Between Drugs and Society: Moral Experiences and Drug Addiction in Ouagadougou

Annigje van Dijk, Roger Zerbo

In Politique africaine Volume 163, Issue 3, 2021, pages 45 to 60
Publishers Editions Karthala

ISSN 0244-7827
DOI 10.3917/polaf.163.0045

Dossier

Annigje van Dijk et Roger Zerbo

Between Drugs and Society: Moral Experiences and Drug Addiction in Ouagadougou

This article engages with the local moral worlds and the reported experiences of people addicted to heroin and/or cocaine in Ouagadougou, the capital of Burkina Faso. Drug users' experiences were coloured by a continuous conflict between the need to use drugs and a simultaneous inability to live a "good life": that is, to fulfill the social role associated with their "life stage." We add to a small body of research that has sought to understand the worlds of drugs in Africa from the perspectives of people who engage in drug use.

As in other parts of West Africa, drug use is seen as a growing problem in Burkina Faso. Research on the subject is very scarce there, and "official" statistics seem to be lacking[1], but concerns have been raised that drug use is on the rise, especially among young people[2], and that this can lead to greater insecurity[3] and an increase in the prevalence of mental illness and various communicable diseases[4]. The Burkinabe government, notably the "Comité National de Lutte contre la Drogue" (CNLD) has engaged in the fight against drug trafficking and trade[5], reflecting anti-drug measures taken across the region[6]. Drugs seem to be treated mainly as a security problem, and even though Burkinabe law offers the possibility to replace incarceration with rehabilitation in the case of people caught for drug use[7], the scarcity and inaccessibility of rehabilitation

1. According to data at <https://dataunodc.un.org/>, consulté le 29 novembre 2020.
2. R. Zerbo, *Addiction à la drogue en milieu jeune au Burkina Faso. Facteurs déterminants, impacts sociosanitaires et prise en charge de la toxicomanie*, Ouagadougou, INSS/CNRST, août 2020.
3. S. Hagberg, L. O. Kibora, S. Barry, Y. Cissao, S. Gnessi, A. Kaboré, B. Koné and M. Zongo, *Sécurité par le bas. Perceptions et perspectives citoyennes des défis de sécurité au Burkina Faso*, Uppsala Papers in Africa Studies 5, Uppsala, Uppsala Universitet, 2019, p. 49.
4. E. Sanou, « Consommation de stupéfiants : la drogue ou la mort programmée des jeunes » [en ligne], *Radars Info Burkina*, 9 avril 2018, <https://www.radarsburkina.net/index.php/fr/societe/234-consommation-de-stupefiants-la-drogue-ou-la-mort-programmee-des-jeunes>, consulté le 26 août 2021.
5. <https://www.unodc.org/westandcentralafrica/en/burkina-faso.html>, consulté le 26 août 2020.
6. G. Klantschnig, « West Africa's Drug Trade: Reasons for Concern and Hope », *Addiction*, vol. 108, n° 11, 2013, p. 1871-1872 ; E.-U. Nelson and I. Obot, « Beyond Prohibition: Responses to Illicit Drugs in West Africa in an Evolving Policy Context », *Drugs and Alcohol Today*, vol. 20, n° 2, 2020, p. 123-133.
7. Code des drogues au Burkina, article 72, 017 / 99 / AN (29 avril 1999).

structures[8], harm reduction and/or reinsertion prevent the application of this law, meaning that drug users are more likely to end up in prison[9], sometimes repeatedly. With some exceptions[10], the work of civil organizations is mainly directed towards prevention. They warn of the risks of drug-taking, even associating its use with "madness or death", as a leader of a Burkinabe NGO that aims to prevent drug use through education campaigns stated on a news site[11]. These discourses are meant to keep young people from starting out with drugs, but they may also lead to further stigmatisation of people who are already consumers. They may be pushed further into the margins, especially if accessible care remains largely absent.

In this article, we look at narratives of people addicted to heroin and, in a few cases, cocaine, in Ouagadougou, the capital of Burkina Faso. We draw from interviews conducted as part of a larger research project focusing on the prevalence of drug use and associated (mental) health problems, notably the prevalence of tuberculosis, HIV/AIDS, syphilis and hepatitis, and experiences of stigma and depression[12]. Adding to a small body of research that has sought to understand the worlds of drugs in Africa from the perspectives of consumers[13], we focus on users' reflections on their own situations. Their accounts of their experiences emerge as being coloured by a continuous discrepancy between the needs imposed by an "addicted body[14]" and the imperative to live a "good life[15]" – which includes finding work, caring for their parents and starting a

8. Only recently (in February 2019), with financial support from the same international organisation that also financed this research project, was the first detoxification unit opened next to the Psychiatry Department at the University Hospital of Ouagadougou. This is the first public structure specialising in addiction, but it does not have an independent hospitalisation facility. There are also private structures that offer rehabilitation, but they are generally very expensive and thus inaccessible to the majority of the population. There is at least one non-governmental structure that works on rehabilitation, and we also heard about traditional and spiritual healers (and visited one) who claim to heal people from addiction with herbal medicine and/or prayer, but no studies were found that further investigate this subject.

9. M. T. Birba, « "Le Code pénal et le Code des drogues ne prévoient pas l'accès aux soins pour les toxicomanes" », *in* ONUDC and CEDEAO, *Injonction thérapeutique. Une alternative sanitaire à la dépendance aux drogues*, Dakar/Abuja, ONUDC/CEDEAO, 2018, p. 10-11.

10. One non-governmental organisation in Ouagadougou that strives to support people with drug addiction is Remar, a humanitarian organisation originally from Spain. See <https://remar.org/programas-accion-social/#atenci%C3%B3n-a-personas-drogodependientes>, consulté le 26 juin 2021.

11. T. C. Sawadogo, « Drogue : "Au Burkina, c'est la folie ou la mort", prévient Ousséni Touré » [en ligne], *Lefaso.net*, 12 mars 2018, <https://lefaso.net/spip.php?article82386>, consulté le 30 août 2021.

