SACENDU

South African Community Epidemiology Network on Drug Use

JULY-DECEMBER 2021 | PHASE 51

MONITORING ALCOHOL, TOBACCO AND OTHER DRUG ABUSE TREATMENT ADMISSIONS IN SOUTH AFRICA

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Disclaimer: The results presented in this report are based on the data available at the time of publication.

All reasonable precautions have been taken by SACENDU to verify the information contained in this publication.

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SECTION 1: INTRODUCTION

MS NANCY HORNSBY & PROF NADINE HARKER

SITE SUMMARIES – PRIMARY SUBSTANCE OF USE BY PROVINCE

This report contains detailed data from specialist substance use treatment centres in all nine provinces that comprise the South African Community Epidemiology Network on Drug Use in the Western Cape, KwaZulu-Natal (mostly Durban and Pietermaritzburg), Eastern Cape (Gqeberha and East London), Gauteng province, Mpumalanga and Limpopo provinces (now termed the Northern Region [NR]), and the Central Region (comprising of the Free State, Northern Cape and North-West provinces [CR]). More recently, data from community-based harm reduction and health-related services provided by civil society organizations and academic institutions. TB HIV Care's Step-Up Project operates in the Eastern Cape (Nelson Mandela Bay), KwaZulu-Natal (eThekwini and uMgungundlovu Districts) and the Western Cape (Cape Metro). The Department of Family Medicine at the University of Pretoria's Community Orientated Substance Use Programme (COSUP) operates across several regions of the City of Tshwane. COSUP is funded by the City of Tshwane. The HARMless Project, implemented by the Foundation for Professional Development operates in Gauteng (all regions within the City of Tshwane) and in Mpumalanga (Ehlanzeni district). Harmless is funded by the US Centers for Disease Control and Prevention through the President's Emergency Plan for AIDS Relief. Anova Health Institute's Jab Smart Project operates in sub-districts B, D, E, F and G of the City of Johannesburg and in Sedibeng. Tintswalo Home Based Care operates in the East, South and North sub-districts of the City of Ekurhuleni. The harm reduction services operated by Anova Health Institute, TB HIV Care and Tintswalo are funded by the Global Fund, through NACOSA.

The second half of 2021 (i.e., 2021b) saw a significant increase in the number of persons admitted for Alcohol and Other Drug (AOD) treatment from 10 938 across 85 treatment centres/programmes in 2021a (January to June 2021) to 15 704 across 78 treatment centres/programmes in 2021b (July to December 2021).

SUMMARY OF FINDINGS: SUBSTANCE USE TREATMENT SERVICES

This period saw an increase in the number of persons seeking treatment for Alcohol in the WC, EC, GT, and NR. KZN and the CR saw marked decreases in alcohol admission rates (Table 1). Treatment admissions for **Cannabis** also increased across all regions except the NR where a 6% decrease was noted. The number of persons accessing treatment for **Heroin/Opiates** decreased across all regions. Admissions for **Methamphetamine (MA aka 'Tik')** misuse increased in KZN, EC, and GT while rates decreased in the NR and CR. MA admission rates remained the same for the WC from 2021a to 2021b.

A change in the trend for alcohol admissions has been noted across the last two reporting periods. Between 12% (KZN) and 28% (EC and CR) of persons accessing AOD treatment services reported alcohol as their primary substance of use; unlike the previous period when KZN was the region with the highest alcohol admission rates, the region had the lowest rate for alcohol use (12%) compared to other regions in this review period. Alcohol misuse was the most common reason for admission to treatment centres for persons younger than 20 years in the NR (11%). In the WC region, SANCA Western Cape (57%), CTDCC-Mitchells Plain (14%), and Khayelitsha Matrix (12%) treatment centres accounted for the highest number of treatment admissions (Table 2).

TABLE 1: PRIMARY SUBSTANCE OF USE BY SITE (%)

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/ PRE	Meth*	Other	Total (N)
WC[1]	2017a	26.4	28.7	5.4	1.2	10.3	0.0	0.4	26.8	0.7	2902
	2017b	23.6	22.0	6.7	2.2	13.7	0.1	0.7	30.2	0.8	2541
	2018a	24.0	25.9	6.4	2.2	12.5	0.1	1.0	26.8	0.7	3182
	2018b	19.8	30.5	6.4	2.3	11.4	0.0	1.1	27.6	0.3	2719
	2019a	17.8	26.0	6.4	1.9	16.4	0.0	0.9	29.4	1.2	3013
	2019b	19.2	25.4	6.4	2.7	14.2	0.1	1.0	29.9	1.0	2654
	2020a	10.9	14.9	8.2	1.6	18.2	0.1	1.5	43.8	3.5	1323
	2020b	16.8	16.7	7.2	3.3	14.1	0.1	1.1	40.1	0.6	1890
	2021a	18.2	23.6	7.5	2.5	11.3	0.1	1.5	34.7	0.3	2433
	2021b	**20.0**	**26.7**	**5.6**	**2.1**	**9.1**	**0.0**	**1.4**	**34.8**	**0.2**	**2195**
KZN[2]	2017a	33.6	32.1	3.3	6.2	9.9	0.4	1.0	0.9	12.4	1370
	2017b	36.9	28.8	2.5	5.9	9.9	0.3	2.2	0.9	12.6	1400
	2018a	28.9	28.5	2.6	6.7	27.7	0.2	2.1	0.9	20.5	1256
	2018b	29.2	29.0	2.4	7.7	26.2	0.5	2.1	0.9	19.0	993
	2019a	12.7	39.6	2.1	3.7	30.1	0.2	2.9	3.9	1.2	1291
	2019b	14.4	34.5	2.2	5.4	26.5	0.3	2.9	9.3	4.4	980
	2020a	14.3	34.9	2.1	6.0	25.5	0.5	3.0	8.5	5.1	565
	2020b	33.8	26.2	1.7	13.5	19.6	0.3	3.7	0.7	0.0	726
	2021a	32.8	23.1	1.7	13.3	22.9	0.3	2.5	2.0	1.3	723
	2021b	**12.2**	**33.0**	**1.0**	**12.4**	**28.7**	**0.2**	**3.2**	**8.2**	**0.3**	**1146**
EC[3]	2017a	45.2	17.6	6.8	5.5	3.1	0.0	3.8	16.2	1.9	425
	2017b	34.0	23.5	9.7	4.3	2.1	0.0	3.3	20.0	3.1	515
	2018a	35.0	20.9	6.9	2.9	2.7	0.2	4.6	24.3	3.1	517
	2018b	33.8	21.8	6.0	3.1	2.4	0.2	4.2	25.8	3.6	450
	2019b	26.3	22.9	3.2	3.4	18.3	0.0	3.8	20.8	1.3	475
	2019b	37.5	22.3	4.2	2.3	1.5	0.0	4.5	26.2	1.5	336
	2020a	21.4	29.8	1.4	3.3	13.5	0.0	3.7	16.7	5.1	215
	2020b	21.4	26.3	5.1	4.7	1.8	0.0	2.0	37.3	1.3	448
	2021a	26.7	22.0	5.2	4.1	2.3	0.0	2.6	36.3	0.6	386
	2021b	**27.7**	**24.6**	**3.7**	**3.9**	**0.8**	**0.0**	**1.0**	**38.0**	**0.0**	**487**
GT	2017a	17.3	45.7	1.7	2.2	13.1	0.1	1.5	5.5	12.8	3870
	2017b	17.3	41.2	2.3	2.6	14.0	0.1	1.3	6.3	14.8	3414
	2018a	15.5	32.5	2.2	2.3	30.5	0.2	1.3	5.9	18.6	2734
	2018b	13.9	36.4	1.9	2.7	27.3	0.1	1.2	8.0	18.0	2937
	2019a	18.1	32.4	3.0	3.2	25.9	0.1	2.3	8.9	5.9	3148
	2019b	11.6	29.7	2.8	3.0	36.3	0.2	0.7	11.2	4.4	4226
	2020a	11.4	33.7	2.3	2.7	32.5	0.0	1.5	9.9	7.0	3279
	2020b	8.2	26.5	3.7	2.5	33.8	0.3	0.9	14.9	8.9	5059
	2021a	9.4	27.3	2.9	3.5	29.4	0.3	2.6	17.3	8.9	6226
	2021b	**13.2**	**31.8**	**2.2**	**1.3**	**21.5**	**0.1**	**0.8**	**20.9**	**1.0**	**9701**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/ PRE	Meth*	Other	Total (N)
NR[4]	2017a	14.6	45.5	0.9	5.3	28.3	0.1	0.3	0.6	4.2	1122
	2017b	15.7	41.9	0.3	3.9	27.3	0.0	0.6	1.6	8.7	1269
	2018a	14.5	39.2	1.8	2.7	30.8	0.0	1.0	9.3	16.5	1372
	2018b	17.3	38.3	0.5	2.1	33.7	0.1	0.9	2.1	16.2	1171
	2019a	16.7	36.3	3.4	4.1	23.5	0.2	1.4	9.1	5.4	1025
	2019b	15.3	40.2	0.3	3.3	32.8	0.1	0.8	3.7	1.3	1423
	2020a	15.1	31.1	2.5	4.7	28.3	0.1	1.8	9.1	7.3	768
	2020b	14.7	32.8	0.4	2.6	40.1	0.0	1.1	5.4	2.9	1024
	2021a	13.6	36.8	0.6	2.6	37.2	0.2	0.7	5.6	2.5	958
	2021b	**19.3**	**30.8**	**0.1**	**11.7**	**28.8**	**0.2**	**0.0**	**3.9**	**9.1**	**1657**
CR[5]	2017a	43.3	29.2	5.6	5.9	2.5	0.0	1.4	4.8	7.3	356
	2017b	45.4	30.6	4.9	3.1	2.9	0.0	1.4	6.3	5.4	350
	2018a	34.7	37.4	7.2	2.9	2.1	0.2	4.6	24.4	4.8	334
	2018b	38.4	24.1	6.0	4.2	7.4	0.0	0.9	11.1	7.9	216
	2019a	17.4	38.9	3.2	2.9	26.6	0.0	0.3	7.3	3.5	316
	2019b	38.6	35.9	2.7	2.7	4.8	0.0	2.1	11.6	1.6	189
	2020a	16.8	31.1	2.9	5.4	25.7	0.0	1.2	8.9	7.8	167
	2020b	24.7	28.7	6.1	5.7	12.6	0.0	1.6	15.8	4.9	247
	2021a	29.7	23.6	3.8	4.7	7.1	0.0	1.4	26.4	3.3	212
	2021b	**27.9**	**37.8**	**2.8**	**4.6**	**4.4**	**0.0**	**2.4**	**15.4**	**0.8**	**495**

[1] Cape Town, Atlantis, Worcester; George [2] Durban, South Coast, Pietermaritzburg; [3] Gqeberha and East-London; [4] Mpumalanga & Limpopo; [5] Free State, North-West, Northern Cape; * Methamphetamine

Cannabis remained the leading primary substance of use nationally (31%) and for the CR, GT, KZN, and NR. Rates for cannabis as primary and/or secondary substance of use were the highest reported for 2021b across all sites. Between 48% (WC) and 64% (KZN and CR) of persons attending specialist treatment centres had cannabis as their primary and secondary drug of use, compared to between 4% (NR) and 39% (WC) for the **Cannabis/ Mandrax** (Methaqualone) combination (also known as 'white-pipe'). Among individuals aged younger than 20 years, cannabis (54%) was reported as the predominant primary substance of use across regions. In the WC, 84% of persons <10 years reported cannabis as their main substance if use at the time of admission.

Treatment admissions for **Cocaine** have shown a consistent decrease over the past few reporting periods and have generally remained low across sites except the NR where a 9% was noted. Between 5% (WC) and 26% (KZN) of persons in treatment have cocaine as a primary and secondary drug of use. Relatively few persons younger than 20 years (2%) were admitted for cocaine-related problems compared to other substances.

When compared to the previous period, treatment admissions for **Heroin/Opiates** as a primary drug of use decreased across all sites, except in KZN increasing from 23% to 29% (Table 1). Heroin/Opiates is mostly smoked but where heroin/opiates was injected as a primary substance of use, the highest reported rates were as follows: 50% in EC, 46% in CR, and 22% in GT; KZN had the lowest reported heroin/opiates injection rates at 2%. Compared to the previous period, the proportion of patients reporting injecting of heroin/opiates has decreased in GT (from 27% to 22%) and in the WC (from 19% to 16%), with no major differences in other regions. Between 8% (CR) and 47% (NR) of persons attending specialist treatment centres reported heroin/opiates as a primary and/or secondary substance of use. Heroin/ Opiates was reported as a primary substance of use only in the EC (1%).

Treatment admissions for **Methamphetamine** (**MA aka 'tik'**) as a primary substance of use were highest in the EC (38%) and WC (35%). Moreover, national MA use rates reduced notably from 35% in the previous period to 21% in the current reporting period. The number of individuals reporting MA as a primary and secondary substance of use was the highest in the EC and WC (57%). Across regions, between 15% (NR) and 57% (WC and EC) of persons attending specialist treatment centres had MA as their primary and secondary drug of use.

Treatment admissions for **Ecstasy** and **LSD** remains low. Across all sites, <1% of persons reported ecstasy as a primary substance of use while 1% reported the drug as

a primary and secondary substance of use. Patients may not be seeking treatment for ecstasy use, which explains low admission rates although anecdotal reports suggest extensive recreational use.

Methcathinone (CAT) is an amphetamine-type stimulant and has effects similar to that of MA. CAT admissions were noted in most sites, especially in GT (15%) and the CR (16%) where most persons had CAT as a primary and secondary substance of use.

The use of Over-the-Counter and Prescription (OTC/PRE) medicines continues to be reported across regions though rates have remained low in 2021b. Treatment admissions for OTC/PRE medicines as a primary and secondary drug of use were between 1% (NR) and 7% (KZN). During this reporting period, 421 (3%) persons across all sites reported the non-medical use of codeine, with most patients admitted to treatment centres residing in GT (n= 307), KZN (n = 52) and CR (n = 26).

Poly-substance use rates were low, with <1% and 1% of persons indicating more than one substance of use at the time of admission.

During this period, the proportions of patients who reported use of **Inhalant/solvent** were low at <1% across regions; the CR did not report any inhalant use for this period. Inhalant use is common among the homeless and children who live on the streets. Community-based or regional studies are needed to explore the extent of inhalant use for youth, barriers to accessing specialist treatment services and other services available to support and help this vulnerable population.

Overall, and across all regions, 15% of persons (n = 1561) presented with a **dual diagnosis** at treatment admission. Most of these persons reported current mental health problems at the time of admission (9%), followed by hypertension and respiratory disease (3%) respectively. A higher proportion of persons suffering from mental health problems (32%) and hypertension (12%) while the NR accounted for the highest rates of respiratory disease (7%).

SUMMARY OF FINDINGS: COMMUNITY HARM REDUCTION SERVICES

A range of organisations are implementing community-based harm reduction services for people who use drugs (PWUD), including people who inject drugs (PWID) as per the World Health Organization's guidelines[1]. Services include: HIV, STI, viral hepatitis and TB prevention, testing and linkage to care; harm reduction behaviour change interventions; needle and syringe services; opioid substitution therapy (OST); monitoring of human rights violations and referral for other available substance use disorder treatment services. Routine hepatitis B (HBV) and hepatitis C (HCV) diagnostic and treatment services are limited due to resource constraints.

Eastern Cape: In *Nelson Mandela Bay* 467 unique PWID accessed services. 114 PWID tested for HIV, among whom 3 tested positive and 3 started antiretroviral therapy (ART). 2 PWID confirmed to be virally suppressed. 206 people were screened for tuberculosis (TB), with 1 being symptomatic, 0 diagnosed and none starting on TB treatment. No routine viral hepatitis testing was done. Opioid substitution therapy (OST) was not available. 65 human rights violations were reported.

Gauteng: In *Ekurhuleni* 380 unique PWID accessed the services. 126 PWID tested for HIV, among whom 16 tested positive and 15 started ART. A total of 5 people were confirmed virally suppressed. 179 PWID were screened for TB, with 1 being symptomatic, no TB was confirmed and no one was started on treatment. No routine viral hepatitis testing was done. OST was not available. 27 human rights violations were reported. In *Johannesburg* 7 293 unique PWID accessed the services. 1 661 PWID tested for HIV, among whom 337 tested positive and 200 started ART. 3 PWID were confirmed to be HIV virally suppressed. 2 137 were screened for TB, with 10 being symptomatic, 1 diagnosed, 1 starting on TB treatment and 1 person reporting cure. 157 people were screened for HCV antibodies with 145 being reactive and 13 people started HCV treatment. Of the 157 tested for HBV surface antigen (HBsAg), 6 were reactive. 147 PWID were on OST at the beginning of the period and 230 were

on OST at the end of the period. 164 human rights violations were reported. In *Sedibeng* 1 526 unique PWID accessed the service. 212 PWID tested for HIV, among whom 135 tested positive and 57 were linked to care. Data on HIV viral suppression was unavailable. 291 people who use drugs were screened for tuberculosis, with 0 being symptomatic, 0 infections confirmed and 0 received treatment. 3 PWID were screened for HCV, among who all had HCV antibodies and none had reactive HBsAg tests. No HCV infections were confirmed. 9 PWID were on OST at the end of the period. 127 human rights violations were reported. In *Tshwane* 10 086 unique PWID accessed services. 519 tested for HIV among whom 202 tested positive. HIV viral suppression was

[1] Ψ UNODC, UNAIDS, UNFPA, WHO, USAID, PEPFAR. Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs. Practical guidance for collaborative interventions. (IDUIT). 2017; UNODC: Geneva.

confirmed among 71 clients on ART. 9 229 people who use drugs were screened for tuberculosis with 20 being symptomatic, with the number of people diagnosed and treatment unknown due to referrals to other facilities for testing. No viral hepatitis testing was done during this period. A total of 789 people were on OST at the beginning of the period and 750 were on OST at the end of the period. Data on human rights violations was not collected.

KwaZulu-Natal: In *eThekwini* 1 519 unique PWID accessed services. 205 tested for HIV, among whom 25 tested positive and 9 started ART. HIV viral load suppression was confirmed in 6 PWID. 375 people who use drugs were screened for tuberculosis, 53 were symptomatic, 4 diagnosed, 3 started treatment. No data was available on people with confirmed TB cure. 67 people were screened for HCV antibodies with 46 being reactive and 6 people started HCV treatment. Of the 68 PWID tested for HBV surface antigen (HBsAg), 0 were reactive. 72 PWID were on OST maintenance therapy at the beginning of the period and 145 at the end of the period. 132 human rights violations were reported. In *uMgungundlovu*, 462 unique PWID accessed the services. 99 PWID tested for HIV, among whom 12 tested positive and 9 started on ART. 2 PWID were confirmed to be virally suppressed. 174 people who use drugs were screened for TB, with 0 being symptomatic, 0 diagnosed and 0 starting treatment. No routine viral hepatitis testing was done. OST was not available. 24 human rights violations were reported.

Mpumalanga: In *Ehlanzeni* 555 unique PWID accessed the services. 117 tested for HIV, among whom 19 tested positive and 14 started on ART. 43 clients were reported to be virally suppressed. 70 people were screened for tuberculosis, with none being symptomatic. No routine viral hepatitis testing was done. 30 people were on OST at the beginning of the reporting period and 40 people at the end.

Western Cape: In the *Cape Metro* 1 575 unique PWID accessed services. 405 PWID tested for HIV, among whom 17 tested positive and 14 started ART. 1 PWID was confirmed to be HIV viral suppressed. 528 PWID were screened for TB, with 27 being symptomatic, 0 diagnosed and none starting treatment. 75 people were screened for HCV antibodies with 58 being reactive and 11 people started HCV treatment. 118 people were on OST at the beginning of the period and 145 at the end. 75 human rights violations were reported.

SUMMARY OF FINDINGS: SERVICE QUALITY MEASURES (SQM)

The findings reported for the SQM for the period 1 April 2021 to 31 March 2022 reflect data that was collected across 29 treatment sites in the Western Cape which is a decrease from the previous two reporting periods. For this reporting period, there was an apparent decrease in the number of forms (SACENDU, SAATSA and Discharge) completed and this is because this period overlapped with the peak of the COVID 19 epidemic where lockdown regulations were implemented. Despite these circumstances, the overall performance on the SAATSA scales remained relatively stable. An increase can be seen on patients' perceptions of the treatment programme helping them to reduce HIV risk. This can be attributed to the HIV information and education that are part of the treatment programme. High levels of drop out remains a problem for outpatient facilities and a recommendation is for treatment facilities to strive to reduce barriers to retain patients accessing services.

Presentations made at the SACENDU regional meetings are available. These can be accessed online at https://www.samrc.ac.za/intramural-research-units/atod-sacendu. For any queries, please contact Jodilee Erasmus at jodilee.erasmus@mrc.ac.za or 021-938-0313. For any queries specifically related to the Northern Region (Limpopo and Mpumalanga provinces) please contact Nancy Hornsby at nancy.hornsby@mrc.ac.za or 021 938 0398. We hope you will find this report of value to you and your work. If you have any specific feedback or comments on the report, please contact us at nancy.hornsby@mrc.ac.za, or nadine.harker.burnhams@mrc.ac.za or call us on 021-938-0946. It remains for us to especially thank Dr Andrew Scheibe for his hard work in collating the data from organisations that provide community-based harm reduction services and all the provincial coordinators for their input and continued support (Sandra Pretorius and Wisani Khosa in Gauteng, and Roger Weimann in the EC). Also, thanks to the various members of the network who have provided data, presentations or comments, and the Mental Health & Substance Use Directorate of the National Department of Health and the National Department of Health for their financial support of this project. Their support has, among other things, been used to collect treatment information on almost 20 000 treatment episodes annually to facilitate hosting regional meetings attended by approximately 200 persons every six months, and the preparation of the bi-annual reports that are sent to over 500 persons.

SECTION 2: TREATMENT CENTRE DATA

2A: TREATMENT CENTRES: WESTERN CAPE

MS NANCY HORNSBY & MS JODILEE ERASMUS

Data were collected, monthly, from 24 specialist treatment centres. Due to COVID-19 and wards being repurposed to treat COVID-related admissions, some facilities have not yet returned to full operational levels by the second half of 2021. Overall, 2 195 persons were treated across all treatment centres for the period July to December 2021 compared to 2 433 patients in the previous six-month review period (Table 2).

TABLE 2: PROPORTION OF TREATMENT EPISODES (WESTERN CAPE)

Treatment centre name	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-June 2021	Jul-Dec 2021
	%	%	%	%	%	%
AKESO						
Stepping Stones	5	7	6	7	4	5
Bowl Community Centre	-	1	-	1	1	1
Cape Town Drug Counselling Centre	16	19	23	16	17	9
Helderberg CARES	1	-	-	<1	<1	<1
Help-me-network	1	1	1	1	1	<1
Hesketh						
King	2	1	-	2	1	-
King Youth	-	<1	-	-	-	-
Hope House	3	5	3	1	-	-
Ithemba Lobomi	-	1	-	2	<1	-
Ixande Recovery Centre	<1	-	-	1	<1	<1
Kensington Treatment centre	2	1	2	1	2	-
Living Grace	2	2	2	-	-	1
Matrix						
Albow Gardens	-	-	-	-	5	5
Delft	-	-	-	-	5	4
Eersterivier	-	-	-	-	2	3
Khayelitsha	24	24	29	31	5	7
Kraaifontein	-	-	-	-	1	1
Manenberg	-	-	-	-	2	2
Parkwood	-	-	-	-	5	<1
Tafelsig Clinic	-	-	-	-	6	3
Mudita Centre	1	1	1	<1	<1	1
Namaqua Rehab Centre	1	2	2	2	1	<1
Nurture Harmony	-	1	-	2	1	<1
PASCAP	-	-	-	-	<1	-
Ramot Rehab	4	4	2	5	5	4
SANCA WC*	11	9	6	8	17	39

Treatment centre name	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-June 2021	Jul-Dec 2021
	%	%	%	%	%	%
Second Chances Restoration	-	2	1	1	-	-
Stikland Neuro D	-	-	-	-	-	-
Sultan Bahu	13	11	14	13	10	10
Tharagay Manor	-	1	2	1	1	<1
The Redbourne	-	-	-	-	-	<1
Toevlug Rehab Centre	7	8	-	6	5	-
Toevlug Rehab Youth	-	2	-	-	2	2
Total patients in treatment	3013	2654	1323	1890	2433	2195

*Includes SANCA George

In Table 3 'Yes' indicates first-time admissions and 'No' indicates repeat admissions. The proportion of new admissions was 76% in this period with the majority of individuals admitted for outpatient treatment (82%). See Tables 3 and 4.

TABLE 3: FIRST TIME ADMISSIONS (WESTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-June 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Yes	75	72	71	65	69	73	76
No	25	28	29	35	31	27	24

TABLE 4: TREATMENT TYPE RECEIVED (WESTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-June 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Inpatient	29	28	33	17	30	24	18
Outpatient	79	72	67	83	70	76	82

Similar to review periods, the proportion of referrals from 'self/family/friends' (46%) was the most common type of referral pathway, followed by 'social services/welfare' (16%), and 'school' (13%). When compared to the previous period, referrals from 'work/employer' and 'school' increased while referrals from 'self/family/friends and 'social services' decreased (Table 5).

TABLE 5: REFERRAL SOURCES (WESTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-June 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Self/family/friends	40	43	43	54	55	50	46
Work/employer	7	7	6	4	5	7	10
Doctor/psychiatrist/nurse	5	5	4	4	3	4	3
Religious body	1	1	1	1	1	1	<1
Hospital/clinic	3	3	3	5	6	5	5
Social services/welfare	18	18	20	14	19	19	16
Court/correctional services	4	3	3	2	4	2	1
School	19	18	15	11	4	9	13
Other e.g., radio	3	2	5	4	5	3	4

Males (73%) remained the group which mostly accessed treatment compared to females (27%). Half (50%) of the individuals in treatment were unemployed with 30% of this proportion having been unemployed for more than 6 months. The majority of individuals had completed secondary education (80%), while 8% had tertiary education, a slight decrease from 10% in 2021a. Refer to Table 6.

