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SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

GAUTENG SYMPOSIUM: TREATMENT DEMAND DATA

Ms Nancy Hornsby

Phase 57 | July – December 2024

19 March 2025, SAMRC, Pretoria



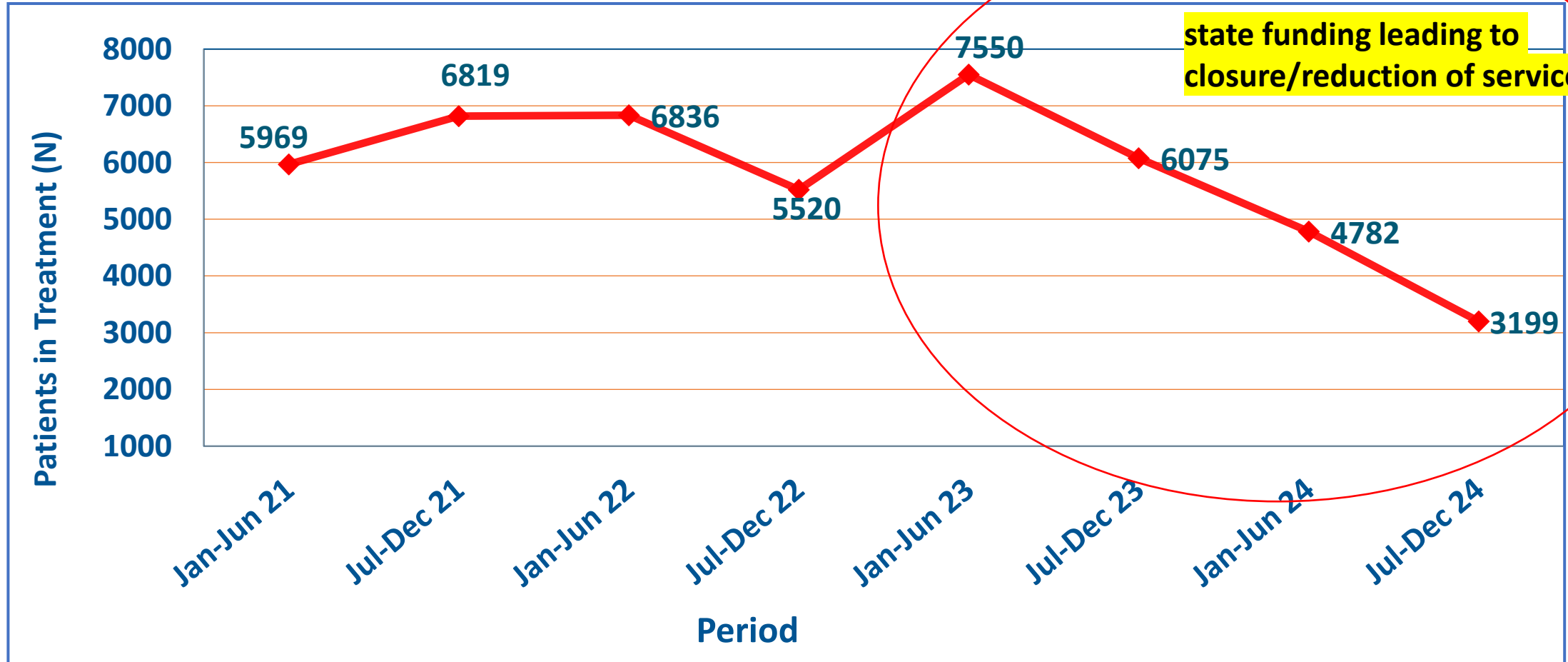
Number of patients in treatment



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state funding leading to closure/reduction of services



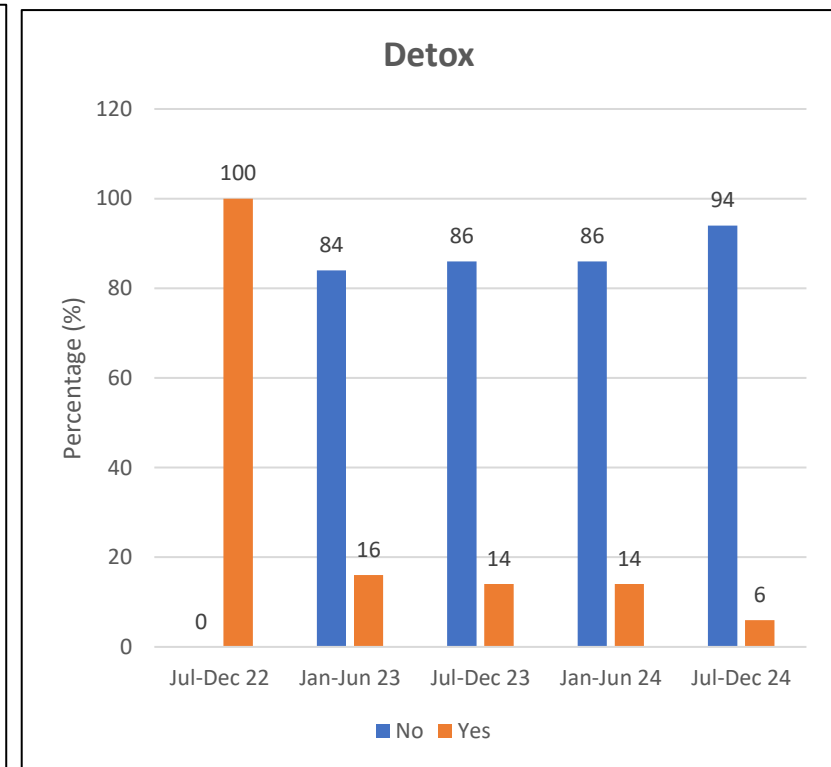
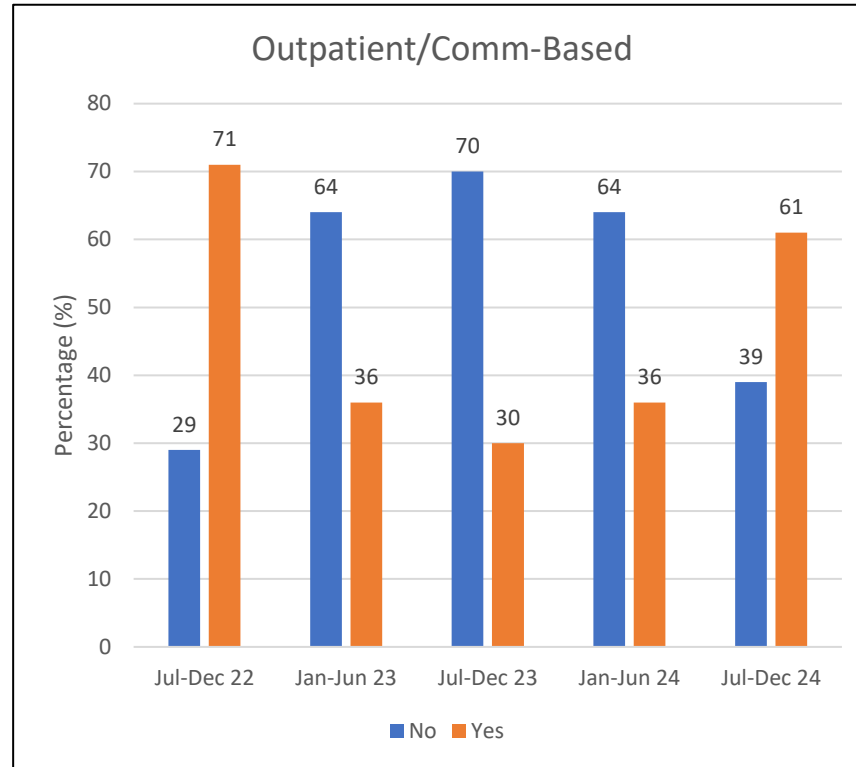
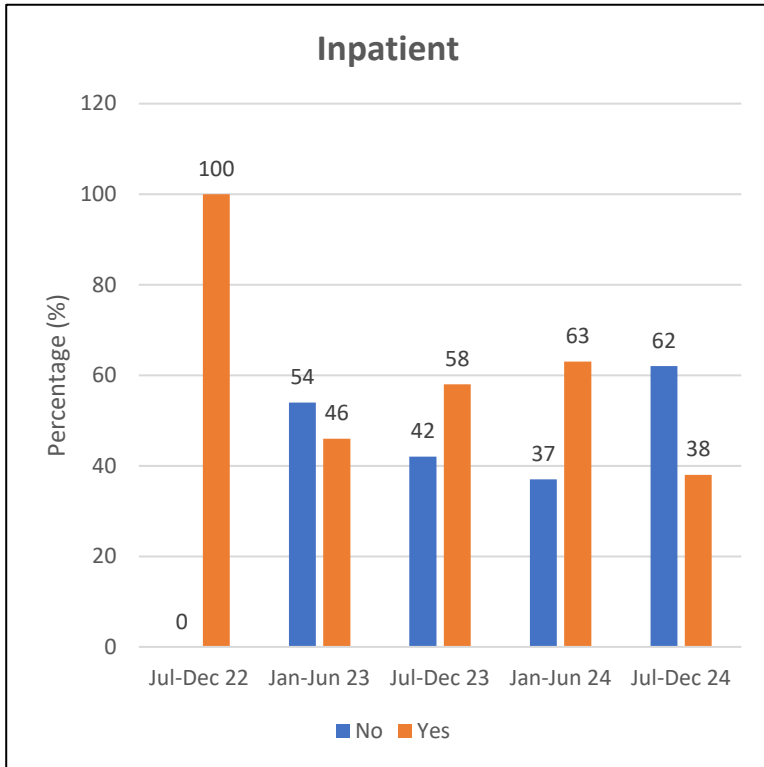
TYPE OF TREATMENT RECEIVED



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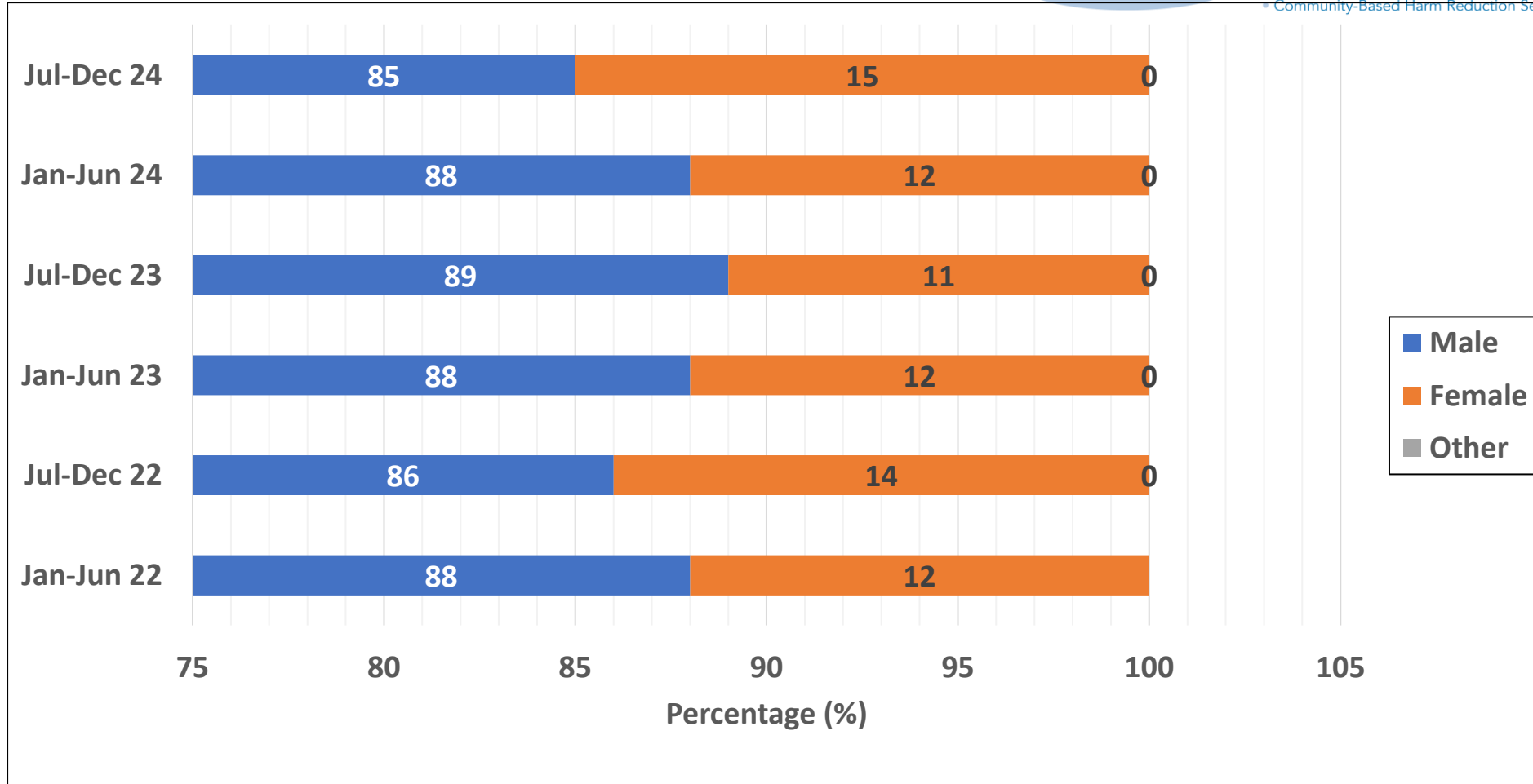
GENDER



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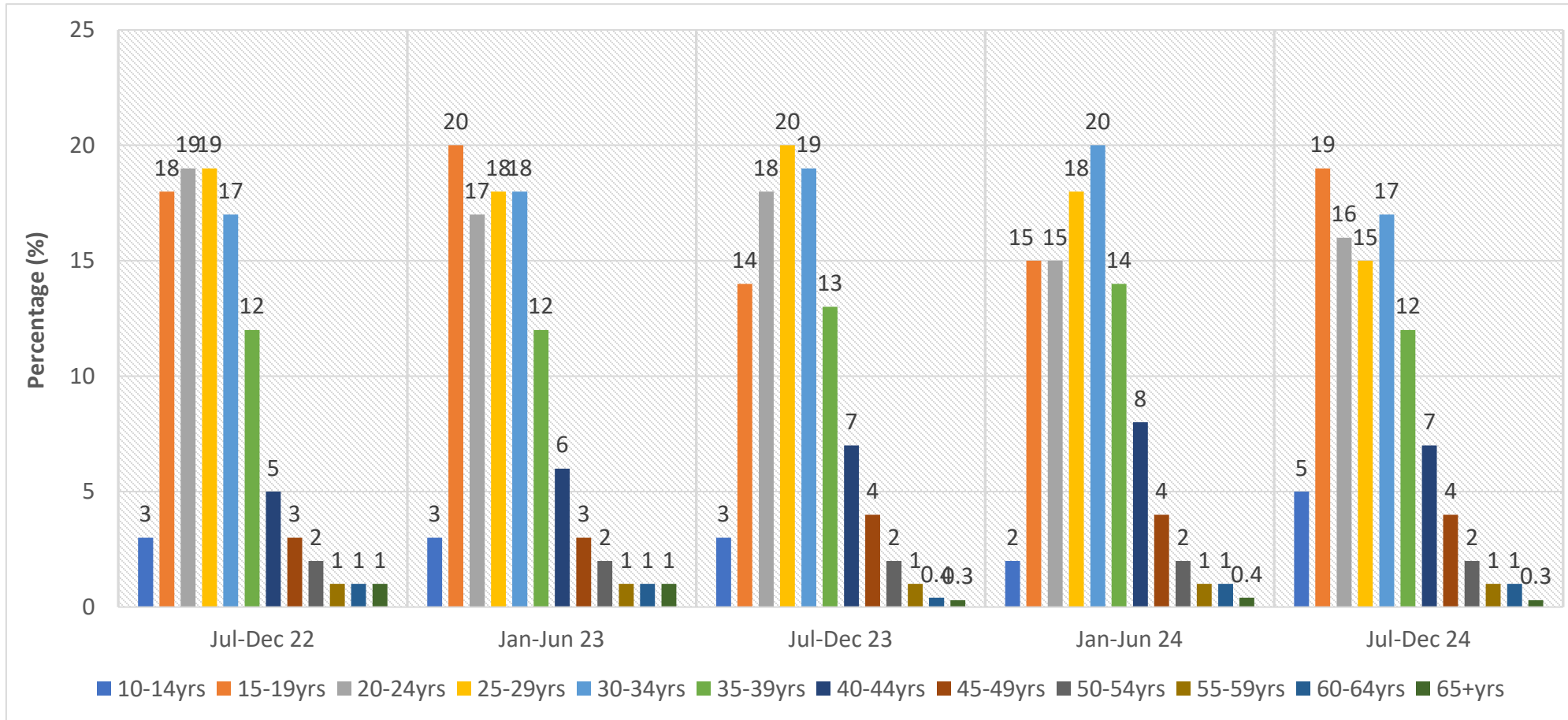
AGE DISTRIBUTION



