Burkina Faso

Context

According to the West Africa Commission on Drugs, West Africa has gradually become a hub for drug trafficking in the world. In 2013, the annual value of cocaine transiting through West Africa was estimated at US$1.25 billion. West Africa has become a transit area for drugs from Latin America, but also for cannabis production, mainly for the local market. It has also become a producer and exporter of synthetic drugs such as amphetamine-like stimulants. As a consequence, the development of trafficking and production of drugs is accompanied by an increase in drug use among the population. It is estimated that more than 1.6 million people were cocaine users in the region in 2012.

Burkina Faso's geographical location at the crossroads of West Africa has favoured the transit of illicit drugs through the country, which has led to increased trafficking and local consumption. In Burkina Faso, in 2020, more than 13,800 kg of cannabis and 289,346 kg of other illicit drugs were seized. In addition, 420 people were arrested, 213 of whom were referred to the Public Prosecutor. In 2023 more than 300 tons of drugs were seized and 377 peopel were arrested, and brought into court for drug-related offenses. In 2024 December and 2025 January, nearly 7 tonnes of drugs were seized in recent operations.

Burkina Faso, like other West African and Sahel countries, faces security problems linked to terrorism. This explains why drug policies and interventions are disproportionately affected by budget cuts within the Ministry of Security that prioritize the war on terror, even though it is believed that the drug trade facilitates terrorism in drug transit states in West Africa.

Burkina Faso has classified the drug-related offences listed in the 1961 Convention as amended by the 1972 Protocol as crimes under domestic law, by virtue of its Penal Code (Articles 381-1 to 387-10) and the 1999 Drug Code Act. The country has adopted and implemented a harsh and repressive legal arsenal to tackle the drug phenomenon, especially drug use.

Indeed, people who use drugs in Burkina Faso, especially those who inject drugs, are faced with a highly repressive legal environment, which translates into human rights abuses and poor access to prevention and care services. All of these factors inevitably contribute to their vulnerability to stigma, discrimination and violence and increase the risk of associated infections such as HIV, and other bloodborne viral infections (such as hepatitis B and C) and tuberculosis. However, even though drug use in Burkina Faso is believed to be increasing dramatically, there is little to no 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.

The report was prepared by carrying out desk research and interviews with key informants from civil society organisations in order to produce insights that could help shape harm reduction services targeting people who use drugs.

Policies

Decision-makers in Burkina Faso have showed will to tackle the drug problem at national level through the implementation of public health based programmes through the creation of a National Committee for the Fight against Drugs (CNLD), which is a multidisciplinary body made up of members of all Ministries and civil society organisations working in fields related to drugs. Unfortunately, the CNLD is placed under the responsibility of the Ministry of Security, which translates into budget cuts as a result of prioritisation.

The fact that the CNLD is placed under the Ministry of Security sets out a repressive course of action. In addition, Burkina Faso, like other West African and Sahel countries, faces security problems linked to terrorism. This explains why drug policies and interventions are disproportionately affected by budget cuts within the Ministry of Security that prioritize the war on terror. According to Mainline interviews with key informants, CSO have implemented advocacy actions in order to place the CNLD under the responsibility of the Ministry of Health or the Presidency to allow for a public health based approach.

Burkinabe law, in particular law No. 017/99/AN (Drug code), passed on April 29, 1999, is highly repressive towards anyone involved in the drug trade, especially people who use drugs. Drug use is illegal and is severely repressed by the police and judicial authorities in Burkina Faso. Drugs are classified in Schedules I and II of the 1971 Convention and users, in particular, risk up to 5 years of imprisonment and/or a fine of FCFA 5 million (€7,500) for possession of drugs for personal use and up to 1 year of imprisonment and/or a fine of FCFA 500,000 (€750) when purchasing and using drugs. Penalties for supplying, trafficking or producing drugs range between 10 and 20 years of imprisonment and/or a fine. Facilitating or encouraging drug use by others is punishable with 20 years of imprisonment.