TABLE 6: POPULATION PROFILE (WESTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
GENDER							
Male	73	73	71	69	73	71	73
Female	27	17	29	31	26	29	27
EMPLOYMENT STATUS							
Working full-time	20	16	18	16	21	19	21
Working part-time	4	4	5	5	5	6	3
Unemployed (< 6 months)	18	16	16	16	18	19	20
Unemployed (> 6 months)	30	41	38	49	46	38	30
Student/Apprentice/ internship	2	1	2	1	2	1	2
Learner at school	24	20	20	11	7	14	19
Pensioner/ Disabled/Stay at home	<1	2	1	1	2	3	2
EDUCATION LEVEL*							
No schooling	1	1	1	<1	2	1	<1
Primary	8	6	10	14	12	11	12
Secondary	68	65	68	76	75	78	80
Tertiary	23	21	21	10	11	10	8

*Level of education completed

The ages of persons in treatment ranged from 10 to 73 years. Individuals aged 30 to 34 years (24%) comprised the highest proportion of individuals admitted to treatment compared to other age groups. Thirty-one percent (31%) of persons accessing treatment in the WC were aged below 25 years, increasing from 28% in 2021a (Table 7).

TABLE 7: AGE DISTRIBUTION (WESTERN CAPE)

Age in Years	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<10	3	<1	-	-	1	<1	-	-	-	-	-	-	-	-
10-14	-	-	181	6	199	8	69	5	38	2	82	3	123	6
15-19	223	8	548	18	437	16	194	15	157	9	344	14	347	16
20-24	552	20	270	9	289	11	140	11	243	13	248	10	231	11
25-29	272	10	488	16	402	15	191	14	320	17	346	14	289	13
30-34	445	16	578	19	484	18	258	20	409	22	466	19	420	19
35-39	493	18	387	13	346	13	236	18	354	19	414	17	324	15
40-44	305	11	224	7	210	8	103	8	170	9	227	9	206	9
45-49	162	6	147	5	121	5	59	4	96	5	139	6	113	5
50-54	122	4	80	3	78	3	43	3	46	2	73	3	54	2
55-59	79	3	48	2	111	4	30	2	32	2	41	2	53	2
60-64	37	1	42	2	17	1	-	-	11	1	23	1	15	1
65+	13	<1	24	1	14	<1	-	-	14	1	13	1	11	<1

Forty-nine percent (49%) of individuals reported that they had been previously tested for HIV in the last 12 months; this rate has consistently decreased since the January-June 2020 period.

TABLE 8: PRIOR TESTING FOR HIV (WESTERN CAPE)

Tested for HIV	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%
Yes, in last 12 months	68	69	85	73	53	49
Yes, but not in last 12 months	-	-	-	-	20	22
No	23	24	12	17	19	21
Decline to answer	9	7	3	10	8	8

TABLE 9: PLACE OF RESIDENCE (WESTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021*	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
PROVINCES														
Western Cape	2652	97	2899	96	2553	96	1290	98	1819	96	2409	99	-	-
Mpumalanga	1	<1	-	-	1	<1	-	-	-	-			-	-
Limpopo	2	<1	2	<1	1	<1	2	<1	-	-	1	<1	-	-
North West	1	<1	1	<1	-	-	-	-	-	-	-	-	-	-
Northern Cape	10	<1	53	2	13	<1	2	<1	1	<1	2	<1	-	-
Eastern Cape	15	1	8	<1	8	<1	2	<1	5	<1	5	<1	-	-
Free State	1	<1	1	<1	1	<1	1	<1	2	<1	-	-	-	-
KwaZulu-Natal	3	<1	7	<1	8	<1	-	-	6	<1	4	<1	-	-
Gauteng	14	1	8	<1	42	2	7	1	55	3	8	<1	-	-
OTHER COUNTRIES	33	1	34	1	26	1	19	1	2	<1	4	<1	15	1

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021*	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total number on whom information was available	2719	100	3013	100	2654	100	1323	100	1890	100	2433	100	-	-

*Data for province of residence was not available for the 2021b period.

Methamphetamine (35%), cannabis (27%), and alcohol (20%) remained the most common primary substances of use among individuals admitted to specialist treatment centres in the WC. Increases were noted for alcohol and cannabis while decreases were reported for cannabis/mandrax and heroin/opiates. All other categories remained relatively consistent when compared to the previous periods (Table 10).

TABLE 10: PRIMARY SUBSTANCE OF USE (WESTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Alcohol	20	18	19	11	17	18	20
Cannabis	31	26	25	15	17	24	27
Cannabis/Mandrax**	6	6	6	8	7	8	6
Crack/Cocaine	2	2	3	2	3	3	2
Heroin/Opiatesˆ	11	16	14	18	14	11	9
OTC/PRE	1	1	1	2	1	2	1
Methamphetamine ('Tik')	28	29	30	44	40	35	35
Methcathinone ('CAT')	<1	<1	1	<1	<1	<1	<1
Inhalants	<1	<1	<1	<1	-	<1	<1

*'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

When considering the mode of use of primary drugs, 21% of persons reported swallowing their substances. When alcohol was excluded, 93% reported 'smoking' as their primary mode of use. Only 2% of patients reported that they injected substances (all substance variants). The proportion of individuals who reporting injecting heroin/opiates specifically was 16%, similar to the previous reporting period (Table 11).

TABLE 11: MODE OF USAGE OF PRIMARY DRUG (WESTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%
Swallowed	20(3)	22(3)	14(3)	18(2)	21(4)	22(2)
Snorted	3(3)	3(3)	1(2)	3(3)	3(3)	2(3)
Injected	3(4)	2(2)	2(3)	3(4)	2(3)	2(2)
Smoked	74(90)	73(92)	82(92)	76(91)	75(91)	74(93)
Injected Heroin/Opiates	17	12	12	19	17	16

Figures in brackets exclude alcohol

The majority of persons admitted to treatment reported that they used their primary substances on a daily basis, ranging from 44% to 93%. The substances that had the highest proportion of individuals reporting daily use were OTC/PRE-medicines (93%), heroin/opiates (91%), cannabis/mandrax (76%), and MA (64%). Refer to Table 12.

TABLE 12: PRIMARY SUBSTANCE BY FREQUENCY OF USE (WESTERN CAPE)

	Daily				2-6 days per week				Once per week or less often				Not used in the past month			
	%				%				%				%			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
Alcohol	44	43	44	56	35	34	44	34	10	13	7	7	10	11	6	3
Cannabis	58	60	48	47	32	29	31	37	5	5	13	9	5	5	8	8
Cannabis/ Mx**	64	62	61	76	27	26	28	21	6	4	5	2*	4	8	6	1*
Crack/ Cocaine	38	48	38	44	62	30	38	29	0	13	18	24	0	10	7	2*
Heroin/ Opiates1	86	91	84	91	7	4	10	5	2	3	3	0	5	2	4	4
Metham-phetamine ('Tik')	49	51	52	64	34	31	35	27	7	7	6	4	9	11	7	5
OTC/PRE	60	65	94	93	25*	25	6	4*	0	10*	0	4*	15*	0	0	0
Meth-cathinone ('CAT')	50*	0	0	0	17*	25*	20*	100*	33*	25*	20*	0	0	50*	0	0

*n<5; **'White pipe' or Mandrax alone;
[1]Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The overall mean age of individuals in treatment for this period was 31 years old. Increases were seen for the average age at admission for OTC and CAT. Inhalants had the youngest mean age (10 years) compared to the other substance categories. Of concern is the decrease in age at admission for cannabis (from 27 years to 20 years). It is imperative that youths' access to cannabis is continuously monitored and that mediating factors be investigated (Table 13).

TABLE 13: MEAN AGE (IN YEARS) BY PRIMARY SUBSTANCE OF USE (WESTERN CAPE)

	Jan-Jun 2016	Jul-Dec 2016	Jan-Jun 2017	Jul-Dec 2017	Jan-Jun 2018	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
Alcohol	38	37	39	37	36	38	31	32	37	35	38
Cannabis	18	19	21	18	20	19	29	29	24	27	20
Cannabis/Mandrax**	30	31	31	33	32	32	30	31	30	32	34
Crack/Cocaine	34	29	34	32	32	33	30	32	31	33	34
Heroin/Opiates^	31	31	32	33	33	32	30	27	29	32	35
OTC/PRE	38	46	40	40	38	39	28	32	39	31	40
Methamphetamine ('Tik')	30	30	30	31	29	31	30	31	29	33	32
Inhalants	21*	14	14	33*	15	18	-	-	19	43*	10
Methcathinone ('CAT')	29*	26	29	27	29	29	29	22	28	28	42
Overall mean age	29	29	30	29	29	30	30	31	29	32	31

*N < 5 ; **'White pipe' or Mandrax alone
^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

For most substances, the majority of individuals who were admitted to treatment were largely males as indicated in Table 14 below. The disparity between males (52%) and females (48%) were much smaller for OTC/PRE-medication compared to other substances. An increase from 22% in 2021a to 48% in 2021b was also seen for females being admitted for OTC/PRE-medication misuse. A notable decrease was seen for cannabis/mandrax admission rates for females (from 26% to 15%).

TABLE 14: PRIMARY SUBSTANCE OF USE BY GENDER (WESTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	%		%		%		%		%		%		%	
Alcohol	64	36	70	30	71	29	67	38	68	32	68	32	73	27
Cannabis	82	18	80	20	72	28	71	28	83	17	73	27	78	22
Cannabis/Mx**	65	35	73	27	69	30	70	30	69	31	74	26	85	15
Crack/Cocaine	75	25	84	16	65	35	86	14	76	24	64	36	75	24
Heroin/Opiatesˆ	82	18	80	20	69	31	65	35	85	15	74	26	78	22
OTC/PRE	41	59	55	45	70	30	80	20*	55	45	78	22	52	48
Methamphetamine ('Tik')	67	33	64	36	71	29	71	29	69	31	69	31	67	33
Inhalants	100*	0	80*	20*	100*	0	67*	33*	-	-	100*	-	100	0
Methcathinone ('CAT')	67*	33*	83	17*	86	14*	100	0	62*	38*	60*	40*	100	0

*N<5; **'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Cannabis/mandrax (33%), methamphetamine (22%), cannabis (21%), and alcohol (14%) were the leading secondary substances of use in the WC. A 3% increase in cannabis-related admissions was noted for this review period (Table 15).

TABLE 15: SECONDARY SUBSTANCE OF USE (WESTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	362	26	337	19	312	20	110	14	183	15	232	16	142	14
Cannabis	231	16	325	18	267	17	139	17	253	21	250	18	220	21
Cannabis/Mandrax*	389	28	506	29	442	28	280	35	376	31	476	33	350	33
Crack/Cocaine	56	4	53	3	62	4	21	3	48	4	52	4	34	3
Heroin/Opiatesˆ	11	1	26	1	20	1	9	1	10	1	15	1	15	2
Ecstasy	3	<1	4	<1	7	<1	1	<1	5	<1	6	<1	3	<1
OTC/PRE	36	3	59	3	61	4	23	3	42	3	32	2	29	3
Methcathinone ('CAT')	7	<1	14	1	11	1	4	1	13	1	4	<1	3	<1
Methamphetamine ('Tik')	306	22	412	23	347	22	199	25	289	24	351	25	233	22
Inhalants	4	<1	9	1	3	<1	1	<1	-	-	-	-	1	<1
Other	8	1	13	1	24	2	8	1	6	<1	6	<1	12	1
TOTAL	1413	100	1758	100	1556	100	796	100	1227	100	1424	100	1039	100

*'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The proportion of primary and secondary substances of use is shown in Table 16 below. Methamphetamine (57%), cannabis (48%), cannabis/mandrax (39%), and alcohol (34%), were the most commonly used primary and secondary substances.

TABLE 16: PRIMARY AND SECONDARY OF SUBSTANCES OF USE (WESTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%						
Alcohol	33	29	31	19	27	28	34
Cannabis	39	37	35	25	30	34	48
Cannabis/Mandrax*	21	23	23	29	27	27	39
Crack/Cocaine	4	6	5	3	6	5	5
Heroin/Opiates*	12	17	15	19	15	12	11
OTC/PRE	2	3	3	3	3	3	4
Methcathinone ('CAT')	<1	1	1	1	1	<1	<1
Methamphetamine ('Tik')	39	43	43	59	55	49	57
Inhalants	<1	<1	<1	<1	-	<1	<1
Other	1	1	1	1	<1	<1	1

*'White pipe' or Mandrax alone
*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Forty-five (47%) of persons used more than one substance, decreasing by 11% from the previous review period (Table 17).

TABLE 17: POLYSUBSTANCE USE (WESTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-June 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Primary substance only	1413	52	1758	58	1098	41	527	40	663	35	1009	42	1156	53
Primary +2nd substance	1306	48	1255	42	1556	59	796	60	1227	65	1424	58	1039	47
Total no. of patients	2719	100	3013	100	2654	100	1323	100	1890	100	2433	100	2195	100

Individuals receiving treatment often report a combination of sources of funding for treatment. 'State' (85%) remained the most common source of payment, followed 'medical aid' (6%) and ''other combinations' (4%). See Table 18.

TABLE 18: SOURCE OF PAYMENT (WESTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Self	3	3	3	1	3	2	1
Medical Aid	8	8	9	4	9	7	6
State	76	81	79	91	81	85	85
Family/friends	10	6	4	2	4	4	3
Work/employer	3	1	1	<1	1	<1	1
Unknown	<1	<1	2	1	2	1	1
Other/combinations	1	1	2	-	1	<1	4

DATA ON PATIENTS YOUNGER THAN 20 YEARS

The majority of patients younger than 20 years were male (79%) (Table 19).

TABLE 19: GENDER PROFILE OF PATIENTS <20 YEARS (WESTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
GENDER							
Male	77	79	76	77	71	80	79
Female	23	21	24	23	29	20	21

The majority of persons younger than 20 years were referred to treatment centres by the 'school' (57%), increasing from 49% in the previous period. This was followed by referral from 'self/family/friends' (19%) and 'social services/welfare' (17%). Referrals from 'self/family/friends' decreased by 10% over the last two reporting periods. Conversely, referrals from 'social services/welfare' increased by 3% while 'school' referrals increased by 8% (Table 20).

TABLE 20: REFERRAL SOURCES FOR PATIENTS YOUNGER THAN 20 YEARS (WESTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Self/Family/Friends	19	16	22	34	48	29	19
Work/Employer	5	<1	<1	2	-	<1*	-
Health professional	2	2	2	2	2	3	2
Religious body	<1	<1	<	<1	1	<1*	-
Hospital/Clinic	1	1	1	2	4	3	2
Social Services/Welfare	14	11	13	7	11	14	17
Court/Correctional services	2	1	1	1	2	1*	<1*
School	55	69	58	51	32	49	57
Other	1	<1	2	<1	1	1*	3

*N<5

The largest proportion of young individuals in the WC were treated for the use of cannabis (84%), increasing from 52% in 2021a. Admissions for MA misuse among individuals <20 years decreased notably from 21% in 2021a to 9% in 2021b. Cannabis/mandrax saw a decrease of 5% while heroin/opiates decreased by 8% (Table 21). Primary substances were largely smoked (95%) (Table 22).

TABLE 21: PRIMARY SUBSTANCE OF USE OF PATIENTS <20 YEARS (WESTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	102	13	68	9	99	16	25	10	23	12	44	10	13	3
Cannabis	578	75	571	75	211	33	61	23	117	60	220	52	396	84
Cannabis/Mx*	20	3	11	1	40	6	19	7	8	4	29	7	10	2
Crack /Cocaine	4	1	2	<1	14	2	1	<1	2	1	4	1	1	<1
Heroin/Opiates**	5	1	48	6	82	13	50	19	3	2	36	9	3	1
OTC/PRE	1	<1	2	<1	9	1	1	<1	-	-	5	1	3	1
Inhalants	3	<1	4	1	-	-	1	<1	-	-	-	-	-	<1
Methcathinone ('CAT')	-	-	4	1	5	1	3	1	1	1	-	-	-	-
Methamphetamine ('Tik')	61	8	49	6	170	27	105	40	41	21	87	21	40	9
Total	775	100	760	100	637	100	263	100	195	100	426	100	470	100

*'White pipe' or Mandrax alone
**Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

TABLE 22: MODE OF USAGE OF PRIMARY SUBSTANCE OF USE FOR PATIENTS YOUNGER THAN 20 YEARS (WESTERN CAPE)

	Jan-Jun 2017	Jul-Dec 2017	Jan-Jun 2018	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%	%	%	%
Swallowed	11	14	5	14	12	18	11	12	12	5
Snorted	1	1	5	1	2	3	2	<1	1*	<1
Injected	-	<1	2	<1	2	2	2	<1	2	-
Smoked	88	85	88	71	84	77	85	87	86	95

Compared to females, males had the highest rates for treatment admissions across all substances, however, rates for males (54%) and females (46%) were almost comparable for alcohol misuse, showing a marked increase in alcohol admissions for females (from 20% to 46%). Only males were admitted for cannabis/mandrax, crack/cocaine, heroin/opiates, inhalants, and OTC/PRE-medicines in the current review period (Table 23).

TABLE 23: PRIMARY SUBSTANCE OF USE BY GENDER FOR PATIENTS <20 YEARS (WESTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	M	F	M	F	M	%	M	F	M	F	M	F	M	F
	%		%		%		%		%		%		%	
Alcohol	63	37	79	21	77	23	72	28	35	65	80	20	54	46
Cannabis	80	20	80	20	75	25	85	15	79	21	80	20	79	21
Cannabis/Mx**	60	40	60	37	80	20	68	32	63	37*	90	10	100	0
Crack/Cocaine	50*	50*	50*	50*	93	7*	100*	0	0	100*	100*	0	100*	0
Heroin/Opiates1	80*	20*	78	22	77	23	71	29	67*	33*	89	11	100*	0
Inhalants	100*	0	100*	0	-	-	0	100*	-	-	-	-	100*	-
Methamphetamine ('Tik')	77	23	69	31	72	28	77	23	73	27	73	27	85	15
OTC/PRE	100*	0	50*	50*	78	22*	100*	0	-	-	80*	20*	100	0
Methcathinone ('CAT')	-	-	100*	0	100*	0	100*	0	100*	0	-	-	-	-

* N<5; **'White pipe' or Mandrax alone
[1]Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Alcohol (42%), cannabis (19%), methamphetamine (18%), and cannabis/mandrax (14%) were the most common secondary substances of use among individuals younger than 20 years (Table 24).

TABLE 24: SECONDARY SUBSTANCE OF USE YOUNGER THAN <20 YEARS OLD (WESTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	182	23	146	21	88	14	20	8	31	31	53	26	54	42
Cannabis	51	7	67	10	83	13	25	10	22	22	41	20	24	19
Cannabis/Mandrax**	49	6	36	5	88	14	57	22	24	24	51	25	18	14
Crack/Cocaine	3	<1	5	1	20	3	5	2	2	2	7	3	1	1
Heroin/Opiates^	1	<1	8	1	4	1	1	<1	-	-	1	1	-	-
Inhalants	3	<1	6	1	-	-	-	-	-	-	-	-	1	1
OTC/PRE	7	1	10	1	18	3	6	2	5	5	4	2	5	4
Methcathinone ('CAT')	-	-	5	1	5	1	2	1	-	-	-	-	-	-
Methamphetamine ('Tik')	38	5	34	5	80	13	33	13	16	16	44	22	23	18
Other	1	<1	4	1	5	1	1	<1	-	-	-	-	1	1
TOTAL	775	100	680	100	636	100	263	100	100	100	203	100	128	100

*White pipe' or Mandrax alone
[1]Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

2B: TREATMENT CENTERS: GAUTENG

MS NANCY HORNSBY & MRS SANDRA PRETORIUS

Data were collected from 26 specialist treatment centres during this review period. A total of 9711 individuals were treated at Gauteng treatment centres during the period July-December 2021, decreasing from 6226 in the previous period (Table 25).

TABLE 25: PROPORTION OF TREATMENT EPISODES (GAUTENG)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
CoJ Eldorado Park	-	-	-	-	-	-	-	-	69	1	-	-	-	-
CoJ Joubert Park	-	-	-	-	-	-	-	-	39	<1	-	-	-	-
CoJ Tladi	-	-	-	-	-	-	-	-	30	<1	53	1	-	-
CoJ Westbury	-	-	-	-	-	-	-	-	24	<1	9	<1	42	<1
Eden Recovery Centre	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Empilweni Tx Centre	-	-	-	-	-	-	-	-	66	1	4	<1	-	-
Fabian Ribeiro	226	8	192	6	65	2	41	1	39	1	116	2	101	1
Fetoga Rehabilitation	-	-	-	-	-	-	-	-	-	-	1	<1	-	-
Freedom Recovery	-	-	-	-	94	2	20	1	33	1	66	1	71	1
Hope for the Hopeless	-	-	-	-	-	-	-	-	-	-	11	<1	25	<1
House of Mercy	84	3	-	-	68	2	122	4	72	1	97	2	97	1
Ithemba Clinic	-	-	-	-	76	2	60	2	97	2	179	3	191	2
Jamela Tx centre	-	-	-	-	73	2	74	2	24	<1	68	1	78	1
Life Esidimeni Randfontein	-	-	-	-	629	15	-	-	93	2	25	<1	441	4
Life Esidemeni Witpoort	-	-	-	-	-	-	-	-	-	-	514	8	249	2
Makukhanye Alcohol & Drug Centre	-	-	-	-	-	-	42	1	73	1	97	2	14	<1
Merafong Anti-Substance Abuse Centre (MASAC)	-	-	-	-	66	2	17	1	7	<1	112	2	-	-
Mighty Wings	45	2	-	-	-	-	-	-	-	-	-	-	-	-
Open Disclosure Foundation	-	-	-	-	-	-	-	-	-	-	27	<1	64	1
SANCA Castle Carey	7	<1	75	2	-	-	319	10	457	9	367	6	609	6
SANCA Central Rand	861	29	1014	32	1121	27	910	28	1067	21	1495	24	2300	22
SANCA Eastern Gauteng	-	-	-	-	-	-	-	-	15	<1	68	1	589	6
SANCA Elim Clinic	239	8	239	8	75	2	46	1	48	1	144	2	356	4
SANCA Greater Heidelberg	146	5	97	3	157	4	124	4	194	4	129	2	245	2
SANCA Horizon Clinic	298	10	455	14	329	8	182	6	251	5	211	3	512	5
SANCA Johannesburg	-	-	-	-	-	-	-	-	111	2	-	-	-	-
SANCA Nishtara	54	2	190	6	167	4	150	5	208	4	212	3	374	4
SANCA Palm Ridge Clinic	-	-	-	-	78	2	-	-	153	3	274	3	-	-
SANCA Soweto	156	5	29	1	76	2	112	3	435	9	569	9	977	9

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
SANCA Stabilis	70	2	131	4	-	-	162	5	191	4	221	4	390	4
SANCA Thusong	249	8	340	11	294	7	229	7	365	7	265	4	418	4
SANCA Vaal Triangle	388	13	279	9	150	4	56	2	173	3	118	2	260	2
SANCA Wedge Gardens	112	4	107	3	85	2	73	2	129	3	82	1	157	1
Sithuthukisa Bonke Crisis Centre	-	-	-	-	-	-	-	-	-	-	10	<1	4	<1
Sukuma Sakhe Development	-	-	-	-	-	-	-	-	-	-	1	<1	-	-
Toughest Young Minds	-	-	-	-	-	-	94	3	132	3	57	1	105	1
Westview Clinic	-	-	-	-	621	15	277	8	464	9	723	12	1005	10
Total number in treatment	2937	100	3148	100	4224	100	3279	100	5059	100	6226	100	9711	100

Sixty-six percent (66%) of individuals were admitted to treatment for the first time compared to 44% of re-admissions, showing a considerable increase in the number of individuals with repeat admissions from the last period (Table 26).

TABLE 26: FIRST TIME ADMISSIONS (GAUTENG)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jan-Jun 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Yes	82	86	86	86	84	86	66
No	18	14	14	14	16	14	34

For the current review period, the proportion of persons treated as outpatients was 53% versus 47% inpatients. See Table 27.

TABLE 27: TYPE OF TREATMENT RECEIVED (GAUTENG)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Inpatient	40	37	42	34	36	38	47
Outpatient	60	63	58	66	64	62	53

Referral sources remained mainly unchanged from the previous period. 'Self/family/friends' (67%) was the most popular source of referral, followed by 'social services/welfare' (17%), and 'school' (7%). See Table 28.

TABLE 28: REFERRAL SOURCES (GAUTENG)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Self/family/friends	53	61	51	65	76	68	67
Work/employer	5	4	5	4	2	2	4
Doctor/psychiatrist/nurse (health professional)	2	2	2	2	1	2	1
Religious body	1	1	1	1	1	2	1
Hospital/clinic	1	1	1	1	2	1	2
Social services/welfare	17	15	25	14	13	17	17
Court/correctional services	12	5	3	2	2	2	1
School	8	9	12	10	2	6	7
Other, e.g., radio	1	1	1	1	1	<1	<1

Over the last few review periods, very little change has been noted in the population profile of patients admitted to treatment in Gauteng. Over half (58%) of persons in this cohort were unemployed. Most individuals had secondary school education (87%) (Table 29).

TABLE 29: POPULATION PROFILE (GAUTENG)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
GENDER							
Male	86	86	86	86	87	86	90
Female	14	14	14	14	13	14	10
EMPLOYMENT STATUS							
Working full-time	18	19	12	16	9	10	12
Working part-time	4	2	3	3	9	3	2
Unemployed (< 6 months)	9	8	10	8	10	11	6
Unemployed (> 6 months)	43	43	47	46	62	58	58
Students/apprentice/ internship	3	2	2	2	2	2	3
Learner at school	21	25	20	25	13	17	18
Pensioner/ Disabled/Stay at home	2	1	6	<1	1	>1	1
EDUCATION LEVEL							
No school	<1	1	3	1	1	<1	<1
Primary	7	6	7	6	6	4	6
Secondary	80	79	76	87	88	91	87
Tertiary	12	14	14	6	5	4	7

The age of persons in treatment ranged between 9 and 83 years, with an overall mean age of 26 years. For this review period, the proportion of individuals in treatment aged 15-19 years increased by 9% while proportions for those aged 20-24 years and 25-29 years decreased by 6% and 8% respectively (Table 30).

