



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

Treatment Demand Data • Service Quality Measures (SQM)
• Community-Based Harm Reduction Services

CENTRAL REGION SYMPOSIUM: TREATMENT DEMAND DATA

Ms Nancy Hornsby

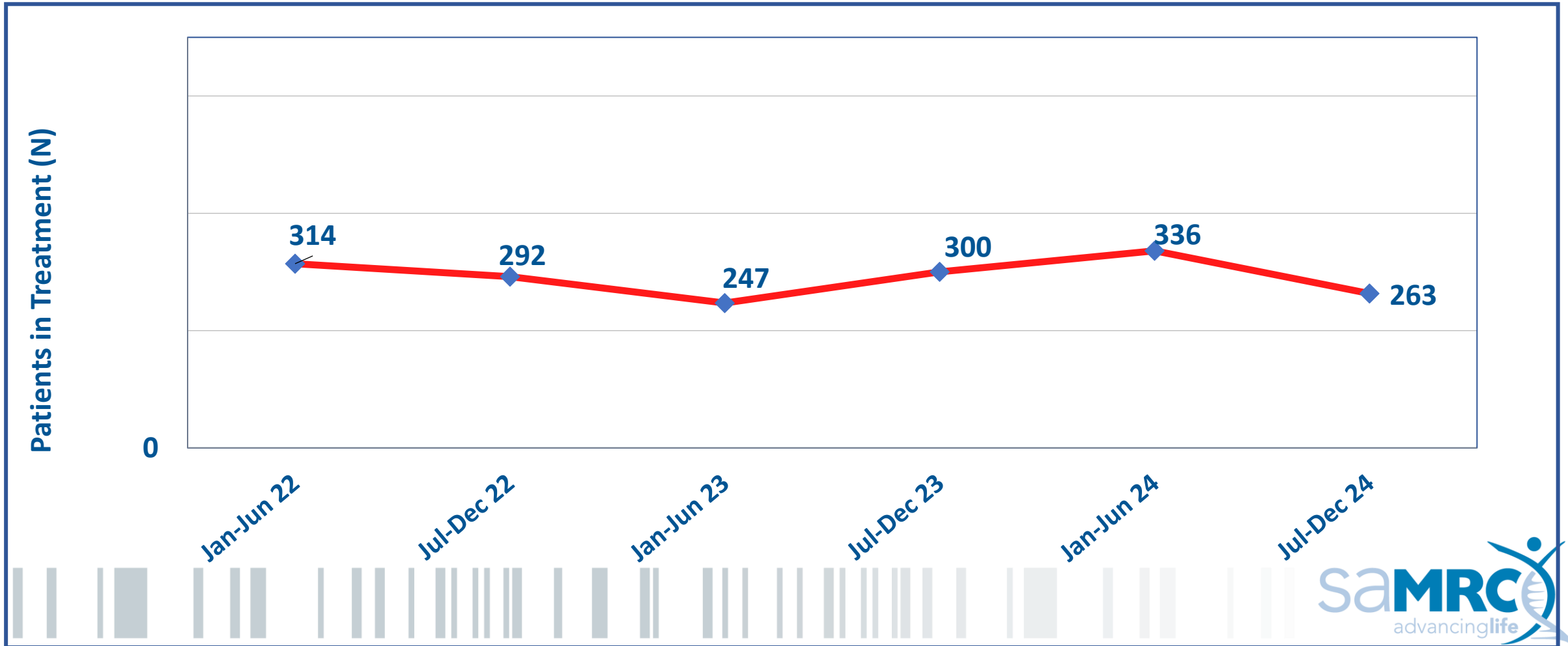
Phase 57 | July - December 2024

20 March 2025, Garden Court, Kimberley





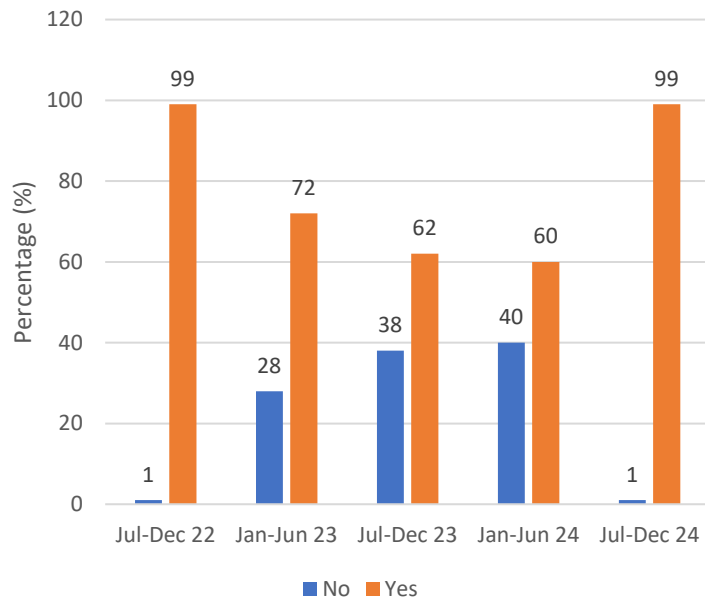
NUMBER OF PATIENTS IN TREATMENT



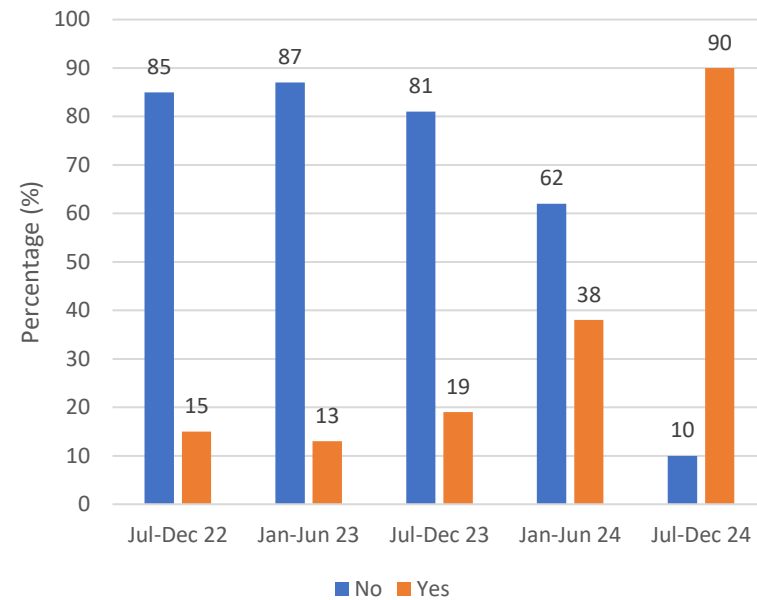


TYPE OF TREATMENT RECEIVED

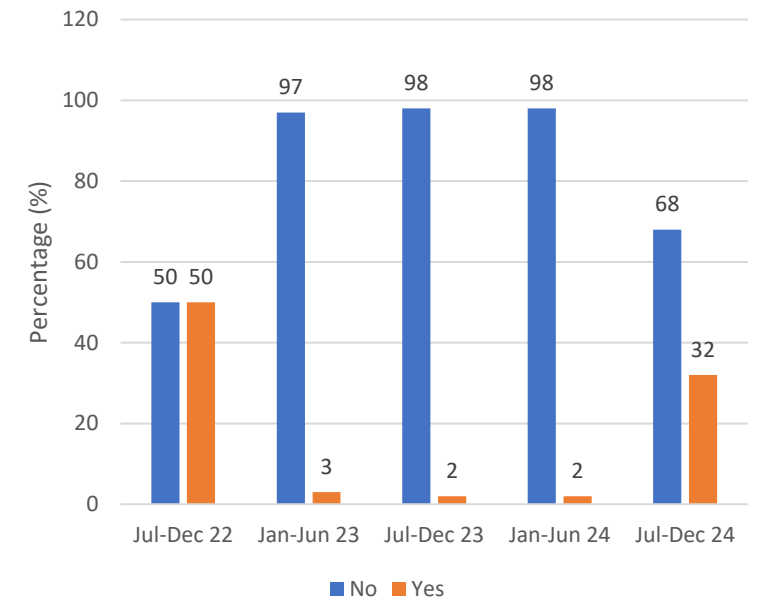
Inpatient



Outpt/Comm-Based



Detox



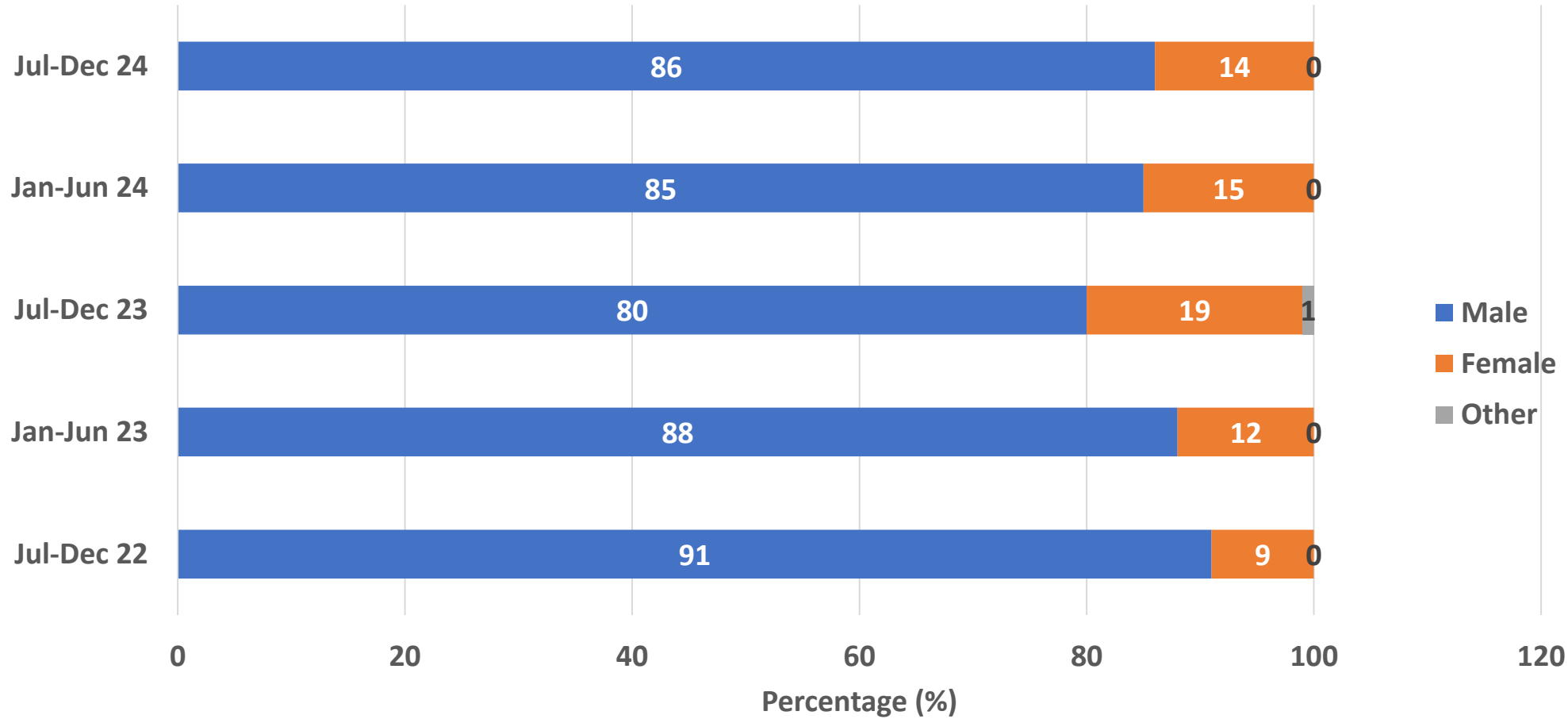
GENDER



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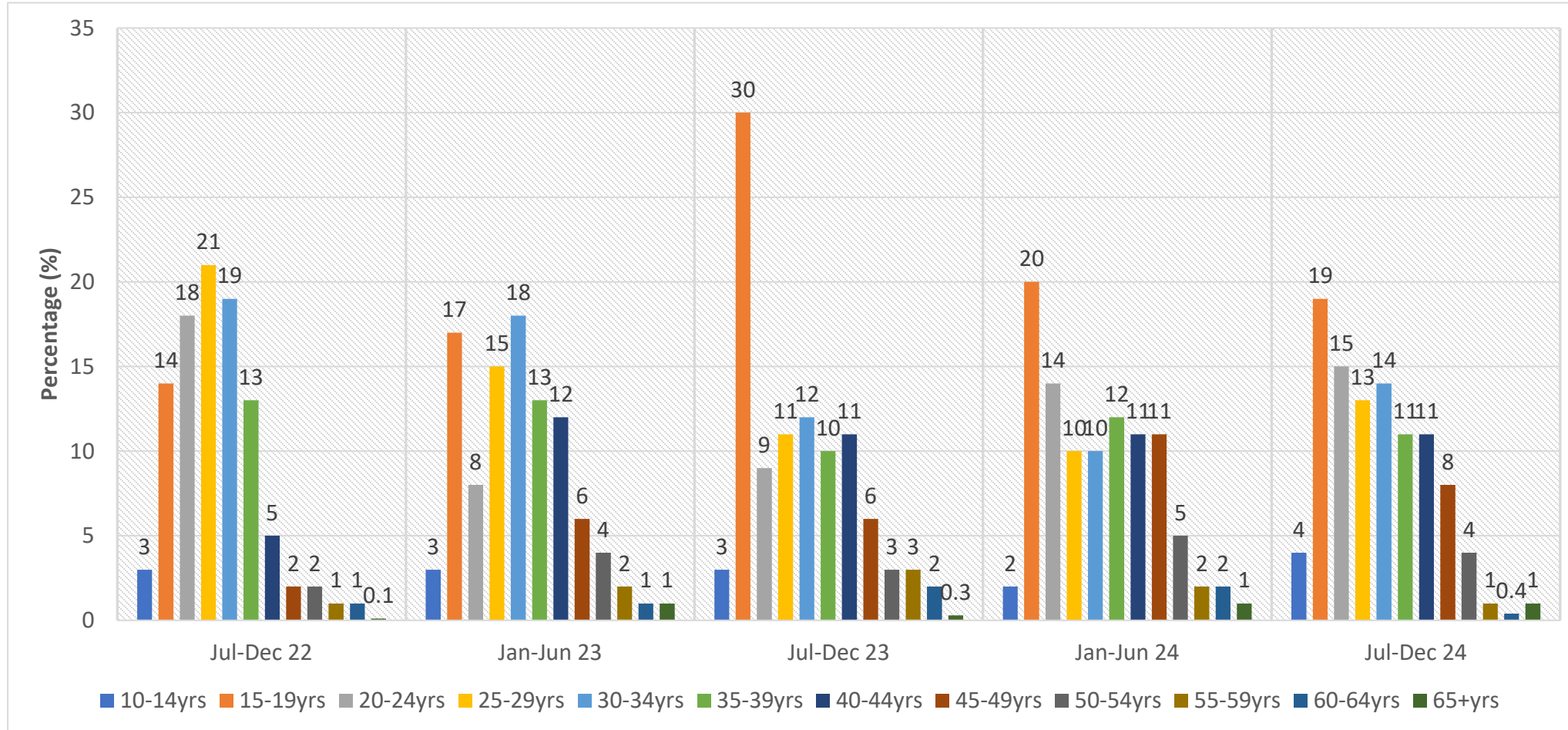
AGE DISTRIBUTION



