



# SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

## NORTHERN REGION SYMPOSIUM: TREATMENT DEMAND DATA

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Ms Nancy Hornsby

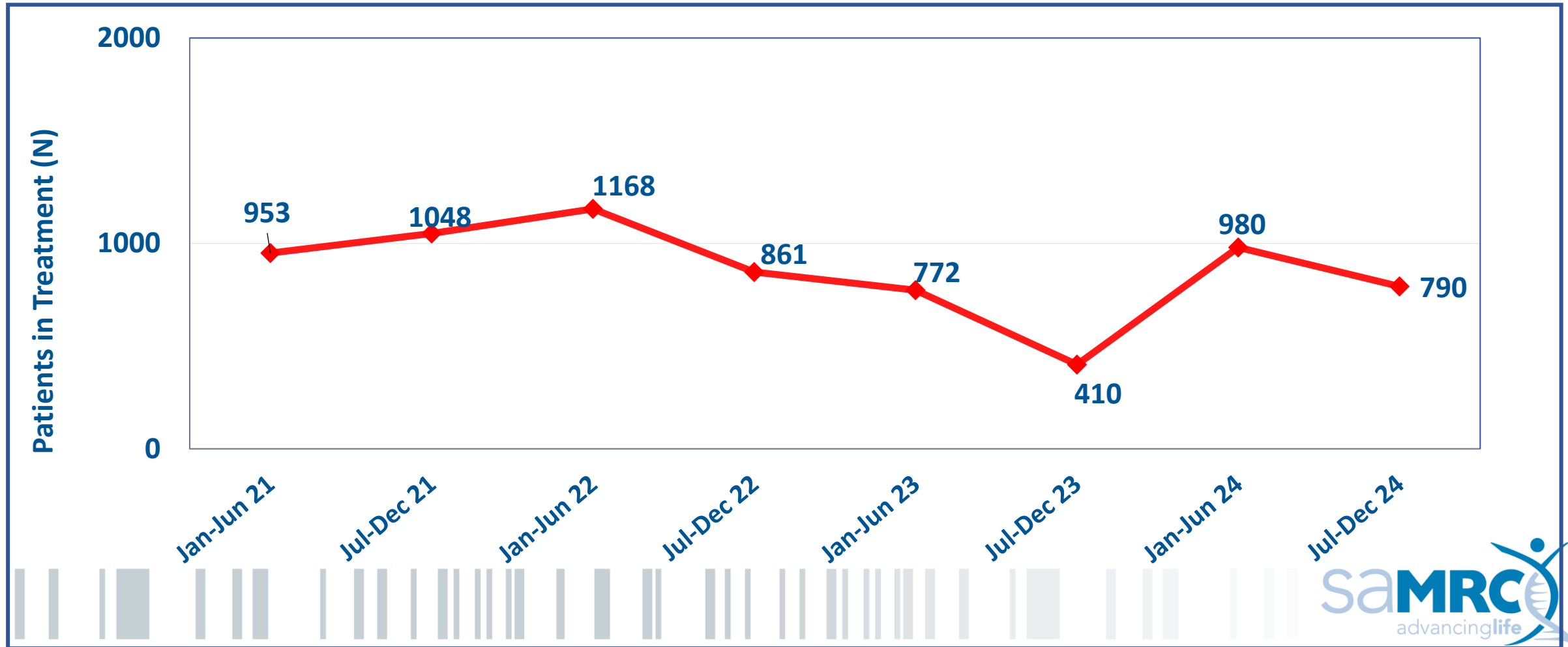
**Phase 57 | Jul-Dec 2024**

**18 March, Protea Hotel, The Ranch, Polokwane**





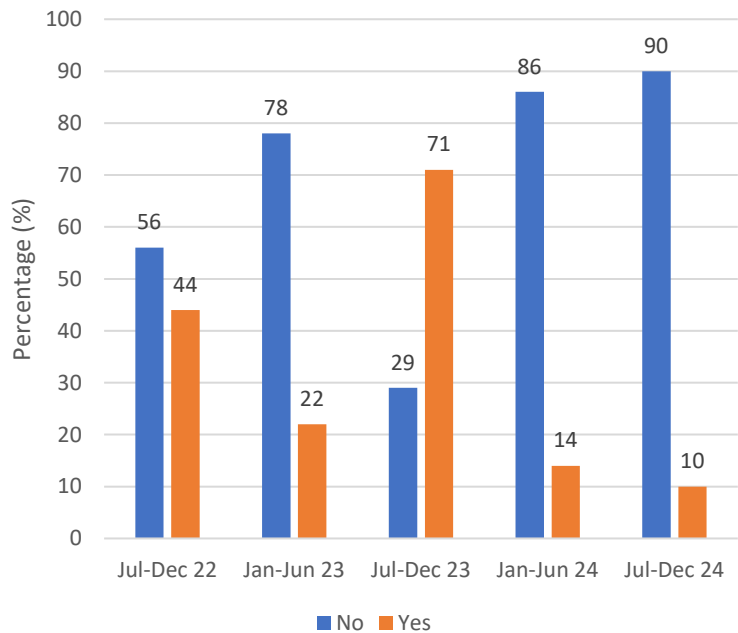
## NUMBER OF PATIENTS IN TREATMENT



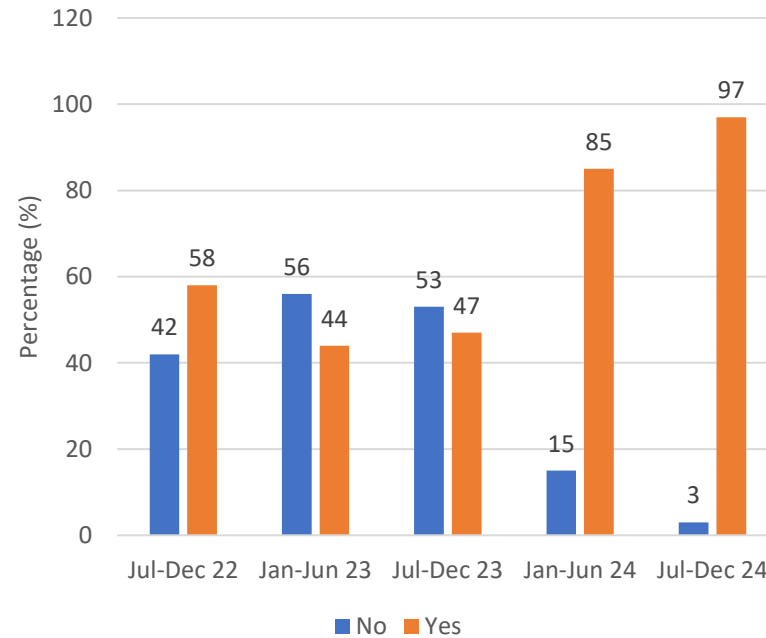


## TYPE OF TREATMENT RECEIVED

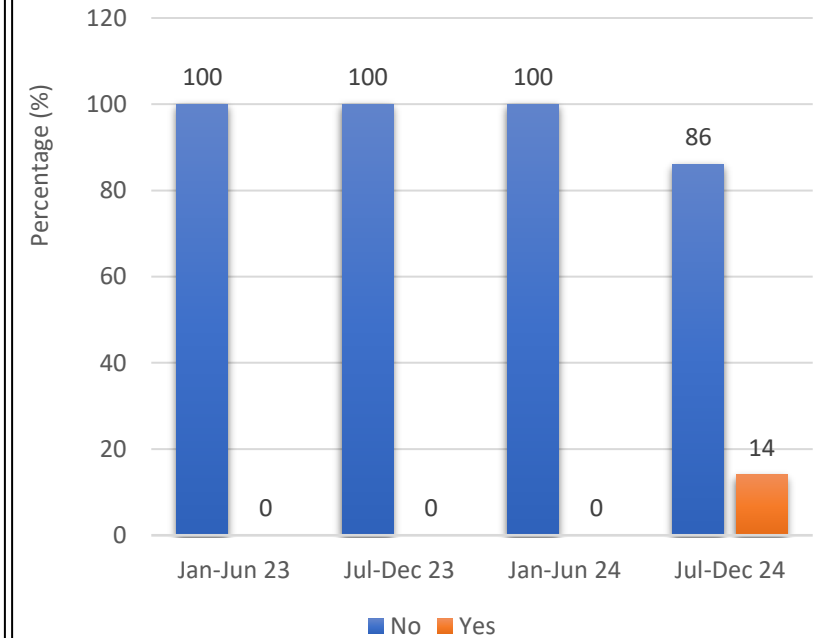
### Inpatient



### Outpt/Comm-Based



### Detox



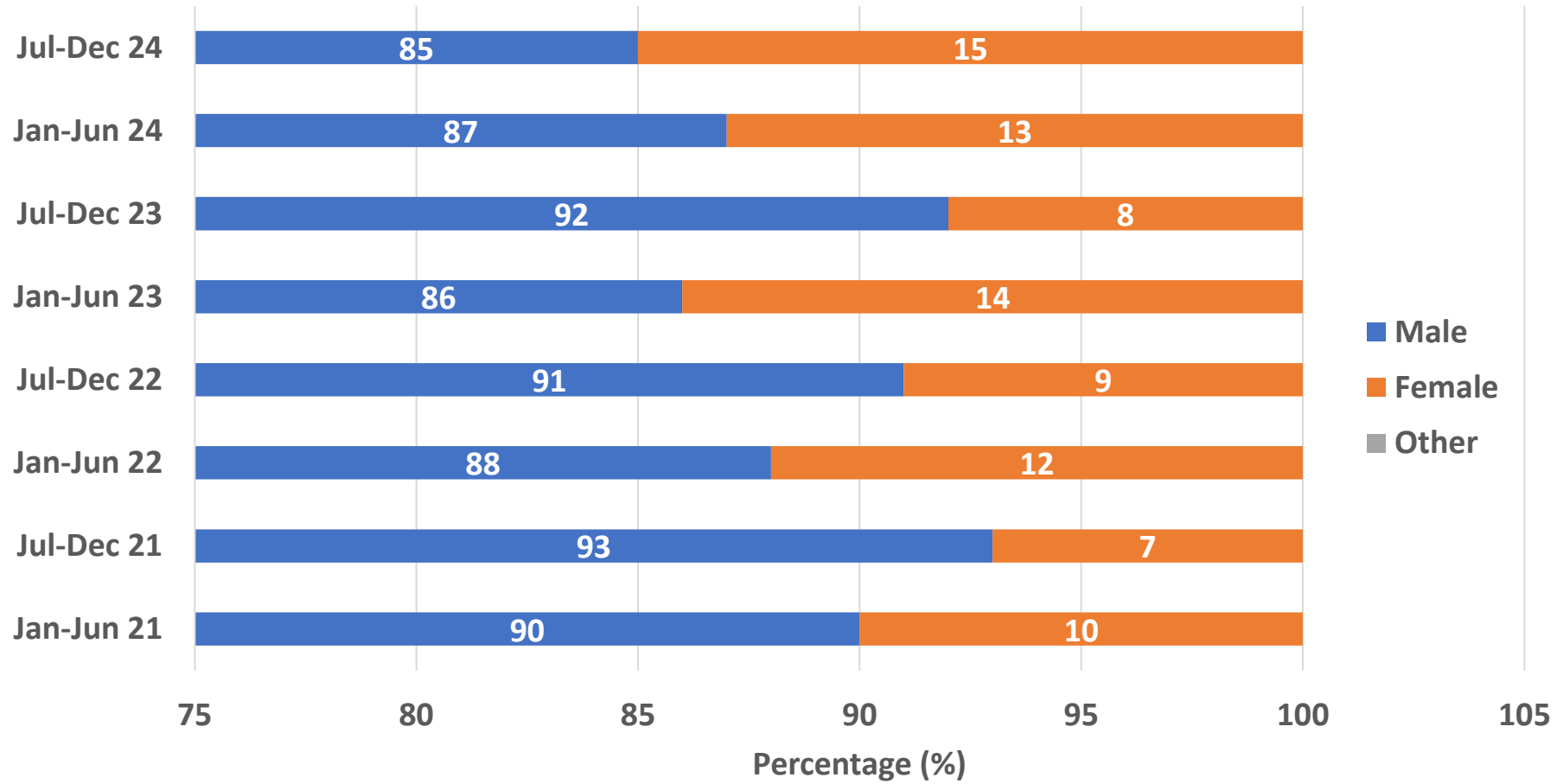
# GENDER



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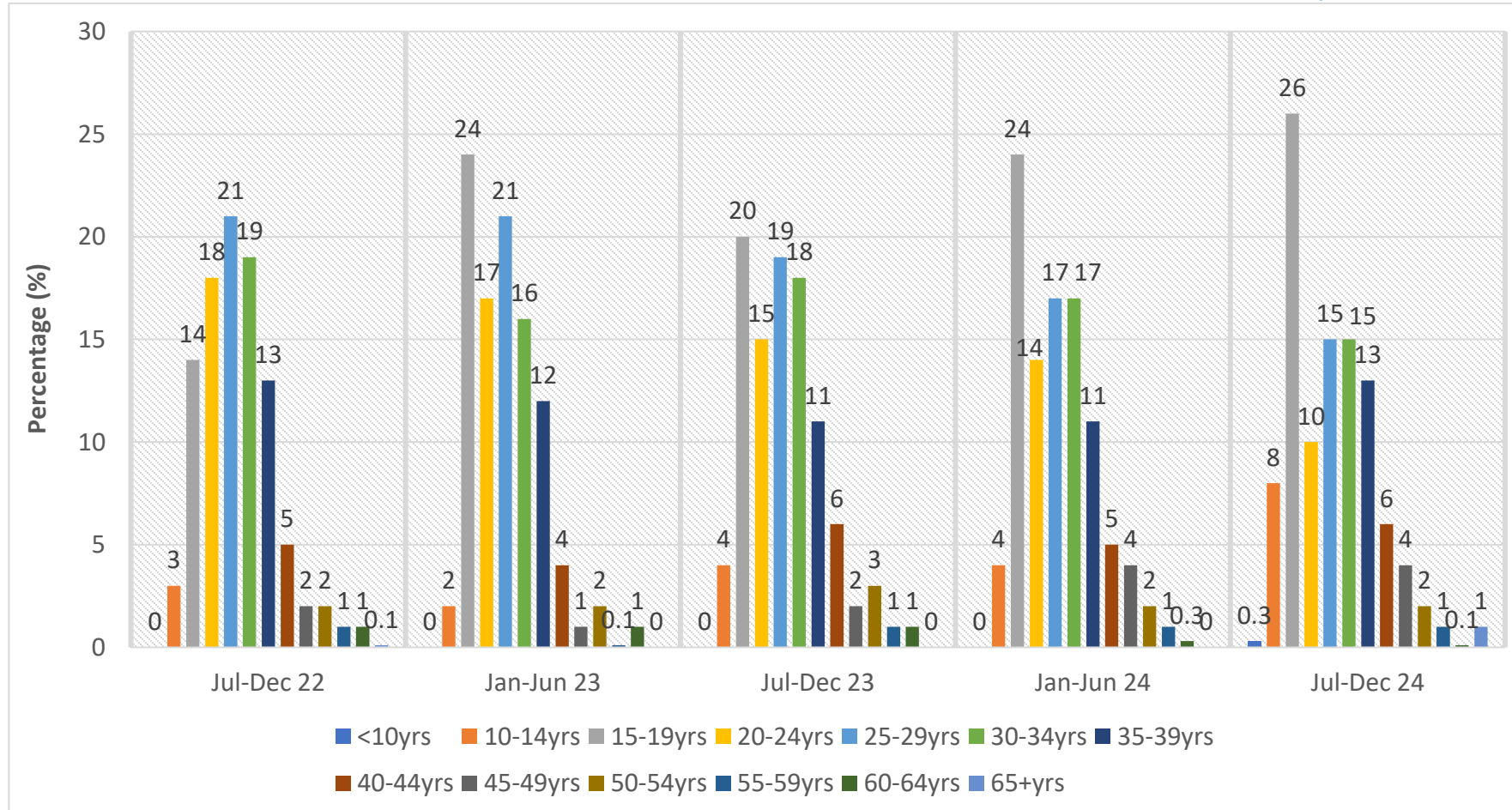
# AGE DISTRIBUTION



