

The New Measures under Algerian Law No. 25-03 of 2025 on the Prevention of Narcotics: An Analytical Study

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Abstract:

This article seeks to analyse and evaluate the new measures introduced by Algerian Law No. 25-03 of 2025, which amends and supplements Law No. 04-18 concerning the prevention of narcotic drugs and psychotropic substances and the suppression of their unlawful use and trafficking. The study canvasses the strategic objectives of the new law, with particular emphasis on preventive, therapeutic and punitive dimensions, including the introduction of

drug-screening analyses for employment and periodic testing in educational institutions, the tightening of penalties for offences involving synthetic (hard) drugs and the recruitment of minors, as well as the possibility of revocation of nationality. It concludes that these measures reflect a legislative orientation towards strengthening mechanisms of control and prevention and adapting the legal order to novel challenges attendant upon the drug phenomenon.

Keywords: *narcotic drugs and psychotropic substances; illicit trafficking; suppression of use; enforcement; prevention.*

Introduction:

The phenomenon of narcotic drugs and psychotropic substances is among the gravest challenges confronting contemporary societies, owing to its multidimensional repercussions for individuals, communities, and State institutions. Beyond the well-documented somatic and psychological harms for users, the drug phenomenon is associated with the erosion of social cohesion, the fuelling of organised criminality, and pressures on public security and public finances⁽¹⁾. Against this background, successive Algerian governments have sought to reinforce the national legal framework governing narcotics control.

In this context, Law No. 25-03 of 2025, which amends and supplements Law No. 04-18 of 25 December 2004 on the prevention of narcotic drugs and psychotropic substances and the suppression of

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their unlawful use and trafficking, represents a major normative inflection. The reform simultaneously introduces innovative preventive and therapeutic mechanisms-such as drug-screening analyses in employment and periodic testing in educational institutions-and significantly intensifies punitive responses, particularly in relation to synthetic (hard) drugs, the exploitation of minors, and drug-related money laundering. On its face, the law aspires to offer a more comprehensive and integrated response to an increasingly complex phenomenon⁽²⁾.

However, this legislative development also raises a series of problematic questions that go beyond its declared objectives. To what extent do the new measures effectively bridge the gap between the legal text and the empirical realities of drug use and trafficking in Algeria? Do the more intrusive preventive tools and aggravated penalties, including recourse to the death penalty in specified cases, risk generating unintended consequences-such as heightened stigma, dissuasion from seeking treatment, or disproportionate interferences with privacy, due process and other fundamental rights? More broadly, does Law No. 25-03 achieve a coherent balance between its dual public-health and public-security logics, or does the penal-repressive axis tend to dominate in practice?

This study proceeds from the central research problem that, while Law No. 25-03 is presented as a strengthening of the national arsenal against narcotics, its normative architecture and practical implications remain under-examined, especially with regard to its compatibility with constitutional guarantees, international human-rights standards and the institutional capacities required for its implementation. The article therefore seeks to move beyond a merely celebratory reading of the law's presumed benefits, by systematically analysing both its promises and its potential risks.

Methodologically, the study adopts a primarily doctrinal-analytical approach, based on a close reading of the amended provisions of Law No. 04-18 as modified by Law No. 25-03, in light of relevant constitutional norms, international treaty obligations and selected comparative experiences. This legal analysis is complemented, where available, by insights from empirical and socio-legal literature on drug use, stigma and reintegration, in order to situate the Algerian reform

within its broader social context. The objective is to elucidate the legal and social dimensions of the new measures, to identify possible implementation gaps and unintended effects, and to assess their adequacy and proportionality in confronting the drug phenomenon in Algeria.

**Chapter I: Strategic Objectives under Law No. 25-03:
Consolidation of Prevention and Repression**

Law No. 25-03 of 2025 (hereinafter, “the Law”) constitutes an important stage in Algeria’s endeavour to refurbish its normative architecture for combating the narcotics phenomenon. Article 2 bis articulates a set of strategic objectives intended to fortify both the preventive and the penal-repressive axes. Taken together, these aims project an ostensibly holistic and integrated approach. At the same time, they reveal potential tensions between security-focused and health-oriented logics that merit critical examination.