TABLE 30: AGE DISTRIBUTION (GAUTENG)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
Years	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<10	-	-	-	-	-	-	-	-	-	-	-	-	1	<1
10-14	1	<1	145	5	178	4	108	3	113	2	181	3	879	9
15-19	110	4	611	19	863	20	617	19	781	16	1119	18	2621	27
20-24	608	21	603	19	846	20	614	19	979	20	1235	20	1337	14
25-29	584	20	665	21	990	24	753	23	1253	25	1386	22	1330	14
30-34	614	21	453	14	664	16	570	17	949	19	1091	18	1539	16
35-39	445	15	301	10	363	9	299	9	503	10	607	10	928	10
40-44	237	8	129	4	140	3	134	4	217	4	225	4	506	5
45-49	128	4	109	3	76	2	81	2	131	3	158	3	251	3
50-54	89	3	49	2	53	1	39	1	57	1	77	1	140	1
55-59	45	2	33	1	25	1	64	2	37	1	44	1	82	1
60-64	30	1	23	1	8	<1	-	-	20	<1	31	1	39	<1
65+	46	2	11	<1	7	<1	-	-	19	<1	12	<1	37	<1
Mean Age	28		28		26		28		28		28		26	

Forty percent (40%) of individuals admitted to treatment indicated that they had been tested for HIV in the past 12 months, a slight increase from the previous period. A considerable proportion of persons (37%) indicated that they had not been tested for HIV (Table 31).

TABLE 31: PRIOR TESTING FOR HIV (GAUTENG)

Tested for HIV	Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%
Yes, in past 12 months	2000	61	2981	59	2249	36	3839	40
Yes, but not in past 12 months	-	-	-	-	-	21	1279	13
No	954	29	1573	31	2141	34	3587	37
Declined to answer	325	10	505	10	539	9	947	10
TOTAL	3279	100	5059	100	6226	100	9705	100

TABLE 32: PLACE OF RESIDENCE (GAUTENG)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021*	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
PROVINCE														
Gauteng	-	-	-	-	-	-	-	-	-	-	6224	99.9	-	-
Mpumalanga	22	1	50	1	22	1	20	1	26	1	2	<1	-	-
Limpopo	23	1	33	1	19	<1	16	<1	26	1	-	-	-	-
North-West	15	1	33	1	22	1	27	1	29	1	-	-	-	-
Northern Cape	-	-	1	<1	-	-	-	-	-	-	-	-	-	-
Eastern Cape	1	<1	6	<1	3	<1	8	<1	4	<1	-	-	-	-
Free State	12	<1	18	1	18	<1	10	<1	8	<1	-	-	-	-
KwaZulu-Natal	11	<1	14	<1	6	<1	5	<1	1	<1	-	-	-	-

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021*	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Western Cape	1	<1	2	<1	1	<1	3	<1	1	<1	-	-	-	-
OTHER COUNTRIES	2	<1	1	<1	3	<1	1	<1	5	<1	-	-	1	<1
Total number on whom information was available	2937	100	3148	100	4224	100	3279	100	5059	100	6226	100	-	-

*Data for province of residence was not available for the 2021b period.

The most common primary substance of use in Gauteng during the July-December 2021 period was cannabis (32%). This was followed by heroin/opiates (22%), methamphetamine (21%) and alcohol (13%). Cannabis increased from 27% in 2021a to 32% in 2021b, methamphetamine increased from 17% to 21% while heroin/opiates decreased from 29% to 22% (Table 33).

TABLE 33: PRIMARY SUBSTANCE OF USE (GAUTENG)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	409	14	570	18	490	12	375	11	421	8	588	9	1283	13
Cannabis	1070	36	1021	32	1253	30	1104	34	1342	27	1699	27	3084	32
Cannabis/Mx**	57	2	95	3	119	3	74	2	187	4	179	3	217	2
Crack/Cocaine	80	3	100	3	128	3	89	3	128	3	216	4	124	1
Heroin/Opiates^	801	27	818	26	1534	36	1034	32	1710	34	1832	29	2088	22
Ecstasy	2	<1	2	<1	7	<1	1	<1	15	<1	16	<1	13	<1
OTC/PRE	33	1	71	2	29	1	48	1	49	1	62	1	77	1
Methcathinone ('CAT')	224	8	160	5	142	3	173	5	419	8	472	8	643	7
Methamphetamine ('Tik')	236	8	283	9	472	11	324	10	752	15	1083	17	2032	21
Inhalants	15	1	22	1	19	<1	21	1	29	1	79	1	47	1
Total	2937	100	3148	100	4224	100	3279	100	5059	100	6226	100	9701	100

**'White pipe' or Mandrax alone
^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

When considering the mode of use of the primary substances, the majority of individuals (52%) reported smoking their substances followed by swallowing (34%). When alcohol was excluded, almost half (59%) reported smoking as their mode of use. The proportion of individuals reporting injecting as their route of administration remained similar when alcohol was included (9%) and excluded (10%). Refer to Table 34.

TABLE 34: MODE OF USAGE OF PRIMARY SUBSTANCE (GAUTENG)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Swallowed	16(2)	21(4)	14(2)	14(2)	10(2)	11 (2)	34 (25)
Snorted**	10(12)	8(9)	6(6)	8(9)	10(11)	10 (11)	9 (10)
Smoked	67(77)	67(81)	74(84)	72(81)	71(77)	72 (80)	52 (59)
Injected	8(9)	4(5)	6(7)	7(8)	9(10)	7 (8)	5 (6)

* Figures in brackets exclude alcohol
** Included with snorted are sniffed and inhaled

The majority of persons reported that they used their primary substances daily. The substances that had the highest proportion of patients reporting daily use were heroin/opiates (98%), followed by cannabis/mandrax (90%), and OTC/PRE-medicines (82%) (Table 35).

The mean age for individuals admitted in Gauteng ranged from 17 years for inhalant use to 39 years for OTC/PRE-medication (Table 36).

TABLE 35: PRIMARY SUBSTANCE BY FREQUENCY OF USE (GAUTENG)

	Daily			2-6 days per week			Once per week or less often			Not used in the past month		
	%			%			%			%		
	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
Alcohol	62	59	69	24	26	20	10	11	10	4	3	2
Cannabis	75	74	78	15	17	15	6	7	5	4	3	2
Cannabis/Mx**	83	73	90	12	20	9	4	6	1*	1	*2	0
Crack/ Cocaine	66	73	79	26	19	17	7	7	3*	2	1	1*
Heroin/Opiatesˆ	95	94	98	4	4	2	<1	2	1	1	<1	<1*
Methamphetamine ('Tik')	59	57	67	28	28	22	11	13	9	2	2	2
OTC/PRE	88	84	82	8	13	8	4	*2	3*	0	*2	8
Methcathinone ('CAT')	57	56	60	34	33	31	9	9	9	1	2	1

TABLE 36: MEAN AGE BY PRIMARY SUBSTANCE OF USE (GAUTENG)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	Mean Age (in years)						
Alcohol	33	30	31	29	39	37	37
Cannabis/Mandrax**	26	30	26	28	29	28	22
Cannabis	26	27	25	27	23	23	27
Crack/Cocaine	27	27	28	27	30	29	30
Heroin/Opiatesˆ	26	27	26	29	29	29	30
Ecstasy	22*	29*	30	-	26	30	32
Methcathinone ('CAT')	27	28	26	27	27	28	27
Methamphetamine ('Tik')	25	28	25	26	27	27	24
Inhalants	22	28	23	26	19	17	17
OTC/PRE	31	30	26	28	43	37	39
Nyaope/Whoonga	28	28	27	27	29	28	25

*N<5; **'White pipe' or Mandrax alone

Males accessed treatment services more often than females across all substance categories (Table 37). Admission rates for males and females were closer in range for OTC/PRE-medicines with (56% and 44% respectively) compared to other substances. An increase in admission rates for males were noted across all substances except OTC/PRE-medicines that saw a slight decrease of 2%. Admission rates for females decreased across all substances except OTC/PRE-medicines which saw a marginal increase of 2%.

TABLE 37: PRIMARY SUBSTANCE OF USE BY GENDER (GAUTENG)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Alcohol	83	17	85	15	84	16	83	17	76	24	79	21	83	17
Cannabis	88	12	87	13	84	16	87	13	90	10	88	12	91	9
Cannabis/Mandrax**	84	16	85	15	92	8	86	14	90	10	82	18	90	10
Crack/Cocaine	80	20	83	17	80	20	88	12	86	14	88	12	93	7
Heroin/Opiatesˆ	88	12	87	12	89	11	85	15	92	8	89	11	95	5
OTC/PRE	55	45	79	21	76	24	81	19	33	67	58	42	56	44
Methcathinone ('CAT')	86	14	90	10	87	13	88	12	86	14	83	17	89	11
Inhalants	100	0	86	14	89	11*	90	10*	86	14*	65	35	75	25
Methamphetamine ('Tik')	82	18	82	18	85	15	87	13	80	20	86	14	90	10

*N<5; **'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Cannabis (31%) and methamphetamine (19%), heroin/opiates (11%) were the most common secondary substances of use (Table 38).

TABLE 38: SECONDARY SUBSTANCE OF USE (GAUTENG)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	147	13	198	15	251	13	186	11	186	7	212	7	475	9
Cannabis	399	35	405	31	731	37	529	32	858	32	987	34	1578	31
Cannabis/Mandrax*	86	7	124	9	194	10	128	8	295	11	271	9	525	10
Crack/Cocaine	123	11	141	11	211	11	157	9	241	9	245	8	390	8
Heroin/Opiates**	89	8	89	7	156	8	217	13	318	12	331	11	380	7
OTC/PRE	16	1	79	6	58	3	44	3	79	3	61	2	113	2
Methcathinone ('CAT')	142	12	124	9	136	7	140	8	233	9	287	10	431	8
Methamphetamine ('Tik')	121	11	135	4	186	9	196	12	398	15	488	17	967	19
Inhalants	10	1	12	<1	16	1	10	1	12	<1	11	<1	25	<1
Other	11	1	8	1	26	1	28	2	31	1	2	<1*	169	3
TOTAL	1148	100	1320	100	1965	100	1658	100	2651	100	2902	100	5077	100

*'White pipe' or Mandrax alone
**Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.

For this review period, crack/cocaine (90%), cannabis (63%), and MA (40%) were the three most common substances used as primary and secondary substances. Increases were noted for all substances except heroin/opiates which decreased from 35% in the previous period to 29% in the current period. Inhalant use rates remained the same (Table 39).

TABLE 39: PRIMARY AND SECONDARY SUBSTANCE OF USE (GAUTENG)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	556	19	768	24	741	18	561	17	607	12	800	13	1758	23
Cannabis	1469	50	1426	45	1984	47	1633	50	2200	43	2685	43	4662	63
Cannabis/Mandrax*	143	5	219	7	313	7	202	6	482	10	450	7	742	12
Crack/Cocaine	203	7	241	8	339	8	246	8	369	7	461	7	514	90
Heroin/Opiates**	1220	42	907	29	1690	40	1251	38	2028	40	2163	35	2468	29
OTC/PRE	49	2	150	5	87	2	92	3	128	3	123	2	190	3
Methcathinone ('CAT')	366	12	284	9	278	7	313	10	652	13	759	12	1074	15
Methamphetamine ('Tik')	357	12	418	13	658	16	520	16	1150	23	1571	25	2999	40
Inhalants	26	1	34	1	35	1	31	1	41	1	90	1	72	1
Other	20	1	21	1	64	2	88	3	53	1	24	<1	262	4

*'White pipe' or Mandrax alone
^*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Fifty-two percent (52%) of individuals admitted to specialist treatment facilities reported using more than one substance (Table 40).

TABLE 40: POLYSUBSTANCE USE (GAUTENG)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Primary substance only	1789	61	1828	58	2259	53	1621	49	2408	48	3324	53	4634	48
Primary +2nd substance	1148	39	1320	42	1965	47	1658	51	2651	52	2902	47	5077	52
Total no. of patients	2937	100	3148	100	4224	100	3279	100	5059	100	6226	100	9711	100

Rates reported for sources of payment remained consistent from the last period (2021a) to the present period (2021b). See Table 41.

TABLE 41: SOURCES OF PAYMENT (GAUTENG)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
State	58	40	58	49	67	63	62
Medical Aid	10	12	4	9	6	6	9
Family/friends	11	27	17	17	6	10	9
Employer	2	3	2	2	<1	<1	<1
Self	6	9	7	7	3	3	3
Other/Comb	<1	1	11	<1	1	1	1
Unknown	13	9	1	17	17	17	16

DATA ON PATIENTS YOUNGER THAN 20 YEARS

The predominant profile of patients admitted for treatment were males who had completed a secondary school education. The rate of admission for males in this age group increased from 85% in the January-June 2021 period to 92% in the July to December 2021 period (Table 42).

TABLE 42: PROFILE OF PATIENTS YOUNGER THAN 20 YEARS (GAUTENG)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
GENDER							
Male	84	87	85	86	85	85	92
Female	14	13	15	14	15	15	8
EDUCATION LEVEL							
None	-	1	3	1	1	<1	<1
Primary	17	7	13	14	16	7	10
Secondary	82	85	81	84	82	92	87
Any tertiary	1	6	3	1	1	1	3

As with previous periods, a higher proportion of individuals <20 years were referred to treatment centres by 'self/family/friends' (57%), followed by referrals from 'social services/welfare (21%), and 'school' (17%). The number of referrals from schools decreased noticeably from 27% in the previous period to 17% in the current period indicating a reversal of the trend in the previous period when there was considerable increase in school referrals. Refer to Table 43.

TABLE 43: REFERRAL SOURCES FOR PATIENTS YOUNGER THAN 20 YEARS (GAUTENG)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jan-Jun 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Self/Family/Friends	56	40	52	60	72	59	57
Work/Employer	3	1	3	4	<1	1	<1
Health professional	1	1	3	2	1	1	<1
Religious body	<1	1	1	2	1	1	1
Hospital/Clinic	2	1	2	<1	1	1	1
Social Services/Welfare	17	14	16	11	13	9	21
Court/Correctional services	10	5	3	2	3	2	1
School	10	37	21	17	9	27	17
Other	<1	<1	<1	1	<1	<1*	<1

The most common primary substance of use among young patients was cannabis (55%), followed by methamphetamine (15%). Alcohol use marginally increased from 2% to 4% (Table 44). Substances were mainly smoked (51%) followed by swallowed (40%). Only 3% of individuals reported injecting their preferred substance (Table 45).

TABLE 44: PRIMARY SUBSTANCE OF USE FOR PATIENTS YOUNGER THAN 20 YEARS (GAUTENG)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	56	8	135	18	62	6	78	11	21	2	47	4	144	4
Cannabis	289	40	285	38	485	44	285	39	561	63	712	55	1711	49
Cannabis/Mx*	18	3	18	2	30	3	18	2	19	2	26	2	52	2
Crack/Cocaine	26	4	21	3	31	3	23	3	18	2	34	3	21	1
Heroin/Opiates**	178	25	187	25	250	24	161	22	65	7	144	11	563	16
OTC/PRE	10	1	14	2	10	1	10	1	3	<1	6	1	10	<1
Inhalants	5	1	3	<1	5	<1	4	<1	16	2	59	5	36	1
Methcathinone ('CAT')	53	7	39	5	46	4	47	6	50	6	70	5	128	4
Methamphetamine ('Tik')	82	11	51	7	142	14	92	13	140	16	202	15	758	22
TOTAL	719	100	756	100	1041	100	725	100	894	100	1300	100	3491	100

*'White pipe' or Mandrax alone
**Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

TABLE 45: MODE OF USAGE OF PRIMARY SUBSTANCE OF USE FOR PATIENTS YOUNGER THAN 20 YEARS (GAUTENG)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Swallowed	14	21	9	13	4	5	40
Snorted/Sniffed	1	7	7	9	7	10	5
Smoked	71	69	79	74	87	83	51
Injected	<1	2	4	3	1	2	3

The majority of individuals under 20 years admitted to treatment were males for all the substance use categories. Substantial reductions in admissions for females were seen for alcohol, heroin, and inhalants. Of note, no admissions for females for OTC/PRE-medicine misuse were reported for the previous period while females comprised 20% of OTC/PRE-medicine admissions in the current period (Tale 46).

TABLE 46: PRIMARY SUBSTANCE OF USE BY GENDER FOR PATIENTS YOUNGER THAN 20 YEARS (GAUTENG)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Alcohol	87	13	79	21	79	21	81	19	76	24	77	23	86	14
Cannabis	88	12	80	20	84	16	87	13	88	12	88	12	90	10
Cannabis/Mx**	94	6*	64	36	90	10*	89	11*	89	11*	81	19	85	15
Crack/Cocaine	81	19	50*	50*	84	16	87	13*	72	28	94	6*	91	9*
Heroin/Opiatesˆ	83	17	77	23	84	16	89	11	80	20	81	19	99	1
Inhalants	100	0	100*	0	80*	20*	100*	0	87	13*	59	41	72	28
OTC/PRE	70	30*	50*	50*	80	20*	80	20*	100*	0	100	0	80	20*
Methcathinone ('CAT')	81	19	100*	0	91	9*	87	13	90	10	81	19	94	6
Methamphetamine('Tik')	74	26	69	31	87	13	85	15	74	26	85	15	92	8

*N<5; **'White pipe' or Mandrax alone; ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Cannabis (34%), methamphetamine (22%), and alcohol (10%) were the most common secondary substances of use. Methamphetamine increased from 19% in 2021a to 22% in 2021b (Table 47).

TABLE 47: SECONDARY SUBSTANCE OF USE FOR PATIENTS YOUNGER THAN 20 YEARS (GAUTENG)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	N	%	n	%	n	%	n	%	n	%
Alcohol	61	13	39	14	127	20	52	14	42	11	58	12	163	10
Cannabis	153	32	78	27	226	35	117	31	114	30	188	38	559	34
Cannabis/Mandrax*	35	7	28	10	63	10	34	9	27	7	24	5	101	6
Crack/Cocaine	48	10	30	10	44	7	36	9	20	5	20	4	61	4
Heroin/Opiates**	26	6	20	7	28	4	26	7	15	4	20	4	113	7
Inhalants	8	2	3	1	3	<1	3	1	8	2	6	1	14	1
OTC/PRE	9	2	17	6	31	5	18	5	33	9	23	5	37	2
Methcathinone ('CAT')	68	14	37	13	56	9	44	12	44	12	62	13	146	9
Methamphetamine ('Tik')	59	13	34	12	63	10	42	11	74	20	91	19	365	22
Other	4	1	-	-	5	1	9	2	1	<1	0	0	93	6
TOTAL	471	100	286	100	646	100	381	100	378	100	492	100	1657	100

*'White pipe' or Mandrax alone
**Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

2C: TREATMENT CENTRES: NORTHERN REGION

MS NANCY HORNSBY

Data representing 1 657 individuals were collected from 8 treatment centres during the period January to June 2021, compared to 958 from the previous six-month period. In Mpumalanga data were collected from 1237 patients, with most data coming from SANCA Lowveld (n=651) and SANCA Witbank (n=424). In Limpopo, data were collected from 420 patients. See Table 48.

TABLE 48: NUMBER OF TREATMENT EPISODES (NORTHERN REGION)

	Mpumalanga					Limpopo				
	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	Number (n)					Number (n)				
Bread of Life	20	20	38	18	-					
Healing Wings	33	12	-	-	-					
Healing Wings (Youth)	-	7	-	-	-					
MARC (Inpatient)	97	46	70	55	94					
MARC (Outpatient)										
Nkangala Centre	-	-	-	-	30					
Pace Rehab	26	25	26	23	16					
Swartfontein	88	11	-	-	-					
SANCA Witbank	504	218	283	391	651					
SANCA Lowveld	267	154	300	217	424					
SANCA Thembisile	35	38	42	29	22					
Centre of Hope						-	-	-	-	-
Jahara Centre						11	-	-	-	-
SANCA Far North (Polokwane)						325	230	265	225	-
SANCA Limpopo						-	-	-	-	415
Seshego Centre						17	6	-	-	5
Total number in treatment	1070	531	759	733	1237	353	236	265	225	420

In Table 49 'Yes' indicates a first-time admission and 'No' indicates a repeat admission. First time admissions made the majority of admissions in both provinces. In Limpopo, the number of repeat admissions increased considerably from 1% in 2021a to 24% in 2021b.

TABLE 49: FIRST TIME ADMISSIONS (NORTHERN REGION)

	Mpumalanga					Limpopo				
	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%					%				
No	13	22	13	10	3	5	12	1	1	24
Yes	87	78	87	90	97	95	88	99	99	76

Table 50 shows that in Mpumalanga (72%) and in Limpopo (99%) most patients were treated on an outpatient basis.

TABLE 50: TYPE OF TREATMENT RECEIVED (NORTHERN REGION)

	Mpumalanga					Limpopo				
	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%					%				
Inpatient	17	42	10	7	28	10	36	-	-	1
Outpatient	83	58	90	93	72	90	64	100	100	99

The most common source of referral to specialist treatment centres in both provinces was the 'self/family/friends', 70% in Mpumalanga and 61% in Limpopo). 'Self/family/friends' referrals decreased by 13%. In Mpumalanga, the second most common referral source was 'social services' (15%) while 'work/employer' (23%) was the second leading source of referral in the Limpopo province (Table 51).

TABLE 51: REFERRAL SOURCES (NORTHERN REGION)

	Mpumalanga					Limpopo				
	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%					%				
Self/family/friends	50	66	70	70	67	65	69	81	74	61
Work/employer	12	3	11	17	5	7	4	2	5	23
Health professional (Dr/ psychiatrist/nurse	7	4	5	2	2	5	2	-	-	1*
Religious body	1	2	1	<1*	1	-	2	<1	-	<1*
Hospital/clinic	1	4	2	1	1	<1	2	-	-	1
Social services/welfare	11	12	3	4	15	5	8	6	6	2
Court/correctional services	2	2	2	1	2	1	4	-	<1*	1
School	16	7	6	5	6	16	9	11	14	11
Other e.g., radio	1	1	1	<1*	<1*	1	1	-	-	-

Males dominated access to treatment in both provinces (90% in Mpumalanga and 95% in Limpopo). In Mpumalanga, 57% of individuals in treatment were unemployed; of those unemployed, 51% had been unemployed for more than 6 months. Similarly, in Limpopo the majority of individuals (63%) had been unemployed for more than 6 months. In both provinces, a higher proportion of persons had a secondary school education. Refer to Table 52.

TABLE 52: POPULATION PROFILE (NORTHERN REGION)

	Mpumalanga					Limpopo				
	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%									
GENDER										
Male	87	91	84	88	90	93	90	92	96	95
Female	13	9	16	12	10	7	10	8	4	5
EMPLOYMENT STATUS										
Working full time	27	18	27	26	19	22	17	9	12	25
Working part time	8	2	8	4	4	7	4	-	-	-
Unemployed (<6 months)	7	9	12	9	6	6	7	1	<1	-

	Mpumalanga					Limpopo				
	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%									
Unemployed (>6 months)	32	45	35	46	51	39	45	65	61	63
Student/Apprentice/in-ternship	3	4	1	1	3	3	3	6	5	-
Pupil/learner at school	23	22	15	14	16	22	24	19	22	12
Medically boarded/Pen-sioner/Stay at home	1	1	9	1	2	1	-	-	-	-
EDUCATION LEVEL										
None	<1	<1	2	4	1	1	-	-	-	<1
Primary	5	5	4	4	5	8	3	3	2	7
Secondary	75	84	83	83	82	73	91	83	86	86
Any tertiary	14	11	10	8	12	17	6	14	12	7

The average age of persons seen by treatment centres was 28 years in Mpumalanga and 29 years in Limpopo. In Mpumalanga, there was a 5% increase in the number of persons aged 15-19 years admitted to treatment during this period. Conversely, Limpopo saw a 7% decrease in the proportion of individuals aged 15-19 years admitted to treatment (Table 53).

TABLE 53: AGE DISTRIBUTION (NORTHERN REGION)

	Mpumalanga					Limpopo				
	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%					%				
10-14	3	3	1	2	4	1	-	2	3	3
15-19	21	15	16	15	20	22	31	17	21	14
20-24	19	18	21	18	16	26	20	28	26	17
25-29	18	20	20	21	18	24	19	23	24	23
30-34	16	22	20	21	17	14	17	19	18	19
35-39	10	10	11	14	11	7	7	8	5	14
40-44	6	4	7	6	6	2	3	2	1	6
45-49	2	4	3	2	3	2	1	1	1	2
50-54	2	2	3	1	2	1	1	1	<1	3
55-59	1	2	2	1	1	<1	-	-	<1	<1
60-64	1	1	2	<1	<1	<1	-	-	-	<1
≥65	<1	1	1	<1	1	<1	-	-	-	-

In Mpumalanga 64% of individuals indicated that they had been tested for HIV of which 48% had been tested in the past 12 months. In Limpopo, 57% reported that they had been tested for HIV of which 26% had been tested in the past 12 months. The current rates, though still lower than desirable, are encouraging compared to the previous period when none of the persons admitted in Limpopo reported that they had been tested for HIV (Table 54).

TABLE 54: PRIOR HIV TESTING (NORTHERN REGION)

Tested for HIV	Mpumalanga					Limpopo				
	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%	%	%	%
Yes, in past 12 months	55	57	74	39	48	45	49	2	0	26
Yes, but not in past 12 months	-	-	-	29	16	-	-	-	0	31
No	22	34	23	31	31	19	39	4	1	43
Decline to answer	23	9	3	1	6	36	12	94	99	1

TABLE 55: PLACE OF RESIDENCE (NORTHERN REGION)

	Mpumalanga					Limpopo				
	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021*	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021*
	%	%	%	%	%	%	%	%	%	%
Limpopo	1	1	-	1		97	100	98	100	-
Mpumalanga	94	92	96	98		-	-	<1	-	-
Gauteng	3	5	3	1		2	-	<1	-	-
KwaZulu-Natal	<1	<1	<1	-		<1	-	<1	-	-
Free State	-	<1	<1	-		-	-	-	-	-
North West	1	<1	<1	-		-	-	-	-	-
Eastern Cape	<1	-	-	-		-	-	-	-	-
Northern Cape	-	-	-	<1*		-	-	<1	-	-
Western Cape	<1	1	<1	<1*		<1	-	-	-	-

*Data for province of residence was not available for the 2021b period.