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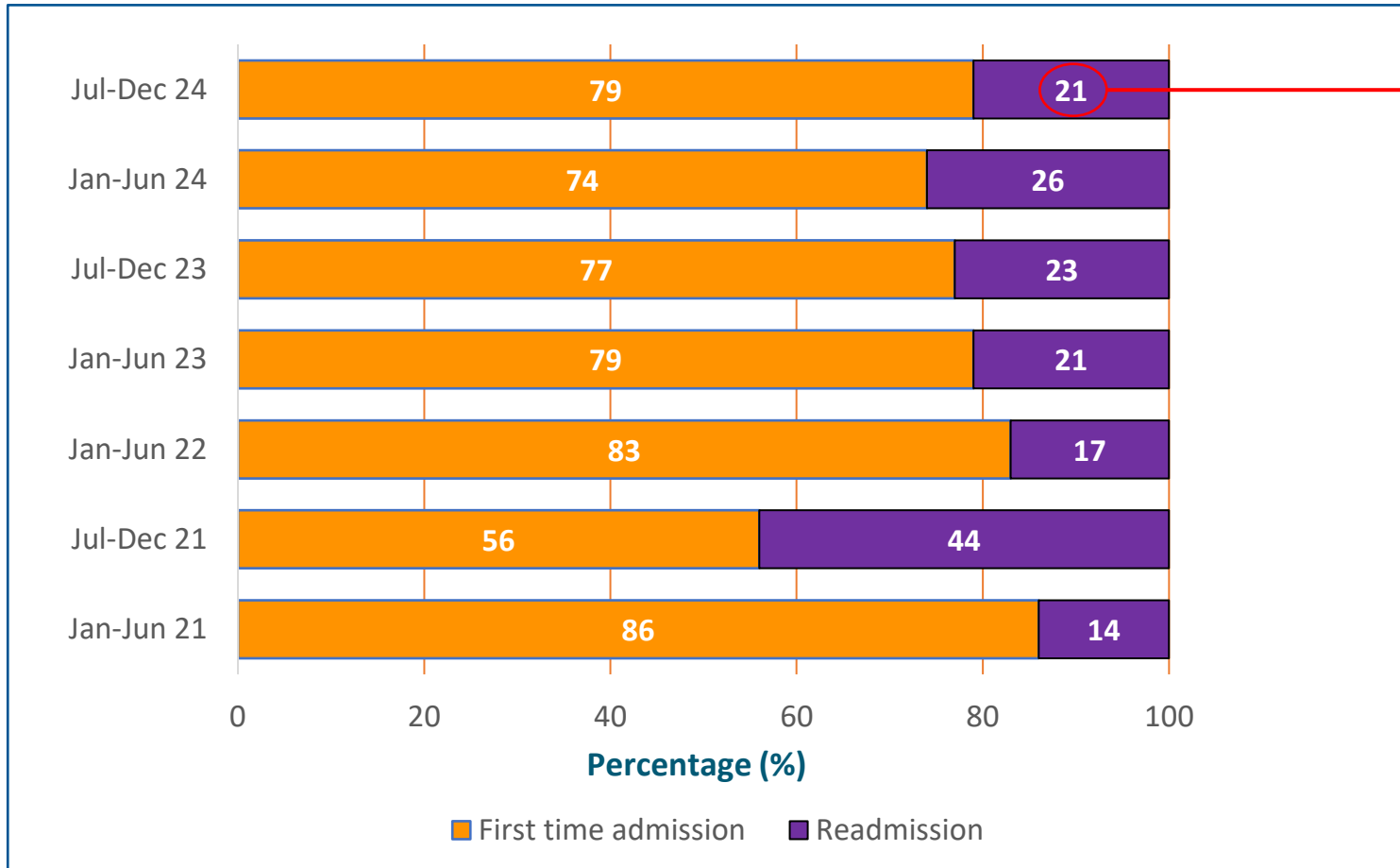
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FIRST TIME ADMISSIONS vs READMISSIONS



	n
1-5 times	630
6-10 times	31
>10 times	9

	In-patient (n)	Out-patient/CB (n)	Detox (n)
1-5 times	305	171	25
6-10 times	10	-	1
>10 times	7	-	-

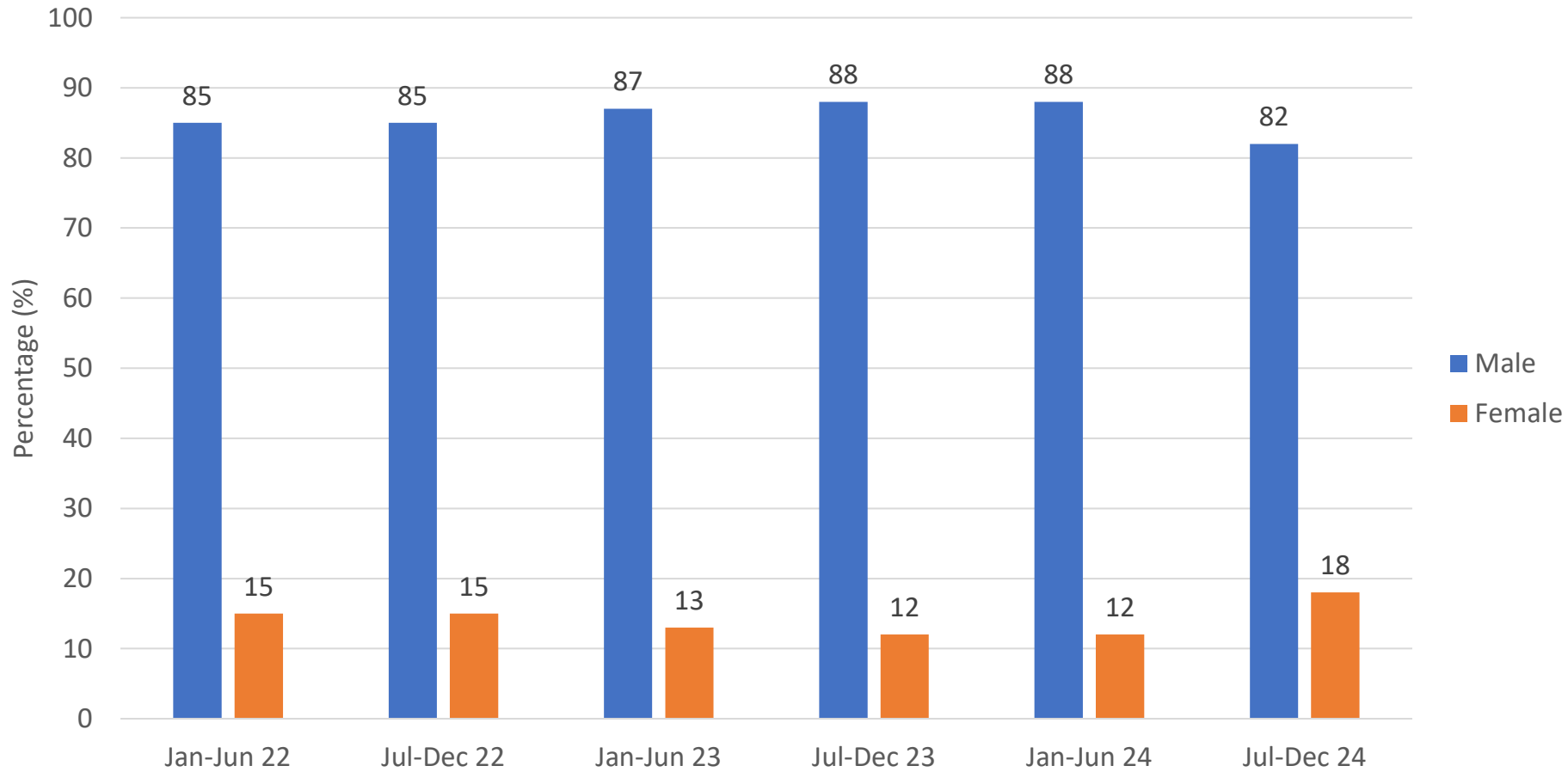
READMISSION BY GENDER



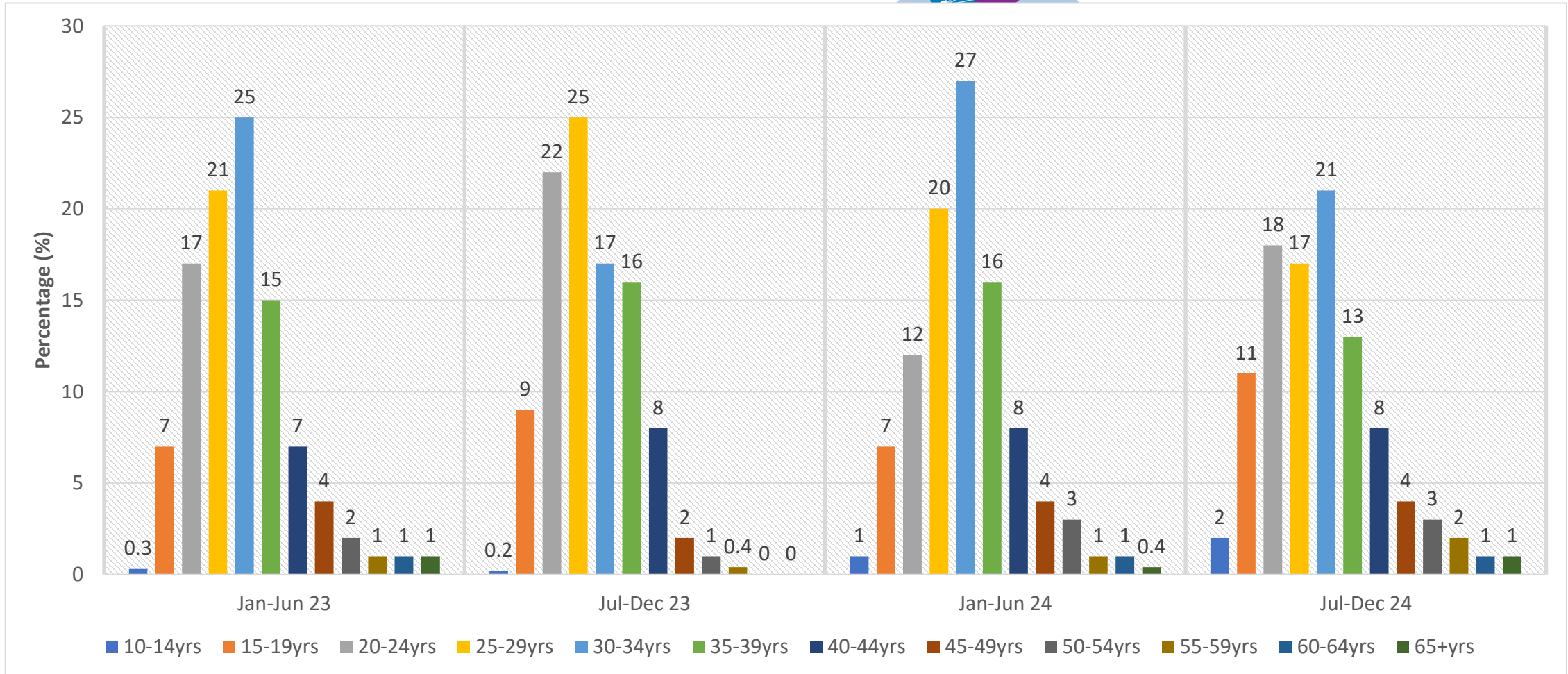
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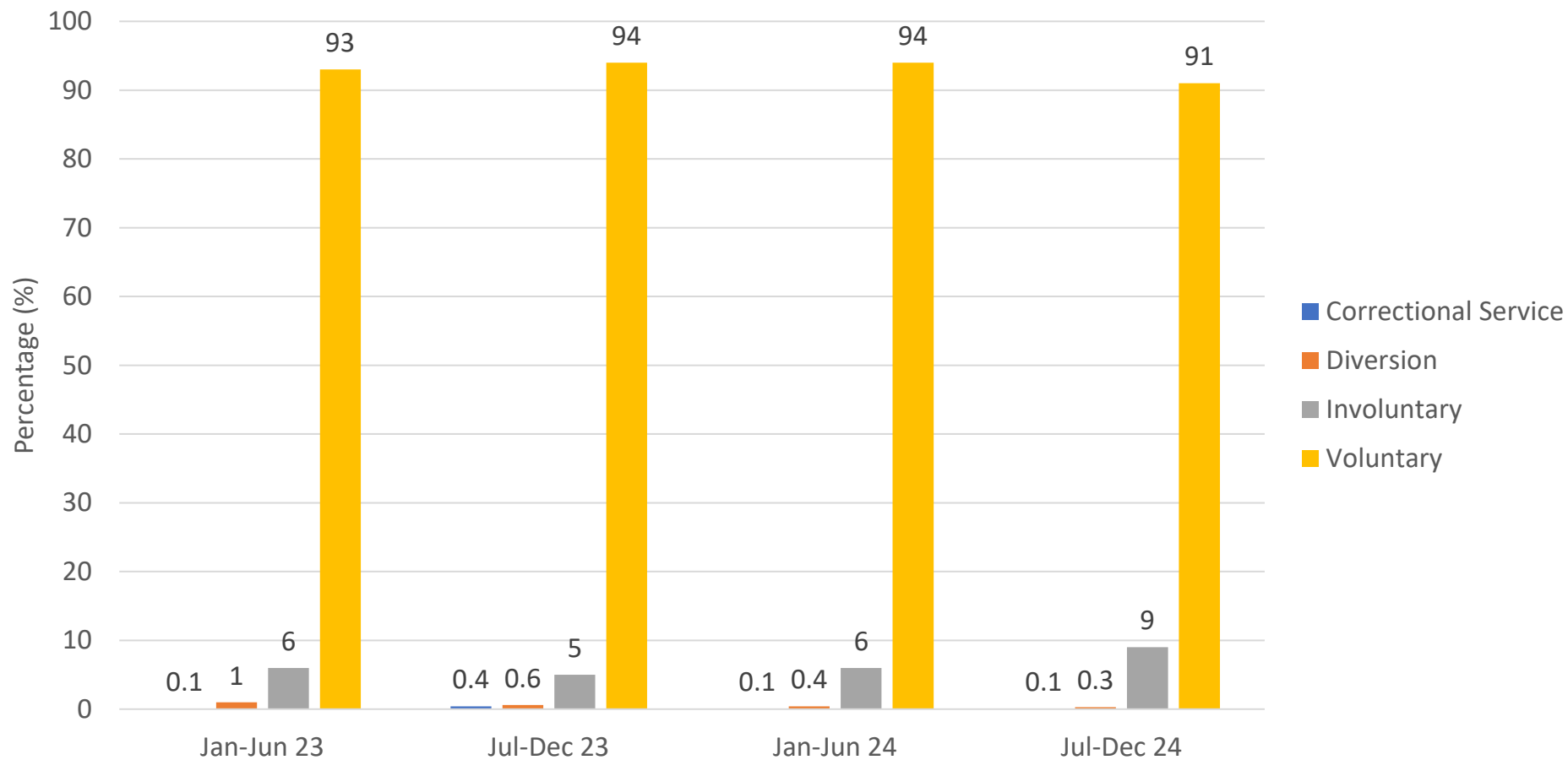
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READMISSION BY AGE



