SACENDU

South African Community Epidemiology Network on Drug Use

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RESEARCH BRIEF

Monitoring Alcohol, Tobacco and Other Drug Use Trends in South Africa (July 1996 – June 2024)

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Disclaimer: The information 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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BACKGROUND AND SUMMARY

The South African Community Epidemiology Network on Drug Use (SACENDU) report back meetings for Phase 56 were virtual and PowerPoint presentations made available to all stakeholders of SACENDU. As mentioned in the previous brief, moving forward, we will use a hybrid approach, using both virtual and face-to-face reporting meetings.

Established in 1996, SACENDU is a network of researchers, practitioners and policy makers from various sentinel areas in South Africa. Up until June 2006, these sites comprised of Cape Town, Durban, Gqeberha (formally known as Port Elizabeth), East London (EL), Gauteng Province and Mpumalanga Province (MP). As some sites were beginning to also include data from other towns/cities (e.g., Durban included data from Pietermaritzburg), it was decided to begin reporting data by province. From the second half of 2006, data were also collected from treatment centres in the Free State, Northern Cape and North-West. For the purposes of this report, these three provinces have been combined into a regional group termed the "Central Region" (CR). The dataset in the Mpumalanga and Limpopo provinces continues to be small and we are in the process of growing provincial coverage from these two provinces. It was therefore decided to combine the data for analysis purposes, and we now refer to these two provinces as the "Northern Region" (NR). Thus, this report refers to the following six sites: Western Cape (WC), KwaZulu-Natal (KZN), Eastern Cape (EC), Gauteng (GT), the Northern Region (NR) and the Central Region (CR). The goal to include data from all nine of South Africa's provinces in the SACENDU project has therefore been achieved, though there are still gaps in coverage at some sites. Membership to the SACENDU network is voluntary and recruitment of new centres and strengthening partnerships remains a key objective.

Since 2018, SACENDU has collected data from a range of organisations implementing community-based harm reduction services for people who use drugs (PWUD), including people who inject drugs (PWID). Services provided by these organisations and reported on in this Brief include data on HIV, STIs, 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. The data represented are from the following cities: Cape Town, Durban, Ekurhuleni, Ehlanzeni, Johannesburg, Sedibeng, Pietermaritzburg, Gqeberha, and Pretoria.

This report therefore comprises of data from **SPECIALIST SUBSTANCE USE DISORDER (SUD) TREATMENT CENTRES** as well as data from **COMMUNITY-BASED HARM REDUCTION AND HEALTH SERVICES CENTRES.**

Members of SACENDU meet every six months to provide community-level public health surveillance of alcohol and other drug (AOD) use trends and associated consequences through the presentation and discussion of quantitative and qualitative research data. Through this initiative, SACENDU provides descriptive information on the nature and patterns of AOD treatment demand and harm reduction service uptake data that allows for the monitoring of emerging trends, risk factors associated with AOD use, characteristics of vulnerable populations, and consequences of AOD use in South Africa.

The SACENDU initiative has several specific objectives:

a) To identify changes in the nature and extent of AOD use and emerging problems.
b) To identify changes in overall consequences related to alcohol and other drug use.
c) To inform policy, planning and advocacy efforts at local and other levels.
d) To support networks of local role players in the substance use area.
e) To stimulate research in new or under-researched areas that is likely to provide useful data to inform policy and/or planning decisions.
f) To facilitate South Africa's full participation in international fora focusing on the epidemiological surveillance of drug use.

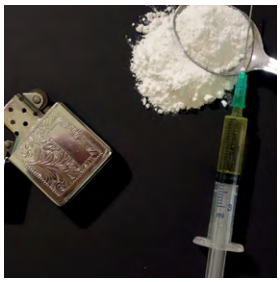
Financial support for Phase 56 was provided by the Mental Health and Substance Use Directorate of the National Department of Health.

The first half of 2024 (i.e., 2024a) saw a decrease in the number of persons admitted for AOD treatment from **9 389 in 2023b (July to December 2023) to 8 958 across 87 treatment centres in 2024a (January to June 2024).**

Nationally, **Alcohol**-related admissions comprised of 20% of all service users in the January to June 2024 period. The period saw an increase in admissions for the EC (from 38% in 2023b to 47% in 2024a), while in the NR (from 29% in 2023b to 20% in 2024a) and in the CR (from 50% in 2023b to 413in 2024a) decreases were seen. Between 14% (GT) and 46% (EC) of persons accessing AOD treatment services reported alcohol as their primary substance of use.







Admission rates for **Cannabis** remained relatively high for the current period. Between 21% (WC) and 38% (NR) of persons attending specialist treatment centres had cannabis as their primary substance of use. Changes in cannabis use were seen for most regions, with the most notable increase reported for the CR (from 21% in 2023b to 32% in 2024a), NR (from 30% in 2023b to 38% in 2024a), and KZN (from 26% in 2023b to 31% in 2024a). A decrease was seen in the EC (from 36% in 2023b to 29% in 2024a). Nationally, cannabis contributed 79% of all admissions among individuals 18 years and younger, increasing 6-percentage points from the previous review period. The WC remained the province where **Cannabis/Mandrax** (Methaqualone) combination (also known as "white pipe") was most often used as a secondary substance (38%), increasing slightly from 34% in the 2023b period. GT (20%) remained the province where cannabis/mandrax was the second most common secondary substance of use.

Crack/Cocaine-related treatment admissions have remained consistently low over the past few reporting periods, with the national rate unchanged at 4%. Regional rates varied between 2% (CR) and 12% (KZN). KZN was also reported as having the highest proportion for crack/cocaine as a secondary substance of use at 28%. Between 3% (CR) and 27% (KZN) of all persons admitted to treatment used crack/cocaine as a primary or secondary substance of use. Few persons 18 years and younger (2% nationally) were admitted for crack/cocaine-related problems, however the proportions of service users 18 years and younger increased in EC (from 1% to 9%) and in WC (from 1% to 4%) from the 2023b to 2024a period.

Nationally, **Heroin/Opiates** comprised 16% of all admissions for the January to June 2024 period, remaining consistent with the previous two reporting periods. The most notable decrease in heroin/opiate use was seen for KZN (16% in 2023b to 11% in 2024a) and WC (13% in 2023b to 9% in 2024a). In the CR, (56%) of persons who had heroin/opiates as their primary substance of use reported injecting the drug. Rates for heroin/opiates as a primary or secondary substance of use ranged from 1% (EC) to 30% (NR) in the current reporting period.

Treatment admissions for **Over-the-counter/ Prescription-medicines (OTC/PRE)** as a primary drug of use was reported at 1% for most regions except EC (4%) and the KZN (3%). Proportions for OTC/PRE-medicine use as primary or secondary substance ranged between 1% (NR) and 6% (KZN). During this reporting period, n=493 (9%) persons across all sites reported the non-medical use of codeine, increasing from 6% in the preceding reporting period.

Treatment admission rates for **Methamphetamine** (MA aka 'TIK) as a primary substance of use were highest in the WC (33%) and GT (24%) compared to other regions. Most notably, MA-related admissions decreased slightly from 15% (2023b) to 12% (2024a) in the EC. MA was reported as the third leading primary substance of use (5%) by persons 18 years and younger. The highest rates for MA as primary or secondary drug of use were reported for the WC (46%) and GT (34%). Treatment admissions for **Ecstasy** as a primary drug of use remained low, between <1% (NR) and 1% (WC and KZN); no ecstasy was reported in EC and GT this period. These low proportions have remained largely unchanged over the last few reporting periods. Individuals may not be seeking treatment for Ecstasy use, which explains low admission rates, however, anecdotal reports suggest extensive recreational use. **Methcathinone** (CAT/KHAT)[1], an amphetamine-type stimulant, has effects similar to that of MA. Across regions, CAT/KHAT was reported as a primary substance of use by 3% of individuals admitted to treatment. Rates for CAT/KHAT as primary or secondary drug of use varied from <1% (WC) to 9% (GT).

Inhalant/solvent use remained low at <1% across regions, ranging between <1% (WC, KZN and GT) and 1% (NR and CR). No inhalant use was reported in the EC this 2024a period. While rates were generally low, inhalant/solvent use is common among the homeless and children who live on the streets. Adolescents who use inhalants represent a subgroup of troubled youth with distinct and multiple vulnerabilities who are more likely to engage in delinquency and experience mental health problems such as depression and suicidality. Additional community-based or regional studies are needed to explore the extent of inhalant/solvent use for youth, barriers to accessing specialist treatment services and other services available to support and help this vulnerable population[2]. Nationally, indication of **Poly-substance use** (i.e., more than one substance of use indicated) remained stable at 55%; the WC (60%) and GT (59%) contributed the two highest proportions of individuals who engaged in poly-substance use.

[1] CAT and KHAT are often used interchangeably during reporting which makes distinguishing between the two (CAT is synthetic and KHAT is plant-based) difficult during analysis. For this reason, these two categories have been combined.
[2] Lipari RN. Understanding adolescent inhalant use (Short Report), 2017. Substance Abuse and Mental Health and Mental Health Services Administration (SAMHSA). https://www.samhsa.gov/data/sites/default/files/report_3095/ShortReport-3095.html

METHODOLOGY

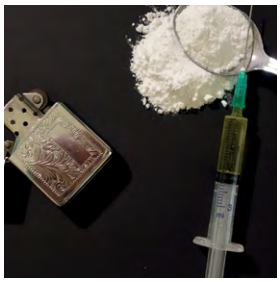
SACENDU utilises treatment admission data collected from treatment centres. These data are collected from approximately 86 specialist substance use treatment centres in South Africa, representing 70% of the available treatment sites in the country. The larger provinces such as the Gauteng and the Western Cape Province have more treatment centres compared to provinces such as the Eastern Cape. **Table 1** below provides a description of these sentinel sites as well as the number of provinces that have treatment centres that provide opioid substitution or medically assisted therapies (MAT).

TABLE 1: DESCRIPTION OF TREATMENT CENTRE LOCATION IN SOUTH AFRICA

Sentinel site	Description and Location	Urban/Rural	Number of treatment centres*	Number of centres offering MAT
Gauteng	Smallest province situated in the north-eastern part of South Africa	Highly populated, urbanised, and economic hub of the country	20	3
KwaZulu-Natal	Coastal province located in the south-eastern part of South Africa.	Second most populous, mountainous province running along the shoreline of the Indian ocean.	14	2
Western Cape	Situated on the south-western coast of South Africa	Highly urbanised and the third most populous province in the country	29	1
Eastern Cape	Second largest province by size, but poorest. Located on the south-eastern part of the country, and is bordered by the Western Cape, Northern Cape, Free State and KwaZulu-Natal provinces	Largely rural	9	0
Northern Region	Is comprised of two provinces, Mpumalanga and Limpopo provinces, both located in the north-eastern part of South Africa and share borders with Swaziland, Botswana, Zimbabwe and Mozambique. These provinces were combined into the Northern Region due to the few number of treatment centres found in these provinces	Mostly semi-urban	8	0







Sentinel site	Description and Location	Urban/Rural	Number of treatment centres*	Number of centres offering MAT
Central Region	Comprises three provinces, Free State (located in the centre/heart of the country), Northern Cape (largest province but sparsely populated), and the North-West (north-central part of the country). The Central Region is characterised by the livestock farming, agriculture, and mining industries. These provinces were grouped together due to a few number of treatment centres found in these locations.	Largely rural	6	0

*The number of treatment centres contributing data to the system fluctuate across reporting periods.

Treatment centres are invited to join the network and provide data related to their treatment admissions for each reporting period (current period January to June 2024). For admission to a specialist treatment centre, patients are required to meet diagnostic criteria (DSM-V/ICD 10) for a substance use disorder (APA, 2013). Participating treatment centres in the SACENDU network complete a standardized two-page form for each patient enrolled into their facility. The form consists of 22 forced-choice questions collecting demographic treatment and substance use information on each patient. The SACENDU data collection form is completed by designated facility personnel once the patient has been enrolled into the treatment programme. Forms for each participating treatment centre are collated every six-months and sent to the South African Medical Research Council (SAMRC) for collation, analysis and reporting. Forms and electronic data received from specialist facilities are checked for possible miscodes and missing information and is subjected to a rigorous process of verification and correction before the data analysis process takes place. Data from each facility are aggregated to allow for provincial and regional trends on the number of substance abuse treatment episodes to be reported. As the SACENDU data is based on episodes of care, individuals may be represented more than once in the dataset (if they receive more than one treatment episode in a year).