In Mpumalanga, cannabis (27%) was the most common primary substance of use reported by individuals receiving treatment, followed by alcohol (26%), and heroin (20%). In Limpopo, heroin was the leading primary substance of use (56%), followed by cannabis (42%). See Table 56.

TABLE 56: PRIMARY SUBSTANCE OF USE (NORTHERN REGION)

	Mpumalanga					Limpopo				
	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%	%	%	%
Alcohol	15	15	15	13	26	16	15	14	14	-
Cannabis	41	31	32	36	27	38	31	35	39	42
Cannabis/Mandrax**	<1	2	1	1	-	1	3	-	-	1*
Crack/Cocaine	4	5	3	3	15	2	5	2	<1*	1*
Methcathinone ('CAT')	2	5	2	1	7	3	6	2	2*	-
Heroin/Opiatesˆ	32	29	42	38	20	35	27	36	34	56
Inhalants	1	1	<1	1	<1*	1	2*	3	2	-
OTC/ PRE	1	2	1	1	-	-	3	1	1*	-
Methamphetamine ('Tik')	3	9	5	5	5	5	9	8	7	-

*N < 5; **'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

When considering the mode of use of primary substances for the NR, the majority reported smoking their substance (63%). When alcohol was excluded, 78% reported smoking as their primary mode of use. Only 4% of individuals reported that they injected substances (all substance variants). The proportion of persons who injected heroin increased twofold from 6% to 12% (Table 57).

TABLE 57: MODE OF USE FOR PRIMARY SUBSTANCE (NORTHERN REGION)

	Jan-Jun 2017	Jul-Dec 2017	Jan-Jun 2018	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%	%	%	%
Swallowed	16(2)	17(2)	12(2)	19(2)	19(3)	17(2)	18(4)	16(2)	17(4)	28(11)
Snorted	9(2)	3(3)	5(2)	6(3)	8(3)	6(7)	10(12)	7(8)	4(5)	5(7)
Smoked	74(94)	79(93)	79(95)	71(93)	69(90)	75(88)	66(76)	71(84)	77(89)	63(78)
Injected	1(2)	1(2)	4(1)	4(2)	4(4)	2(3)	6(8)	5(6)	3(3)	4(4)
Injected Heroin	2	3	10	13	16	6	21	11	6	12

Figures in brackets exclude alcohol

The majority of individuals reported that they used their primary substances on a daily basis. The substances that had the highest number of patients reporting daily use was heroin/opiates (88%), and OTC/PRE (86%). Daily usage increased for all substances except OTC/PRE-medication that was not reported as a primary substance of use for this period (Table 58).

TABLE 58: PRIMARY SUBSTANCE BY FREQUENCY OF USE (NORTHERN REGION)

	Daily			2-6 days per week			Once per week or less often			Not used in the past month		
	%			%			%			%		
	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
Alcohol	42	38	42	39	42	32	15	15	18	3	5	8
Cannabis	49	35	52	32	31	19	13	28	23	6	7	7
Cannabis/Mx**	75*	67*	100*	0	33*	-	25*	0	-	0	0	-
Crack/ Cocaine	37	60	85	56	36	11	4*	4*	2*	4*	0	2*
Heroin/Opiates^	86	88	98	11	10	1*	2	2	<1*	2	<1*	1*
Methamphetamine ('Tik')	33	54	50	47	34	25	15	7*	22	5*	5*	3*
OTC/PRE	91	86	-	0	0	--	0	14*	-	9*	0	-
Methcathinone ('CAT')	26	20*	45	39	50	25	32	20*	23	5*	10*	7

*N<5; **'White pipe' or Mandrax alone
^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The average age for cannabis admissions decreased by 3% in Mpumalanga, while a 5% increase in average age for cannabis was seen in Limpopo. In Mpumalanga, the mean age for crack/cocaine, CAT, and MA decreased, while the mean age for inhalants increased. In Limpopo, the average age for cannabis and heroin at admission increased. Refer to Table 59.

TABLE 59: MEAN AGE IN YEARS, BY PRIMARY SUBSTANCE OF USE (NORTHERN REGION)

	Mpumalanga					Limpopo				
	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
Alcohol	28	31	37	36	36	28	27	31	31	-
Cannabis	28	28	24	26	23	26	24	23	23	28
Cannabis/Mandrax**	21*	24	25	28	-	29*	22	-	-	19
Crack/Cocaine	27	27	32	32	29	26	23	29	27	26
Methcathinone ('CAT')	27	30	31	31	27	23	27	25	22	-
Heroin/Opiates^	27	30	28	29	28	27	27	26	26	29
Inhalants	26	27	21*	26	31	22*	26	19	18	-
OTC/ PRE	28	35	41	43	-	-	25	42	26	-
Methamphetamine ('Tik')	28	29	29	29	25	26	25	26	25	-

*N < 5; **'White pipe' or Mandrax alone
^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

As in the previous reporting period, males outnumbered females in both provinces, except inhalants for which admissions were evenly split between males (50%) and females (50%). In Limpopo, only males were admitted for cannabis/mandrax and crack/cocaine (Table 60).

TABLE 60: PRIMARY SUBSTANCE OF USE BY GENDER (NORTHERN REGION)

	Mpumalanga								Limpopo							
	Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	%								%							
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Alcohol	85	15	75	25	79	21	85	15	94	6*	89	11*	94	6*	-	-
Cannabis	94	6	87	13	91	9	95	5	89	11	95*	5	100	-	96	4
Cannabis/Mx**	91	9	75*	25*	100	0	-	-	100	0	-	-	-	-	100*	0
Crack/ Cocaine	92	8*	74	26	79	21	91	9	91	9*	100*	0	100*	-	100*	0
Heroin/Opiates	88	12	70	30	93	7	92	8	89	11	9	3*	97	3*	93	7
Inhalants	100	0	100*	0	89	11*	50*	50*	100*	0	88	12*	80*	20*	-	-
OTC/ PRE	88	12*	25*	75	40*	60*	-	-	83	17*	33*	67*	50*	50*	-	-
Methcathinone ('CAT')	96	4*	64	36	50*	50*	89	11	86	14*	60*	40*	100*	-	-	-
Methamphetamine ('Tik')	96	4*	60	40	66	34	88	12	86	14*	75	25	75	25*	-	-

*N<5; **'White pipe' or Mandrax alone

Cannabis (26%), alcohol (20%), and heroin/opiates (18%) were the most common secondary substances of use. Admissions for cannabis decreased from 31% to 26% while alcohol admissions decreased from 32% to 20% in the current period (Table 61).

TABLE 61: SECONDARY SUBSTANCE OF USE (NORTHERN REGION)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	231	43	67	18	198	38	68	18	162	31	151	32	179	20
Cannabis	103	19	119	31	124	24	103	27	187	36	145	31	237	26
Cannabis/Mandrax*	3	1	27	7	8	2	24	6	7	1	4	1	33	4
Crack/Cocaine	56	10	41	11	59	11	47	13	40	8	39	8	101	11
Heroin/Opiatesˆ	52	10	20	5	43	8	31	8	51	10	80	17	164	18
OTC/PRE	7	1	15	4	13	3	18	5	7	1	4	1	8	1
Methcathinone ('CAT')	33	6	33	9	24	5	31	8	24	5	11	2	34	4
Methamphetamine ('Tik')	31	6	46	12	36	7	37	10	31	6	31	7	97	11
Inhalants	21	4	2	<1	10	2	1	<1	7	1	5	1	5	1
Other	5	1	10	3	5	1	16	4	2	<1	3	1	35	4
TOTAL	542	100	380	100	520	100	376	100	518	100	473	100	909	100

*'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.

The proportion of primary and secondary substances of use is shown in Table 62 below. Cannabis (59%), heroin (42%), and alcohol (35%) were the three leading substances used as both primary and secondary substances of use in Mpumalanga. Cannabis/mandrax and OTC/PRE-medicines were used as secondary substances of use only in Mpumalanga. In Limpopo, cannabis (43%) and crack/cocaine (25%) were the two main substances used as primary and secondary substances. In Limpopo, cannabis/mandrax and heroin were used as primary substances only while alcohol, CAT and MA were used as secondary substances only.

TABLE 62: PRIMARY AND SECONDARY SUBSTANCES OF USE (NORTHERN REGION)

	Mpumalanga								Limpopo							
	Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021		Jul-Dec 2019		Jan-Jun 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	132	25	260	34	237	32	385	35	52	22	52	20	44	20	113	64
Cannabis	241	45	320	42	336	46	569	59	101	43	203	77	162	72	179	43
Cannabis/Mandrax*	24	5	8	1	8	1	33	5	19	8	3	1	2	1	2	1
Crack/Cocaine	59	11	59	8	53	7	248	23	24	10	8	3	11	5	47	25
Methcathinone ('CAT')	49	9	36	5	15	2	113	11	22	9	8	3	6	3	1	1
Heroin/Opiatesˆ	176	33	347	46	333	45	405	42	72	31	115	43	104	46	237	56
Inhalants	7	1	5	<1	12	2	9	1	5	2	12	5	7	3	-	-
OTC/ PRE	13	2	15	2	9	1	8	1	12	5	3	1	2	1*	-	-
Methamphetamine ('Tik')	74	14	52	7	48	7	153	10	32	14	34	13	37	16	8	5

*'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

In Mpumalanga, the majority of individuals receiving treatment reported using more than one substance (59%), while in Limpopo, most individuals reported using a single substance only (58%) (Table 63).

TABLE 63: POLYSUBSTANCE USE (NORTHERN REGION)

	Mpumalanga				Limpopo			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%			
Primary substance only	49	55	56	41	56	49	33	58
Primary +2nd substance	51	45	44	59	44	51	67	42
Total no. of patients	531	759	733	1237	236	265	225	420

During this period, the most common source of payment for treatment of substance use in Mpumalanga was the 'state' (34%), followed by 'family/friends' (27%), and 'self' (16%). In Limpopo province, 'self' was the leading source of payment (48%), followed by state (30%), and 'family/friends' (22%); no funding was reported from the other sources for this period (Table 64).

TABLE 64: SOURCE OF PAYMENT (NORTHERN REGION)

	Mpumalanga					Limpopo				
	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%	%	%	%
State	24	38	21	20	34	19	37	11	16	30
Medical aid	3	12	2	2	7	2	10	-	-	-
Family/Friends	44	25	42	37	27	44	22	77	73	22
Employer	4	1	2	3	2	4	1	2	2	-
Self	25	10	31	37	16	22	11	8	9	48
Unknown	<1	14	1	1	12	8	18	2	-	-
Other	<1	-	<1	<1	2	-	-	-	-	-

DATA FOR PATIENTS YOUNGER THAN 20 YEARS

Table 65 below shows the gender profile of individuals younger than 20 years in Mpumalanga and Limpopo.

TABLE 65: GENDER PROFILE OF INDIVIDUALS YOUNGER THAN 20 YEARS (NORTHERN REGION)

	Mpumalanga					Limpopo				
	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021
	%									
GENDER										
Male	90	90	98	87	92	95	95	92	82	87
Female	10	10	2	13	8	5	5	8	18	13

The most common source of referral to specialist treatment centres in both provinces was 'self/family/friends', with 47% in Mpumalanga and 29% in Limpopo. Referrals for 'self/family/friends' decreased in both provinces (an 8% decrease in Mpumalanga and a 19% decrease in Limpopo). The second most common source of referral was 'school' in both Mpumalanga (21%) and Limpopo (66%). See Table 66.

TABLE 66: REFERRAL SOURCES FOR PATIENTS YOUNGER THAN 20 YEARS (NORTHERN REGION)

	Mpumalanga					Limpopo				
	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%					%				
Self/family/friends	57	54	58	55	47	64	66	56	48	29
Work/employer	6	-	2	2*	-	6	3	-	-	2*
Health professional (Dr/ psychiatrist/nurse	2	5	2	2*	<1*	-	-	-	-	2*
Religious body	1	1	-	-	1*	-	-	-	-	2*
Hospital/clinic	-	4	1	-	2	-	4	-	-	-
Social services/welfare	10	20	7	9	27	4	10	8	2*	-
Court/correctional services	2	1	1	1*	<1*	-	4	-	-	-
School	22	13	28	30	21	27	14	36	50	66
Other e.g., radio	-	2	-	-	<1*	-	-	-	-	-

*N<5

Cannabis and heroin were the leading primary substances of use in both Mpumalanga and Limpopo provinces. Heroin/ opiates showed a decrease in Mpumalanga. In contrast, in Limpopo, an increase from 9% in the previous period to 13% for heroin was noted in the current period and an increase from 61% in the preceding period to 81% in this period (Table 67).

TABLE 67: PRIMARY SUBSTANCE OF USE FOR PATIENTS YOUNGER THAN 20 YEARS (NORTHERN REGION)

	Mpumalanga					Limpopo				
	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%									
Alcohol	15	11	3	5	14	12	12	2	7*	-
Cannabis	39	50	80	81	50	37	36	60	61	81
Cannabis/Mandrax*	<1	3	1	1*	-	1	4	-	-	3*
Crack/ Cocaine	5	5	-	-	9	1	7	2	-	3*
Heroin/Opiatesˆ	32	17	15	8	18	35	23	14	9	13
OTC/ PRE	<1	2	-	-	-	-	1	-	2*	-
Methcathinone ('CAT')	3	1	-	-	4	3	5	2	4*	-
Inhalants	1	2	1	3*	1	4	-	8	7*	-
Methamphetamine ('Tik')	4	7	4	2*	5	6	11	12	9	-
TOTAL (n)	262	96	127	123	299	83	73	50	54	68

*'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Among individuals aged younger than 20 years, males were also the predominant gender accessing treatment compared to females in both provinces. In Limpopo, the gap between males (67%) and females (33%) was smaller for heroin compared to other substances (Table 68).

TABLE 68: PRIMARY SUBSTANCE OF USE BY GENDER FOR PATIENTS YOUNGER THAN 20 YEARS (NORTHERN REGION)

	Mpumalanga								Limpopo							
	Jan-Jun 2020		Jul-Dec 2020		Jan-Jul 2021		Jul-Dec 2021		Jul-Dec 2019		Jan-Jun 2020		Jan-Jun 2021		Jul-Dec 2021	
	%		%		%		%		%		%		%		%	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Alcohol	100	0	100*	0	33*	67*	86	14	89	11*	100*	0	100*	0	-	-
Cannabis	98	2*	89	11	87	13	91	9	92	8*	90	10*	100	0	89	11
Cannabis/Mx**	100*	0	0	100*	100*	-	-	-	100*	0	-	-	-	-	100*	0
Crack/ Cocaine	100	0	-	-	-	-	92	8*	80*	20*	100*	0	-	-	100*	0
Heroin/Opiatesˆ	100	0	84	16	90	10*	96	4*	88	12*	100	0	100	0	67	33*
Inhalants	100*	0	100*	0	75*	25*	100*	0	-	-	75*	25*	75*	25*	-	-
OTC/ PRE	100*	0	-	-	-	-	-	-	100*	0	-	-	100*	0	-	-
Methcathinone ('CAT')	100*	0	-	-	-	-	100	0	100*	0	0	100*	-	-	-	-
Methamphetamine ('Tik')	100	0	60*	40*	50*	50*	100	0	100	0	33*	67	100	-	-	-

*N<5; **'White pipe' or Mandrax alone

ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

2D: TREATMENT CENTRES: EASTERN CAPE

MS NANCY HORNSBY & MR ROGER WEIMANN

Data was collected from four (4) specialist treatment centres. A total of 489 individuals were treated across these treatment centres for the January to June 2021 reporting period, increasing by 103 cases since the last period. The majority of patients were treated at SANCA Central Eastern Cape (81%) during this period (Table 69).

TABLE 69: PROPORTION OF TREATMENT EPISODES (EASTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Ernest Malgas	6	6	4	4	9	4	4
Hunters Craig	20	13	-	-	-	-	-
Mooiuitzicht	1	-	-	-	-	-	-
NICRO	2	-	-	-	-	-	-
SANCA CEC	41	55	63	70	74	67	81
Shepherd's Field	8	3	2	-	-	-	-
Step Away	13	13	16	12	11	17	8
Welbedacht	9	9	15	14	6	12	7
Total no of persons treated	450	475	336	215	448	386	489

The majority of admissions were first-time admissions (93%). Rates remained fairly consistent over the last two reporting periods (Table 70).

TABLE 70: FIRST-TIME ADMISSIONS (EASTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Yes	87	81	91	84	89	91	93
No	13	19	9	16	11	9	7

During the current period, the majority of persons were treated on an outpatient basis (65%) compared to the previous period when most were treated as inpatients (Table 71).

TABLE 71: TYPE OF TREATMENT RECEIVED (EASTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Inpatient	68	61	53	47	55	48	35
Outpatient	32	39	47	53	45	52	65

Most referrals were from 'self/family/friends' (76%), indicating a 4% increase from the previous period. This was followed by referrals from 'work/employer' (9%), and 'school' (6%) (Table 72).

TABLE 72: REFERRAL SOURCES (EASTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Self/family/friends	49	56	68	62	71	72	76
Work/employer	9	8	14	7	5	7	9
Doctor/psychiatrist/nurse (health professional)	24	17	4	6	5	6	2
Religious body	<1	1	-	1	<1	1	-
Hospital/clinic	2	<1	1	1	2	2	2
Social services/welfare	9	11	8	10	13	9	5
Court/correctional services/police/lawyer	3	<1	-	7	1	1	<1
School	4	7	3	1	2	3	6
Other e.g., radio, children's home, adverts	<1	-	-	2	<1	-	1

The table below depicts the population profile of service users attending treatment centres in the Eastern Cape in the second half of 2021. Males remain the most prominent gender accessing treatment (81%). The proportion of those who were unemployed remained stable since the latest reporting period (37% in 2021a versus 36% in 2021b). Of those who were unemployed, 33% indicated that they had been unemployed for more than 6 months. See Table 73.

TABLE 73: POPULATION PROFILE (EASTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
GENDER							
Male	78	84	81	86	81	84	81
Female	22	16	19	14	19	16	19
EMPLOYMENT STATUS							
Working full-time	38	34	34	26	20	25	26
Working Part-time	2	1	2	2	2	4	4
Unemployed (< 6 months)	6	7	7	7	8	8	3
Unemployed (> 6 months)	27	35	23	33	35	29	33
Student/apprentice/ internship	5	3	6	4	6	6	6
School/learner at school	18	17	26	27	28	26	27
Medically boarded/ Pensioner/Stay at home	3	3	2	<1	1	1	1

Individuals aged between 15 and 24 years comprised 59% of all admissions for the period. More specifically, persons aged 15-19 years made up the majority of admissions (24%), followed by those aged 20-24 years (19%), and 25-29 years (16%) (Table 74).

TABLE 74: AGE DISTRIBUTION (EASTERN CAPE)

Years	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
10-14	-	-	15	3	20	6	9	4	28	6	11	3	14	3
15-19	30	7	109	22	78	23	41	19	112	26	94	24	110	24
20-24	94	21	69	15	45	13	40	19	85	20	77	20	87	19
25-29	63	14	67	14	46	14	34	16	63	15	56	15	76	16
30-34	60	13	65	14	27	8	21	10	54	12	34	9	54	12
35-39	69	15	39	8	36	11	35	16	44	10	45	12	56	12
40-44	42	9	42	9	27	8	15	7	25	6	21	5	39	8
45-49	25	6	36	8	27	8	6	3	12	3	26	7	13	3
50-54	27	6	13	3	17	5	7	3	15	3	13	3	12	3
55-59	21	5	14	3	8	2	3	1	4	1	5	1	3	1
60-64	12	3	3	<1	4	1	3	1	5	1	3	1	3	1
65+	7	2	3	<1	1	<1	1	<1	1	<1	1	<1	2	<1

Half of the individuals admitted to treatment reported that they had not been tested for HIV while half responded that they had been tested for HIV. Of those who had been tested, 42% reported that they had been tested in the past 12 months (Table 75).

TABLE 75: PRIOR HIV TESTING (EASTERN CAPE)

Tested for HIV	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%
Yes, in past 12 months	57	52	62	45	43	42
Yes, but not in past 12 months	-	-	-	-	8	8
No	38	47	36	54	48	50
Decline to answer	5	1	2	1	1	1

TABLE 76: PLACE OF RESIDENCE (EASTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021*	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
PROVINCES														
Eastern Cape	440	98	470	98	329	98	215	100	444	99	381	99	-	-
Mpumalanga	-	-	1	<1	2	1	-	-	-	-	-	-	-	-
Limpopo	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North-West	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Northern Cape	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Western Cape	7	2	-	-	1	<1	-	-	1	<1	2	1	-	-
Free State	1	<1	1	<1	1	<1	-	-	-	-	-	-	-	-
KwaZulu-Natal	-	-	1	<1	2	1	-	-	-	-	1	<1	-	-
Gauteng	2	<1	2	<1	1	<1	-	-	-	-	2	1	-	-
OTHER COUNTRIES	-	-	-	-	-	-	-	-	3	1	-	-	-	-
Total number on whom information was available	450	100	475	100	336	100	215	100	448	100	386	100	-	-

*Data for province of residence was not available for the 2021b period.

Consistent with the previous period, the most common primary substance of use during the 2021b period was methamphetamine (38%),alcohol (28%) and cannabis (25%). Cannabis use increased by 3% from the previous period (Table 77).

TABLE 77: PRIMARY SUBSTANCE OF USE (EASTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Alcohol	34	26	38	21	21	27	28
Cannabis	22	23	22	30	26	22	25
Cannabis/Mandrax**	6	3	4	1	5	5	4
Crack/Cocaine	3	3	2	3	5	4	4
OTC/PRE	4	4	4	3	2	3	1
Heroin/Opiates^	2	18	1	18	2	2	1*
Inhalants	1	-	1	1	1	-	<1*
Methamphetamine ('Tik')	26	21	26	17	37	36	38
Methcathinone ('CAT')	<1	1	-	4	1	1*	-

*N<5; **'White pipe' or Mandrax alone
^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Smoking remained the most common mode of use (66%) (Table 78).

TABLE 78: MODE OF USE FOR PRIMARY SUBSTANCE (EASTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Swallowed	173	38	141	30	142	42	57	27	105	23	115	30	142	30
Smoked	256	57	305	64	183	54	151	56	319	71	248	64	309	66
Snorted/Sniffed	19	4	16	3	10	3	18	8	21	5	20	5	16	3
Injected	2	<1	13	3	1	<1	19	9	3	1	3	1	2	<1

Most individuals attending substance use treatment centres used their primary substance 2 to 6 days per week (45%) as opposed to the previous period when most individuals used their main substance on a daily basis (51%). Refer to Table 79.

TABLE 79: FREQUENCY OF USE FOR PRIMARY SUBSTANCE (EASTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Daily	64	66	56	76	54	51	38
2-6 days per week	28	27	29	18	35	38	45
Once a week or less	5	6	10	6	6	7	11
Not used in past month	4	1	5	-	4	4	6

The overall mean age of the patients in treatment remained unchanged from the previous period at 28 years. Cannabis accounted for the youngest individuals admitted to treatment (Mean age: 19 years) (Table 80).

TABLE 80: MEAN AGE (IN YEARS) BY PRIMARY SUBSTANCE (EASTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
Alcohol	40	38	31	37	39	41	28
Cannabis	20	25	26	27	19	21	19
Cannabis/Mandrax**	25	32	28	26	30	30	32
Crack/Cocaine	31	33	29	27	30	28	35
OTC/PRE	41	39	30	34	35	33	37
Heroin/Opiates^	29	25	27	28	30	29	45*
Methamphetamine ('Tik')	24	26	28	27	25	23	24
Methcathinone ('CAT')	43*	27*	27	20	34*	25*	-

*N<5; **'White pipe' or Mandrax alone
^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Generally, male patients continue to have more access to treatment compared to females across most substances. However, for OTC/PRE-medication use, more females (60%) compared to males (40%) were admitted to treatment for this period. For inhalants, only females were admitted to treatment during 2021b (Table 81).

TABLE 81: PRIMARY SUBSTANCE OF USE BY GENDER (EASTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Alcohol	70	30	75	25	84	16	76	24	72	28	78	22	79	21
Cannabis/Mandrax**	96	4	93	7*	71	29*	100*	0	100	0	100	0	78	22
Cannabis	81	19	95	5	73	27	86	14	81	19	94	6	94	6*
Crack/Cocaine	93	7	88	12*	100	0	71	29*	81	19*	94	6*	79	21*
OTC/PRE	11*	89	22*	78	73	27*	100	0	33*	67	30*	70	40*	60*
Heroin/Opiates^	100	0	93	7	60*	40*	87	15	88	12*	78	22*	100	0
Inhalants	100	0	-	-	100*	0	100*	0	100*	0	-	-	0	100*
Methamphetamine ('Tik')	86	14	85	15	83	17	89	11*	86	14	84	16	86	14
Methcathinone ('CAT')	100*	0	100*	0	-	-	100	0	100*	0	33*	66*	-	-

*N<5; **'White pipe' or Mandrax alone
^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The most common secondary substance of use was cannabis (36%), followed by alcohol (20%), and MA (19%). Cannabis/mandrax as secondary substance of use increased from 29% in 2021a to 36% in 2021b (Table 82).

TABLE 82: SECONDARY SUBSTANCE OF USE (EASTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	67	31	20	10	35	22	9	9	51	18	44	18	60	20
Cannabis	49	22	107	51	62	39	38	37	84	29	71	29	111	36
Cannabis/Mandrax*	32	15	31	15	23	14	9	9	72	25	47	19	49	16
Crack/ Cocaine	9	4	6	3	7	4	15	15	21	7	18	7	14	5
OTC/PRE	5	2	16	8	6	4	5	5	4	1	4	2	6	2
Heroin/Opiatesˆ	2	1	8	4	2	1	2	2	2	<1	-	-	-	-
Methamphetamine ('Tik')	43	20	12	6	22	14	17	17	49	17	52	21	57	19
Methcathinone ('CAT')	3	1	6	3	2	1	6	6	3	1	3	1	2	1
Other	6	2	2	1	2	1	2	2	1	<1	4	2	4	1
TOTAL	216	100	208	100	160	100	103	100	287	100	244	100	306	100

*'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

For the current reporting period, cannabis (61%), MA (57%), and alcohol (57%), were the most common primary and secondary substances of use in this region. A notable increase was seen for cannabis as primary and secondary substance of use from 40% in 2021a to 61% in 2021b. Heroin was used as a primary substance only while CAT and Other drug combinations were used as secondary substances of use only. See Table 83.