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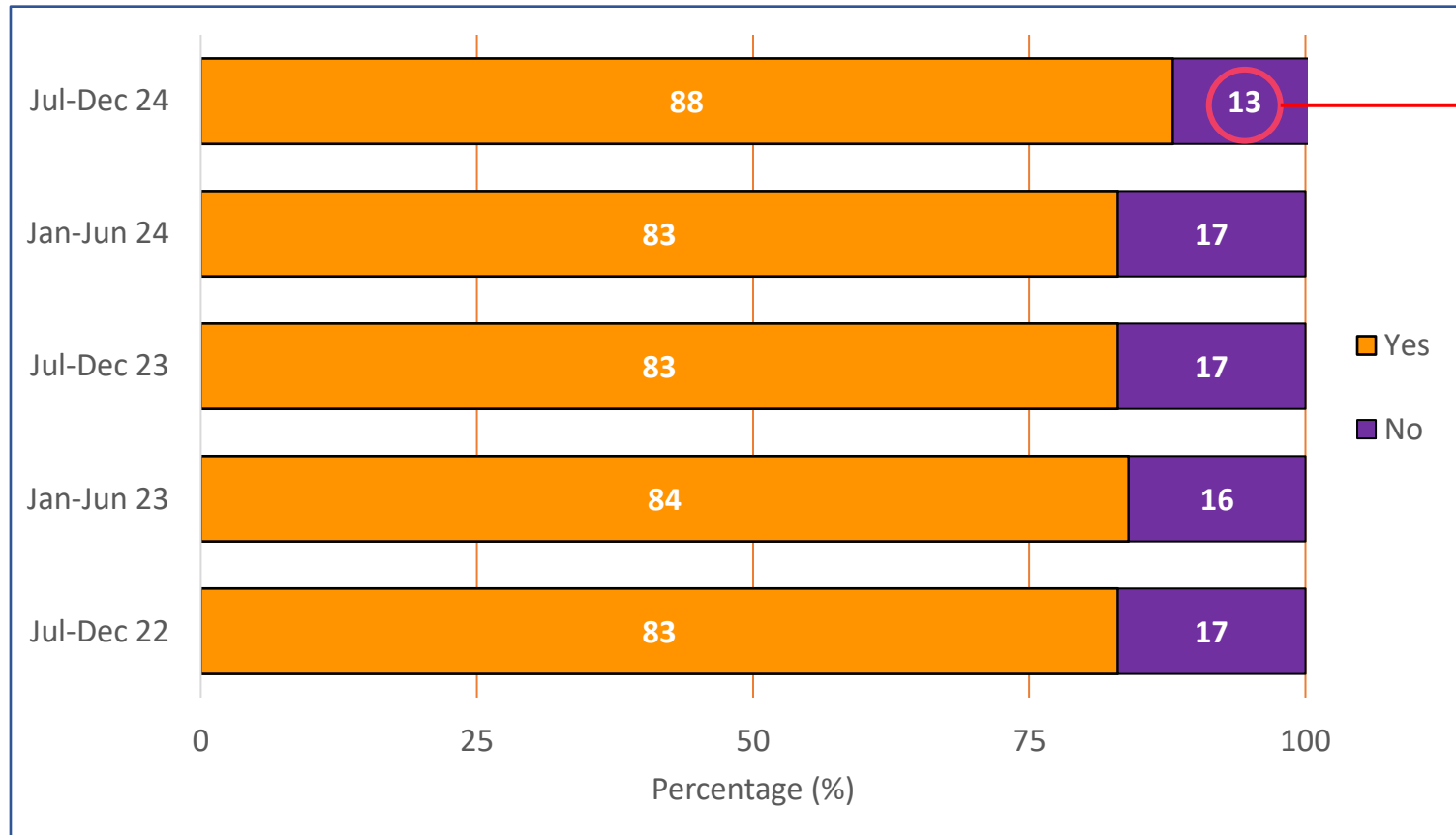
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FIRST TIME ADMISSIONS VS READMISSIONS



Number of times	n
1 time	28
2 times	6
3 times	1

	In-patient (n)	Outpt/CB (n)	Detox (n)
1 time	22	6	2
2 times	5	-	-
3 times	1	-	-



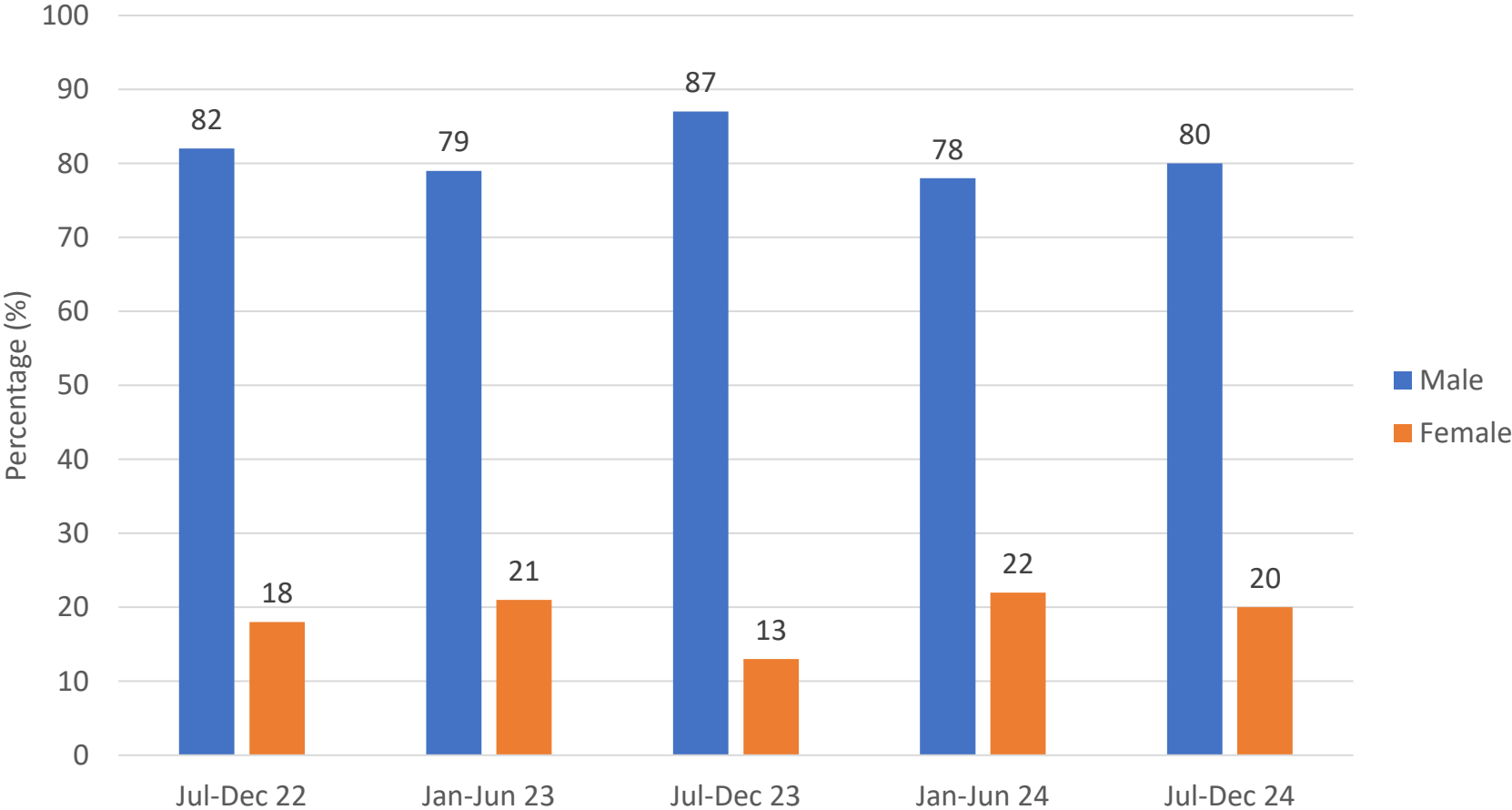
READMISSION BY GENDER



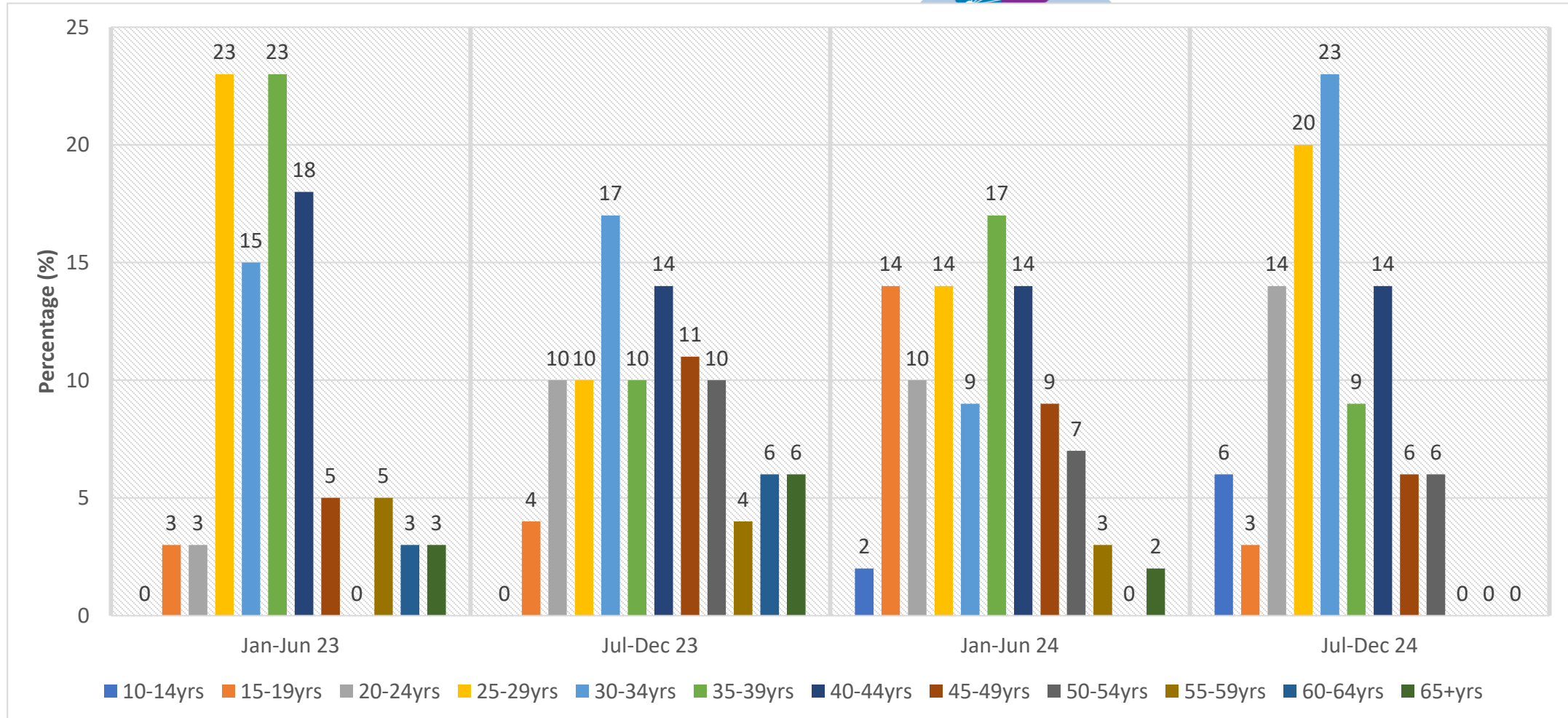
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READMISSION BY AGE