SECTION 1: DATA FROM SPECIALIST SUD TREATMENT CENTRES

SITE SUMMARIES – PRIMARY SUBSTANCE OF USE BY PROVINCE

In the **Western Cape (WC)** the most common primary substances of use reported by 30 specialist treatment centres/programmes were largely consistent over the last three (3) reporting periods: MA (3%), cannabis and alcohol (21%), and heroin/opiates (9%), **(Table 2)**. Collectively, these substances contributed 85% of all treatment admissions for the January to June 2024 period. The proportion of heroin-related admissions decreased from 13% to 9%. Overall, 1 727 persons were treated in the WC in the first half of 2024.

In **KwaZulu-Natal (KZN)** the main primary substance of use in the current reporting period remained alcohol, decreasing from 41% to 37% in the January to June 2024 period, followed by cannabis (31%), and heroin/opiates (12%); heroin/opiates decreased from 16% in the previous period. A total of 872 persons were treated across the 12 treatment centres that submitted data in the first half of 2024.

In the **Eastern Cape (EC)** the main primary substances of use reported by treatment centres from January to June 2024 was alcohol (increasing from 38% to 46%), followed by cannabis (decreasing from 36% to 29%), and MA, (decreasing from 15% to 12%) **(Table 2)**. A total of 261 persons were treated across 7 facilities.

In **Gauteng (GT),** which includes the metropolitan areas of Johannesburg and Pretoria, 4 782 admissions across 26 treatment centres were recorded in the first half of 2024. The three main primary substances of use remained the same over the last two reporting periods: cannabis (29%), MA (24%) and heroin/opiates (19%) **(Table 2)**.

The **Northern Region (NR)** includes data from 8 centres (6 in Mpumalanga and 2 in Limpopo). A total of 980 admissions were recorded for the 2024a review period. The three leading primary substances of use reported by individuals admitted to treatment were cannabis (37%), heroin/opiates (25%), and alcohol (20%) **(Table 2)**. Admissions for cannabis and heroin/opiates misuse increased from 30% to 37% and 20% to 25%, respectively. In addition, alcohol decreased from 29% to 20% **(Table 2)**.

In the **Central Region (CR)**) (comprising the Free State, Northern Cape and the North-West), 336 admissions were recorded across four (4) treatment centres for the January to June 2024 period. Alcohol was the most common primary substance of use, accounting for 46% of all admissions for the current review period. This was followed by cannabis (29%) and MA (12%). Cannabis increased from 21% to 29%, while alcohol decreased from 50% to 46% over the last period **(Table 2)**. Availability of specialist treatment for substance misuse remains inadequate in this region.

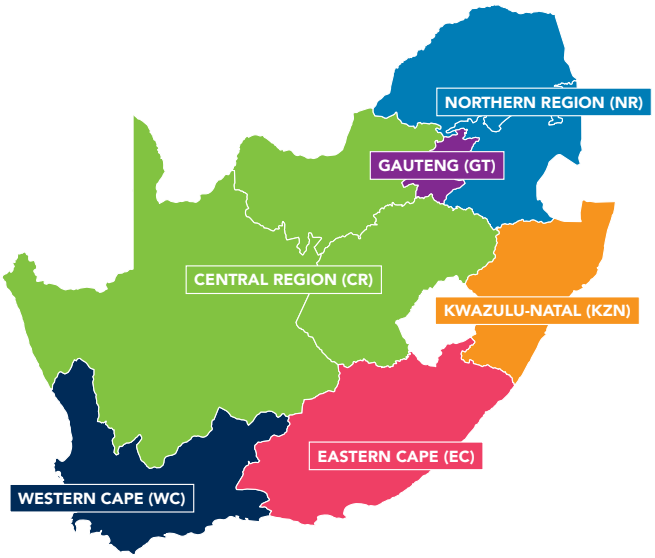


TABLE 2: PRIMARY SUBSTANCE OF USE: BY SITE AND 6-MONTH PERIOD (%)

