that this form of intimate violence, at once interior, profound and traumatic, is not without lasting impact on the life of the junky who, for want of anything better, finds in the kharba a substitute for life where he can spend years and years. In such a situation, the person concerned carries with him the weight of guilt for having damaged the integrity and reputation of his family and also for having lost everything: “I hate myself for the things I have done, but in spite of myself I continue to do them”. Certainly, this ambivalent feeling plays on the way the junky gives meaning and significance to Mono and life in kharba. So, what is kharba? During the 90s, junkies humorously described how they indulged in heroin in public, especially in neighborhood cafés, without anyone noticing, not even the police, except, perhaps, the insiders.

“After all the preparation, the heroin turns into a brown liquid on a piece of foil, everyone thinks it was cannabis oil. Especially the police officers when they intervene, they don’t know what it is”, says a junky who has been using heroin since the 1990s. At that time, users didn’t need to squat to hide their practice. The stigmatizing judgment that has been passed on users since the early 2000s has changed the situation. Today squats are everywhere in the city. As soon as some construction works make them disappear, others are created. The kharba is at the same time a place of initiation, consumption and a precarious, calamitous and miserable place to live.

At first glance, the kharba appears to be a place for the marginalized and homeless, without any other considerations. As soon as you approach it, you can better perceive its structure and its dilapidated state: here, a room with decaying walls and a roof almost demolished, the floor more or less broken, is strewn with used syringes, straws and small plastic water bottles commonly used to smoke crack. Aluminum foil used to smoke kahla (heroin), left behind, is

10 The name given to heroin in the northern region.

scattered all over the place. In addition, garbage from elsewhere is collected in abundance, with a view to a hypothetical resale.

The kharba are marginalized places, they are the object of multiple interventions by the police who constantly try to evacuate them, prioritizing those most exposed to public view, especially when the junkies are seen. Once evacuated, the junkies look in the same neighborhood or in the most peripheral corners for another location. Thus, apart from a few visible squats where the junkies only pass through, the time to consume heroin, the hidden squats, more or less structured, nevertheless function as places of organized life and assumed consumption. These types of squats are always “administered” by a squat leader, who may be either a simple junky who actually has a place to consume and live, or a dealer/consumer, whether or not he lives there. The squat leader provides reception and protection in the squat, which is considered to belong to him and, in return, the other junkies, occupants of the squat, pay him by one or two borşas. The borşa can be considered as a pass allowing access to the squat: crossing the control, use of drug-use areas... for very dissocialized and wandering junkies. This type of squat, whose appearances give the impression of a forbidden place, can also be used occasionally as a safe “stronghold”, especially for a quick sexual intercourse!

However, the kharba is also a place of initiation and consumption for some people who are used to the place, who are nevertheless socially inserted users with work and family. These new or uninitiated people come here to get their crack or heroin supplies, and benefit from the know-how on the spot. And it is not uncommon to see consumption sessions during which the visitors of the moment bring their own dose of crack or heroin and share the water pipe when it comes to crack and the straw to smoke heroin. To guarantee admission to the kharba, you have to pay borşa, however the squat leader always hides his “subtle” methods of preparing the heroin or crack doses from his guests. The default choice to live in the kharba is not an easy one, and to cope

with this calamitous situation, everyone adopts a lifestyle, sometimes disconcerting, but always assumed, as the following testimonies show:

“To get the taste and feel the effects of the dose better, you must not change the smell of the skin”, “with the smell of the perfumes you never manage to suppress the withdrawal symptoms”, “To avoid falling into the state of Mono, you should never take a shower, since the shower quickly suppresses the desired effects and you get caught in the Mono”. “Mono to me is difficult, one or two borşa is not enough to suppress it. For one day, I need seven or more”.

The culture of resourcefulness: in search of borşa

When the junky believes that Mono is a fatality he cannot manage, a firm belief in a new “moral order” structures his entire daily life and gives meaning to everything he undertakes to obtain borşa. He invests all his time to respond to the urgent need to obtain the product. For this the junky develops an original form of life in the kharba.

To do this, the junky spends all his time looking in the garbage cans for a few items to resell to ensure the 50 dh, the cost of a borşa. With a singular silhouette, with a cap on his head, a face darkened by the kahla, tired eyes often lowered and dry lips, he rushes to the “find” box, without looking away and without attracting the attention of those around him. In the street, wandering, he can be identified by his neglected, even shabby clothes and the disheartening visible parts: hair in a mess, an old, unshaved face, marked by acne that has never been treated and premature wrinkles, a fleeting, sometimes angry (disgruntled) look, dirty and discoloured hands and fingers... characteristic of the homeless. But, paradoxically, when people come across him on the street, and even more so when they come into contact with him, they can only feel pity for him and implore God, merciful, and providence to forgive him and help him to get out of it.