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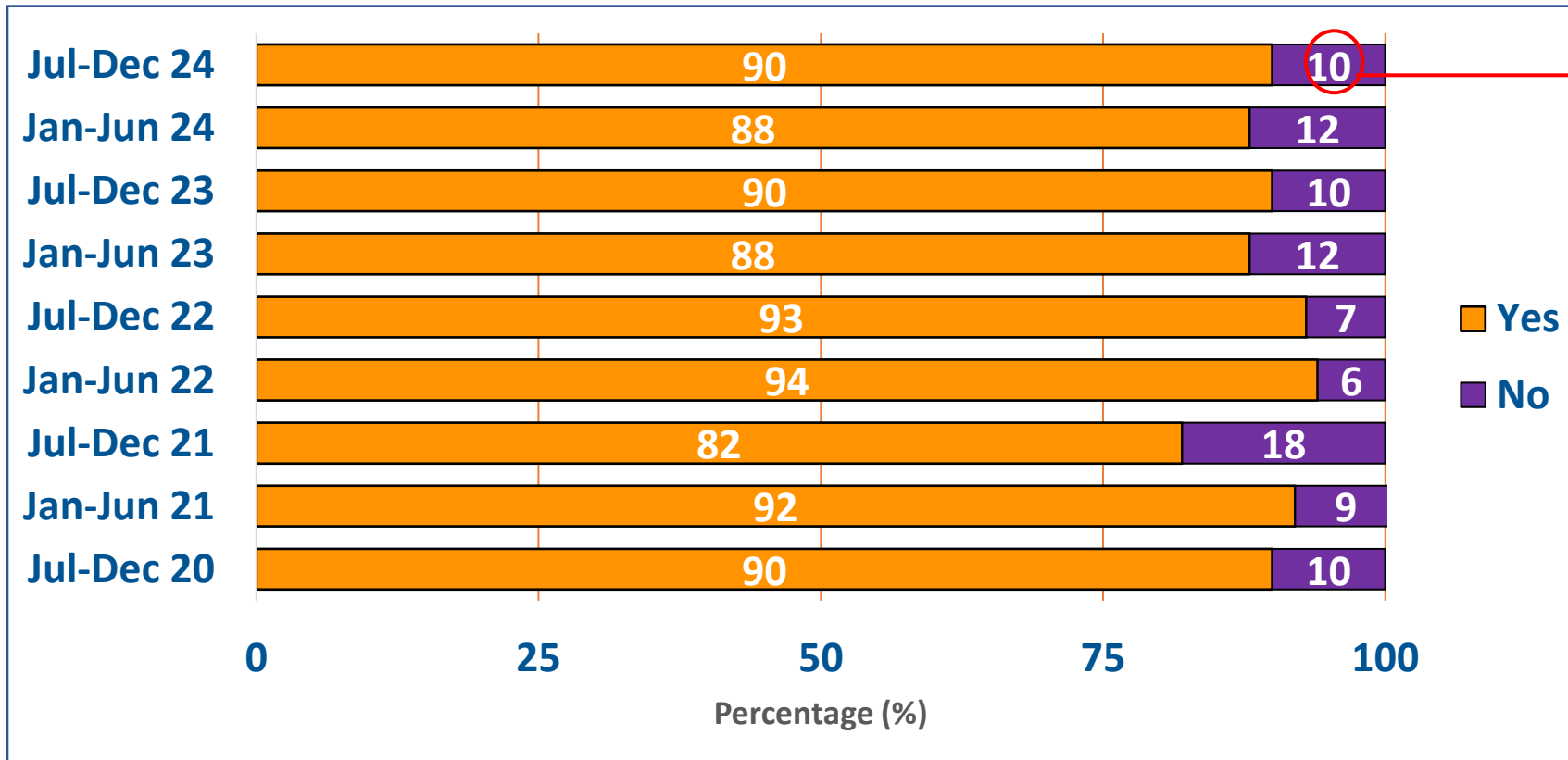
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## FIRST-TIME ADMISSIONS VS READMISSIONS



	n
1 time	58
2 times	6
4 times	1
5 times	7
6 times	10

	In-patient (n)	Out-patient/CB (n)
1 time	1	32
2 times	-	3
<b>Total (overall)</b>	<b>1</b>	<b>35</b>



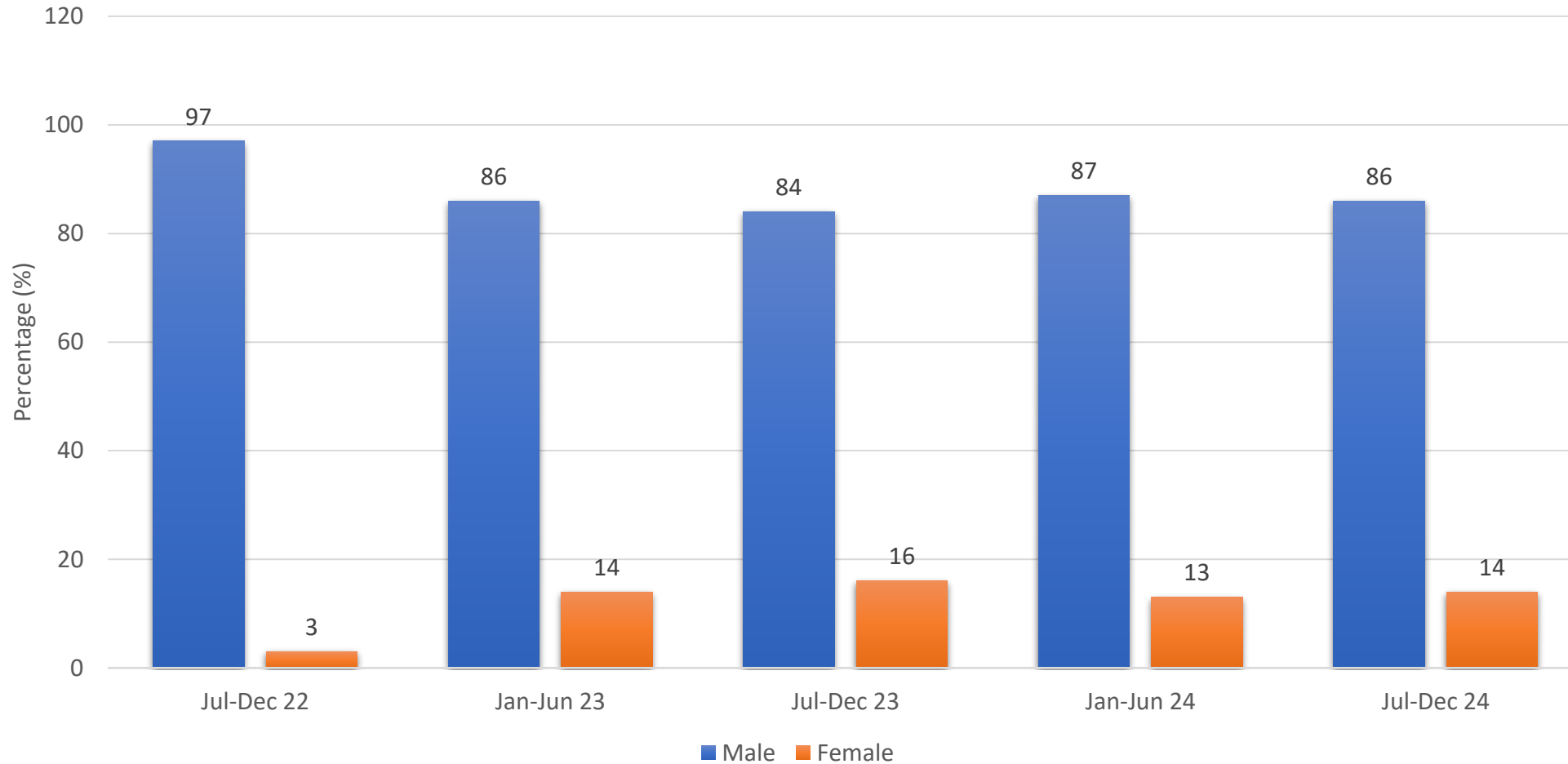
# READMISSION BY GENDER



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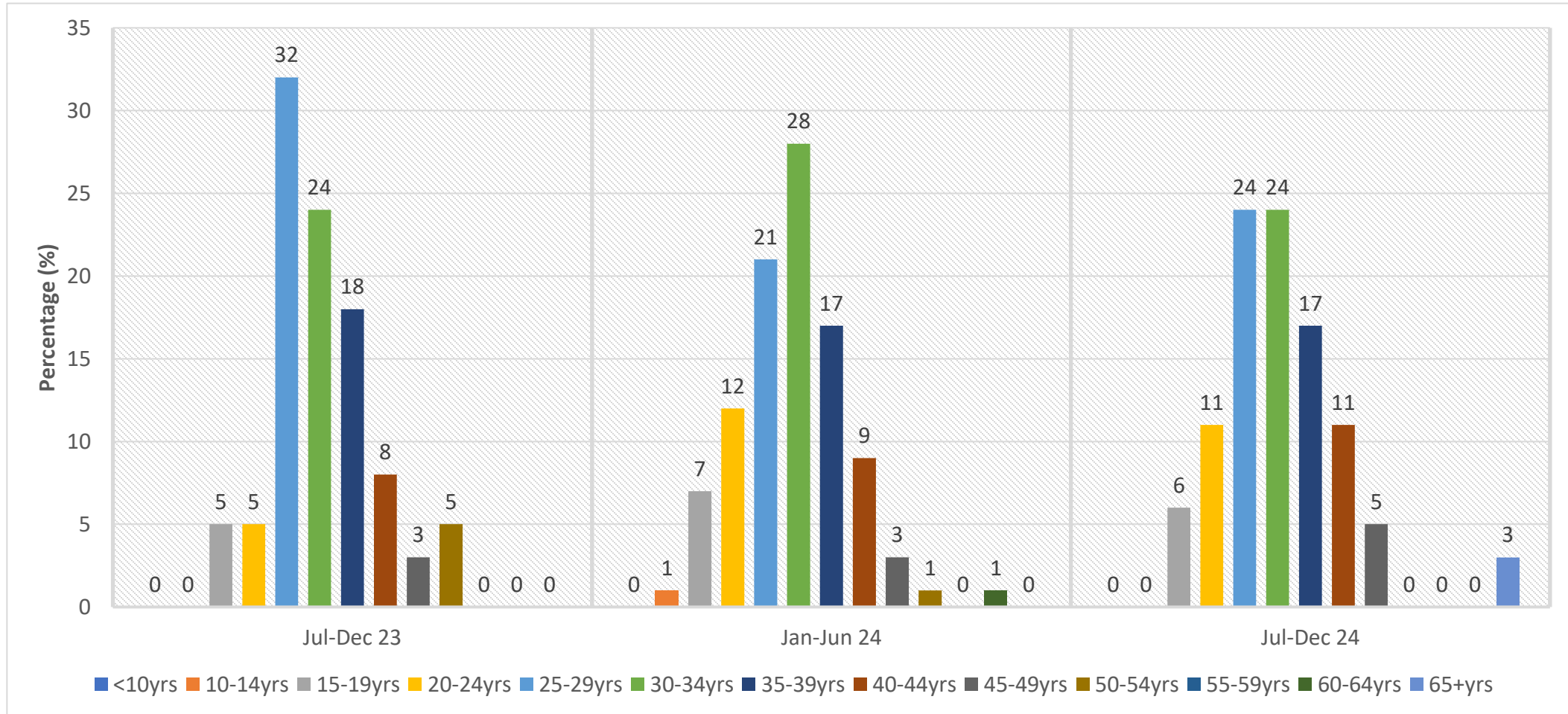
# READMISSION BY AGE



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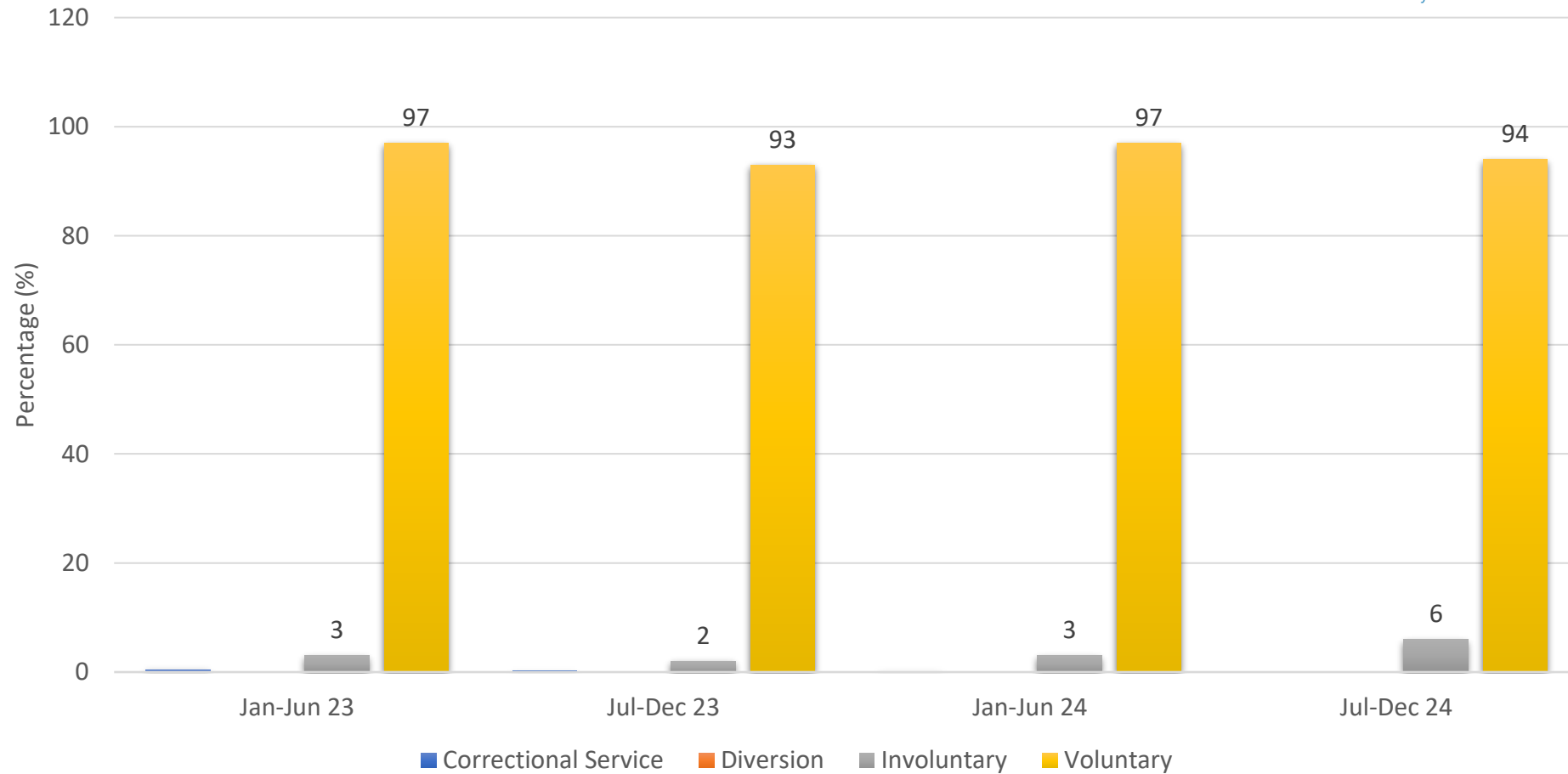