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/*PRE	Meth**	Other	Total (N)
WC[1]	2006a	30.2	7.7	3.3	6.0	13.5	0.1	1.4	37.2	0.7	2660
	2006b	26.4	10.5	2.9	4.8	10.2	0.1	1.6	42.3	0.8	2798
	2007a	29.5	10.4	2.7	3.9	10.6	0.2	1.1	40.7	0.9	2862
	2007b	29.7	12.6	3.0	4.2	12.8	0.1	1.2	36.1	0.5	3058
	2008a	30.0	11.2	2.5	5.0	13.2	0.3	1.4	35.8	0.0	2637
	2008b	27.6	13.6	2.7	5.6	2.8	0.1	1.2	35.1	1.2	2807
	2009a	26.8	13.9	1.0	2.8	10.9	0.1	1.0	40.6	0.0	3667
	2009b	29.4	16.7	2.7	2.3	12.0	0.0	0.8	35.5	0.0	2642
	2010a	29.8	15.6	3.9	1.9	13.0	0.2	0.1	33.6	0.0	3134
	2010b	27.5	18.2	3.2	1.9	11.6	0.0	1.2	35.1	1.2	2933
	2011a	27.5	18.3	2.9	1.8	13.0	0.0	0.4	35.3	0.8	2927
	2011b	23.7	14.5	2.4	2.2	17.0	0.0	0.5	38.8	0.9	2733
	2012a	23.6	20.4	2.9	1.7	15.6	0.1	0.7	33.7	0.3	3912
	2012b	22.2	22.4	3.8	1.4	15.1	0.2	0.4	33.3	1.2	3178
	2013a	20.2	20.5	3.1	1.5	16.8	0.2	1.4	27.8	8.2	3717
	2013b	21.2	25.0	2.5	1.6	13.0	0.1	1.0	33.4	1.9	3478
	2014a	19.9	21.7	4.3	1.2	18.5	0.1	0.6	32.7	1.1	3510
	2014b	22.0	23.4	4.5	1.5	12.7	0.1	0.6	34.9	0.3	3444
	2015a	21.3	22.1	4.4	1.3	14.2	0.0	0.4	35.4	0.8	3524
	2015b	19.9	24.9	5.3	1.2	10.7	0.0	0.5	36.7	0.8	2674
	2016a	22.0	28.2	4.5	1.4	10.8	0.0	0.8	31.7	0.6	2977
	2016b	20.6	28.7	6.1	1.3	12.8	0.0	0.9	28.9	0.7	2808
	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
	2022a	18.9	27.5	5.6	1.9	12.5	0.1	1.1	32.2	0.2	2265
	2022b	17.6	22.4	6.1	1.9	17.8	0.1	0.7	32.7	0.2	1928
	2023a	18.5	23.2	6.4	2.4	16.6	0.0	1.2	31.0	0.5	1483
	2023b	18.7	19.5	8.1	2.2	13.1	0.1	1.2	33.9	3.0	1489
	2024a	**20.7**	**21.0**	**7.5**	**5.3**	**9.3**	**0.2**	**1.0**	**33.5**	**1.4**	**1727**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/*PRE	Meth**	Other	Total (N)
KZN[2]	2006a	60.4	22.5	1.0	6.8	2.1	1.0	5.2	0.2	1.0	485
	2006b	54.0	18.5	0.9	10.5	9.1	0.3	3.4	0.2	3.4	921
	2007a	49.8	20.5	1.2	9.0	15.9	0.5	2.2	0.0	0.9	1232
	2007b	38.8	17.4	0.4	8.6	31.6	1.0	1.5	0.0	0.7	943
	2008a	49.5	19.8	0.4	5.6	22.6	0.1	0.6	0.1	0.7	1531
	2008b	47.6	16.4	0.9	6.2	24.3	0.2	0.5	0.0	3.7	1537
	2009a	41.1	20.3	0.5	6.9	29.5	0.1	1.1	0.0	0.0	1575
	2009b	46.7	28.4	0.5	6.2	17.0	0.1	0.6	0.1	0.0	1138
	2010a	55.4	32.8	1.9	3.6	4.6	0.4	0.4	0.3	0.0	1009
	2010b	55.3	25.6	2.1	5.8	8.5	0.4	1.8	0.1	0.3	669
	2011a	62.9	17.1	1.3	6.7	10.0	0.0	1.1	0.0	0.9	720
	2011b	67.0	16.2	2.5	5.4	6.1	0.3	0.3	0.5	1.7	610
	2012a	64.9	18.8	1.2	6.3	4.4	0.7	1.2	0.0	2.5	569
	2012b	51.0	24.6	1.4	4.1	6.2	0.0	0.6	0.5	11.7	813
	2013a	51.1	31.5	0.6	6.1	6.1	0.6	1.1	0.3	2.6	934
	2013b	52.0	30.2	2.5	4.9	5.2	1.1	0.8	0.3	2.8	610
	2014a	42.4	36.0	3.9	2.1	10.1	0.4	1.2	0.8	3.1	484
	2014b	35.5	40.0	4.8	5.9	7.6	0.4	1.2	0.1	4.3	929
	2015a	38.2	38.9	6.2	3.5	4.7	0.3	1.2	0.4	6.5	1122
	2015b	37.2	33.8	5.5	5.2	6.6	0.4	0.9	1.1	9.3	1171
	2016a	29.4	39.3	3.0	4.7	14.6	0.8	1.5	0.6	6.1	1247
	2016b	36.8	34.3	1.3	4.3	10.3	0.5	1.1	0.7	10.7	1177
	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	3.1	8.2	0.3	1146
	2022a	31.0	28.3	1.3	10.4	20.7	0.1	3.2	2.8	1.5	1144
	2022b	29.4	27.6	3.9	8.3	19.2	0.0	7.9	1.7	1.0	1279
	2023a	35.5	27.7	2.1	11.1	14.4	0.3	2.5	2.9	2.5	1054
	2023b	40.5	25.7	0.8	9.3	15.9	0.0	3.4	2.7	1.2	900
	2024a	**36.9**	**30.9**	**1.1**	**12.4**	**11.1**	**0.1**	**2.7**	**2.1**	**1.7**	**872**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/*PRE	Meth**	Other	Total (N)
EC[3]	2006a	40.7	14.4	7.9	21.4	8.1	1.2	2.6	3.5	0.2	1215
	2007a	51.8	18.3	8.6	14.2	1.1	0.3	3.8	1.4	0.5	759
	2007b	39.0	15.6	9.2	22.9	5.4	0.5	2.8	4.3	0.3	608
	2008a	44.3	15.8	3.6	20.1	6.0	0.4	6.5	5.0	0.5	551
	2008b	44.0	16.8	9.3	12.4	5.6	0.0	5.1	5.4	1.5	612
	2009a	52.0	17.7	8.5	7.8	2.7	0.1	7.0	3.7	0.0	1206
	2009b	49.7	15.9	5.6	7.4	3.5	0.0	9.3	7.4	0.0	648
	2010a	44.1	19.2	7.8	6.4	3.1	0.2	12.3	6.3	0.0	877
	2010b	44.1	18.0	5.7	7.1	5.2	0.0	9.9	9.2	0.8	707
	2011a	48.5	15.6	3.6	5.8	2.9	0.1	11.3	12.0	0.0	723
	2011b	40.4	16.1	5.0	4.0	2.6	0.3	11.5	18.4	1.7	721
	2012a	41.6	15.8	4.4	5.8	1.3	0.1	12.1	18.4	0.5	793
	2012b	37.7	24.4	6.3	7.3	2.8	0.0	2.2	15.8	3.5	316
	2013a	36.6	11.9	4.8	5.6	1.9	0.0	18.9	19.4	0.9	587
	2013b	39.5	12.9	6.6	4.7	2.3	0.0	16.5	16.9	0.6	527
	2014a	32.6	19.9	3.4	6.0	1.5	0.0	17.5	17.9	1.1	613
	2014b	35.4	21.6	7.4	5.3	1.2	0.0	11.0	16.3	1.8	663
	2015a	28.7	27.0	12.1	5.5	3.9	0.6	4.1	15.2	3.0	363
	2015b	24.0	31.2	10.4	3.4	2.3	0.0	1.3	25.3	1.9	471
	2016a	30.1	22.4	5.8	5.8	2.4	0.0	7.2	22.9	3.4	638
	2016b	38.5	23.8	8.0	2.6	2.0	0.0	5.6	15.5	3.9	537
	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
	2022a	23.2	25.6	8.1	6.2	2.2	0.0	1.3	31.1	2.2	371
	2022b	36.1	27.0	4.6	5.3	0.4	0.0	1.1	25.1	0.0	313
	2023a	34.0	28.6	2.9	3.3	1.2	0.0	5.2	23.2	0.4	241
	2023b	38.4	35.7	1.4	2.7	0.3	0.0	2.0	15.0	3.4	315
	2024a	**45.6**	**28.7**	**2.7**	**5.8**	**0.8**	**0.0**	**3.8**	**11.9**	**0.4**	**261**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/*PRE	Meth**	Other	Total (N)
GT	2006a	47.5	20.5	3.0	11.1	7.8	0.4	3.2	0.3	3.2	3119
	2006b	47.2	21.5	1.4	10.7	9.7	0.2	2.7	0.2	5.9	3295
	2007a	45.9	20.8	1.4	13.0	10.6	0.3	3.7	0.4	4.4	3251
	2007b	47.0	19.3	1.6	14.2	9.6	0.2	3.6	0.4	4.1	3053
	2008a	47.0	22.4	1.7	13.3	8.1	0.2	4.0	0.7	2.5	2768
	2008b	48.4	22.4	2.0	8.8	6.4	0.3	3.5	0.3	7.9	3158
	2009a	45.0	28.2	2.2	6.7	6.7	0.5	3.2	1.0	0.0	2822
	2009b	47.0	27.5	1.7	4.9	11.9	0.2	2.6	0.5	0.0	2646
	2010a	44.4	27.0	2.5	6.1	12.1	0.3	3.6	1.2	0.0	2684
	2010b	41.3	28.4	1.6	6.3	12.4	0.2	3.0	1.0	5.7	2884
	2011a	37.8	24.9	1.3	7.3	16.0	0.1	4.0	1.7	6.8	2972
	2011b	35.9	27.6	1.7	6.2	12.7	0.6	3.5	1.4	10.4	2786
	2012a	34.3	28.5	0.7	6.0	14.9	0.2	2.4	2.4	10.8	3198
	2012b	27.8	25.9	0.7	4.3	9.6	0.0	1.8	2.5	23.5	3552
	2013a	26.9	39.7	0.9	3.3	11.8	0.2	1.3	2.6	13.4	4026
	2013b	24.6	36.7	1.6	3.8	12.9	0.2	1.3	2.7	16.2	3128
	2014a	18.8	41.6	2.1	2.6	11.5	0.3	1.1	3.9	9.8	3478
	2014b	19.9	35.5	1.6	4.0	13.5	0.3	1.2	3.3	20.7	3372
	2015a	20.0	37.7	2.7	3.8	12.3	0.2	0.9	4.0	6.1	3570
	2016a	17.9	37.7	3.9	4.9	11.8	0.2	1.7	5.1	16.8	3989
	2016b	21.8	35.7	1.9	2.4	13.0	0.2	1.2	6.3	17.5	2948
	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
	2022a	11.4	33.7	2.5	2.1	18.4	0.0	0.9	22.2	2.6	6665
	2022b	13.6	32.3	2.9	1.7	15.9	0.0	1.1	25.1	0.3	5504
	2023a	12.0	33.8	3.1	1.7	16.7	0.1	0.9	24.0	1.3	7482
	2023b	12.3	30.0	2.0	1.5	19.3	0.0	1.0	25.9	1.8	6075
	2024a	**13.8**	**29.2**	**4.1**	**2.3**	**19.3**	**0.0**	**1.4**	**23.6**	**1.8**	**4782**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/*PRE	Meth**	Other	Total (N)
NR[4]	2006a	54.5	24.6	0.0	6.8	10.2	0.6	2.2	0.0	1.2	501
	2006b	47.3	34.1	0.4	4.6	9.6	0.2	2.4	0.0	1.3	539
	2007a	43.7	36.5	0.8	4.5	11.5	0.3	1.3	0.0	1.3	600
	2007b	43.3	38.4	0.0	7.8	6.8	0.2	1.4	0.4	0.7	602
	2008a	34.6	50.2	0. 6	4.8	7.5	0.0	1.5	0.0	0.7	667
	2008b	34.3	44.9	0.3	5.2	8.6	0.3	2.3	0.0	4.1	729
	2009a	37.8	45.2	0.6	4.2	8.3	0.5	0.9	0.2	0.0	809
	2009b	37.6	43.9	0.3	4.1	11.2	0.3	1.5	0.0	1.1	652
	2010a	35.7	37.0	0.3	3.4	20.0	0.0	1.2	0.0	0.0	762
	2010b	31.4	40.7	0.4	4.0	20.2	0.1	1.3	0.0	1.8	669
	2011a	30.4	36.1	0.0	2.2	28.3	0.0	0.3	0.3	2.5	693
	2011b	26.5	36.4	0.4	4.1	22.2	0.1	1.8	2.1	6.4	892
	2012a	31.6	38.5	0.5	3.5	16.2	0.0	1.7	1.4	6.7	655
	2012b	24.1	32.8	0.6	3.9	21.8	0.1	1.0	0.6	15.2	818
	2013a	22.3	37.9	1.1	3.0	28.6	0.1	2.4	0.4	4.1	941
	2013b	22.8	45.6	0.4	1.7	22.8	0.0	0.8	1.0	4.8	959
	2014a	15.9	50.4	1.2	2.8	22.9	0.1	0.7	0.4	5.6	1004
	2014b	18.2	41.7	0.4	1.8	26.3	0.1	0.5	0.6	10.4	1134
	2015a	16.7	37.1	1.0	2.1	30.1	0.0	0.2	0.6	12.2	1076
	2015b	16.1	37.1	4.2	1.8	28.4	0.0	0.6	0.8	10.7	1247
	2016a	17.0	39.0	3.8	2.1	25.8	0.1	0.7	0.9	10.6	1026
	2016b	18.0	34.1	0.9	2.3	36.4	0.0	0.4	0.6	7.3	929
	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	0.1	1657
	2022a	14.8	40.3	0.2	5.2	28.1	0.0	0.7	7.9	0.9	1165
	2022b	14.7	32.7	0.1	6.0	38.0	0.1	0.7	5.6	0.2	854
	2023a	18.4	36.3	1.7	7.1	25.5	0.0	0.8	5.7	3.0	772
	2023b	28.8	30.0	3.4	6.1	20.0	0.0	0.5	5.9	2.7	410
	2024a	**20.4**	**37.5**	**1.3**	**4.5**	**25.0**	**0.1**	**0.5**	**6.0**	**4.0**	**980**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/*PRE	Meth**	Other	Total (N)
CR[5]	2008b	67.0	11.9	0.3	6.3	0.3	0.5	3.9	0.0	9.7	636
	2009a	70.0	14.6	0.1	4.2	2.1	0.3	3.3	0.7	0.0	577
	2009b	68.6	20.0	1.0	2.9	1.0	0.0	2.9	0.0	0.0	491
	2010a	64.6	20.2	1.9	5.8	1.4	0.0	3.1	0.3	0.0	642
	2010b	66.2	19.3	1.3	4.0	2.6	0.0	2.2	0.9	3.5	545
	2011a	70.4	14.3	1.5	4.8	1.1	0.4	2.6	1.1	3.7	538
	2011b	58.7	20.9	2.0	5.8	2.2	0.0	2.9	2.2	5.3	549
	2012a	55.4	25.2	2.3	2.5	1.2	0.0	1.9	3.4	8.2	932
	2012b	54.5	19.8	1.6	5.7	2.2	0.0	1.4	2.0	12.7	495
	2013a	50.8	25.8	2.1	5.5	3.4	0.2	1.9	2.3	7.8	472
	2013b	46.9	32.6	2.7	3.9	2.4	0.0	1.0	2.9	4.1	414
	2014a	42.6	33.0	5.3	4.3	2.6	0.2	0.6	4.0	7.4	530
	2014b	39.2	30.7	4.7	2.1	5.5	0.2	1.1	4.1	12.4	655
	2015a	42.2	30.2	4.1	2.5	5.5	0.0	1.6	5.1	8.8	566
	2015b	42.1	24.4	5.5	4.2	5.5	0.4	0.9	7.7	9.3	546
	2016a	49.8	27.8	4.2	2.3	1.5	0.3	1.1	4.4	8.7	663
	2016b	47.2	26.8	4.1	4.6	2.1	0.0	0.3	0.3	10.8	388
	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
	2022a	35.0	32.2	4.8	1.0	3.8	0.3	1.0	19.1	0.3	314
	2022b	40.1	23.6	5.1	1.0	5.1	0.0	1.7	18.8	0.3	292
	2023a	42.5	27.9	2.0	3.6	4.5	0.0	2.0	13.4	1.6	247
	2023b	**49.7**	**20.7**	**3.3**	**1.3**	**5.0**	**0.0**	**1.3**	**9.7**	**7.3**	**300**
	2024a	**42.6**	**32.1**	**3.0**	**1.8**	**2.7**	**0.0**	**0.6**	**11.3**	**2.1**	**336**

[1] Cape Town, Atlantis, Lutzville, Worcester; [2] Durban, South Coast, Pietermaritzburg; [3] Port Elizabeth and East London;
[4] Mpumalanga & Limpopo; [5] Free State, North-West, Northern Cape
*Over-the-counter, prescription medicine; **Methamphetamine

SITE SUMMARIES: SOCIO-DEMOGRAPHIC PROFILES

First time admissions: Nationally, the majority of admissions were first-time admissions (73%). The proportion of first-time admissions to treatment centres ranged between 61% (WC) and 88% (NR). Compared to the other regions, WC had the highest proportion of repeat admissions (39%) for the 2024a reporting period. The majority of readmissions in the WC were for MA (40%) and heroin/opiates (22%). Nationally MA and heroin/opiates (24% respectively), and alcohol and cannabis (16% respectively) contributed the highest rates for readmissions.

Referrals: Nationally, the most common source of referral to specialist treatment centres was 'self/family/friends' (42%) and 'social services/welfare' (33%). Referral rates for 'self/family/friends' ranged between 37% (GT) and 64% (EC) while 'social services/welfare' ranged from 12% (EC and NR) to 46% (GT) **(Table 3)**.

TABLE 3: REFERRAL SOURCES (JAN-JUN 2024) [COLUMN % ADD UP TO 100]

Referral Source	WC	KZN	EC	CR	GT	NR
Self/family/friends	45	44	64	42	37	55
Work/employer	6	11	8	23	2	9
Social services/welfare	25	14	12	16	46	12
Health professionals (Doctor/psychiatrist/nurse)	2	13	8	7	1	1
Hospital/clinic	5	3	2	1	2	2
Court/correctional services	2	1	<1	<1	1	<1
Schools	12	11	5	11	10	20
Church/religious body	1	1	<1	0	<1	20
Other e.g. radio	2	<1	1	0	1	<1

Gender: The majority of persons admitted to treatment identified as male with proportions varying between 69% (WC) and 87% (NR and GT) (refer to Figure 1). When gender was compared by primary substance of use across regions, variations between genders emerged **(Figure 2)**. Females using OTC/PRE-medication as a primary substance of use ranged from 27% (KZN) to 100% (CR) **(Figure 2)**.