TABLE 83: PRIMARY AND SECONDARY SUBSTANCE OF USE (EASTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	220	49	145	31	160	48	55	26	157	35	147	38	195	47
Cannabis	147	33	216	45	137	41	102	47	202	45	156	40	231	61
Cannabis/Mandrax*	59	6	46	10	37	11	12	6	95	21	67	17	67	20
Crack/Cocaine	24	5	22	5	15	4	22	10	42	9	34	9	33	9
Heroin/Opiatesˆ	13	3	95	20	7	2	41	19	10	2	9	2	4	1
OTC/PRE	24	5	34	7	21	6	9	4	13	3	14	4	11	3
Methcathinone ('CAT')	4	1	10	2	2	1	14	7	6	1	6	2	2	1
Methamphetamine ('Tik')	159	35	111	23	110	33	53	25	216	48	192	50	242	57
Other	18	4	4	1	7	2	6	3	4	1	5	1	4	1

*'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The majority of individuals (63%) reported using more than one substance, with rates remaining unchanged since the previous reporting period (Table 84).

TABLE 84: POLYSUBSTANCE USE (EASTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Primary substance only	235	52	267	56	176	52	112	52	116	36	142	37	183	37
Primary +2nd substance	223	48	208	44	160	48	103	48	287	64	244	63	306	63
Total no. of patients	450	100	475	100	336	100	215	100	448	100	386	100	489	100

'Family/friends' (40%) and 'medical aid' (29%) were the most common sources of payment for treatment in the Eastern Cape region (Table 85).

TABLE 85: SOURCE OF PAYMENT (EASTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Self	6	5	10	9	8	5	9
Medical Aid	45	38	36	28	24	35	29
Family/friends	22	18	35	11	30	35	40
Employer	3	2	3	1	2	2	2
State	22	36	13	47	25	13	8
Unknown	2	1	4	7	11	10	12
Other	-	1	<1	-	-	<1	-

DATA ON PATIENTS YOUNGER THAN 20 YEARS

The majority of individuals younger than 20 years were male (86%), with rates remaining constant over the last two reporting periods (Table 86).

TABLE 86: GENDER PROFILE OF PATIENTS YOUNGER THAN 20 YEARS (EASTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
GENDER							
Male	81	93	85	90	81	86	86
Female	19	7	14	10	19	14	14

Referral for individuals aged younger than 20 years were made from four referral sources during the 2021b reporting period. A higher proportion of service users aged <20 years were referred to treatment centres by 'self/family/friends' (72%); this proportion increased by 7% from the previous period. This was followed by referrals from 'social services/ welfare' (22%), doubling since the 2021a period (Table 87).

TABLE 87: REFERRAL SOURCES FOR PATIENTS YOUNGER THAN 20 YEARS (EASTERN CAPE)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Self/Family/Friends	46	40	67	50	61	65	72
Work/Employer	1	2	-	2	-	-	-
Health professional	15	6	1	2	-	-	-
Religious body	-	-	-	-	-	-	-
Hospital/Clinic	2	-	1	-	1	1*	-
Social Services/Welfare	22	27	21	30	32	24	5
Court/Correctional services	1	1	-	2	-	-	-
School	14	31	9	4	6	11	22
Other	-	-	-	-	-	-	2*

*N<5

Only three (3) substances were reported as primary substances of use. Cannabis (58%) was the leading primary substance of use followed by MA (39%). Cannabis use increased from 51% in the previous period to 58% in the current review period while MA decreased from 43% previously to 39% in this period (Table 88).

TABLE 88: PRIMARY SUBSTANCE OF USE OF PATIENTS YOUNGER THAN 20 YEARS (EASTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	5	4	10	8	67	68	6	12	2	1	1	1	4	3
Cannabis	65	52	41	33	24	24	22	44	83	59	53	51	71	58
Cannabis/Mandrax*	4	3	3	2	-	-	1	2	1	1	1	1	-	-
Crack/Cocaine	-	-	-	-	1	1	2	4	-	-	2	2	-	-
Heroin/Opiatesˆ	-	-	43	35	-	-	8	16	1	1	1	1	-	-
OTC/PRE	1	1	1	1	3	3	-	-	-	-	1	1	-	-
Methamphetamine ('Tik')	42	34	25	20	3	3	7	14	50	36	45	43	47	39
Methcathinone ('CAT')	-	-	1	1	-	-	4	8	-	-	1	1	-	-
TOTAL	124	100	124	100	98	100	50	100	140	100	105	100	124	100

*'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Smoking was the most common route of administration for persons <20 years (92%). No service users reported snorting/sniffing or injecting their drugs (Table 89).

TABLE 89: MODE OF USE FOR PRIMARY SUBSTANCE FOR INDIVIDUALS <20 YEARS (EASTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Swallowed	7	6	11	9	70	71	6	12	2	1	2	2	10	8
Smoked	111	90	105	85	27	28	35	70	133	95	99	94	114	92
Snorted/Sniffed	6	4	1	1	1	1	6	12	5	4	4	4	-	-
Injected	-	-	7	6	-	-	3	6	-	-	-	-	-	-

The majority of persons under 20 years who were admitted to treatment were male except for alcohol where admissions were evenly split among males and females (Table 90).

TABLE 90: PRIMARY OF USE BY GENDER FOR INDIVIDUALS YOUNGER THAN 20 YEARS (EASTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Alcohol	60*	40*	80	20*	88	12	83*	17*	100*	0	100*	0	50	50
Cannabis	80	20	100	0	75	25	91	9*	77	23	94	6*	80	20
Cannabis/Mandrax**	100*	0	100*	0	-	-	100*	0	100*	0	100*	0	-	-
Crack/Cocaine	-	-	-	-	100*	0	100*	0	-	-	100*	0	-	-
OTC/PRE	0	100*	100*	0	100*	0	-	-	-	-	0	100*	-	-
Heroin/Opiates^	-	-	91	9	-	-	89	11*	100*	0	100*	0	-	-
Inhalants	100	0	-	-	-	-	-	-	100*	0	-	-	-	-
Methamphetamine ('Tik')	81	19	88	12*	100*	0	84	14*	84	16	76	24	96	4
Methcathinone ('CAT')	-	-	100*	0	-	-	100*	0	-	-	100*	0	-	-

*N<5; **'White pipe' or Mandrax alone
^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Cannabis was the most common secondary substance of use among service users aged <20 years (36%), followed closely by alcohol (35%). Cannabis misuse saw a decrease from 42% in the previous period to 36% in the current period, while alcohol increased from 17% to 35% (Table 91).

TABLE 91: SECONDARY SUBSTANCE OF USE FOR INDIVIDUALS <20 YEARS (EASTERN CAPE)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	N	%	n	%	n	%	n	%	n	%
Alcohol	23	19	3	2	7	7	2	4	20	21	14	17	29	35
Cannabis	23	19	36	29	15	15	6	12	34	36	35	42	30	36
Cannabis/Mandrax*	8	6	3	2	1	1	1	2	13	14	6	7	8	10
Crack/Cocaine	-	-	3	2	3	3	8	16	4	4	2	2	-	-
Heroin/Opiates**	-	-	4	3	-	-	-	-	-	-	-	-	-	-
Inhalants	2	2	-	-	-	-	-	-	1	1	1	1	-	-
OTC/PRE	-	-	1	1	2	2	1	2	-	-	-	-	1	1
Methcathinone ('CAT')	1	1	4	3	-	-	-	-	-	-	2	2	-	-
Methamphetamine ('Tik')	21	17	4	3	6	6	6	12	22	23	19	23	14	17
Other	2	2	-	-	-	-	1	2	-	-	4	5	1	7
TOTAL	124	100	124	100	98	100	50	100	94	100	83	100	124	100

*White pipe' or Mandrax alone
** Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin

2E: TREATMENT CENTRES: KWAZULU-NATAL

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Data was collected from 12 specialist treatment centres. A total of 1147 individuals were treated across these treatment centres for the July to December 2021 reporting period, increasing from 723 cases in the previous period. The majority of patients were treated at SANCA Zululand (28%) (Table 92).

TABLE 92: PROPORTION OF TREATMENT EPISODES (KZN)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
AKESO Umhlanga	3	-	-	-	-	-	-
ARCA	7	4	-	4	-	-	<1
Anti-Drug Forum	1	15	9	15	-	-	2
Careline Crisis & Trauma Centre	-	2	2	2	2	2	-
Harmony Retreat	2	1	3	1	3	-	1
Madadeni Centre	-	-	-	-	-	-	4
Newlands Park Centre	15	16	14	16	6	8	1
Riverview Manor	-	3	6	3	5	4	6
SANCA Durban (In/Out)	22	23	26	23	18	14	15
SANCA Newcastle	3	2	5	2	-	6	12
SANCA Nongoma	2	1	1	1	2	2	1
SANCA Pietermaritzburg	24	19	13	19	24	18	20
SANCA Zululand	20	14	19	14	22	21	28
Serenity Addictions	-	-	-	-	17	25	13
Total persons treated over all centres	993	1291	980	1291	726	723	1147

A higher proportion of service users were first-time admissions (94%). The number of first-time admissions increased by 13% over the last two reporting periods (Table 93).

TABLE 93: FIRST-TIME ADMISSIONS (KZN)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%	%
Yes	85	86	79	82	76	82	81	94
No	15	14	21	18	24	18	19	6

Most individuals were treated on an outpatient basis (86%) in contrast to the previous period when the majority were treated as inpatients (53%) (Table 94).

TABLE 94: TYPE OF TREATMENT RECEIVED (KZN)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Inpatient	35	32	39	36	45	53	14
Outpatient	65	68	61	64	55	47	86

'Self/family/friends (64%) remained the most common source of referral for this reporting period. This was followed by 'school' (15%), and 'employer/work' (11%). School referrals increased from 4% in the preceding period to 15% in the current period, indicating a concerning trend that more school-aged children are accessing treatment for substance misuse. Refer to Table 95.

TABLE 95: REFERRAL SOURCES (KZN)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2020	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%						
Self/Family/Friends	48	42	46	59	57	61	64
Social Service/ Welfare	16	15	18	13	10	9	5
Employer/Work	12	8	5	4	13	11	11
Court/Correctional Services	2	1	4	1	4	2	<1
Health Professionals	8	3	6	3	9	6	4
Hospital/Clinic	2	3	2	-	5	4	1
School	11	27	18	17	4	4	15
Religious Group	<1	1	1	<1	-	1	<1
Other	-	1	<1	1	1	2	<1

Males (91%) comprised the largest group accessing specialist treatment for the period July to December 2021. Half of the individuals were unemployed of which 47% had been unemployed for at least 6 months or more. Level of education remained consistent with previous periods with most individuals having a secondary school education (78%) (Table 96).

TABLE 96: POPULATION PROFILE OF INDIVIDUALS (KZN)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%						
GENDER							
Male	86	85	85	85	85	87	91
Female	14	15	15	15	15	13	9
EMPLOYMENT STATUS							
Employed (full-time)	30	18	19	17	37	36	26
Employed (part-time)	5	6	4	3	2	4	2
Unemployed (< 6 months)	12	10	11	7	8	10	3
Unemployed (> 6 months)	24	33	37	36	31	32	47
Student/apprentice/ Internship	3	2	2	2	5	4	2
Pupil/learner at school	24	31	26	33	14	12	19
Medically unfit/House-wife/Pensioner	1	1	1	<1	2	2	<1
EDUCATION LEVEL							
None	1	1	4	1	2	<1	<1
Primary	4	6	4	4	3	2	6
Secondary	69	73	73	80	73	79	78
Tertiary	20	14	19	15	22	17	16

Twenty-three percent (23%) of the population in treatment were younger than 20 years, increasing from 13% in the previous period (Table 97).

TABLE 97: AGE DISTRIBUTION OF THE TREATMENT POPULATION (KZN)

AGE (Years)	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
10-19	27	38	30	38	15	13	23
20-24	17	15	13	15	19	20	18
25-29	18	15	17	15	21	19	19
30-34	17	11	16	11	18	16	17
35-39	10	8	12	8	11	15	11
40-44	5	4	5	4	8	8	7
45-49	3	4	4	4	4	5	3
50-54	3	2	1	2	3	2	2
55+	2	2	3	2	3	3	1

Forty-three percent (43%) of individuals reported that they had been tested for HIV. The proportion of individuals indicating that they had been tested in the past 12 months decreased by 17%. The number of persons who declined to answer increased from 4% in 2021a to 33% in 2021b (Table 98).

TABLE 98: PRIOR HIV TESTING (KZN)

Tested for HIV	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%
Yes, in past 12 months	55	58	50	68	48	31
Yes, but not in past 12 months	-	-	-	-	16	12
No	30	28	35	30	32	24
Decline to answer	15	14	15	2	4	33

TABLE 99: PLACE OF RESIDENCE (KZN)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021*	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
PROVINCES														
KwaZulu-Natal	982	99	1268	98	935	95	550	97	688	95	703	97	-	-
Mpumalanga	-	-	-	-	-	-	-	-	-	-	1	<1	-	-
Limpopo	-	-	-	-	-	-	1	<1	-	-	-	-	-	-
North West	-	-	1	<1	-	-	-	-	-	-	-	-	-	-
Northern Cape	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Western Cape	1	<1	3	<1	7	1	1	<1	19	3	2	<1	-	-
Free State	-	-	1	<1	2	<1	1	<1	-	-	-	-	-	-
Eastern Cape	7	1	12	1	16	2	4	1	12	2	10	1	-	-
Gauteng	3	<1	5	<1	20	2	7	1	7	1	7	1	-	-
OTHER COUNTRIES	-	-	1	<1	-	-	-	-	-	-	-	-	1	<1
Total number on whom information was available	993	100	1291	100	980	100	565	100	726	100	723	100	-	-

*Data for province of residence was not available for the 2021b period.

Cannabis (33%), heroin/opiates (29%), alcohol and crack/cocaine (12% respectively) were the most commonly used primary substances among people in treatment during this period. Cannabis admissions saw a 1% increase while admissions for alcohol decreased by 21%. Heroin use increased from 23% in the previous period to 29% in the current period. See Table 100.

TABLE 100: PRIMARY SUBSTANCE OF USE (KZN)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%						
Alcohol	29	13	14	14	34	33	12
Cannabis	29	40	34	35	26	23	33
Cannabis/Mandrax*	2	2	2	2	2	2	1
Crack/Cocaine	8	4	5	6	14	13	12
OTC/ PRE	2	3	3	3	4	3	3
Heroin/Opiates ('Sugars')**	26	31	27	25	20	23	29
Inhalants	<1	<1	<1	1	<1	-	<1
Methcathinone ('CAT')	<1	3	3	4	<1	1	1
Methamphetamine ('Tik')	1	4	9	9	1	2	8

*White pipe' or Mandrax alone
**Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Seventy percent (70%) of individuals reported swallowing as their mode of substance use, increasing from 53% in the previous period. Only 1% indicated that they injected substances (all substance variants). The proportion of patients who specifically injected heroin decreased from 7% in the preceding period to 2% in the current review period (Table 101).

TABLE 101: MODE OF USE (KZN)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Swallowed	33	17	18	19	37	34	17
Smoked	60	75	71	66	51	53	70
Snorted	1	2	3	8	10	10	12
Injected	7	6	7	7	1	2	1
Injected Heroin	4	7	14	27	8	7	2

Most individuals attending substance use treatment centres used their primary substance of use daily (52%). The rate for daily use increased from 45% in the January to June 2021 period to 52% in the July to December 2021 review period (Table 102).

TABLE 102: FREQUENCY OF USE FOR PRIMARY SUBSTANCE (KZN)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Daily	67	72	64	71	67	45	52
2-6 days per week	18	16	21	19	21	22	32
Once a week or less	11	9	9	7	8	25	14
Not used in past month	4	3	5	4	3	8	2

The mean age of patients in treatment across substances was 28 years, decreasing marginally from 31% in the last period. Average age by primary substance of use remained largely the same except for alcohol which decreased from 38 years to 35 years, crack/cocaine which decreased from 34% to 30%, and OTC/PRE-medicine which decreased from 27% to 25%. The average age for heroin increased from 27 years to 29 years (Table 103).

TABLE 103: MEAN AGE (IN YEARS) BY PRIMARY SUBSTANCE OF USE (KZN)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
Alcohol	27	26	33	32	31	38	35
Cannabis	26	26	25	26	30	23	24
Cannabis/Mandrax*	30	26	26	26	33	29	28
Crack/Cocaine	32	25	30	31	30	34	30
OTC/PRE	24	28	37	30	33	27	25
Heroin/Opiates ('Sugars') ^	28	26	27	29	30	27	29
Inhalants	25	27	15*	22	40*	-	30
Methcathinone ('CAT')	30	24	29	26	36	27	27
Methamphetamine ('Tik')	28	28	25	25	24	28	27
Overall mean age	28	26	28	28	30	31	28

*White pipe' or Mandrax alone
**Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Males predominated across all primary substances compared to females. Only males were admitted to treatment for ecstasy and inhalant misuse (Table 104).

TABLE 104: PRIMARY SUBSTANCE OF USE BY GENDER (KZN)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	%		%		%		%		%		%		%	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Alcohol	82	18	85	15	82	18	83	17	85	15	79	21	91	9
Cannabis	89	11	84	16	88	12	85	15	84	16	92	8	93	7
Cannabis/ Mandrax**	88	12*	96	4*	91	9*	83	17*	83	17*	100	0	91	9*
Crack/Cocaine	89	11	96	4*	75	25	94	6*	86	14	91	9	87	13
Ecstasy	100*	0	50*	50*	67*	33*	100*	0	100*	0	100	0	100*	0
OTC/PRE	67	33	86	14	41	59	71	29	85	15*	78	22*	81	19
Heroin/Opiates ('Sugars')^	87	13	83	17	85	15	87	13	85	15	92	8	91	9
Inhalants	100*	0	100	0	0	100*	100	0	100*	0	-	-	100*	0
Methcathinone ('CAT')	100*	0	91	9*	97	3*	83	17*	67*	33*	67	33*	75	25*
Methamphetamine ('Tik')	100	0	80	20	90	9	87	13	100	0	80	20*	89	11

*N < 5; **'White pipe' or Mandrax alone
^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The substances most used as a secondary drug, as reported by the treatment population, were cannabis (31%), alcohol (22%), and crack/cocaine (14%). Cannabis use remained stable across the last two reporting periods while alcohol use increased by 4%, and crack/cocaine decreased by 10% (Table 105).

TABLE 105: SECONDARY SUBSTANCE OF USE (KZN)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%						
Alcohol	13	22	18	15	12	18	22
Cannabis	18	26	28	30	15	31	31
Cannabis/Mandrax*	3	9	7	7	3	7	3
Crack/Cocaine	8	17	18	17	13	24	14
Heroin ('Sugars')**	1	9	8	4	3	4	10
Ecstasy	1	1	<1	<1	1	1	1
OTC/PRE	4	4	7	6	5	9	4
Methamphetamine ('Tik')	1	6	7	8	1	3	13
Inhalants	<1	<1	<1	1	<1	-	-
Methcathinone ('CAT')	1	5	4	9	1	2	3
Other	2	1	1	2	<1	-	<1

*'White pipe' or Mandrax alone
**Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

During the current reporting period, cannabis (64%) was mostly used as a primary and secondary substance, followed by heroin (39%), alcohol (34%), and crack/cocaine (26%). As both primary and secondary substances of use, cannabis increased from 40% in 2021a to 64% in 2021b, heroin increased from 26% to 39%, while alcohol decreased from 43% to 34% (Table 106).

TABLE 106: PRIMARY AND SECONDARY SUBSTANCE OF USE (KZN)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	417	42	273	21	186	19	117	21	339	47	307	43	282	34
Cannabis	469	47	641	50	449	46	272	48	301	41	288	40	578	64
Cannabis/Mandrax*	58	6	70	5	50	5	30	5	31	4	39	5	30	4
Crack/Cocaine	151	15	133	10	123	13	76	13	195	27	190	26	233	26
Heroin/Opiates**	279	28	438	34	292	30	154	27	162	22	189	26	397	39
OTC/PRE	63	6	57	4	58	6	31	5	63	9	53	7	64	7
Methcathinone ('CAT')	10	1	68	5	48	5	45	8	7	1	17	2	26	4
Methamphetamine ('Tik')	16	2	78	6	119	12	68	12	12	2	28	4	177	21
Other	37	4	32	2	16	2	20	4	11	2	8	1	5	1

*'White pipe' or Mandrax alone
**Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Over half (57%) of individuals admitted during July to December 2021 reported using more than one substance (Table 107).

TABLE 107: POLYSUBSTANCE USE (KZN)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Primary substance only	482	49	792	61	588	60	317	56	329	45	329	46	494	43
Secondary substance of use	511	51	499	39	392	40	248	44	397	55	394	54	653	57
Total no. of service users	993	100	1291	100	980	100	565	100	726	100	723	100	1147	100

Table 108 below shows that 'family/friends' (52%)' was the most common source of payment, followed by 'self' (20%).

TABLE 108: SOURCES OF PAYMENT (KZN)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Family/friends	417	42	582	45	338	34	176	31	263	36	197	27	598	52
Self	146	15	168	13	95	10	39	7	97	13	69	10	233	20
Medical Aid	139	14	78	6	84	9	66	12	218	30	247	34	99	9
State	163	16	318	25	312	32	228	40	54	7	102	14	77	7
Employer	54	5	17	1	17	2	9	2	27	4	19	3	24	2
Other/ Unknown	74	7	128	10	134	14	47	8	67	9	89	12	116	10
Total	993	100	1291	100	980	100	565	100	726	100	723	100	1147	100

DATA FOR PATIENTS YOUNGER THAN 20 YEARS

Most persons younger than 20 years were male (88%), remaining consistent over the last few reporting periods (Table 109).

TABLE 109: GENDER PROFILE OF INDIVIDUALS <20 YEARS (KZN)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
GENDER							
Male	86	81	81	85	86	86	88
Female	14	19	19	15	14	14	12

The largest proportion of persons younger than 20 years were referred by 'school' (55%), followed by 'self/family/friends' (34%). Referrals from 'self/family/friends' decreased from 51% in the previous period to 34% in the current period, while referrals from 'school' increased from 27% to 55%. See Table 110.

TABLE 110: REFERRAL SOURCES FOR INDIVIDUALS <20 YEARS (KZN)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Self/Family/Friends	41	22	39	37	58	51	34
Work/Employer	19	<1	2	-	<1	-	1
Health professional	4	11	2	2	4	7	<1
Religious body	<1	-	<1	-	-	-	<1
Hospital/Clinic	2	1	<1	1	5	3	<1
Social Services/Welfare	17	7	11	15	9	8	8
Court/Correctional services	1	-	2	3	-	2	-
School	14	67	42	42	22	27	55
Other	-	-	<1	1	2	2	<1

The most common primary substance of use for persons younger than 20 years was cannabis (57%), decreasing from 64% in the last period. This was followed by heroin (14%) and MA (11%). Heroin decreased by 23% while MA decreased by 17% (Table 111).

TABLE 111: PRIMARY SUBSTANCE OF USE BY INDIVIDUALS <20 YEARS (KZN)

	Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	68	14	17	6	13	8	34	31	7	8	4	2
Cannabis	198	40	150	51	83	53	26	24	59	64	149	57
Cannabis/Mandrax*	7	1	8	3	3	2	-	-	-	-	3	1
Crack/Cocaine	21	4	11	4	3	2	20	18	5	5	22	8
OTC/PRE	12	2	5	2	4	3	4	4	7	8	17	7
Heroin/Opiates ('Sugars')**	149	30	58	20	31	20	25	23	11	12	37	14
Inhalants/Solvents	3	<1	1	<1	3	2	-	-	-	-	-	-
Methcathinone ('CAT')	20	4	8	3	5	3	-	-	1	1	-	-
Methamphetamine ('Tik')	11	2	36	12	13	8	-	-	2	2	28	11
TOTAL	491	100	295	100	158	100	109	100	92	100	262	100

*'White pipe' or Mandrax alone
**Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Similar to the previous period, smoking was the most common mode of use (86%) of primary substances. There were no reports for substance use by injection for the last two period (Table 112).

TABLE 112: MODE OF USAGE OF PRIMARY SUBSTANCE OF USE FOR INDIVIDUALS <20 YEARS (KZN)

	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%	%	%	%	%	%	%
Swallowed	50	17	8	11	34	13	10
Smoked	47	74	84	77	47	84	86
Snorted	3	7	5	7	17	3	4
Injected	-	2	3	5	2	-	-

Males were the predominant substance users among individuals younger than 20 years, however, alcohol was equally misused by males and females. No inhalant or CAT use were reported for this period (Table 113).

TABLE 113: PRIMARY SUBSTANCE OF USE BY GENDER FOR INDIVIDUALS <20 YEARS (KZN)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Alcohol	81	19	87	13	94	6*	92	8*	88	12*	57*	43*	50	50
Cannabis	89	11	81	19	86	14	86	14	92	8*	90	10	87	13
Cannabis/Mx**	73*	25*	100	0	87	13*	67*	33*	-	-	-	-	67	33
Crack/Cocaine	100	0	90	10*	55	45	67*	33*	85	15*	80*	20*	91	9
Heroin/Opiates^	93	7	77	23	66	34	84	16	80	20	91	9*	97	3
Inhalants	100*	0	100*	0	0	100*	100*	0	-	-	-	-	-	-
OTC/PRE	80	20*	75	25*	40*	60*	100*	0	75*	25*	71	29*	77	23
Methcathinone ('CAT')	100*	0	85	15*	100	0	80*	20*	-	-	100*	0	-	-
Methamphetamine('Tik')	100*	0	55	45*	94	6*	85	15*	-	-	100*	0	93	7

*N < 5; **'White pipe' or Mandrax alone
^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Cannabis (32%) and alcohol (21%) were the two most common secondary substances of use among individuals younger than 20 years (Table 114).

