



# SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

## MONITORING ALCOHOL, TOBACCO AND OTHER DRUG USE TRENDS (SOUTH AFRICA):

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PHASE 54

### SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE (SACENDU) RESEARCH UPDATE (FEBRUARY 2025)

#### BACKGROUND

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in all 9 provinces in South Africa since 1996. SACENDU monitors trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes, community-based harm reduction, health service providers and the Services Quality Metrics (SQM) study.

#### TREATMENT DEMAND DATA

(data collected from specialist substance use treatment centres): Latest key findings

(unless stated otherwise the findings relate to the 1st half of 2024)

The 1st half of 2024 (i.e., 2024a) saw a decrease in the number of persons admitted to specialist treatment from **9 489 in 2023b (Jan-Jun 2024) to 8 959 in 2024a (Jan-Jun 2024)**. Admissions for the current reporting period were made across **79 treatment centres/programmes**.

This period, the EC (46%), CR (43%) and KZN (37%) had the highest rates for alcohol admission for all ages (Table 1). Between 14% (GT) and

46% (EC) of persons accessing AOD treatment services reported alcohol as their primary substance of use. Consistent with previous reporting periods, alcohol-related admissions among persons 18 years and younger were less common. Between 2% (GT and EC) and 12% (WC and KZN) of youths aged 18 years and younger reported alcohol as their primary substance of use. The admission trends for youth ≤18 years remained consistent across both periods (2023b and 2024a), maintaining at 16%. See Figure 1 for treatment admission trends for all substances among individuals 18 years.

**Table 1.** Primary substance of use (%) for all persons and persons 18 years and younger – selected drugs (2024b)

	Age	WC	KZN	EC	GT	NR <sup>a</sup>	CR <sup>b</sup>
# CENTRES (N)	-	30	12	7	26	8	4
# PERSONS ADMITTED (N)		1727	872	261	4782	980	336
ALCOHOL	All	21	37	46	14	20	43
	<19	12	12	2	2	9	5
CANNABIS	All	21	31	29	29	37	32
	<19	69	75	76	84	76	82
METHAQ. (MANDRAX)	All	8	1	3	4	1	3
	<19	1	-	6	1	2	3
CRACK/COCAINE	All	5	12	6	2	5	2
	<19	4	1	9	1	1	-
HEROIN/OPIATES*	All	9	11	1	19	25	3
	<19	<1	1	-	<1	-	-
MA**	All	34	2	12	24	6	11
	<19	8	1	8	6	3	5

<sup>a</sup>Northern Region (MP & LP), <sup>b</sup>Central Region (FS, NW, NC); \*Includes data relating to nyaope and whoonga<sup>1</sup>; \*\*Methamphetamine