1. Paramountcy of National Security:

The Law foregrounds the safeguarding of national security against the perils attending the illicit use and trafficking of narcotic drugs and psychotropic substances. The diffusion of narcotics is presented as transcending individual morbidity to threaten the stability of State institutions, financing criminal and terrorist organisations and eroding the social fabric⁽³⁾. Treating counter-narcotics action as an inextricable component of national security reflects a heightened appreciation of the phenomenon’s gravity⁽⁴⁾. Yet, the primacy accorded to national security also risks securitising the issue in a way that may legitimise more intrusive surveillance and investigative techniques, with possible repercussions for privacy, due process and other rights. Article 2 bis, in its programmatic formulation, does not specify how such security-driven measures are to be reconciled with safeguards for individual liberties, leaving this balance largely to implementing instruments and practice.

2. Primacy of Public Health and Social Reintegration:

The Law accords primordial importance to public health, emphasising medical and psychological care for persons with substance-use disorders and their social reintegration. This orientation suggests a qualitative shift: users are no longer conceived solely as offenders but also as patients requiring care and treatment⁽⁵⁾. The Law concomitantly calls for efficacious anti-addiction mechanisms,

particularly for youth, the cohort most exposed to this affliction. However, this public-health rhetoric may sit uneasily with the parallel intensification of punitive measures. In the absence of clear criteria distinguishing those to be diverted to treatment from those to be prosecuted, there is a risk that the health-based approach remains subordinate to the repressive paradigm, especially where institutional capacities and resources are limited.

3. Societal Awareness as a Cornerstone of Prevention:

The Law seeks to heighten societal awareness of the dangers of narcotics and psychotropics and their deleterious sequelae, through calibrated prevention and outreach with the active participation of State institutions, public bodies, civil society and the mass media. Societal sensitisation is posited as the *sine qua non* of a successful preventive strategy, capable of erecting a communal immunising barrier against the phenomenon. Nonetheless, awareness-raising campaigns can either reduce stigma or, if framed in purely alarmist and moralising terms, reinforce stigmatising narratives about users and persons in recovery⁽⁶⁾. Article 2 bis does not delineate the content or tone of such campaigns, nor does it address how to avoid messaging that might undermine the very reintegration objectives proclaimed elsewhere.

4. Development of Preventive and Therapeutic Measures; Fortification of Educational Spaces:

The Law aims to develop preventive and therapeutic measures insulating all strata of society from narcotics and psychotropics, including specialised programmes for high-risk groups and sustained support for persons in recovery to avert relapse. It likewise mandates the fortification of educational, schooling and vocational-training institutions through in-house preventive mechanisms shielding both students and staff. While this objective underscores the importance of early intervention, it also provides the normative backdrop for measures such as periodic medical examinations and drug screening in educational settings. Without detailed guarantees on consent, confidentiality and proportionality, the fortification of educational spaces may slide towards excessive control and surveillance, with potential chilling effects on the trust relationship between students and institutions.

5. Inter-sectoral Coordination:

Effective control of the narcotics phenomenon is premised on concerted, inter-ministerial action-embracing the Ministries of Justice, Health, Interior, Education and Higher Education-together with civil-society institutions. Robust coordination is expected to ensure complementarity, obviate duplication, and enhance the efficacy of the national counter-narcotics strategy. In practice, however, inter-sectoral coordination often encounters institutional rivalries, resource asymmetries and divergent priorities (e.g. security vs. health vs. education). Article 2 bis identifies coordination as an objective but does not establish binding mechanisms, allocation of leadership, or conflict-resolution procedures, which may limit its operational impact.

6. Typification of Offences and Calibration of Sanctions:

*The Law seeks to typify drug-related offences and calibrate sanctions according to their gravity, while prescribing special rules for prosecution and repression. This is presented as an expression of the principle of legality (*nullum crimen, nulla poena sine lege*) and of proportionality of punishment, aimed at enhancing deterrence and protecting society from the destructive effects of these crimes. Yet subsequent provisions-particularly those introducing very severe penalties, including life imprisonment and the death penalty for certain drug-related conduct-raise questions as to whether proportionality is consistently observed, especially where the conduct does not involve intentional killing. The objective of calibrated sanctions thus appears to be under strain from the drive towards exemplary punishment in the name of national security and public order.*

7. International Cooperation:

Recognising the transboundary character of the drug phenomenon, the Law aspires to deepen international cooperation against transnational organised criminal networks, encompassing information- and expertise-sharing, coordination in criminal prosecution, and strengthened mutual legal assistance frameworks. This objective aligns with Algeria's international commitments, but it may also introduce external pressures to adopt more punitive approaches or expansive definitions of drug-related offences. The law does not explicitly address how international cooperation will be harmonised with domestic constitutional guarantees and with the public-health orientation proclaimed in other parts of Article 2 bis.