TABLE 114: SECONDARY SUBSTANCE OF USE FOR INDIVIDUALS <20 YEARS (KZN)

	Jul-Dec 2018		Jan-Jun 2019		Jul-Dec 2019		Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	15	6	47	10	29	10	9	6	22	31	9	21	26	21
Cannabis	15	6	32	7	53	18	18	11	18	26	15	35	39	32
Cannabis/Mandrax*	5	2	8	2	14	5	5	3	7	10	3	7	4	3
Crack/Cocaine	10	4	34	7	15	5	10	6	10	14	3	7	16	13
Heroin/Opiates**	1	<1	19	4	13	4	1	1	2	3	-	-	9	7
Inhalants	1	<1	1	<1	1	<1	-	-	1	1	-	-	-	-
OTC/PRE	30	11	4	1	11	4	10	6	6	9	11	26	14	12
Methcathinone ('CAT')	-	-	7	1	11	4	6	4	1	1	1	2	1	1
Methamphetamine ('Tik')	-	-	5	1	11	4	6	4	2	3	1	2	13	11
Other	3	1	4	1	1	<1	1	1	1	1	-	-	-	-
TOTAL	263	100	491	100	295	100	158	100	70	100	92	100	122	100

*'White pipe' or Mandrax alone
**Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

2F: TREATMENT CENTRES: CENTRAL REGION

MS NANCY HORNSBY

Data representing 495 service users were collected from four (4) treatment centres during the period January-June 2021 compared to 212 cases during the previous six-month period. Three (3) centres were located in the Free State province and one (1) was located in the North-West. No data has been received from the Northern Cape for the last few reporting periods. See Table 115.

TABLE 115: PROPORTION OF TREATMENT EPISODES (CENTRAL REGION)

	Free State				Northern Cape				North-West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%			
SANCA Aurora	84	89	83	56	-	-	-	-	-	-	-	-
SANCA Goldfields	5	8	6	22	-	-	-	-	-	-	-	-
SANCA Sasolburg	11	3	11	23	-	-	-	-	-	-	-	-
SANCA Kimberley	-	-	-	-	-	-	-	-	-	-	-	-
SANCA Upington	-	-	-	-	-	-	-	-	-	-	-	-
SANCA Tsantsabane	-	-	-	-	-	-	-	-	-	-	-	-
SANCA Sanpark	-	-	-	-			-	-	100	100	100	100
Total in treatment (N)	140	211	191	478	-	-	-	-	27	26	21	17

In Table 116 'Yes' indicates a first-time admission and 'No' indicates a repeat admission. First time admissions made up most of the admissions in both provinces, however, in the North-West, the difference between first-time (47%) and repeat (53%) admissions was not as substantial as the difference noted in the Free State.

TABLE 116: FIRST-TIME ADMISSIONS (CENTRAL REGION)

	Free State				Northern Cape				North West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%			
Yes	84	80	78	89	-	-	-	-	89	83	76	47
No	16	20	22	11	-	-	-	-	11	17	24	53

The majority of individuals were treated on an inpatient basis in the Free State and the North-West. However, the rates for inpatient (54%) and outpatient (46%) were almost comparable in the Free State (Table 117).

TABLE 117: TYPE OF TREATMENT RECEIVED

	Free State				Northern Cape				North West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%			
Inpatient	35	89	82	54	-	-	-	-	30	100	100	100
Outpatient	65	11	18	46	-	-	-	-	70	0	0	0

The most common source of referral to specialist treatment centres in the Free State was 'self/family/friends' (59%), followed by 'work/employer' (14%), and 'social services/welfare' (13%). In the North West, 'self/family/friends' and

'work/employer' (47% respectively) were the leading sources of referral for the current review period (Table 118).

TABLE 118: REFERRAL SOURCES (CENTRAL REGION)

	Free State				Northern Cape				North West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%			
Self/Family/friends	59	46	57	59	-	-	-	-	59	44	62	47
Work/employer	6	17	17	14	-	-	-	-	4	28	14	47
Health Professional	3	9	9	3	-	-	-	-	-	6*	5*	-
Religious body	1	<1*	-	1*	-	-	-	-	-	-	19*	6*
Hospital/clinic	1	<1*	1*	1*	-	-	-	-	-	-	-	-
Social services/welfare	20	23	13	13	-	-	-	-	11	-	-	-
Court/correctional	1	2	3	2*	-	-	-	-	4	-	-	-
School	6	<1	-	8	-	-	-	-	19	3*	-	-
Other e.g., radio	1	<1*	1*	-	-	-	-	-	1	19	-	-

*N<5

Admissions for male individuals comprised the majority in both the Free State (86%) and the North West (82%) provinces. In the Free State, the highest proportion of individuals were unemployed (42%) of whom 39% reported that they had been unemployed for 6 months or more. In the North-West, most individuals were employed (71%) while 12% had been unemployed for at least 6 months or more and 12% were learners at school. Refer to Table 119.

TABLE 119: POPULATION PROFILE (CENTRAL REGION)

	Free State				Northern Cape				North West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%			
GENDER												
Male	88	86	83	86	-	-	-	-	81	83	81	82
Female	12	14	17	14	-	-	-	-	19	17	19	18*
EMPLOYMENT STATUS												
Working full-time	14	29	33	31	-	-	-	-	22	36	38	71
Working part-time	3	2	2*	3	-	-	-	-	-	-	-	-
Unemployed (< 6 months)	9	2*	3	3	-	-	-	-	7	-	5*	-
Unemployed (> 6 months)	46	48	41	39	-	-	-	-	33	42	52	12*
Student/Apprentice/ internship	4	3	3	4	-	-	-	-	-	3*	-	6*
School/learner at school	23	15	17	19	-	-	-	-	33	17	5*	12*
Medically unfit/House-wife/Pensioner	1	<1*	2*	1*	-	-	-	-	-	3*	-	-

*N<5

The average age of persons seen by treatment centres was 29 years in the Free State and 34 years in the North-West, equivalent to the preceding reporting period. Most of the admissions in the Free State were for individuals aged 15-19 years (23%). In the North-West, the majority of admissions were made for individuals aged 30-34 years (24%) (Table 120).

TABLE 120: AGE DISTRIBUTION (CENTRAL REGION)

	Free State				Northern Cape				North West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%			
10-14	4	<1*	1*	2	-	-	-	-	-	-	-	-
15-19	28	22	22	23	-	-	-	-	19	22	14*	18*
20-24	11	17	17	16	-	-	-	-	22	14	29	12*
25-29	20	18	21	17	-	-	-	-	-	25	5*	-
30-34	13	18	12	14	-	-	-	-	4*	11	24	24*
35-39	14	10	12	11	-	-	-	-	11*	14	14*	18*
40-44	4	7	4	10	-	-	-	-	26	6	5*	18*
45-49	4	4	5	3	-	-	-	-	-	-	-	-
50-54	1*	-	3	3	-	-	-	-	15*	-	10*	6*
55+	2*	4	5	1	-	-	-	-	4*	3*	-	6*

*N<5

In the Free State province, over half (52%) of the persons admitted to treatment reported that they had not been tested for HIV. In contrast, 56% of those admitted to treatment in the North-West province indicated that they had been tested for HIV in the past 12 months. See Table 121.

TABLE 121: PRIOR HIV TESTING (CENTRAL REGION)

HIV testing	Jul–Dec 2020			Jan-Jun 2021			Jul-Dec 2021		
	Free State	Northern Cape	North West	Free State	Northern Cape	North West	Free State	Northern Cape	North West
	%			%			%		
Yes, in past 12 months	61	-	55	48	-	38	32	-	56
Yes, but not in past 12 months	-	-	-	9	-	29	9	-	29
No	37	-	42	37	-	29	52	-	12
Decline	2	-	3	6	-	5	7	-	-

In the Free State the leading primary substances of use were cannabis (38%), alcohol (28%), and MA (15%). Cannabis use increased from 25% in the January to June 2021 period to 38% in the July to December 2021 period. MA decreased from 26% in the previous period to 15% in the current period. MA (35%), cannabis (29%), and alcohol (24%) were the three most commonly used primary substances in the North-West. Alcohol decreased by 19% while cannabis increased by 15% (Table 122).

TABLE 122: PRIMARY SUBSTANCE OF USE (CENTRAL REGION)

	Free State				Northern Cape				North West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%			
Alcohol	16	25	28	28	-	-	-	-	19	22	43	24*
Cannabis	27	27	25	38	-	-	-	-	52	36	14*	29
Cannabis/Mandrax**	4*	7	4	3	-	-	-	-	4*	-	-	-

	Free State				Northern Cape				North West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%			
Crack/Cocaine	6	6	5	5	-	-	-	-	4*	6*	-	6*
Heroin/Opiates^	29	12	7	5	-	-	-	-	11*	14	10*	-
Methamphetamine ('Tik')	9	17	26	15	-	-	-	-	7*	11*	33	35
Inhalants	-	<1*	1*	-	-	-	-	-	-	3*	-	-
Methcathinone ('CAT')	9	3	3	4	-	-	-	-	4*	8*	-	6*
OTC/PRE	1	2*	2*	3	-	-	-	-	-	-	-	-

*N < 5; **'White pipe' or Mandrax alone
^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Smoking remained the most popular mode of substance use in the Free State (62%) and the North- West (56%). When alcohol was excluded, rates for substance use by smoking increased to 86% in the Free State and 77% in the North-West. Injection rates were low in the Free State except heroin/opiates for which 46% of persons reported injecting the drug. Substance use by means of injection was not reported for the North-West province (Table 123).

TABLE 123: MODE OF USAGE OF PRIMARY DRUG (CENTRAL REGION)

	Free State				Northern Cape				North West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%											
Swallowed	19(4)	27(3)	31(3)	31(5)	-	-	-	-	19(0)	22(-)	43(-)	24(-)
Snorted	11(13)	3(4)	5(7)	4(6)	-	-	-	-	4(5)	14(18)	14(25)	18(23)
Smoked	61(73)	65(87)	62(86)	62(86)	-	-	-	-	77(95)	63(82)	43(75)	56(77)
Injected	9(10)	4(5)	3(4)	1(3)	-	-	-	-	-	-	-	-
Injected Heroin	30	40	38	46	-	-	-	-	-	-	-	-

Figures in brackets exclude alcohol

Tables 124 to 126 show the frequency of use of primary substances for each province. Most substances were used on a daily basis in the Central region. Alcohol was equally used daily (50%) and once per week or less (50%) in the North-West province (Table 126).

TABLE 124: FREQUENCY OF USE BY PRIMARY SUBSTANCE (FREE STATE)

	Frequency of use in the past month															
	Daily				2-6 days per week				Once per week or less often				Not used in the past month			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jul-Dec 2019	Jan-Jun 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%				%			
Alcohol	70	75	67	70	21	23	28	28	9*	0	6*	2*	0	2*	0	-
Cannabis	63	76	77	81	26	19	23	17	8*	5*	0	1*	3*	0	0	1*
Cannabis/Mx**	100*	73	50*	71	0	27*	50*	29*	0	0	0	-	0	0	0	-
Crack/Cocaine	63	42	30*	36*	25*	58	60	55	13*	0	0	9*	0	0	10*	-
Heroin/Opiates^	95	100	100	91	5*	0	0	9*	0	0	0	-	0	0	0	-

Inhalants	-	100*	100*	-	-	0	0	-	-	0	0	-	-	0	0	-
Methamphetamine ('Tik')	38	51	65	60	54	46	35	34	7*	0	0	6*	0	3*	0	-
Methcathinone ('CAT')	42	86	60*	44*	42	0	20*	44*	17*	14*	20*	-	0	0	0	11*
OTC/PRE	100*	100*	100*	100	0	0	0	-	0	0	0	-	0	0	0	-

*N < 5; **'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

TABLE 125: FREQUENCY OF USE BY PRIMARY DRUG (NORTHERN CAPE)

	Frequency of use in the past month[a]															
	Daily				2-6 days per week				Once per week or less often				Not used in the past month			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%				%			
Alcohol	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cannabis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cannabis/Mx*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Crack/Cocaine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Heroin/Opiatesˆ	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inhalants	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Methamphetamine ('Tik')	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Methcathinone ('CAT')	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OTC/PRE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

[a]Data not reported for the NC for the last 4 periods
*'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

TABLE 126: FREQUENCY OF USE BY PRIMARY DRUG (NORTH WEST)

	Frequency of use in the past month															
	Daily				2-6 days per week				Once per week or less often				Not used in the past month			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%				%			
Alcohol	60*	38*	78	50*	20*	38*	22*	-	20*	24*	-	50*	-	-	-	-
Cannabis	57	85	67*	80*	28*	15*	33*	20*	14*	0	-	-	-	-	-	-
Cannabis/Mx**	0	-	-	-	0	-	-	-	100*	-	-	-	-	-	-	-
Crack/Cocaine	100*	100*	-	-	0	0	-	100*	0	0	-	-	-	-	-	-
Heroin/Opiatesˆ	67*	40*	100*		33*	60*	0		0	0	-		-	-	-	
Inhalants	-	0	-	-	-	100*	-	-	-	0	-	-	-	-	-	-
Methamphetamine ('Tik')	50*	25*	43*	83	50*	50*	57*	17*	0	25*	-	-	-	-	-	-
Methcathinone ('CAT')	0	100*	-	100*	100*	0	-	-	0	0	-	-	-	-	-	-
OTC/PRE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

*N < 5; **'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The overall mean age was 29 years in the Free State and 34 years in the North-West. In both the Free State and North-

West, cannabis accounted for the youngest individuals admitted for treatment (mean age [Free State] = 23 years; mean age [North-West] = 28 years). In the Free State, older individuals were admitted for alcohol misuse (mean age = 37 years) while in the North-West, crack/cocaine admissions were mainly among older persons (mean age = 41 years). See Table 127.

TABLE 127: MEAN AGE BY PRIMARY SUBSTANCE (CENTRAL REGION)

	Free State				Northern Cape				North West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	Years											
Alcohol	26	39	40	37	-	-	-	-	37	43	40	40
Cannabis	27	23	23	23	-	-	-	-	30	22	20*	28
Cannabis/Mandrax**	18*	26	24	29	-	-	-	-	52*	-	-	-
Crack/Cocaine	20	33	33	36	-	-	-	-	20*	36*	-	41*
Heroin/Opiatesˆ	32	25	28	27	-	-	-	-	37*	32	30*	-
Inhalants	-	25*	24*	-	-	-	-	-	-	15*	-	-
Methamphetamine ('Tik')	25	26	24	24	-	-	-	-	48*	26*	23	32
Methcathinone ('CAT')	29	25	26	30	-	-	-	-	42*	32*	-	40*
OTC/PRE	34*	34	30*	33	-	-	-	-	-	-	-	-
Overall mean age	27	29	29	29	-	-	-	-	34	30	30	34

*N<5; **'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Treatment admissions were higher for males compared to females in the Central region (Tables 128 and 129). However, in the Free State, males and females were equally admitted for OTC/PRE-medication use while a larger disparity was shown in admissions for males (67%) and females (33%) using CAT compared to other substances (Table 128).

TABLE 128: PRIMARY SUBSTANCE OF USE BY GENDER (FREE STATE)

	Jan-Jun 2020		Jul-Dec 2020		Jan-Jul 2021		Jul-Dec 2021	
	%		%		%		%	
	M	F	M	F	M	F	M	F
Alcohol	87	13*	83	17	74	26	84	16
Cannabis	84	16	90	10	94	6*	92	8
Cannabis/Mandrax**	100*	0	93	7*	75	25*	86	14*
Crack/Cocaine	100	0	92	8*	90	10*	73	27*
Heroin/Opiatesˆ	88	12	88	12*	77	23*	100	0
Inhalants	-	-	100*	0	100*	0	-	-
Methamphetamine ('Tik')	92	8*	86	14	82	18	89	11*
Methcathinone ('CAT')	83	17*	86	14*	100	0	67	33*
OTC/PRE	100*	0	25*	75*	67*	33*	50*	50*

*N<5; **'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

During this period, no data was received from treatment centres in the Northern Cape.

TABLE 129: PRIMARY SUBSTANCE OF USE BY GENDER (NORTH-WEST)

	Jan-Jun 2020		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	%		%		%		%	
	M	F	M	F	M	F	M	F
Alcohol	100	0	87	23*	89	11*	75*	25*
Cannabis	86	14	62	38	33*	67*	80*	2-*
Cannabis/Mandrax**	100*	0	-	-	-	-	-	-
Crack/Cocaine	0	100*	100*	0	-	-	100*	0
Heroin/Opiatesˆ	67*	33*	100*	0	100*	0	-	-
Inhalants	-	-	100*	0	-	-	-	-
Methamphetamine ('Tik')	100*	0	100*	0	86	14*	83	17*
Methcathinone ('CAT')	0	100*	100*	0	-	-	100*	0
OTC/PRE	-	-	-	-	-	-	-	-

*N<5; **'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Cannabis was the leading secondary substance of use in the Free State (26%). In the North-West, cannabis, alcohol, and CAT (21% respectively) were the most commonly used secondary substances of use for this period (Table 130).

TABLE 130: SECONDARY SUBSTANCE OF USE (CENTRAL REGION)

	Free State				Northern Cape				North West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%			
Alcohol	9	12	19	13	-	-	-	-	19	9*	-	21*
Cannabis	16	22	21	26	-	-	-	-	19	9*	55	21*
Cannabis/Mandrax**	4	18	14	9	-	-	-	-	-	5*	9*	-
Crack/Cocaine	4	7	5	6	-	-	-	-	4*	23*	-	14*
Heroin/Opiatesˆ	2*	2*	1*	3	-	-	-	-	7*	9*	-	7*
Inhalants	-	-	2*	-	-	-	-	-	-	4*	-	-
Methamphetamine ('Tik')	5	23	17	17	-	-	-	-	7*	23*	9*	7*
Methcathinone ('CAT')	6	13	15	12	-	-	-	-	7*	18*	27*	21*
OTC/PRE	2*	2*	5	4	-	-	-	-	-	-	-	7*
TOTAL (n)	140	130	132	320	-	-	-	-	27	22	11	14

*N<5; **'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The proportion of primary and secondary substances of use is shown in Table 137 below. The same trends for primary and secondary substances of use were seen in the Free State and the North-West. In both provinces, cannabis (Free State: 64%; North-West: 51%), alcohol (Free State: 41%; North-West: 45%), and MA (Free State: 32%; North-West: 42%) were the main primary and secondary of use for this period. In the North-West, heroin (7%) and OTC/PRE-medicines (7%) were used as secondary substances only (Table 131).

TABLE 131: PRIMARY AND SECONDARY SUBSTANCES USED (CENTRAL REGION)

	Free State				Northern Cape				North West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%			
Alcohol	25	32	47	41	-	-	-	-	37	28	43	45
Cannabis	19	41	46	64	-	-	-	-	70	42	69	51
Cannabis/Mandrax**	6	18	19	12	-	-	-	-	4*	3*	9*	-
Crack/Cocaine	10	10	10	10	-	-	-	-	7*	19	-	20*
Heroin/Opiatesˆ	31	14	8	8	-	-	-	-	19	19	10*	7*
Inhalants	<1	<1	3*	-	-	-	-	-	-	6*	-	-
Methamphetamine ('Tik')	14	31	43	32	-	-	-	-	15*	25	42	42
Methcathinone ('CAT')	14	11	18	16	-	-	-	-	4*	19	27	27
OTC/PRE	4	3	6	6	-	-	-	-	7*	-	-	7*

*N<5; **'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance
Note: The table shows the proportion reporting each drug as a primary and secondary drug

In both the Free State and North-West provinces, individuals in treatment reported using more than one substance, with 67% and 82% respectively. The rate for polysubstance use increased considerably from 52% in the preceding period to 82% in the current reporting period (Table 132).

TABLE 132: POLYSUBSTANCE USE (CENTRAL REGION)

	Free State				Northern Cape				North West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%			
Primary substance only	51	38	31	33	-	-	-	-	37	39	48	18
Primary +2nd substance	49	62	69	67	-	-	-	-	63	61	52	82
Total no. of patients	140	211	191	478	-	-	-	-	27	36	21	17

During the July-December 2021 period, the Free State reported 'medical aid' (32%) as the most common funding source for treatment, closely followed by 'state' (31%), and 'family/friends' at 22%. In the North-West, 'medical aid' (59%) was also the primary source of funding, followed by 'family/friends' (24%). See Table 133.

TABLE 133: PRIMARY SOURCE OF PAYMENT (CENTRAL REGION)

	Free State				Northern Cape				North West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%			
Self	11	3	3	3	-	-	-	-	7*	11*	14*	6*
Medical Aid	9	36	36	32	-	-	-	-	15*	47	52	59
State	44	43	37	31	-	-	-	-	33	-	5*	-
Family/friends	19	9	13	22	-	-	-	-	30	6*	14*	24*
Employer	1	9	8	5	-	-	-	-	-	19	10*	6*
Unknown	15	<1	2*	2	-	-	-	-	15*	-	-	-
Other/ combinations	-	-	1*	2*	-	-	-	-	-	17	5*	6*

*N<5

DATA FOR PATIENTS YOUNGER THAN 20 YEARS

For both the Free State and North-West provinces, males were mostly admitted to treatment among individuals aged younger than 20 years. Admission rates for males (67%) and females (33%) under 20 years in the North-West remained the same as the previous review period, showing a smaller difference between genders compared to the Free State (Table 134).

TABLE 134: GENDER PROFILE OF PATIENTS <20 YEARS (CENTRAL REGION)

	Free State				Northern Cape				North West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%			
GENDER												
Male	91	92	84	87	-	-	-	-	100	63*	67*	67*
Female	9*	8*	16	13	-	-	-	-	-	37*	33*	33*

*N<5

'Self/family/friends' (70%) was the leading source of referral to treatment in the Free State, followed by 'school' (18%). Referrals from the 'state" decreased noticeably in the Free State province from 21% in 2021a to 5% in 2021b. In the North-West all referrals were made by 'self/family/friends' (Table 135).

TABLE 135: REFERRAL SOURCES FOR PATIENTS <20 YEARS (CENTRAL REGION)

	Free State				Northern Cape				North West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%			
Self/Family/friends	47	60	68	70	-	-	-	-	40*	83	100*	100*
Work/employer	4*	-	-	-	-	-	-	-	20*	-	-	-
Health professional	4*	2	2*	2*	-	-	-	-	-	-	-	-
Religious body	-	-	-	-	-	-	-	-	-	-	-	-
Hospital/clinic	1*	-	2*	2*	-	-	-	-	-	-	-	-
Social services/welfare	29	27	21	5*	-	-	-	-	20*	-	-	-
Court/correctional	2*	8*	7*	3*	-	-	-	-	-	-	-	-
School	11	2*	-	18	-	-	-	-	20*	13*	-	-
Other e.g., radio	-	-	-	-	-	-	-	-	-	-	-	-

*N<5

Young people were mostly treated for cannabis misuse (68%) in the Free State, increasing from 58% in the preceding review period. In the North-West, most admissions among young people were made for MA (67%) compared to cannabis in the previous period (Table 136).

TABLE 136: PRIMARY SUBSTANCE OF USE OF PATIENTS <20 YEARS (CENTRAL REGION)

	Free State						Northern Cape						North West					
	Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	-	-	1	2	6	5	-	-	-	-	-	-	-	-	-	-	-	-
Cannabis	30	63	25	58	82	68	-	-	-	-	-	-	7	87	2	67	1	33
Cannabis/Mandrax*	5	10	2	5*	2	2	-	-	-	-	-	-	-	-	-	-	-	-
Crack/Cocaine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Heroin/Opiates**	6	13	2	5	2	2	-	-	-	-	-	-	-	-	-	-	-	-
Methamphetamine ('Tik')	4	8*	12	28	22	18	-	-	-	-	-	-	-	-	1	33	2	67
Inhalants	-	-	-	-	-	-	-	-	-	-	-	-	1	13	-	-	-	-
OTC/PRE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Methcathinone ('CAT')	-	-	1	2	2	2	-	-	-	-	-	-	-	-	-	-	-	-
Total	48	100	43	100	120	100	-	-	-	-	-	-	8	100	3	100	3	100

*'White pipe' or Mandrax alone
**Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Ninety percent (90%) of individuals admitted to treatment centres in the Free State reported smoking their drugs. In the North-West, smoking was also the most popular method of administering drugs at 67% though this proportion decreased by 33% from the previous period (Table 137).

TABLE 137: MODE OF USAGE OF PRIMARY SUBSTANCE FOR INDIVIDUALS <20 YEARS (CENTRAL REGION)

	Free State				Northern Cape				North-West			
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021
	%				%				%			
Swallowed	22	-	2*	5	-	-	-	-	20*	-	-	-
Snorted	9*	6*	2*	3	-	-	-	-	-	13*	-	33
Smoked	64	86	93	90	-	-	-	-	80*	87	100*	67
Injected	4*	8*	2*	2	-	-	-	-	-	-	-	-

Males comprised the majority of individuals <20 years in treatment in the Free State and North-West provinces except for MA admissions in the North-West which was evenly split between males and females (Table 138).

TABLE 138: PRIMARY SUBSTANCE OF USE BY GENDER FOR INDIVIDUALS <20 YEARS (CENTRAL REGION)

	Free State						Northern Cape						North West					
	Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021	
	%		%		%		%		%		%		%		%		%	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Alcohol	-	-	100	0	100*	0	-	-	-	-	-	-	-	-	-	-	-	-
Cannabis	90	10*	92	8*	93	7*	-	-	-	-	-	-	57*	43*	50*	50*	100*	0
Cannabis/Mandrax**	80*	20*	50*	50*	100*	0	-	-	-	-	-	-	-	-	-	-	-	-
Crack/Cocaine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Heroin/Opiatesˆ	100	0	100*	0	100*	0	-	-	-	-	-	-	-	-	-	-	-	-
Methamphetamine ('Tik')	100*	0	67	33*	73	27*	-	-	-	-	-	-	-	-	100*	-	50*	50*
Inhalants	-	-	-	-	-	-	-	-	-	-	-	-	100*	0	-	-	-	-
OTC/PRE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

*N<5; **'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Cannabis and MA (30% respectively) were the most common secondary substances of use among young people in the Free State, followed by alcohol (18%). Admissions for cannabis and MA misuse increased by 6% in the Free State while alcohol admissions increased by 4% from the previous period. In the North-West, an equal amount of admissions were made for alcohol, OTC/PRE-medication, and CAT misuse (33% respectively). Refer to Table 139.