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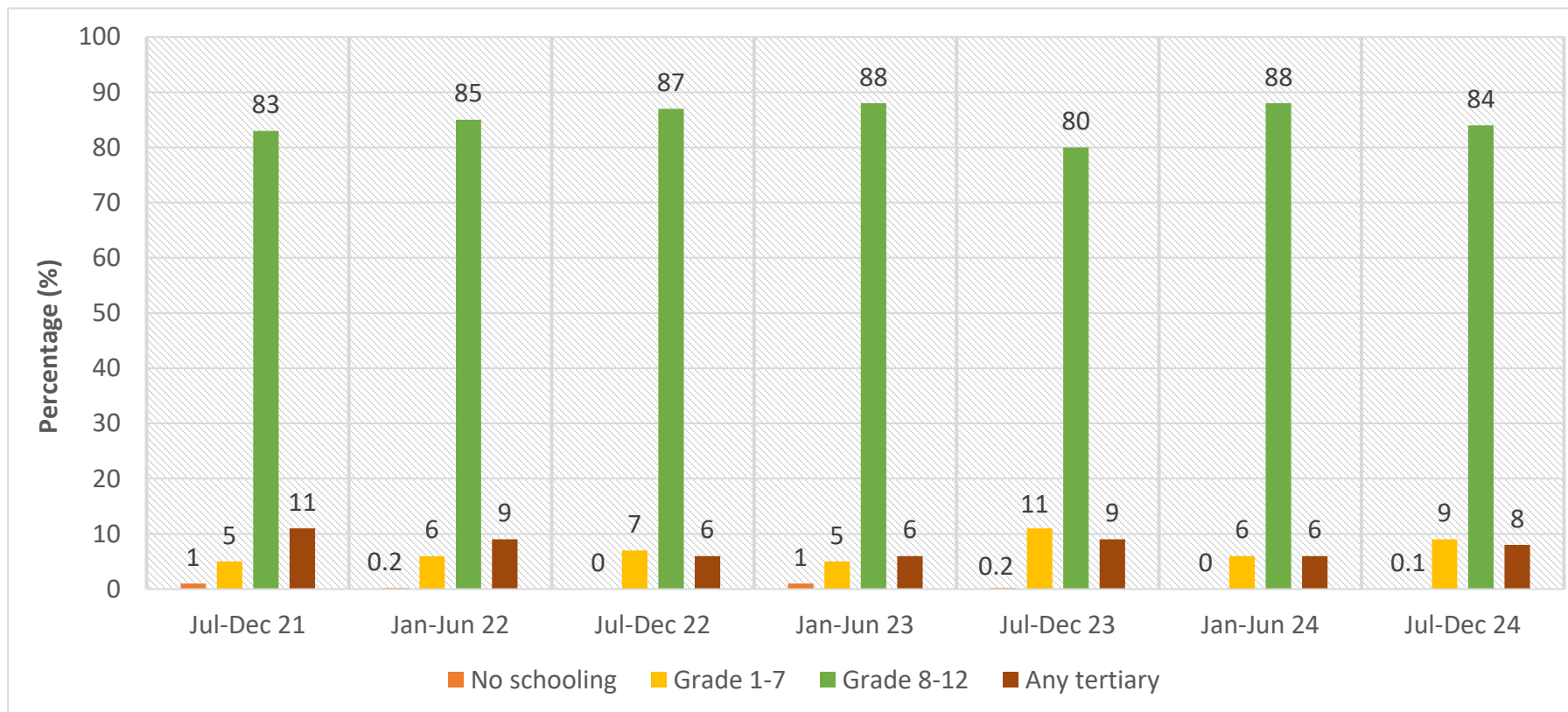
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## TYPE OF ADMISSION

