Illicit drug use, harms and trafficking in Africa: Key developments and implications for monitoring and surveillance

Reporting period: 1 January 2025 to 2 September 2026

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Purpose and scope of the briefing

A continental scan designed for researchers, services, government and law enforcement

USE AND DEMAND

- Most commonly used drugs
- Shifts in consumption
- Treatment presentations
- Emerging mixtures

HARMS AND RESPONSE

- Overdose and mortality
- Injecting-related HIV
- Treatment access
- Harm-reduction capacity

SUPPLY AND CONTEXT

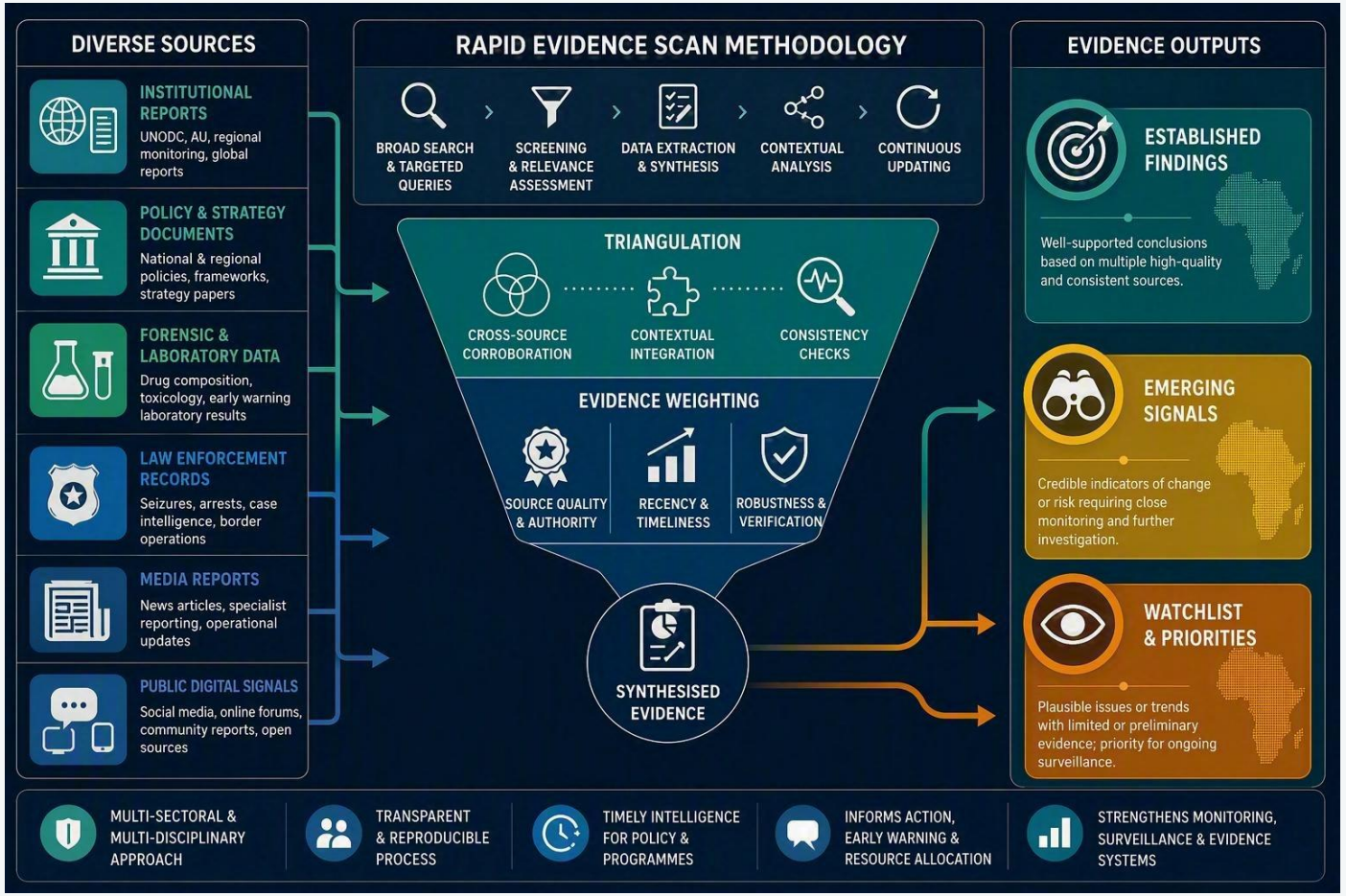
- Seizures and routes
- Production and distribution
- Political and economic drivers
- Policing and financial flows