TYPE OF ADMISSION



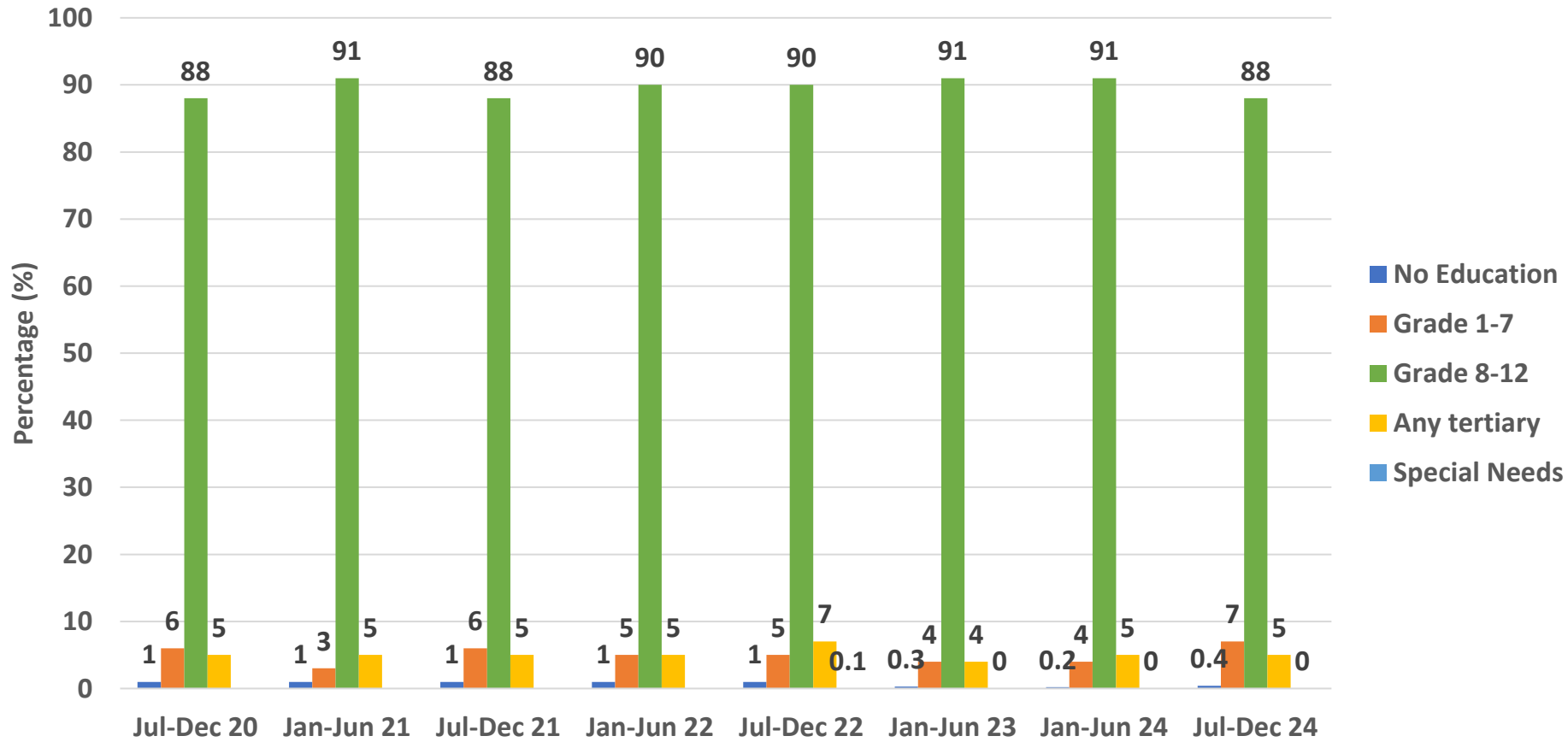
EDUCATION LEVEL



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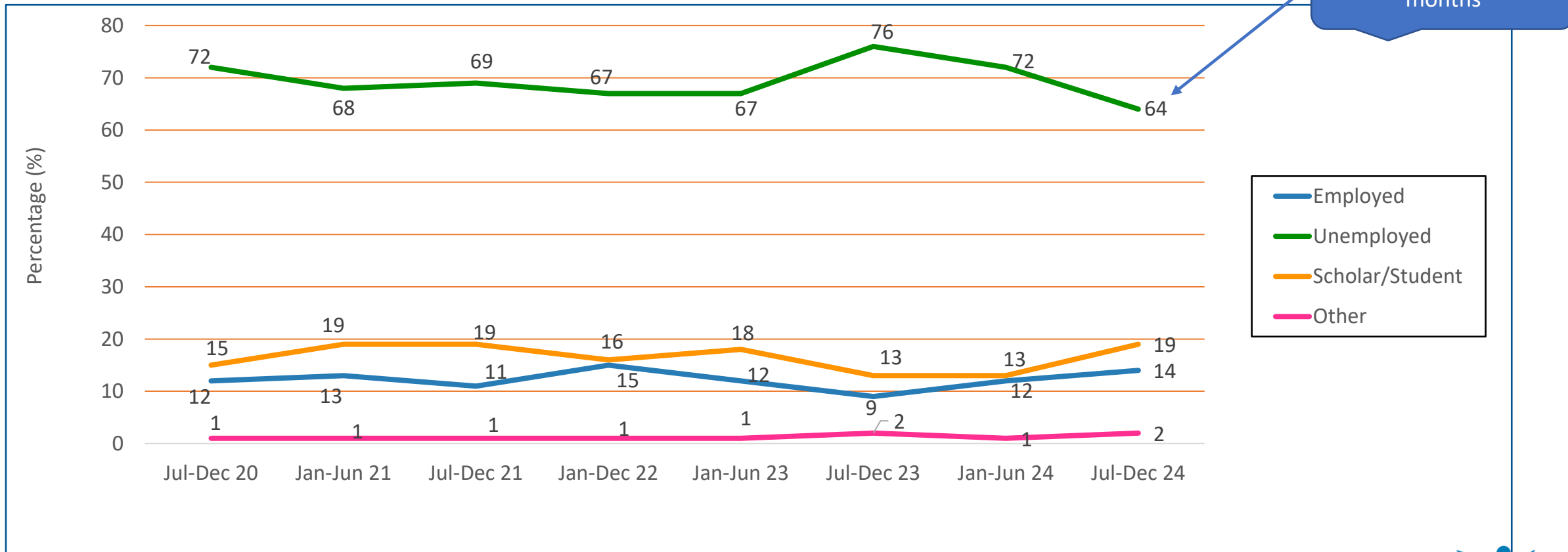
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EMPLOYMENT STATUS



55% unemployed >6 months

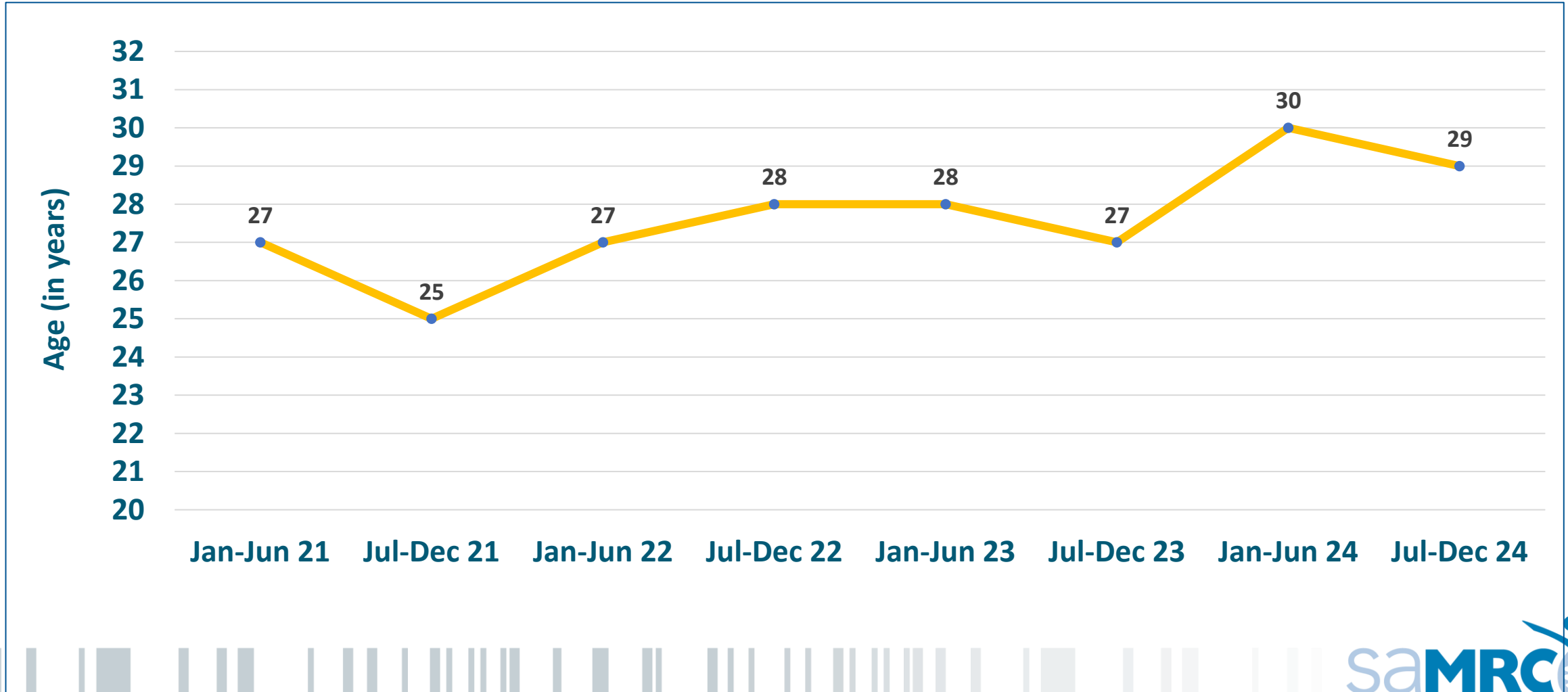
MEAN AGE



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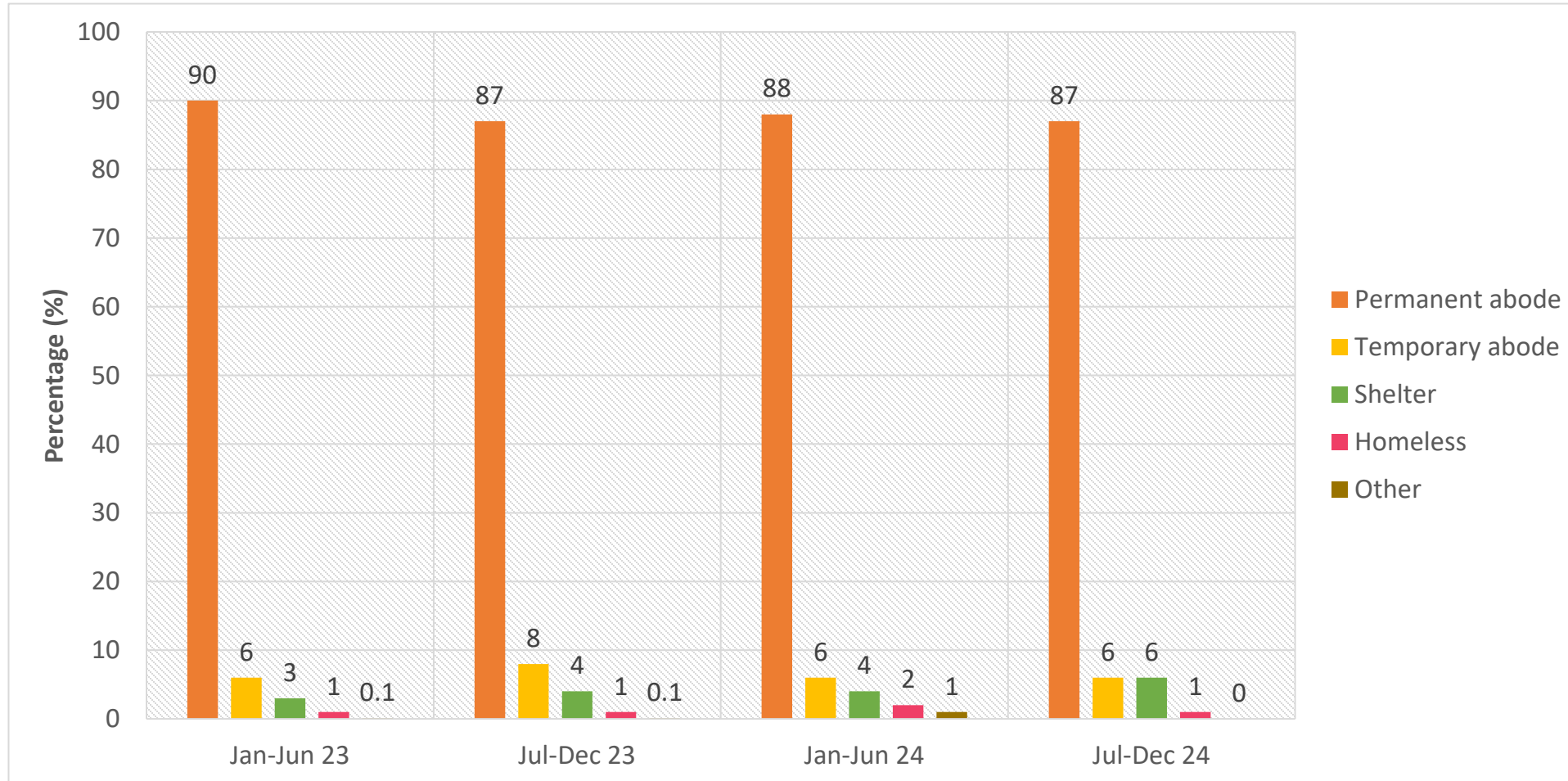
TYPE OF RESIDENCE