The Drug Code allows for a judge to opt for treatment or care measures appropriate to the conditions of people who use drugs when convicted of a criminal offence (also called therapeutic injunction). In other words, during the trial, a judge may order drug treatment for any person accused of illegal drug use. People who use drugs may be exempted from punishment if the drug use took place under restrictive conditions:

- If the user has not reached the age of criminal majority
- If they are not a recidivist, or

- If they make a solemn declaration during the hearing that they will not commit the offence again.

Unfortunately, the law does not provide protocols or practical guidelines for implementing the therapeutic injunction. The Drug Code specifies in Article 72 that a regulatory act shall specify the practical procedures for providing assistance to people who use drugs. Still, the provisions set forth in the Drug Code with regard to the therapeutic injunction are hardly ever implemented for the following reasons: a lack of protocols or practical guidelines, a lack of infrastructure and practical arrangements, and unclear roles and responsibilities with regard to the provision of assistance to people who use drugs convicted of an offence.

As a result of the repressive nature of the Drug Code and the lack of epidemiological data to estimate the number of people who use drugs and the most commonly used drugs in Burkina Faso, judges have little to no power to opt for therapeutic injunction rather than imposing a prison sentence. According to interviews with key informants, other than the Yalgado Ouedraogo University Hospital located in Ouagadougou, which is not adapted for the treatment of people who use drugs, there are no specialised public health centres for people who use drugs.

In 2024 the 19th General Assembly of the National Committee for the Fight against Drugs (CNLD) convened in Ouagadougou. Presided over by the Minister of Security, Commissioner Mahamadou SANA, the assembly focused on developing a new national strategy to combat drug-related issues. This strategy aims to address the multifaceted threats posed by drug use, including violence, insecurity, school-related incidents, and the financing of terrorism. The Minister emphasized the importance of a coordinated approach to effectively tackle these challenges.

Drugs use and health

There are a number of limitations in estimating the number of people who use drugs and the most commonly used drugs in Burkina Faso due to the absence of an epidemiological centre. Still, Mainline was able to collect data from desk research and interviews conducted with actors from civil society organisations.

In 2020, the majority of people who use drugs were men (99.1%) and almost 50% of them are under 25 years of age. The 20 to 24 age group was the most representative, with 32.3% of people who use drugs. Cannabis (98%), amphetamines (45%), crack cocaine (35%), anxiety medication (23%), cocaine (19%) and inhalants (19%) ~~a~~were the most commonly used drugs at least once in a lifetime in 2011 among key populations (including people who use drugs), whereas heroin (8%) were the less frequently used drugs.The latter was reaffirmed to some

extent in a study conducted in 2020 among people who inject drugs. The most commonly used drugs among people who inject drugs (in the last seven days) were heroin (70.5%) in Ouagadougou, methamphetamine (65.5%) in Bobo, and cocaine (73.3%) in Koupéla.

With regard to people who inject drugs, data available from a study on size estimation and bio-behavioural survey among people who inject drugs in Burkina Faso in 2020 suggest that there are 1,224 people who inject drugs in Ouagadougou, 1,789 in Bobo Dioulasso, and 452 in Koupéla. In Ouagadougou, 70.5% of people who inject drugs stated to use or having recently used heroin, compared to16% in Bobo and 23.3% in Koupéla. In Ouagadougou, 4.3% of people who inject drugs stated to use or having recently used cocaine compared to16.2% in Bobo and 73.3% in Koupéla. In Ouagadougou, 2.7% of people who inject drugs stated to use or having recently used crack cocaine compared to 2.31% in Bobo and 0.9% in Koupéla. In Ouagadougou, 2.7% of people who inject drugs stated to use or having recently used methamphetamines compared to 65.5% in Bobo and 2.6% in Koupéla. In Ouagadougou, 79.5% of people who inject drugs have used drugs in the last 7 days. In Ouagadougou, 19.8% of people who inject drugs stated to have injected drugs recently, compared to 2.5% in Bobo and 2.6% in Koupéla.