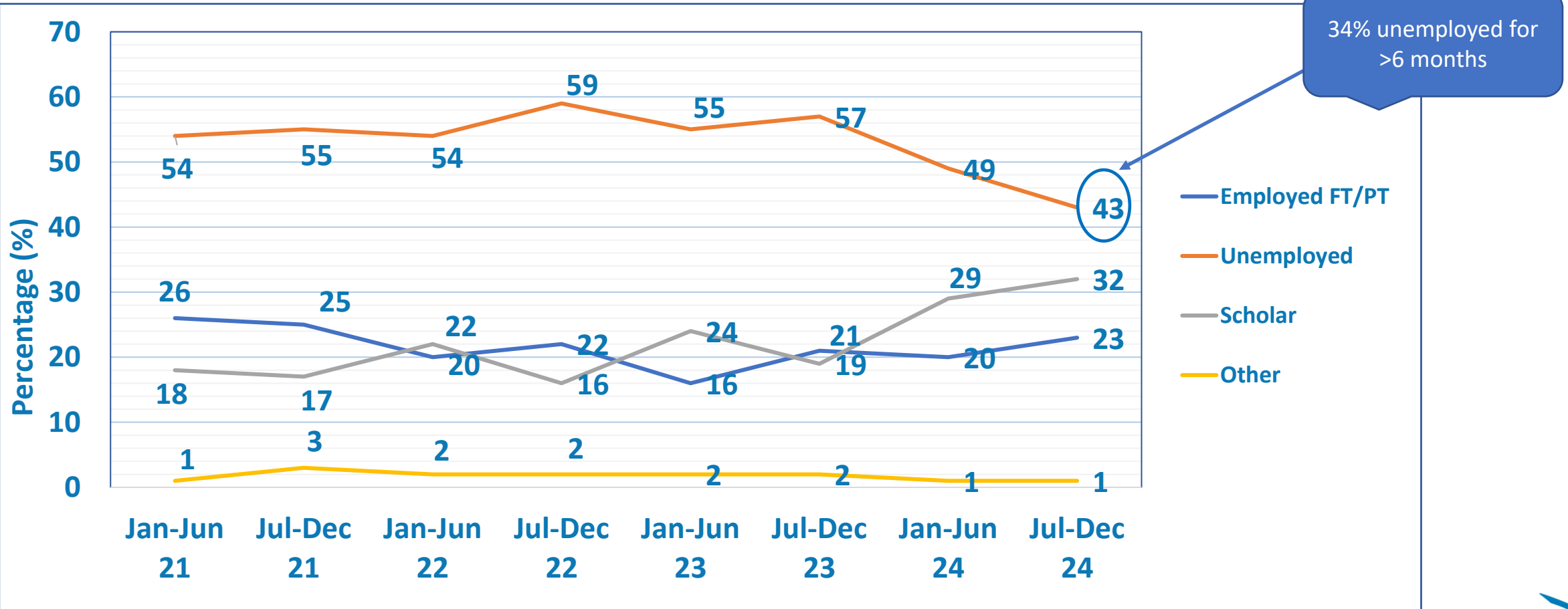


# EDUCATION LEVEL





## EMPLOYMENT STATUS



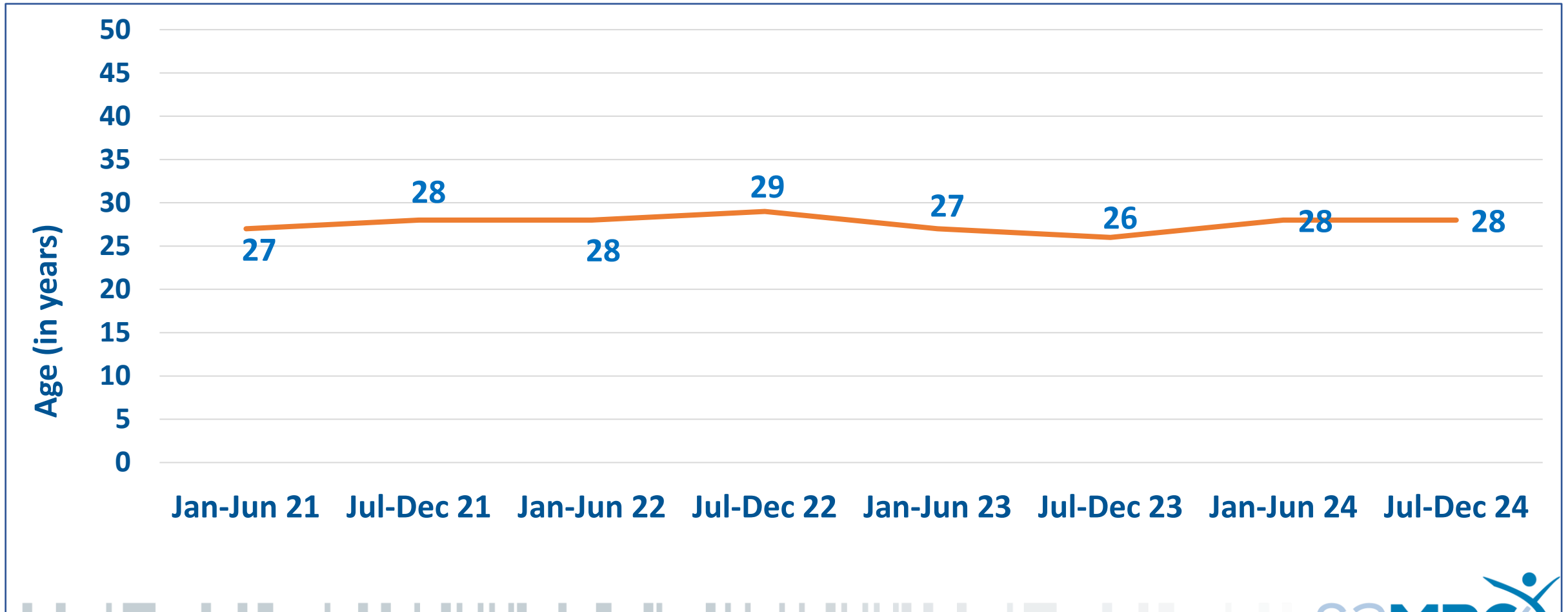
# MEAN AGE ACROSS PERIODS



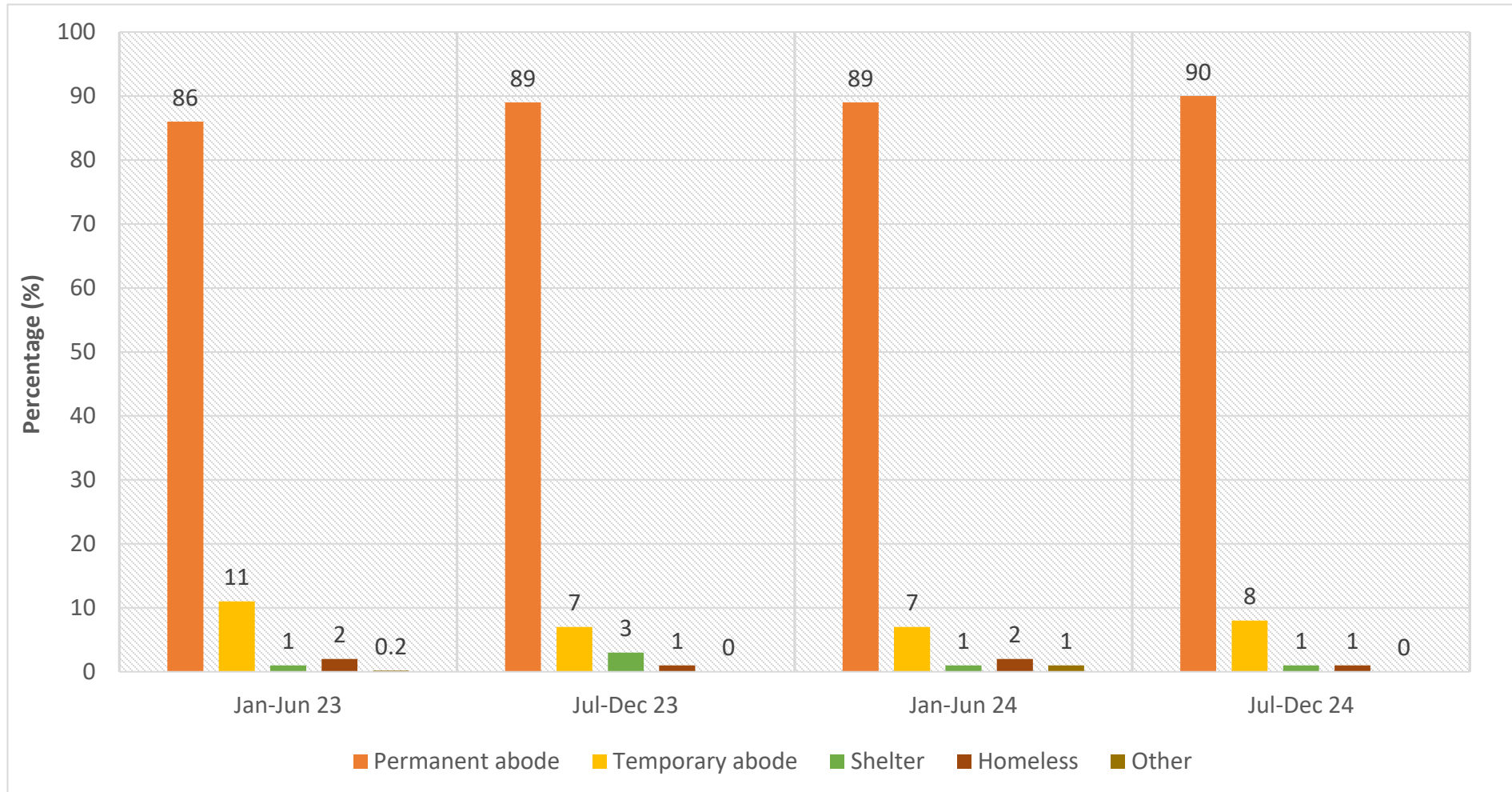
# SACENDU

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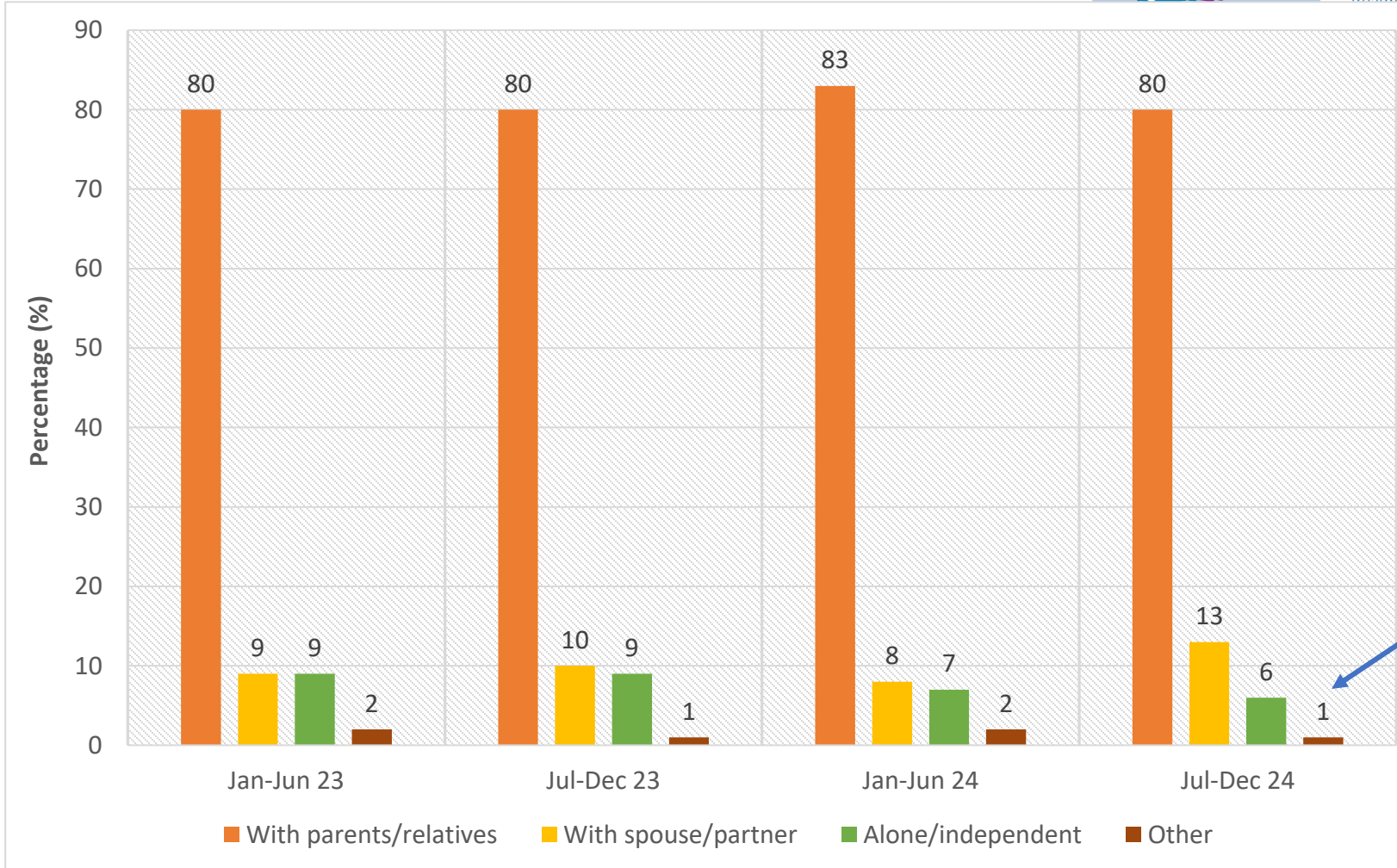
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# TYPE OF RESIDENCE