12. Iressef and INSS, *Rapport d'estimation de la taille et d'enquête biocomportementale chez les consommateurs de drogue injectable au Burkina Faso*, Pareco, janvier 2020.

13. S. Beckerleg, « How "Cool" Is Heroin Injection at the Kenya Coast », *Drugs: Education, Prevention and Policy*, vol. 11, n° 1, 2004, p. 67-77 ; J. L. Syvertsen, S. Ohaga, K. Agot, M. Dimova, A. Guise, T. Rhodes and K. D. Wagner, « An Ethnographic Exploration of Drug Markets in Kisumu, Kenya », *International Journal of Drug Policy*, vol. 30, 2016, p. 82-90 ; S. McCurdy, « Tanzanian Heroin Users and the Realities of Addiction », *in* G. Klantschnig, N. Carrier and C. Ambler (dir.), *Drugs in Africa: Histories and Ethnographies of Use, Trade, and Control*, New York, Palgrave Macmillan, 2014, p. 145-160.

14. P. Bourgois and J. Schonberg, *Righteous Dopefiend*, Berkeley, University of California Press, 2009.

15. J. Robbins, « Beyond the Suffering Subject: Toward an Anthropology of the Good », *The Journal of the Royal Anthropological Institute*, vol. 19, n° 3, 2013, p. 447-462 ; C. Mattingly, « Critical Phenomenology

family. Even though popular discourse and their ways of life relegate them to a marginal position, their reflections show that they are not separate from society: they still have relations with their families and aspire to a "good life", in line with societal expectations. Their perspectives thus teach us something about what counts as a "good life" in Burkina Faso, as well as what life is like living with addiction there. The questions that guide our analysis are: how do people who use drugs in Ouagadougou perceive their own addiction, what is at stake in their local worlds and how does being addicted to drugs interfere with living a "good life"? After a brief discussion of our methodology and theoretical point of departure, we will turn to their narratives to seek answers to these questions.

Research Methods

We base our analysis on interview data gathered as part of a research project investigating the prevalence of the use of heroin and cocaine[16] and of HIV/AIDS, tuberculosis, hepatitis and syphilis among people using injectable drugs in three cities in Burkina Faso[17]. The participants in the research project were recruited through "respondent driven sampling" (RDS), a snowball sampling method specifically designed to reach populations or sub-population categories that are difficult to access[18]. Recruitment was initiated by selected participants, who each received three coupons so that they could recruit peers. Subsequent participants came to the research base with these coupons, and in turn received coupons to recruit others. Participation was re-imbursed with 2000 FCFA (about 3 euros) to cover transport costs. The research took place alongside a project geared towards intervention. Next to the opportunity to receive treatment for tuberculosis or

and Mental Health: Moral Experience under Extraordinary Conditions », *Ethos*, vol. 47, n° 1, 2019, p. 115-125 ; N. A. L. Myers and K. E. Yarris, « Extraordinary Conditions: Global Psychiatric Care and the Anthropology of Moral Experience », *Ethos*, vol. 47, n° 1, 2019, p. 3-12.

16. In the original project, these are referred to as "injectable drugs", but none of the interviewees reported injecting drugs. They all stated that smoking was their mode of consumption.

17. This project is part of a regional research project by Pareco, entitled "Réduction des risques VIH/TB et autres comorbités et promotion des droits humains auprès des consommateurs de drogues injectables (CDI) dans 5 pays de l'Afrique de l'Ouest (Burkina Faso, Cap Vert, Côte d'Ivoire, Guinée Bissau et Sénégal)". The research in Burkina Faso was approved by the Burkinabe ethical committee for health research, and informed consent was given by research participants. The study was financed by The Global Fund to fight HIV, Tuberculosis and Malaria, and data collection took place from November 2018 until January 2019. Interviews in Ouagadougou were held in December 2018. Roger Zerbo coordinated the part of the project executed by INSS, and Annigje van Dijk became involved in the analysis of interview data during a secondment at INSS that was part of her PhD trajectory (her research focuses on people living with mental health problems in Ouagadougou).

18. D. D. Heckathorn, « Respondent-Driven Sampling: A New Approach to the Study of Hidden Populations », *Social Problems*, vol. 44, n° 2, 1997, p. 174-199 ; S. D. W. Frost, K. C. Brouwer, M. A. Firestone Cruz, R. Ramos, M. E. Ramos, R. M. Lozada, C. Magis-Rodriguez and S. A. Strathdee, « Respondent-Driven Sampling of Injection Drug Users in two U.S.-Mexico Border Cities: Recruitment Dynamics and Impact on Estimates of HIV and Syphilis Prevalence », *Journal of Urban Health*, vol. 83, n° S1, 2006, p. 83-97.

HIV (which is offered free by the government of Burkina Faso), participants also had the possibility to receive treatment for their addiction without charge at a newly-opened "addiction unit" at the public hospital or at a non-governmental organisation participating in the project. We do not know whether they decided to make use of these opportunities.

Qualitative interviews were conducted with 30 participants[19], 28 men and 2 women[20], in Ouagadougou. Their ages ranged from 21 to 62, and they came from different neighbourhoods of the city. They were recruited from a number of *ghettos*, the popular name for places where people buy and smoke drugs. These spaces are embedded in popular neighbourhoods, in compounds or open spaces, and they do not all sell the same kinds of drugs, although the spaces mentioned by our interviewees all sold "hard drugs" such as heroin and cocaine. Interviewees shared that their *ghettos* are visited by a wide range of people, from high school students to better-off drug users, with different degrees of addiction. They made distinctions between types of drug users: some explicitly distanced themselves from homeless or even mentally ill people who stayed in the *ghetto* on a more permanent basis. The *ghettos* are sometimes raided by the police, and some interviewees said that they preferred to smoke their drugs elsewhere, in another quiet place or if possible at home, for this reason.