In terms of the drugs used at least once in the lives of key populations in Ouagadougou in 2011, cannabis is the most commonly used drug (98%), followed by amphetamines (45%) and, to a lesser extent, inhalants such as solvents and glue (19%). Moreover, 35% stated they had already used crack cocaine, 19% cocaine and 8% heroin. The most commonly used injected drugs among key populations in Ouagadougou in 2011 are heroin, cocaine and diverted prescription drugs. According to key informants, cocaine and heroin acquired through street-level drug dealers are often used among wealthy persons, artists and tourists, contrary to crack cocaine which has been cut down several times and is therefore more affordable and accessible to users. The same applies to heroin; the more it is cut the more it is affordable and accessible.

In Ouagadougou in 2020, 0.2% of people who use drugs claimed to have ever injected drugs, compared to 24.37% in Bobo, and 22.41% in Koupéla. In Bobo, 30.17% of people who inject drugs declared to have "sometimes" used non-sterile syringes, compared to 46.15% in Koupéla. In Bobo, 19% of people who inject drugs said they shared injection equipment with other people who inject drugs, compared to nearly 46% in Koupéla. In both cities, nearly all people who inject drugs who shared needles had already done so with at least two people. Among key populations in Ouagadougou in 2011, reasons for not using methods to prevent STI and HIV are: do not have access to injection equipment (8%), doesn't know how to sterilise equipment (6%), sterilising equipment is difficult (9%), afraid to go to a pharmacy (9%), doesn't know where to find new syringes (8%), syringes are too expensive (6%).

HIV prevalence among people who inject drugs in Ouagadougou in 2020 was 1.7%, 1.1% in Bobo and 3.5% in Koupéla, compared to HIV prevalence rate of 0.8% among adults aged 15 to 49. The percentage of people who inject drugs who are aware of facilities that offer HIV testing is higher in Ouagadougou (31.49%) compared to Bobo (18.01%) and Koupéla (4.31%). HCV prevalence among people who inject drugs in Ouagadougou in 2020 was 6.3%, 3.2% in Bobo and 10.0% in Koupéla. HBV prevalence among people who inject drugs in Ouagadougou was 11.0%, 8.8% in Bobo and 18.6% in Koupéla. With regard to syphilis, the rates were 12.1% in Ouagadougou, 4.4% in Bobo and 0.1% in Koupéla.

According to a 2023 estimate, there are 79.000 people living with HIV who know about their status, which is around 83% of the total individuals with HIV in Burkina Faso. Out of the 83% of the individuals, 79% is on Antiretroviral Therapy (ART).
In Burkina Faso, the estimated population of sex workers is around 51,000, with an HIV prevalence of 6.8%. While 57% of this group is aware of their status, only 22.5% receive antiretroviral therapy (ART).

Previous studies in Burkina Faso indicate many barriers to HIV testing among female sex workers (FSW) have been identified, and these include transportation costs, time constraints, formal/informal payments, stigma, and discrimination towards sex workers and HIV-positive people. A study suggests an important gap in HIV testing among female sex workers in Burkina Faso despite the ongoing national policy to reduce the burden of HIV infection in the country. Indeed, the current national strategy drafted in 2021 aimed to reduce new HIV infections by 75% by 2025. To reach this goal, it is expected that 95% of the key populations, including FSW, use the package of HIV prevention services, which include community-based testing, self-testing, testing in health facilities, and other prevention strategies like condoms and lubricant used, behavior change interventions, and pre-exposure prophylaxis.

Among men who have sex with men (MSM), HIV prevalence is significantly higher at 27.1%, with 61.4% aware of their status. However, ART coverage remains low, reaching just 15%. Condom use among MSM is relatively high at 69.5%, yet many of them avoid healthcare services due to stigma and discrimination.