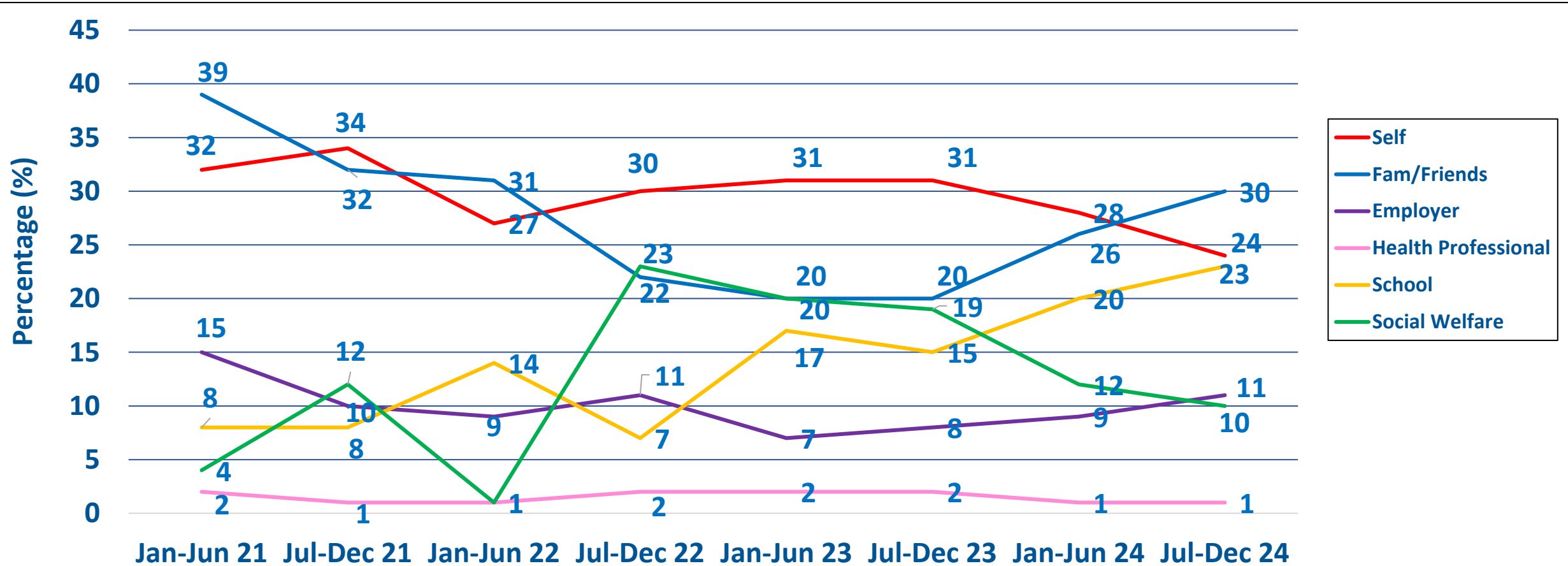
# WHO CLIENT RESIDES WITH



Other (specify)	n
Caregiver	4
Boarding/school res	1
Community/Friends	3

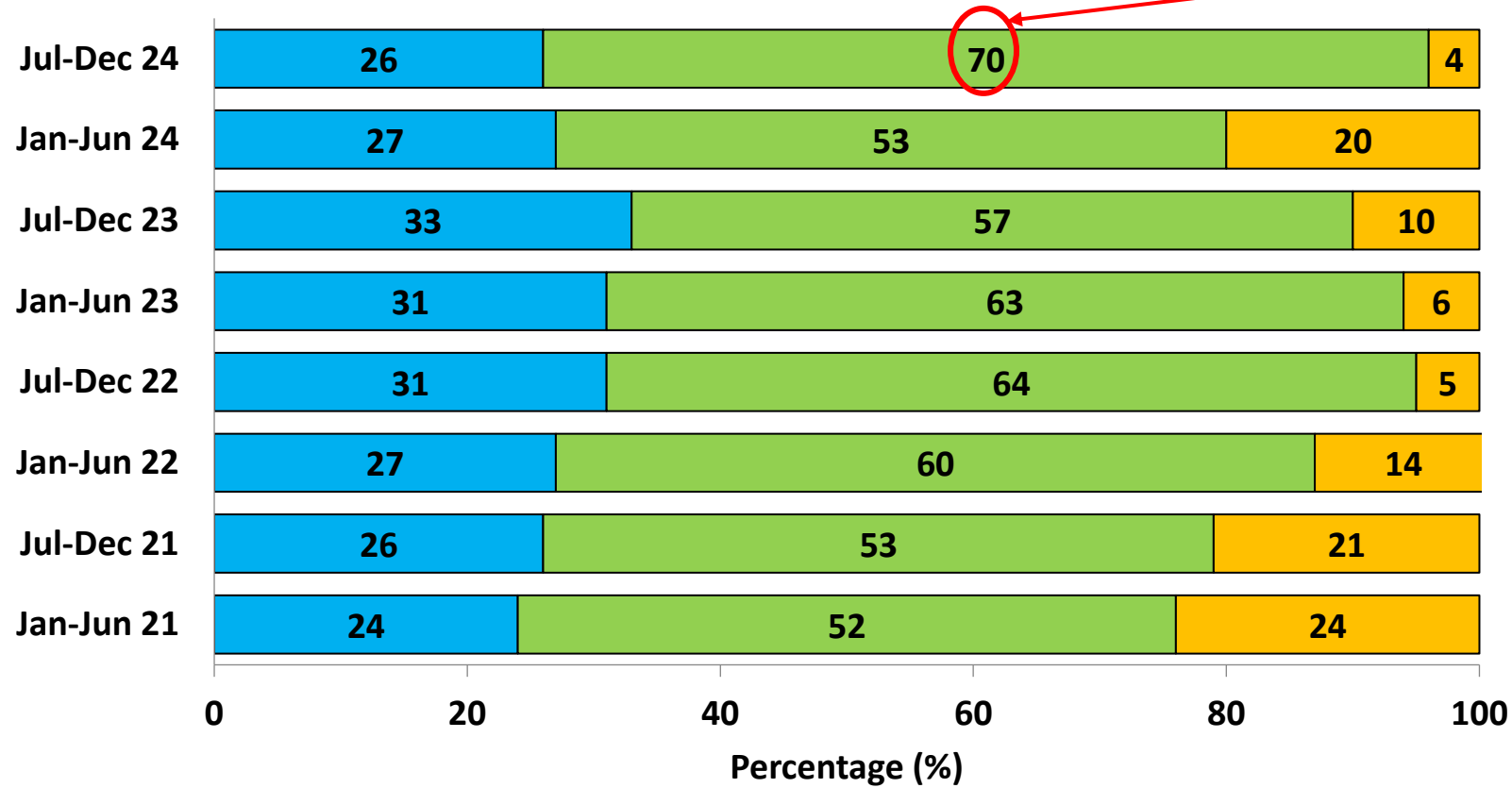


## REFERRAL SOURCE OVER TIME





## HIV TESTED OVER PTM



Yes, in past 12 mths	50%
Not in past 12 mths	20%

- No
- Yes
- Declined

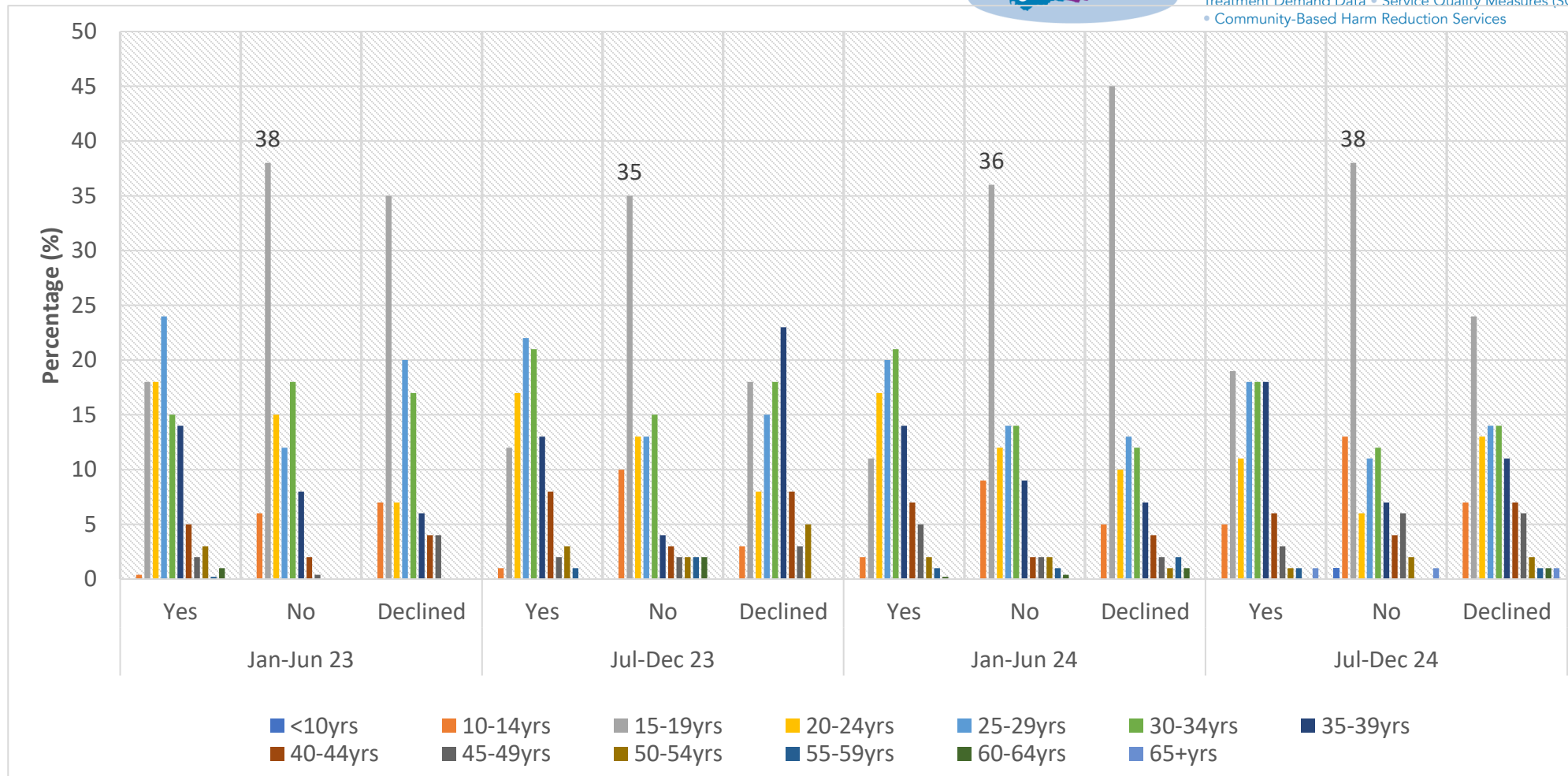




# PRIOR HIV TEST BY AGE



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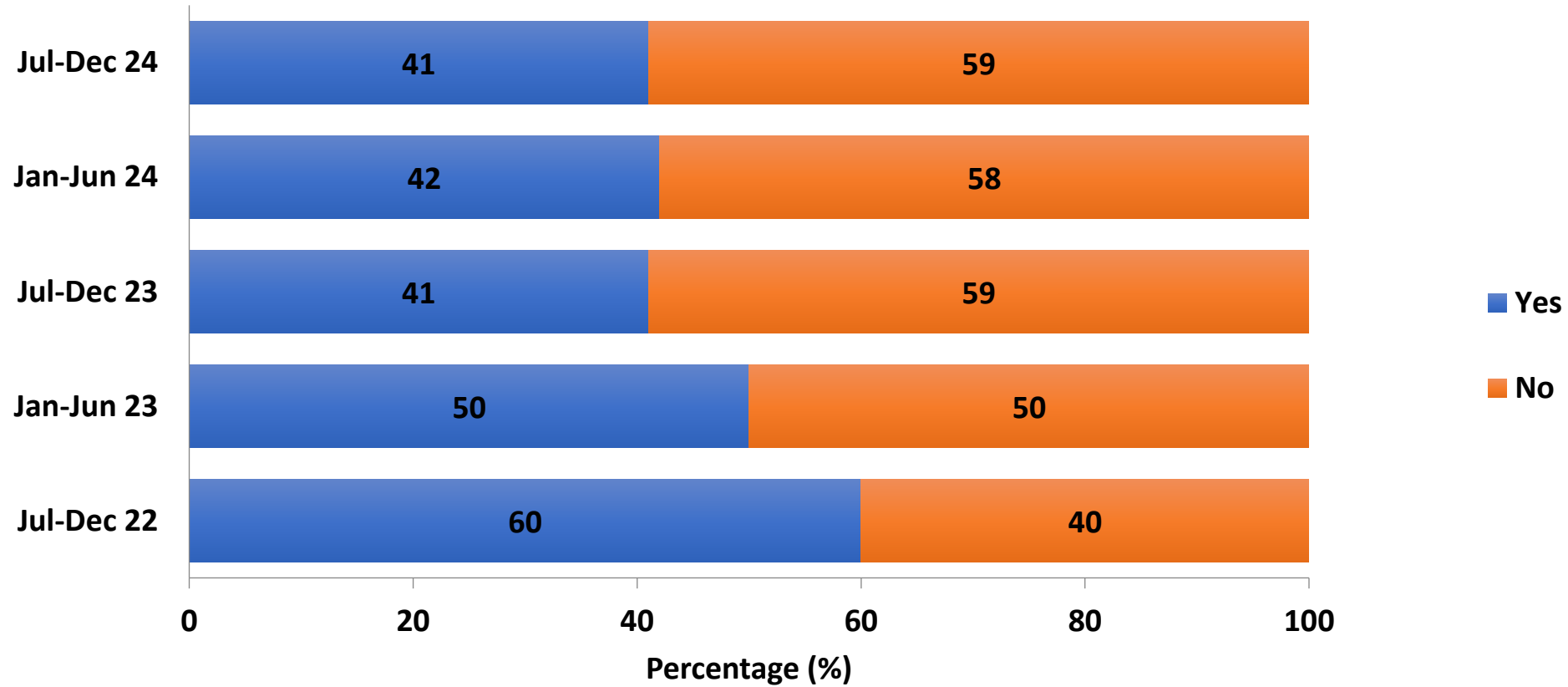
# FUTURE HIV TESTING



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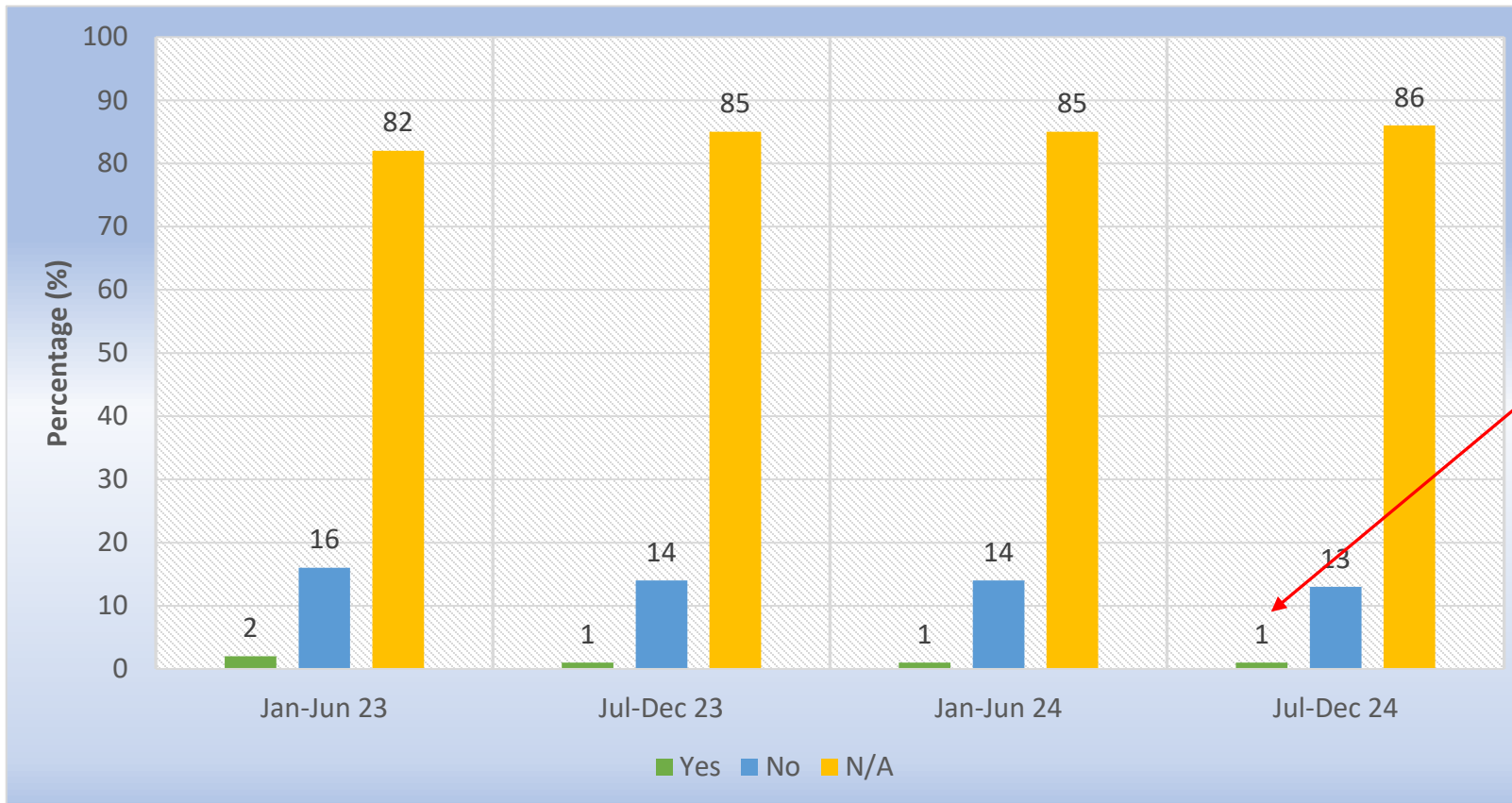
# SUBSTANCE USE DURING PREGNANCY



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Substances Used	n
Alcohol	1
CAT/KHAT	1
Cannabis	1
Heroin/Opiates	1



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## SUBSTANCES OF USE



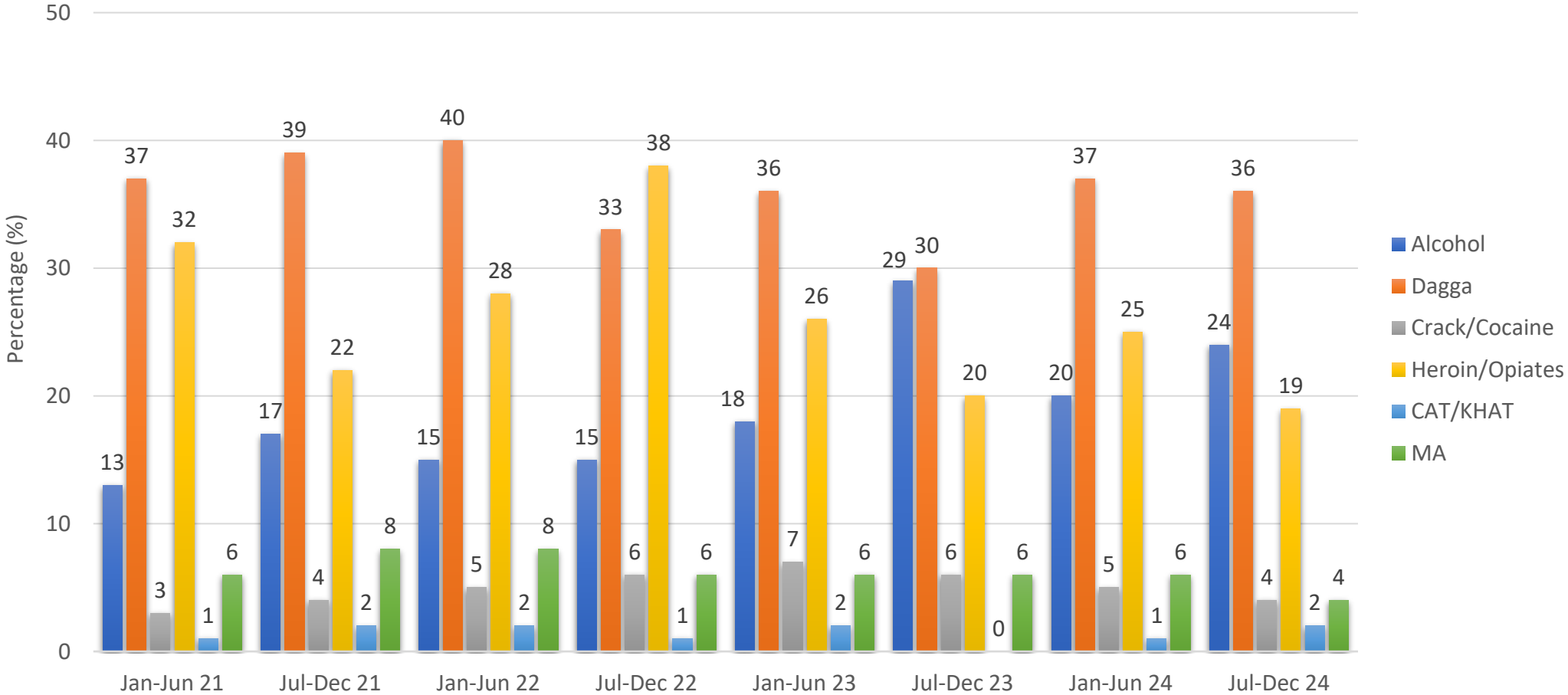
# SELECTED PRIMARY SUBSTANCES OF USE



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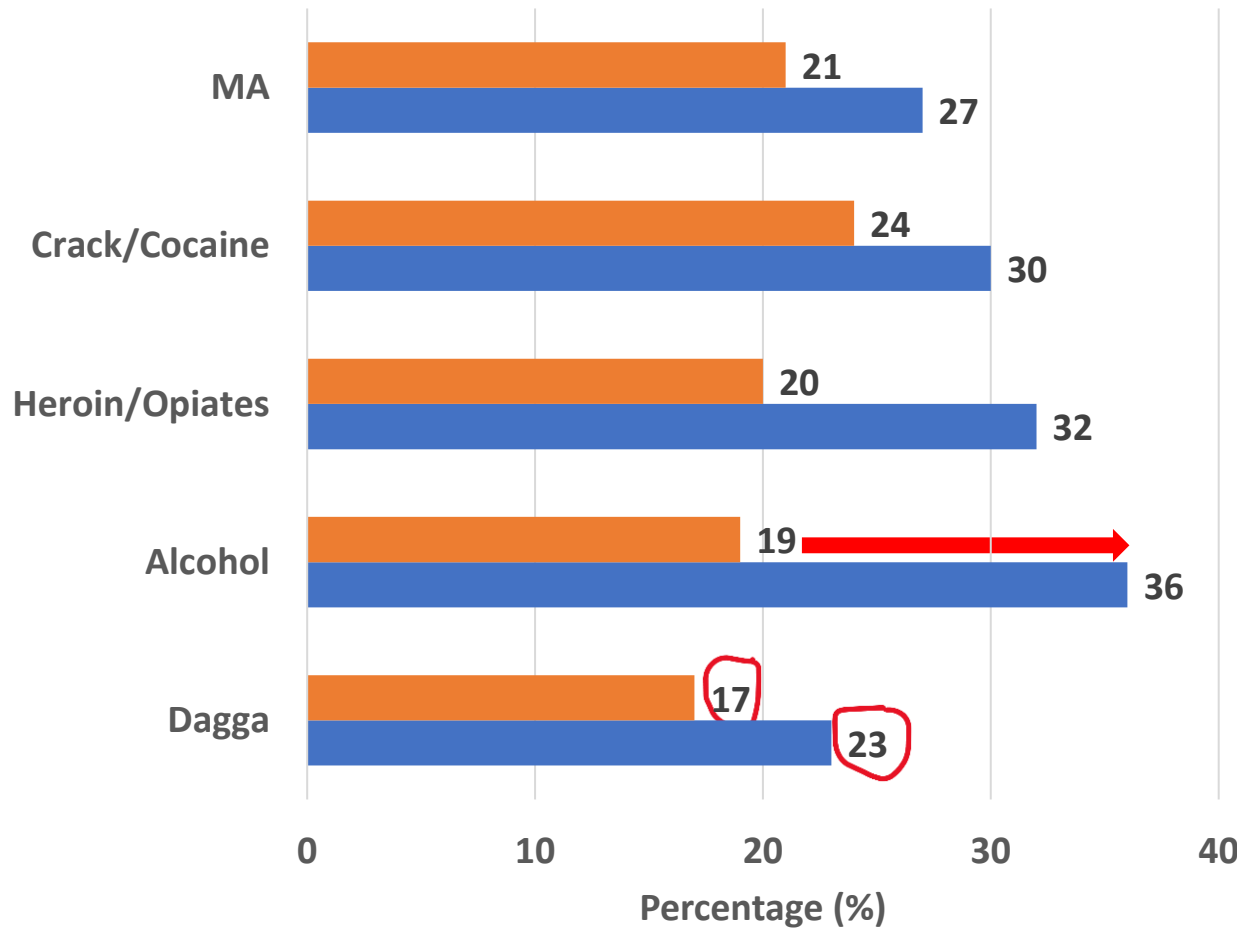
# SELECTED PSOA BY MEAN AGE/MEAN AGE OF INITIATION