It is important to note that the interviews were not conducted by the authors of this article[21], but by mediators involved in the project. These are individuals who decided to come out into the open as injection drug users and who are involved in raising awareness and mobilising other drug users in the city. The thought behind this was that interviewees, who are part of a highly-stigmatised group, would feel more at ease with someone who was, or had been, in a similar position to them. The mediators received two days of training on qualitative interview techniques (including life stories) and worked with an interview guide. The interviews were conducted either in French or in Moore, and in the latter case the transcripts were translated into French. The topics addressed were (hi)stories of drug use, substances and modes of consumption and users' knowledge, perceptions of different illnesses (HIV/AIDS, tuberculosis, hepatitis, syphilis) and other (social) risks[22]. Our analysis in this article, however, focuses on their reflections on their moral experience, which although not part of the topic guide, came up as an important theme in the interviews.

19. This number was obtained as a result of information saturation according to the principles required by the qualitative method.

20. There were not enough women in our group of interviewees, nor were the interviews designed to be able to say anything about gender and addiction, but this is certainly an important topic for further research.

21. This makes it difficult for us to reflect upon the research situation itself, notably the rapport between interviewers and interviewees. An extensive reflection on these relations was not part of the research.

22. For an analysis that also studies these topics, see R. Zerbo, *Addiction à la drogue en milieu jeune…*, *op. cit*.

Moral experience: "the good" in everyday life

Experience, according to Kleinman, takes shape in the constant interaction between people and the local worlds that surround them. "Moral experience" is that part of our experience that is continually shaped through our various efforts to live a "moral life" or to be a "good person[23]". From this perspective, morality does not appear as a social system or a universal code, but as how people define and try to live up to what they and people in their direct environment see as "good" in their everyday lives[24]. Kleinman also drew attention to how local worlds can be conflictive and are constantly shaped by social, political and historical forces and influences. This insight has become important in various studies on people who live in marginal situations. Researchers have shown that a "good life" can be much more difficult to attain for some people than for others[25]: different kinds of stigma, interventions and social and/or material constraints can impede people's capacity to move towards what they or society define as "good". Zigon has referred to these moments of conflict, when one is taken out of one's "normal" moral disposition and is obliged to engage in ethical reflection, as situations of "moral breakdown[26]". He argued that in these situations, people will try to find a new "normal" moral position with the means available to them, and stated that the "tactics that are possible in each particular ethical moment are made available, for example, by the unique coming-together of the individuals involved in the moral breakdown, their own personal histories and experiences that inform their understanding and reasoning in the ethical moment, as well as the socio-historic-cultural possibilities for thinking and acting in such situations[27]". Marginality may thus affect people's moral experiences as well as the tactics that may or may not be available to them so that they can shape themselves as moral subjects[28].

Our data do not give us a complete picture of what constitutes a "good life" in Burkina Faso, but some of the themes mentioned in the interviews correspond with findings from other research conducted in the country. We saw important parallels with Champy's research with *Bakoroman*, young men who make life on

23. A. Kleinman, *Experience and Its Moral Modes: Culture, Human Conditions, and Disorder*, The Tanner Lectures on Human Values, Stanford, Stanford University, 1999.
24. J. Robbins, « Beyond the Suffering Subject… », art. cité.
25. See for example N. A. L. Myers, « Recovery Stories: An Anthropological Exploration of Moral Agency in Stories of Mental Health Recovery », *Transcultural Psychiatry*, vol. 53, n° 4, 2016, p. 427-444 ; C. Mattingly, « Critical Phenomenology and Mental Health… », art. cité.
26. J. Zigon, « Moral Breakdown and the Ethical Demand: A Theoretical Framework for an Anthropology of Moralities », *Anthropological Theory*, vol. 7, n° 2, 2007, p. 131-150.
27. *Ibid*., p. 139.
28. C. Mattingly, « Critical Phenomenology and Mental Health… », art. cité ; see also E. Carpenter-Song, « "The Kids Were my Drive": Shattered Families, Moral Striving, and the Loss of Parental Selves in the Wake of Homelessness », *Ethos*, vol. 47, n° 1, 2019, p. 54-72.

the streets, in Burkina Faso[29]. She shows (among many other things) that what counts as a "good life" changes over the course of people's lives. She observes that while her interlocutors' ways of life, which include begging, taking small jobs, and drug taking and thievery, are somewhat tolerated when *Bakoroman* are young, they become increasingly condemned as they grow older. She uses the concept "ages of life" to mark moments of social transition, in this case when one is no longer "young enough" to be "searching for oneself" [*se chercher*] on the streets, and is expected to enter a different "adult" life stage, and "find work, establish themselves, start a family and start providing for their parents[30]". This dynamic, in which an individual is temporarily living a "deviant life" but ultimately plans to establish oneself in society as a "senior" was also observed by others, although socio-economic difficulties make it increasingly difficult to live up to such ideals[31], which motivates some groups to try to re-invent social norms, sometimes in line with international discourses[32]. We also follow the observation that the inability (or: unwillingness) to live in line with social standards in Burkina Faso, where family relations are an important source of social security, can lead to "inversions" in generational relations that are seen as shameful[33]. As we will see, for participants in our research the failure to live up to what life "should be like" at their current age surfaces as an important measure of their "worth", as perceived by themselves and others.

Before we continue to our analysis, we want to note that it is possible that the interview setting, and even their participation in the research project as a whole, constituted in itself a moment of moral breakdown. Taking participants out of their everyday context into a research setting where they were approached as "drug users", underwent biomedical tests (for the larger research project) and asked questions that required reflection, could certainly have displaced them from their "normal" moral disposition, and we cannot say to what extent the reflections they engaged in in this setting are part of their everyday life. Although they speak about the themes addressed in the interviews as if they reflect more general preoccupations, it is possible that some parts of their answers were in themselves "moral tactics" – ways to construct themselves as moral subjects

29. M. Champy, « Ni enfants, ni adultes. Une lecture comparative de la "jeunesse" (Burkina Faso) » [en ligne], *Ateliers d'anthropologie*, n° 42, 2015, <https://journals.openedition.org/ateliers/10024>, consulté le 26 août 2021.