FIGURE 1: GENDER BY REGION (%)

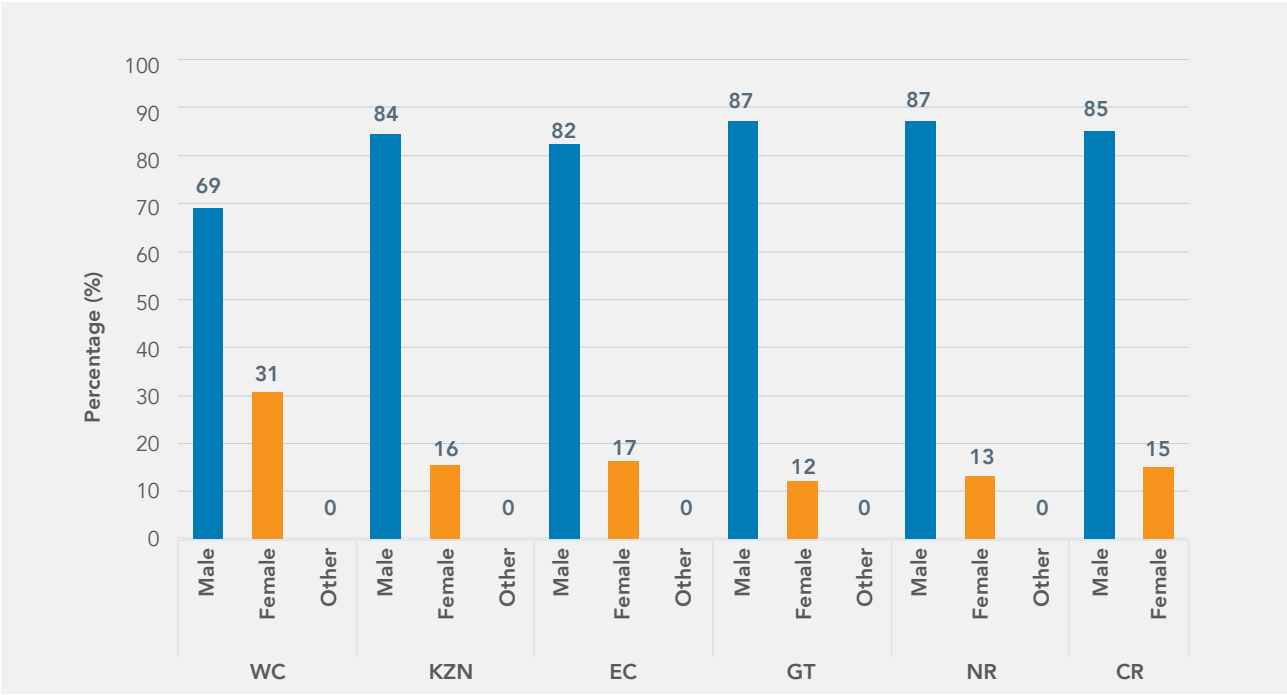
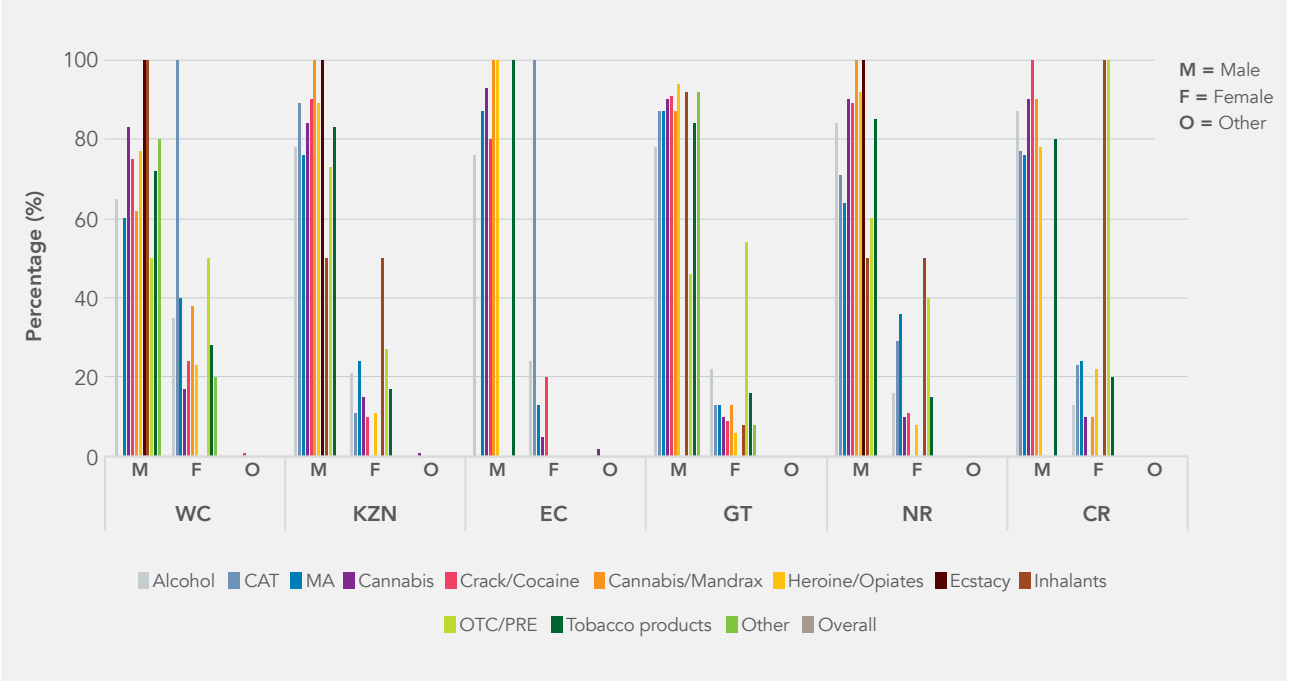


FIGURE 2: GENDER BY PRIMARY SUBSTANCE OF USE (%)



Employment status and education: Between 10% (GT) and 43% (CR) of persons admitted to treatment were in full-time employment. Unemployment rates ranged between 28% (EC) and 72% (GT). GT remained the region that accounted for the highest unemployment rates (72%), including being unemployed for more than 6 months (66%). School-going service users ranged between 13% (WC and GT) and 28% (NR). Across regions, the majority of individuals (85%) had a secondary school-level (grade 8-12) education. EC (31%) and the KZN (22%) had the highest number of persons with a tertiary-level education. Individuals with no schooling made up a very small proportion, comprising of 1% or less across regions.

Mode of use: Smoking remained the most common mode of use for all substances nationally (67%) compared to other modes of use. Rates for injection drug use remained low across sites, ranging between 1% (CR and EC) and 9% (GT). Overall, persons who had heroin/opiates as their primary substance of use reporting injecting as a route of administration increased slightly from 33% (23b) to 34% (24a). The rates of injection rates for heroin/use ranged from KZN (12%), followed by the CR (55%).

Age of persons: The national mean age for all substances was 30 years **(Table 4)**. However, age differences were noted for individual substance categories. Individuals were older when their primary substance of use was alcohol (mean age: 38 years), OTC (mean age: 35 years), and crack/cocaine, cannabis/mandrax, heroin/opiates (mean age: 33 years, respectively). Individuals who were admitted to treatment for tobacco products use and cannabis were younger (mean age: 23 years respectively) **(Table 4)**.

A total number of 1 431 (16%) individuals ≤18 years were admitted to specialist treatment facilities for the current reporting period. EC was the region with the highest proportion of individuals aged ≤18 years admitted to treatment (n=67, 26%). What also stands out is the considerable drops in EC (34% to 26%) and CR (30% to 18%) over the last 2 periods **(Figure 3)**. A notable increase was seen for alcohol admissions in the WC (from 3% to 12%) Substantial decreases were seen in the KZN (from 22% to 12%), EC (from 17% to 2%), NR (30% to 9%) and CR (from 39% to 5%) from the 2023b to 2024a review period **(Table 5)**.

TABLE 4: MEAN AGE OF PERSONS IN TREATMENT CENTRES BY SELECTED PRIMARY SUBSTANCE OF USE (JAN-JUN 2024)

Substance of use	WC*	KZN*	EC*	CR*	GT	NR	National
Alcohol	37	37	42	42	39	35	38
CAT/KHAT	36	33	33	26	29	28	29
Crack/Cocaine	32	35	28	34	35	29	33
Cannabis	22	25	20	30	23	21	23
Cannabis/Mandrax	36	32	23	37	33	22	33
Heroin/Opiates[1]	37	31	34	19	33	32	33
Inhalants	51	15	-	19	24	27	24
Methamphetamine	34	30	28	28	29	27	31
Ecstasy	21	40	-	-	-	29	26
OTC/PRE[2]	39	31	37	47	35	31	35
Other combinations	31	-	-	-	30	-	30
Tobacco Products**	17	22	35	27	28	21	24
All substances	**32**	**32**	**32**	**33**	**30**	**28**	**30**

[1]Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance; [2]Over-the-counter or prescription medicines
*Inhalants not reported for these regions
**Tobacco products reported since 2022

FIGURE 3: TREATMENT ADMISSION TRENDS (% OF PATIENTS ≤18 YEARS): JAN-JUN 2024

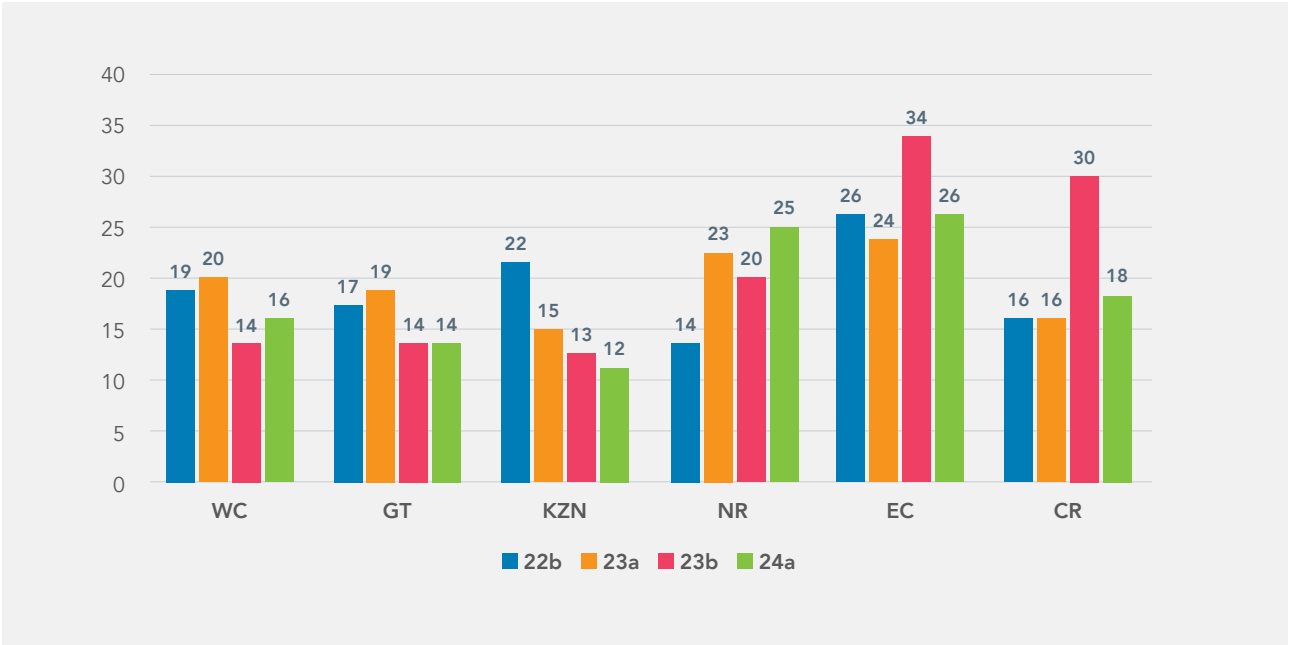


TABLE 5: PRIMARY SUBSTANCE OF USE FOR PERSONS ≤18 YEARS (%): JAN-JUN 2024

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	Meth	Tobacco products	OTC/ PRE[b]	Total (N)
WC[1]	22b	2.2	85.1	3.3	0.3	1.4	-	7.4	-	-	363
	23a	10.8	81.4	1.4	0.7	-	-	4.4	-	0.3	296
	23b	3.0	75.4	1.0	1.0	-	-	6.4	-	0.5	209
	24a	**12.0**	**69.4**	**1.1**	**3.5**	**0.4**	**0.4**	**7.8**	**5.6**	**-**	**284**
KZN[2]	22b	6.5	57.8	0.7	1.1	4.0	-	0.4	-	27.6	276
	23a	3.9	74.7	3.9	0.7	0.7	-	-	-	2.6	154
	23b	21.5	63.7	-	0.8	0.8	-	2.5	-	4.1	121
	24a	**12.3**	**75.2**	**-**	**1.0**	**1.0**	**-**	**1.0**	**4.8**	**2.9**	**105**
EC[3]	22b	3.7	65.4	2.5	2.5	-	-	24.7	-	-	82
	23a	8.5	71.2	-	1.7	-	-	15.3	-	-	59
	23b	17.0	67.0	0.9	1.9	-	-	8.5	-	0.9	107
	24a	**1.5**	**76.1**	**6.0**	**9.0**	**-**	**-**	**7.5**	**-**	**-**	**67**
GT[4]	22b	3.4	74.3	2.0	0.4	1.0	-	13.2	-	0.7	955
	23a	4.6	79.4	1.9	0.4	0.4	0.1	7.2	-	1.0	1434
	23b	3.9	80.3	1.2	0.6	0.8	-	7.3	-	2.5	869
	24a	**2.2**	**84.1**	**1.2**	**0.7**	**0.3**	**-**	**6.7**	**2.8**	**1.9**	**672**
NR[5]	22b	1.7	80.5	-	2.5	3.4	-	8.5	-	0.8	119
	23a	16.4	70.6	2.3	0.6	2.3	-	4.5	-	-	177
	23b	29.8	51.2	7.1	-	4.8	-	-	-	-	84
	24a	**8.7**	**75.5**	**2.1**	**0.8**	**-**	**-**	**2.9**	**8.3**	**-**	**241**
CR[6]	22b	2.1	74.5	2.1	-	-	-	14.9	-	-	47
	23a	5.1	71.8	7.7	-	-	-	10.3	-	-	39
	23b	39.3	40.5	2.3	-	-	-	-	-	-	89
	24a	**4.9**	**82.3**	**1.2**	**0.7**	**0.3**	**-**	**5.7**	**3.2**	**1.9**	**672**