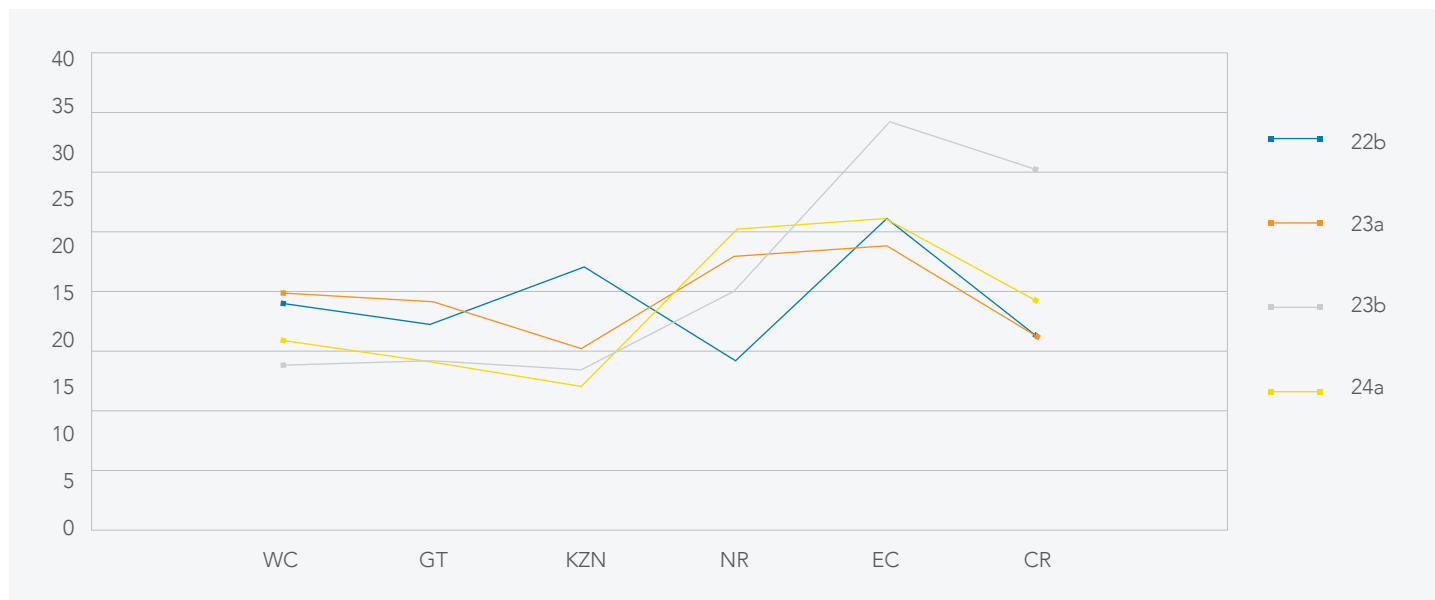
**Cannabis** was the most common primary substance of use in the NR (37%), followed by the CR (32%) and KZN (31%) among all age groups. Across regions, between 21% (WC) and 37% (NR) of persons attending specialist treatment centres reported cannabis as their primary substance of use, compared to 1% (KZN and NR) and 8% (WC) for the **cannabis/mandrax**

(methaqualone) aka 'white-pipe' combination. Nationally, relatively high admission rates were reported for cannabis use among persons aged 18 years and younger, ranging from 69% (WC) to 84% (GT).

Treatment admissions for **cocaine-related** problems have remained low over the past few reporting periods, ranging between 2% (GT and CR) and 12% (KZN). Across the regions, few persons 18 years and younger were admitted for cocaine-related problems, with rates varying between 1% (KZN, NR and GT) to 9% (EC); no cases were reported for the CR.

<sup>1</sup> Nyaope and whoonga are street names for heroin, often mixed with other regulated and unregulated substances. In South Africa, it is usually sprinkled on cannabis and/or tobacco and the mixture is rolled into a cigarette or 'joint' and smoked. Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.