30. *Ibid*., paragraph 13, our translation.

31. J. Mazzocchetti, *Être étudiant à Ouagadougou. Itinérances, imaginaire et précarité*, Paris, Karthala, 2009. See also the work of Sasha Newell and that of Éliane de Latour in Côte d'Ivoire.

32. See, for example, J. Lamaison-Boltanski, « La "jeunesse" comme répertoire critique. Rap et rastafarisme au Burkina Faso » [en ligne], *Ateliers d'anthropologie*, n° 47, 2020, <https://journals.openedition.org/ateliers/12325>, consulté le 26 août 2021 ; A. Attané, « Identités plurielles des hommes mossi (Burkina Faso) : entre autonomie et précarité », *Nouvelles questions féministes*, vol. 21, n° 3, 2002, p. 14-27.

33. C. Roth, « "Shameful!" The Inverted Intergenerational Contract in Bobo-Dioulasso, Burkina Faso », *in* E. Alber, S. van der Geest and S. R. Whyte (dir.), *Generations in Africa: Connections and Conflicts*, Münster, Lit Verlag, 2008, p. 47-70.

in relation to the interviewer and the interview context. This is not to say that their narratives are untrue, but it is something we need to keep in mind, and it is why we refer to "moral reflections" instead of the "moral economy[34]" of drug use, the latter indicating interactions among people who use drugs that we did not have access to with our methodology.

"We are not in the bodies of others [*on n'est pas dans les corps des autres*]"

All the interviewees indicated that they had encountered drugs, through someone in their social environment: a brother, a friend or group of friends, a boyfriend or girlfriend… Most of them had tried cannabis first, and started at a young age (in their teens or twenties, although two reported that they had started in their thirties and one at 50), because of "adolescence" or "curiosity" – indicating that this kind of experimentation may be part of life at a certain age. The effect, both in the beginning and while transitioning to "heavier" drugs, was mostly described in terms of pleasure or "doing like others". Only a few participants explicitly mentioned "worries" or "thinking" as the main reason for starting to use drugs, and linked the onset of their drug use to specific events (the death of a brother, and the burning of the central market and the consequent loss of their source of income). They all said they smoked drugs rather injecting or sniffing them. Most interviewees said they smoked a mixture of powdered heroin (*le off*) and cannabis (*le tabac*), although some also smoked cocaine (*le caillou*), using a pipe they made themselves, which they referred to as *bonca*. Their reported use varied from once to ten times a day, with most of them using between two and four times. They came from different neighbourhoods of Ouagadougou, and frequented different *ghettos*. Most of them had only been to primary school, sometimes completing the first years of secondary school before dropping out. One person had only been to Koranic school, one had had no education at all, and one had studied until the last year of high school.

All the interviewees described their current consumption of drugs as being driven by withdrawal symptoms, which they referred to as *djonce*, *la manque* or even as *être malade* [being ill][35]. They mentioned severe symptoms such as pain, fever, fatigue and diarrhoea that made it impossible to feel "normal" without

34. P. Bourgois and J. Schonberg, *Righteous Dopefiend*, *op. cit*.

35. One section of the research questions was related to the health risks associated with drug use. Although this part of the interviews is not the focus of this article, it must be noted that in almost all the interviews, withdrawal symptoms were mentioned again when the interviewees were asked about the health risks related to drug use. Other, communicable, illnesses such as tuberculosis and hepatitis or HIV/AIDS, only came second, if they were mentioned at all. Several participants admitted that they did not really take disease prevention, notably the possible transmission of tuberculosis, into account when they needed to share a smoke with others on days when they did not have enough money to buy their own, even though they knew the risk.

drugs[36]. They referred to it as an illness: "Now it has become a disease for me […]. If I get up in the morning until I've obtained [drugs] I can't work. My whole body hurts, it gives me chills, I'm uncomfortable, I'm uncomfortable[37]!", or even as mental illness: "In the morning if you haven't gained [drugs], you are mentally ill even. You have to smoke it to become like a motorbike that has been fuelled; if you don't put gas in it, it won't start. That's how it is[38]." One man explained that:

> "Right now we are not in the bodies of others. Because the others get up in the morning, they are healthy, they do what they want, but you get up in the morning, even to wash your face, first, you think about the product[39]."

Another man said: "I'm also doing it to stabilise my blood, to be able to look like others[40]." They referred to their bodies as "addicted bodies", driven by a constant need for drugs in order to be "normal".

Curing withdrawal, eroding the relational self

Although it was not always clear in the interviews, it appeared that only a few of the research participants were still working. Several indicated that they had lost their jobs because of drugs, and some reported engaging in other practices to obtain money (asking for money or stealing, for example). The inability to make and keep money (because it was spent on drugs) had an impact on their social position, unsettling their relations with others. One man recounted how when he was around 20 years old, he had been able to buy his father a sheep for Tabaski, while now, at 36, he had no means of doing so – in order to acquire money for drugs, he had started stealing from his boss and had lost his job as a driver's apprentice in long-distance transport. He said that his parents were disappointed, an emotion he also experienced himself: "I regret [it], it is not worthy of a Burkinabe […]. It's really a dead moment in your life! [My] whole