[1]Cape Town, Atlantis, Worcester; [2]Durban, South Coast, Pietermaritzburg; [3]Port Elizabeth and East London; [4]Gauteng; [5]Mpumalanga and Limpopo; [5]Free State, North-West, Northern Cape

[a]Methamphetamine; [b]Over-the-counter, prescription medication not reported for previous periods

Sources of payment: Overall, the 'state' (57%) was the most substantial source of payment for treatment services. When considering source of payment by regions, the 'state' was also the most common funding source in the WC (80%) and GT (66%). High rates for 'Family/Friends' as sources of payment for treatment were found in the NR (37%). 'Medical aid' was the most common source of funding in the KZN (38%), EC (40%) and CR (27%).

HIV testing: Across the regions, 74% of individuals admitted to treatment indicated that they had been tested for HIV, with 55% having been tested within the last 12 months. Between 38% (NR) and 67% (WC) of persons reported that they had been tested for HIV in the past 12 months. A notable increase was seen in the CR. Low testing rates remain of concern across South Africa, highlighting the need for interventions that encourage voluntary counselling and testing (VCT).

SUMMARIES BY SUBSTANCE OF USE

ALCOHOL

Reported rates for alcohol admissions ranged between 14% (GT) and 46% (EC) **(Table 2)**. A notable rise was seen for alcohol admissions in the EC, from 38% in 2023b to 46% in 2024a. Decreases were seen in CR (from 50% to 43%) and in the NR (from 29% to 20%). **(Table 2)**. Nationally, the average age of persons admitted for alcohol misuse was 38 years. Average ages ranged between 35 years (NR) and 42 years (EC and CR) **(Table 4)**. Individuals presenting to treatment centres were more likely to be male (77%) compared to female (23%). The same trend was also seen across provinces.

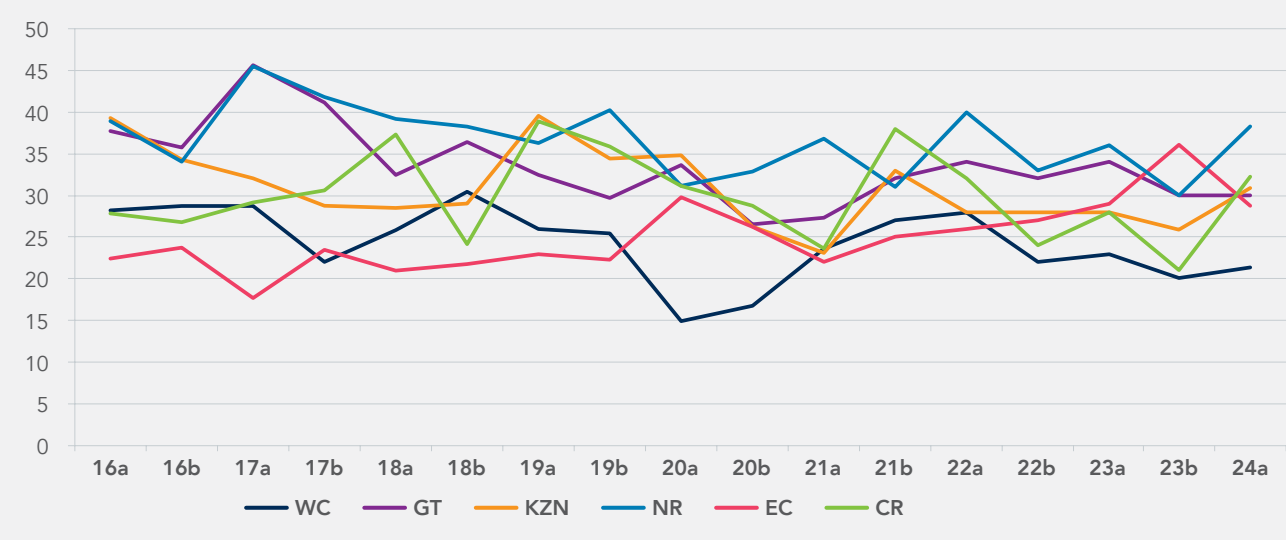
During this reporting period, service users 18 years and younger reported considerably less alcohol use in CR (39% in 2023b to 5% in 2024a), NR (30% in 2023b to 9% in 2024a), EC (17% in 2023b to 2% in 2024a), and KZN (22% in 2023b to 12% in 2024a). There was however an increase in alcohol use in the WC (3% in 2023b to 12% in 2024a) **(Table 5)**.

CANNABIS (DAGGA) AND MANDRAX

Nationally, cannabis was the leading primary substance of use among persons treated at specialist facilities (29%). Regionally, admissions for cannabis use ranged from 21% (WC) to 38% (NR) **(Figure 4)**. Cannabis-related admissions increased considerably in the CR (from 21% to 32%), the NR (from 30% to 38%), while a decrease was noted in the EC (from 36% to 29%). Across regions, cannabis contributed over three-quarters (79%) of admissions among individuals 18 years and younger, increasing from 73% in 2023b. Notable increases in cannabis use were seen for individuals 18 and younger in the CR (41% to 82%), NR (51% to 76%), KZN (64% to 75%), and EC (from 67% to 76%).

Admissions for cannabis/mandrax remained low, with rates ranging between 1% (KZN and NR) and 8% (WC) **(Table 2)**. Cannabis/mandrax admissions were largely unchanged across regions, except for small differences in the EC (from 1% to 3%) and GT (from 2% to 4%) over the 2023b to 2024a period, while a decrease was seen in the NR (3% in 2023b to 1% in 2024a). As a secondary substance of use, cannabis/mandrax use was most common in the WC (38%) followed by GT (20%). An increase was seen in the EC for individuals aged 18 years and younger, from 1% in 2023b to 6% in 2024a, and a decrease in NR from 7% in 2023b to 2% in 2024a. Across sites, persons admitted to specialist treatment centres with cannabis/mandrax as their primary substance of use were more likely to be older (national mean age: 33 years) than those who had cannabis as their primary substance of use (national mean age: 23 years) **(Table 4)**.

FIGURE 4: PROPORTION OF PERSONS IN TREATMENT WITH CANNABIS AS THEIR PRIMARY SUBSTANCE OF USE (%)



Data from specialist treatment centres demonstrates that males continue to dominate treatment demand for cannabis and cannabis/mandrax use in comparison to their female counterparts. Nationally, a slight increase was seen for females reporting cannabis/mandrax as a primary substance of use (18% to 21%). Admission rates for females using cannabis/mandrax as a primary substance ranged from 10% in CR to 38% in the WC. No females reported cannabis/mandrax use in EC, KZN or NR. When comparisons were made across regions, rates among females using cannabis/mandrax as a secondary substance ranged between 10% (EC) and 36% (WC). No females reported cannabis/mandrax as a secondary substance in both KZN and CR.

CRACK/ COCAINE

The proportion of persons reporting crack/cocaine as their primary substance of use remained fairly stable across regions though a marginal increase was reported for the CR, EC and WC (3-percentage point increase respectively) **(Table 2)**. Rates ranged from 2% (CR and GT) to 12% (KZN). Between 3% (CR) and 27% (KZN) of all persons reported using crack/cocaine as a primary or secondary substance of use **(Table 6)**.

The national average age of persons in treatment whose primary drug of use was crack/cocaine was 33 years **(Table 4)**. A decrease in mean age was found in the CR (39 years to 34 years). The proportion of males reporting crack/cocaine as their primary substance of use were between 75% (WC) and 100% (CR); the WC had the highest rate for crack/cocaine use among females (24%) compared to the other regions. Between 25% (NR) and 51% (WC) of persons who used crack/cocaine had experienced prior treatment episodes.

Rates remained low among youths aged 18 years and younger who reported crack/cocaine as a primary substance of use, ranging between 1% (WC, KZN, NR and GT) and 9% (EC).