TABLE 139: SECONDARY SUBSTANCE OF USE OF PATIENTS <20 YEARS (CENTRAL REGION)

	Free State						Northern Cape						North West					
	Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 2021		Jul-Dec 2020		Jan-Jun 2021		Jul-Dec 20221	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	4	12	5	14	14	18	-	-	-	-	-	-	-	-	-	-	1	33
Cannabis	5	15	6	17	24	30	-	-	-	-	-	-	-	-	1	50	-	-
Cannabis/Mandrax*	5	15	3	9	2	3	-	-	-	-	-	-	-	-	-	-	-	-
Crack/Cocaine	2	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Heroin/Opiates**	-	-	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Methamphetamine ('Tik')	11	33	11	31	24	30	-	-	-	-	-	-	2	67	1	50	-	-
Inhalants	-	-	2	6	-	-	-	-	-	-	-	-	1	33	-	-	-	-
OTC/PRE	-	-	-	-	2	3	-	-	-	-	-	-	-	-	-	-	1	33
Methcathinone ('CAT')	6	18	7	20	6	8	-	-	-	-	-	-	-	-	-	-	1	33
Other	-	-	-	-	8	10	-	-	-	-	-	-	-	-	-	-	-	-
Total	33	100	43	100	120	100	-	-	-	-	-	-	3	100	2	100	3	100

*White pipe' or Mandrax alone
**Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

SECTION 3: DATA ON COMMUNITY BASED HARM REDUCTION SERVICES FOR PEOPLE WHO USE DRUGS

Anova Health Institute, Bellhaven Harm Reduction Centre, Foundation for Professional Development, NACOSA, Tintswalo Home Based Care, TB HIV Care, and the University of Pretoria

A range of organisations are implementing community-based harm reduction services for people who use drugs (PWUD), including people who inject drugs (PWID). Services include: HIV, STI, viral hepatitis and TB prevention, testing and linkage to care; harm reduction behaviour change interventions; needle and syringe services; opioid substitution therapy (OST); monitoring of human rights violations and referral for other available substance use disorder treatment services. Hepatitis C virus (HCV) and hepatitis B virus (HBV) testing was offered at OST sites in Cape Town, eThekwini, Johannesburg and Sedibeng based on available budgets. Interventions aimed at preventing and managing overdose are very limited, and community-based naloxone distribution is not currently provided.

During this period TB HIV Care's Step Up Project operated in the Eastern Cape (Nelson Mandela Bay District), KwaZulu-Natal (eThekwini and uMgungundlovu Districts) and the Western Cape (Cape Metro). Advance Access and Delivery and the Urban Futures Centre at the Durban University of Technology operated the Bellhaven harm reduction centre in eThekwini District. The Department of Family Medicine at the University of Pretoria's Community Orientated Substance Use Programme (COSUP) operates across several regions of the City of Tshwane (Gauteng Province). Sediba Hope provides harm reduction services at two centres in Tshwane District. The HARMless Project, implemented during the first half of this reporting period by the Foundation for Professional Development, operated in Gauteng (City of Tshwane) and in Mpumalanga (Ehlanzeni district), and services transitioned to TB HIV Care in October 2022. Anova Health Institute's Jab Smart Project operated in Gauteng (sub-districts B - G of the City of Johannesburg and in Sedibeng). Tintswalo Home Based Care also operated in Gauteng (East, South and North sub-districts of the City of Ekurhuleni).

3A: COMMUNITY-BASED HARM REDUCTION SERVICES - EASTERN CAPE, KWAZULU-NATAL AND WESTERN CAPE

The data below reflects service delivery data for reporting period July - December 2021.

Needle and syringe services

PWID reached during this period: 467 in Nelson Mandela Bay, 1 519 in eThekwini, 462 in uMgungundlovu, and 1 575 in the Cape Metro).

Across the districts, most clients were over the age of 20 years, and the majority were men (ranging from 82% in Cape Town to 90% in uMgungundlovu). Racial characteristics of service users varied by district; being predominantly Coloured in the Cape Metro (87%), White in Nelson Mandela Bay (51%), and Black African in uMgungundlovu (98%). PWID service user sociodemographic characteristics by province are provided in Table 140.

TABLE 140: DEMOGRAPHIC CHARACTERISTICS OF PEOPLE WHO USE DRUGS WHO ACCESSED NEEDLE AND SYRINGE SERVICES BY DISTRICT (JULY - DECEMBER 2021) (EC, KZN & WC)

Province	District (N)	Male		Female*		Black African		Indian		Coloured		White	
		n	%	n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (467)	344	74	123	26	108	23	8	2	110	24	239	51
KwaZulu-Natal	eThekwini (1 519)	1348	89	168	11	1275	87	66	4	55	4	73	5
	UMG (462)	416	90	46	10	435	98	0	0	5	1	6	1
Western Cape	Cape Metro (1 575)	1284	82	282	18	40	3	1	0	1270	87	149	10

*Some demographic data was not provided. Female includes trans female clients.
ND: No data available NMB: Nelson Mandela Bay, UMG: uMgungundlovu, EC: Eastern Cape, KZN: KwaZulu-Natal, WC: Western Cape

Across districts, the largest proportion of clients were in the age group 25 – 35 years: Nelson Mandela Bay (45%), eThekwini (70%); uMgungundlovu (70%) and in the Cape Metro (53%).

Needles and syringes distributed: 107 610 in Nelson Mandela Bay, 221 580 in eThekwini, 77 070 in Umgungungdlovu, 790 200 in the Cape Metro), with return rates of between 79% (in Umgungungdlovu) and 115% (in Nelson Mandela Bay).

TABLE 141: AGE DISTRIBUTION OF PEOPLE WHO USE DRUGS WHO ACCESSED NEEDLE AND SYRINGE SERVICES BY DISTRICT (JULY - DECEMBER 2021) (EC, KZN & WC)

District	NMB		eThekwini		UMG		Cape Metro	
Age distribution (yrs)	n	%	n	%	n	%	n	%
<15	0	0	0	0	0	0	0	0
16-24	53	11	203	13	103	22	84	5
25-35	208	45	1069	70	322	70	828	53
36-50	175	37	237	16	25	5	610	39
>50	31	7	7	0	12	3	53	3

NMB: Nelson Mandela Bay, UMG: uMgungundlovu

TABLE 142: PROPORTION OF PEOPLE WHO USE DRUGS ACCESSING NEEDLE AND SYRINGE SERVICES BY AGE COHORT BY DISTRICT (JULY - DECEMBER 2021) (EC, KZN & WC)

Site	NMB		eThekwini		UMG		Cape Metro	
	n	%	n	%	n	%	n	%
PWID <18 yrs	2	<1	0	0	0	0	1	<1
PWID >=18 yrs	465	100	1516	100	462	100	1574	100

NMB: Nelson Mandela Bay, UMG: uMgungundlovu

TABLE 143: COMPARISON OF PROPORTION OF PEOPLE WHO USE DRUGS ACCESSING NEEDLE AND SYRINGE SERVICES WITH CENSUS DATA BY DISTRICT (JULY - DECEMBER 2021) (EC, KZN & WC)

District		Black African	Indian	Coloured	White
	%				
NMB	Population [1]	60	1	24	14
	Accessed service	23	2	24	51
eThekwini	Population [1]	74	17	3	7
	Accessed service	87	4	4	5
UMG	Population [1]	85	7	2	6
	Accessed service	98	0	1	1
Cape Metro	Population [1]	39	1	42	16
	Accessed service	3	0	87	10

[1]Statistics by place - Statistics South Africa

HIV, TB and viral hepatitis services

HIV testing services among PWID who accessed additional health services: 114 in Nelson Mandela Bay (3 tested HIV positive and 3 started ART) , 205 in eThekwini (25 tested HIV positive and 9 started ART), 99 in uMgungundlovu (12 tested HIV positive and 9 started ART) and 405 in the Cape Metro (17 tested HIV positive and 14 started ART). HIV viral suppression was confirmed among 2 people in Nelson Mandela Bay, 6 people in eThekwini, 2 in uMgungundlovu and 1 in the Cape Metro.

TB screening and testing services among PWID: 206 PWID screened in Nelson Mandela Bay (1 suspected TB, and none confirmed), 375 screened in eThekwini (53 suspected, 4 confirmed, 3 started treatment), 174 screened in uMgungundlovu (0 suspected) and 528 screened in the Cape Metro (27 suspected and none confirmed).

Viral hepatitis services: 75 PWID tested in Cape Town among who 58 had HCV antibodies and 15 infections were confirmed and 11 people were started on DAAs. In eThekwini, 67 people were tested, among whom 46 had HCV antibodies and 12 infections confirmed and 6 were started on DAAs. Two PWID were found to have HBV surface antigens in Cape Town and 0 in eThekwini.

TABLE 144: CHARACTERISTICS OF PEOPLE WHO USE DRUGS TESTED FOR HIV BY DISTRICT (JULY - DECEMBER 2021) (EC, KZN & WC)

District (N)	Men		Women		Black African		Indian		Coloured		White	
	n	%	n	%	n	%	n	%	n	%	n	%
NMB (114)	78	68	36	32	24	21	0	0	28	25	61	54
eThekwini (205)	196	96	9	4	157	80	10	5	10	5	20	10
UMG (99)	95	96	4	4	96	97	0	0	1	1	2	2
Cape Metro (405)	329	81	76	19	4	1	0	0	337	89	37	10

TABLE 145: HIV TREATMENT CASCADE BY DISTRICT (JULY - DECEMBER 2021) (EC, KZN & WC)

District (N)	NMB (114)		eThekwini (205)		UMG (99)		Cape Metro (405)	
	n	%	n	%	n	%	n	%
HIV +	3	3	25	12	12	12	17	4
Started ART	3	100	9	36	9	75	14	82
Virally suppressed *	2	-	6	-	2	-	1	-

*Data from people on ART, following national guidelines

Opioid substitution therapy (OST) services

Opioid substitution therapy was not available in Nelson Mandela Bay and uMgungundlovu. In eThekwini there were 72 people on OST at the beginning of the period and 110 on OST at the end of the period. In Cape Town, there were 118 PWID on OST at the beginning of the period and 145 at the end of the period. Data on the number of people on low-dose methadone at Bellhaven was not available for this period.

TABLE 146: SELECTED DEMOGRAPHIC CHARACTERISTICS OF PEOPLE WHO USE DRUGS ON OPIOID SUBSTITUTION THERAPY BY DISTRICT AT THE END OF THE PERIOD (JULY - DECEMBER 2021) (EC, KZN & WC)

Site	Male	Female	Black African	Indian	Coloured	White
	%		%			
Nelson Mandela Bay[1] (n=0)	-	-	-	-	-	-
eThekwini (n=110)	ND	ND	ND	ND	ND	ND
uMgungundlovu (n=0)	-	-	-	-	-	-
Cape Metro (n=145)	74	26	2	1	66	31

TABLE 147: CLIENTS ON OPIOID SUBSTITUTION THERAPY, LOST TO FOLLOW-UP AND EXITED PROGRAMME BY DISTRICT (JULY - DECEMBER 2021) (EC, KZN & WC)

District		Number on OST at start of period	Number initiated on OST for first time during period	Number restarted during period that were lost to follow-up at start of period	Number LTFU during period	Number exited during period	Number died during period	Number on OST at end of period
NMB	Non-injecting	-	-	-	-	-	-	-
	PWID	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-
eThekwini	Non-injecting							0
	PWID	72	57	9	26	1	1	110
	Total	72	57	9	26	1	1	110
UMG	Non-injecting	-	-	-	-	-	-	-
	PWID	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-
Cape Metro	Non-injecting							0
	PWID	118	87	21	45	34	2	145
	Total	118	87	21	45	34	2	145

Human rights violations

During this reporting period, the following human rights violations were reported: 65 in Nelson Mandela Bay, 132 in eThekwini, 24 in uMgungundlovu and 75 in the Cape Metro.

TABLE 148: COMPARISON OF REPORTED HUMAN RIGHTS VIOLATIONS BY DISTRICT (JULY - DECEMBER 2021)

Reported violation (n)	NMB	eThekwini	UMG	Cape Metro
Confiscation / destruction of injecting equipment	41	63	11	31
Assaulted	24	56	12	37
Falsely arrested	0	8	0	4
Confiscation of medications/ belongings	0	2	0	3
Other	0	3	1	0
Total number of violations	65	132	24	75

3B: COMMUNITY-BASED HARM REDUCTION SERVICES – GAUTENG AND MPUMALANGA

Several organisations provide harm reduction services in Gauteng during this period. Anova Health Institute's Jab Smart Project provides harm reduction and HIV prevention services for PWID in sub-districts B – G of the City of Johannesburg and in Sedibeng Districts. Tintswalo Home Based Care provided outreach harm reduction services for PWID in sub-district East, North and South of the City of Ekurhuleni. The Foundation for Professional Development's HARMLess project, TB HIV Care and the Department of Family Medicine at the University of Pretoria's Community Orientated Substance Use Programme (COSUP) provide services across the City of Tshwane. The Foundation for Professional Development's HARMLess project and TB HIV Care provided harm reduction outreach services in Ehlanzeni District (Mpumalanga) in this period.

Needle and syringe services

PWID reached during this period: 7 293 in Johannesburg, 380 in Ekurhuleni, 10 086 in Tshwane, 1 526 in Sedibeng and 555 in Ehlanzeni).

Across the districts, almost all clients were over the age of 20 years, and the majority were men (ranging from 92% in Mbombela to 98% in Sedibeng). Racial characteristics of service users varied by district; being predominantly Black African in Ehlanzeni (91%), Ekurhuleni (89%), Johannesburg (97%), Tshwane (90%) and Sedibeng (99%). PWID service user sociodemographic characteristics by province are provided in Table 149.

TABLE 149: DEMOGRAPHIC CHARACTERISTICS OF PEOPLE WHO USE DRUGS WHO ACCESSED NEEDLE AND SYRINGE SERVICES BY DISTRICT (JULY - DECEMBER 2021) (GP & MP)

Province	District (N)	Male		Female		Black African		Coloured		Indian		White	
		n	%	n	%	n	%	n	%	n	%	n	%
GP	Ekurhuleni (380)	345	91	35	9	314	83	3	1	31	8	30	8
	Johannesburg (7 293)	6980	96	328	4	6703	97	14	0	97	1	88	1
	Sedibeng (1 526)	1492	98	34	2	1453	99	0	0	0	0	8	1
	Tshwane (10 086)	9643	96	428	4	7821	90	13	0	372	4	339	4
MP	Ehlanzeni (555)	512	92	42	8	294	89	0	0	7	2	29	9

*Some demographic data was not provided. No demographic data for Tshwane COSUP PWID clients available.
ND: No data available GP: Gauteng, MP: Mpumalanga

Across districts, the largest proportion of clients were in the age group 25 – 35 years.
Needles and syringes distributed: 186 300 in Ekurhuleni, 594 570 in Johannesburg, 62 055 in Sedibeng, 526 950 in Tshwane and 10 869 Ehlanzeni) with return rates of 66%, 41%, 7%, 109% and 72%, respectively.

TABLE 150: AGE DISTRIBUTION OF PEOPLE WHO USE DRUGS WHO ACCESSED NEEDLE AND

SYRINGE SERVICES BY DISTRICT (JULY - DECEMBER 2021) (GP & MP)

Age distribution (yrs)	EKR		JHB		SED		TSH		EHL	
	n	%	n	%	n	%	n	%	n	%
<15	0	0	5	0	2	0	0	0	0	0
16-24	46	12	808	11	253	17	597	5	55	11
25-35	285	75	5302	73	1122	74	3156	29	209	43
36-50	47	12	1101	15	137	9	7057	64	222	46
51+	2	1	82	1	12	1	131	1	1	0

ERK: Ekurhuleni; JHB: Johannesburg; SED: Sedibeng; TSH: Tshwane; EHL: Ehlanzeni

TABLE 151: PROPORTION OF PEOPLE WHO USE DRUGS ACCESSING NEEDLE AND SYRINGE SERVICES BY AGE COHORT BY DISTRICT (JULY - DECEMBER 2021) (GP & MP)*

District	ERK		JHB		SED		TSH		EHL**	
Age distribution (yrs)	n	%	n	%	n	%	n	%	n	%
PWID <18	1	0	7	0	5	0	26	<1	ND	ND
PWID >=18	379	100	7286	100	1521	100	6034	>99	ND	ND

ERK: Ekurhuleni; JHB: Johannesburg; SED: Sedibeng; TSH: Tshwane; EHL: Ehlanzeni
*Different sites have different age categories. JHB, ERK and SED have 18 years category, TSH and EHL have 20-year category. Some data missing ** No data available due to change in service provider and change of data systems.

TABLE 152: COMPARISON OF PROPORTION OF PEOPLE WHO USE DRUGS ACCESSING NEEDLE AND SYRINGE SERVICES WITH CENSUS DATA BY DISTRICT (JULY - DECEMBER 2021) (GP & MP)

District		Black African	Indian	Coloured	White
		%			
Ekurhuleni	Population [1]	79	2	3	16
	Accessed service	83	1	8	8
Johannesburg	Population [1]	76	5	6	12
	Accessed service	97	0	1	1
Sedibeng	Population [1]	82	1	1	16
	Accessed service	99	0	0	1
Tshwane	Population [1]	75	2	2	21
	Accessed service	90	0	5	5
Ehlanzeni	Population [1]	94	<1	1	5
	Accessed service	91	0	2	7

[1]Statistics by place - Statistics South Africa

HIV, TB and viral services

HIV testing services among PWID who accessed additional health services: 126 in Ekurhuleni (16 tested HIV positive and 15 started ART), 1 661 in Johannesburg (337 tested HIV positive and 200 started ART), 212 in Sedibeng (135 tested HIV positive and 57 started ART), 519 in Tshwane (202 tested HIV positive and 244 confirmed on ART) and 117 in Ehlanzeni (19 tested HIV positive and 14 started ART).

TB screening and testing services among PWID: 179 in Ekurhuleni (1 suspected TB, and none confirmed), 2 137 in Johannesburg (10 suspected TB, 1 confirmed, 1 started treatment and 1 person cured), 291 in Sedibeng (0 suspected TB, and none confirmed), 9 229 in Tshwane (20 suspected TB, and none confirmed) and 70 in Mbombela (0 suspected).

Viral hepatitis services: 157 PWID tested in Johannesburg among whom 145 had HCV antibodies and 18 infections were confirmed and 13 people were started on DAAs. In Sedibeng, 3 people were tested, among whom 3 had HCV antibodies. Six PWID were found to be HBV surface antigen reactive in Johannesburg and 0 in Sedibeng.

TABLE 153: CHARACTERISTICS OF PEOPLE WHO USE DRUGS TESTED FOR HIV AND HIV TREATMENT CASCADE* BY DISTRICT (JULY – DECEMBER 2021) (GP & MP)

District (N)	Men		Women		Black African		Indian		Coloured		White	
	n	%	n	%	n	%	n	%	n	%	n	%
Ekurhuleni (n=126)	121	96	5	4	112	89	2	2	7	6	5	4
Johannesburg (n=1661)	1061	64	61	4	1566	96	6	0	31	2	21	1
Sedibeng (n=212)	207	98	5	2	199	100	0	0	0	0	1	1
Tshwane (n=519)	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Mbombela (n=117)	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND

*Some demographic data was not provided. ERK: Ekurhuleni; JHB: Johannesburg; SED: Sedibeng; TSH: Tshwane; EHL: Ehlanzeni
-: Data not available

TABLE 154: HIV TREATMENT CASCADE BY DISTRICT (JULY - DECEMBER 2021) (GP & MP)

District (N)	Ekurhuleni (n=126)		Johannesburg (n=1661)		Sedibeng (n=212)		Tshwane (n=519)		Mbombela (n=117)	
	n	%	n	%	n	%	n	%	n	%
HIV +	16	13	337	20	135	64	202	39	19	22
Started ART	15	94	200	59	57	42	244	121	14	74
Virally suppressed *	5	-	3	-	0	-	71		43	-

*Data from people on ART, following national guidelines

Opioid substitution therapy (OST) services

OST was not available in Ekurhuleni. In Johannesburg, 147 people were on OST at the beginning of the period 230 were on OST at the end of the period. In Tshwane, 789 people were on OST at the beginning of the period and 750 at the end of the period. In Mbombela 30 people were on OST at the beginning of the period and 40 at the end of the period (Table 155).

TABLE 155: SELECTED DEMOGRAPHIC CHARACTERISTICS OF PEOPLE WHO USE DRUGS ON OPIOID SUBSTITUTION THERAPY BY DISTRICT AT THE END OF THE PERIOD (JULY - DECEMBER 2021) (GP & MP)

District	Male	Female	Black African	Indian	Coloured	White
	%		%			
Ekurhuleni	-	-	-	-	-	-
Johannesburg	91	9	91	1	3	1
Sedibeng	67	33	100	0	0	0
Tshwane	91	9	82	3	5	6
Ehlanzeni	90	10	88	0	0	13

TABLE 156: CLIENTS ON OPIOID SUBSTITUTION THERAPY, LOST TO FOLLOW-UP AND EXITED PROGRAMME – BY DISTRICT (JULY - DECEMBER 2021) (GP & MP)

District		Number on OST at start of period	Number initiated on OST for first time during period	Number restarted during period that were lost to follow-up at start of period	Number LTFU during period	Number exited during period	Number died during period	Number on OST at end of period
ERK	Non-injecting	-	-	-	-	-	-	-
	PWID	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-
JHB	Non-injecting	-	-	-	-	-	-	-
	PWID	147	116	2	23	12	0	230
	Total	147	116	2	23	12	0	230
SED	Non-injecting	-	-	-	-	-	-	-
	PWID	0	9	0	0	0	0	9
	Total	0	9	0	0	0	0	9
TSH	Non-injecting	356	9	4	6	27	1	335
	PWID	433	23	4	8	32	5	415
	Total	789	32	8	14	59	6	750
EHL	Non-injecting	-	-	-	-	-	-	-
	PWID	30	10	0	0	0	0	40
	Total	30	10	0	0	0	0	40

Human rights violations

The following human rights violations were reported: 27 in Ekurhuleni, 94 in Johannesburg and 83 in Sedibeng. Human rights violations are not routinely collected in Tshwane.

TABLE 157: COMPARISON OF REPORTED HUMAN RIGHTS VIOLATIONS BY DISTRICT (JULY - DECEMBER 2021) (GP & MP)

Reported violation (n)	JHB	EKR	SED	TSH	EHL
Confiscated/destroyed needles	16	14	8		
Confiscated/destroyed needles & assaulted	39	4	24		
Falsely arrested	31	7	20	-	-
Other	8	2	31	-	-
Total number of violations	94	27	83		

SECTION 4: SERVICE QUALITY MEASURES (SQM): WESTERN CAPE IMPLEMENTATION FINDINGS FOR THE PERIOD 1 APRIL 2021 – 31 MARCH 2022

BACKGROUND

The Service Quality Measures (SQM) initiative is a performance measurement system designed specifically for South Africa's substance use treatment services. This performance measurement system was developed through a consensus-driven process that included the inputs of treatment providers and substance use treatment experts.

The system uses three forms to generate information on a core set of indicators of treatment quality. The South African Treatment Services Assessment (SAATSA) is a patient survey that collects data on patient-reported outcomes of treatment (relating to reduced substance use, improved social cohesion, improved quality of life, and reduced sexual risk behaviour). It also collects data on the process of care, specifically perceived access to treatment and perceived quality of treatment. The South African Community Epidemiology Network on Drug Use's (SACENDU) treatment admission form and the SQM discharge form are used in conjunction to generate process measures of the quality of care including treatment retention, duration of treatment and outcomes of treatment.

The implementation of this system is supported through extensive training of service providers as well as a service provider toolkit that reviews the process of implementation and contains information on how to complete each of the forms.

FEEDBACK OF FINDINGS

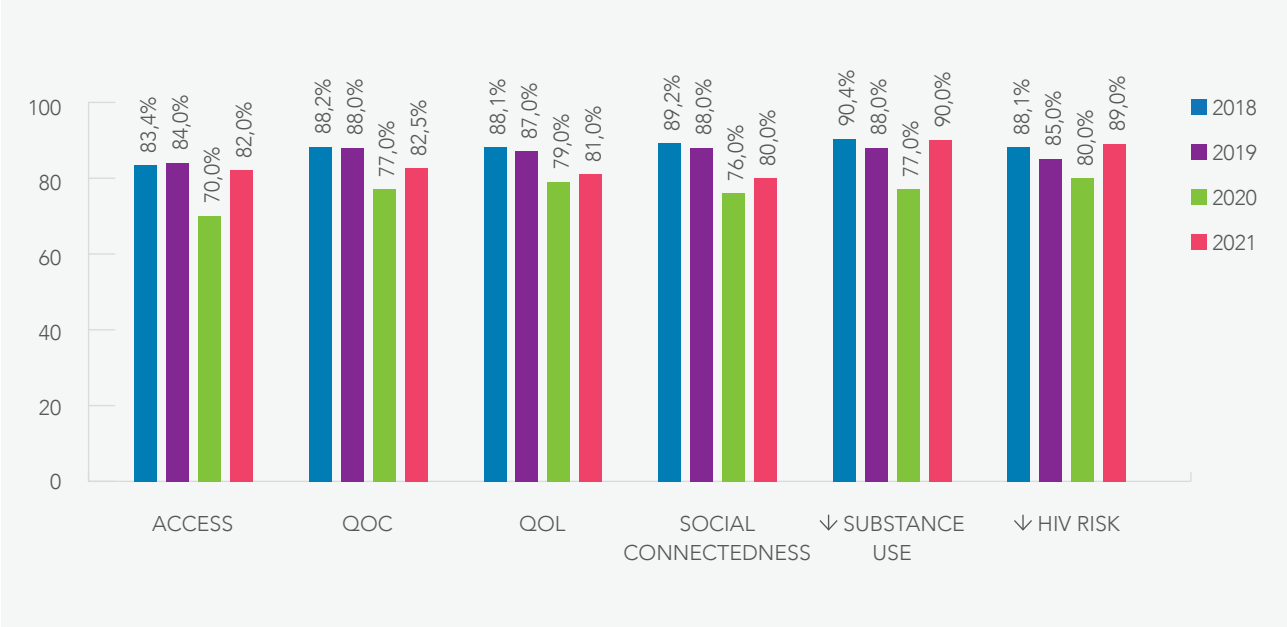
The findings reported reflect the data collected for the SQM for the 1 April 2021 to 31 March 2022 period. Data was collected across 29 treatment sites in the Western Cape for 2152 adult patients (18-71 years). Of these patients, 10.2% (n=246) were enrolled at inpatient facilities and 89.6% (n=1906) at outpatient or community-based organisations (CBCs). Despite the decrease in the number of treatment centres that participated in this period, a marked increase in the number of patients accessing care (number of SACENDU forms completed) for this period can be seen in contrast to the previous reporting period. Of this population, 71% were males and 29% were females.