The life of junkies is not limited to

their activity in the kharba: out of necessity of subsistence, they routinely go out of the kharba, not only to beg for alms, but often to commit pickpocketing or burglary. It is worth noting the significant behavior of the junky, who, before committing each robbery, uses drugs, especially ecstasy, which is widely used in these circumstances: “Ecstasy is a substance that makes me fall CARA - in the face,” explains one of them.

For the junky, the fact that he has to use ecstasy almost systematically before committing his act of violence (a robbery, a burglary) highlights the complex relationship between, on the one hand, the intention to commit an aggression, which is presented by the person concerned as an obligatory passage since it is “utilitarian” for him, and on the other hand, the correlative feeling of arduousness and guilt felt in carrying it out. Junkies thus distinguish between two types of drugs used in two different contexts. While kahla is a necessary drug that brings temporary serenity, ecstasy is a drug of means, it is used to produce a state of unconsciousness that facilitates the transition to an act deemed violent.

But the relationship between the necessities of life and the means the junky uses to satisfy them is of a completely different dimension when the latter opts for a less violent “survival” behavior, such as begging, for example. Everyone has their own, sometimes even paradoxical, rationality: “I’m telling you, frankly, I’d rather steal than reach out my hand”. But this does not mean, however, that the humiliating act of begging is more difficult to assume than the more or less violent act of delinquency. This truth defended by many junkies shows one of the properties of the concept of Mono, which should in no way be attributable to the drug itself, but to the pain felt from living with the drug in a squat and the desperate and endless efforts to relieve it.

Depending on the junky’s state of mind, all the acts (robberies, burglaries...) that he is brought in allow him to avoid missing the Mono. The motives for taking action constitute, in a way, a moral order in the sense that these atrocities generated by the Mono are unbearable mortal and that to save his body is the only priority.

This sad criminogenic reality leads, to put it simply, to finding a causal link between the use of drugs (heroin or cocaine) and the crime rate. This correlation is eminently truncated. Indeed, the acts of delinquency committed by junkies are much more related to squats, to the mimicry effect that occurs there and to other elements of the lifestyle that develops there, than to drug use in the strict sense of the term. This process can be presented in terms of the linear triptych: drug - squat - crime may help explain why substitution treatment has not limited the crime rate among the junkie population still living in the kharba. However, this finding of causality must be put into perspective: the junkie, not having the physical ability to commit theft, is forced to engage in other practices such as begging, on the streets. But this recourse to begging exposes him to hyper-visibility and hyper-vulnerability.

This situation of hyper-visibility and hyper-vulnerability can provoke all sorts of humiliations and different forms of violence coming from a fringe of society that is not inclined to rub shoulders with marginality. Scenes of rejection are frequent next to cafés and restaurants, around bus stations or other passenger areas. In these circumstances, the women to whom the junkies beg, in particular, often feel assaulted in this way and look nearby for a man who will know how to defend them. The latter, invested with the legitimate role of protector, then feels obliged to intervene “virally”, sometimes even violently.

Renegotiate the return to society

In the book “Addiction Trajectories”, Raikhel and Garriott (2013) postulate three main types of what they call addiction trajectories. First are the epistemic trajectories marked by the process of dependency as they evolve over time and across institutional domains. In second place are the therapeutic trajectories that are linked to drug use. Finally, we find the experiential and experimental trajectories of life constituted by the fields of dependence and subjectivity.

This approach does not take into

consideration attempts by users to return to the dominant norm. The junky tries to find a new identity to renegotiate his return to society, presenting his drug use as an illness requiring urgent medical intervention. In this sense, the junky mobilizes a hermetic discourse, taking up his experiences of drug use, to defend his positions to the uninitiated and thus gain acceptance by society: “We are sick people and we want to be cured. Imagine what Mono is like”, “you can’t imagine what you can do when you are caught up in a state of withdrawal”.

Heroin addiction leads the user to a break-up. The fatal descent, characterized by great precariousness and a calamitous way of life, presents itself as a process of decomposition and destruction which first affects social relations, especially with the family, and then the people themselves, in their physical and moral integrity. However, this deadly situation never totally destroys the hope, one day soon, of getting out of it and thus renewing family and social ties. But this return is never given definitively.

