



The lack of infrastructure and heavy stigmatization of drug use in Burundi makes it difficult for people who inject drugs to find access to proper health care. Drug use is largely criminalized and leads to increased police violence, social inequalities, and health complications. Organizations are beginning to work with national policies to create roadmaps for harm reduction interventions.

This document

This policy brief aims to promote the realization of health and human rights for people who use drugs in Burundi. 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 Burundi, 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



The Burundian Penal Code includes drug use as an offense against public security, establishing repressive policies regarding the production, supply, and consumption of drugs. Individuals found using or possessing drugs are subject to incarceration or probation sentences; due to a lack of resources, probation sentencing is rarely implemented. Although harm reduction is not an official national policy, Civil Society Organizations (CSOs) advocate for the implementation of opioid agonist treatment programs, aiming to collaborate with the Ministry of Health to define a roadmap on harm reduction. Burundi is also implementing policy plans for the prevention of HIV and hepatitis C transmission among people who use drugs. Therefore, since Burundi's policy framework currently has little to no room to implement harm reduction interventions, most activities regarding drug use focus on prevention and raising awareness.

Drug use and health



Although no national statistics on drug use are available in Burundi, neither a size estimation of people who use or inject drugs, several focalised studies have provided insight into injecting drug use and health-related risks. A rapid assessment conducted in 2017 identified 127 people who inject drugs only in Bujumbura, though this estimate likely falls short.. Most people who use drugs reached by the study were young males, with high levels of homelessness; especially the females had high HIV prevalence. Another small study from 2019 found high levels of syringe sharing among those injecting drugs, with only one syringe for every 10 people who inject drugs collected in the bins. A UHAI-the East Africa Sexual Health and Rights Initiative investigation into intersecting sub groups among people who use drugs found severe stigma, risk for violence, STIs, and pregnancy, as well as increased likelihood of incarceration and unemployment. UHA found that women were disproportionately affected by. In a key step forward, Burundi's 2023 PEPFAR plan officially recognised people who inject drugs as a priority population for HIV prevention. The country has also exceeded the UNAIDS 90-90-90 HIV targets and is now aiming for 95-95-95 by 2025.

Harm Reduction



Burundi is one of the few countries in West and Central Africa to implement needle and syringe programmes (NSP) and is piloting opioid agonist therapy (OAT), although methadone distribution has not yet begun due to legal barriers. Harm reduction is not explicitly referenced in national policy, and there are no naloxone distribution programmes or drug consumption rooms. A few CSOs lead awareness activities focused on HIV/STI prevention and overdose management, but their reach is limited. Overdose rates are high (40%), and survival is low due to lack of protocols and police intervention replacing medical care. Although Global Fund and UNDP are supporting future OAT expansion, legal contradictions continue to delay implementation. HCV testing is available but costly, and community-based HIV self-testing remains unavailable.

Peer Involvement



Burundi has a national Network of People who Use Drugs (BAPUD), operating with limited budget support from the Global Fund. Via an agreement with the National Association for the Support of HIV-positive and AIDS Patients (ANSS), BAPUD supports community follow-ups and care services. BAPUD also participates in the Country Coordinating Mechanism (CCM), which allows them to represent key populations more freely to conduct high-advocacy efforts. Other CSOs efforts focus on developing a national harm reduction strategy and implementing opioid agonist treatment programs. The peer-led Nyumviriza project has provided harm reduction services and support to PWUD in Bujumbura since 2021.



Human Rights

Burundi's governance criminalizes people who use drugs, giving rise to incarceration, discrimination, stigmatization, and police violence, which prevents access to health services. The lack of harm reduction frameworks put the key populations at risk. People who use drugs are often mistreated by the police, enduring violence in the form of assault, bribing, and sometimes rape. CSOs are in the early stages of systematizing these human rights violations, but otherwise legal support for people who use drugs is difficult to come by due to a lack of specialized lawyers.



Prison

People caught using drugs are usually arrested, imprisoned, or fined; although there is little data on the imprisonment of people who use drugs. Burundi's prisons are generally largely over capacity. Small scale studies in Burundi showed that over half of the participants who inject drugs have been in prison, with about a third still injecting while in prison, where there are no harm reduction services of any sort.

Women who use drugs



There is very little data on women who use drugs in Burundi. Anecdotal data shows a high level of stigmatization, and high engagement in sex work to pay for drugs, with a consequent high rate of HIV. Women who are pregnant and use drugs often use clandestine abortion services with major risks; there are no social services targeting women who use drugs and their children, nor sexual and reproductive services targeting this group. Due to bureaucracy (especially the need for a birth certificate to receive free childcare, which many do not have), social services are difficult to reach for these mothers. BAPUD offers women-only groups for support against violence, and plan to open a care center for women who use drugs in Bujumbura, but currently do not have the necessary funds.

Social Inequalities



According to the few studies available, most people who inject drugs in Burundi have no jobs, and significant numbers resort to petty crime, street begging, or support from friends and family for funding; many are homeless. The government interprets that CSOs doing harm reduction work promote drug use, which leads to fear and weak interventions on the ground. People who inject drugs tend to avoid using public health services or do not have access to them, due to discrimination and stigmatization. The taboo around drug use in Burundi tends to confuse drug dependency with psychiatric illnesses, and much of the advocacy work focuses on awareness among government officials.



Recommendations

Based on data gathered via desk research and key informants, and on the extensive consultation done by UHA's baseline in Burundi, we propose the following recommendations:

Advocacy & policy reform

- Advocate for decriminalisation of people who use drugs and other key populations → Develop specific national harm reduction policy documents focusing on drug use → Strengthen the prevention policy concerning specific care for pregnant women and mothers dependent on drugs
- Strengthen and provide funding to grass roots organisations led by people who use drugs to support its official set up, development, as well as advocacy interventions
- Support grass roots organisations in advocating for the removal of legal, social and cultural obstacles to the exercise of the full sexual, reproductive and human rights of all sub-groups of people who use drugs

Awareness raising

- Awareness-raising among law enforcement, security forces, and schoolteachers with regard to stigma and discrimination of people who use drugs and other key populations → Strengthen the skills of care providers in welcoming and caring for all sub-groups of people who use drugs, including training in human rights, sexual and reproductive health rights, and harm reduction

Community-based research and assessments

- Collect data with regard to drug use, including among other key populations: people in prison settings, transgender women, and sex workers
- Assess the needs of key populations who use drugs, especially women who use drugs, LGBTQI, and sex workers

Harm Reduction services

- Support CSOs to increase advocacy efforts to develop and implement NSP, OAT, and management of overdoses (including Naloxone distribution)
- Set up harm reduction services aimed at meeting the specific needs of women who use and inject drugs, female sex workers, and transgender women
- Strengthen community-based interventions with the participation of peer educators and recognise peer work as paid staff

- Set up services to support people who use drugs and LGBTIQ communities in need of mental health support and social reintegration
- Promote vocational education for people who use drugs who have dropped out of school, and support those who are unemployed in finding a place and reintegrating to the job market → Provide legal empowerment and assistance to people who use drugs via grass roots organisations

Capacity building

- Support the development of a pool of lawyers and peer paralegals specialising in defending the rights of marginalised populations
- Strengthen the capacities of people who use drugs' led organisations in project management and monitoring and evaluation techniques to support the monitoring of service quality as well as organisation's autonomy to receive and manage funding.