36. M. M. Connors, « Stories of Pain and the Problem of AIDS Prevention: Injection Drug Withdrawal and its Effect on Risk Behavior », *Medical Anthropology Quarterly*, vol. 8, n° 1, 1994, p. 47-68.
37. « Alors là, c'est devenu une maladie pour moi. […] Si je me lève le matin tant que je n'ai pas gagné ça, je ne peux pas travailler. Tout mon corps me fait mal, ça me donne froid, je suis mal à l'aise, je suis mal à l'aise ! » (Interview 12, 38-year-old man, Ouagadougou, 23 December 2018).
38. « Le matin, si tu n'as pas gagné ça là, tu es malade mental même. Il faut que tu fumes ça pour devenir comme une moto qu'on a mis essence, si on n'a pas mis essence, ça ne démarre pas. C'est comme cela » (Interview 10, 27-year-old man, Ouagadougou, 21 December 2018).
39. « Actuellement, on n'est pas dans le corps des autres. Parce que les autres se lèvent le matin, ils sont en santé ils font ce qu'ils veulent, mais toi tu te lèves le matin, même pour laver ta figure d'abord, tu penses au produit » (Interview 11, 35-year-old man, Ouagadougou, 21 December 2018).
40. « Mais maintenant, moi aussi je fais afin de stabiliser mon sang quoi. Pour pouvoir ressembler aux autres quoi » (Interview 2, 38-year-old man, Ouagadougou, 11 December 2018).

behaviour has changed. My friend, it's really disappointing[41]." Another man, who used to work as a waterproofing technician, worried that his drug addiction would prevent him from living a "good" life in the future, referring to his inability to create a family:

> "I hope you will be able to help us a lot so that we leave [all this], otherwise it's bad, because in this we can't have women, we don't look for women, we don't look for children, we don't look for families. […] when you see young people who are with their children, you too think about it… you can go and cry somewhere else but nobody can know […]. You also need that to be happy, but you are still in it[42]!"

Both men describe their addiction as the barrier between their situation and living a "good life", which is defined as taking care of your parents and having a family of your own, which for them is connected to being worthy and happy. Being addicted is associated with a situation of standstill, a rupture with how one should "normally" advance in life[43], a discrepancy that becomes more pronounced with age. One man, who is now 43 years old and used to work as a mechanic explained:

> "When I was a child […] you know what childhood is like […]. Where they say you shouldn't go, it's there you go because you don't know. Now […] it's getting late, otherwise where I am, I don't like my life. Where I am, I should have a wife, and a good job, have a family. But […] here's where I am, I have nothing […] nothing that I can take to present to people […] there's nothing[44]."

Like the other men, he describes his failure as an individual dissatisfaction as well as in relational terms: he does not like his life because there is nothing about it that he can present to others. As such, addiction and the concurrent inability

41. « Moi je regrette, ce n'est pas digne d'un Burkinabé. […] C'est vraiment un moment mort dans ta vie quoi ! […] Tout le comportement a changé. Mon ami, c'est vraiment désolant quoi » (Interview 6, 36-year-old man, Ouagadougou, 15 December 2018).
42. « Je veux que vous puissiez nous aider beaucoup pour qu'on laisse beaucoup, sinon c'est grave, parce que dans ça on ne peut pas avoir des femmes, on ne cherche pas de femmes, on ne cherche pas d'enfants, on ne cherche pas de familles. […] quand tu vois des jeunes qui est avec ses enfants, toi aussi en pensant tu peux aller pleurer ailleurs mais personne ne peut pas savoir quoi surtout avec. Toi aussi tu as besoin de ça pour être content, mais tu es toujours dedans ! » (Interview 11, 35-year-old man, Ouagadougou, 21 December 2018).
43. These definitions of a "good life" resonate with those that appear in other research conducted in Burkina Faso. At the same time, the experience of standstill reported by research participants seem to reflect the experiences of "waithood" observed by Alcinda Honwana, which have been seen as a wider condition of youth in Africa.
44. « À l'enfance […], tu connais l'enfance […]. Là où on dit faut pas partir là, c'est là-bas tu s'en vas parce que tu ne connais pas. Maintenant […], c'est devenu tard sinon là où moi je suis là moi ma vie, ça ne me plaît pas. Là où moi je suis là, moi je dois avoir une femme, et puis un bon boulot, avoir une famille. Mais voilà moi là où je suis. Voilà là où je suis, je n'ai rien […], quelque chose que moi je peux prendre présenter à l'homme […], il y en n'a pas » (Interview 15, 43-year-old man, Ouagadougou, 11 December 2018).

to attain a "good life" creates distance between drug users and people in their social environment. As one 39-year-old man recounted:

> "In my family, the opportunities I had, the love I had, I'm losing it, because… well now everybody asks me what I want to become. At my age I don't want to work, I spend all my time asking for money and when I'm looking for a job, it's [drug] use that spoils the job, it's [drug] use that spoils my job at every moment. So the family looks at me from a distance, only when there is a special event we can meet and talk. Apart from that, when I call them to talk about myself, they tell me to stop [taking drugs] first. […] As long as I keep smoking they can't listen to me because they've done too much. […] So right now, the shame… I call my mom on the phone to say hello because I don't even want her to see me. Because when she sees me, she looks at me and she says: 'You have to change, look, you've lost weight.' So to avoid all this I even avoid contact with my mum, I sleep in the same house as her but I go out early in the morning. I wash myself and then I go out, after 8 am or 9 am I call her and say hello. I say that I got up very early in the morning [but] I'm [actually] afraid to see her[45]."

Again, there is a reference to his age and his inability to act in accordance with his life stage. His words also emphasise how the body, which is also perceived by others as an "addicted body", stands between oneself and others, and even becomes something that needs to be hidden. In other interviews, participants shared that their family did not listen to them, and sometimes that younger members of the family had risen above them in terms of social status, showing how drug use can unsettle "normal" social hierarchies. One man even stated that he did not sleep at home any more: "We don't have family, we left the families, so we sleep outside[46]." Their accounts reflect what has been conceptualised by others as "loss of self" and the capability for moral striving[47], but also the "erosion-of-self-in-relation-to-others[48]".