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Jul-Dec 24

■ Mean Age of Initiation  
■ Mean Age



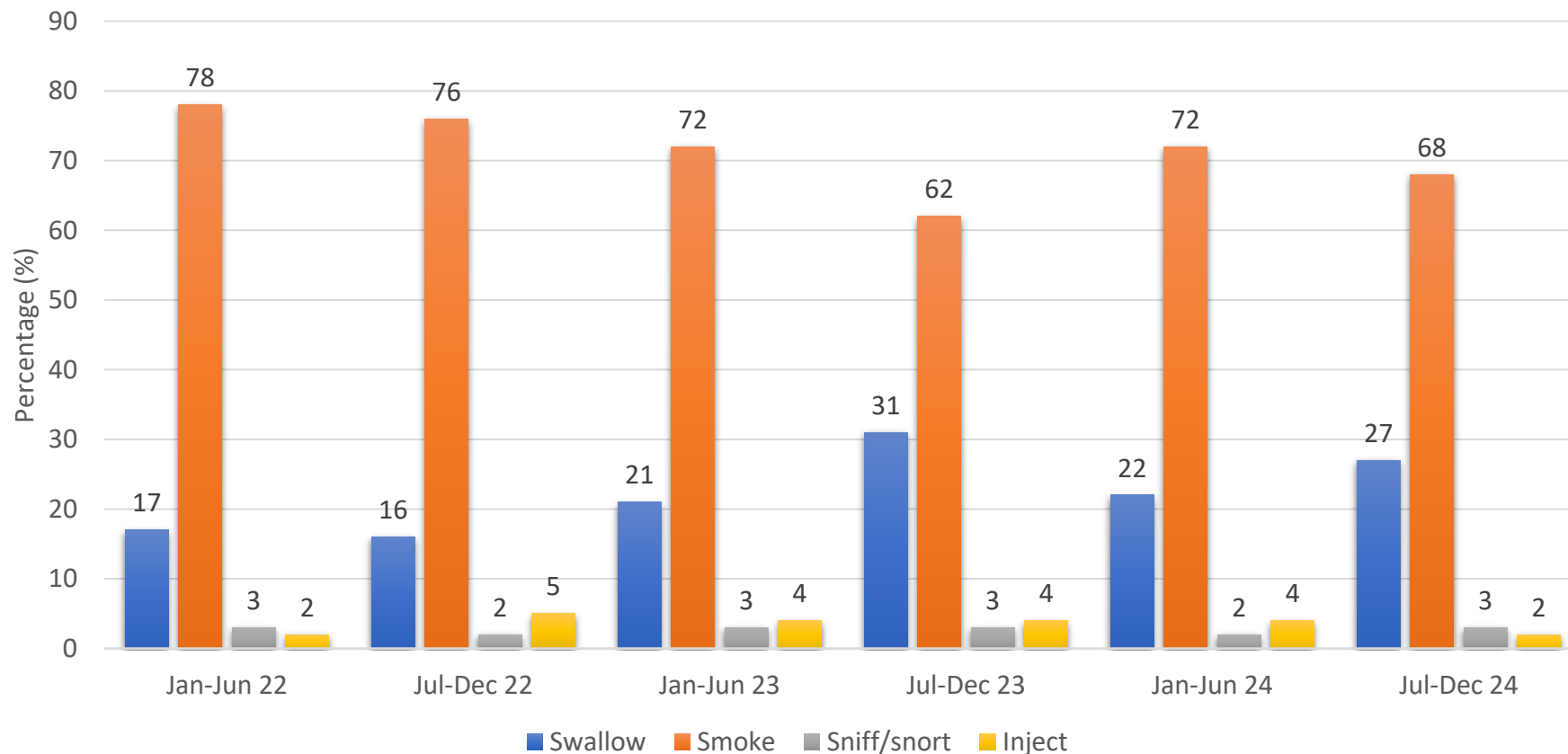
# ROUTE OF ADMINISTRATION (ALL SUBSTANCES)



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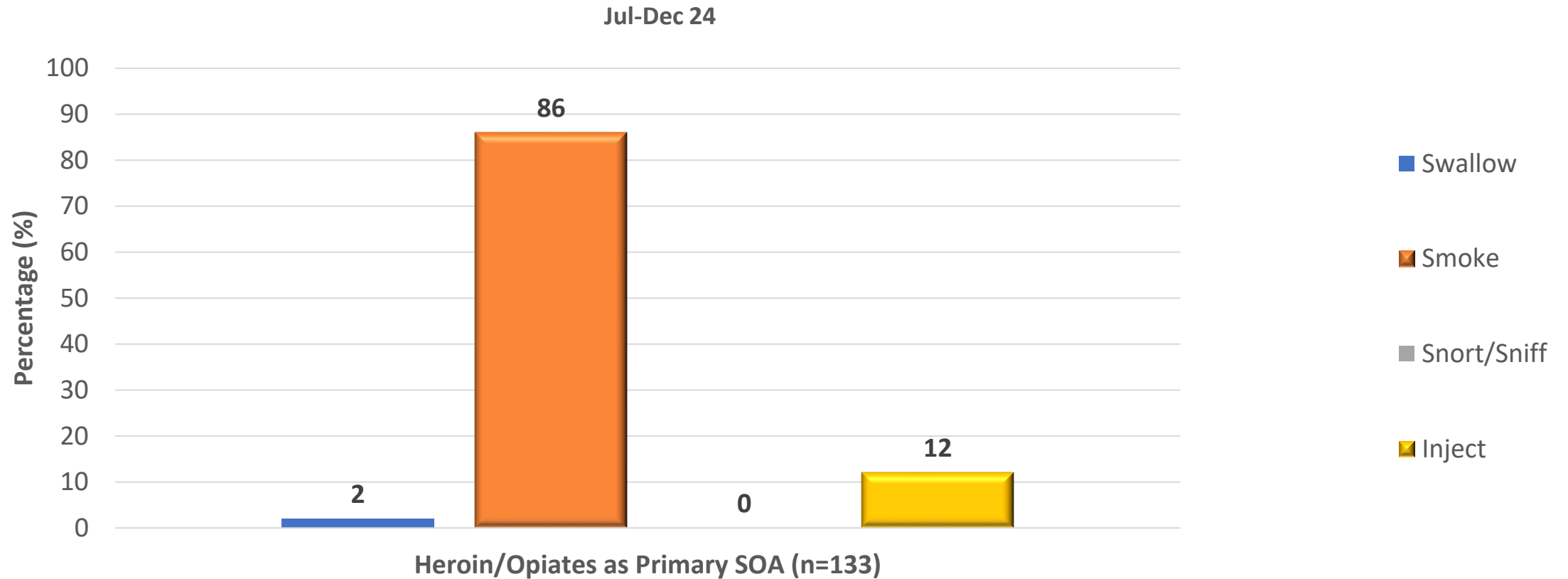
# ROUTE OF ADMINISTRATION (HEROIN/OPIATES)



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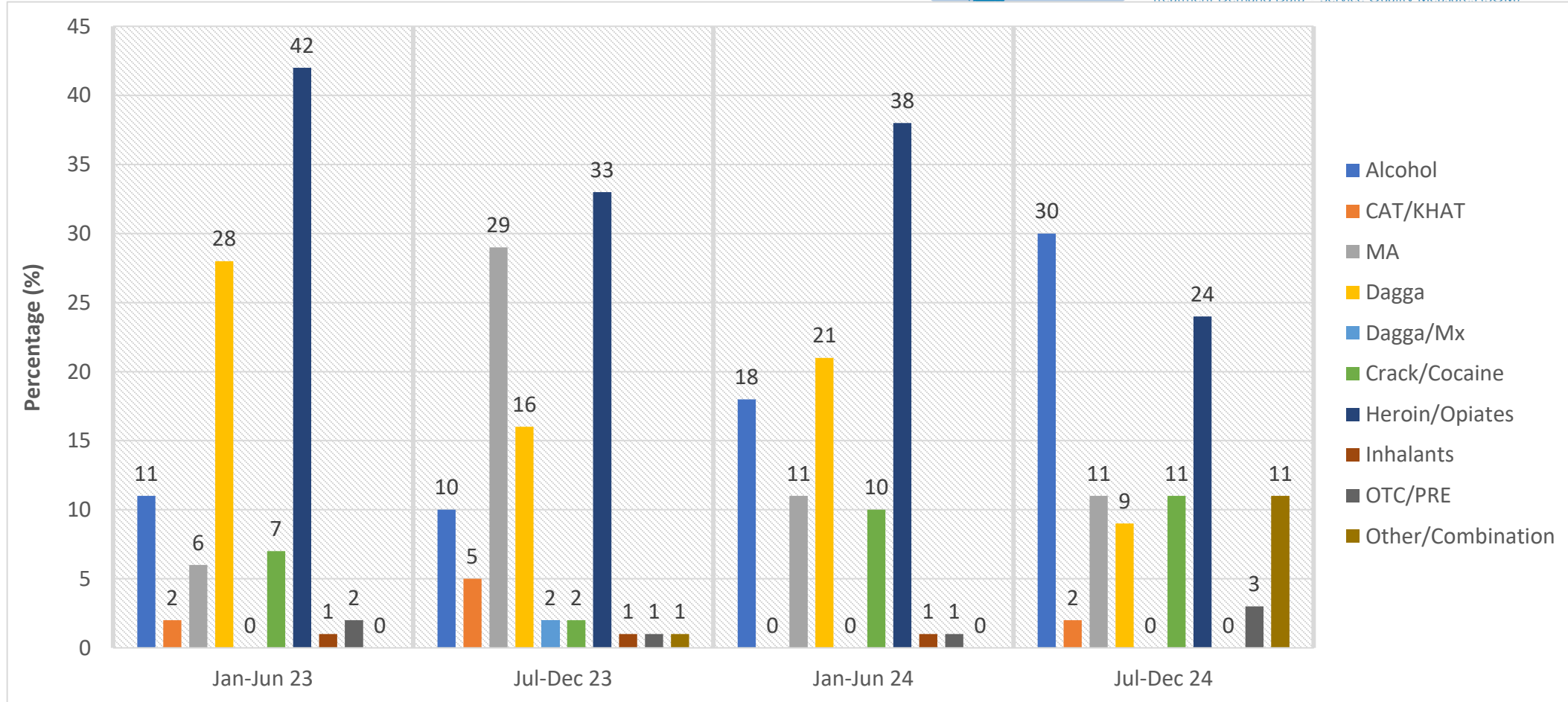




# READMISSION BY SELECTED PRIMARY SUBSTANCE OF USE



Treatment Demand Data • Service Quality Measures (SOM)