TABLE 6: PRIMARY OR SECONDARY SUBSTANCE OF USE* (%): JAN-DEC 2024

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth[a]	OTC/ PRE[b]	Total (N)
WC[1]	05b	39.0	32.9	16.0	18.2	16.3	7.0	44.7	3.8	2131
	06a	41.2	28.3	14.0	15.6	16.2	5.5	46.3	3.8	2660
	06b	41.5	33.0	13.4	12.4	12.5	3.7	51.9	4.9	2798
	07a	43.6	31.7	12.6	10.4	12.0	2.8	49.3	3.2	2864
	07b	41.2	33.0	14.7	10.0	14.6	2.3	44.3	3.6	3058
	08a	42.1	30.6	15.3	12.2	15.2	2.8	45.8	4.5	2637
	08b	38.6	32.5	15.2	11.4	14.9	1.9	44.2	3.5	2807
	09a	36.5	32.5	15.2	6.6	12.2	1.6	50.1	2.3	3667
	09b	40.1	32.2	18.4	5.4	13.4	1.1	46.6	2.2	2642
	10a	40.7	33.9	17.9	5.2	14.1	0.9	45.6	2.3	3134
	10b	40.4	36.7	18.5	4.8	12.8	0.9	46.9	2.2	2933
	11a	36.6	35.3	15.2	4.6	14.7	1.1	46.6	1.2	2927
	11b	36.4	37.0	19.6	5.9	19.1	1.6	52.1	1.6	2733
	12a	34.3	39.7	16.1	4.5	18.4	1.3	48.4	1.6	3912
	12b	34.5	43.5	20.4	3.8	17.9	1.2	49.7	1.1	3178
	13a	36.6	44.7	22.5	4.0	18.6	1.2	39.9	2.3	3717
	13b	34.1	45.6	20.6	3.8	14.3	0.9	46.6	2.0	3478
	14a	26.5	32.8	17.4	2.4	19.3	0.3	47.2	1.4	3510
	14b	29.9	33.7	16.6	2.6	13.4	0.0	45.5	1.1	3444
	15a	28.4	33.4	18.9	2.6	14.8	0.0	49.1	2.2	3524
	15b	30.3	34.4	21.1	2.2	11.2	0.0	47.9	1.9	2674
	16a	31.6	37.1	20.1	3.1	11.3	0.0	42.3	1.4	2977
	16b	29.5	37.4	19.7	3.0	13.4	0.0	41.8	1.6	2808
	17a	37.3	37.8	19.1	3.1	10.8	0.0	36.2	1.6	2902
	17b	35.9	29.9	23.7	3.7	14.4	0.4	43.5	2.7	2541
	18a	33.8	33.9	20.8	3.6	12.8	0.5	38.8	1.9	3182
	18b	33.1	39.0	20.7	4.4	11.8	0.1	38.7	2.4	2719
	19a	28.8	36.9	23.3	3.5	17.3	0.1	43.2	2.9	3013
	19b	30.9	35.5	23.0	5.0	14.9	0.3	43.1	3.3	2654
	20a	19.2	25.4	29.3	3.2	18.9	0.2	58.9	3.3	1323
	20b	26.5	41.5	27.1	5.9	14.7	0.0	55.3	3.3	1890
	21a	27.7	33.9	27.1	4.6	11.8	0.3	49.4	2.8	2433
	21b	33.9	47.7	38.8	5.4	10.9	0.3	57.0	4.2	2195
	22a	28.4	35.6	22.1	3.9	12.7	0.3	46.2	1.7	3439
	22b	24.4	30.6	28.3	3.5	18.4	0.1	48.8	1.9	3028
	23a	26.6	32.5	28.3	3.9	18.9	0.0	46.5	2	1483
	23b	27.8	29.0	29.0	3.3	13.5	0.3	48.7	2.3	1454
	24a	**30.0**	**30.0**	**30.1**	**7.2**	**10.3**	**0.6**	**46.1**	**2.3**	**1726**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth[a]	OTC/ PRE[b]	Total (N)
KZN[2]	05a	74.0	52.9	17.6	17.1	2.5	6.2	0.0	3.1	945
	05b	82.2	45.0	11.8	14.2	2.2	6.9	0.2	3.9	846
	06a	71.1	33.8	3.7	13.2	2.7	2.7	0.4	11.8	485
	06b	71.8	37.6	8.1	21.2	11.1	4.2	0.4	5.6	921
	07a	65.0	34.1	5.4	20.0	18.2	4.0	0.0	4.3	1232
	07b	53.2	34.6	4.3	20.4	34.7	5.6	0.0	2.9	943
	08a	61	37	5	14	24	1.2	0.3	1.4	1531
	08b	60.0	31.8	4.6	14.6	25.5	1.9	0.1	1.0	1537
	09a	54.5	31.2	4.3	15.4	30.7	2.8	0.1	1.9	1575
	09b	64.4	38.9	4.7	14.9	19.3	3.3	0.4	1.3	1138
	10a	76.2	43.9	5.4	11.2	21.8	3.8	0.5	1.5	1009
	10b	75.2	47.8	9.6	14.9	10.6	3.7	0.3	2.5	669
	11a	81.3	46.1	6.9	17.4	14.7	3.3	0.4	1.4	720
	11b	82.9	42.9	7.7	16.1	8.0	3.4	0.9	1.3	610
	12a	78.4	44.6	7.4	15.5	8.1	4.9	0.4	3.3	569
	12b	70.6	55.1	8.1	12.4	9.2	4.2	0.6	2.2	813
	13a	70.9	54.8	5.6	13.1	8.9	4.7	0.9	2.2	934
	13b	69.0	54.1	10.7	11.1	13.8	7.2	1.5	1.6	610
	14a	57.6	48.3	6.2	4.1	1.4	11.2	1.0	1.7	484
	14b	46.5	51.3	7.9	10.0	8.8	0.0	0.1	2.7	929
	15a	53.5	50.2	9.5	6.9	5.5	1.2	0.5	1.5	1122
	15b	49.1	42.8	9.1	9.5	7.7	2.3	1.5	3.8	1171
	16a	44.8	51.8	6.8	8.3	15.9	2.6	1.4	3.1	1247
	16b	52.5	45.4	5.3	10.4	12.1	2.2	1.1	2.7	1177
	17a	49.3	50.9	6.7	10.8	11.0	1.9	1.5	1.9	1370
	17b	49.4	43.9	6.0	12.1	11.2	1.3	1.3	2.6	1400
	18a	41.4	48.2	5.6	15.7	30.3	1.5	2.3	4.5	1256
	18b	49.2	47.2	5.8	15.2	28.1	1.4	1.6	6.3	993
	19a	21.1	49.7	5.4	10.0	33.9	0.7	6.0	4.4	1291
	19b	21.7	45.8	5.1	12.5	29.8	0.5	12.1	5.9	980
	20a	20.7	48.1	5.3	13.5	27.3	1.1	12.0	5.5	565
	20b	46.7	41.5	4.2	26.9	22.3	1.1	1.7	8.7	726
	21a	42.5	39.8	5.4	26.3	19.9	1.0	3.6	7.3	723
	21b	33.9	63.6	3.9	26.3	39.1	0.7	20.9	7.2	1146
	22a	39.5	41.8	4.6	21.6	23.2	0.2	4.2	7.6	1666
	22b	37.8	39.8	8.1	16.8	23.2	0.0	3.3	16.8	1927
	23a	44.6	40.1	5.6	23.3	16.9	0.4	4.6	6.9	1054
	23b	49.8	37.3	2.6	23.5	18.2	0.1	4.4	6.1	896
	24a	**46.4**	**41.0**	**2.9**	**26.8**	**17.5**	**0.6**	**3.9**	**5.5**	**829**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth[a]	OTC/ PRE[b]	Total (N)
EC[3]	05a	61.8	20.7	28.3	18.8	2.1	5.7	0.7	6.1	671
	05b	74.2	20.7	11.5	15.0	1.9	2.1	0.0	6.2	585
	06a	57.3	23.2	13.9	27.0	9.3	5.3	4.8	2.4	786
	06b	58.3	32.4	17.2	29.0	4.0	4.2	3.9	5.0	645
	07a	62.7	26.6	12.6	22.7	2.2	2.4	2.2	5.4	759
	07b	48.7	26.8	16.6	33.6	7.6	5.6	5.3	4.6	608
	08a	57.9	26.8	9.6	29.3	8.2	2.9	4.2	9.2	551
	08b	58.7	29.6	17.8	24.5	6.7	3.9	8.9	9.5	612
	09a	63.8	25.9	13.8	15.8	3.5	1.4	5.5	11.9	1206
	09b	61.3	26.5	10.8	14.8	6.5	2.6	9.6	22.1	648
	10a	54.0	28.2	14.6	11.9	3.9	1.0	9.5	15.2	877
	10b	54.2	28.7	13.0	14.7	6.1	1.1	14.1	12.0	707
	11a	56.8	25.6	10.8	10.9	4.0	1.4	16.3	13.6	723
	11b	46.5	24.8	12.3	8.6	3.6	0.8	22.7	13.5	721
	12a	49.8	26.9	11.6	11.7	1.9	1.8	23.3	14.4	793
	12b	56.3	41.1	19.3	29.4	6.1	1.2	22.8	5.7	316
	13a	43.3	22.7	12.1	11.6	2.4	2.2	23.3	21.6	587
	13b	46.3	23.5	7.8	7.8	2.7	1.9	20.9	19.4	527
	14a	36.5	26.1	8.6	8.8	1.8	0.3	21.0	20.6	613
	14a	41.9	27.1	12.2	7.5	1.5	0.0	21.9	15.4	663
	15a	42.7	34.9	18.5	9.9	4.4	0.0	25.9	5.5	363
	15b	32.5	43.1	18.3	5.5	2.8	0.0	34.4	1.7	471
	16a	42.5	36.1	14.4	7.6	3.3	0.0	29.5	9.6	638
	16b	46.6	35.4	16.9	4.7	2.2	0.0	22.3	8.6	537
	17a	56.7	28.5	14.4	9.6	3.7	0.0	24.5	4.0	425
	17b	45.0	33.4	16.7	6.6	2.5	0.0	33.6	5.2	515
	18a	45.8	32.7	13.9	5.4	2.3	0.3	35.2	6.8	517
	18b	48.7	32.7	13.1	5.1	2.9	0.4	35.3	5.3	450
	19a	30.5	45.5	9.7	4.6	20.0	0.0	23.4	7.2	475
	19b	47.6	40.8	11.0	4.5	2.1	0.0	32.7	6.3	336
	20a	25.6	47.4	5.6	10.2	19.1	0.0	24.7	6.0	215
	20b	32.8	45.1	21.1	9.4	2.2	0.0	48.2	2.9	448
	21a	63.5	40.4	17.4	8.8	2.3	0.0	49.7	2.1	386
	21b	47.3	60.9	19.7	8.5	0.8	0.7	56.6	3.0	487
	22a	36.1	45.3	17.8	8.6	2.7	0.0	48.0	3.0	616
	22b	51.9	45.6	15.1	12.3	0.7	0.0	33.7	1.7	504
	23a	51.0	26.4	8.7	5.4	1.2	0.1	31.5	5.4	241
	23b	49.3	47.6	6.5	5.4	0.3	0.3	25.5	3.4	294
	24a	**54.0**	**44.1**	**6.5**	**12.3**	**1.1**	**0.0**	**19.2**	**5.4**	**261**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth[a]	OTC/ PRE[b]	Total (N)
GT	05a	57.9	34.6	13.2	19.0	10.5	4.6	0.5	6.7	3030
	05b	62.1	34.7	8.9	20.2	11.3	3.9	0.6	7.7	2848
	06a	56.9	33.5	6.8	21.4	10.6	3.3	0.6	11.2	3119
	06b	58.1	32.7	4.3	23.6	13.2	2.9	0.7	6.0	3295
	07a	55.3	33.2	3.6	25.4	14.3	2.8	0.9	7.7	3251
	07b	54.7	30.9	3.7	26.4	13.8	3.3	1.0	6.6	3053
	08a	60.8	34.4	4.5	24.8	15.4	2.1	1.2	2.9	2768
	08b	64.8	35.0	4.2	19.4	12.2	2.7	0.9	7.9	3158
	09a	57.5	40.1	4.7	16.1	13.7	3.3	1.6	7.7	2822
	09b	58.0	38.4	3.6	12.3	21.2	1.2	1.1	5.4	2646
	10a	54.7	41.5	4.9	14.9	21.2	1.2	2.1	7.1	2684
	10b	53.6	43.2	3.9	17.6	23.9	2.2	2.6	5.5	2884
	11a	48.0	44.7	3.9	18.5	25.0	1.8	3.4	7.4	2972
	11b	47.7	44.4	3.8	15.9	21.4	2.6	3.9	8.5	2786
	12a	44.9	44.3	2.6	15.9	22.2	2.3	5.4	4.5	3198
	12b	41.7	49.9	4.6	12.6	19.7	1.3	5.2	5.2	3552
	13a	38.5	57.1	3.8	10.9	20.9	1.2	8.0	2.7	4026
	13b	34.8	56.9	4.6	13.5	18.6	1.5	6.6	3.1	3128
	14a	25.8	53.8	4.2	5.2	13.9	0.6	6.1	1.5	3479
	14b	28.1	47.2	2.5	7.8	15.6	0.6	5.9	1.8	3372
	15a	27.3	51.4	2.6	6.5	18.6	0.5	7.7	2.5	4285
	15b	26.1	48.9	3.6	6.6	17.6	0.7	6.3	2.1	3570
	16a	22.5	49.9	5.3	6.5	13.7	0.4	7.9	3.6	3989
	16b	27.6	51.3	3.5	4.6	15.8	0.3	9.1	2.2	2948
	17a	21.4	56.6	3.9	4.1	19.9	0.4	8.1	2.6	3870
	17b	22.1	54.5	4.1	4.7	18.1	0.3	9.5	3.0	3414
	18a	19.9	45.1	4.5	5.3	36.9	0.3	8.9	3.6	2734
	18b	18.9	50.0	4.9	6.9	30.3	0.2	12.2	1.7	2937
	19a	24.4	45.3	6.9	7.7	28.8	0.2	13.3	4.8	3148
	19b	17.6	46.9	7.4	8.0	39.9	0.4	15.6	2.1	4226
	20a	17.1	49.8	6.2	7.5	38.2	0.1	15.9	2.8	3279
	20b	11.9	43.5	9.5	7.3	40.1	0.4	22.7	2.5	5059
	21a	12.9	43.2	7.2	7.4	34.3	0.4	25.3	2.0	6226
	21b	22.6	62.9	12.5	9.0	29.0	0.6	39.9	3.0	9701
	22a	16.2	49.7	7.6	5.8	22.7	0.1	33.9	1.8	10247
	22b	17.9	44.8	10.1	4.0	19.5	0.1	36.5	2.0	8199
	23a	16.3	45.1	10.5	4.5	20.7	1	33.9	1.8	7482
	23b	16.6	43.4	13.5	5.7	23.9	0.1	38.9	1.9	6040
	24a	**18.4**	**43.6**	**15.6**	**7.9**	**24.7**	**0.0**	**34.2**	**2.6**	**4782**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth[a]	OTC/ PRE[b]	Total (N)
NR[4]	05a	62.9	34.1	1.1	12.6	18.5	3.6	0.6	5.1	525
	05b	65.7	41.5	2.1	13.9	15.1	2.7	0.9	4.1	562
	06a	66.7	40.3	2.4	16.2	21.0	3.2	0.2	4.8	501
	06b	61.0	44.7	1.7	13.9	22.6	3.2	0.4	4.5	539
	07a	53.3	48.3	2.5	14.3	31.7	2.5	0.8	2.2	600
	07b	52.7	48.6	0.5	15.4	22.8	2.9	0.3	3.6	605
	08a	45.1	61.9	1.7	12.1	21.9	1.2	0.3	3.0	667
	08b	41.2	61.2	1.0	11.5	19.2	1.2	0.3	4.2	729
	09a	45.7	57.9	0.9	10.5	17.5	2.9	0.7	2.3	809
	09b	47.7	56.4	0.6	10.4	25.6	2.1	0.2	2.3	652
	10a	43.9	57.7	1.0	10.8	28.1	1.6	0.0	2.5	762
	10b	41.7	61.9	0.7	11.9	24.9	0.9	0.6	2.4	669
	11a	40.1	66.9	0.4	8.4	34.3	0.9	0.7	0.7	693
	11b	35.1	64.7	1.5	13.6	29.9	1.7	3.5	3.4	892
	12a	44.1	59.8	2.6	13.6	25.0	2.1	3.8	2.9	655
	12b	35.9	59.2	1.5	9.8	25.8	2.4	2.2	2.4	818
	13a	31.2	68.5	1.8	6.5	29.5	0.9	1.2	2.9	941
	13b	31.2	71.9	0.6	8.9	35.5	1.0	2.6	1.4	959
	14a	22.4	56.6	1.2	5.2	24.7	0.7	0.8	0.9	1004
	14b	22.7	45.9	0.4	3.3	27.4	0.0	0.7	1.1	1134
	15a	21.6	42.8	1.6	5.8	31.1	0.0	0.9	0.2	1076
	15b	20.0	40.2	4.4	4.4	28.7	0.0	1.2	1.4	1247
	16a	23.4	46.2	4.8	6.1	26.5	0.0	1.3	0.9	1026
	16b	23.5	39.1	1.4	4.3	36.9	0.0	1.6	1.5	929
	17a	33.4	51.2	1.3	6.6	31.2	0.0	0.9	1.2	1122
	17b	44.7	48.1	0.8	6.4	29.2	0.1	2.2	1.3	1269
	18a	39.3	49.9	3.1	6.1	25.1	0.1	3.8	2.1	1372
	18b	36.9	47.1	0.8	6.8	38.2	0.4	4.7	1.5	1171
	19a	23.5	48.1	6.2	8.2	24.9	0.5	13.8	2.9	1025
	19b	29.2	48.9	0.8	7.4	35.8	0.2	6.3	1.8	1423
	20a	23.9	44.5	5.7	10.8	32.3	0.2	13.9	4.2	768
	20b	30.5	51.1	1.1	6.5	45.1	0.0	8.4	1.8	1024
	21a	29.3	52.0	1.0	6.7	45.6	0.5	8.9	1.1	958
	21b	39.0	56.9	3.7	22.8	46.8	2.0	14.6	0.9	1675
	22a	23.5	52.9	0.5	12.4	40.7	0.3	15.6	1.2	1824
	22b	20.1	45.1	1.9	15.5	49.3	0.2	9.4	0.9	1274
	23a	23.1	50	3.0	13.9	37.8	0.0	11.1	1.3	772
	23b	33.9	50	6.1	10.2	33.2	0.2	11.7	1.0	410
	24a	**25.6**	**49.0**	**1.9**	**13.8**	**29.8**	**0.2**	**10.8**	**1.4**	**980**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth[a]	OTC/ PRE[b]	Total (N)
CR[5]	07b	75.8	29.1	4.3	11.4	2.1	2.9	0.8	5.6	657
	08a	70.4	29	3.0	8.2	1.7	0.0	1.4	5.7	637
	08b	77.8	23.0	3.8	10.8	1.7	1.7	0.0	9.3	636
	09a	77.8	25.5	4.2	11.9	3.8	1.7	1.9	8.1	577
	09b	77.4	31.4	7.3	8.4	5.9	1.4	1.8	8.4	491
	10a	73.1	29.9	4.2	10.4	2.6	1.4	1.1	6.2	642
	10b	75.6	33.4	5.5	11.9	4.2	1.1	2.4	6.8	545
	11a	82.2	24.9	3.9	10.9	2.8	1.5	1.3	8.2	538
	11b	72.9	33.9	5.1	12.8	3.6	1.5	3.8	7.7	549
	12a	67.1	34.9	9.1	6.2	1.8	0.3	6.0	3.9	932
	12b	67.9	34.9	6.5	12.1	3.2	1.2	5.3	4.0	495
	13a	63.3	40.7	5.7	11.7	5.3	0.8	4.7	6.7	472
	13b	59.7	46.4	6.3	8.5	5.3	0.7	4.1	3.9	414
	14a	56.0	44.5	7.4	7.4	3.4	0.1	7.2	1.5	530
	14b	52.1	40.9	7.8	4.4	5.9	0.0	7.6	1.7	655
	15a	53.4	40.6	8.5	4.9	6.5	0.0	9.0	2.1	566
	15b	52.9	38.5	10.1	6.9	5.8	0.0	11.2	4.6	546
	16a	61.7	36.0	6.5	3.9	2.1	0.0	6.0	3.9	663
	16b	58.5	36.6	7.9	7.7	2.2	0.0	8.5	1.8	388
	17a	52.5	37.9	7.9	8.4	3.1	0.0	8.4	2.2	356
	17b	56.6	38.9	10.6	4.6	3.8	0.0	9.7	2.3	350
	18a	44.3	45.8	17.1	3.9	2.1	0.0	14.9	2.1	334
	18b	49.1	36.6	15.3	7.4	9.3	0.0	18.9	2.8	216
	19a	25.0	51.6	8.5	7.9	33.9	0.0	7.3	0.9	316
	19b	44.4	43.9	11.6	4.2	12.2	0.0	19.0	5.3	189
	20a	26.9	47.0	5.9	9.6	28.7	0.0	14.4	4.2	167
	20b	31.6	41.3	16.2	11.3	14.6	0.0	29.9	2.8	247
	21a	41.5	39.6	13.2	7.6	8.5	0.0	37.7	4.3	212
	21b	40.8	63.8	11.2	10.6	7.7	0.6	31.9	6.3	495
	22a	39.2	44.3	12.7	2.2	5.1	0.3	28.7	1.9	441
	22b	43.5	34.9	9.2	3.1	6.2	0.0	29.8	2.7	402
	23a	51.0	42.9	5.3	4.9	4.9	0.3	27.9	4.5	247
	23b	56.0	30.3	7.7	3.0	5.3	0.0	18.3	2.7	300
	24a	**47.6**	**43.5**	**5.7**	**3.0**	**3.0**	**0.0**	**17.6**	**2.1**	**336**