The key question

What has changed since 1 January 2025, what may change next, and what should African monitoring systems detect earlier?

Methodology: rapid, structured environmental scan

Triangulation was used to separate established findings from signals requiring monitoring



SOURCE MIX

UNODC and AU reports; specialist studies; government and enforcement data; media and public digital signals.

EVIDENCE WEIGHTING

Authority, recency, relevance, laboratory or administrative support, and corroboration.

THREE OUTPUTS

Established findings; credible emerging signals; issues requiring continued monitoring.

Not a formal systematic review

No confidential intelligence, closed social-media groups, or unavailable unpublished material was accessed.

The headline: diversification, not displacement

Cannabis remains dominant, but the risk environment is becoming more complex

74 million

people used drugs in Africa in 2024

8.6%

past-year drug use among ages 15-64

7.5%

past-year cannabis use

34%

of people treated are under age 25



WHAT IS CHANGING?

- More cocaine entering local markets
- Continued heroin corridors
- Greater methamphetamine prominence
- Non-medical pharmaceutical use
- Potent synthetic mixtures and NPS

Core findings by drug type

Different drugs have different geographic concentrations and trajectories

Cannabis	Most widely used; around 10% prevalence in Southern and West/Central Africa.	DOMINANT
Tramadol, codeine and pregabalin	Non-medical use remains prominent, with poorly measured diversion and mixture use.	ENTRENCHED
Cocaine	Transit role persists, but treatment and seizure data indicate growing African consumer markets.	EXPANDING
Heroin	East African and Indian Ocean routes remain active; local use and injecting harms continue.	PERSISTENT
Methamphetamine	Established in Southern Africa; increasingly visible in East African maritime trafficking.	RISING

The clearest new warning: potent synthetic mixtures

“Kush” demonstrates why street names are no longer enough



WHAT TESTING FOUND

Samples contained nitazene opioids or synthetic cannabinoids. More than half of tested samples contained nitazenes.

WHY IT MATTERS

High overdose potential; changing formulations; local mixing; low barriers to market entry.

WHAT REMAINS UNCERTAIN

Mortality scale is not verified because toxicology and cause-of-death surveillance are weak.

Trafficking: a multi-route, adaptive system

Africa is increasingly both a transit region and a destination market



ATLANTIC

Cocaine through ports, containers, coastal redistribution and Sahel-linked corridors.

INDIAN OCEAN

Heroin and methamphetamine moved by dhows and other small vessels.