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Burkina Faso offers a hotline number for individuals seeking help mental health wise. It is free, anyone who calls in can receive confidential counseling support either over the phone, text or online chat. The hotline can be especially helpful for people suffeirng from substance abuse, sexual abuse, or sexual identity crisis.

Harm reduction

In November 2016, the Alliance Nationale des Communautés pour la Santé (ANCS), a Senegal-based CSO became the principal recipient of a Global Fund regional grant programme which aims to support countries to create harm reduction programmes and policies, advocate for harm reduction-friendly laws, create advocacy tools for harm reduction, and, build capacity for actors in the sector, including people who use drugs. According to Harm Reduction International and Mainline key informants, the programme is due to operate in Burkina Faso, among other countries, but little to no harm reduction services have been implemented. A small percentage of people who inject drugs reported receiving advisory services on the use of condoms and sexual risk behaviour in the last three months (28.1% in Ouagadougou, 18.5% in Bobo, and 36.2% in Koupéla in 2020).

According to Harm Reduction International (2018), there are no explicit supportive references to harm reduction in national policy documents, the country has not yet implemented needle and syringe programmes, opioid substitution programmes, drug consumption rooms or naloxone peer distribution programme operational. In terms of harm reduction efforts in Burkina Faso, these include sporadic activities such as prevention actions that focus on HIV and STI transmission, gender issues, sexual and reproductive health, human rights with emphasis on harm reduction (overdose management, for instance) and trainings offered by CSO, e.g. ALUBJ, in harm reduction, including TB/HIV and other co-morbidities targeting people who use drugs.

In October 2020, the preliminary draft of the 2021 National Multisectoral Plan (NMP) to Fight against HIV, AIDS and Sexually Transmitted Infections was published. The NMP is an operational guidance document for the national response to HIV. It is an adaptation of the

2021-2023 Operational Action Plan (OAP) of the National Strategic Framework for the fight against HIV, AIDS and STIs (CSN-SIDA) and takes into account the results obtained from the implementation of the 2020 NMP, with a focus on key populations, including people who use drugs. The 2021 National Multisectoral Plan (NMP) to Fight against HIV, AIDS and Sexually Transmitted Infections seeks to strengthen communication for behaviour change activities, which include educational talks for people who use drugs on the prevention of HIV, AIDS, SRHR, TB, viral hepatitis and syphilis, specific IEC/BCC materials on harm reduction for people who use drugs, and developing a community intervention guide for people who inject drugs.

Between 2022 and 2023, the Joint Programme played a key role in strengthening Burkina Faso's HIV response by enhancing prevention, testing, and treatment services. It supported the development of a national strategy for HIV, hepatitis, and STIs and helped revise HIV testing guidelines to improve testing programs. Additionally, standardized procedures for pre-exposure prophylaxis (PrEP) were introduced to facilitate program implementation, data collection, and monitoring in line with WHO guidelines. The country also transitioned all eligible people living with HIV to Dolutegravir-based antiretroviral treatment (ART) and also started giving patients several months of medicine at once to make treatment easier to access.

To address healthcare challenges in humanitarian settings, the government, with support from the Joint Programme, made all refugees eligible for healthcare services through the national system. Over 20,000 refugees, internally displaced persons, and host community members received information on HIV and STI prevention and testing. Furthermore, 6,000 people accessed HIV testing, with five individuals who tested positive promptly enrolled in treatment. During these efforts, more than 10,000 condoms, 500 hygiene and menstrual kits for women and girls, and nutritional supplements were distributed to support affected populations.

In addition to service expansion, Burkina Faso successfully mobilized $244 million from the Global Fund for the 2024-2026 period. The Joint Programme provided technical support to ensure that funding priorities focused on scaling up HIV services and reaching marginalized communities still left behind in the response.