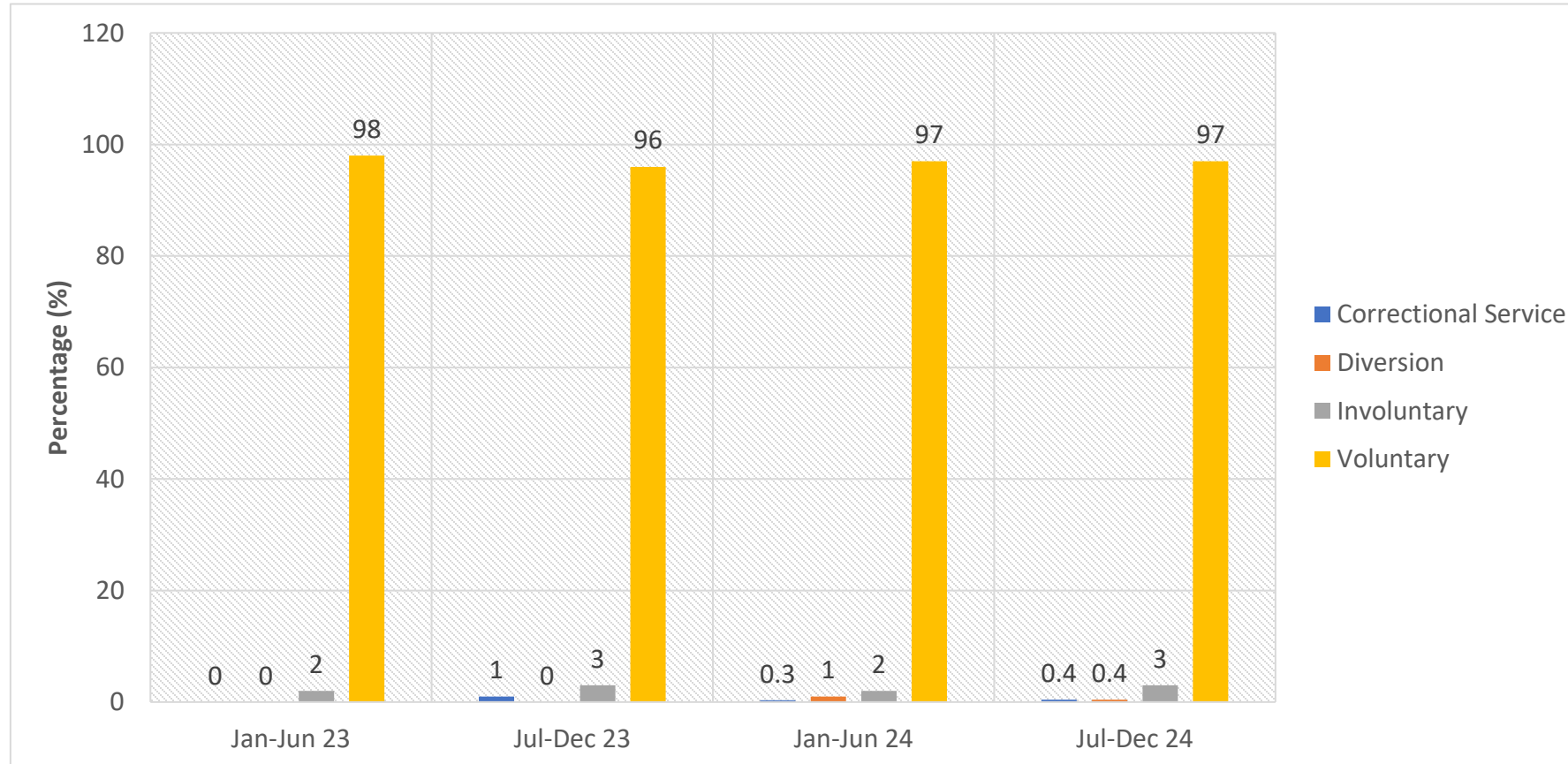
TYPE OF ADMISSION



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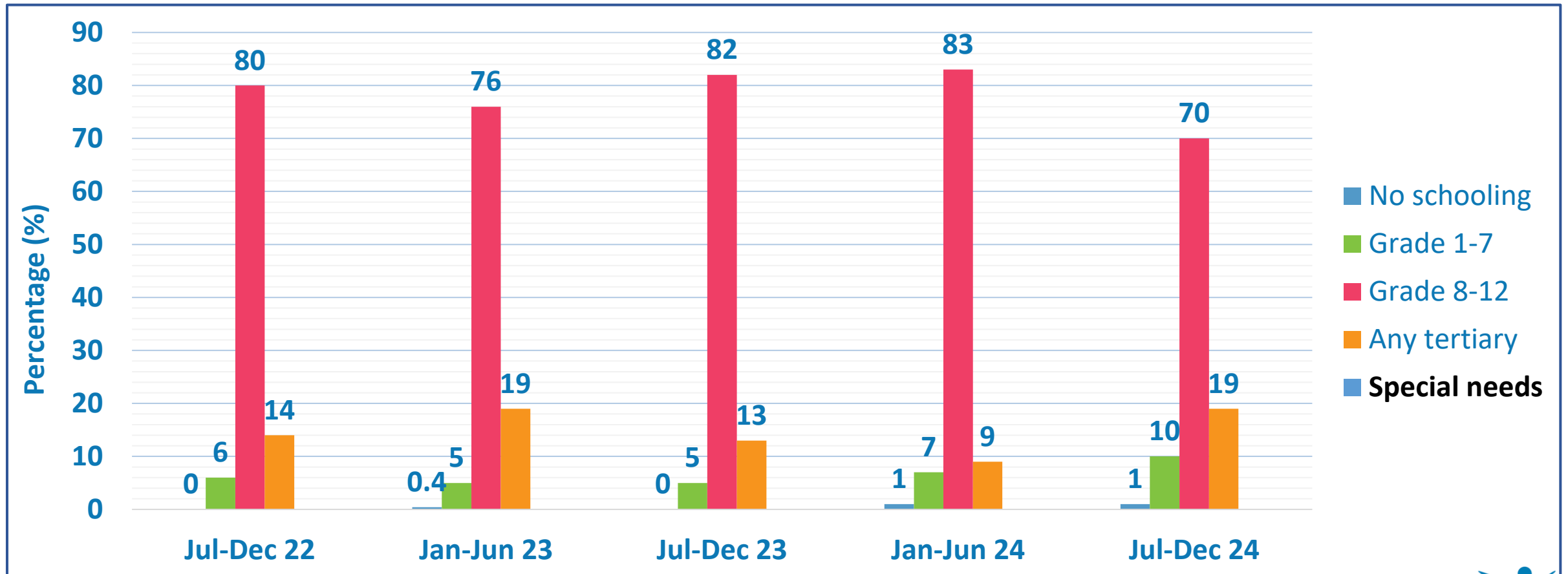


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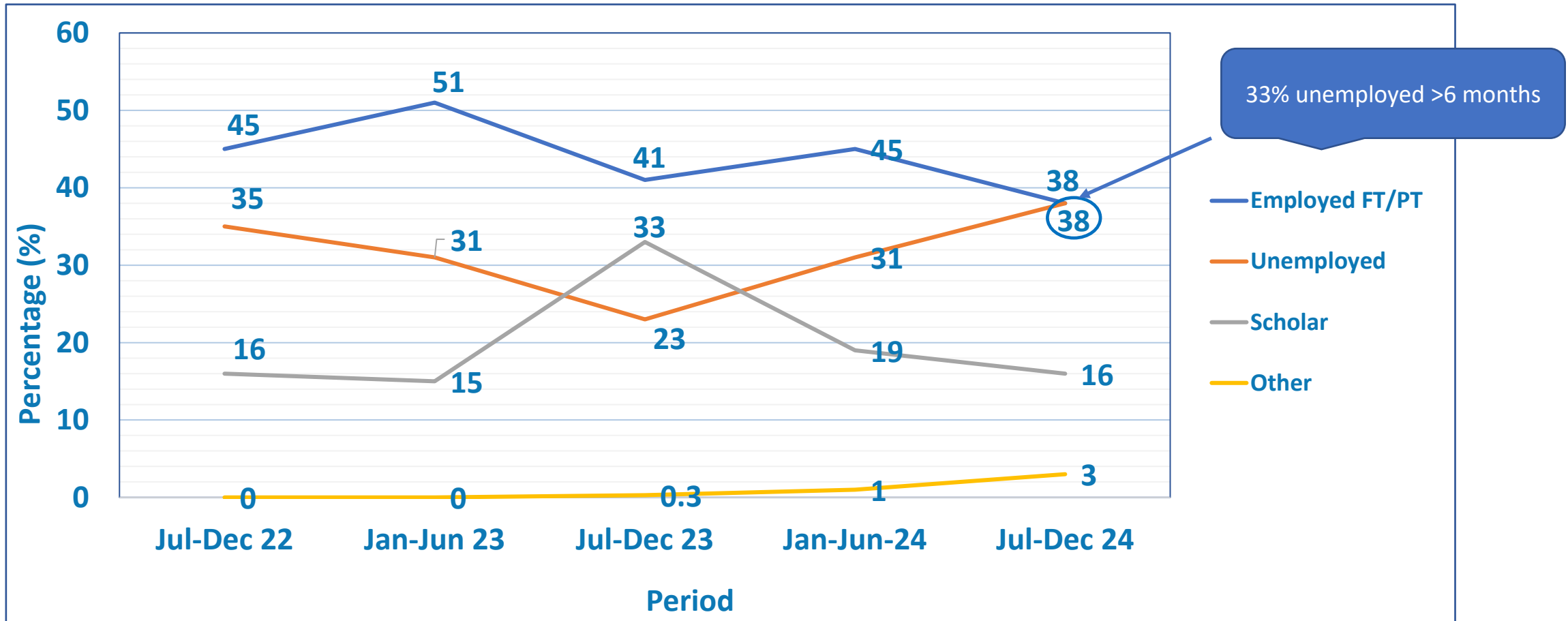
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EDUCATION LEVEL





EMPLOYMENT STATUS



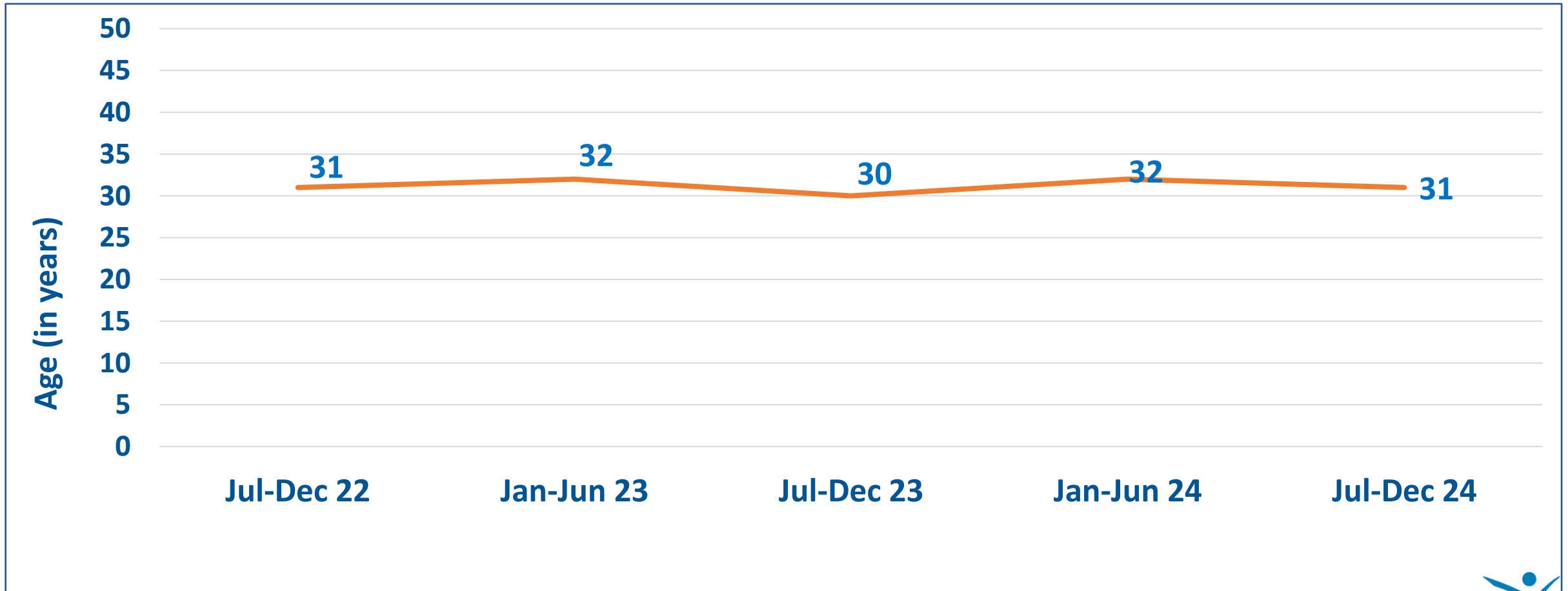
MEAN AGE



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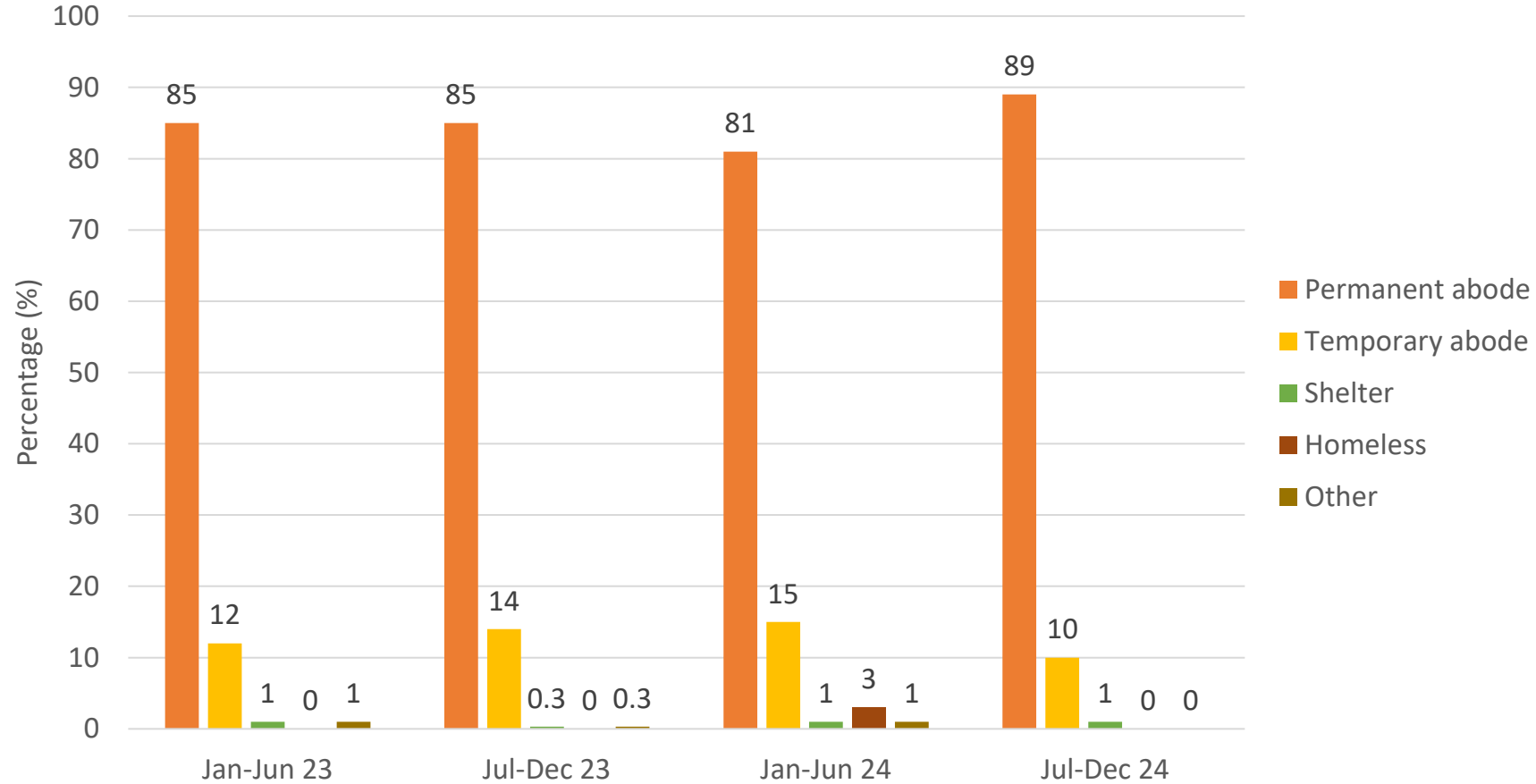
TYPE OF RESIDENCE