45. « En famille, l'opportunité que j'avais, l'amour que j'avais je suis en train de le perdre, parce que… bon actuellement tout le monde me demande qu'est-ce que je veux devenir ? À mon âge, je ne veux pas travailler, je passe tout mon temps à demander de l'argent, et quand on me cherche du boulot, c'est la consommation qui vient gâcher le boulot, c'est la consommation qui vient gâter mon boulot à chaque moment. Donc la famille actuellement me regarde de loin, sauf en cas de manifestation comme ça, on se rencontre, on cause. À part ça, quand je les appelle pour parler de moi-même, ils disent d'abord d'arrêter. Lorsque j'aurais arrêté là, ils auront affaire à moi. Tant que je continue de fumer, ils ne peuvent pas m'écouter parce qu'ils ont trop fait. […] Donc actuellement la honte, moi j'appelle ma maman au téléphone pour lui dire bonjour parce que je ne veux même pas qu'elle me voie. Parce que quand elle me voit, elle me regarde et elle dit : "Faut changer, regarde, tu as maigri." Donc pour éviter tout cela, j'évite même le contact avec ma maman jusqu'à je dors dans la même maison qu'elle mais je sors tôt le matin. Je fais ma toilette et puis je sors, après 8 heures, 9 heures, je l'appelle, je dis bonjour. Je dis que je me suis levé très tôt le matin […] puis j'ai peur même de la voir » (Interview 8, 39-year-old man, Ouagadougou, 20 December 2018).
46. « On n'a pas de la famille, on a laissé les familles, donc on dort dehors, où on gagne pour dormir seulement » (Interview 25, 34-year-old man, Ouagadougou, 28 December 2018).
47. E. Carpenter-Song, « "The Kids Were my Drive"… », art. cité.
48. N. A. L. Myers, « Recovery Stories… », art. cité.

The erosion of relations made it even harder to mobilize financial support or to find work. Some interviewees said that they therefore felt obliged to steal from their families when they were in need of drugs, which of course had a further negative impact on their relations, thereby creating a cycle. As one participant explained:

> "Today we see, well, we really want to stop but we can't. It's like the blood is contaminated or something, I don't know, it's there. You can't find any [drugs], you're not yourself. Sometimes you are there, because it's 1500 francs, you are there and you don't even have a penny. Your dad, your mum or your little brother or your little sister who puts down something that can be worth 2000 francs or 3000 francs you have to take it. You don't take it because you want to. You take it because you want to cure yourself.
> […]
> And right now there is no trust between you and your dad. […] the fact that you're in withdrawal, you really need the cane, you have to take something to go… just get the money for the fix. It doesn't help us, because it ruins our name, and then nobody trusts you. We ourselves want to stop it[49]."

This man reports engaging in behaviour that he *knows* is immoral and makes him look bad in the eyes of others, but he also denies being a bad person, insisting on his lack of choice: "You take it because you want to cure yourself". At the same time, he and other interviewees were aware that these behaviours created a negative image of drug users in general. As one man explained people's disposition towards people using drugs:

> "If you finish smoking and you go to a place where there are people and these are people who don't take drugs or anything […] they are going to watch you because they think that he, because he is a drug addict, you have to be careful […] they are going to watch you so that you don't, for example, take something […] because they think that drug addicts are thieves[50]."

Another man suggested that the only way to keep a job was to work with someone who would be aware of and accept the fact that you used drugs, but

49. « Aujourd'hui, on a vu bon, on veut vraiment arrêter mais on n'arrive pas. On dirait le sang est contaminé ou quoi, je ne sais pas, ça ait là. Tu n'en trouves pas, tu n'es pas toi-même. Des fois, tu es là, comme ça fait 1500 francs, tu es là et tu n'as même pas un rond. Ton papa, ta maman ou ton petit frère ou ta petite sœur même qui pose même quelque chose qui peut valoir 2000 francs ou 3000 francs, tu es obligé de le prendre. Tu ne le prends pas parce que tu veux. Tu le prends parce que tu veux te soigner. […] Et en ce moment, il n'y a plus de confiance entre ton papa et toi-même. […] Le fait que tu es en *djonce*, tu as vraiment besoin du came, tu es obligé de prendre quelque chose aller… juste avoir l'argent de la dose. Ça ne nous arrange pas, puis ça gâte notre nom, et puis personne n'a confiance. Nous-même, on veut l'arrêter » (Interview 22, 40-year-old man, Ouagadougou, 15 December 2018).
50. « Si tu finis de fumer, et tu pars rentrer dans un lieu où il y a du public et puis c'est des gens qui ne prennent pas la drogue ni rien […], ils vont te contrôler parce que ça, ils se disent lui là, comme c'est un drogué, il faut qu'on se méfie […], ils vont te contrôler pour ne pas que par exemple tu vas prendre quelque chose […], parce qu'ils se disent que les drogués, c'est des voleurs » (Interview 30, 34-year-old man, Ouagadougou, 22 December 2018).

who would also supervise your intake. In the current climate, however, finding someone like that would be very unlikely.

Limits to moral agency

The act of taking drugs thus takes on a double-edged role: it becomes a necessary condition for being "normal" physically, and is also a driver of being "abnormal" socially. Addiction thus seems to create a continuous state of moral breakdown, a division between the need for drugs and the desire to be a "good" and worthy person, creating a separation between self and society. One man explained that:

> "If you're in it, for one you are separated from people, it's not the people who discriminate against you, it's you who will separate yourself from people. Second, when you're in it, you're sad about yourself, about the fact that you take your money to waste it. [Thirdly] it also destroys your body […] you don't have health. […] It is with this knowledge […] that we now want to search for ourselves[51]."

The interviewees' most obvious reflection was that they should stop using drugs, but this was also seen as being impossible. Some turned to God or to the research project that the interviews were part of to ask for help. As one 44-year-old man, who was married with five children but lived apart from his wife, stated:

> "Once you're in withdrawal you become a lazy person and yet where I am – I'm father of a family, I have a responsibility – you can't just sit back and do nothing, there's no one to give to me and I have children to feed. So I have to take care of myself, take care of the family and with the withdrawal I can't do anything. So that's what pushes us now to use drugs. But we really want to quit, but with God's help, we rely on the goodwill of good people and God's help as well to quit. […] The very fact that the children look at us in [this situation] really makes us ashamed, and friends, parents, family members, all your good friends, even your little brothers who were born after us, today it's us again who are going to them to ask… really it makes us ashamed and it's all because of drugs. So we really pray to God to leave it[52]."