Chapter II: New Preventive Measures: Intensification of Oversight and Early Detection

Law No. 25-03 has ushered in novel preventive measures designed to reinforce surveillance and the early detection of narcotics use by widening the ambit of examinations and toxicological analyses to encompass additional societal cohorts. These measures evince a prophylactic legislative posture aimed at curbing diffusion of the phenomenon and shielding individuals-especially youth-from falling into the snares of addiction. At the same time, they raise complex questions concerning proportionality, privacy and non-discrimination.

1. Drug-Screening Analyses for Employment - Article 5 bis (9)

Article 5 bis (9) constitutes a salient addition: it stipulates the submission of negative toxicological analyses attesting to non-consumption of narcotic drugs and/or psychotropic substances in recruitment dossiers for competitive employment processes. This requirement extends to administrations, institutions, and public and private bodies alike. The measure pursues, inter alia:

- ***Safeguarding the workplace.*** Ensuring that professional environments particularly in sensitive sectors-are free from the impairing effects of drugs, thereby enhancing productivity and diminishing risks associated with use.

- ***Deterrence of users.*** Conditioning access to employment on negative screening may induce would-be or current users to desist, lest they forfeit employment opportunities or be rendered ineligible for prospective posts.

- ***Augmentation of public health.*** Early detection can channel individuals towards treatment and rehabilitation, redounding to the benefit of their health and that of society at large⁽⁷⁾.

While the preventive rationale is evident, the provision raises a series of unresolved legal and practical issues that go to the heart of its legitimacy and operability.

First, there is the question of who is authorised to conduct such tests. Article 5 bis (9) is silent on whether toxicological analyses must be carried out exclusively by public health institutions, by accredited private laboratories, or by occupational-health services attached to employers. In the absence of explicit accreditation and supervision criteria, there is a risk of:

- *variable quality and reliability of analyses;*
- *conflicts of interest where the testing entity is financially dependent on the employer; and*
- *potential breaches of professional secrecy.*

Secondly, the provision does not articulate concrete safeguards against misuse of test results. Without such safeguards, screening may drift from a narrowly defined occupational-safety measure into a broader instrument of social control. Minimum guarantees would include:

- *strict limitations on the purposes for which results may be used (recruitment only, not subsequent disciplinary or criminal procedures);*
- *clear time limits for data retention and mandatory destruction of samples;*
- *the right of the candidate to request a confirmatory test or a second opinion in case of a positive result; and*
- *accessible procedures for contestation and review.*

Thirdly, the measure directly implicates privacy and personal-data protection. Toxicological analyses reveal highly sensitive information about an individual's health status and lifestyle. From the standpoint of general principles of Algerian constitutional law and emerging personal-data protection norms, such processing must comply with requirements of necessity, proportionality and purpose limitation. Yet Article 5 bis (9) does not specify:

- *the legal basis for data processing,*
- *who acts as data controller (employer, laboratory, or both),*
- *what security measures must be adopted to prevent disclosure, or*
- *whether the data subject enjoys rights of access, rectification and erasure.*

Fourthly, the blanket conditioning of employment on negative drug tests may engender forms of indirect discrimination against individuals in recovery. Persons who have undergone treatment may still test positive for certain substances due to medically supervised substitution therapies or residual traces, even though they no longer engage in problematic use and may pose no risk in the workplace. A rigid reading of the "negative test" requirement could:

- *exclude recovering individuals from the labour market,*
- *undermine the social reintegration objective proclaimed elsewhere in the Law, and*

- *paradoxically increase relapse risks by aggravating socio-economic marginalisation.*

These concerns suggest that, without careful calibration, Article 5 bis (9) may operate at cross-purposes with the Law's stated commitment to treatment and reintegration. A more nuanced approach might differentiate between safety-critical positions (e.g. transport, health, security) and other sectors; allow for individualised assessments and reasonable accommodation for persons in recovery; and anchor testing within a comprehensive occupational-health framework rather than a purely exclusionary logic.