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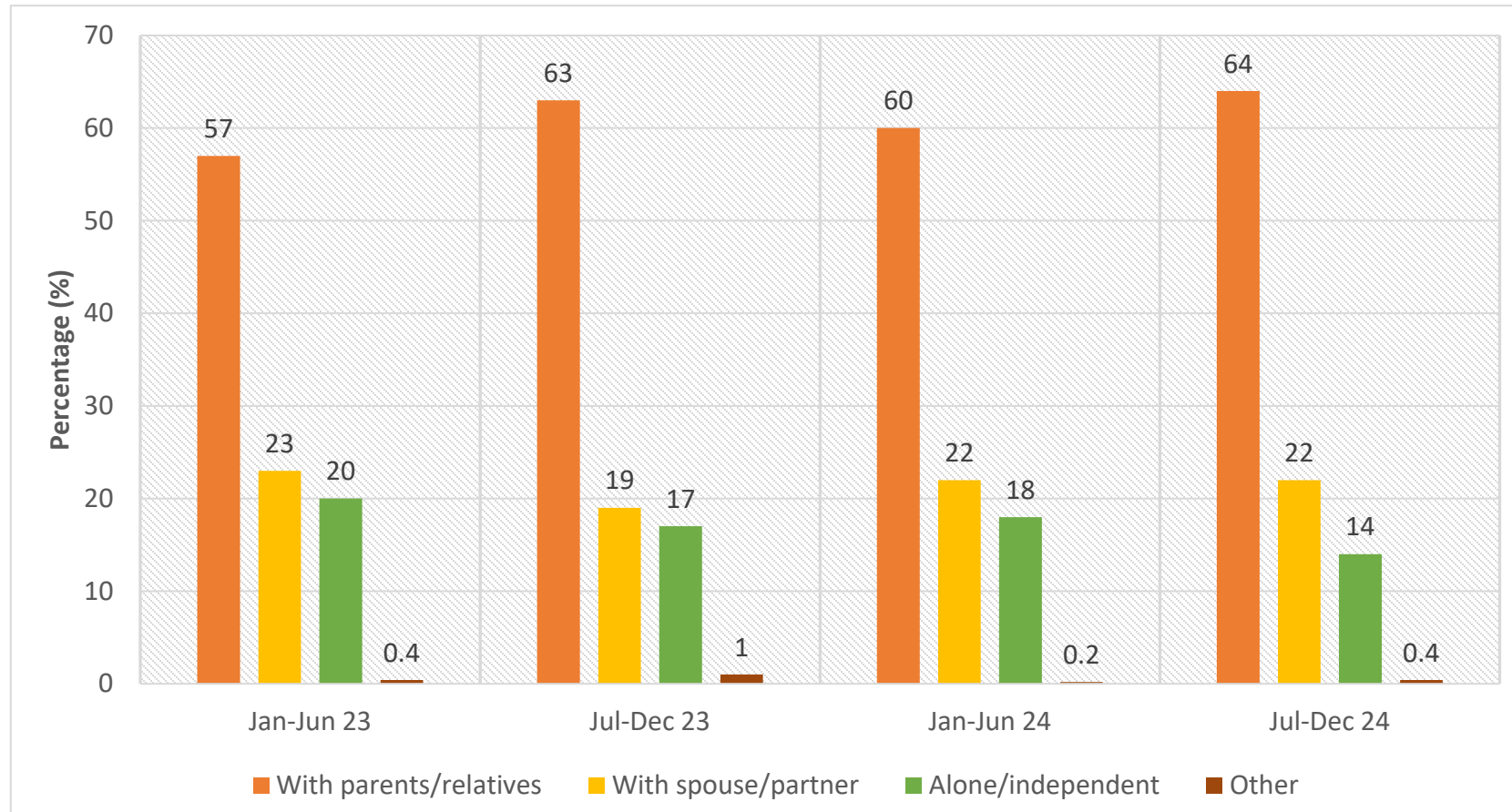
WHO CLIENT RESIDES WITH



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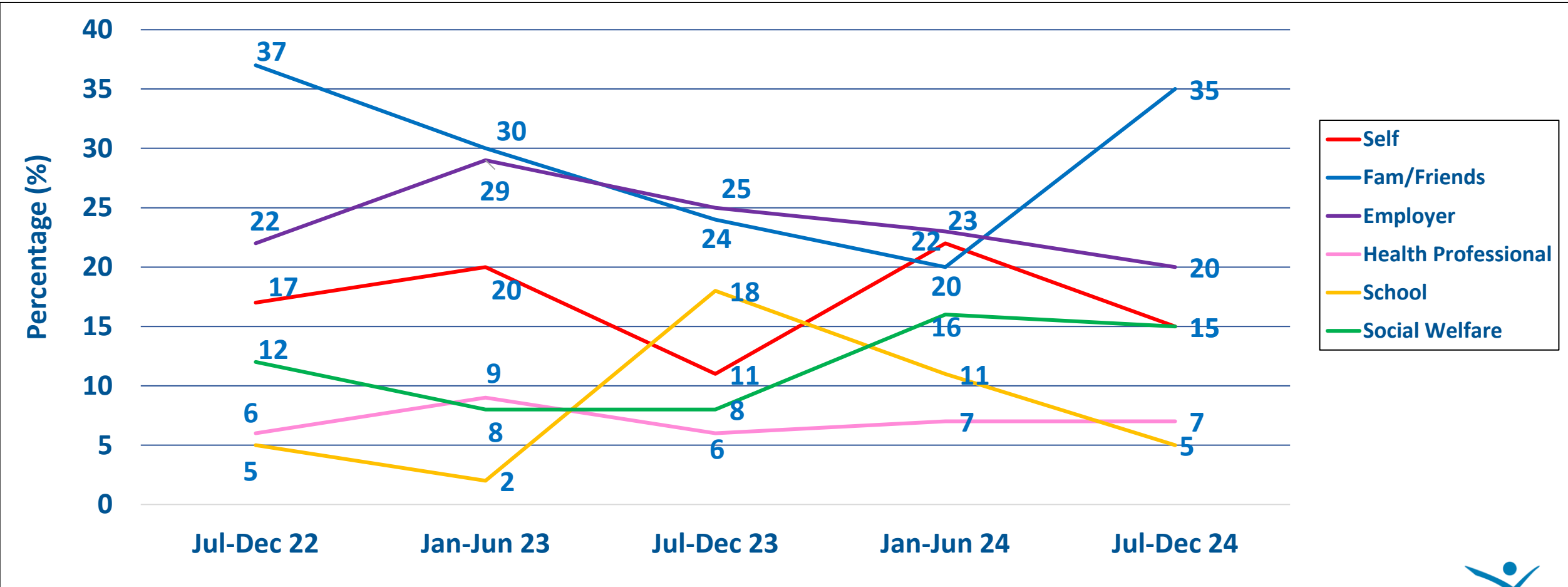
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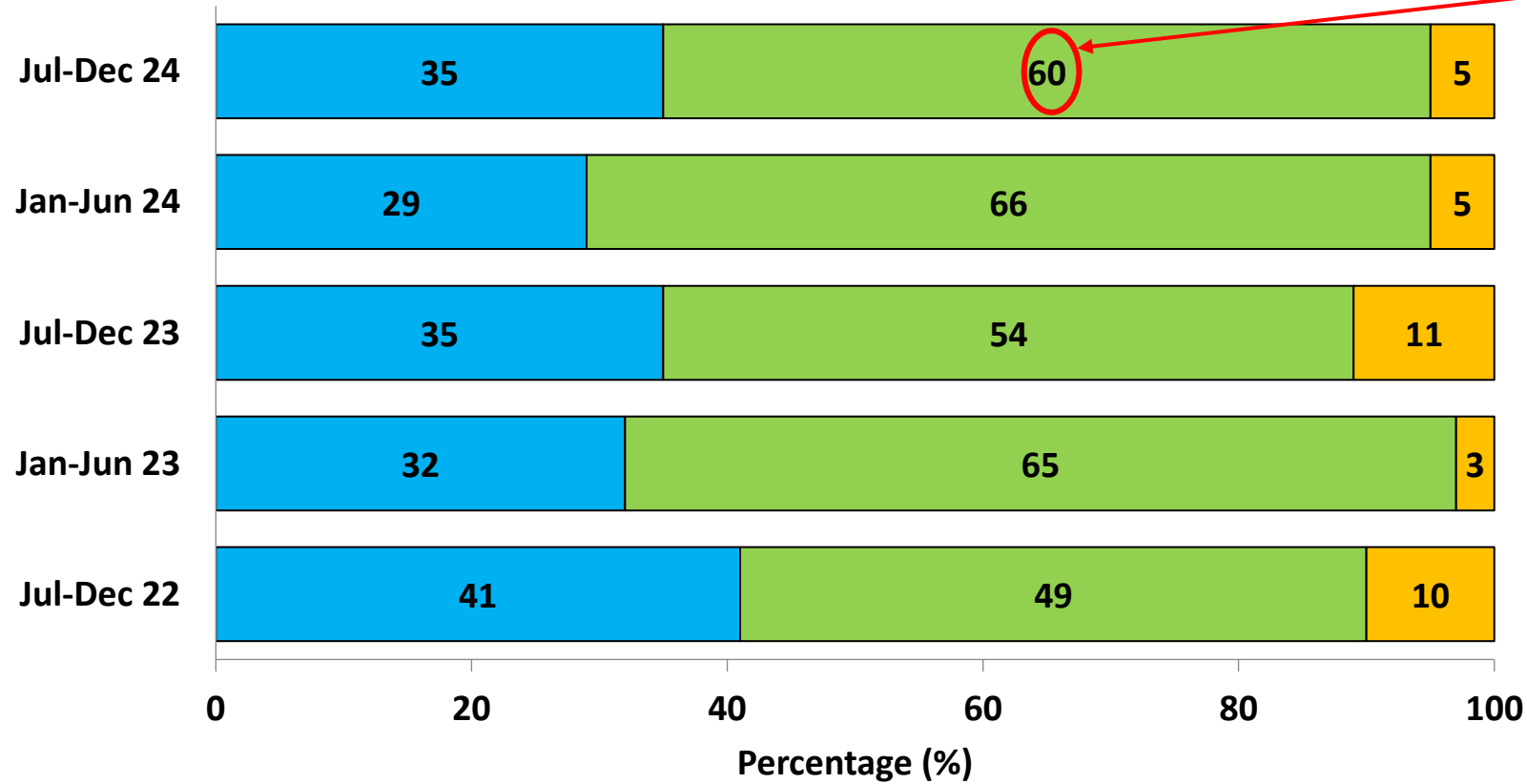


REFERRAL SOURCE OVER TIME





HIV TESTED OVER PTM



Yes, in past 12 mths	46%
Yes, not in past 12 mths	14%

- No
- Yes
- Declined



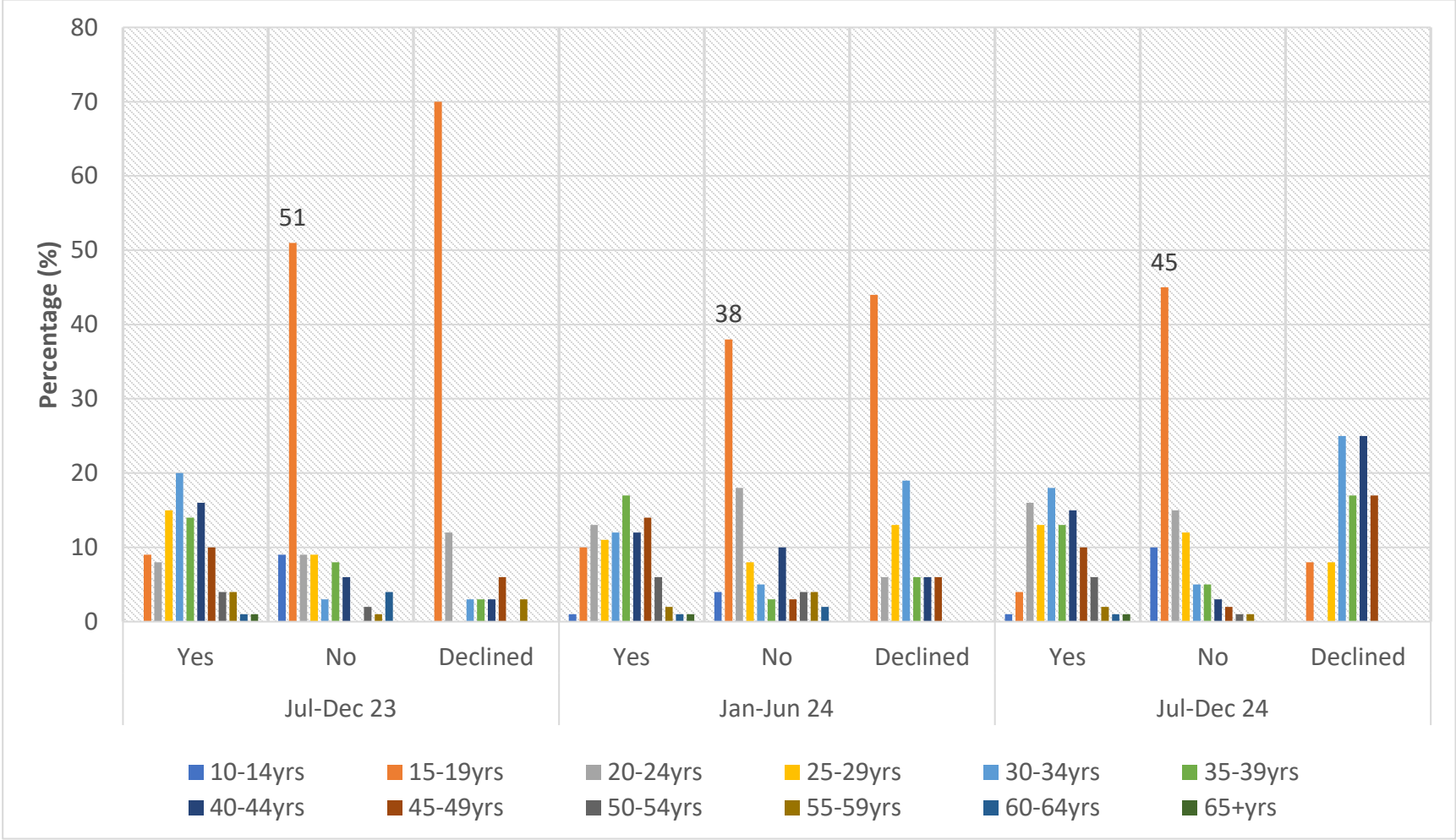
PRIOR HIV TEST BY AGE



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Treatment Demand Data • Service Quality Measures (SQM) on Services