**Figure 1:** Treatment admission trends - % of patients 18 years and younger

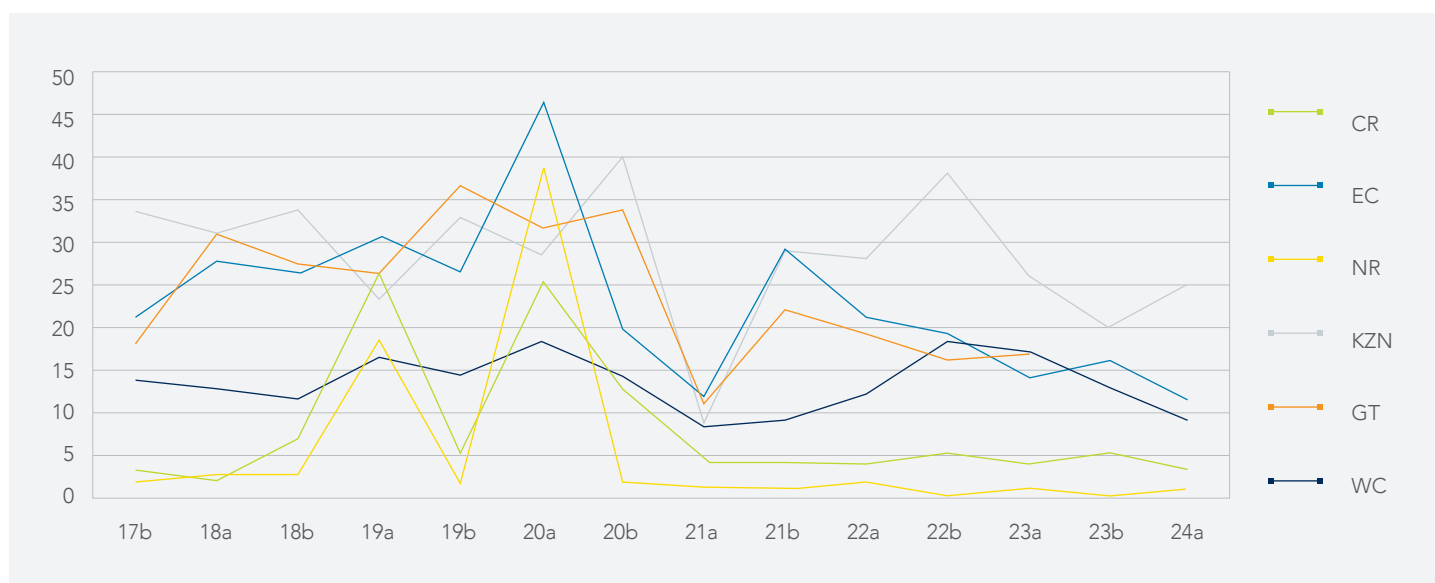


The highest proportions of **heroin-related** admissions were reported for the NR (25%) and GT (19%). Between 3% (CR) and 30% (NR) of persons attending specialist treatment centres reported heroin as a primary or secondary substance of use. Smoking was the most

common route of administration in most regions including the WC (58%), GT (58%), KZN (67%), and the NR (85%). Heroin was equally smoked (50%) and injected (50%) in the EC. Similar to the previous period, heroin was mostly injected in the CR (56%) only,

decreasing from 73% in 23b (though absolute numbers remain low). Admissions for heroin use remained highest in the NR (25%) slightly increasing from 20% in the 2023b review period (see Figure 2).

**Figure 2:** Proportion of persons in treatment with Heroin as primary substance of use (%)



\*Data on heroin-related admissions from 21b includes Nyaope and Whoonga

**Methamphetamine (MA)** – Treatment admissions for MA as a primary substance of use were highest in the WC (34%) and GT (24%). In the EC, a notable decrease in MA was seen from 23% in 2023a to 12% in 2023b. The highest rates for MA use among persons 18 years and younger were found for the WC and EC (8% respectively) and GT (6%). Treatment admissions for MA as a primary or secondary substance ranged between 4% (KZN) and 34% (WC), showing a decrease from the previous review period. MA as a primary or secondary substance was highest in the WC (46%), GT (34%) and the EC (19%).

**Methcathinone ('CAT/KHAT')<sup>2</sup>** use was noted in all regions, though rates remained low (<1% in EC and WC) to 5% in GT. Admissions for CAT/KHAT use as a primary or secondary substance ranged from <1% (WC) to 9% (GT).

**Poly-Substance use** remained high, with between 39% (CR) and 60% (WC) of persons admitted to treatment indicating the use of more than one substance. Poly-substance use decreased from 41% to 39% (CR) in 23b while WC increased from 58% to 60%.