51. « Si tu es dans ça, de un, toi-même tu es séparé des gens, ce n'est pas les gens qui te discriminent, mais c'est toi-même qui vas se séparer des gens. Deuxièmement, quand tu es dedans, toi-même tu es triste de toi-même, du fait que tu prends ton argent pour gaspiller. [Troisièmement], ça détruit aussi ton corps […], tu n'as pas la santé. Donc c'est obligé qu'on sache. C'est dans cette connaissance […] qu'on veut se chercher maintenant » (Interview 2, 38-year-old man, Ouagadougou, 11 December 2018).
52. « Une fois que tu es en manque, tu deviens un paresseux, or pourtant là où moi je suis – je suis un père de famille, je suis un responsable –, tu ne peux pas rester les bras croisés. Bon, y a personne pour me donner et j'ai des enfants aussi que je dois nourrir. Bon, je dois prendre soin de moi-même, prendre soin de la famille et avec le manque même je n'arrive pas à faire quelque chose. Donc, c'est ce qui nous pousse maintenant à consommer la drogue. Mais vraiment on souhaite aussi décrocher mais avec l'aide de Dieu, on compte sur la bonne volonté des bons gens et avec l'aide de Dieu aussi pour décrocher. […] Le fait même que les enfants nous regardent dedans, là même vraiment nous-même on a honte quoi, et les amis, les parents, les membres de la famille, tous tes bons amis, des petits frères

In his narrative, taking drugs itself arises as a moral tactic, albeit an ambiguous one – a necessary condition for taking responsibility for his family, although it cannot fix the damage that has already been done to his social status. Other interviewees reported turning to drugs to forget their troubles, fully aware that it would not actually help them attain the life they wanted:

> "Sometimes you sit down, well, for example, my job is spoiled, I have children, my wife […] she is obliged to leave. So at this moment, you who smoke drugs, you're there, you think too much about your future, you see that, ha! The older you get the more you only go backwards. You don't move forward. So sometimes you think about all this, it takes over your mind, you are obliged to go looking for it [drugs] and say that maybe when you smoke you can try to forget. But […] at some point the effect will leave you. You're still in [the same situation]. It's like alcohol, it can't solve problems[53]."

> "Interviewer: […] What is it that keeps you going [taking drugs] now?
> Interviewee: […] Because you don't have to do any work, you don't know what to do, you just get up, you only sit. So, eh, eh… you're embarrassed, you don't know what to do. But if you have that, it means you can sit down, well… peacefully[54]."

These interviewees' statements resonate with Zigon's argument that "What is important in the moment of moral breakdown is not 'to be good' or 'to be a good—', but to get back to the unreflective moral dispositions of everyday life[55]".

Interviewees, however, also talked about tactics that although they did not allow them to resolve the discrepancies they lived with, still gave them some moral agency. The man with five children quoted above said that he was able to combine smoking drugs with going to work (even claiming that he had successfully tried to smoke less), which allowed him to take care of his family, although not as well as he wanted. Another person said that she

même qui sont nés devant nous, aujourd'hui, c'est nous encore qui vont aller devant eux demander encore, vraiment ça fait honte, et tout ça, c'est à cause de la drogue. Donc vraiment, on prie Dieu pour quitter dedans » (Interview 1, 44-year-old man, Ouagadougou, 13 December 2018).

53. « Des fois, vous êtes assis, bon par exemple moi, mon boulot est gâté, j'ai des enfants, y a ma femme […]. Elle est obligée de partir. Donc à ce moment, toi qui fumes les doses, tu es là, tu sciences trop à ton avenir, tu vois que ha ! Plus l'âge est là et plus tu ne fais que reculer. Tu n'avances pas. Donc des fois tu penses à tout ça, ça te prend la tête, tu es obligé d'aller chercher et dire que peut-être quand tu vas fumer, tu vas essayer d'oublier. Mais […] à un moment, ça va sortir te laisser. Tu es toujours dans ça. C'est comme l'alcool, ça ne peut pas résoudre les problèmes » (Interview 22, 40-year-old man, Ouagadougou, 15 December 2018).

54. « Interviewer : […] Mais qu'est-ce qui vous pousse maintenant à continuer ?
Interviewé : […] Parce que on n'a pas à faire du travail, tu ne sais pas quoi faire, tu te lèves seulement, tu es assis comme ça. Donc, eh, eh… tu es gêné, tu ne sais pas quoi faire. Mais si tu as eu ça, ça veut dire que tu peux t'asseoir, bon… tranquillement, eh… bon… » (Interview 21, 45-year-old man, Ouagadougou, 15 December 2018).

55. J. Zigon, « Moral Breakdown and the Ethical Demand… », art. cité, p. 140.

had made the decision to stay away from her family, to prevent her from stealing from them:

> "You see all of us who smoke there, no one is close to his family, because you can't get close to your family. […] you're going to get up craving among family, you're going to see someone's mobile phone or you're going to take the bottle of gas from your mum, you're going to take it and then sell it. It will be a shame you won't be able to go into the compound any more. It's better to go away and do all these things outside. […] That's what I think and I'm not at home[56]."