In terms of combined prevention within the framework of the NMP, programmes to be implemented include screening sessions for HIV, hepatitis B and syphilis (trio test) for people who use drugs in advanced strategies and the promotion of self-testing among people who use drugs and distribution of HIV self-testing kits through community-based approaches. Programmes will also link people who use drugs who have been diagnosed with HIV to ART

services through active search trips for people who use drugs and who test positive for treatment and follow up on positive people who use drugs for access to care and treatment services.

With regard to the promotion and distribution of condoms and lubricants, the NMP includes the distribution of male and female condoms and lubricating gels among people who use drugs. Activities also include information sharing and communication on safer sex and condom use, and condom promotion at the community level, on the Internet or on social media and dissemination of messages on combined prevention through ICT and social networks.

According to Mainline interviews with key informants, there are no programmes available with regard to detox and rehab for people who use drugs, who are generally referred to the Yalgado Ouedraogo University Hospital (if they can afford it), which specializes in mental health and has an addiction unit (with one bed only) located in Ouagadougou. Moreover, said unit does not have the infrastructure or human resources to respond to the specific needs of people who use drugs. This is why the 2021 National Multisectoral Plan (NMP) seeks to train community actors working with people who use drugs on the enhanced peer outreach approach (EPOA) and mobile services.

Although harm reduction education has gained more attention in West Africa in recent years, Burkina Faso still lacked a syringe and needle exchange program, opioid agonist therapy, or a single drug consumption room as of 2024.

Peer involvement

With regard to peer involvement, CSO efforts have allowed for few, but important progress in terms of peer educators, advocacy, organising networks of people who use drugs or even a presence in the Country Coordinating Mechanism (CCM).

According to the WHO, representatives of affected or targeted populations are involved in the development and formulation of policies and strategies or the development and implementation of national programmes for treatment of substance use disorders through youth organizations and CSO.

In terms of community-based interventions, ALUBJ, for instance, has implemented seven supervision visits for data collection and monitoring of activities from June to December 2020, including four visits in the presence of health/social action specialists. In terms of governance and strategic information management programmes, all its coordination structures at central, regional and sectoral levels have the operational capacity to carry out their mission.

As per Mainline interviews with key informants, Colibri Sud has set up a multidisciplinary and paramedical team of 8 peer educators in Bobo. The organisation’s programmes are built around the response of peer educators with the communities, as they have greater impact and

bring the services at heart of their communities. Peer educators are community leaders (who show leadership and are listened to) and selected and trained based on criteria of ethics, confidentiality, discretion, and their leadership skills. Their work is to provide information on each substance, health risks and legal risks. Colibri Sud's strategy aims at working with awareness kits (on HBV, HCV, TB, HIV, drug kits, HIV test kits and referral to medical care). Colibri Sud has also made advocacy efforts to recognize peer work as paid staff.

According to Mainline interviews with key informants, CSOs have implemented advocacy activities in order to place the CNLD under the responsibility of the Ministry of Health or the Presidency to allow for a public health based approach. CSOs have also pleaded to adapt the Drug Code to the WACD model law on drugs for West Africa. ALUBJ intends to work in collaboration with other structures involved in the promotion of harm reduction to achieve a reform of the laws to take into account the public health aspects. But the challenges to be taken up include calling on the authorities to create centres specialising in the treatment of people who use drugs by drawing up a national strategic plan and reforming the anti-drug laws in Burkina Faso.

Additionally, organizations like Responsibilite Espoir Vie Soliradite (REVS PLUS) have actively been campaigning for comprehensive drug and harm reduction policy reforms in Burkina Faso. For example, in 2020 they organized a week long campaign with messages urging the relevant authorities to take action for a thorough reform of drug policies in the country.