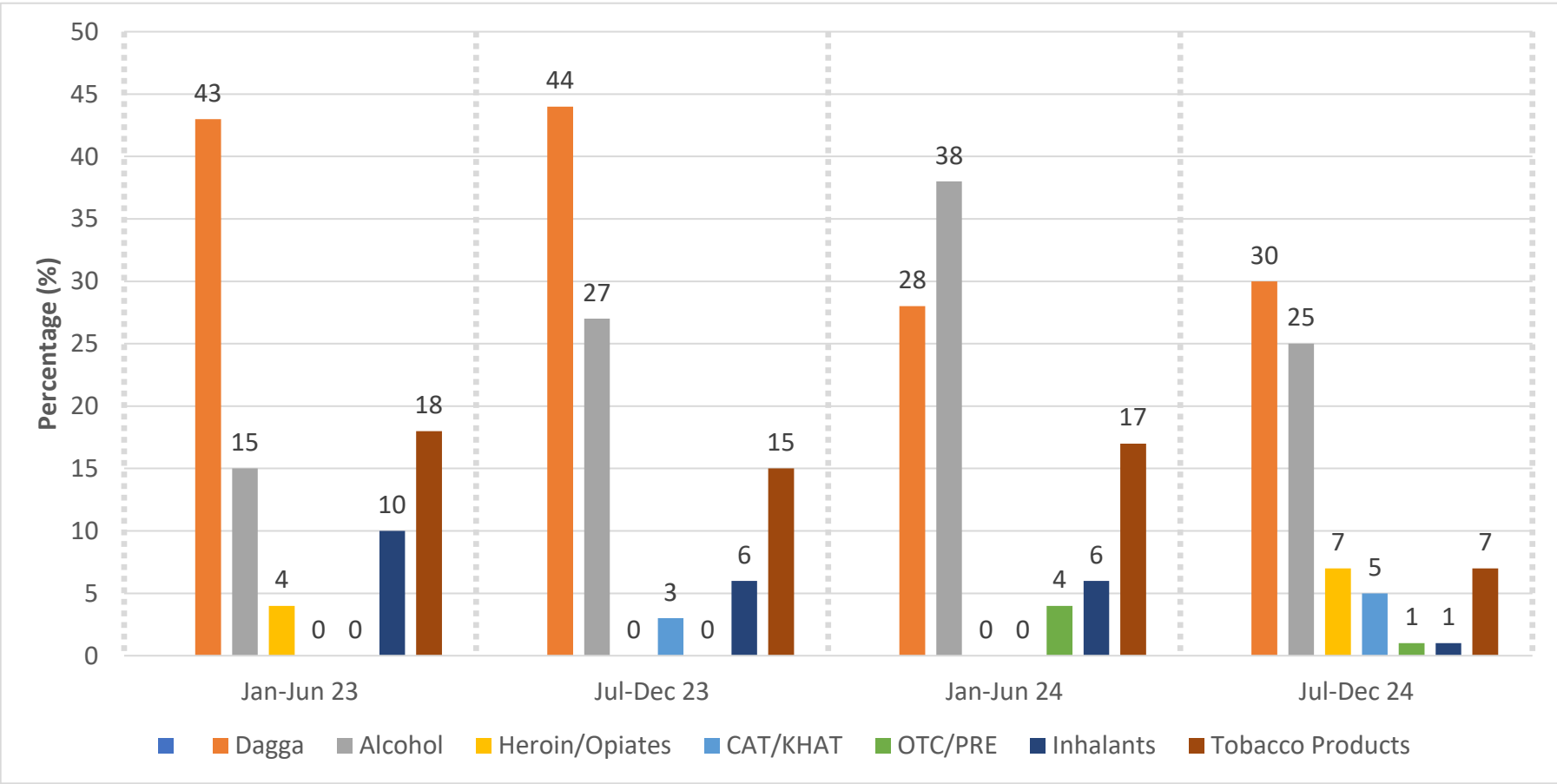
# SELECTED SECONDARY SUBSTANCES OF USE



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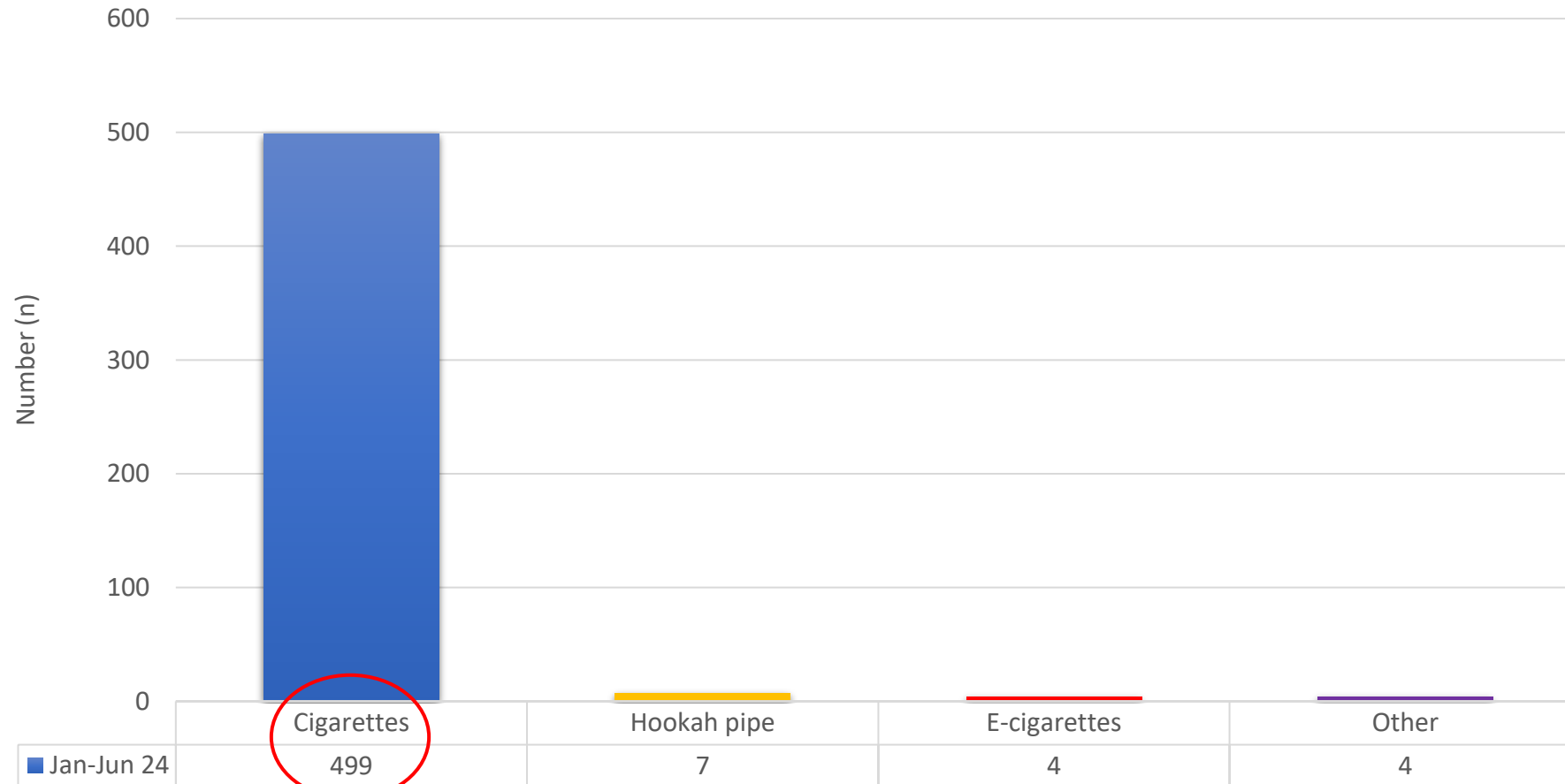
# TOBACCO PRODUCTS, n=522 (74%)



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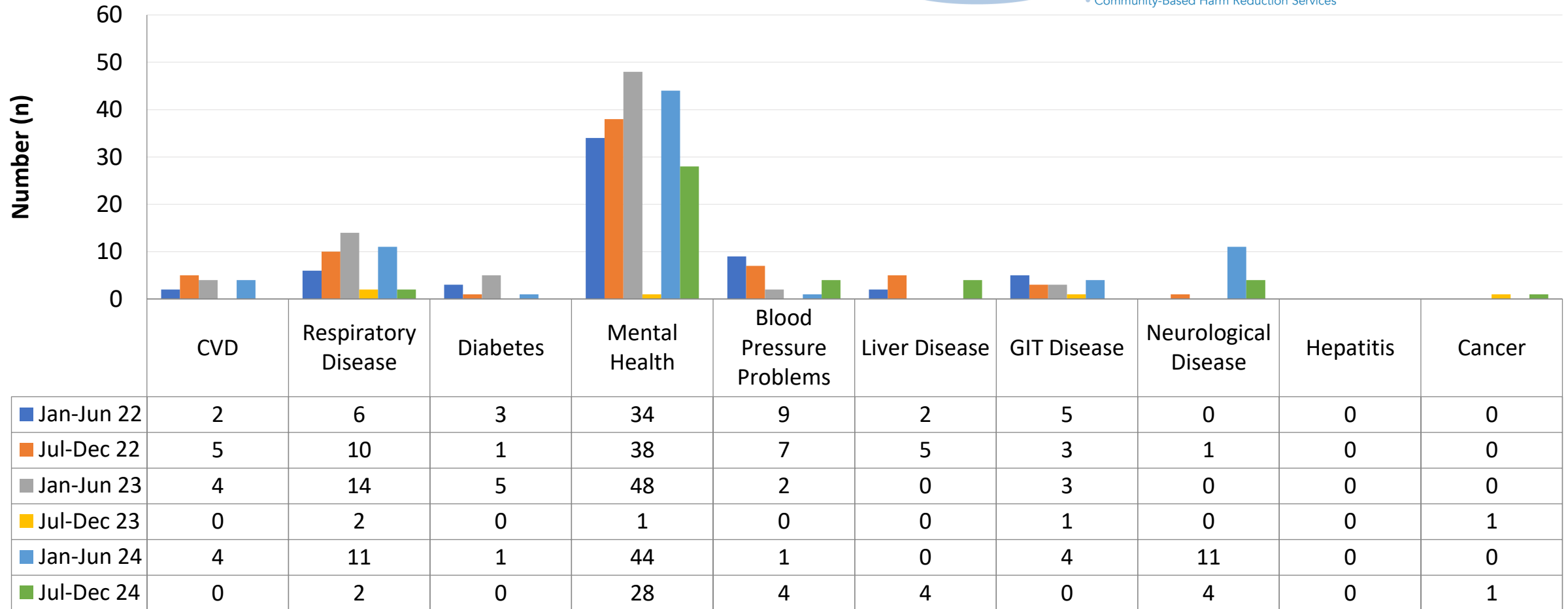
# Number of NCDs (n=42, 6%)



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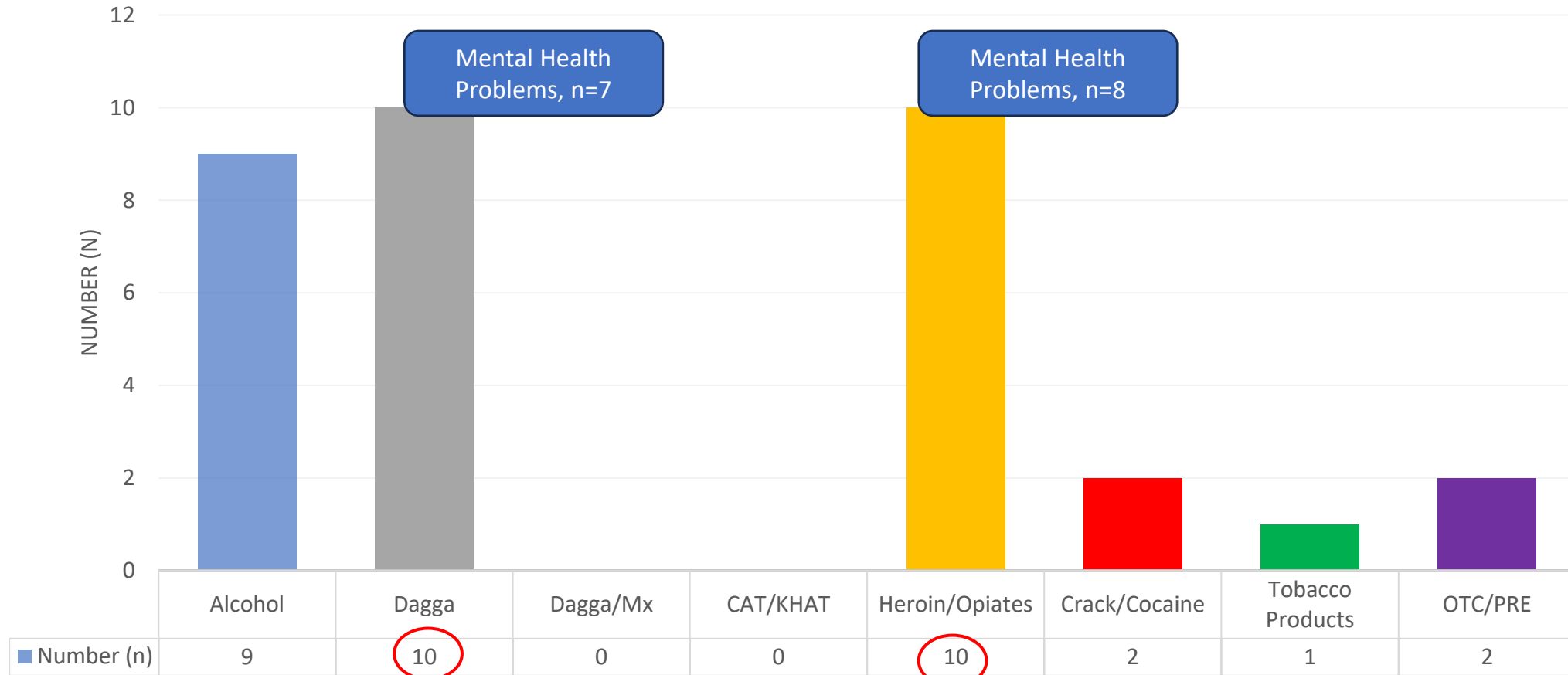
# NCD BY SELECTED PRIMARY SUBSTANCE



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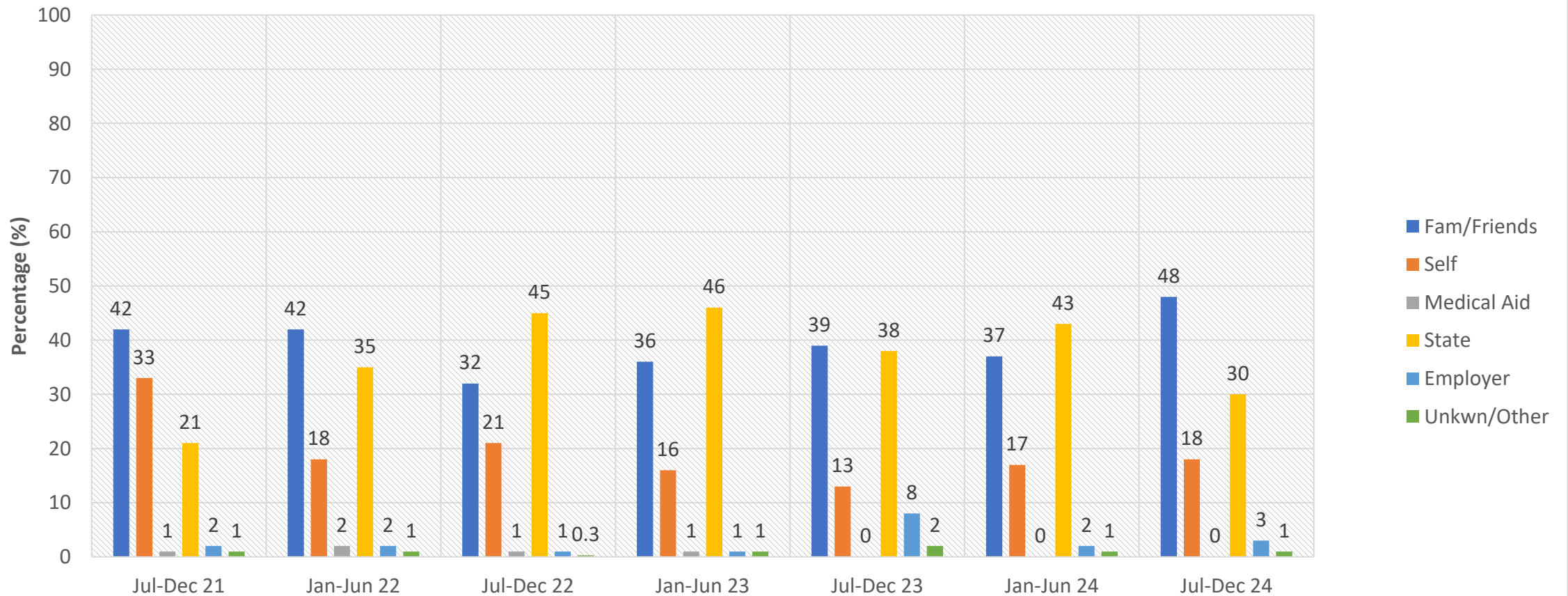
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## SOURCE OF PAYMENT





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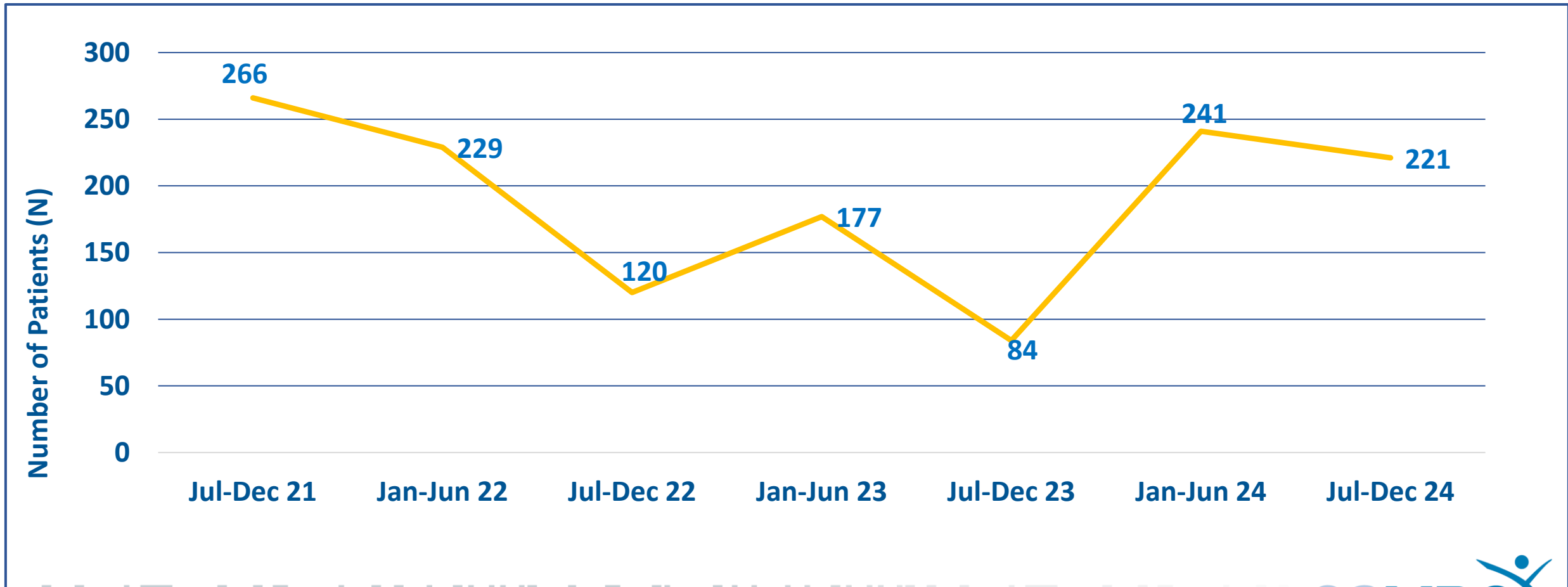
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## PERSONS $\leq 18$ YEARS