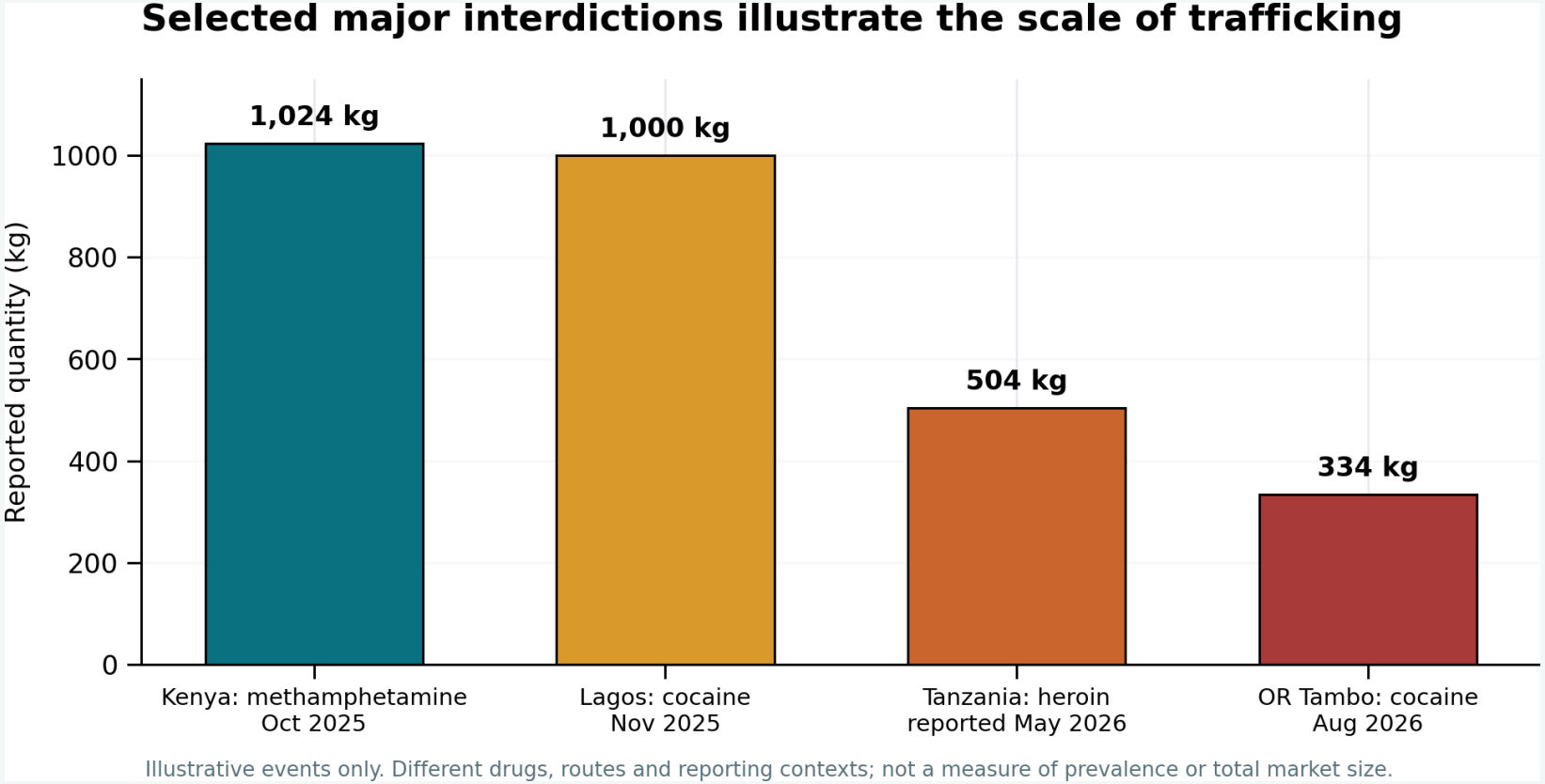
AIR AND LAND

Air cargo, couriers, road corridors, postal parcels and changing border routes.

Route disruption often produces displacement, not elimination.

Selected major interdictions, 2025-2026

Illustrative events show the scale and diversity of trafficking routes



Illustrative events only. Different drugs, routes and reporting contexts; not a measure of prevalence or total market size.

NOT A RANKING

Different drugs, routes and reporting contexts cannot be directly compared.

WHAT IT SHOWS

Bulk maritime shipments coexist with port, air-cargo and passenger-luggage interceptions.