Other interviewees talked about forming relations with other drug users. One man, the former driver's apprentice quoted earlier, stated: "We know that people don't like us. But we get together to love each other! Before we didn't love each other, but when we knew that people don't love us, we had an idea to help each other[57]!" He describes how people in the ghetto help each other, and are involved in, for example, the prevention of conflict together. His statement points to the existence of a "moral economy" among drug users, as observed by Bourgois and Schonberg[58] in their ethnographic study of homeless heroin users in the United States. They use the term "moral economy" to refer to practices of exchange and the ensuing web of solidarity and reciprocal relations that are mostly geared towards helping each other in the case of withdrawal symptoms[59], and refer to the group they did their research with as a "community of addicted bodies" that "offers a refuge in a hostile world, even though its moral economy is set within a context that looks like the self-inflicted torture of sociopaths to many outside observers[60]". The former driver's apprentice, however, also reminds us (as do Bourgois and Schonberg) that people who use drugs cannot only be defined in relation to their participation in this type of moral economy. Like other interviewees, he still envisages a "normal life". He expresses the hope that the project of which the interviews formed a part will help him and others attain that goal by giving them access to medication and helping them

56. « Tu vois, nous tous qui fument là, personne n'est à côté de sa famille, parce que tu ne peux pas approcher ta famille. […] Tu vas te lever en manque dans la famille, tu vas voir portable de quelqu'un ou tu vas prendre gaz de ta maman, tu vas prendre et puis aller vendre. Ça sera la honte, tu ne pourras plus rentrer dans la cour là. Ça vaut mieux de t'éloigner et faire toutes ces choses au dehors. […] Moi en tout cas, c'est ce que je pense et puis je ne suis pas à la maison » (Interview 9, 32-year-old woman, Ouagadougou, 20 December 2018).

57. « Nous, on reconnaît que les gens ne nous aiment pas. Mais nous, on se réunit pour s'aimer quoi ! Avant on ne s'aimait pas, mais quand on a su que les gens ne nous aiment pas, nous-mêmes on a eu une idée pour s'entraider quoi ! » (Interview 6, 36-year-old man, Ouagadougou, 15 December 2018).

58. P. Bourgois and J. Schonberg, *Righteous Dopefiend*, *op. cit.*

59. See also P. Bourgois, « The Moral Economies of Homeless Heroin Addicts: Confronting Ethnography, HIV Risk, and Everyday Violence in San Francisco Shooting Encampments », *Substance Use & Misuse*, vol. 33, n° 11, 1998, p. 2323-2351.

60. P. Bourgois and J. Schonberg, *Righteous Dopefiend*, *op. cit.*, p. 319.

find jobs: "We too were waiting for this time to be able to free ourselves and return to a normal life again[61]."

Finally, interviewees mentioned structural factors – the limited availability and high cost of care for addiction and a criminalizing state policy – as barriers to a "good life". Many expressed the wish that they would have access to medication for their addiction, referring to sedatives used in medically-supervised withdrawal and replacement treatments that are currently unavailable in Burkina Faso. Most saw "work" as a way out of their situation, but also felt that they would need help to find it. As regards the state, a topic that was not expanded on very much in the interviews, interviewees mainly brought up their fear and their experiences of being chased, beaten, imprisoned or teargassed. One interviewee recounted being beaten up by a policeman whom he had turned to for help after he was injured in a fight, and concluded that once you are a "junkie", the police do not care if you live or die. Some referred to the intervention program that was running parallel to our research as the first time a non-police outsider had come to the *ghetto* to talk to them and try to help them.

In this article, we discussed the moral experiences of people who are addicted to drugs in Ouagadougou, the capital of Burkina Faso. Our analysis shows that addiction is perceived mainly through the body, as a constant need to cure withdrawal symptoms. At the same time, drug users referred to their situation as one of social stagnation: they all reported an inability to live up to what they and the people in their family environment defined as "a good life", being able to fulfil the social role belonging to their life stage. Being addicted to drugs thus translates into a moral experience that is always "in breakdown" – characterised by a discrepancy between lived realities and aspirations, a situation that risks perpetuating marginalisation through the erosion of family relations and a perceived need to engage in "bad" behaviour. The interviews also revealed that drug users have limited access to tactics to change their moral experience, although their accounts suggest that there are differences among individuals.

Perhaps unsurprisingly, our observations suggest that discourses and politics that promote marginalisation – that is, that associate drugs with criminality and "madness" – limit users' potential for moral agency while also reinforcing the erosion of relations between people who use drugs and their non-using social environment. On the other hand, reducing drug users to their addicted or "ill" bodies – something they do themselves at times in their narratives – may also offer an inadequate reflection of the full range of their experiences[62], and operate

61. « Nous aussi, on attendait ce temps-là pour pouvoir se libérer quoi et revenir à une vie normale encore. »

62. A. Garcia, « The Elegaic Addict: History, Chronicity, and the Melancholic Subject », *Cultural Anthropology*, vol. 23, n° 4, 2008, p. 718-746.

to further discourage moral effort. By seeking to understand experiences of addiction in relation to local moral worlds, we are forced to integrate different perspectives and grasp the situations of drug users in all their complexity. This may not only help shift our gaze beyond ideas about "good and evil[63]", but also provide valuable insights for the development and improvement of treatment and reintegration initiatives. We strongly encourage the development of future researches on these topics ■

Annigje van Dijk
KU Leuven,
Department of Social and Cultural Anthropology,
Aarhus University,
Department of Anthropology

Roger Zerbo
Centre national de la recherche scientifique et technologique (CNRST),
Institut des sciences des sociétés (INSS),
Université Joseph Ki-Zerbo,
Laboratoire de recherche interdisciplinaire en sciences sociales et santé (Lariss),
Centre d'études, de formation et de recherche en gestion des risques sociaux (Ceforgris)

Résumé

Entre drogues et société : expériences morales et dépendance aux drogues à Ouagadougou

Cet article questionne les mondes moraux et les expériences d'usagers de drogues tels qu'ils ont été rapportés par des personnes dépendantes de l'héroïne et/ou de la cocaïne à Ouagadougou, la capitale du Burkina Faso. Les expériences de ces usagers sont marquées par un conflit permanent entre le besoin de consommer des drogues et l'incapacité simultanée de vivre une « bonne vie », c'est-à-dire d'assurer le rôle social associé à différentes étapes de la vie. Cette recherche s'ajoute ainsi aux rares travaux scientifiques qui se sont attachés à comprendre le monde des drogues en Afrique du point de vue des consommateurs.

63. D. Fassin, « Beyond Good and Evil? Questioning the Anthropological Discomfort with Morals », *Anthropological Theory*, vol. 8, n° 4, 2008, p. 333-344.