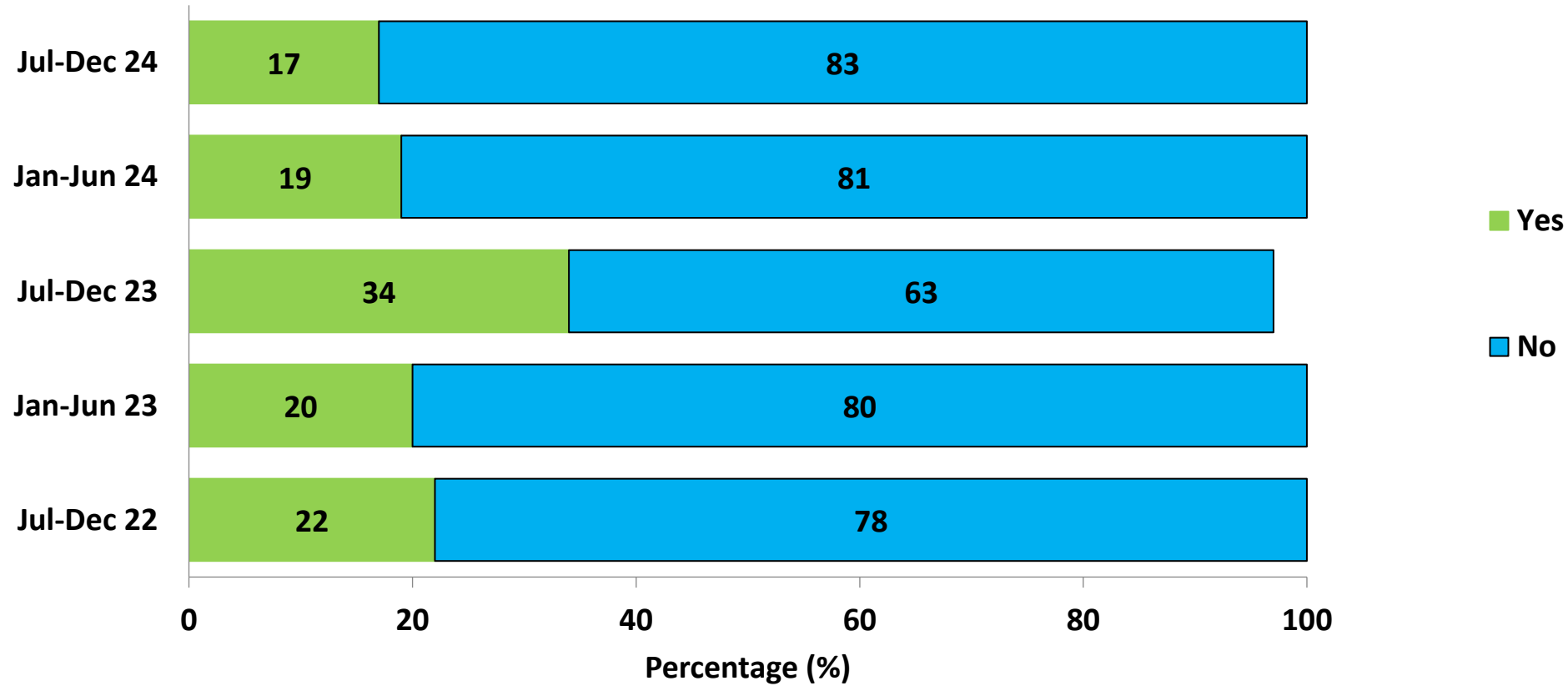
FUTURE HIV TESTING



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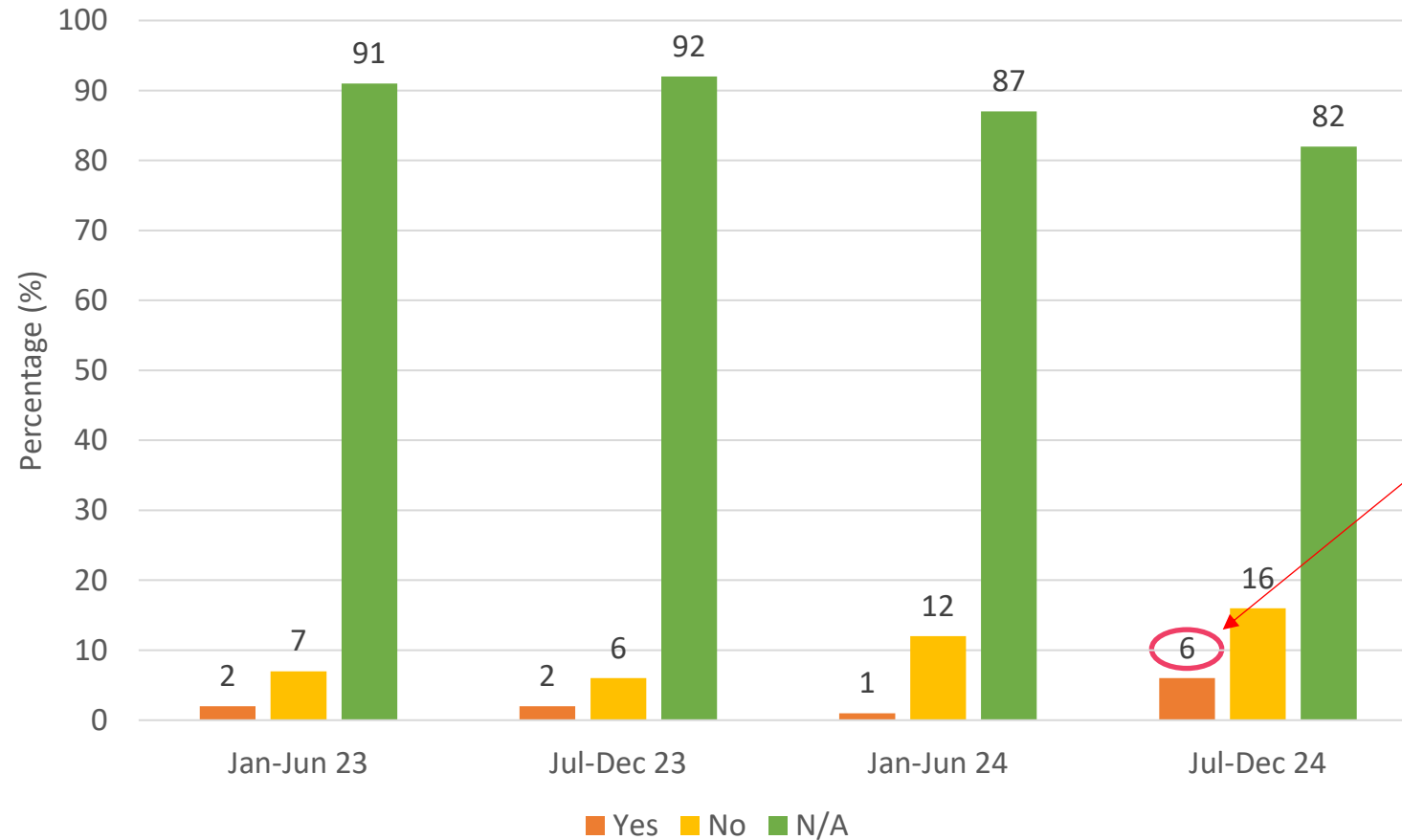
SUBSTANCE USE DURING PREGNANCY



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Substances used	n
Alcohol	2
OTC/PRE	2
Dagga	1
MA	1





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SUBSTANCES OF USE



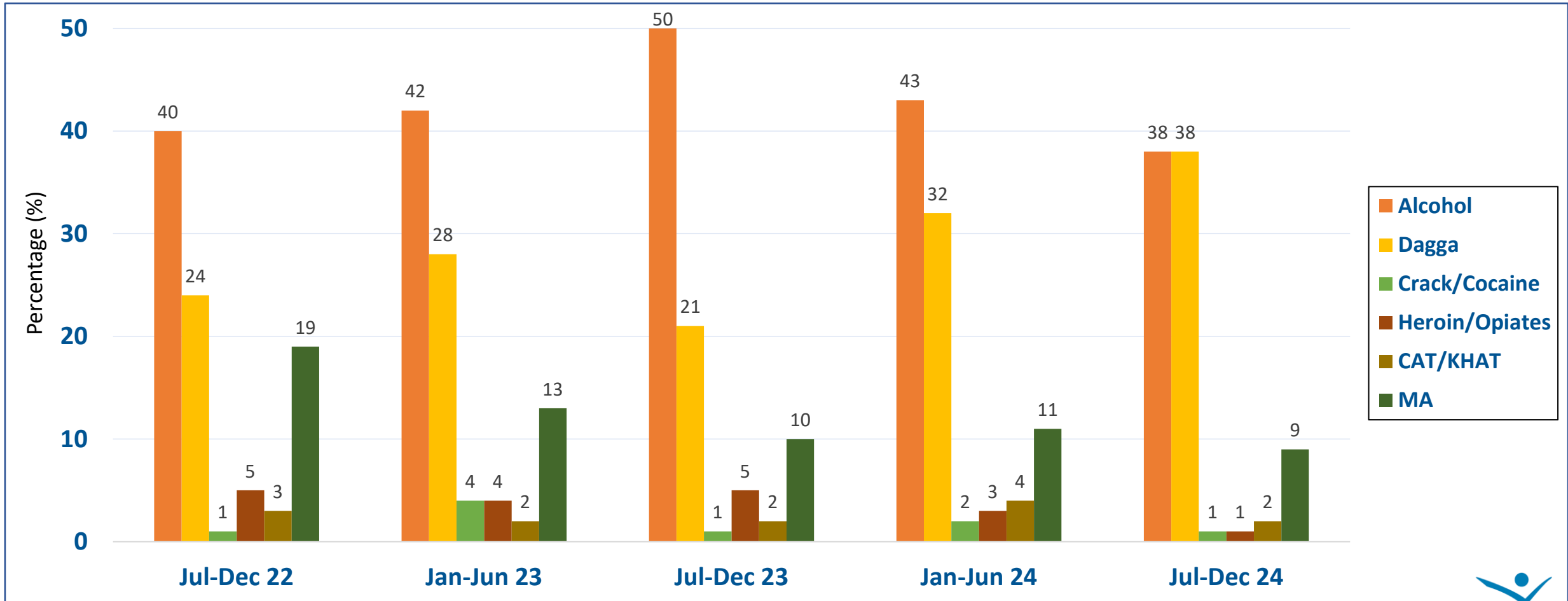
SELECTED PRIMARY SUBSTANCES OF USE



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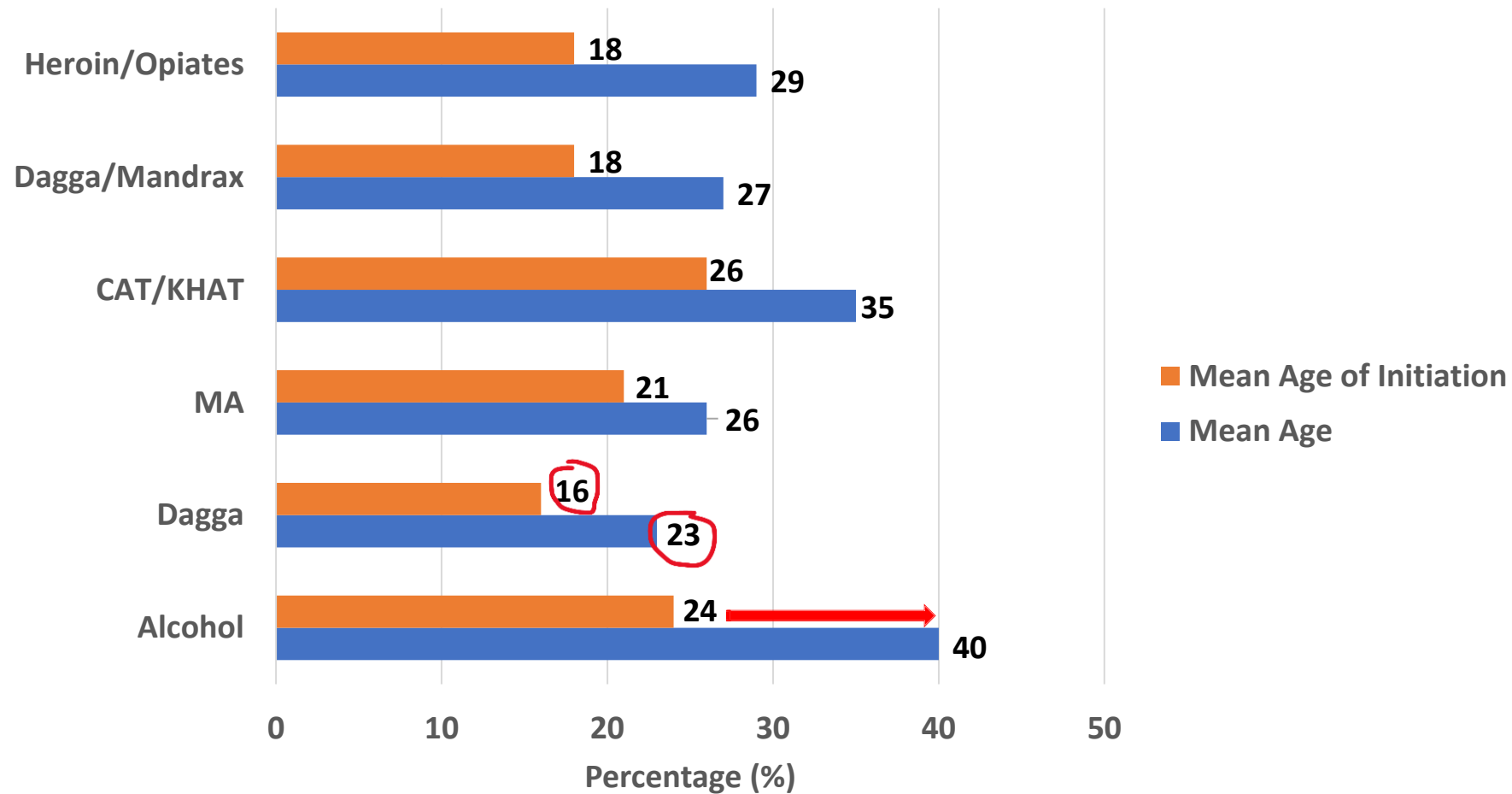
SELECTED PSOA BY MEAN AGE/MEAN AGE OF INITIATION