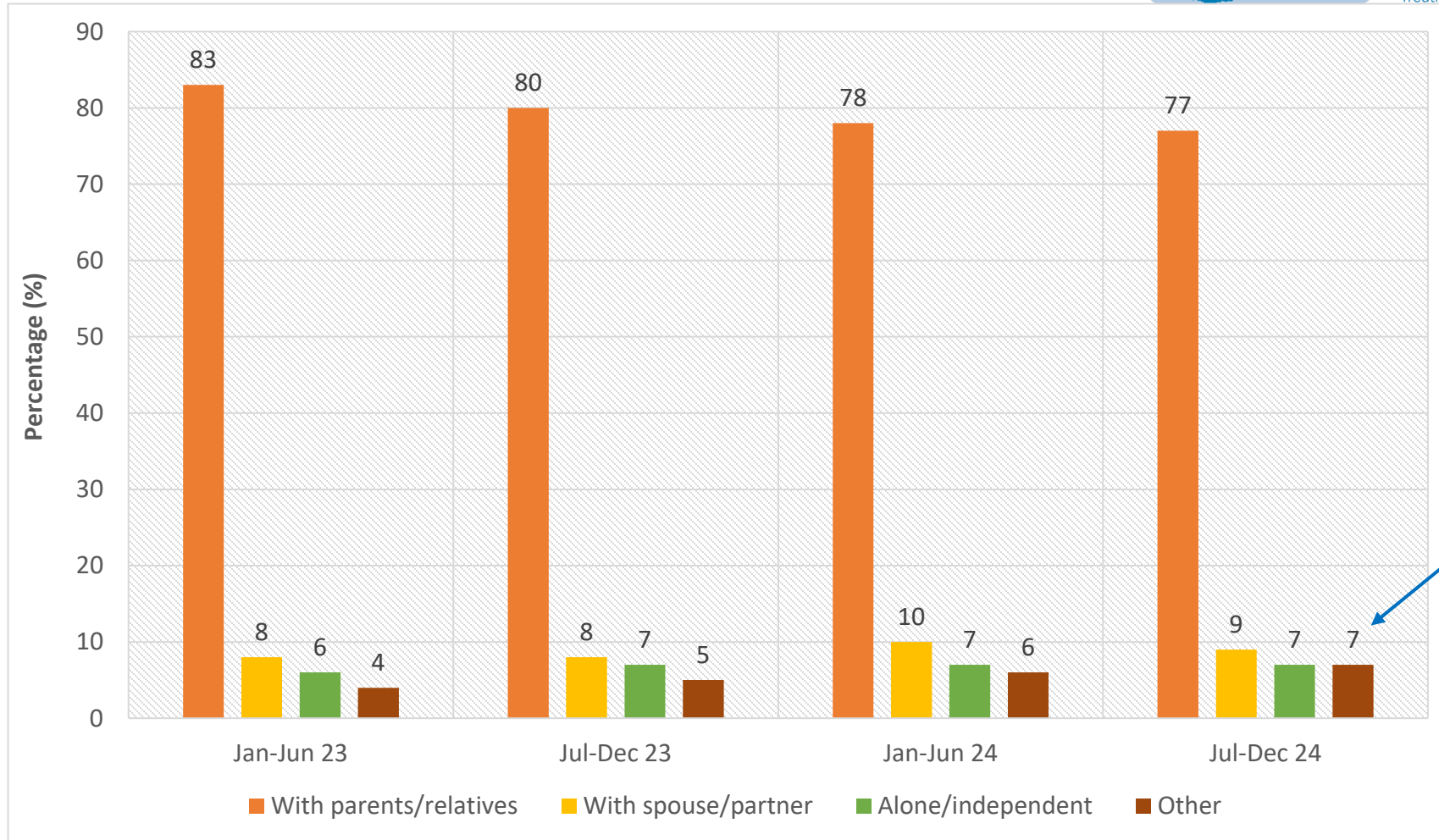
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WHO CLIENT RESIDES WITH



Other specified	n
Homeless/Shelter/Unstable	173
Friends/Roommates	24
Children's home/Youth centre	4
Foster care	2
Psych rehab centre	2
Hostel	1

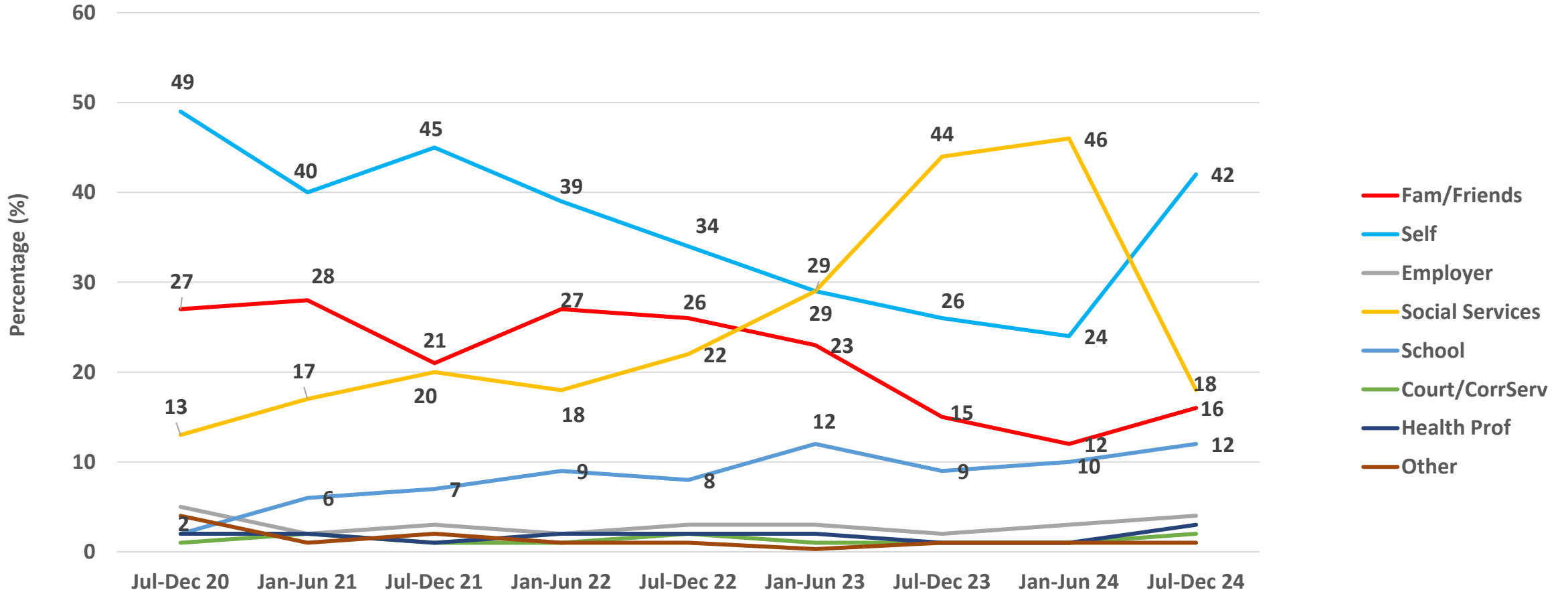
REFERRAL SOURCE OVER TIME



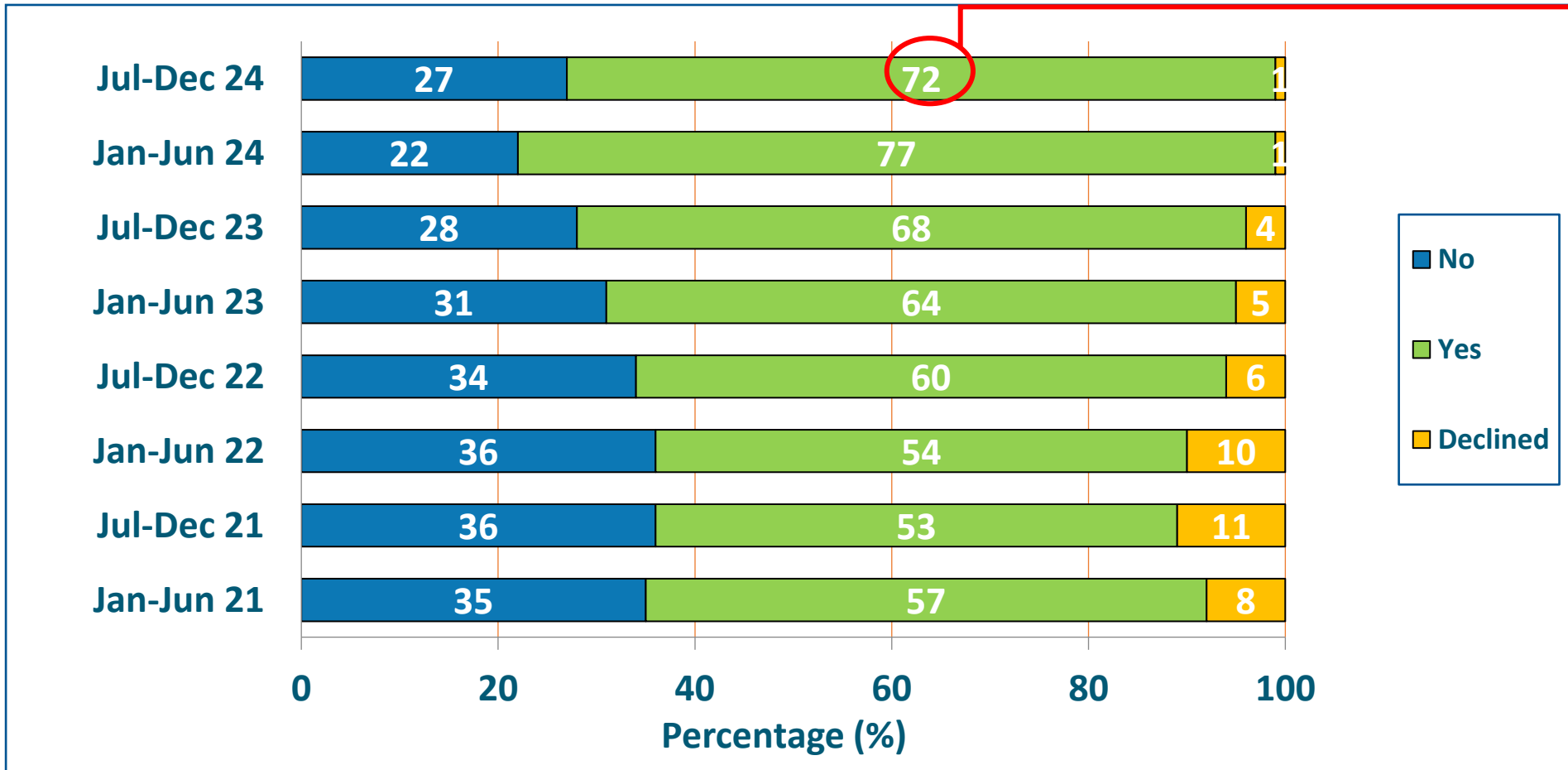
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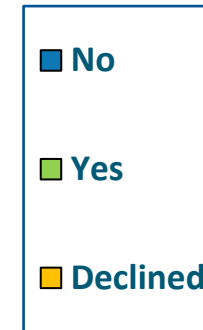
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HIV TESTED OVER PTM



Yes, in past 12 mths	52%
Yes, not in past 12 mths	20%



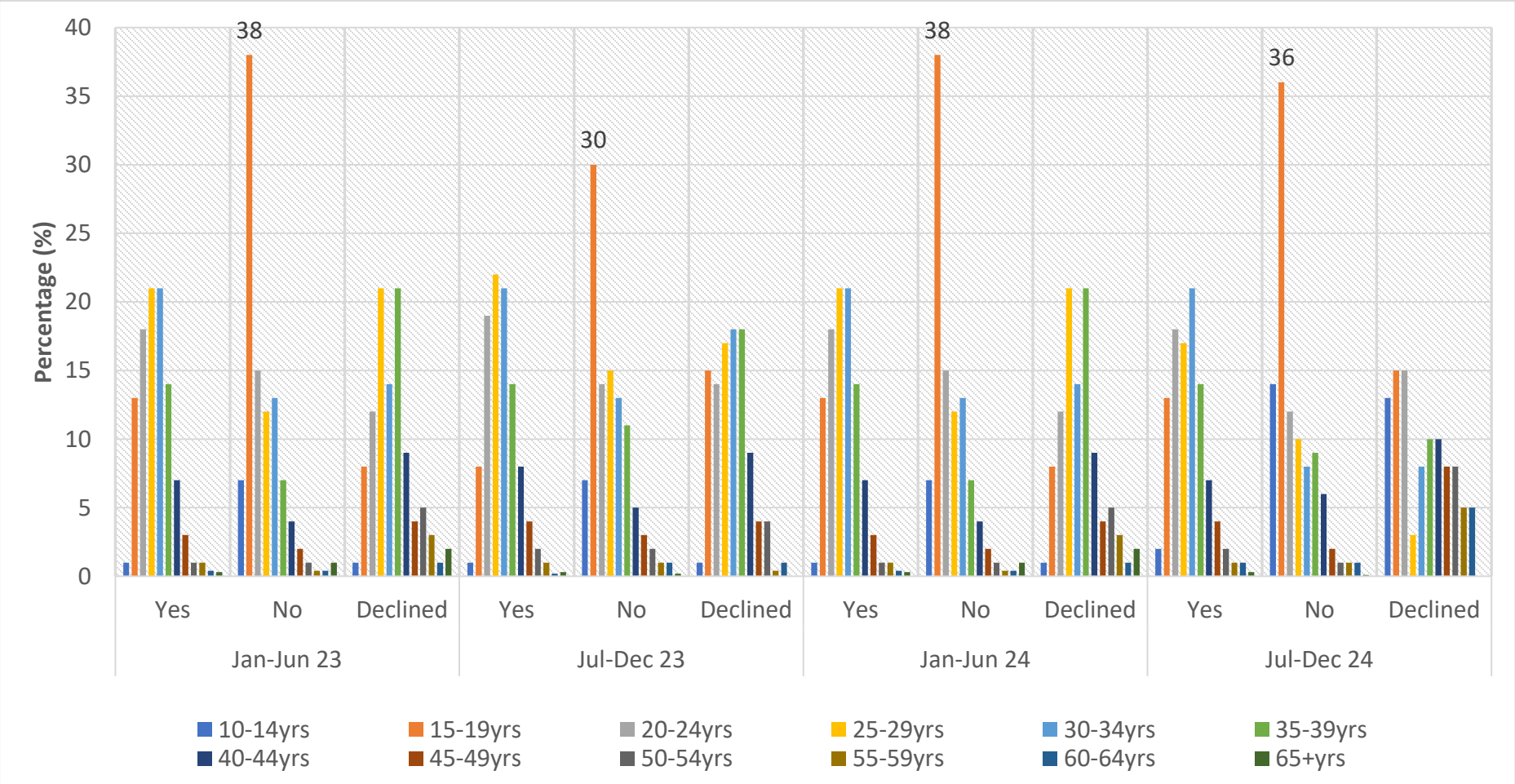
PRIOR HIV TEST BY AGE



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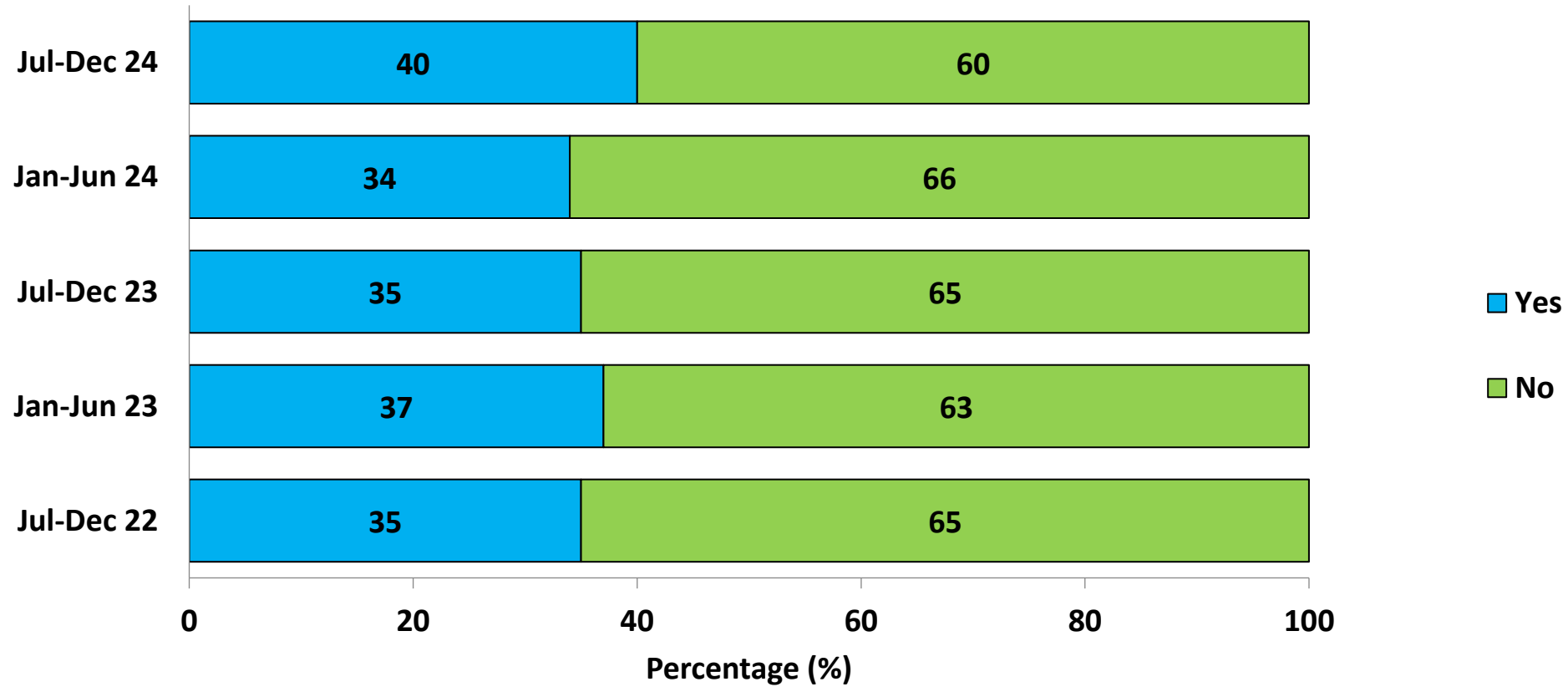
FUTURE HIV TESTING