Under the leadership of Christine Kafando and other CSOs, a national network of people who use drugs has been created. Still, the network needs to be strengthened as participants face leadership challenges. Said network is of importance as it differs from the CNLD and gives a voice to people who use drugs. Finally, the network must seek representation within Burkina Faso's CCM. Christine Kafando was appointed Vice-President of the country's CCM, representing people living with HIV. But CSO and community-based organisations involved in drug use need to be organized so as to have more representation by building alliances (Mainline interviews with key informants).

Human Rights

According to IRESSEF (2021), in general, many people who inject drugs reported experiencing stigma and discrimination. Over one in four people who inject drugs reported being denied access to services or being insulted as a result of their injecting drugs. Arrests and detention in prison are also common. Given the repressive context and stigma, people who inject drugs tend not to use existing support, care, treatment and prevention services (or harm reduction, if any). Health workers and those working with people who inject drugs should be trained on stigma reduction, and efforts should be made to reduce the level of

criminalization against people who use drugs in general and facilitate access to existing health care and support services. Ignorance, fear, repression, discrimination, self-stigmatisation, violence and lack of education are all factors that increase the vulnerability of people who use drugs to STI/HIV/AIDS.

There is no compulsory treatment for people with drug use disorders in the criminal justice system, but the criminal justice system foresees voluntary treatment for people with drug use disorders (either as an alternative to a criminal sanction or in addition to a criminal sanction – see therapeutic injunction). Still, in Burkina Faso, the therapeutic injunction is rarely imposed as a prison sentence in addition to the lack of specialised public health centres (Mainline interviews with key informants).

There is a certain lack of knowledge of the existing drug laws among people who use drugs. As a result of the repressive legal framework and the criminalization of people who use drugs, many call into question police methods and the way in which drug laws are applied (i.e. arbitrary detentions, corruption and violence). Some also denounce the corruption of police officers who may actively participate in the drug trade by using their authority. According to Mainline interviews with key informants, some people who use drugs do not seek legal or health services when they experience stigmatisation or discrimination based on their status as people who drugs, which fundamentally calls into question implementation of the right of access to justice and other human rights principles.

With regard to arrests, nearly half (47%) of all key populations surveyed stated they had had issues with the police in Ouagadougou (2011). Many had been apprehended at least once by the police, taken into custody in a local police station and then released, or arrested and sent to prison by the judicial authorities. Given that soliciting is illegal in Burkina Faso, it is not surprising that sex workers are the most exposed to the risk of being arrested.

Finally, according to Mainline interviews with key informants and IRESSEF, law enforcement and security forces should be sensitised with regard to vulnerability and stigmatisation of people who use drugs, in particular people who inject drugs, and trained in terms of prevention and harm reduction.

Prison

Arrests for drug offences in West Africa have significantly increased during in the last years: a total of 40,526 (11 per 100,000 population) arrests for drug offences were made in the 2018-2019 period, compared to a total of 29,484 (8.54 per 100,000 inhabitants) total arrests in the 2016-2017 period. Burkina Faso registered 5.40 (per 100,000 population) arrests for drug offences in the 2018-2019 period, with an incarceration rate of 39 per 100,000

inhabitants in 2020. The total number of prisoners in 2020 was 7,812 among 27 prison facilities with a prison density of 190%.

In 2024, the incarceration rate remained 39 per 100,000 inhabitants, however the total number of prisoners increased to 8,800 across the 27 prison facilities. Due to the increase in population size, the prison density decreased compared to 2020, from 190% to 168.3%.

According to IRESSEF, in Ouagadougou in 2020, 74% of people who inject drugs who have been arrested at least once had been in prison for drug use. In Bobo and Koupéla, of all people who inject drugs who have been arrested at least once by the police, almost half have been in prison because of drug use (45.26% in Bobo and 50% in Koupéla). In Ouagadougou, most people who inject drugs reported having experienced violence or discrimination or even arrest by the police because of drug use. In Bobo, 42.7% of people who inject drugs drugs stated that they had been arrested in the last 12 months and put in prison because of drug use.