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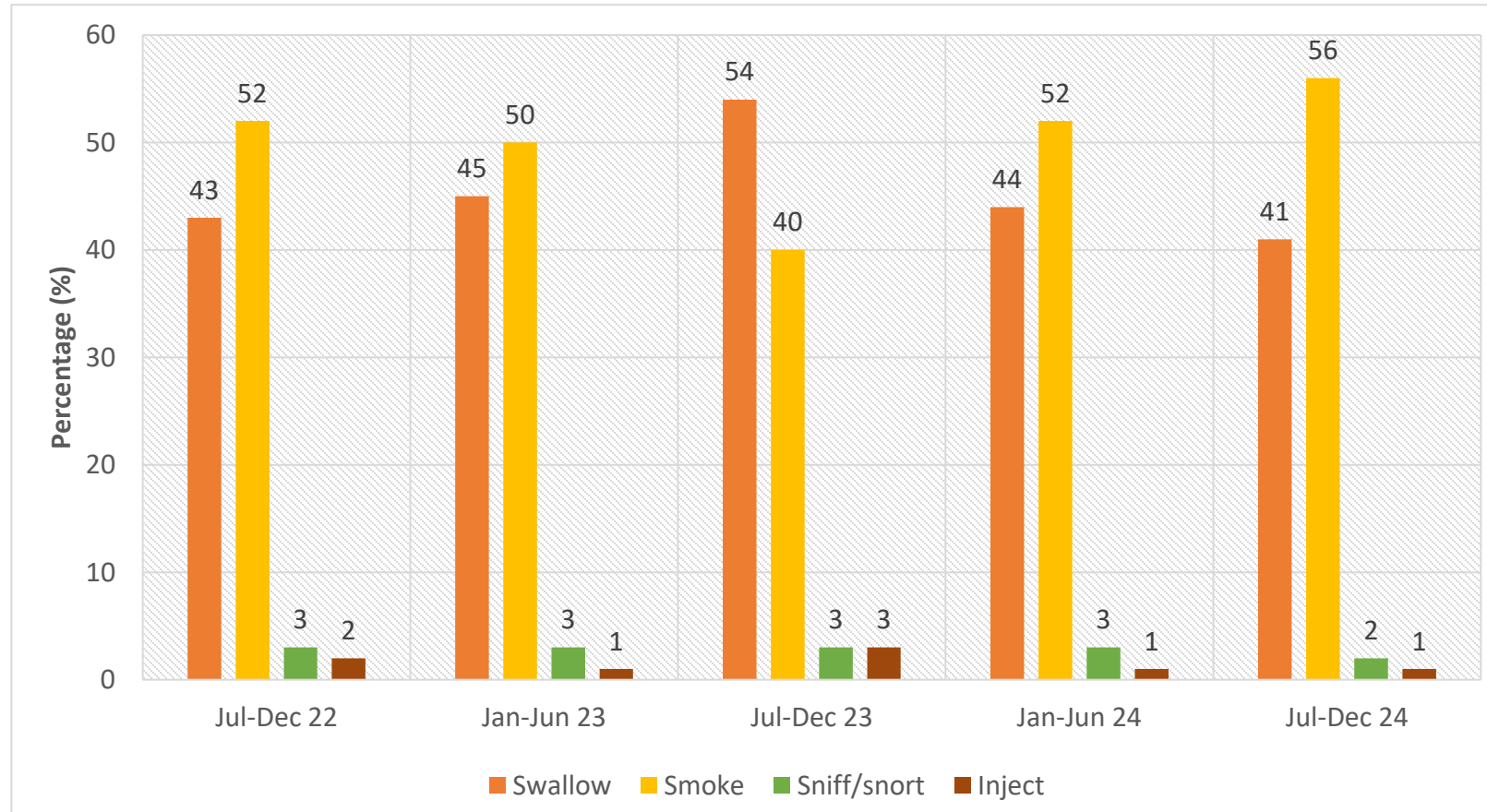
ROUTE OF ADMINISTRATION (ALL SUBSTANCES)



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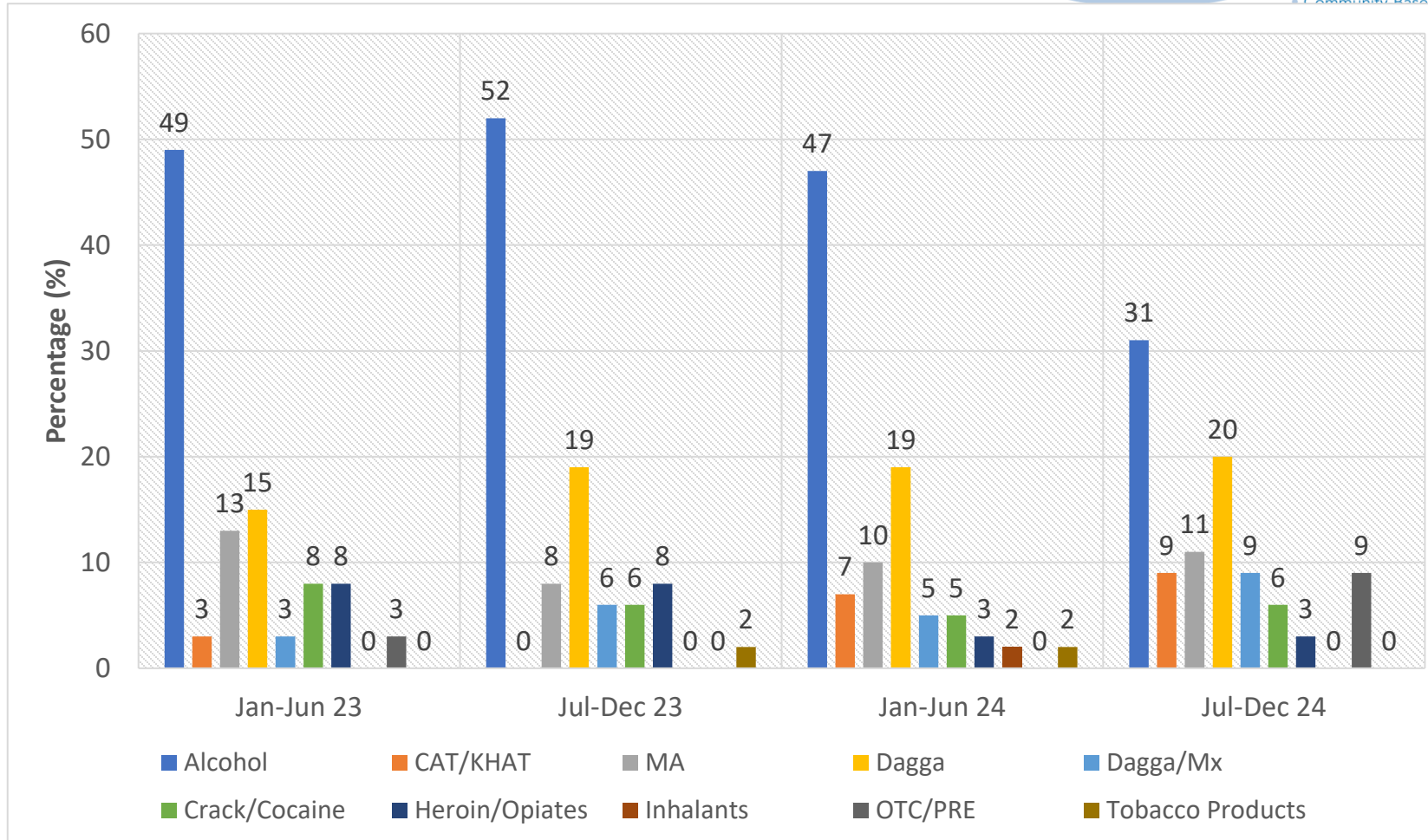
READMISSION BY SELECTED PRIMARY SUBSTANCE OF USE



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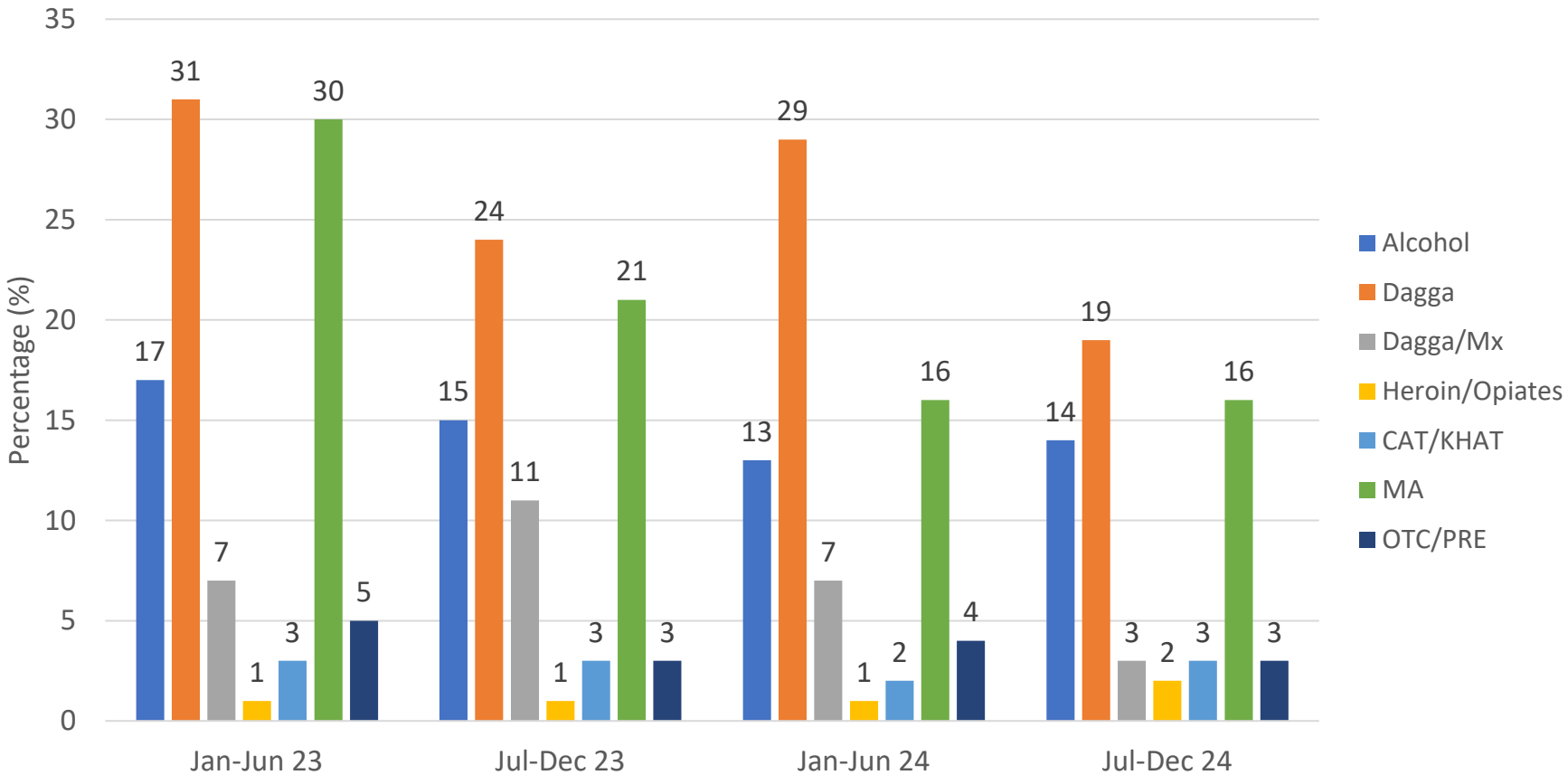
SELECTED SECONDARY SUBSTANCES OF USE



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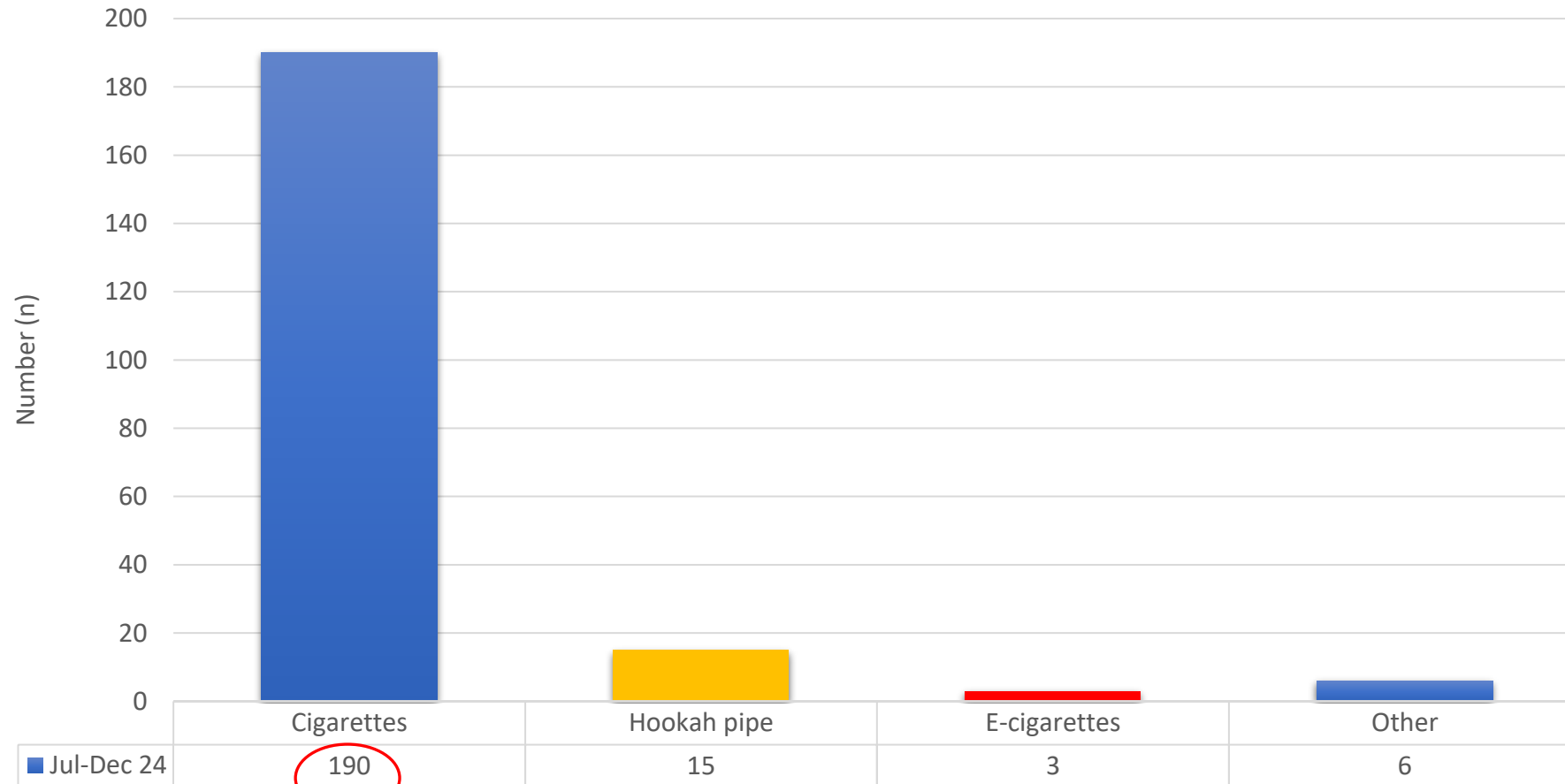
TOBACCO PRODUCTS, n=204 (78%)