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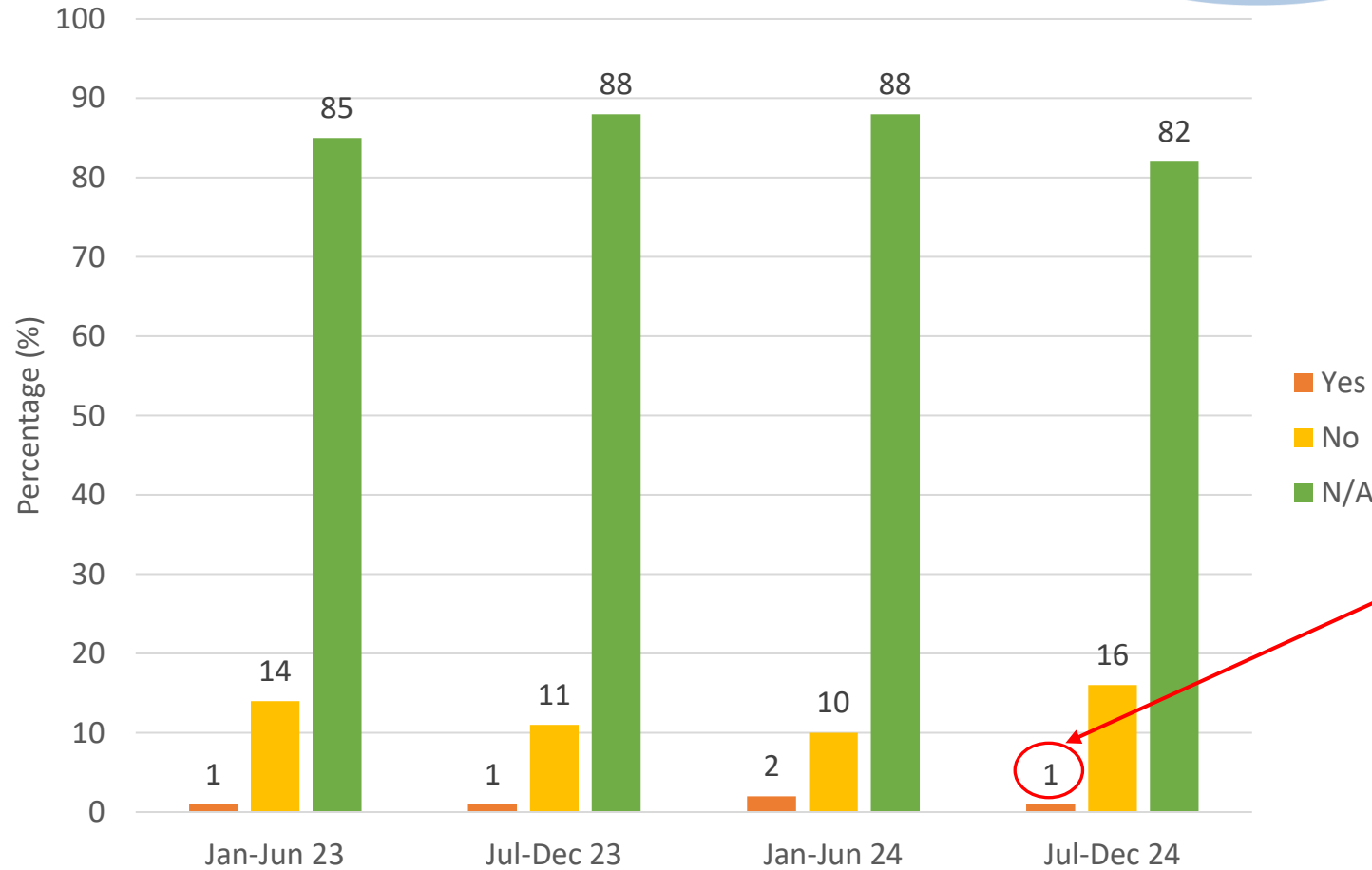
SUBSTANCE USE DURING PREGNANCY



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Substances Used	n
MA	13
Alcohol	10
Dagga	7
CAT/KHAT	5
Heroin/Opiates	3
OTC/PRE	2
Dagga/Mx	2
Crack/Cocaine	1
Tobacco	1



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SUBSTANCES OF USE



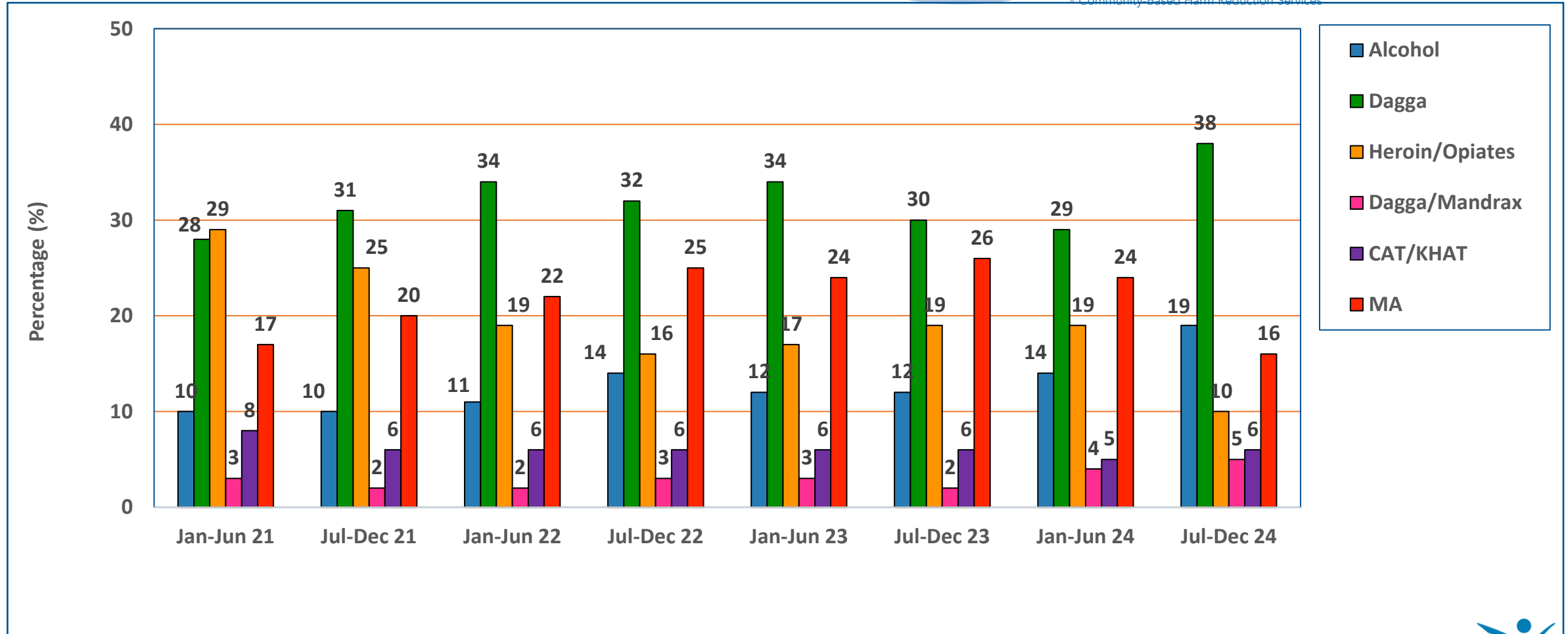
SELECTED PRIMARY SUBSTANCES OF USE



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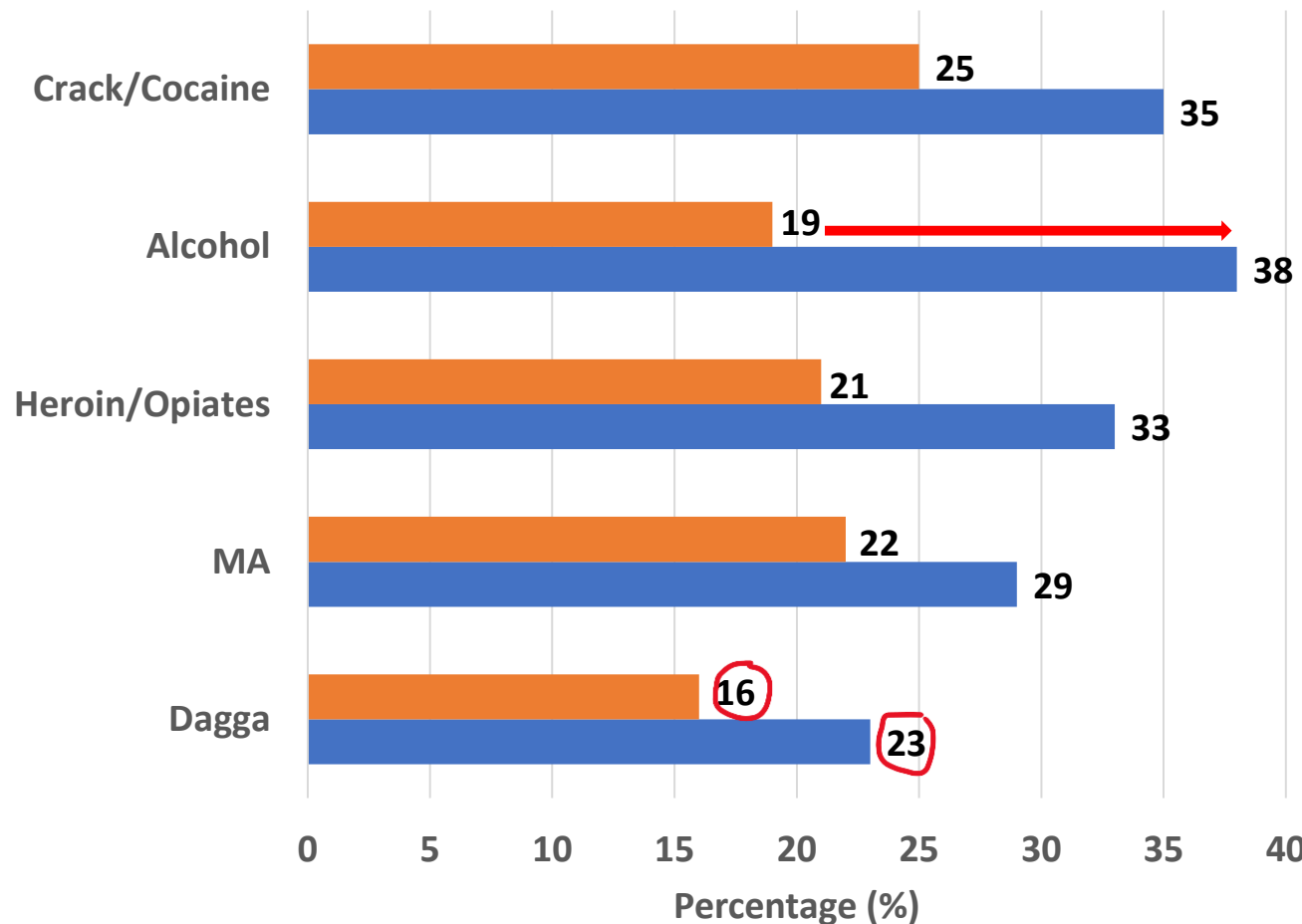
SELECTED PSOA BY MEAN AGE/MEAN AGE OF INITIATION



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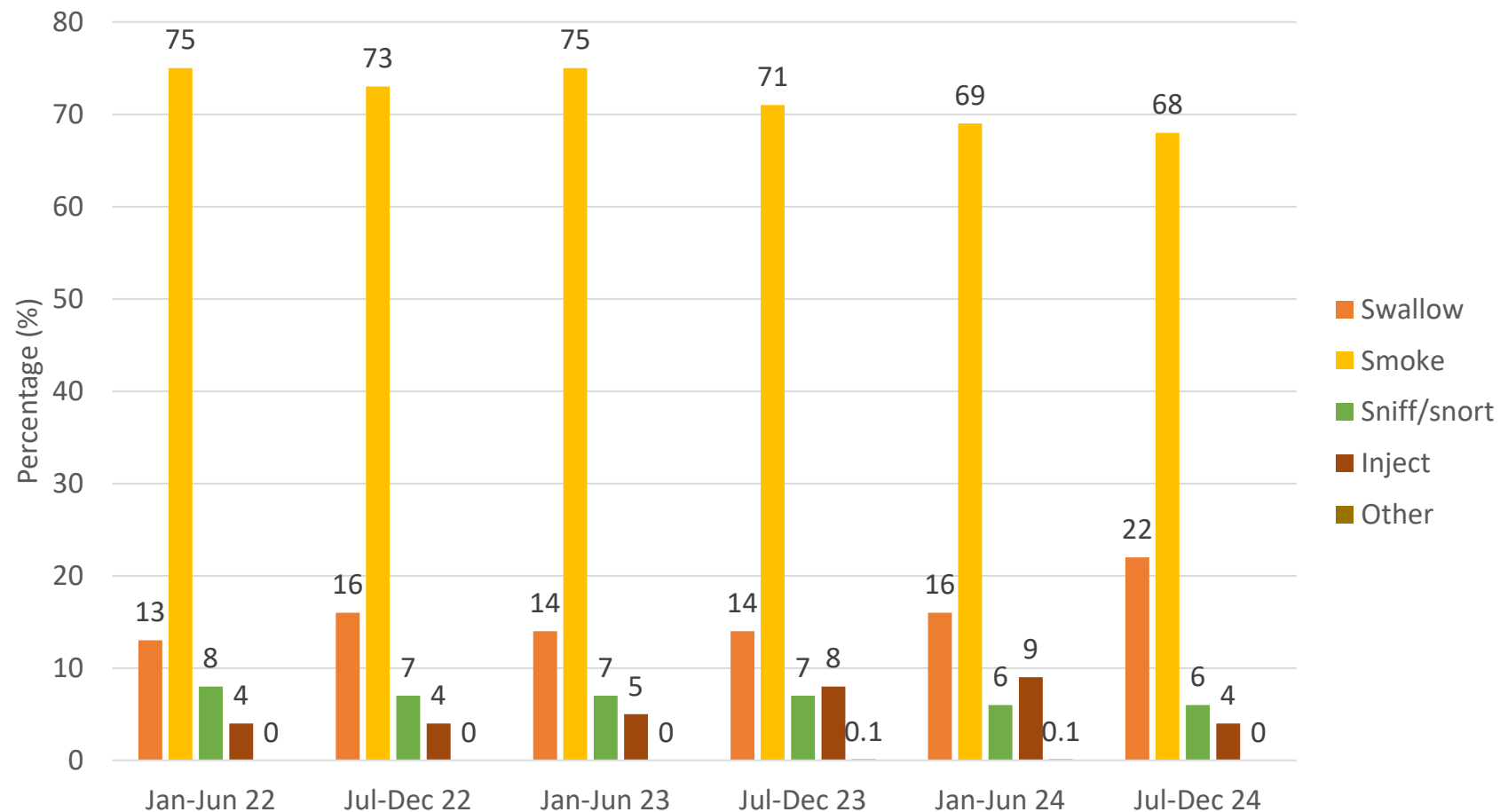