To achieve this, the junky should invest in a rehabilitation process that requires the ability to assign himself the status of a “patient”. In order to rebuild the social bond, he must “let go” through therapeutic action. This process of “patient” enables the junky to reconsider his posture as a junky, his life in the *kharba*, his delinquent involvement in all forms, in order to invest himself differently in the status of a fully-fledged patient. From this perspective, the use of methadone is seen as an instrument not only of treatment, but also of resilience. Methadone produces a new symbolic order; it serves as access to the category of patient. Immersed in this therapy, the junky makes a real effort to be recognized differently by his family, and more broadly by society. By referring to the category of patient he claims to be, he fiercely defends his behavior as that of a simple patient, with all the means and resources he will be able to use.

This irreversible shift, which the introduction of methadone into the treatment of heroin addicts in particular has produced, has not only had an impact on social perceptions

and representations, but has also created a new category, that of user-patients. Drug use is now regarded as a chronic disease that may require, among other measures, hospitalization. In 2015 in the Beni-Makada district, Tangier, dozens of young heroin addicts organized a sit-in, chanting, on the one hand, that they were victims of the lack of medical services that could guarantee them proper treatment and, on the other hand, they demanded methadone substitution treatment. They were screaming, “We are sick, we want treatment, we want methadone”.

These demonstrations reflect the unprecedented “cultural leap” that has taken place in Morocco with regard to drug use. Although, in material and legal terms, there have been no real changes, with the exception of the creation of associations and health care institutions, we must nevertheless face the facts and agree that, at the level of popular perception, a different way of apprehending and making value judgements with regard to drug users and consumers has taken place. They are no longer seen as delinquent individuals or, at best, as marginalized secants, but as a distinct entity of a health nature, constituting a category in its own right. Based on this reality, it must be noted that the junky borrows new categorical devices to judge, classify and thus redefine his social identity to restore self-esteem.

However, the return to family and society is not always without problems. If integration into the treatment program allows the junky to find a new place for himself, it is no less true that the fact of starting to use heroin or crack again, even occasionally, will reactivate his stigmatization as a junky and expose him to a new total social breakdown. This is the case of Fayçal, who is a good illustration of this situation of recidivism, which reinforces the fact that nothing can be taken for granted in this respect. Faiçal has been married for more than 15 years. He has been a heroin user for 20 years. He has started his opiate substitution treatment with methadone for four months. He describes, with emotion, the sad but no less painful episode that pitted him against his wife Fatima:

- Faiçal: I tell you Abdellah, I loved him very much and I still love him today. I am not a son of a bitch to forget all that she did for me. We have been married for a long time out of love, she has been working forever. Before I could enter the treatment program, she never forgot to leave me on the table the price of borça of the day before going to work. When my parents threw me out on the street, she was the one taking care of me and our kid.

- Abdellah: But she should be happy that you are finally able to join the Treatment Programme.

- Faiçal: May God forgive me. I got a job two weeks ago in a carpentry shop. I make good money and the boss pays me every week. And as soon as I have money in my hand, I'll go to the souk to do some shopping and bring food and everything else we need for a week. The rest I give away so that I don't have to think about borça. This week, as usual I went shopping, and God forgive me I went to the Beznass (dealer) to get a gram of biat (white-Cocaine). Since I can't take it home, I joined a close friend I have known since childhood and whom I trust not to tell anyone. We both spent the whole night smoking crack. The next day, as soon as I got home with dark eyes my wife asked me for the rest of the money. I'm telling you, I got nothing to tell her. I told the truth. She started shouting out loud. She hit me violently and threw my clothes and objects into the street. You see these marks on my neck. I've been living at my friend's house ever since. I also stopped my treatment and therapy process.

The scene was all the more unbearable as it took place in the middle of the day and in the middle of the street, in full view of all the passers-by. Now he lives in a squat with a friend, who is also a crack addict. Indeed, for some families, seeing one of their members taking drugs again while undergoing substitution treatment or recovery is a sign of lack of willpower. This is a sign of lack of willpower and a breach of trust, with rejection and increased stigmatization.

Conclusion

Since the 1960s, the ethnographic literature on street drug use has emphasized the importance of the lived worlds of consumption and the personal identities of drug users. Subsequent anthropological work, based on field ethnography, has emphasized the importance of the cultural order of drug use (Preble and Casey 1969). Others have used ethnography to better understand and represent the world as it has actually been seen and experienced by dependent users (Friedman al 1986). In the various works that followed, we note a stance that attempts to counter simplistic stereotypes and narrow pathological narratives about dependent users. Our Tangier field work allowed us to observe the diversity of uses, routes and relationships to products. This leads us to question what Decorte (2002) calls the "worst-case scenario", where drug use becomes associated with the marginality model and exclusion. In conclusion, the psychiatric analysis that dominates research on drug use in Morocco has succeeded in creating a "fatalistic" view of drugs, imposing an association between drugs, marginality and disaffiliation or even anomie on the basis of schematic analyses.

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