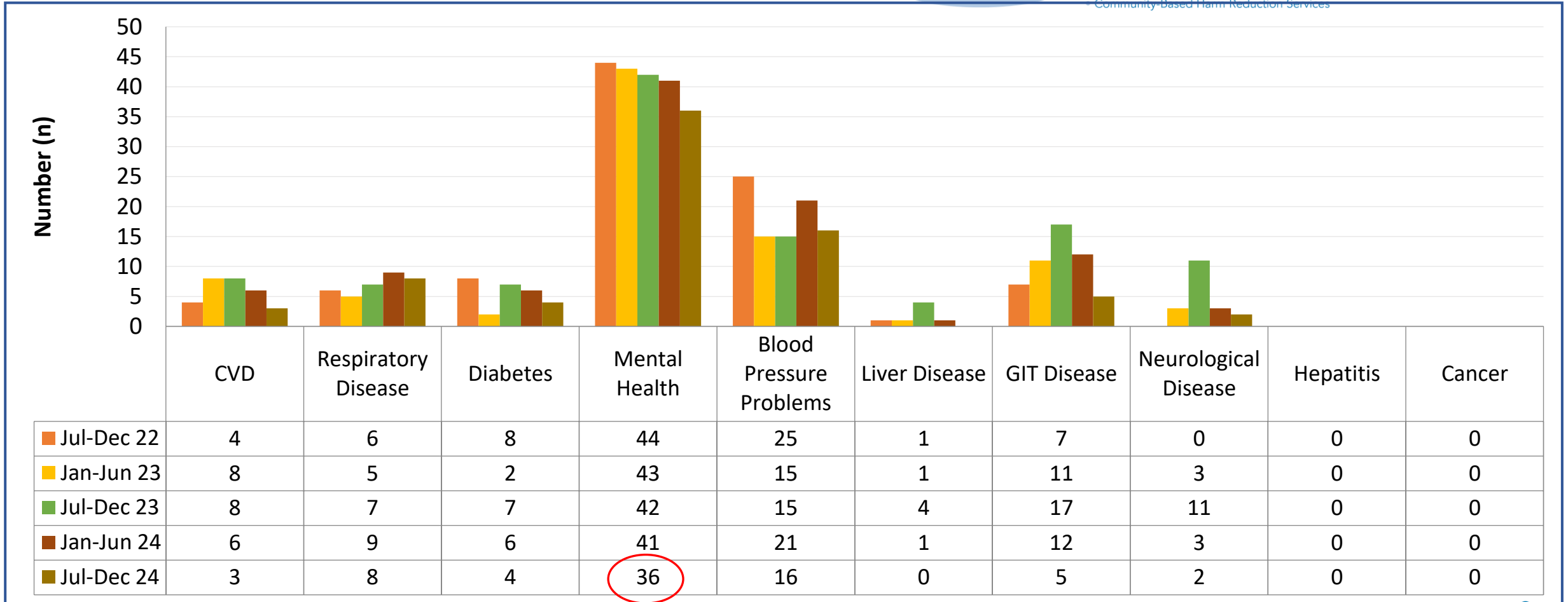
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Number of NCDs (n=60, 23%)



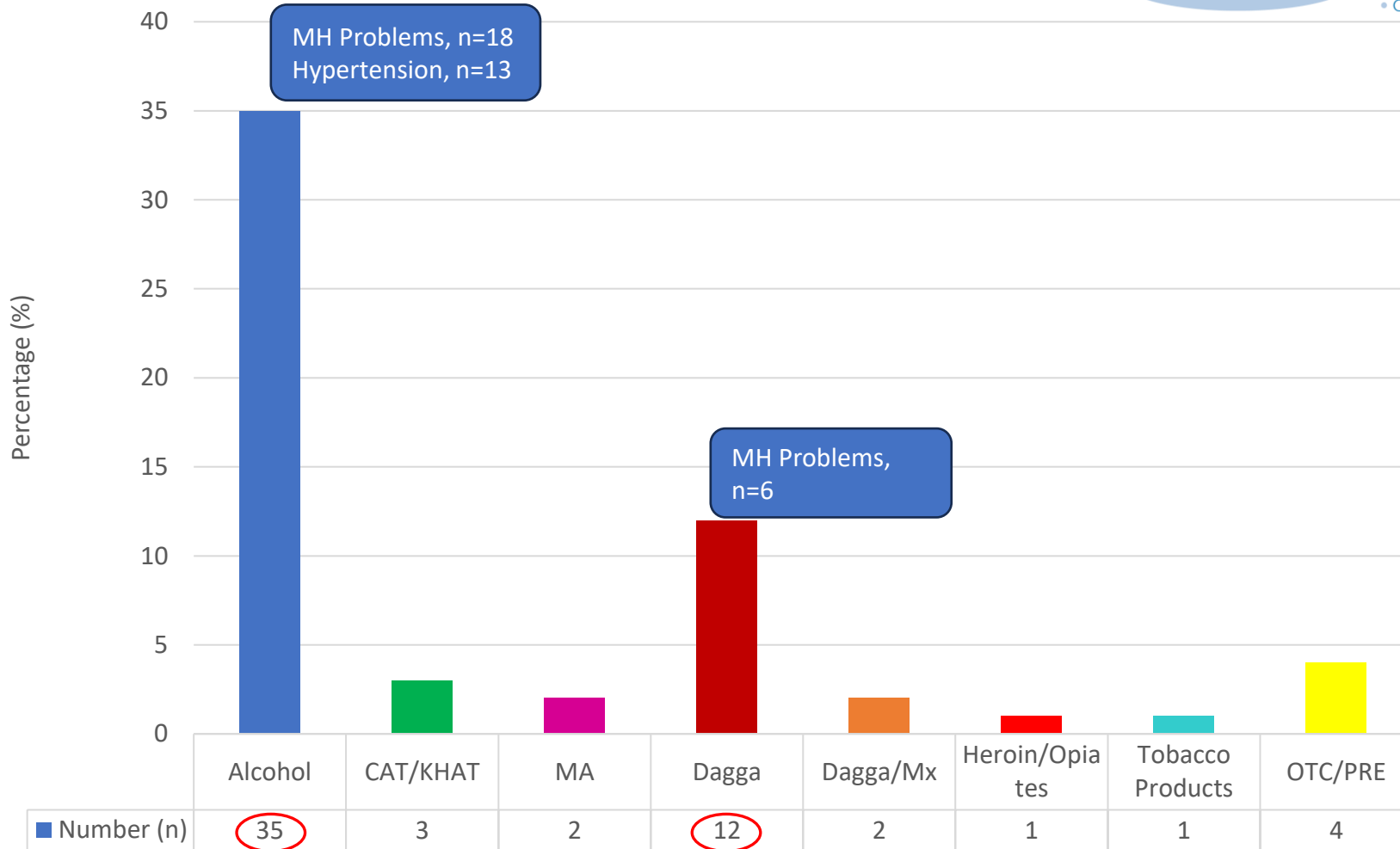
NCD BY SELECTED PRIMARY SUBSTANCE



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Profile of Individuals who use Codeine (n=16, 6%)	Percent (%)
Gender:	
Males: Females	56:44
Ages:	
15-19 years	31
35-39 years	19
45-49 years	13
Employment status:	
Employed (FT/SE)	31
School learner	25
Codeine product:	
First product: tablets, followed by syrup Second product: tablets, followed by syrup	
Type of codeine-containing medication:	
Adcodol; Stilpane; Solpadeine -----> Tablets	
Lenazine; Benylin with codeine -----> Syrup	

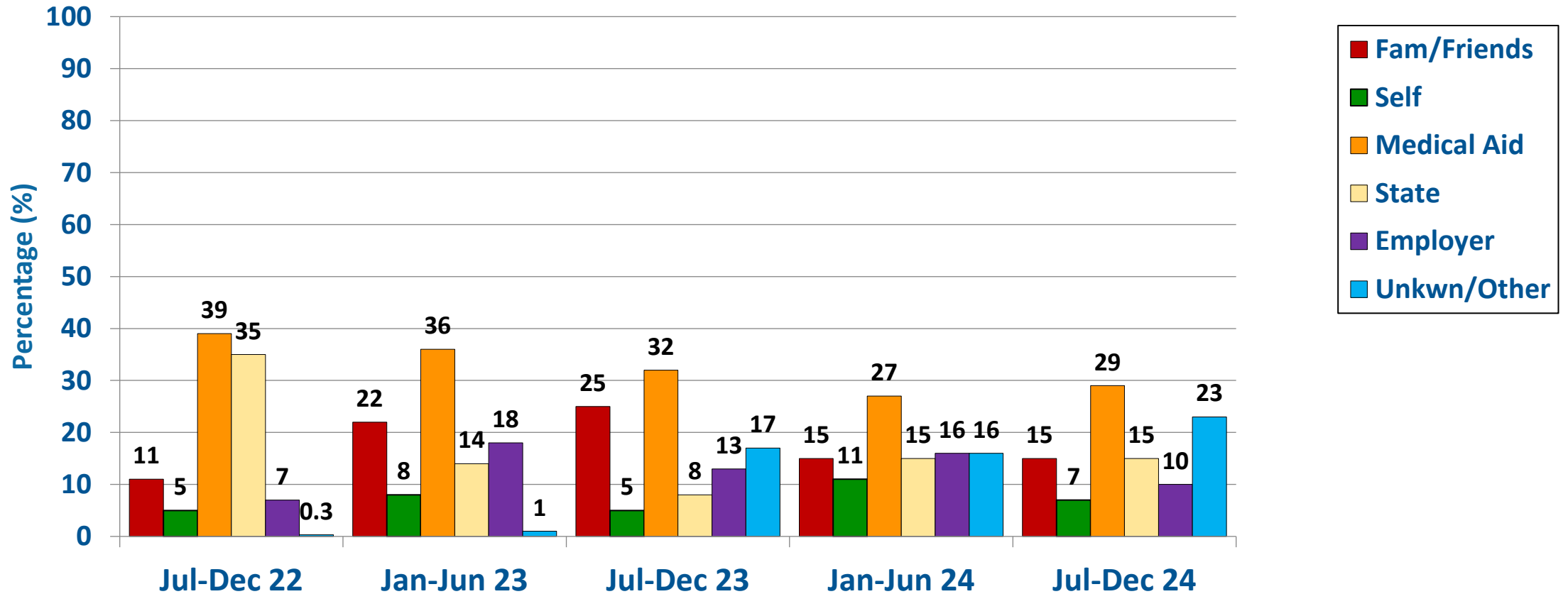
SOURCE OF PAYMENT



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PATIENTS ≤ 18 YEARS



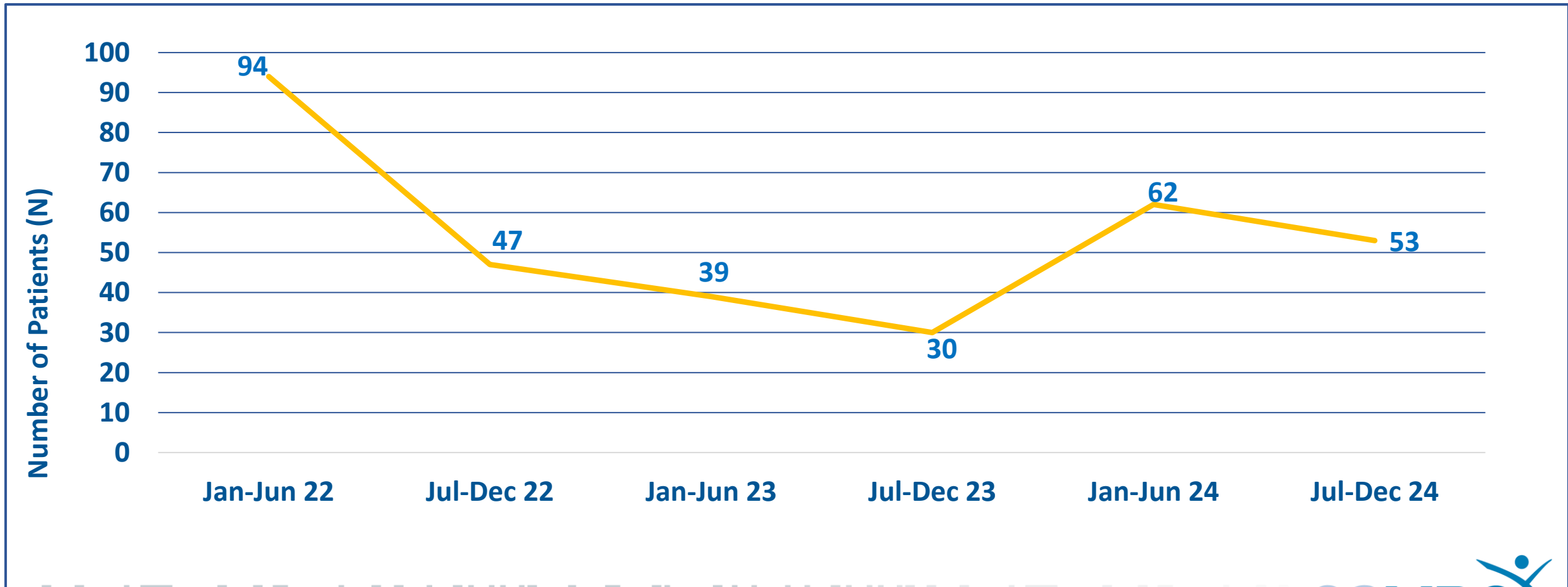


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NUMBER OF PATIENTS IN TREATMENT