Reported rates for the use of **Over-the-Counter and Prescription Medicines (OTC/PRE-medicines)** were relatively low, ranging between 1% (WC, NR, GT and CR) and 4% (EC). Treatment admissions for OTC/PRE-medicine as a primary or secondary substance of use were between 1% (NR) and 6% (KZN). During the current reporting period, 493 (9%) persons across all regions reported the non-medical use of codeine, with the highest proportions indicated for KZN (n = 88, 13%), GT (n = 273, 11%) and the EC (n = 25, 10%).

Across all regions, 15% of persons (n = 1340) presented with a **dual diagnosis** at the time of admission. The most prominent comorbidities reported were mental health issues (n = 825, 62%), followed by respiratory disease (n = 243, 18%) and blood pressure problems [either hyper- or hypotension] (n = 208, 16%). Mental health issues remained the most common NCD reported for all regions ranging from 55% (CR) to 77% (KZN).

Across regions, persons **18 years and younger** included 16% of admissions for this period (n = 1431). The proportion of persons 18 years and younger who were admitted to treatment were between 12% (KZN) and 26% (EC). The EC remained the province with the highest proportion of admissions among youths aged ≤18 years (26%), however, this decreased from 34% in the previous reporting period. An overall profile of drug treatment admissions from 79 treatment centres across the 9 provinces is provided in Figure 3.

Between 39% (NR) and 67% (WC) of persons reported that they had been **tested for HIV in the past 12 months**, remaining unchanged and at lower than desirable levels over the last two periods.

### COMMUNITY-BASED HARM REDUCTION SERVICES (JANUARY - JUNE 2024)

Community-based harm reduction and health services for people who use drugs, including people who inject drugs (PWID) and sex workers who inject drugs, are provided in alignment with the World Health Organization's guidelines<sup>1</sup> and the National Drug Master Plan (2019 – 2024).

#### Eastern Cape

In **Buffalo City** 213 female sex workers who inject drugs were reached with harm reduction services. And 5,355 needles were distributed and 48% returned. In Nelson Mandela Bay 631 unique PWID accessed services, 312,465 needles and syringes distributed and 99% returned. 273 PWID tested for HIV, among whom 28 tested positive and 28 people were started on ART, with 28 clients confirmed to be virally suppressed. Overall, 701 people were screened for tuberculosis (TB), with 97 being symptomatic, 24 diagnosed, 24 starting TB treatment and 0 person with confirmed cure. No routine viral hepatitis testing was done. Opioid substitution therapy (OST) was not available. 237 human rights violations were reported, mostly involving the confiscation and destruction of injecting equipment. Seven deaths were reported among people who use drugs, no fatal overdoses were reported.

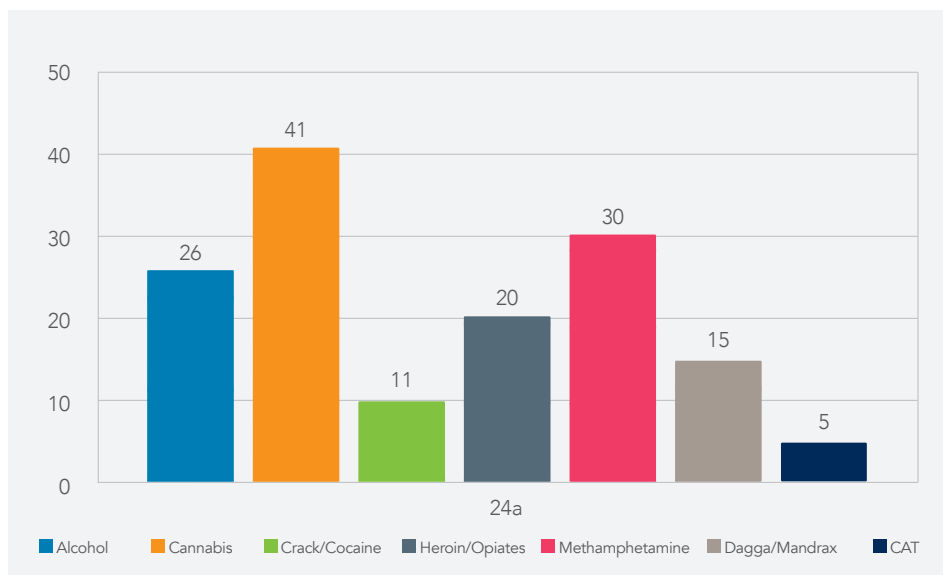
#### Free State

In **Lejweleputswa** 33 female sex workers who inject drugs were reached with harm reduction services. And 7,590 needles were distributed and 98% returned.