2. Periodic Medical Examinations in Educational Institutions - Article 5 bis (10)

Article 5 bis (10) marks a bold stride toward the protection of the rising generation. It authorises periodic medical examinations of pupils and students within institutions of education, schooling and vocational training, which may include analyses aimed at the early detection of indicia of narcotics and/or psychotropics use. Conduct of such analyses is conditioned upon the consent of lawful representatives or, as appropriate, the competent juvenile judge. Noteworthy dimensions include:

- **Primacy of prevention and treatment.** *Where results disclose use, the person concerned is subjected to the therapeutic measures prescribed by law; prosecution may not be initiated on the basis of these analyses, nor may they be deployed for extraneous purposes. This human-centred design ensures that the telos is assistance and cure rather than punishment, thereby encouraging early disclosure unburdened by fear of legal consequences.*

- **Protection of vulnerable cohorts.** *The provision targets youth and adolescents, who are disproportionately susceptible to the drug phenomenon; early detection in this age bracket enables swift intervention and the provision of necessary support prior to aggravation of the problem.*

- **The role of educational institutions.** *The article strengthens the status of educational establishments as a first line of defence against narcotics, assigning them an added responsibility to protect students and to secure a safe learning environment.*

Yet, as with Article 5 bis (9), several critical questions arise with

respect to implementation and rights protection.

First, the nature and quality of consent is problematic. Consent is formally attributed to the lawful representative or, failing that, to the juvenile judge. This raises the issue of the minor's own agency: to what extent is the student's assent taken into account, particularly for older adolescents capable of understanding the implications of testing? There is a risk that "consent" becomes a purely formal requirement, insufficient to legitimate intrusive medical interventions from the perspective of children's rights and bioethics.

Secondly, the article does not specify how confidentiality will be safeguarded within the school environment. If test results are not handled with strict discretion, stigmatisation, bullying and social exclusion may follow, undermining the educational and reintegrative aims. Clear rules are needed on:

- who within the institution may access the results (school doctor, counsellor, administration);
- whether and under what conditions parents are informed; and
- the extent to which results may be shared with external actors (health services, social services) and under what guarantees.

Thirdly, periodic examinations and potential drug testing may contribute to a climate of suspicion and surveillance in schools. While the aim is protection, normalising biological control measures may affect the trust relationship between students and institutions, especially if testing is perceived as coercive or selectively applied to certain groups⁽⁸⁾.

Effective implementation likewise presupposes clear executive mechanisms, training of medical and pedagogical personnel, and the allocation of adequate resources for the conduct of analyses and the provision of therapeutic and psychosocial support to affected students. Without such investment, there is a risk that testing becomes a symbolic gesture with limited follow-up capacity, leaving detected cases without meaningful support and thereby undermining the preventive rationale. Taken together, the preventive measures in Articles 5 bis (9) and 5 bis (10) illustrate the Law's ambition to shift from purely reactive repression to early detection and intervention. At the same time, they underscore the need for a finely tuned regulatory framework that reconciles public-health and protective objectives with the imperatives of privacy, non-discrimination and the promotion of trust in workplaces

and educational settings⁽⁹⁾.

Chapter III: Post-Release Reintegration Follow-up - Article 5 bis (11)

Article 5 bis (11) is concerned with ensuring continuity of post-penal social-reintegration programmes for persons convicted of drug offences following their release. It entrusts this task to the external services of the penitentiary administration responsible for inmates' social reintegration, acting at the request of the released person and in coordination with the competent judicial authorities and other specialised services. Normatively, the provision seeks to move beyond a purely custodial paradigm by recognising that the period immediately after release is critical for consolidating recovery and preventing relapse⁽¹⁰⁾.

From a substantive perspective, Article 5 bis (11) pursues at least three interrelated aims. First, mitigation of recidivism: by providing sustained social, psychological and vocational support, the likelihood of relapse into drug use or reoffending is reduced, especially during the high-risk period immediately following release. Secondly, facilitation of social re-inclusion: structured reintegration programmes assist individuals in regaining access to employment, housing, family ties and social participation⁽¹¹⁾, enabling them to re-enter society as active and productive members rather than remaining confined to marginal spaces. Thirdly, inter-agency complementarity: the provision emphasises coordination between penitentiary social services, judicial authorities, health institutions and other specialised actors, in order to offer integrated and continuous support rather than fragmented interventions.