Jul-Dec 24

■ Mean Age of Initiation
■ Mean Age



ROUTE OF ADMINISTRATION (ALL SUBSTANCES)



ROUTE OF ADMINISTRATION (HEROIN/OPIATES)

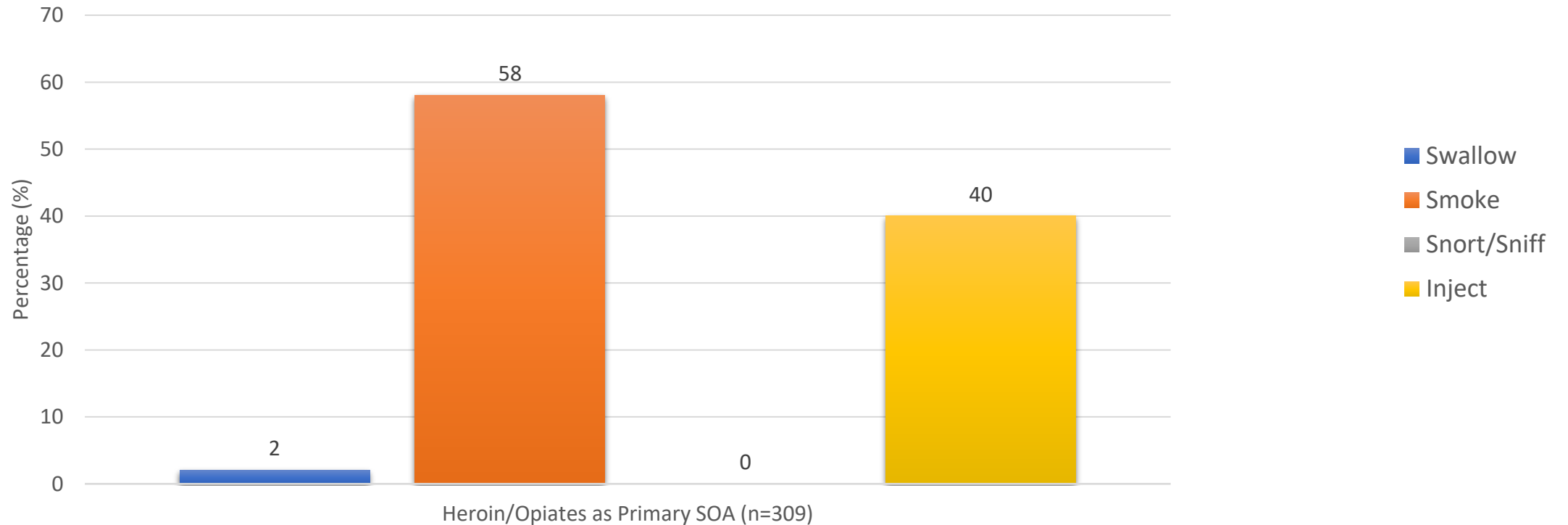


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Jul-Dec 24



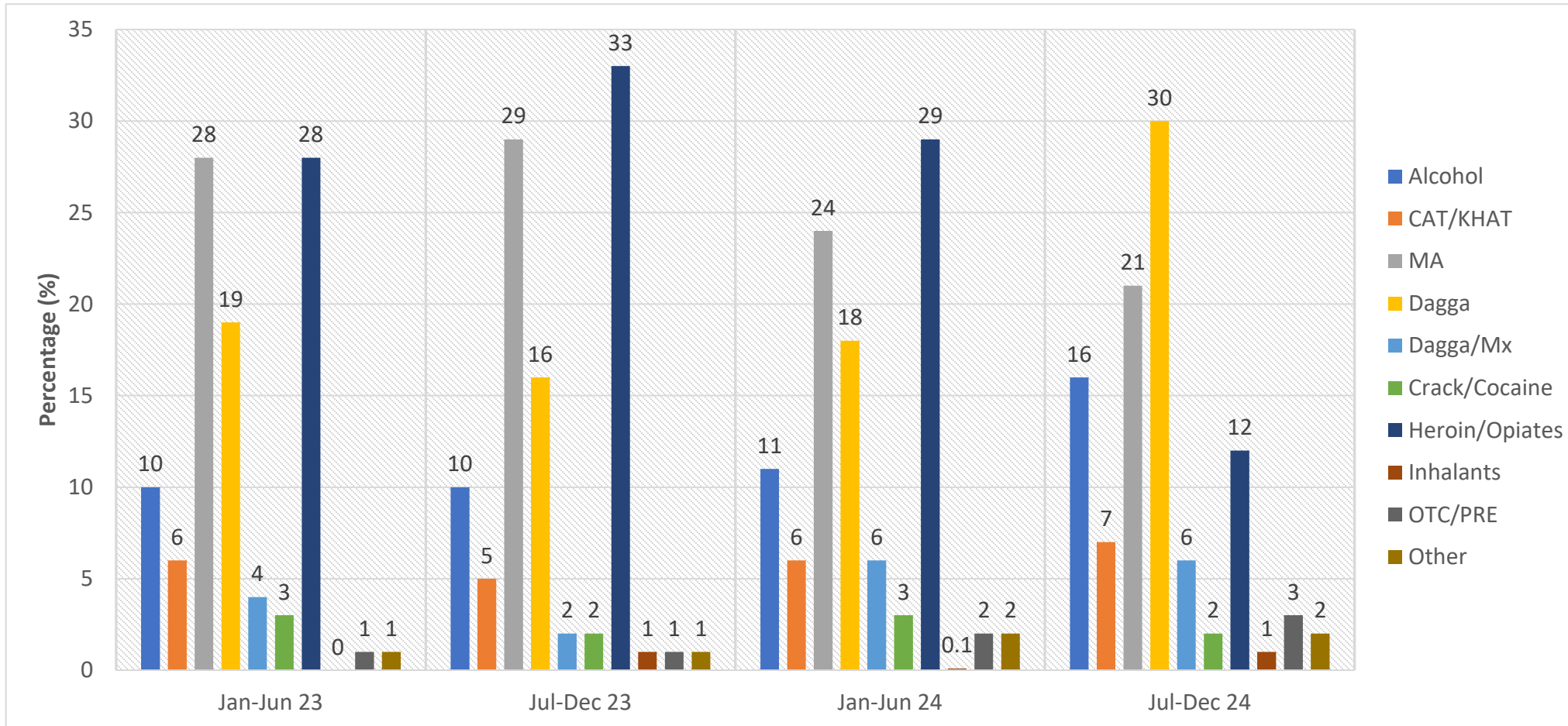
READMISSION BY SELECTED PRIMARY SUBSTANCE OF USE



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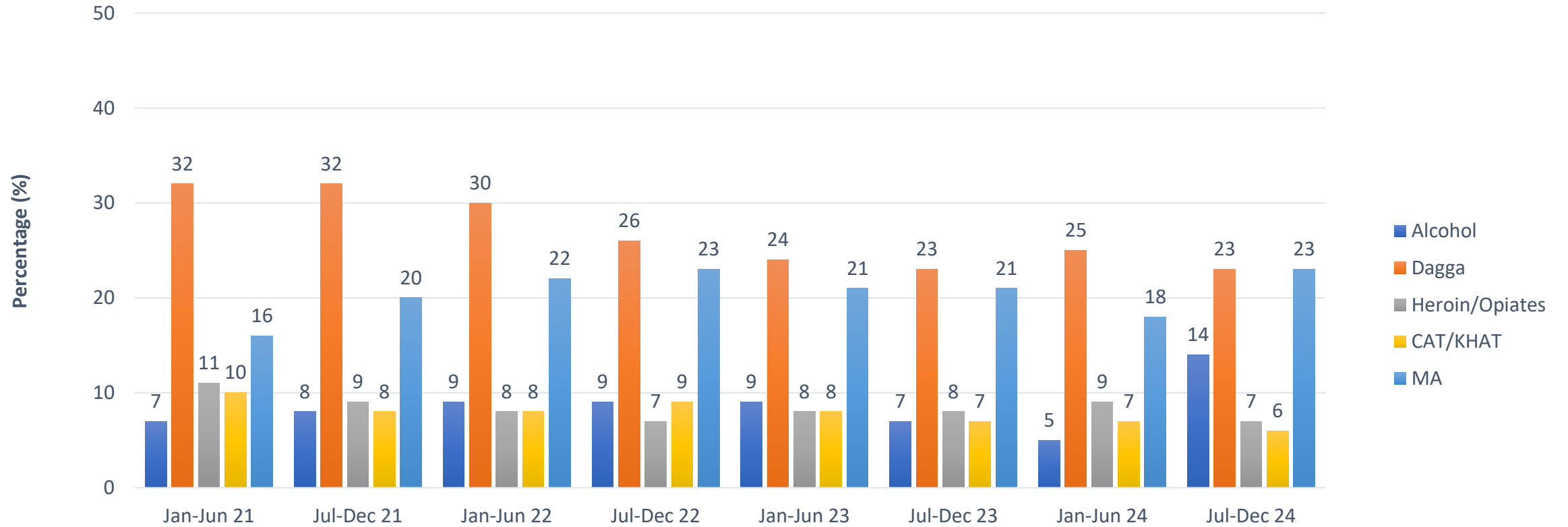
SELECTED SECONDARY SUBSTANCE OF USE



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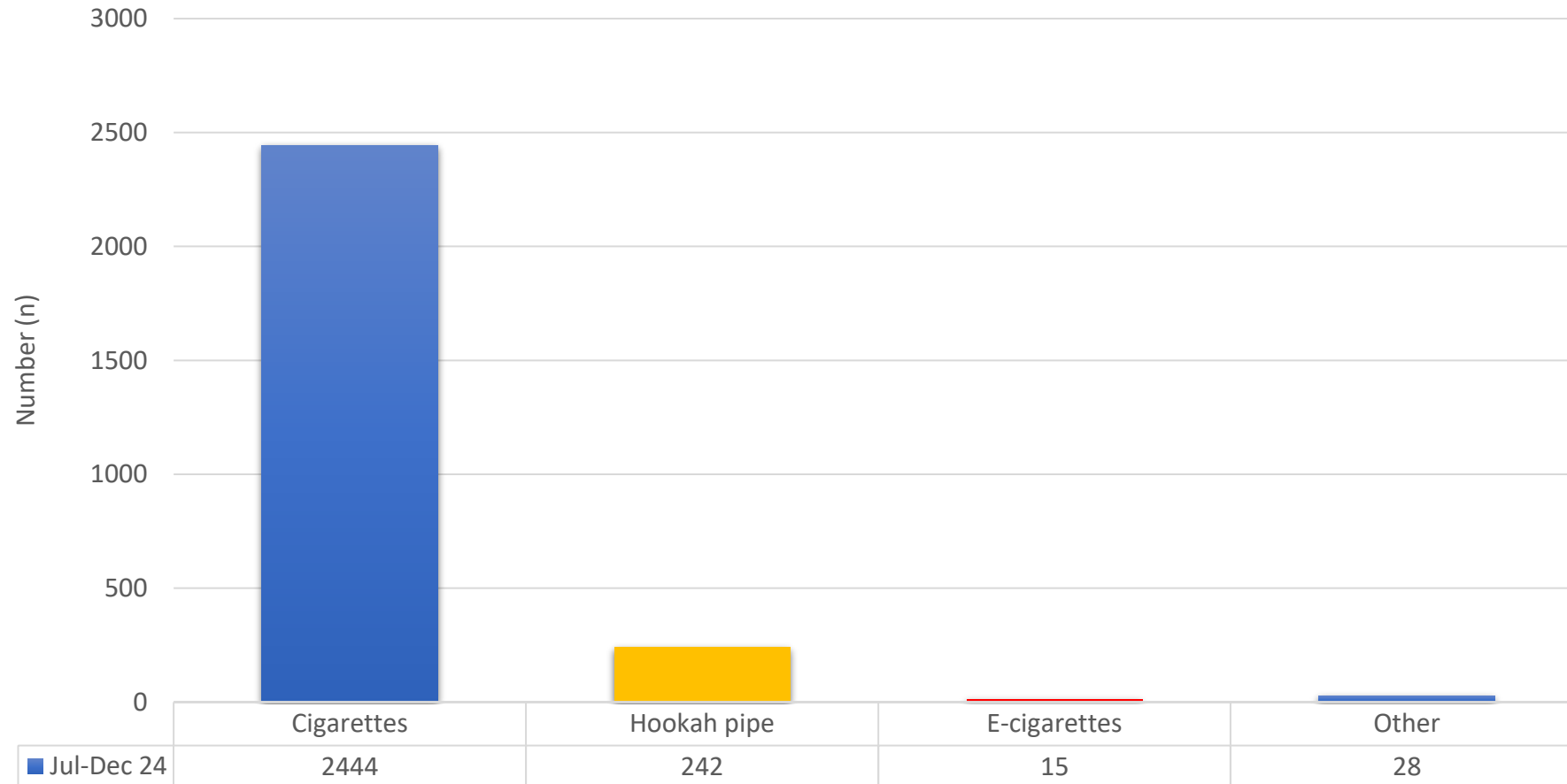
TOBACCO PRODUCTS, n=3 199 (81%)