#### Gauteng

In **Ekurhuleni** 832 unique PWID accessed the services, with 284,475 needles and syringes distributed and 84% returned. 258 PWID tested for HIV, among whom 103 tested positive; 99 were placed on ART and 11 people were confirmed to be virally suppressed. 484 PWID were screened

**Figure 3:** Tx demand data based on data from 9 provinces (primary + secondary data: 2024a (%))



Note: Heroin/Opiates category includes nyaope and whoonga

for TB, with 203 being symptomatic, 1 TB case was confirmed, and one person was started on treatment. 72 people were tested for HCV, among whom 70 were positive and of the 65 people who have confirmatory testing done 39 had confirmed infection. 44 people started HCV treatment on direct acting antivirals (DAAs). Of the 72 people tested for HBsAg, 2 were reactive. 67 people were started on OST and 67 were on OST at the end of the period. 431 human rights violations were reported, mostly related to the confiscation/ destruction of injecting equipment. Twelve deaths among people who use drugs were reported during this period, no fatal overdoses were reported.

In **Johannesburg** 12,522 unique PWID accessed the services, with 1,358,505 needles and syringes distributed and 84% returned. 4,480 PWID tested for HIV, among whom 185 tested positive and 164 were started on ART. 7 PWID were confirmed to be HIV virally suppressed. 10,684 people were screened for TB, with 156 being symptomatic, 4 diagnosed, 2 starting on TB treatment and 2 reporting cures. 93 people were screened for HCV antibodies with 84 being reactive. 84 people had confirmatory testing done and 65 people had confirmed infection. 28 people started DAAs and 27 were reported to have attained sustained virological response at 12 weeks (SVR12). Of the 113 tested for HBV surface antigen (HBsAg), 1 was reactive. 142 PWU/ID were on OST at the beginning of the period and 213 were on OST at the end of the period. 670 human rights violations were reported, the majority related to confiscation of injecting equipment. 23 deaths were reported among people who use drugs, no fatal overdoses were reported.

In **Sedibeng** 1,868 unique PWID accessed the service with 389,655 needles and syringes distributed and 72% returned. 296 PWID tested for HIV, among whom 19 tested positive and 18 were linked to ART. 12 people were reported to

have HIV viral suppression. 2,029 people who use drugs were screened for tuberculosis, with 62 being symptomatic, 5 infections confirmed, 4 people received treatment and 1 person was cured. 58 people were screened for HCV antibodies with 45 being reactive. 45 people had confirmatory testing done and 40 people had confirmed infection. 20 PWID started DAAs and 5 achieved SVR12. Of the 58 tested for HBsAg and none were reactive. 85 PWUD/ID were on OST at the beginning of the period and 105 at the end of the period. 399 human rights violations were reported, most linked to confiscation of injecting equipment. 6 deaths among people who use drugs were reported during this period, no fatal overdoses were reported.

In **Tshwane** 9 327 unique PWID accessed the services, with 410,753 needles and syringes distributed; and 95% returned. 1,113 people who use drugs tested for HIV among whom 204 tested positive and 180 were confirmed to be on ART and 49 were with viral load suppression. 2,222 people who use drugs were screened for tuberculosis with 71 being symptomatic, with 1 diagnosed and 1 starting treatment and 1 person was cured. 37 people were screened for HCV antibodies with 25 being reactive. 60 people had confirmatory testing done and 55 people had confirmed infection and 46 people started DAAs and 19 achieved SVR12 during the period. Of the 37 tested for HBsAg, 2 were reactive. A total of 1,069 PWUD/ID were on OST at the beginning of the period and 1,069 at the end of the period. Data on human rights violations were not collected. Five deaths were reported among people who use drugs, and no fatal overdoses were reported.