Interpret with caution: rising seizures may reflect more trafficking, better enforcement, or a few unusually large consignments

Drug-related harms are amplified by weak response capacity

Some harms may rise even without an increase in prevalence

3.4%

estimated proportion with drug-use disorders receiving treatment

1.33 million

estimated people who inject drugs in Africa

41.4%

estimated HIV prevalence among people who inject drugs in Southern Africa

CLINICAL AND SOCIAL HARMS

Overdose, severe sedation, injuries, psychosis, infected wounds, chronic disease and family or community impacts.

SERVICE PRESSURES

Very low treatment coverage, limited harm reduction, weak toxicology and shortages of specialist services.

FUNDING SHOCK

2025 donor cuts disrupted opioid agonist therapy, HIV prevention, sterile equipment and community outreach in several countries.

Developments that may reshape African markets

Global and regional shocks can alter supply, substances and routes

AFGHAN OPIUM CONTRACTION

Potential heroin shortages may produce price increases, lower purity, adulteration or substitution with pharmaceutical and synthetic opioids.

POST-ASSAD CAPTAGON

Industrial production was disrupted, but smaller networks and diversion or repackaging points may emerge, including in North Africa.

RECORD COCAINE SUPPLY

Global production and European demand encourage route diversification and cultivation of new consumer markets.

CONFLICT AND COUPS

Changes in territorial control reorganise trafficking corridors in the Sahel.

DIGITAL AND LOGISTICS

Online platforms, parcels, air cargo, mobile communication and container trade lower barriers and diversify actors.

FINANCIAL INTELLIGENCE

Better transaction monitoring and asset tracing offer opportunities to target organisers and money flows.

Why current surveillance is no longer sufficient

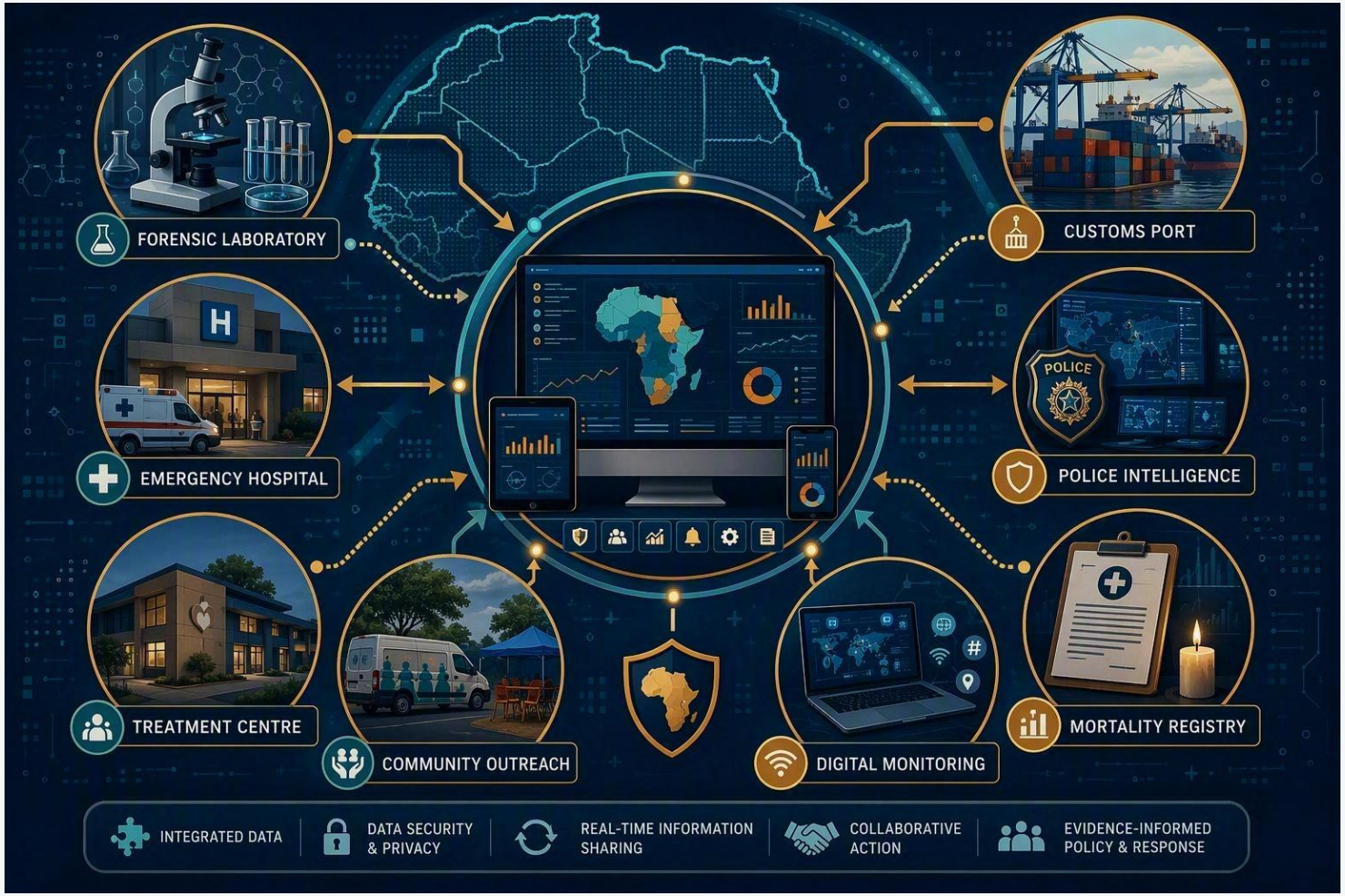
Delayed, siloed systems struggle with fast-moving and chemically variable markets