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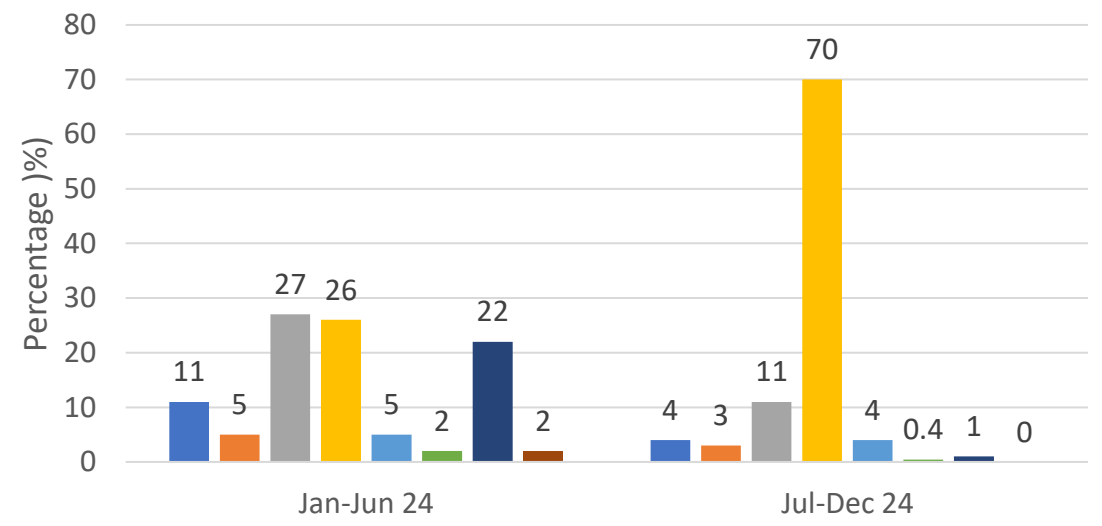
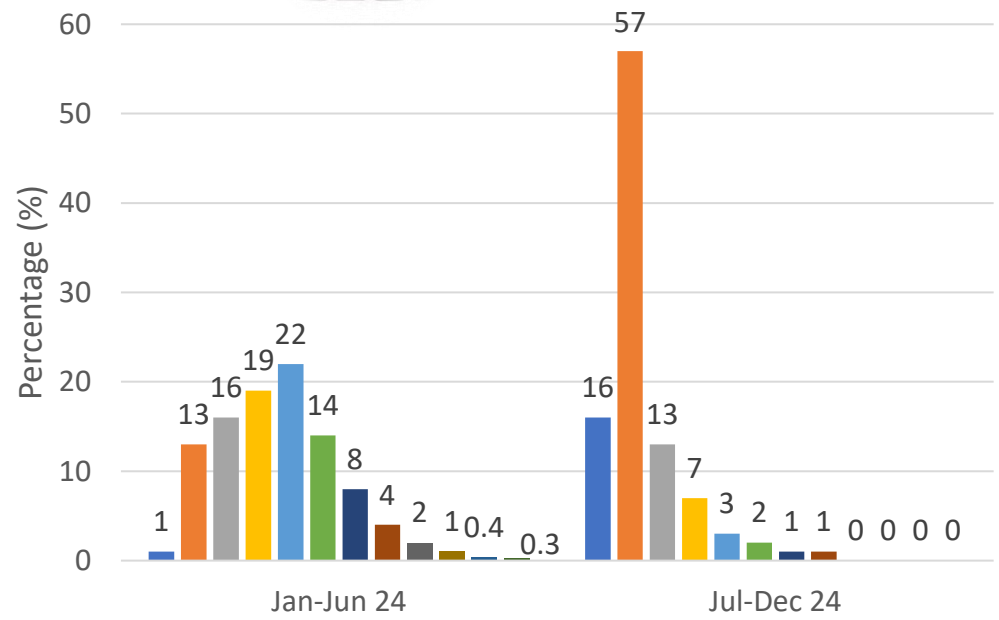




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Harm Reduction Services



10-14yrs 15-19yrs 20-24yrs 25-29yrs. 30-34yrs 35-39yrs
40-44yrs 45-49yrs 50-54yrs 55-59yrs 60-64yrs 64+yrs

Alcohol CAT/KHAT MA Dagga
Dagga/Mx Crack/Cocaine Heroin/Opiates Other



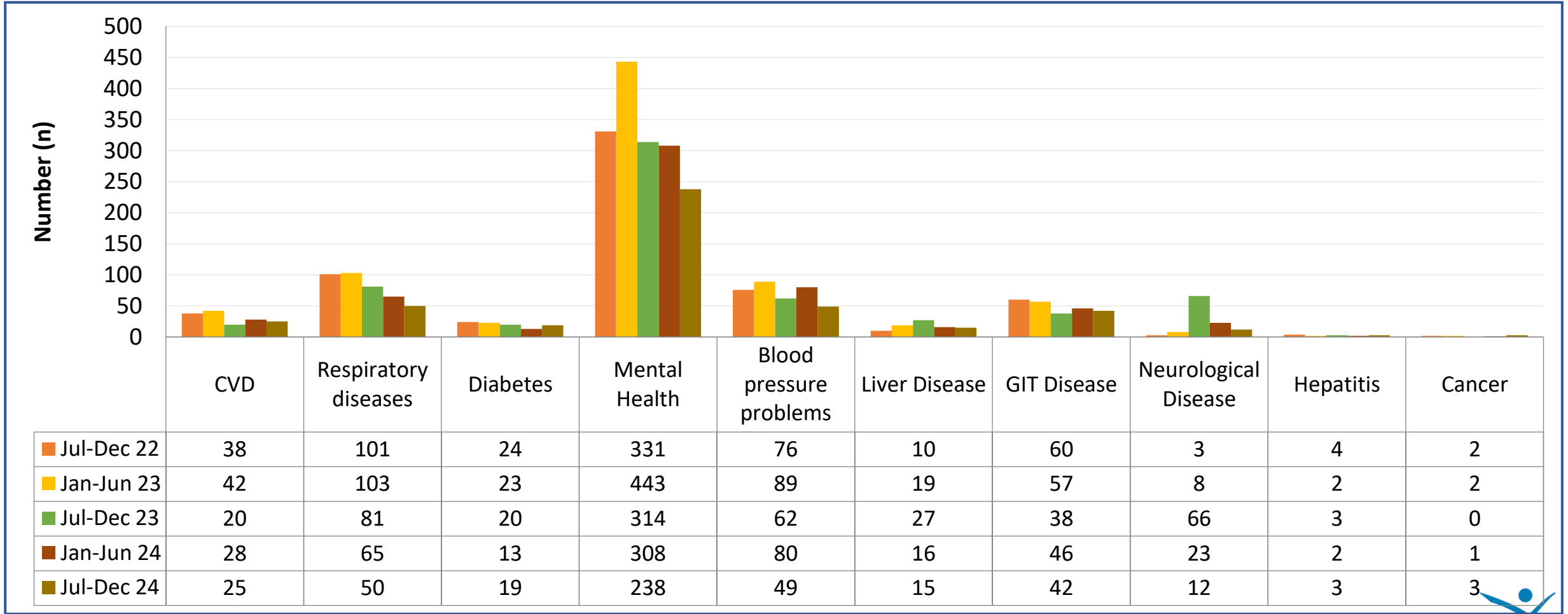
Number of NCDs (n=341, 11%)



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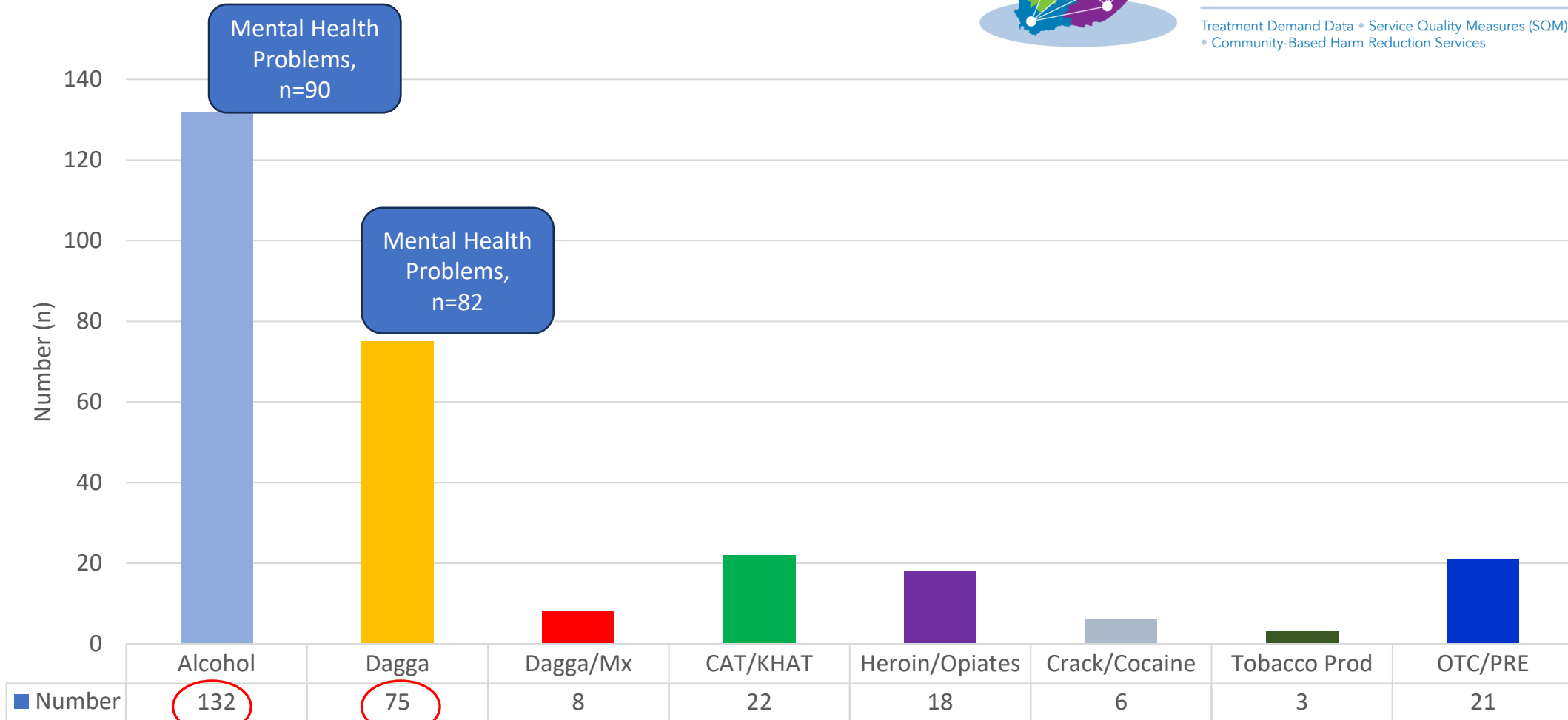
NCD BY SELECTED PRIMARY SUBSTANCE



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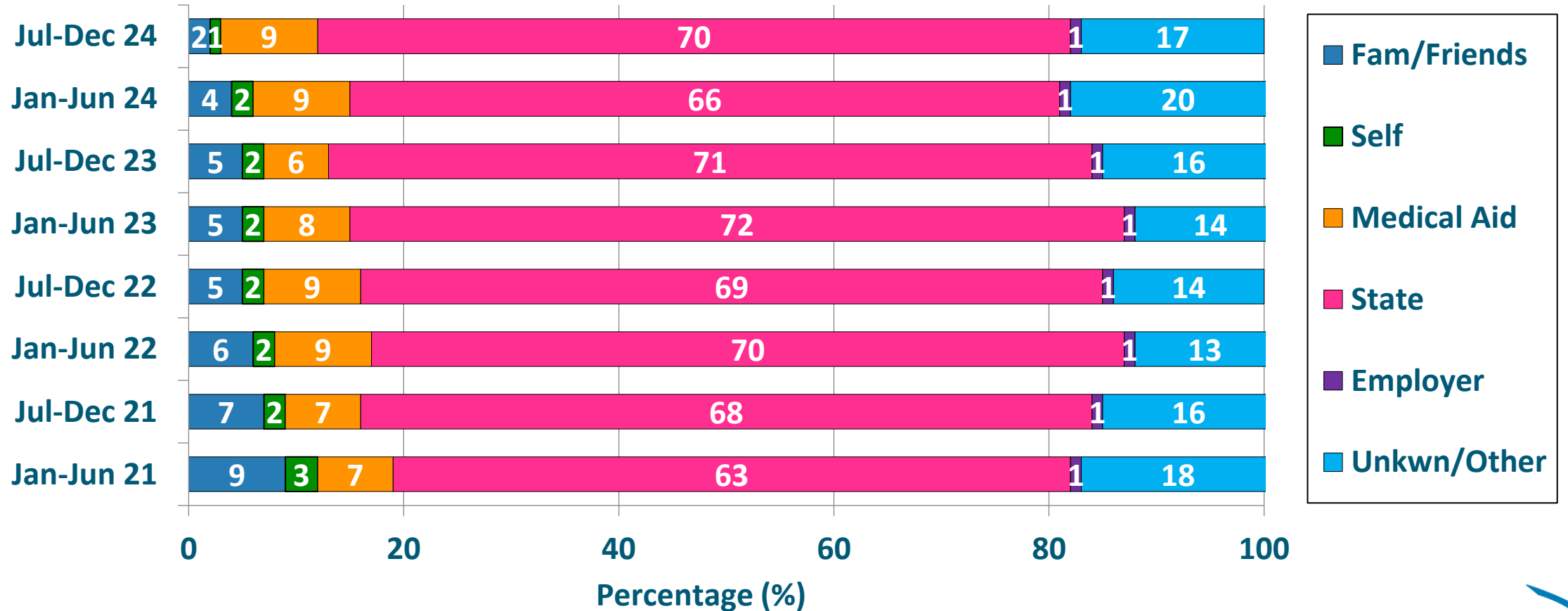


Profile of Individuals who use Codeine (n=167, 6%)	Percent (%)
Gender:	
Males: Females	83:17
Ages:	
15-19 years	42
20-24 years	20
Employment status:	
Unemployed (less than/more than 6 mths)	43
School learner	34
Codeine product:	
First product: tablets, followed by syrup Second product: tablets, followed by syrup	
Type of codeine-containing medication:	
Adco-Dol; Gen-Payne; Mybulen; Myprodol; Painstop; Stilpane; Stopayne; Synaleve; } Tablets	
Bronchleer; Benylin with codeine; Coughcod → Syrup	
Lean (can fall in either product category)	