In **West Rand** 955 unique PWID accessed the services, with 245,115 needles and syringes distributed and 97% returned. 332 PWID tested for HIV, among whom 65 tested positive and 60 were started on ART. A total of 20 people were confirmed to be virally suppressed. 716 PWID

were screened for TB, with 71 being symptomatic, 0 infection was confirmed, and 0 person was started on treatment. No routine viral hepatitis testing was done. OST was not available. 217 human rights violations were reported, mostly related to the confiscation/ destruction of injecting equipment. No deaths were reported among people who use drugs during this period. Additionally, 120 female sex workers who inject drugs were engaged in harm reduction services, with 5,820 needles distributed and 88% returned.

#### KwaZulu-Natal

In **eThekweni** 1,790 unique PWID accessed services, with 305,490 needles and syringes distributed and 117% returned. 705 PWID tested for HIV, among whom 44 tested positive and 45 people were placed on ART. HIV viral load suppression was confirmed in 46 PWID. 1,844 people who use drugs were screened for tuberculosis, 211 were symptomatic, 8 diagnosed, 5 started treatment and 0 reporting cure. 49 people were screened for HCV antibodies with 23 being reactive, 23 people had PCR confirmatory testing done and 16 had HCV infection confirmed, and 14 started HCV treatment. Of the 48 PWID tested for HBV surface antigen (HBsAg), 2 were reactive. 275 PWUD/ID were on OST at the beginning of the period and 358 at the end of the period. 628 human rights violations were reported, majority linked to the confiscation/destruction of needles. Five deaths were reported among people who use drugs, and no fatal overdoses were reported.

In **uMgungundlovu**, 849 unique PWID accessed the services, with 110,325 needles and syringes distributed and 96% returned. 373 PWID tested for HIV, among whom 52 tested positive and 48 started ART and 46 were confirmed to be virally suppressed during this period. 1,011 people who use drugs were screened for TB, with 150 being symptomatic, 4 diagnosed and 3 starting treatment and 3 reported cures. No routine viral hepatitis testing was done. OST was not available. 413 human rights violations were reported, majority linked to the confiscation of injecting equipment. 8 deaths were reported (including 3 fatal overdoses).

#### Mpumalanga

In **Ehlanzeni** 880 unique PWID accessed the services, with 47,141 needles and syringes distributed and 92% returned. 288 tested for HIV, among whom 41 tested positive and 39 started on ART. 25 PWID were reported to be virally suppressed during this period. 1,011 people were screened for tuberculosis, with 150 being symptomatic, 4 case of TB was confirmed and 3 people started treatment and 3 people were cured. 106 people were screened for HCV antibodies with 66 being reactive, 106 confirmatory tests were done at the site, and 68 people had confirmed infection and 66 were started on DAAs. A total of 539 people were tested for HBV surface antigen (HBsAg), while 4 were reactive. 290 PWID were on OST at the beginning of the reporting period and 346

people at the end. 49 human rights violations were reported, the majority due to assault. 4 deaths were reported, no fatal drug-related overdoses reported.

#### Western Cape

In the **Cape Metro** 2,029 unique PWID accessed services, with 1,073,070 needles and syringes distributed and 94% returned. 860 PWID tested for HIV, among whom 132 tested positive and 89 people were started on ART. Nine PWID were confirmed to be HIV viral suppressed. 1,265 PWID were screened for TB, with 55 being symptomatic, 9 diagnosed and 6 starting treatments. 78 people were screened for HCV antibodies with 54 being reactive. 47 people had PCR testing and 34 had confirmed infection and 30 started DAAs. 78 PWID were screened for HBsAg and 4 were reactive. 173 people were on OST at the beginning of the period and 223 at the end. 348 human rights violations were reported, the majority linked to confiscated/ destroyed needles and syringes. Eight deaths were reported among people who use drugs, and no fatal overdoses reported.