CURRENT EMPHASIS	NEEDED SHIFT
Periodic prevalence surveys	Rapid sentinel reporting
Treatment “primary drug” fields	All substances and combinations
National seizure totals	Price, purity, route and case outcomes
Street names without testing	Chemical confirmation and toxicology

Key limitation: many “current” continental estimates still describe 2023 or 2024.

An integrated early-warning architecture

Combine health, community, forensic and enforcement intelligence



DETECT

New substances, mixtures, clusters and route changes.

VERIFY

Toxicology, drug checking, laboratory profiling and corroboration.

ASSESS

Severity, spread, affected populations and response options.

ACT AND LEARN

Target alerts, services, investigations and policy evaluation.

Priority actions needed across sectors

RESEARCHERS

- Develop sentinel and longitudinal studies
- Analyse mixtures and polydrug use
- Link price, purity, treatment and mortality
- Evaluate policy effects

TREATMENT AND NGOs

- Report unusual presentations
- Record all substances and combinations
- Strengthen community-led monitoring
- Protect continuity of care

HEALTH AND SOCIAL WELFARE

- Standardise overdose and mortality data
- Integrate pharmacovigilance
- Expand treatment and harm reduction
- Establish alert protocols

LAW ENFORCEMENT

- Improve forensic profiling
- Record origin, route, purity and outcomes
- Target organisers and corruption
- Share intelligence across borders

CROSS-SECTOR ACTION

- Create national EWS governance
- Agree minimum datasets
- Protect privacy and trust
- Review signals routinely

CONCLUSIONS

1. **Cannabis remains dominant** but African markets are becoming more diverse and synthetic.
2. **Africa is both corridor and market** with local consumption increasingly linked to trafficking flows.
3. **Kush is the clearest immediate warning** because chemically variable mixtures can cause severe harm before systems detect them.
4. **Large seizures do not equal control** without information on price, purity, availability and network disruption.
5. **Surveillance must become faster and integrated** linking community, treatment, emergency, forensic, mortality and enforcement data.

Answers need to: What is circulating, where, in what combinations, with what harms, and are responses reducing or displacing risk?