SOURCE OF PAYMENT





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PERSONS ≤ 18 YEARS



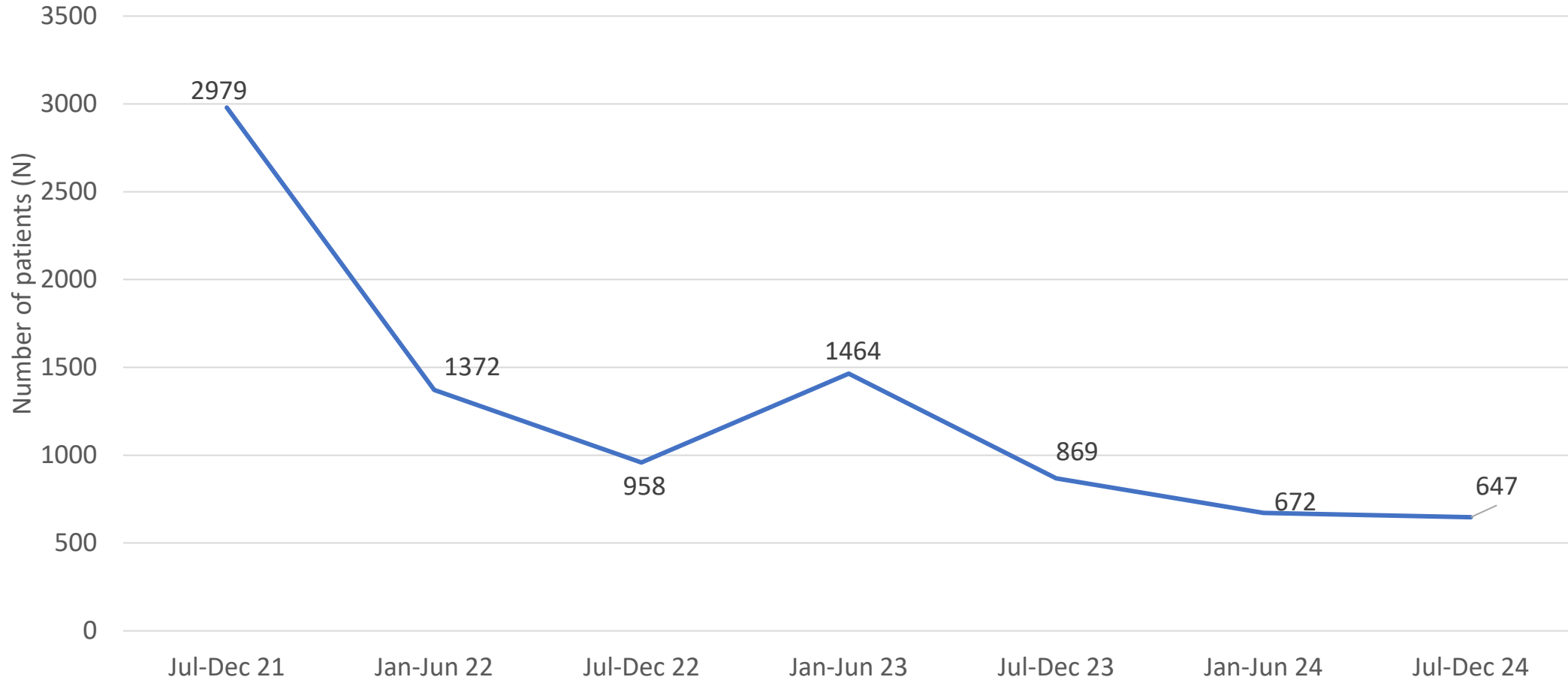
NUMBER OF PATIENTS IN TREATMENT



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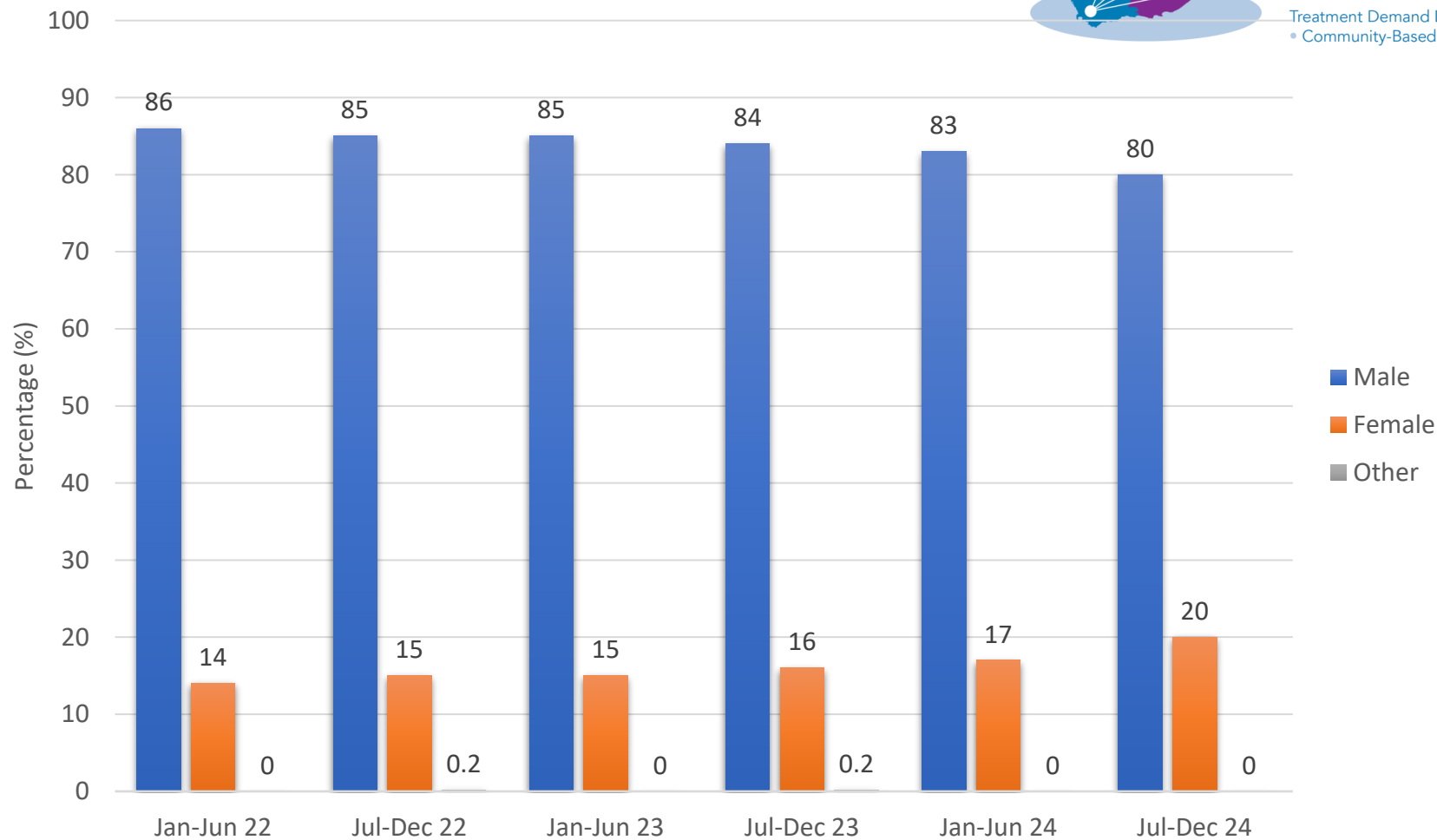
GENDER



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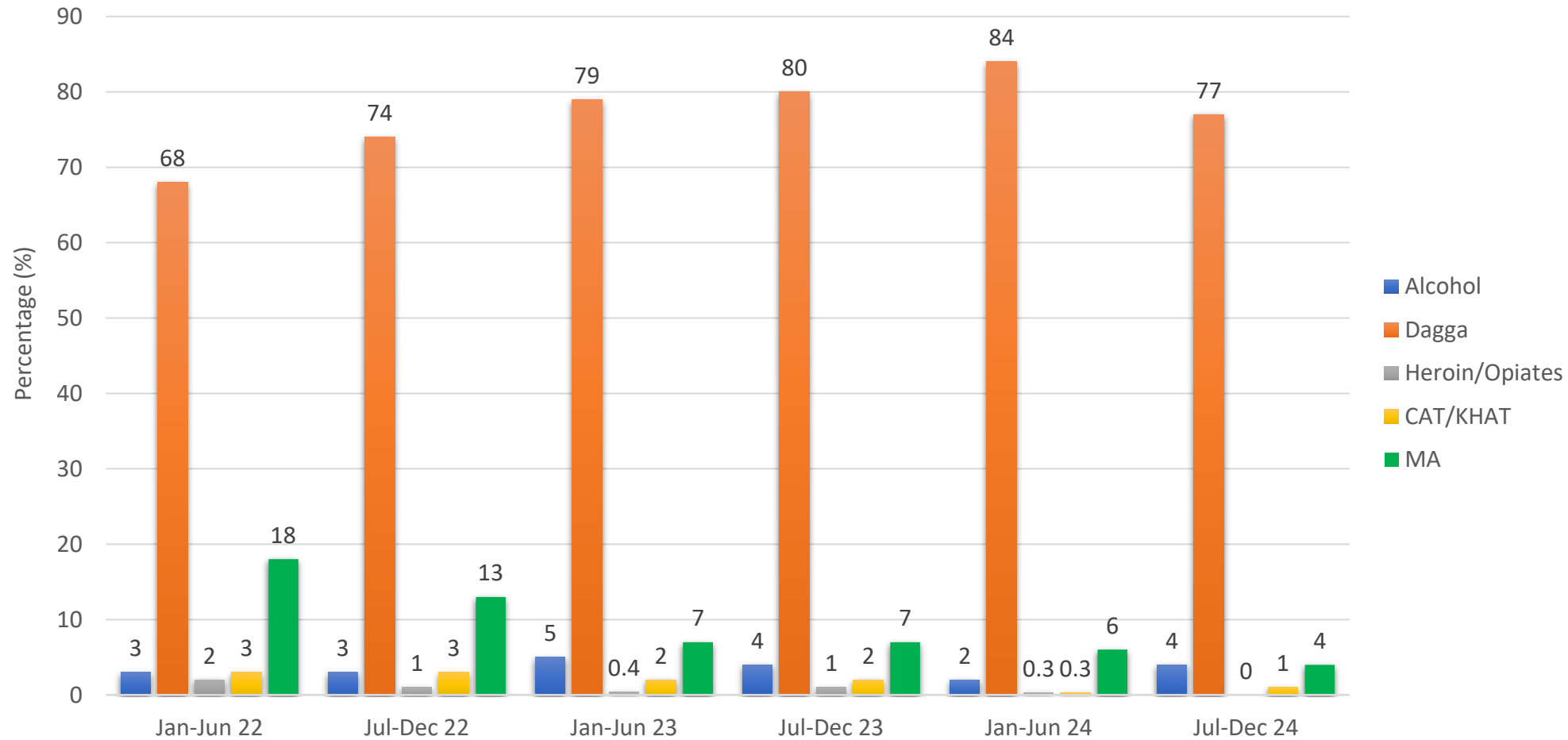
SELECTED PRIMARY SUBSTANCES OF USE



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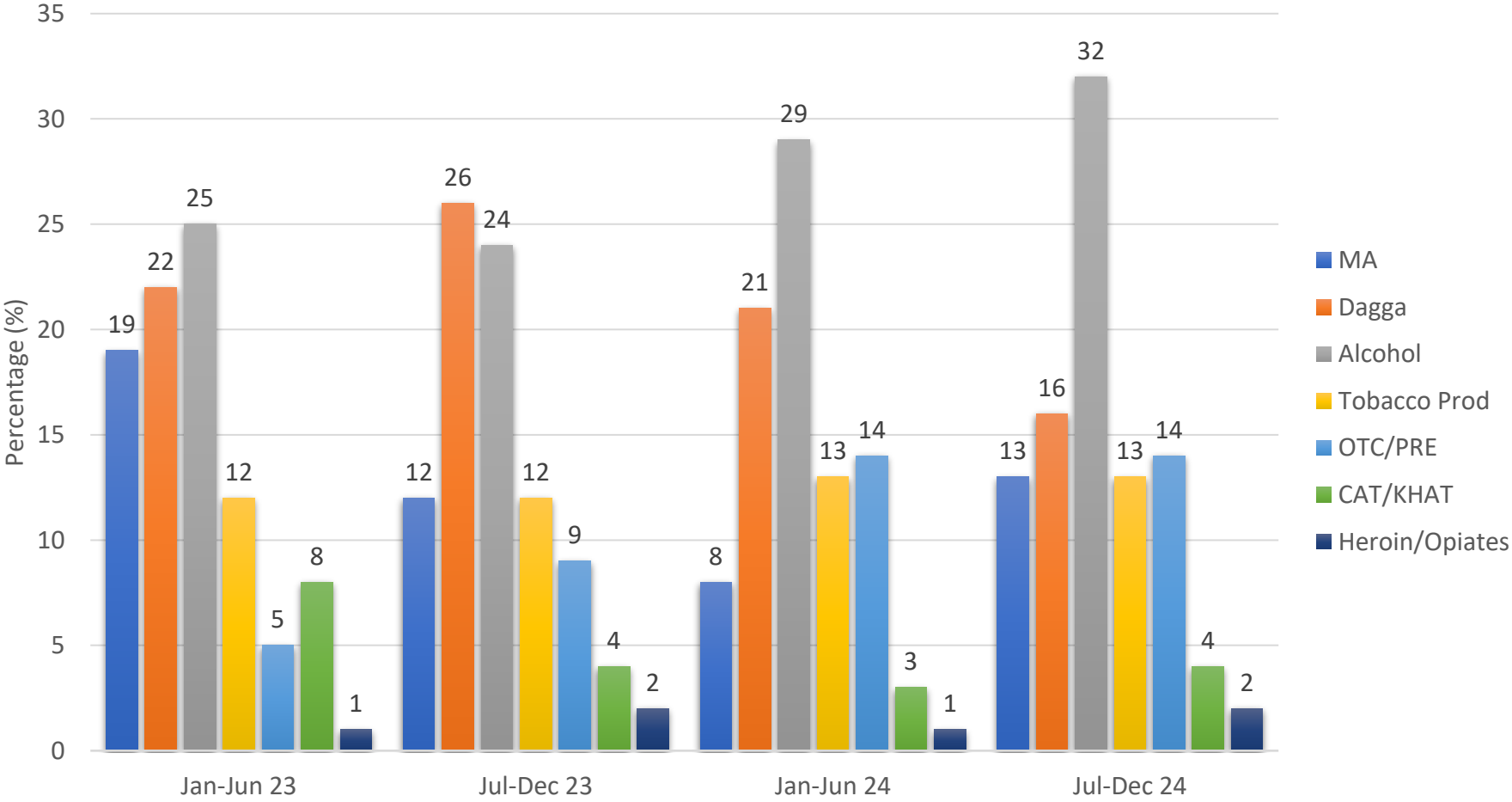
SELECTED SECONDARY SUBSTANCES OF USE



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SUMMARY

- Consistent decline in overall admissions since the Jan-Jun 2023 period.
- Admissions were mainly first-time admissions on a voluntary basis.
- Inpatient admissions have declined while outpatient/community-based admissions increased. The majority of individuals accessing treatment were males, aged 15-19 years (19%), Individuals were predominantly unemployed (most unemployed >6 months) with a high school-level education.
- Readmissions were mainly made among males aged 30-34 years (21%). Most readmissions were in-patient and made once only.
- Service-users had stable living conditions, living in a permanent abode with parents/relatives.
- Referrals were largely by self-referral, increasing over the last two periods. A notable drop in referrals through social/welfare services.
- Most individuals had been tested for HIV in the past, of which 52% had been tested in the past 12 months; 60% of persons accessing treatment did not want to be tested for HIV in the future.
- Adolescents 15-19 years reported the highest rate for never having been tested for HIV.
- Proportions for substance use during pregnancy remained low. Of the 1% who indicated substance use during pregnancy, the majority reported the use of MA and alcohol.
- Dagga was the most common primary substance of use, increasing since the previous period. A drop in MA-related admissions.
- Both dagga and MA were the leading secondary substances of use (23% respectively). Alcohol was the second leading primary and secondary substance of use.

SUMMARY

- **Dagga was associated with the youngest age at time of admission (mean age: 23 years) and age of initiation (mean age: 16 years). Alcohol had the longest delay (19 years) between drug initiation and treatment access.**
- **Increasingly longer treatment delay periods seen for heroin/opiates.**
- **Higher readmission rates were associated with dagga (30%), followed by MA (21%) and alcohol (16%).**
- **Hookah pipe use seems to be more common in GT than in other regions like NR and CR.**
- **Rates for hookah pipe (HP) use particularly high among youth aged 15-19 years.**
 - **Dagga was largely reported as a primary substance of use when HP use was indicated.**
 - **Alcohol also seen to be used with HP. Alcohol have been reported to be added to the liquid in the base of the HP and smoked as a vapour.**
 - **Not clear whether substances are used in combination or mixed with hookah pipe.**
- **Mental health issues (mainly depression) were reported as a co-morbid condition at the time of admission.**
 - **Mainly alcohol and dagga reported as primary substances of use where a comorbidity was indicated.**
 - **Mental health problems (largely depression) reported for both alcohol and dagga.**
- **Treatment was mainly subsidised by the state (either fully or partly funded).**
- ***Adolescents 18 years:***
 - **Admissions for adolescents aged ≤ 18 years decreasing since Jan-Jun 2023 period.**
 - **Mostly males accessed treatment during this period.**
 - **Dagga predominantly used as a primary substance while alcohol most commonly used as a secondary substance.**

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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- 4) Kamarulzaman A, Altice F. The challenges in managing HIV in people who use drugs. *Curr Opin Infect Dis.* 2015; 28(1): 10-16. doi: 10.1097/QCO.000000000000125
- 5) 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
- 6) 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.
- 7) WHO. A technical brief: HIV and young people who inject drugs. Geneva, Switzerland: World Health Organization, 2015.
- 8) 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>
- 9) 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>
- 10) Naughton F, Alexandrou E, et al. Accessing treatment for problem alcohol users: why the delay? Gloucestershire Research Unit, Health Psychology Department: Gloucestershire, UK; 2008.
- 11) Naicker et al. Prevalence of hookah pipe smoking in high-school learners in Johannesburg, South Africa. *S Afr Med J.* 2020; 110(6):546-551. <https://doi.org/10.7196/SAMJ.2020.v110i6.14333>





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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