FINDINGS ON THE SQM'S KEY INDICATORS

Patient -reported outcomes: an overview

Figure 1 depicts the extent to which patients' thought their programme helped them reduce their substance use problems, improve their social connectedness, improve their quality of life and reduce their HIV risk as well as the overall perception of the accessibility and quality of services. In this figure, the mean percentage score for each SAATSA scale is presented for the 2018, 2019, 2020 and 2021 reporting periods. In the 2021 reporting period, an increase can be seen in scores on all scales in comparison to the 2020 reporting period. Findings for the 2021 reporting period is similar to the 2018 and 2019 periods which was prior to the COVID-19 pandemic. Compared to the previous reporting period, the extent to which patients thought that treatment helped them improve their social connectedness and reduce HIV risk and reduce substance use increased. Overall, performance on these indicators remain high considering that the SAATSA form is only completed after the third week of treatment and is skewed towards patients who have been able to overcome barriers to being retained in care.

FIGURE 1: PATIENTS' PERCEPTIONS OF THE EFFECTIVENESS, ACCESSIBILITY, AND OVERALL QUALITY OF SUBSTANCE USE TREATMENT SERVICES: WESTERN CAPE (2018-2021)



Figures 2 and 3 depicts the extent to which in- and outpatients/CBOs respectively thought their treatment programme helped them reduce their substance use problems, improve their social connectedness, improve their quality of life and reduce their HIV risk as well as their overall perception of the accessibility and quality of services. In these figures, the mean percentage score for each SAATSA scale is presented for the 2018, 2019, 2020 and 2021 reporting periods.

FIGURE 2: PATIENTS' [WHO RECEIVED INPATIENT TREATMENT] PERCEPTIONS OF THE EFFECTIVENESS, OVERALL QUALITY AND ACCESSIBILITY OF TREATMENT (2018-2021)

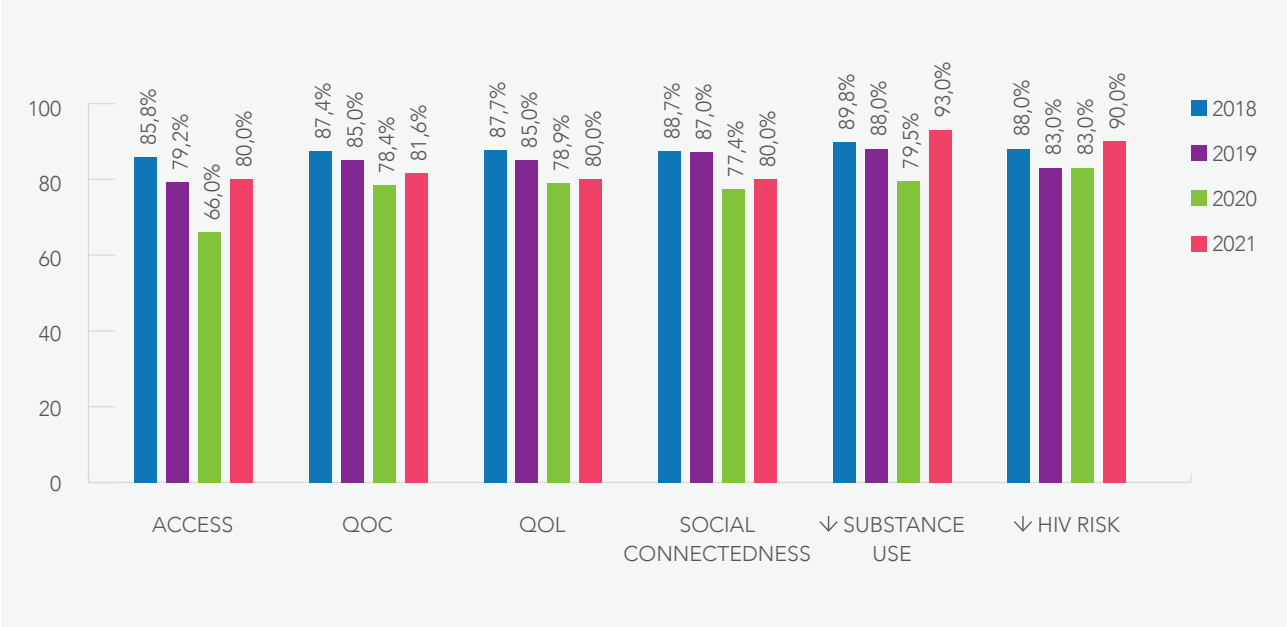
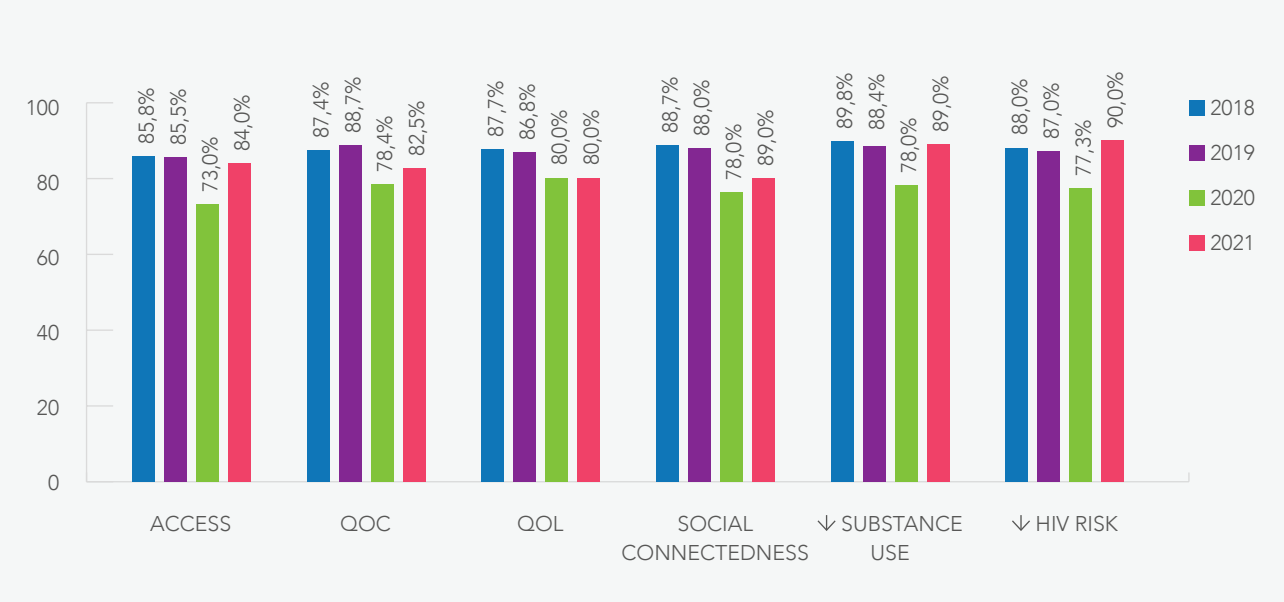


FIGURE 3: PATIENTS' [WHO RECEIVED OUTPATIENT TREATMENT] PERCEPTIONS OF THE EFFECTIVENESS, OVERALL QUALITY AND ACCESSIBILITY OF TREATMENT (2018-2021)



In this reporting period there were differences on two of the SAATSA scales between inpatient and outpatient/community-based centres. Outpatient/CBOs scored higher on the accessibility of services scale in comparison to inpatient facilities. Inpatient facilities performed well on the reduced substance use scale which could be due to no access to substances and scores on the remaining scales being similar.

EQUITY OF OUTCOMES AND QUALITY OF SERVICES RECEIVED

Demographic data was extracted from the SACENDU and SQM Discharge forms to examine whether patients from different gender, race, and age groups have different perceptions of the quality and effectiveness of services. If such differences are found, these would suggest areas where programmes can be improved to better respond to the needs of these subpopulation groups.

Findings for this reporting period indicate that there were no gender differences in terms of patient reported outcomes (see Table 158). For this period, the extent to which women thought that the treatment programme reduced their risk of HIV was higher than males. A significant increase can be seen across all the SAATSA scales for males and females in comparison to the previous reporting period. Consistent with the literature, once women access substance use treatment, they seem to do as well as men in terms of treatment outcomes and even better on some. Women, however, still comprise a small proportion of people that access services.

TABLE 158: SAATSA OUTCOMES BY GENDER FOR EACH REPORTING PERIOD, % (2018-2021)

	2018		2019		2020		2021	
	M	F	M	F	M	F	M	F
Access	83.8	83.5	82.8	82.7	63.0	72.3	83.0	82.5
Quality of Care	87.1	89.2	87.4	88.4	74.0	76.9	82.5	81.6
Quality of Life	85.8	87.8	87.7	88.8	76.9	81.6	82.0	80.8
Social Connectedness	87.1	89.4	88.7	89.9	71.3	78.3	81.5	80.0
Substance Use	87.7	89.8	89.8	90.8	79.6	88.0	93.0	92.7
HIV risk	86.4	86.0	87.9	88.0	73.0	67.9	90.0	92.0

Table 159 depicts patients' perceptions of the effectiveness, accessibility and overall quality of substance misuse treatment services by age. For the 2018 reporting period, when patient reported outcomes of young adults (18-24 years) were compared with those of older adults (>=25 years of age), there were no significant differences found on the access, quality of care and quality of life scales. In the previous reporting period (2020) younger adults scored lower on access, quality of life, social connectedness, and reductions in substance use.

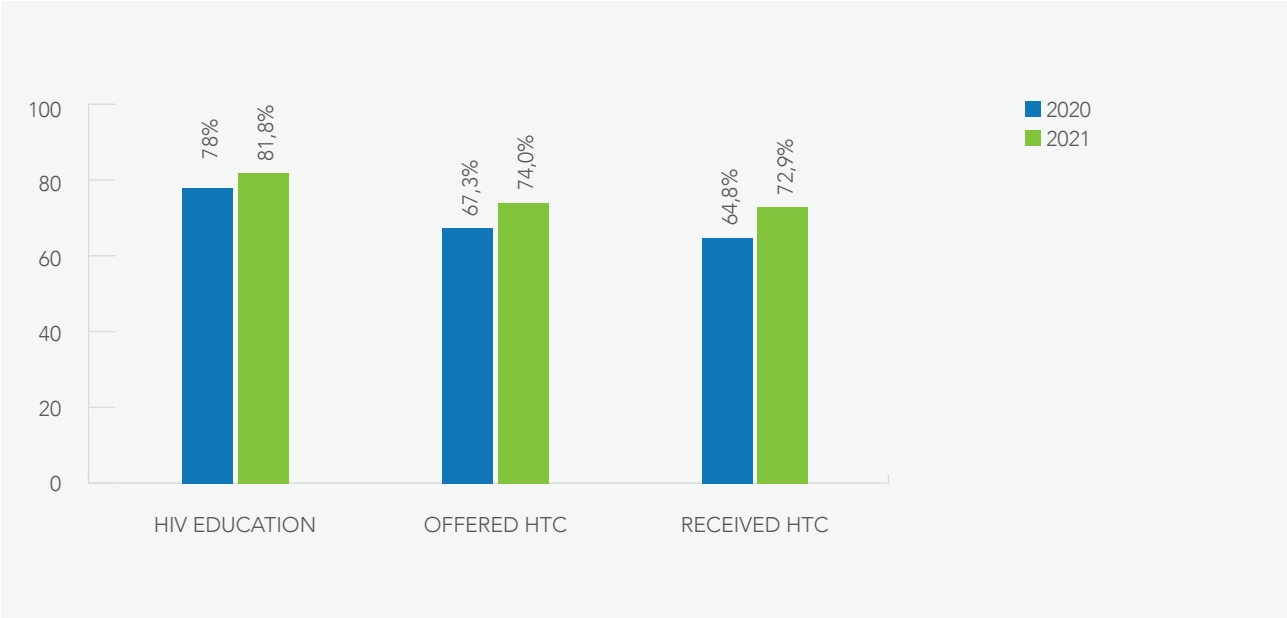
TABLE 159: PATIENTS IN THE WESTERN CAPE'S PERCEPTIONS OF THE EFFECTIVENESS, ACCESSIBILITY, AND OVERALL QUALITY OF SUBSTANCE USE TREATMENT SERVICES BY AGE (2018-2021).

	2018		2019		2020		2021	
	%							
	18-24yrs	>=25yrs	18-24yrs	>=25yrs	18-24yrs	>=25yrs	18-24yrs	>=25yrs
Access	80.8	82.8	82.5	83.5	64.6	64.1	84.0	83.0
Quality of Care	86.0	87.9%	86.9	88.2	75.6	74.0	83.0	82.5
Quality of Life	83.4	86.8	88.4	88.0	74.3	77.5	82.5	81.0
Social Connectedness	83.6	88.3	90.1	89.0	70.0	82.0	82.5	81.6
Substance Use	82.4	89.0	91.0	90.2	74.0	72.3	93.0	93.0
HIV Risk	84.2	87.2	86.0	88.4	64.0	71.1	89.0	91.0

INTEGRATING HIV SERVICES INTO SUBSTANCE MISUSE TREATMENT HELPS REDUCE HIV RISK

In previous years patients who received HIV information and education during treatment were more likely to report greater reductions in HIV risk than patients who did not receive these services. In this reporting period (2020–2021), eighty-two percent of patients received HIV education. Patients who received HIV information and education during treatment were more likely to report reductions in HIV risk than patients who did not receive these services (t=10.36, (1034), p=0.000). A significant difference was found in HIV risk reduction between participants who were sexually active and those who were not sexually active at the time of treatment (t=4.59, (1029), p=0.000). This highlights the importance of targeting all patients for HIV education and information, and counselling and testing (see Figure 4).

FIGURE 4: DEPICTION OF PATIENTS IN THE WESTERN CAPE WHO RECEIVED HIV EDUCATION, WERE OFFERED HIV TESTING AND COUNSELLING AND THE PROPORTION OF THOSE WHO ACCEPTED THE OFFER OF AN HIV TEST (SHOWN AS A PERCENTAGE)



TREATMENT COMPLETION RATES FOR INPATIENT AND OUTPATIENT/CBOS FACILITIES

For this reporting period 55% completed treatment. At inpatient facilities, 72% completed treatment and 61% at outpatient/CBOs facilities. Patients who attend outpatient/CBOs services are significantly less likely to complete treatment than patients in inpatient settings. However, for this reporting period an improvement in completion rates can be seen for outpatient facilities compared to previous years. Amongst those who did not complete treatment, it shows the proportion that dropped out against professional advice, or for whom the therapeutic programme was terminated due to noncompliance or transferred to other facilities. See Table 160.

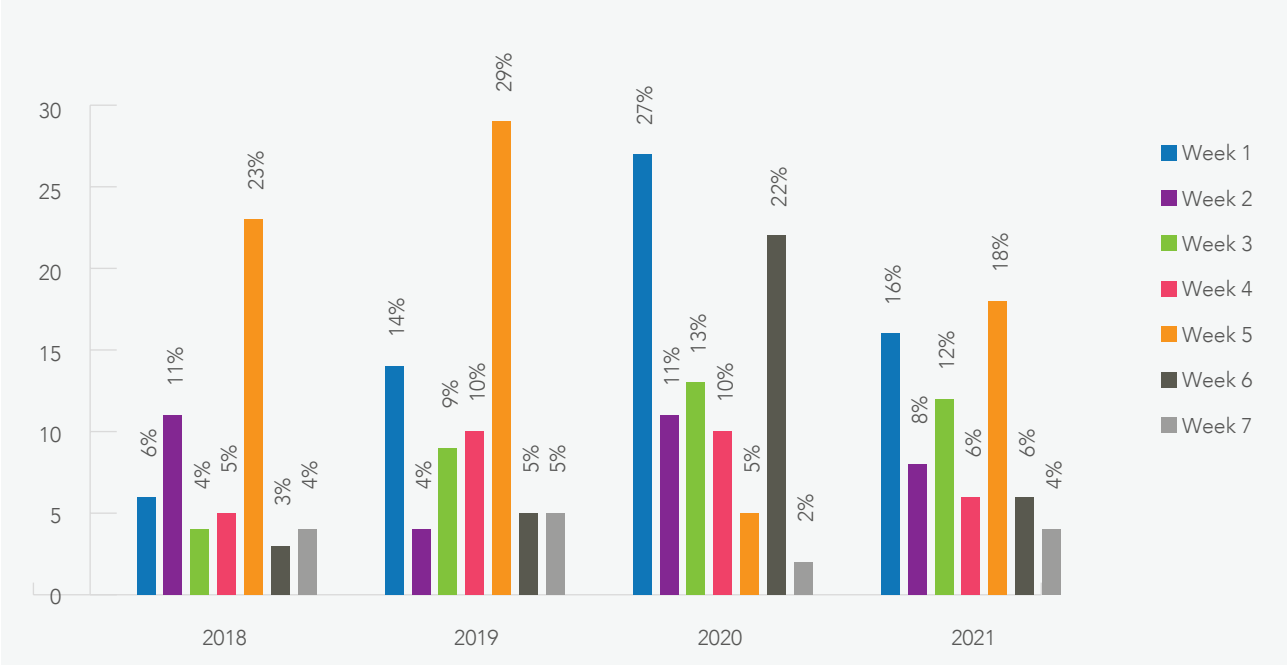
TABLE 160: PROPORTION OF PATIENTS WHO COMPLETED TREATMENT, DROPPED OUT OF TREATMENT OR FOR WHOM TREATMENT WAS TERMINATED

Variable	Overall	Inpatient	Outpatient/ Community-based	p-value
	%			
Completed	55.0	72.0	61.0	0.03
Dropped out	45.0	28.0	39.0	-
Terminated due to non-compliance	10.4	2.9	23.5	-
Transferred to other care	5.9	9.7	5.43	-

DROP-OUT RATES

Figure 4 reflects the proportion of patients who drop out of treatment for each week of treatment. In this reporting period, the highest drop-out rates can be seen at week five of treatment which is consistent with the 2018 and 2019 reporting periods. Prior to 2018, the highest dropout was observed at the first three weeks and even though early dropout was not uncommon to our context, early withdrawal from treatment is common in other settings too. A recommendation that was made in response to the early dropout was for service providers to include interventions to help facilitate engagement in treatment and address barriers around treatment readiness. The findings for this period indicate that the risk of dropout decreases once patients are sufficiently engaged in the programme.

FIGURE 5: PROPORTION OF PATIENTS WHO DROPPED OUT OF TREATMENT PROGRAMME (2018-2021)



IMPLICATIONS FOR POLICY AND FUTURE RESEARCH

Selected implications for policy/practice[1]

During the Phase 51 regional report back meetings of SACENDU as well as findings from the SQM System, a number of recommendations were made with regard to specific interventions needed to address substance use and substance use policy in general:

- Upscale prevention initiatives aimed at younger persons in GT using cannabis, Nyaope, methamphetamine and codeine in GT and heroin and cannabis in NR and cannabis in WC.
- Prioritise undertaking a new Youth Risk Behaviour Survey (YRBS) in South Africa.
- Consider upscaling capacity to treat more young persons needing drug treatment for cannabis related problems.
- Strengthen efforts to address injecting of heroin in GT and WC.
- Further investigation of the impact of cannabis legislation on access to drugs, specifically among young people and adolescents is imperative.
- Continue to motivate for HIV testing among young people receiving substance use treatment.
- Important to ensure drug treatment and harm reduction services are considered essential services and continue in future epidemics.
- Overdose training provided to harm reduction beneficiaries in eThekwini was well-received and should be covered for scaling up.
- In this implementation period, the SQM measurement system continues to generate useful findings that can be used to guide policy and clinical decisions around service provision.
- Overall, a decrease can be seen in the number of centres that participated for this period. A noticeable decrease can be seen in the number of SAATSA forms collected vs SACENDU and Discharge forms.
- Treatment centres performance on patient reported outcomes remained stable despite circumstances.
- Overall performance on the SAATSA scales was relatively high.
- Increase can be seen on patients' perceptions of the treatment programme helping them to reduce substance use and HIV risk.
- Access to care remained stable. Outpatient/ community-based facilities scored higher on the access scales.
- No gender differences were observed across scales for this reporting period. Despite women performing as well as men on the SAATSA outcome scales, women still only comprise a small portion of people accessing services.
- HIV information and education continues to have a positive impact on HIV risk behaviour.
- High levels of drop out and early drop out of treatment remains a problem. In order to promote longer stays in treatment and prevent early drop out, facilities should strive to reduce barriers to retention in services and seek to provide care that patients find acceptable and satisfactory.

Selected issues to monitor

Phase 51 of the SACENDU Project and findings from the SQM System highlighted several conditions/factors that need to be carefully monitored over time:

- Changes in drug treatment demand related to cannabis use in GT, NR and WC (especially among younger persons) following legalisation of private use.
- Increase in drug treatment demand related to methamphetamine use among young persons in GT and heroin use in NR.
- Increase in treatment demand related to methamphetamine use by under 20's and adults in EC.
- Increase in number of treatment admissions among 15-19 year old individuals (GT, EC, NR, CR).
- Increase in cannabis use across regions, and among young people aged <20 years.
- Decrease in age of persons using cannabis in the WC.
- Increase in the number of repeat admissions in Limpopo province.
- Decrease in average age at time of admission for cannabis use in WC.
- Low HIV testing rates, especially in GT, EC, KZN, and NR.
- Increase in repeat admissions in NR (Limpopo province).
- Increase in number of school-aged admissions in KZN.
- Decline in rate of individuals who have been tested for HIV in the past 12 months in the KZN province.
- Ongoing reports of confiscation of injecting equipment across districts where harm reduction services are provided.
- Enhanced measurement and reporting of viral suppression data among people who use drugs on ART.
- Low number of females accessing treatment services from SQM data.
- High levels of drop-out/early drop-out rates based on SQM data.

[1] Outcomes emanating from regional meetings held in GP, KZN, PE and CT

Selected topics for further research/investigation

Phase 51 of the SACENDU Project and findings from the SQM System highlighted several topics for further research/investigation:

- Why has there been an increase in drug treatment demand among people in GT and NR, especially among younger persons?
- What are the consequences of use of Nyaope and methamphetamine by young people in GT and of heroin use by young people in NR?
- What is our capacity to address increases in drug treatment demand related to cannabis use?
- Why has there been a switch in drug treatment demand from cannabis to alcohol in KZN?
- Why are there such high levels of drug treatment demand for persons 55 and older for cannabis in KZN?
- What is the effect of cannabis liberalisation on adolescent use and associated harms.
- How to address the issue of increased admissions for younger persons in GT, EC, NR, and CR?
- Has cannabis legislation contributed to the increase in cannabis misuse, especially among youths?
- What are the reasons for the decrease/poor HIV testing rates in GT, KZN, EC, and NR?
- Has alcohol restrictions resulted in the transition to crack/cocaine use in KZN.
- What are the barriers and facilitators to community based naloxone distribution in South Africa?
- What innovative strategies could be used to address human rights violations affecting people who use drugs, including confiscation of injecting equipment?
- What are the factors driving and constraining retention in substance use services that are perceived as being acceptable and satisfactory by service-users?

Limitations

Phase 51 of the SACENDU Project and SQM System emphasised a number of limitations:
The SACENDU Project is a voluntary system that relies on data from specialist treatment centres. Data is not always submitted in a timely manner due to challenges faces by these centres such as staff constraints, staff turnover, etc.

- Due to the voluntary nature of participating in the SACENDU system, the number of treatment centres contributing data is not always consistent, impacting the comprehensiveness and coverage of the system.
- This reporting period overlapped with the COVID-19 pandemic and when the country was still under the state of national disaster which interrupted treatment services.
- For a period of 2021, the SQM project experienced funding constraints which hindered the implementation process.
- The SAATSA form is to be completed from week 3 in treatment and often this is forgotten. Facilities need to 'build' in a reminder to have these forms completed as it will promote more valuable findings.
- The patient unique identifier is sometimes recorded incorrectly and as a result, the forms cannot be linked to the individual. Often these numbers are long and only differs by one number or letter.
- There are cases where information is recorded for a different patient on a different form using the same patient identifier. E.g., SACENDU form is completed with unique identifier 20022ADO/32 and the forms specifies that the patient is a Coloured[2] female that is 34 years. The discharge form will contain the same patient identifier but according to the completed form the patient is a white male that is 58 years old. An attempt to address, will be the provision of refresher training to service providers which will include closer monitoring and recording of patient information. Once treatment centres start using the online platforms to capture patient information, it will hopefully eliminate this challenge completely.
- The discharge form should be completed after 30 days if no contact has been made with the patient. However, some treatment facilities only close files one year after no contact with the patient. Moving forward, treatment centres will be encouraged to close patient files earlier.

[2] Coloured is a term that is used for demographic purposes only and does not reflect the views of the SACENDU or SQM Systems.

SACENDU

South African Community Epidemiology Network on Drug Use

THREE REPORTS HAVE BEEN PRODUCED:

a. SACENDU Update
b. SACENDU Research Brief
c. Monitoring Alcohol, Tobacco and Other Drug Use Treatment Admissions in South Africa (this report)

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