## NUMBER OF PATIENTS IN TREATMENT





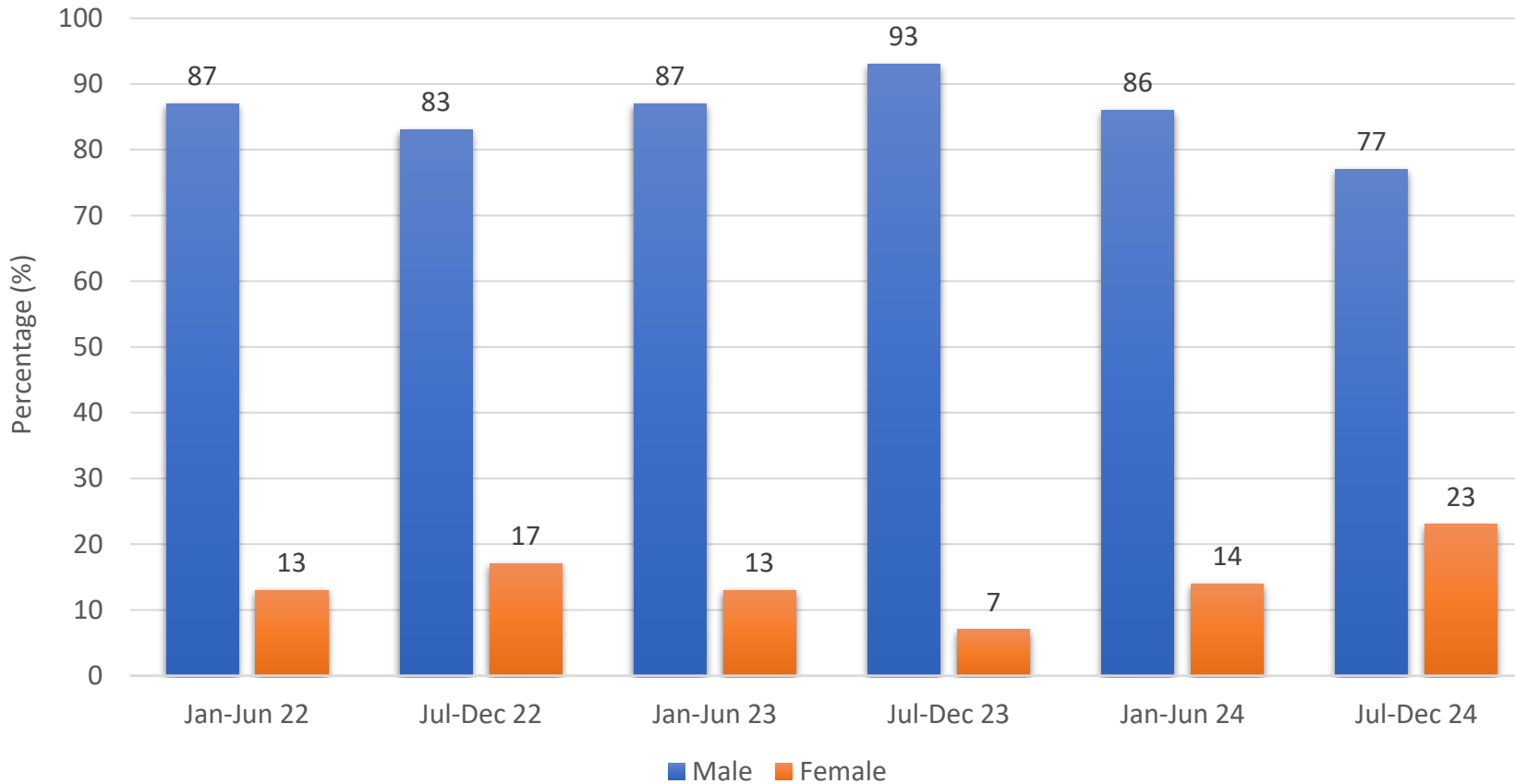
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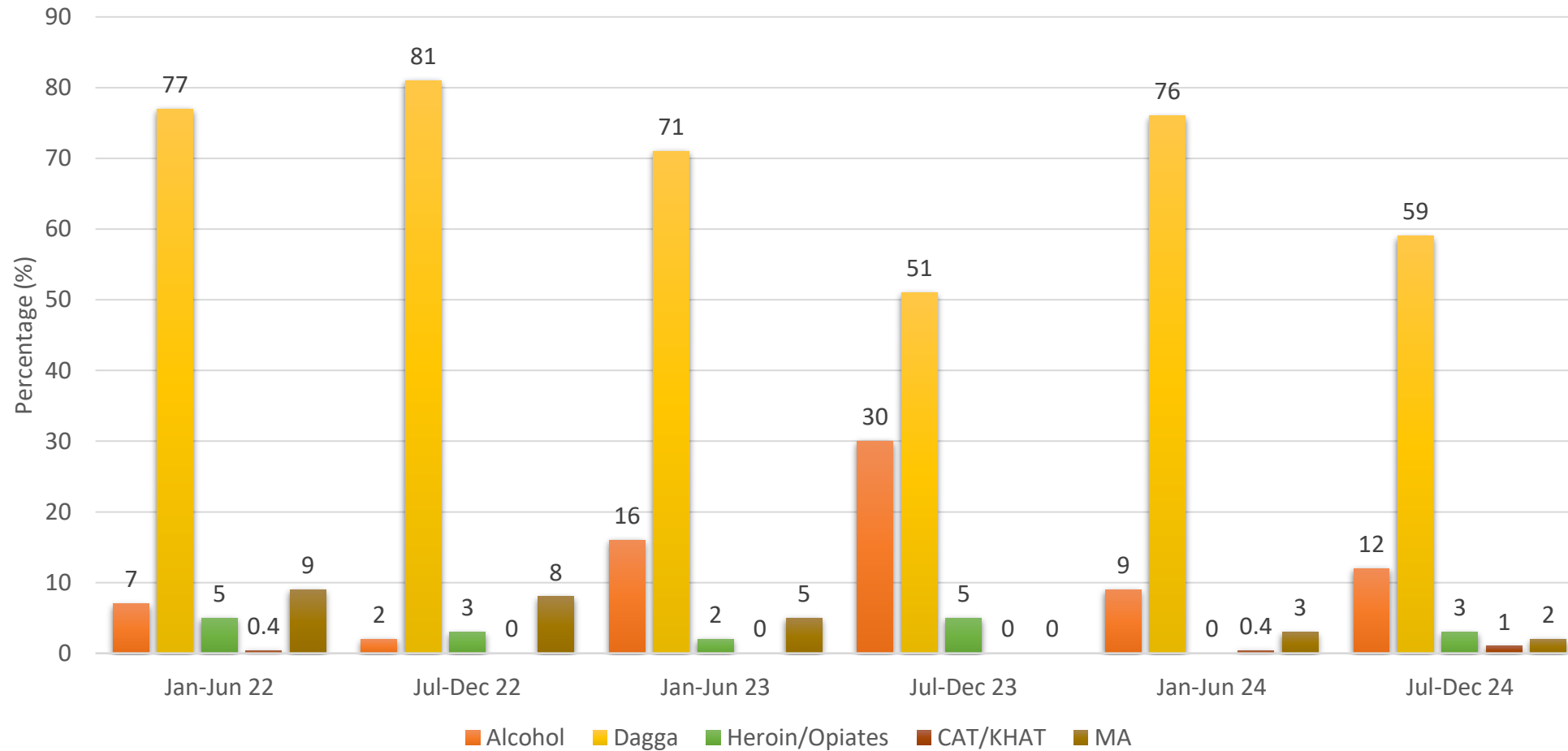
# SELECTED PRIMARY SUBSTANCES OF USE



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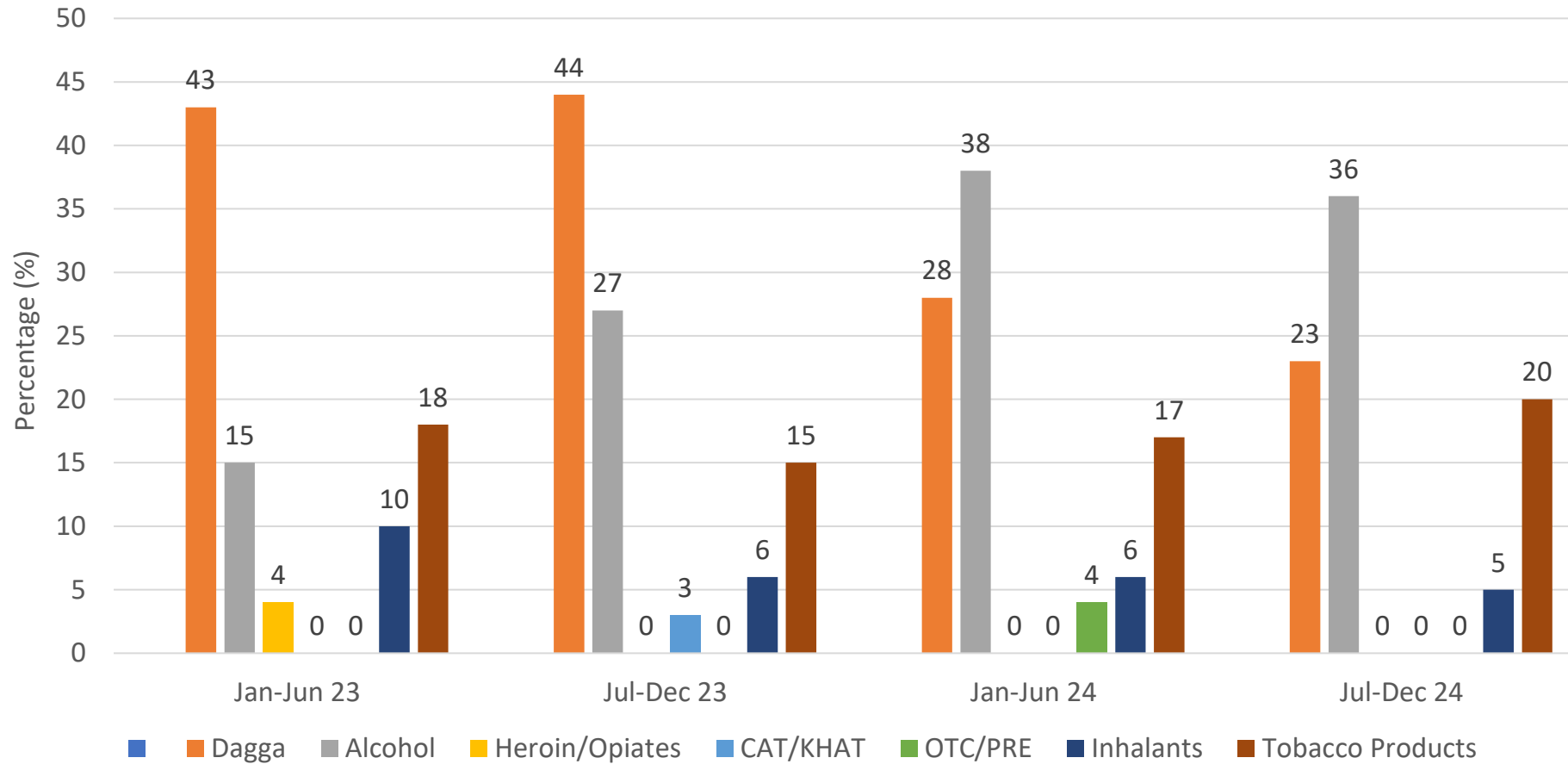
# SELECTED SECONDARY SUBSTANCES OF USE



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# SUMMARY

- **Decrease in number of overall admissions from 24a to 24b period.**
- **Mostly males aged 15-19 years and adults and young adults aged 25-34 years were admitted to treatment.**
- **Majority were unemployed (most unemployed >6 months) with a high school education level. Increase in admissions among individuals who were employed (FT/PT) over the last 3 periods.**
- **Admissions were mainly first-time admissions and on a voluntary basis. Considerable drop in outpatient/community-based admissions from 24a to 24b. This period is the first time we see admissions to detox services.**
- **Readmissions were mostly once through outpatient/community-based services.**
- **Majority of readmissions were for males aged 25-34 years and was mainly associated with alcohol misuse.**
- **Most persons in treatment had stable living conditions and resided in a permanent abode with parents/relatives.**
- **This period most referrals were made by 'family/friends' in contrast to self-referral in the previous period.**
- **Notable increase in proportion of persons who have been tested for HIV in the past. Lack of prior testing mostly among youths 15-19 years though there is also an increase in past testing rates for this age group.**
- **Dagga, alcohol and heroin/opiates remain the top 3 primary substances of use.**
- **Alcohol was most common secondary substance (36%), followed by dagga (23%) and tobacco products (20%). Dagga declined while tobacco products increased over the last two reporting periods.**

# SUMMARY

- Similar to previous period, dagga was associated with the youngest age at time of admissions (mean age: 23 years) and youngest age of initiation (mean age: 17 years).
- Similar to the previous period, the biggest delay between substance use initiation and access to treatment was found for alcohol (17 years).
- Mental health problems (specifically, sleep disorders and depression) were mainly indicated as a comorbidity at time of admission.
- Mainly dagga and heroin/opiates were linked to a comorbidities: mental health problems were most frequently reported for both substance use categories.
  - Depression and sleep disorder were the most common mental health problem associated with dagga.
  - Sleep disorder was main mental health problem reported for heroin/opiates.
- Family/friends mainly funded treatment, followed by the state. State-subsidised treatment decreased from 43% to 30% over the last 2 periods.
- Decline in admissions for adolescents  $\leq 18$  years. Majority males were admitted.
- Dagga remained the main primary substance of use among adolescents ( $\leq 18$  years), decreasing from the Jan-Jul 2024 period. Alcohol was the second most commonly used primary substance.
- Alcohol emerged as the most frequently used secondary substance among adolescents, followed by dagga.
- Proportions for substance use during pregnancy remain low. Reported substances used during pregnancy included alcohol, dagga, heroin/opiates and CAT/KHAT (but numbers low).

# 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) Swanepoel L. The causes of relapse amongst young African adults following in-patient treatment for drug abuse in the Gauteng Province. *Social work (Stellenbosch. Online)* vol.52 n.3 Stellenbosch, 2016.
- 2) 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
- 3) 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.
- 4) Stats SA. Quarterly Labour Force Survey (QLFS) Q1: 2024
- 5) 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
- 6) 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>
- 7) WHO. A technical brief: HIV and young people who inject drugs. Geneva, Switzerland: World Health Organization, 2015.





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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**