Yet, as currently drafted, Article 5 bis (11) remains largely programmatic and raises important questions about practical implementation and available resources. The Law does not specify the staffing levels, qualifications or caseload standards for the external services of the penitentiary administration, nor does it earmark dedicated budgetary lines for post-release follow-up. In a context where penitentiary and probation-like services are often under-resourced, there is a real risk that "follow-up" is reduced to sporadic, formalistic contact rather than comprehensive case management. Effective implementation would require, at a minimum, specialised training in

addiction, mental health and social work for reintegration officers; realistic caseload ratios; stable funding for partnerships with NGOs and community-based organisations⁽¹²⁾; and mechanisms for geographic coverage that do not exclude released persons in rural or peri-urban areas.

Moreover, the Law conditions the activation of follow-up on the “request” of the released person, which presupposes both awareness of available services and a degree of trust in institutions that may be lacking among individuals who have experienced criminalisation and stigma. Local empirical work, including studies such as that of Adel Lahmidi on societal perceptions of persons recovering from drug use, indicates that many individuals in recovery confront persistent social rejection, employment barriers and internalised stigma. In the absence of proactive outreach and rights-based information, the voluntary model envisaged by Article 5 bis (11) may fail precisely for those most in need of support.

Finally, genuine reintegration cannot be reduced to individual counselling or vocational training; it also requires mechanisms for changing social attitudes in the communities to which released persons return. If families, employers and neighbourhoods remain hostile, the reintegrative potential of Article 5 bis (11) will be structurally constrained. In this sense, post-release programmes should be conceived not only as services for former offenders, but also as platforms for engaging families, local associations, religious and community leaders, and potential employers in targeted awareness and destigmatisation initiatives. This might include, inter alia, negotiated agreements with employers’ organisations to facilitate access to jobs for persons in recovery; localised awareness campaigns highlighting “success stories”; and the incorporation of anti-discrimination and confidentiality guarantees into administrative practice. Without such community-oriented components and the requisite institutional and financial resources, the promise of Article 5 bis (11) risks remaining largely symbolic, and the law’s proclaimed shift towards a comprehensive, human-centred approach to drug control will be only partially realised.

**Chapter IV: New Punitive Measures: Aggravation of Penalties and
Expansion of Criminalisation**

While not confined to preventive and therapeutic aspects, Law No. 25-03 also institutes new punitive measures designed to tighten sanctions for drug-related crimes-especially those targeting vulnerable cohorts or involving hard (synthetic) drugs. This orientation reflects the Algerian legislator's resolve to combat organised criminal networks and to deter anyone who would imperil public security and public health.

***1-First Subtitle: Penalties for Incitement or Recruitment of
Minors and Persons with Disabilities - Article 16 bis (2)***

Article 16 bis (2) is among the Law's most consequential additions. It aggravates penalties for any person who incites, recruits, or uses a minor, a person with disabilities, or a person undergoing addiction treatment to transport, possess, sell, offer, deliver, or use unlawful narcotic drugs and/or psychotropic substances. The Article prescribes:

- Fixed-term imprisonment of twenty (20) to thirty (30) years.
- Life imprisonment where the offence is committed within or in the vicinity of health or social institutions, public bodies, or publicly accessible establishments-a tightening meant to protect spaces that ought to be safe havens.
- Death penalty where the offence is committed within or in the vicinity of educational and training institutions, signalling the lawmaker's utmost solicitude for protecting rising generations and marking such targeting as an offence against the community at large.

This escalatory scheme communicates a clear message that the exploitation of children and persons with disabilities in drug offences will attract exemplary punishment, thereby strengthening the protection of these vulnerable groups.

***2-Second Subtitle: Penalties for Synthetic (Hard) Drugs - Article
21 bis***

Given the extreme dangers posed by synthetic (hard) drugs, Article 21 bis enacts unprecedented aggravation of penalties keyed to the baseline sanction for the underlying offence⁽¹³⁾:

- Death where the offence is otherwise punishable by life imprisonment.
- Life imprisonment where the offence is otherwise punishable by a

fixed term of twenty (20) to thirty (30) years.