*Proportion of persons who reported these substances as primary or secondary substances of use

[1]Cape Town, Atlantis, Lutzville, Worcester; [2]Durban, South Coast, Pietermaritzburg; [3]Port Elizabeth and East London; [4]Mpumalanga & Limpopo; [5]Free State, North West, Northern Cape

[a]Methamphetamine; [b]Over-the-counter, prescription medicine

HEROIN/OPIATES

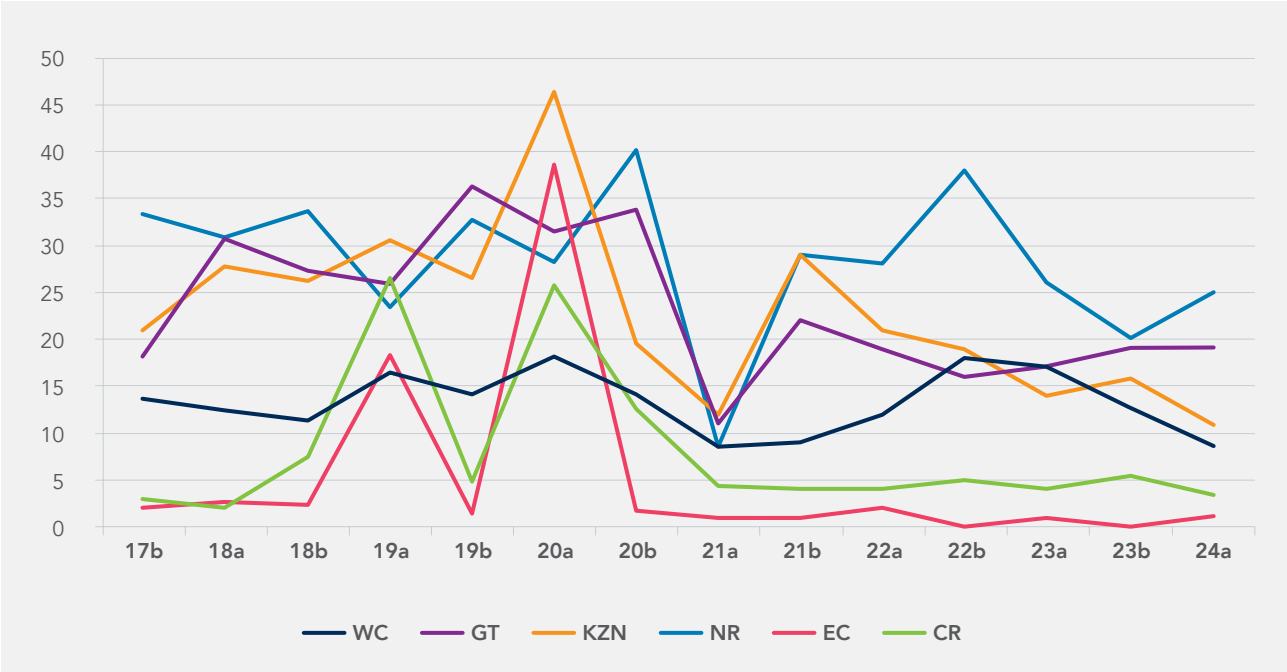
Nyaope and whoonga[3] have been incorporated into the heroin-related admission category to improve accuracy of heroin surveillance. Nationally, heroin/opiates comprised 16% of all treatment admissions for the current period. Between 1% (EC) and 25% (NR) of persons in specialist treatment centres reported heroin/opiates as their primary drug of use. An increase was seen in the NR from 20% in 2023b to 25% in 2024a. Decreases were noted for heroin/opiates admissions over the last two reporting periods for both KZN (16% to 11%) and WC (13% to 19%) **(Figure 5)**.

Nationally, the average age of persons who had heroin/opiates as their primary substance of use was 33 years, with mean ages ranging between 19 years (CR) and 37 years (WC) **(Table 4)**. Between 1% (EC) and 30% (NR) of persons attending specialist treatment centres reported heroin/opiates as a primary or secondary substance of use. Although heroin/opiates was mostly smoked (63%), across sites between 12% (KZN) and 56% (CR) of individuals who had heroin/opiates as their primary substance of use reported injecting the drug. The CR also had the highest rates for heroin use by injection compared to other modes of use. There was only one case of reported injection use for heroin/opiates in the EC during this period.

When comparing genders, more males reported heroin/opiates as a primary substance of use than females, ranging between 77% (WC) and 100% (EC). WC had the highest heroin/opiates rate as a primary substance of use among females (n = 37, 22%) as a primary substance at time of admission. Only males were admitted for heroin/opiate use in the EC; the CR had only two female cases for heroin/opiate admissions. The WC (83%) had the highest readmission rate among persons admitted for heroin/opiate use compared to other regions.

Service users aged 18 years and younger who reported heroin/opiate use ranged from <1% (WC, GT and CR) to 1% (KZN). No heroin/opiate use was reported in the EC and the NR for service users 18 years and younger.