#### SELECTED IMPLICATIONS FOR POLICY/ PRACTICE<sup>1</sup>

- **Quality of Care:** Unregistered centers often lack the necessary accreditation and oversight, leading to substandard treatment practices. This can result in ineffective or even harmful interventions for individuals seeking help.
- **Safety Concerns:** Without proper regulation, these centers may not adhere to safety protocols, putting patients at risk of medical complications, inadequate care, and potential abuse.
- **Exploitation:** The absence of regulatory oversight opens the door for exploitation, where vulnerable individuals may be charged exorbitant fees for inadequate services, further exacerbating their financial and emotional distress.
- **Public Health Risks:** Unregistered centers may not follow proper health guidelines, increasing the risk of spreading infectious diseases, particularly in group settings where hygiene and medical protocols are not strictly enforced.
- **Undermining Trust:** The proliferation of unregistered centers can undermine public trust in the overall treatment system. When individuals have negative experiences at these facilities, it can discourage them from seeking help in the future, perpetuating the cycle of addiction and untreated mental health issues.
- Harm reduction services for female sex workers who inject drugs have started, and the service is being utilized in three districts including in two districts where no harm reduction services were available previously.
- Number of people receiving hepatitis C treatment is slowly increasing, with data on SVR12 (cure) needed.
- Practitioners are grappling with how to deal with co-morbidities.

#### SELECTED ISSUES TO MONITOR

- The consequences of the closing of the needle and syringe service in Wynberg in Cape Town on PWID.
- The increase in scholars seeking treatment in the NR.
- The rise of unregistered treatment centers in the NR. Due to funding cuts, registered centers are struggling to meet increased treatment demands, leading to a surge in unregistered centers, which may cause more harm.
- The increase in heroin use in the NR.
- Practice: The age of first use for dagga is youngest in the NR and EC. Early initiation prevention is crucial.
- Monitor injection use: In the NR, 14% of heroin users inject, while in GP, 40% of heroin users inject.
- The continued increase in methamphetamine use in GP. 24% of readmissions in GP are for methamphetamine, and this has increased from last year.
- Monitor and raise public and parent awareness about the increase in hookah pipe use among young people in GP, as reported by a BMRI survey. Alcohol is also being smoked in hookah pipes.
- Monitor the increase in codeine use, with 11% reporting codeine use

#### SELECTED TOPICS FOR FURTHER RESEARCH

- **Harm Reduction Program Effectiveness:** Assessing how current harm reduction programs, like the Community Oriented Substance Use Program (COSUP), affect client outcomes and community health.
- **Mental Health Support:** Examining the mental health requirements of program participants and creating plans to offer all-encompassing mental health support.
- **Funding and Sustainability:** Examining the financial environment of harm reduction projects, spotting funding shortages, and investigating sustainable financing models to guarantee the programs' long-term viability.
- **Environmental Law and Policy:** Evaluating how legal and policy frameworks affect harm reduction services and promoting legislative changes that promote harm reduction strategies.
- **Further research into Alcohol Harm Reduction is needed as a model of care for example:** peer education, designated driver programmes for Alcohol Harm Reduction interventions/ free water at bars etc.
- Conduct further quantitative and qualitative research into post-Covid 19-related stress as a driver for substance use among adolescents – need for interventions.
- Youth-focused support initiatives are needed – further research into barriers to care is needed for young people and consideration should be given for low threshold services, mobile units, etc.
- Increases in OTC and Prescription medication use among ≤18s necessitates the need for research into digital prevention interventions for young people.