The fact that 15% of prisoners in Ouagadougou in 2011 declared that they drink alcohol on a daily basis is alarming and confirms the bypassing of the prison's internal regulations by prisoners, as alcohol use is prohibited in prison settings. Still, alcohol is smuggled during visits and through security guards who, according to the study, pour the alcohol into oil or water cans and sell it to prisoners. All prisoners in Ouagadougou in 2011 stated having used cannabis, but only 15% admitted to having used crack and 8% amphetamines. None of them stated having used anxiolytics or antidepressants, inhalants, cocaine, heroin or other drugs.

Research from 2024 further supports these findings, indicating that approximately one-third (32%) of inmates had used illicit drugs in their lifetime, with 28.76% using drugs before incarceration. Notably, 11.87% of prisoners reported drug use inside the facility, and among them, 33.33% initiated drug use while incarcerated. Cannabis was the first drug used by the prisoners (71.11%) followed by tramadol (62.22%), diazepam (13.33%) and cocaine (2.22%).

According to Mainline interviews with key informants, it is forbidden to distribute condoms and lubricants in prisons as a result of conservative thinking and lack of information or knowledge about the impact of harm reduction, even though it is well known that people enter prison HIV negative and come out positive.

The 2021 National Multisectoral Plan (NMP) to Fight against HIV, AIDS and Sexually Transmitted Infections includes individual or group sessions on harm reduction in prisons and educational talks on HIV, STI and SRHR prevention for prisoners. Film debate sessions for inmates will also be carried out in correctional facilities, as well as community screening and behavior change interventions. The 2021 NMP seeks to use differentiated approaches to HIV services: by establishing hair salons/workshops that respect hygiene and infection prevention.

Women who use drugs

In 2020, women represented 2.7% of the sample of people who inject drugs. More specifically, the proportions of women in the study sample varied between 0.7% and 4.3% between the three study sites (Ouaga: 4.3%, Bobo Dioulasso: 0.7%, Koupéla: 3.5%;). According to Mainline interviews with key informants, overall, few studies have been carried out on drug use in Burkina Faso, but around 1% of people who use drugs inject regularly, whereas the others do so occasionally – which may explain why there is a lack of data on people who inject drugs, especially women. The same applies to the response in terms of gender sensitive services. There are no centres for the treatment of drug use in Burkina Faso, other than the Yalgado Ouedraogo University Hospital located in Ouagadougou. Women who consume regularly but prefer to stop often ask help in terms of reintegration to society, however as of 2025 there is no such service available in Burkina Faso. When a woman who uses drugs suffers from depression or an overdose, they are referred to psychiatric services, which are not adapted to respond to the specific needs of women who use drugs.

In terms of the main challenges faced by women who use drugs in Burkina Faso, according to Mainline interviews with key informants, if people who use drugs in general are stigmatised, women are stigmatised even more by the population, especially among people who use drugs. In addition, they are subjected to all kinds of violence, from sexual abuse to sexual exploitation. Mainline interviews with key informants show that women who use drugs are particularly vulnerable to situations of violence, stigma and discrimination, especially in the case of female sex workers.

According to Mainline interviews with key informants, pregnant women who use drugs are usually separated from their children, as they are in conflict with the law and are believed to put the child at risk. Burkina Faso's drug laws do not guarantee protection of human rights, especially in the case of women who use drugs. If arrested, women will go to prison. This is why pregnant women who use drugs usually go into hiding and may endanger their life, especially when giving birth. Even though abortion is legally permitted to save the life and protect the health of a pregnant woman, as well as in cases of rape, incest or severe foetal impairment, most women who use drugs would resort to clandestine abortions carried out under unsafe conditions, thus jeopardizing their health and sometimes their lives. Others give birth, but abandon the child. This situation is a consequence of harsh drug laws that targets low-level offenders and prevents them from seeking access to health care services due to criminalisation, stigma and discrimination.