- *Fixed-term imprisonment of twenty (20) to thirty (30) years where the offence is otherwise punishable by ten (10) to twenty (20) years.*
- *Fixed-term imprisonment of fifteen (15) to twenty (20) years where the offence is otherwise punishable by five (5) to fifteen (15) years.*
- *Fixed-term imprisonment of ten (10) to fifteen (15) years where the offence is otherwise punishable by five (5) to ten (10) years.*
- *Doubling of penalties for other offences.*
- *Death in case of recidivism in the instance contemplated in paragraph (2) of this Article, and the statutory maximum in other cases⁽¹⁴⁾.*

This maximal tightening reflects the legislator's recognition of the acute peril posed by synthetic drugs and the necessity of countering them with unflinching severity, given the direct threat they pose to the health of youth and to society at large.

3-Third Subtitle: Penalties for Money-Laundering of Drug Proceeds - Article 21 bis (1)

The Law does not overlook crimes that finance the drug trade. Article 21 bis (1) imposes stringent penalties on any person who facilitates the justification of the illicit origin of funds or revenues derived from drug offences, or participates in the investment, concealment, or conversion of such funds. The penalty is fixed-term imprisonment of ten (10) to twenty (20) years and a fine ranging from one million (1,000,000) to two million (2,000,000) Algerian dinars, with the objective of strangling the financial arteries of trafficking networks.

4-Four Subtitle: Death Penalty in Specified Cases - Article 21 bis (2)

Among the Law's most debated provisions, Article 21 bis (2) prescribes the death penalty in particular circumstances. It applies to acts falling under Articles 17, 18, 19, 21, and 21 bis where the crime results in the death of one or more persons or is liable to cause serious harm to public health. The same penalty applies where the offence is committed:

- *By a transnational organised criminal group;*
- *With the aim of undermining national security or of creating insecurity and disorder in public order and security;*

- *At the instigation of or for the benefit of a foreign State; or*
- *By the use or threatened use of a firearm.*

This maximal escalation underscores the gravity of such crimes for national security and public health, and affirms the State's determination to combat the phenomenon by all available means.

Chapter V: Social Dimensions of the Drug Phenomenon: Societal Perceptions of Persons in Recovery

The fight against narcotics transcends purely legal-penal aspects and extends to the socio-psychological dimensions of the phenomenon, notably societal perceptions of persons who have recovered from addiction. Such individuals frequently confront social stigma that may obstruct their reintegration and heighten the risk of relapse. A recent study has addressed these dimensions, offering salient insights into prevailing perceptions within Algerian society⁽¹⁵⁾.

1- First Subtitle: Stigma and its Impact on Reintegration

The study entitled "A Critical Simulation of Societal Perceptions of Persons Recovering from Drug Use"⁽¹⁶⁾ indicates that Algerian society often entertains negative perceptions of those who have recovered from drug addiction, viewing them as:

- *Gravely deviant: A majority consider the recovered person to remain deviant, a view that essentialises prior conduct into present character.*
- *Profoundly mentally ill: Recovered individuals are perceived as suffering from deep-seated psychological disorders even after somatic recovery, which exacerbates their isolation and hinders social acceptance.*
- *A pronounced stigma: The stigma attending addiction constitutes a formidable barrier to social reintegration, adversely affecting prospects for employment, marriage, and social participation.*

These findings underscore the necessity of addressing social and psychological facets within counter-narcotics strategies. Legislative efforts notwithstanding, the absence of societal support and acceptance can undermine such efforts and push individuals back toward addiction. Negative perceptions impede recovery, erode self-efficacy, and render persons in recovery more susceptible to relapse.

2-Second Subtitle: Socio-Psychological Challenges Confronting the Recovered

Persons exiting treatment centres face numerous challenges, including:

- *Ostracism: Recovered individuals may experience rejection by family, friends, and the wider community, depriving them of the essential support networks needed to sustain recovery.*
- *Barriers to employment: A history associated with addiction constitutes a major impediment to obtaining work, potentially engendering despair and driving recourse to unlawful activity.*
- *Persisting psychological disorders: Conditions such as anxiety and depression may continue post-detoxification, necessitating ongoing psychological support.*

3-Third Subtitle: Recommendations to Strengthen Social Reintegration

In light of the foregoing, the following measures are recommended to enhance the social reintegration of persons in recovery:

- *Public-awareness campaigns: Launch broad-based initiatives to counter stigmatising narratives, showcasing the capacity of recovered persons to integrate and contribute positively to society.*
- *Psychosocial support programmes: Provide sustained psychological and social support for recovered individuals and their families, to help them surmount socio-psychological challenges.*
- *Employment opportunities and vocational habilitation: Facilitate job placement and skills training in partnership with the private sector and public institutions, fostering economic empowerment.*
- *A constructive media role: Encourage the media to spotlight recovery success stories and to dismantle stereotypes surrounding addiction.*

Chapter VI: The Roles of Family and School in Drug Prevention: An Integrated Perspective

Within the broader anti-drug effort, these two institutions emerge as the first line of defence in prevention and awareness-raising. Numerous studies affirm the importance of synergising their roles, particularly with respect to youth and adolescents.

1-First Subtitle: The Family's Role in Prevention

As the primary milieu in which values and principles are formed, the family plays a central role in prevention through:

- *Sound upbringing: Instilling ethical and religious values, strengthening familial bonds, and providing a safe and stable environment-factors that diminish recourse to drugs.*
- *Monitoring and guidance: Following children's conduct, knowing their peer groups, offering advice and guidance, and educating about drug risks in age-appropriate, effective ways.*
- *Effective communication: Maintaining open channels between parents and children and encouraging candour about problems and fears, enabling early detection of warning signs.*
- *Exemplary conduct: Parents should model pro-social behaviour, eschewing negative practices (e.g., smoking, alcohol misuse) that could transmit permissive norms.*

2-Second Subtitle: The School's Role in Prevention⁽¹⁷⁾

As the secondary educational-pedagogical institution after the family, the school performs a complementary and vital role by:

- ***Awareness programmes:*** *Integrating drug-prevention topics into curricula and organising workshops and seminars for students, teachers, and parents.*
- ***Early detection:*** *As authorised by the new Law, periodic medical examinations in educational institutions may include analyses for the early detection of drug-use indicators, enabling timely intervention and support.*
- ***A safe environment:*** *Protecting students from malign peer influence and dealers within and around school premises, and offering constructive extracurricular activities to occupy leisure time positively.*
- ***Training educational staff:*** *Equipping teachers and administrators to handle suspected cases appropriately and to provide psychological support to affected students.*
- ***Family-school cooperation:*** *Strengthening communication and cooperation to ensure the complementarity of preventive and therapeutic efforts.*

The concerted action of family and school constitutes a formidable front against drugs, with each institution completing the other's role in forming a generation that is aware and resilient. Law No. 25-03 is an important step in buttressing this role by introducing legal measures that support prevention within these two vital institutions.

Conclusion:

Law No. 25-03 of 2025 marks a significant inflection in Algeria's response to the narcotics phenomenon, by expanding tools of prevention and early detection, consolidating therapeutic and reintegration mechanisms, and sharply aggravating sanctions for the most serious forms of offending, particularly those involving minors, synthetic (hard) drugs and criminal-financial activities. The reform constructs a dual architecture in which drug use is, in principle, approached through a public-health lens, while trafficking and organised criminality are framed as threats to public security and national integrity.

The analysis has shown, however, that the coherence and legitimacy of this architecture remain contingent on robust procedural and substantive safeguards and, in certain respects, normative recalibration. Intrusive preventive measures-such as employment-related drug screening and periodic testing in educational institutions-require detailed regulation on consent, confidentiality, data protection and non-discrimination if they are not to undermine the very reintegration objectives the Law proclaims. Likewise, the recourse to extremely severe penalties, including the death penalty, raises serious doubts about proportionality and compatibility with contemporary human-rights standards, pointing to the need for restrictive judicial interpretation and, in the medium term, selective legislative revision.

This study therefore does not call for abandonment of Law No. 25-03, but for its implementation within a dense framework of guarantees, complemented by targeted reform of its most problematic punitive provisions and by evidence-based social policies. The true added value of the Law will be measured not by the rigour of its sanctions alone, but by demonstrable reductions in prevalence and relapse, improvements in public-health and school-safety indicators, and the extent to which it fosters effective coordination between institutions and society while remaining faithful to constitutional principles and international human-rights obligations.

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⁽¹⁶⁾- Nouri Achikhi, *The Role of the Family and School in Blocking the Paths Leading to Drug Use*, *Al-Misbah Journal of Psychology, Education and Orthophony*, vol. 3, no. 1 (March 2023).