



The development of trafficking and production of drugs in Burkina Faso is accompanied by an increase in drug use among the population. However, the repressive laws against drug use, the lack of drug use data, and the insufficient availability of services for people who use drugs, puts the population at risk.

This document

This policy brief aims to promote the realization of health and human rights for people who use drugs in Burkina Faso. It is intended primarily for policymakers and programme managers to inform decisions on policies, programs, and interventions for people who use drugs. The brief outlines the context in which people who use drugs find themselves in Burkina Faso, paying special attention to the national drug policy framework, drug use and health of people who use drugs, existence of harm reduction services and peer involvement, context of human rights, availability of care in prisons, situation of women who use drugs, and additional social issues and inequalities. Recommendations are provided based on the data gathered and community reviews. The brief is [based on a database](#) built within the framework of the [Love Alliance](#) program.

Policy



Burkina Faso has adopted and implemented [harsh and repressive policies](#) to tackle the drug phenomenon, especially drug use. Drug use and possession are criminalized, along with supply, trafficking, and production, leading to human rights abuse and poor access to prevention and care services for people who use drugs. The law does not provide guidelines for implementing therapeutic injunction as an alternative to incarcerating people who use drugs, and therefore, [exempt from imprisonment is hardly ever implemented](#). Finally, the National Committee for the Fight against Drugs (CNLD) is placed under the responsibility of the Ministry of Security, leading drug policy to suffer from budget cuts because of [prioritisation of fighting terrorism](#).

Drug use and health



Even though drug use in Burkina Faso is believed to be increasing dramatically, [there is little data about drug use and the attitudes and practices of users](#). There is also few data on [the size of the population of people who use drugs, especially people who inject drugs](#). This lack of information has limited the development comprehensive and targeted strategies to reduce drug use and prevent substance abuse,

particularly in terms of public health, harm reduction and human rights. Data available shows that stimulants (crack, methamphetamine, and injected cocaine) are the main substance consumed in at least 2 cities; with heroin in second place. Small studies showed a high rate [of use of non-sterile syringes and sharing needles](#) among those who inject their substances and a [higher prevalence of HIV among those injecting in comparison to the general population](#).

Harm Reduction



There are [little to no harm reduction services being implemented](#) in Burkina Faso, and no explicit supportive references to harm reduction in national policy documents. A [small percentage of people who inject drugs receives advisory services on the use of condoms and sexual risk behaviour](#), while a few CSOs offer sporadic STIs and TB prevention activities with emphasis on harm reduction. The [2021 National Multisectoral Plan \(NMP\) to Fight against HIV, AIDS and Sexually Transmitted Infections](#) includes prevention and treatment for people who use drugs. However, Burkina Faso has not yet implemented needle and syringe programmes, opioid agonist treatment, drug consumption rooms or naloxone distribution. Programs for rehabilitation or detoxification are also largely unavailable.

Peer Involvement



Civil society organizations efforts have allowed for few, but important progress in terms of peer educators, advocacy, and organising networks of people who use drugs. Organizations such as ALUBJ and Colibri Sud engage in peer-led distribution of information around risks and law reform, and creation of specific services for people who use drugs. A National Network of people who use drugs was created but needs to be strengthened.

Human Rights



[Many people who inject drugs experience stigma and discrimination and are denied services or insulted for using drugs.](#) As a result, they tend not to use the existing support network. Care workers need training on stigma reduction. People who use drugs also show a low level of knowledge of drug related laws and their rights and tend not to seek legal services for fear and stigma. As a result of the repressive legal framework [police is accused of performing arbitrary detentions, corruption, and violence.](#) Law enforcement and security forces should be sensitized about vulnerability and stigmatization of people who use drugs and harm reduction.

Prison



[Arrests for drug offenses significantly increased in Burkina Faso in the last years.](#) Small studies focusing on people who inject drugs showed that most of the population reported to have already been in prison for drug use. The [use of alcohol and other drugs was also reported in prison](#); no drug treatment or harm reduction intervention seems to be available in the prison system. It is still forbidden to distribute condoms in prisons in Burkina Faso. Nonetheless, the [2021](#)

[National Multisectoral Plan \(NMP\) to Fight against HIV, AIDS and Sexually Transmitted Infections](#) includes education on STI, HIV and SRHR in prisons, bringing the possibility for developing care in these settings.

Women who use drugs



Data on people who use drugs is even scarcer when it comes to women who use drugs. [Most participants of the few available studies are men](#) and there is no female focused or gender sensitive services available for women who use drugs in Burkina Faso. Nonetheless, women who use drugs are even more stigmatized than their male counterparts and suffer from violence and (sexual) abuse and exploitation. Within the current legal framework, (pregnant) women who use drugs are usually separated from their children and tend to hide from health care and even to give birth to avoid punishment. Psychosocial support and legal assistance are available to women living with HIV and women suffering from violence, but these unfortunately do not target nor are adapted to the needs of women who use drugs.

Social Inequalities



The fight against drugs in Burkina Faso has exacerbated the [fear among people who use drugs to "come out of the closet,"](#) contributing to hinder their access [to prevention and health care for fear of being denounced and punished.](#) Moreover, the media perception on drugs is mostly sensationalist and prohibitionist, reinforcing the stigma. Similar to the case of women who use drugs, [data is lacking for young people who use drugs](#) in Burkina Faso, despite a recognized drug use and drug dependence among youth.



Recommendations

Based on the data gathered, and on the validation meetings with key stakeholders from Burkina Faso, we propose the following recommendations:

Advocacy & policy reform

- Advocate for decriminalisation of people who use drugs
- Adapt Burkina Faso's Drug Code to the WACD model law on drugs for West Africa
- Advocate for shifting drug policies responsibility from the Ministry of Security to the Ministry of Health or the Presidency
- Develop specific national harm reduction policy documents focusing on drug use
- Advocacy efforts to develop and implement needle and syringe exchange programs, substitution maintenance therapy, management of overdoses
- Assure people who use drugs are represented in the Country Management Mechanism meetings

Awareness raising

- Awareness-raising among law enforcement and security forces with regard to stigma and discrimination of people who use drugs
- Recognise that drug use is a cross sectional issue across key populations and address stigma among key populations

Community-based research and assessments

- Update and collect data on drug use, including population size estimation and situational analysis of drug use (types of drugs used, routes of administration, risk behavior, access to care)
- Conduct needs assessments for key populations such as women who use drugs, transgender women, female sex workers, and people who use drugs in prison

Harm Reduction services

- Develop specific gender sensitive services and interventions to meet the specific needs of women who use and inject drugs, including other key populations (transgender women and sex workers)
- Develop services for the management of opioid dependence (differentiated from psychiatric services) - also with regard to the therapeutic injunction
- Strengthen community-based interventions with the participation of peer educators and recognise peer work as paid staff
- Work with paralegals to secure the rights of people who use drugs

Capacity building (or learning needs)

- Equip harm reduction networks to assist other key populations
- Empower and train civil society organizations in harm reduction interventions
- Develop a Training of Trainers - identify community leaders and train them to develop the capacity of others in their communities, to make learning sustainable