According to Mainline interviews with key informants, some CSO provide support services to women who are HIV-positive. These services range from psychosocial support to legal assistance, but these services are not specifically designed to provide support to women who

use drugs. The same applies to seminars and workshops on health in general or gender-based violence, which are aimed at the community at large (including law enforcement), but not specifically to women who use drugs (Mainline interviews with key informants).

Social issues and inequalities

In terms of gender-based inequalities that might contribute to the spread of (injecting) drug use, women who use drugs are doubly victimised: by the population and by the people who use drugs themselves. People who use drugs in general are highly stigmatised. The latter clearly contributes to erecting barriers to reach people who use drugs, in particular women who use drugs and people who inject drugs (Mainline interviews with key informants). In addition to the repressive approach to drug use, people who use drugs are also the victims of street-level drug dealers. In 2018, for instance, during a survey, drug dealers forbade many people who use drugs to participate in the survey, thus forcing them to go into hiding at the risk of being refused the drugs they needed (Mainline interviews with key informants).

The fight against drugs has exacerbated the fear among people who use drugs to “come out of the closet,” which may hinder access to prevention and harm reduction as well as their decision to refuse HIV testing or treatment, for example, due to self-stigmatization and fear of being denounced to the authorities by health personnel, among others, which fundamentally calls into question access to justice and protection of human rights (Mainline interviews with key informants). In an attempt to reverse this situation, the 2021 National Multisectoral Plan (NMP) to Fight against HIV, AIDS and Sexually Transmitted Infections includes actions against stigma and discrimination targeting people who use drugs. In terms of support and protection, the focus will be on combating stigma and discrimination against people living with HIV (including key populations) and on human rights issues.

The media perception on drugs and drug use is mostly sensationalist and prohibitionist – use of words like "madness" or "death" to refer to drug use – although CSOs engage in efforts to train journalists on topics such as drug use, harm reduction and human rights. For example, a two-day training workshop on harm reduction and drug use and injecting drug use for journalists was organized by the NGO Initiative Privé Communautaire in 2018. The training was designed to equip journalists on the concept of harm reduction related to drug use, but also to guide their pen for a better treatment of information on this sensitive area that is drug use.

People who use drugs in Burkina Faso, especially those who inject drugs, are faced with a highly repressive legal environment, which translates into human rights abuses and poor access to prevention and care services (Mainline interviews with key informants). Over one in four people who inject drugs reported being denied access to services or being insulted as a result of their injecting drug use. Health workers and those working with people who inject

drugs should be trained on stigma reduction, and efforts should be made to reduce the level of criminalization against people who use drugs in general and facilitate access to existing health care and support services.

As is the case with women who are an underrepresented study group, in Burkina Faso, there is little to no data on young people who use drugs. According to Garanet et al. (2016) the harshness of daily life exposes youth to addictive behaviours that make it increasingly difficult for adolescents to re-enter society, especially when they reach adulthood. Several institutions have already recognised that street adolescents are a particularly vulnerable group in social, economic and health terms, mainly because they live on the streets as a result of family poverty, death of their parents, or the Koranic schools.

For this reason, association Les Bâtisseurs de la Paix en Afrique (ABPA) has started to tackle the issue of drug use by providing a series of awareness-raising activities within high schools and colleges of Ouagadougou. The main focus of the programmes is to make students aware of the long-term consequences of drug use on physical and mental health.

The HIV pandemic and its so-called HIV orphans is said to have led to an increase in children living in the streets, among whom the most common reasons for drug use were “to have courage,” “to be like others,” “to calm the hunger,” “to be accepted by others” and “to fight against the cold” (Garanet et al. 2016).

There is very little evidence on the drug problem in Burkina Faso. There were few sectoral studies carried out in 2011, 2017, 2018 and 2020, but they are not representative enough (Mainline interviews with key informants). Harm reduction has been introduced by a few associations and is limited to the cities of Ouagadougou and Bobo-Dioulasso (Mainline interviews with key informants).