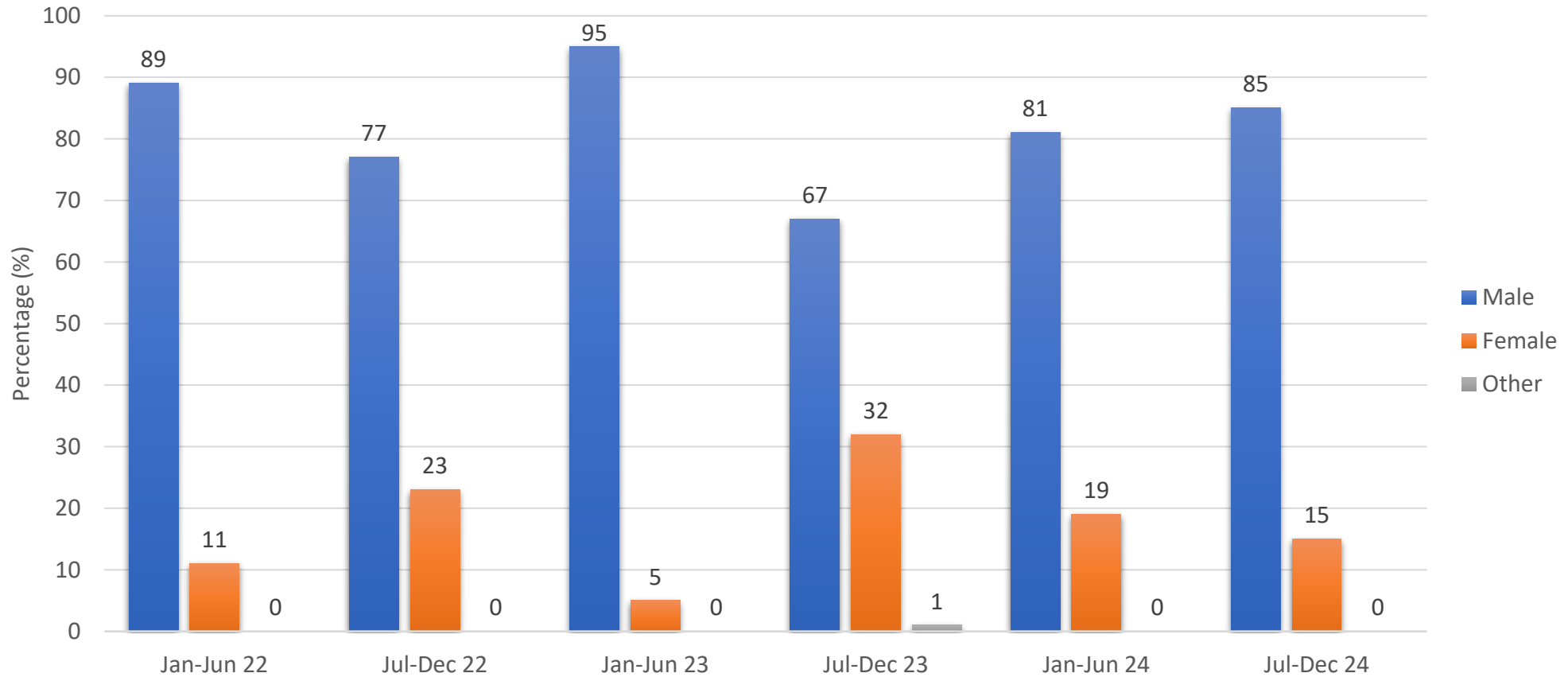
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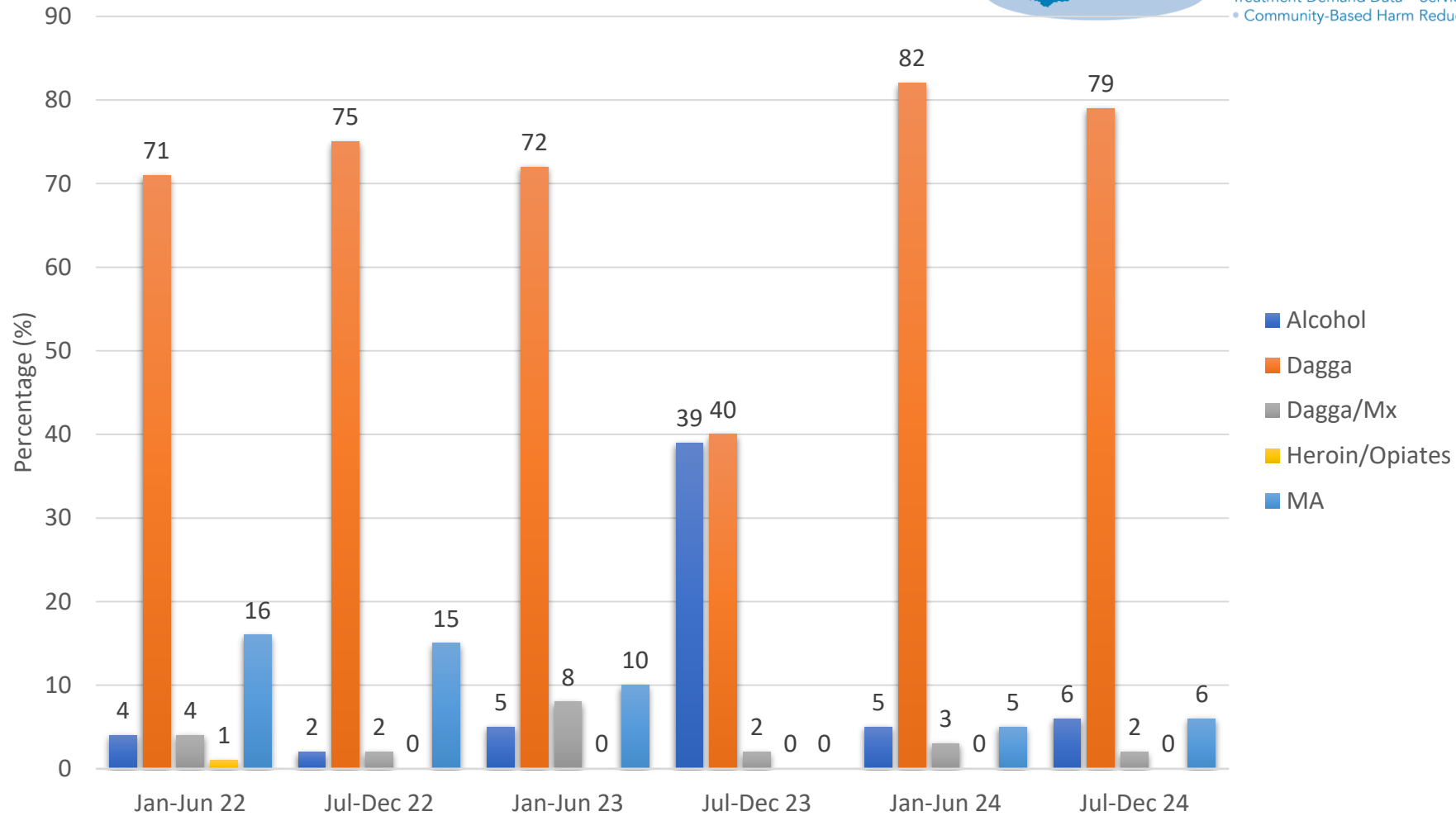
SELECTED PRIMARY SUBSTANCES OF USE



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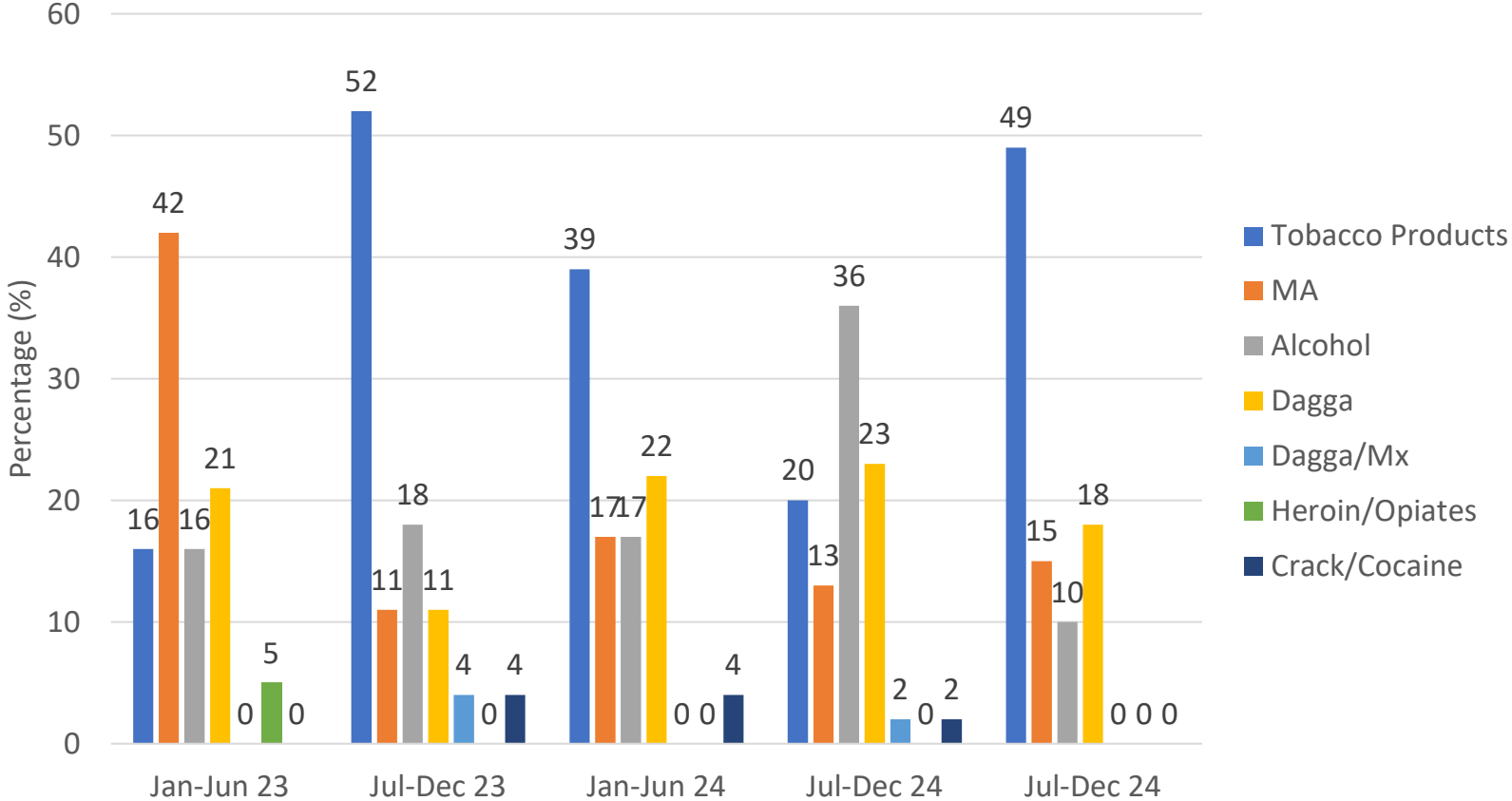
SELECTED SECONDARY SUBSTANCES OF USE



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SUMMARY

- Decrease in overall number of admissions since 24a period.
- Majority were first-time, voluntary admissions.
- Sizeable increase in access to inpatient treatment and outpatient/comm-based services over last two periods. Access to detox services were low from Jan 2023 to June 2024, with a notable increase in Jul-Dec 2024 period.
- Predominantly males aged 15-19 years accessed treatment services – however, drop in admissions for 15-19 years since Jul-Dec 2023 period.
- Individuals were equally employed vs being unemployed (38% respectively) and had a high school-level.
 - Changes in employment status: in past reporting periods, the majority of persons accessing treatment were employed
- Of those who were readmitted, most were males between the ages of 30-34 years. Individuals were mainly admitted once on an inpatient basis.
- Referral to treatment were largely through family/friends, followed by employer. Increase noted for self-referrals while decreases noted for self- and school-referrals.
- Most individuals had been tested for HIV; almost half had been tested in the past 12 months (46%). The vast majority of persons indicated that they did not wish to be tested for HIV in the future.
- Rates for substance use during pregnancy remain low though an increase was seen from 1% in 24a to 6% in 24b; alcohol, OTC/PRE-medicines, dagga and MA were reported substances.
- Alcohol and dagga were the leading primary substances of use, followed by MA. Alcohol decreased while dagga increased since 24a period.
- Dagga was the most common secondary substance of use, followed by MA, Dagga as a secondary substance decreased markedly since the last reporting period

SUMMARY

- **Dagga was associated with the youngest age at the time of admission (mean age: 23 years) as well as the youngest age of initiation (mean age: 16 years).**
- **Alcohol had the longest delay (16 years) between drug initiation and access to treatment services. Increasingly longer delay in access to treatment for heroin/opiates (11 years) – individuals typically access treatment much sooner for this substance.**
- **Readmissions were mostly related to alcohol use, followed by dagga. Alcohol-related readmission dropped since 24a period.**
- **Mental health problems (mainly depression) and hypertension were reported as comorbidities at the time of admission.**
- **Mostly alcohol and dagga indicated as primary substances of use where a comorbidity was reported.**
 - **Alcohol was mainly associated with depression and hypertension**
 - **Dagga mainly linked to depression.**
- **Medical aid remained the main source of funding for treatment. This was followed by ‘unknown/other’ which comprised predominantly of non-profit organisations.**
- **Admissions for adolescents aged ≤18 years declined since the last period. Most admissions were made for male adolescents.**
- **Dagga remains the leading primary substance of use among youths aged ≤18 years. Tobacco products were most commonly used as a secondary substance, increasing substantially since the 24a period.**

CONCLUDING REMARKS



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US shutdown of HIV/Aids funding 'could lead to 500,000 deaths in South Africa'

USAid cuts to clinics dispensing antiretroviral drugs will be 'death sentence for mothers and children', expert warns



African leaders urged to invest in healthcare as global funding cuts impact aid

 Date: Feb 17, 2025



Professor Ntobeko Ntusi, President and Chief Executive Officer of the South African Medical Research Council, has called on African nations to strengthen their healthcare systems to reduce dependence on foreign aid.

His comments follow the recent scaling back of the United States (US) Agency for International Development, a major global donor.

Ntusi says that African governments are capable of funding their own healthcare systems, noting that vast resources are allocated to military and defence budgets, with substantial amounts lost to corruption.

"African governments, in the main, are not poor," said Ntusi. "When you look at the budgets that go to support civil wars, defence and military budgets, but also how much annually is misappropriated through corruption, there is a lot of scope for better investment in healthcare. This would not only strengthen our systems but also enable African governments to advance their own agendas and reduce reliance on external partners like the US federal government."

--ChannelAfrica--

The reality for treatment services and the public health sector as a whole, is the significant cut in state funding at the beginning of the 2024/24 financial year. This has led to many programmes needing to cut certain aspects of their services or having to terminate services altogether. We see these effects reflected in the decrease in admission rates and state-subsidised treatment.

This stark reality is further compounded by the recent cuts in US funding which have led to devastating effects for many critical and life-saving services and South Africa's health agenda. Many community-based HR Red Serv received funding from the US through the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), USAID, and the President's Emergency Plan for Aids Relief (PEPFAR).

As a country, we need to look at ways to reconfigure our funding models so there is less reliance on Western funding entities and a strengthening of global south collaborations.



REFERENCES:



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- 1) Pinedo M, Zemore S, et al. Women's barriers to specialty substance abuse treatment: a qualitative exploration of racial/ethnic differences. *J Immigr Minor Health*. 2020; 22(4): 653-660. doi: 10.1007/s10903-019-00933-2
- 2) Substance Abuse and Mental Health Services Administration (SAMHSA). Addressing the Specific Needs of Women for Treatment of Substance Use Disorders. Advisory. Publication No. PEP20-06-04-002.
- 3) WHO. A technical brief: HIV and young people who inject drugs. Geneva, Switzerland: World Health Organization
- 4) Muravha T, Hoffman CJ, et al. Exploring perceptions of low-risk behaviour and drivers to test for HIV among South African youth. *PLOS ONE*. 2021; 16(1): e0245542. <https://doi.org/10.1371/journal.pone.0245542>
- 5) Khoza A, Shilubane HN. Substance use and associated factors among school adolescents in South Africa. *The Open Public Health Journal*. 2021; 14: 435-440. DOI: 10.2174/1874944502114010435, 2021, 14, 435-440
- 6) Nyashanu T, Visser M. Treatment barriers among young adults living with a substance use disorder in Tshwane, South Africa. 2022; 17:75. y (2022) 17:75. <https://doi.org/10.1186/s13011-022-00501-2>
- 7) Naughton F, Alexandrou E, et al. Accessing treatment for problem alcohol users: why the delay? Gloucestershire Research Unit, Health Psychology Department: Gloucestershire, UK; 2008.
- 8) Kamarulzaman A, Altice F.L. The challenges in managing HIV in people who use drugs. *Curr Opin Infect Dis*. 2015; 28(1): 10-16. doi: 10.1097/QCO.000000000000125





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For more information, contact us:



<https://www.samrc.ac.za/intramural-research-units/ATOD-sacendu>



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Thank You
Baie Dankie
Enkosi Kakhulu
Ngiyabonga