FIGURE 5: PROPORTION OF PERSONS IN TREATMENT WITH HEROIN/OPIATES AS THEIR PRIMARY SUBSTANCE OF USE (%)



[3] Nyaope and whoonga are street names for low-grade 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 (DoH: Province of KwaZulu-Natal. Whoonga, wce-registrations@soafrica.com)

OVER-THE-COUNTER AND PRESCRIPTION MEDICINES

Admission rates for OTC/PRE-medicines as primary substance of use remained low, ranging between 1% (NR, WC, GT and CR) and 4% (EC) **(Table 2)**; the national rate remains low at 1%. Nationally, more admissions were made for males (52%) versus females (48%). Males and females were equally admitted for OTC/PRE-medicine use in the WC and EC (50% respectively). The regions with the highest rate for OTC/Pre-medicine admission among females was CR (100%), followed by GT (54%).

The national average age for OTC/PRE-medicine treatment was 35 years, ranging from 31 years (KZN and NR) to 47 years (CR) **(Table 4)**. OTC/PRE-medicine admissions ranged from 2% (CR and GT) to 3% (KZN) among individuals 18 years and younger. OTC/PRE-medicine misuse was not indicated for the WC, EC, and NR for individuals 18 years and younger **(Table 5)**.

OTC/PRE-medicines as primary or secondary substances of use ranged between 1% (NR) and 6% (KZN) **(Table 6)**. In the EC, the admission rate for OTC/PRE-medicine as a primary substance of use increased from 2% (2023b) to 4% (2024a). Medicines used included benzodiazepines, analgesics, codeine products and sleeping pills. Nationally, a total of 493 (9%) of individuals were admitted for one product of codeine medication, and 56 (11%) individuals who reported a first product, also reported a second codeine product of misuse.

AMPHETAMINE-TYPE STIMULANTS (ECSTASY, METHAMPHETAMINE [TIK], METHCATHINONE [CAT/KHAT]) AND LSD

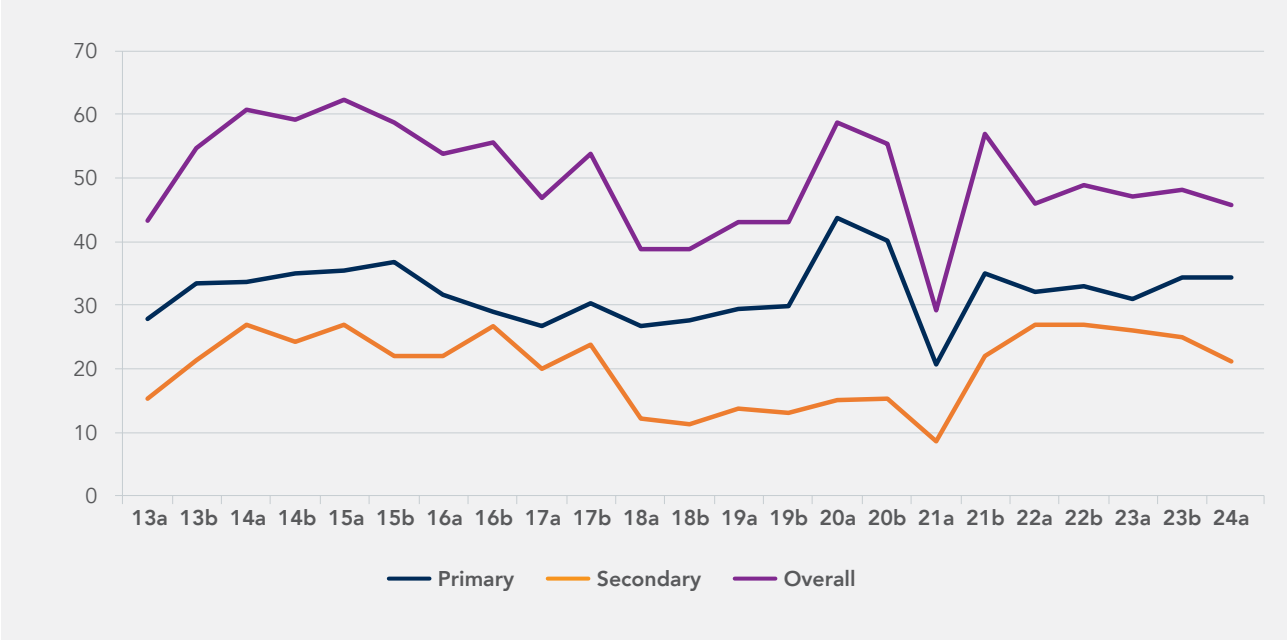
Ecstasy use was only indicated as a primary substance in the WC, NR and KZN regions at <1% **(Table 2)**. Rates for ecstasy as primary or secondary substance of use were also very low (<1% to 1%) across sites. (Table 6). Ecstasy was indicated as a secondary substance of use in WC and KZN (1% respectively), and NR (<1%) only.

The proportion of individuals reporting MA ('TIK') as their primary substance of use was highest in the WC (34%), followed by GT (24%) and the EC (12%). Admissions for treatment of MA use was lowest in KZN at 2% **(Table 2)**.

The national average age of individuals reporting MA as their primary drug of use was 31 years. Average age ranged between 27 (NR) and 34 years (WC) **(Table 4)**. Nationally, males (77%) represented the group with the highest rates for MA admissions compared to females (23%), increasing from 17% in 2023b; this trend has been sustained for the last few reporting periods. Males were also in the majority for MA admissions regionally, ranging from 60% in the WC to 87% in the GT and EC respectively. The WC had the highest proportion (40%) of females admitted for MA use compared to other regions.

National rates for MA route of administration showed that the majority of individuals smoked the substance (91%). When rates were compared across regions, a similar profile emerged with MA mostly being smoked, varying between 65% (KZN) to 100% (CR). Most individuals admitted for MA use reported daily use (60%), remaining stable over the last few reporting periods. The highest proportions for MA as a primary or secondary substance of use was found for the WC (46%) **(Figure 6)**. This was followed by GT decreasing from 38% (2023b) to 34% (2024a) and in the EC from 26% (2023b) to 19% (2024a).

FIGURE 6: TREATMENT DEMAND TRENDS: METHAMPHETAMINE AS PRIMARY OR SECONDARY SUBSTANCE OF USE, WC (%)



Among persons aged 18 years and younger, 5% (n=76) reported MA as their primary substance of use. MA was indicated as a primary or secondary substance of use among 8% (n=112) of persons 18 years and younger. The EC and the WC regions accounted for the highest number of persons 18 years and younger (8%) reporting MA as a primary substance of use.

Nationally, 3% of individuals reported CAT/KHAT as their primary substance of use, and 4% as their secondary substance of use at the time of admission. Compared to other regions, GT reported the highest proportions for CAT/KHAT-related admissions (9%), followed by CR (4%). Rates for CAT/KHAT as primary or secondary drug of use varied from <1% (WC) to 9% (GT). CAT/KHAT use remained relatively low across regions.

INHALANTS

Nationally, inhalant use comprised a small proportion of admissions at less than 1%. Admission rates for inhalant use remained low across regions, ranging between <1% (WC, KZN, and GT) to 1% (NR and CR). There were no inhalants reported in the EC. These proportions are likely to be an underestimate given that inhalant misuse is common among those who are children and homeless, and find themselves themselves destitute and therefore may not have easy access to care.

OTHER SUBSTANCES/POLY-SUBSTANCE USE

Poly-substance use remained high with just over half (55%) of individuals admitted to treatment indicating the use of more than one substance. By region, rates ranged between 39% (CR) and 60% (WC).

MENTAL HEALTH AND OTHER PHYSICAL COMORBIDITIES

Nationally, 14% (n=1 340) of individuals admitted to treatment presented with a dual diagnosis of a non-communicable disease (ncd). Across regions, the largest proportion of persons in treatment presenting with a dual diagnosis reported mental health problems (62%), followed by respiratory diseases (18%) and blood pressure illnesses (16%). Nationally, depression (43%), anxiety and panic disorders (20%) and sleep disorders (20%) were the three most common mental illnesses reported.

SECTION 2: DATA FROM COMMUNITY-BASED 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) and sex workers who inject drugs. 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. Interventions aimed at preventing and managing overdose are very limited, and community-based naloxone distribution is not currently provided.

During the reporting period TB HIV Care operated in the Eastern Cape (Nelson Mandela Bay District), Gauteng (Tshwane), KwaZulu-Natal (eThekwini), Mpumalanga (Ehlanzeni district) and the Western Cape (Cape Metro). Advance Access and Delivery and the Urban Futures Centre at the Durban University of Technology ran 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) operated in the City of Tshwane (Gauteng Province). Sediba Hope provided harm reduction services at two centres in Tshwane District. In Gauteng Anova Health Institute's Jab Smart Project operated in the City of Johannesburg, Indibano Victim Empowerment Project in Sedibeng, Tintswalo Home Based Care in Ekurhuleni and Tsepo Ya Bana in West Rand. Inkunzi Isematholeni Foundation provided harm reduction services in uMgungundlovu District. Financing of harm reduction services were through the Global Fund (Cape Town, eThekwini, Ekurhuleni, Johannesburg, Nelson Mandela Bay, uMgungundlovu and West Rand Districts), PEFAR/CDC (Tshwane and Ehlanzeni) and City of Tshwane (Tshwane). Harm reduction services for sex workers who inject drugs were provided through the Global Fund in Buffalo City (Eastern Cape), Lejweleputswa (Free State) and West Rand (Gauteng).

The data below reflects service delivery data for reporting period January – June 2024.

EASTERN CAPE

In *Buffalo City* 213 female sex workers who inject drugs were reached with harm reduction services. A total of 5,355 needles were distributed and 48% returned. In *Nelson Mandela Bay* 631 unique PWID accessed services, with 312 465 needles and syringes distributed and 99% returned. 273 PWID tested for HIV, among whom 28 tested positive. A total of 28 people started ART, with 28 PWID confirmed to be virally suppressed during the period. 701 people were screened for tuberculosis (TB), with 97 being symptomatic, 24 diagnosed; 24 starting treatment and 0 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 (58%). Seven deaths among people who use drugs were reported during this period, no fatal overdoses reported.

FREE STATE

In ***Lejweleputswa*** 33 female sex workers who inject drugs were reached with harm reduction services. A total of 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 people were put on ART. A total of 11 people were confirmed to be virally suppressed. 484 PWID were screened for TB, with 203 being symptomatic, 1 TB case was confirmed, and 1 person was started on treatment. 72 people were screened for HCV antibodies with 70 being reactive; 39 people had confirmed infection (of 65 tested). 44 people were started on HCV treatment. Of the 72 tested for HBV surface antigen (HBsAg), 2 were reactive. 38 PWID were on OST at the beginning of the period and 101 were on OST at the end of the period. 431 human rights violations were reported, mostly due to the confiscation of injecting equipment (80%). Twelve deaths among people who use drugs were reported during this period, no fatal overdoses 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. Seven PWID were confirmed to be HIV virally suppressed. 10 684 were screened for TB, with 156 being symptomatic, 4 diagnosed, 2 starting on TB treatment and 2 reporting cure. 93 people were screened for HCV antibodies with 84 being reactive. 65 people had confirmed infection (of 84 tested) and 28 people started HCV treatment. Of the 113 tested for HBV surface antigen (HBsAg), 1 was reactive. 142 PWUD/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 (66%) involving the confiscation of injecting equipment. Twenty-three deaths were reported among people who use drugs, no fatal drug-related overdoses 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 started on ART. 12 PWID were confirmed to be HIV virally suppressed. 2 029 people who use drugs were screened for tuberculosis, with 62 being symptomatic, 5 infections confirmed and 64 receiving treatment and 1 person confirmed cured. 58 people were screened for HCV antibodies with 435 being reactive. 40 people had confirmed infection (of 45 tested) and 20 people started HCV treatment. Of the 58 tested for HBV surface antigen (HBsAg), 0 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 (69%) linked to confiscation of injecting equipment and assault. Six deaths among people who use drugs were reported during this period, with no fatal overdoses 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 started on ART. HIV viral suppression data was reported for 49 people. 2 222 people who use drugs were screened for tuberculosis with 71 being symptomatic, and 1 person diagnosed, and 1 starting treatment and 1 person cured. 37 people were screened for HCV antibodies with 25 being reactive. 55 people had confirmed infection (of 60 tested) and 46 people started HCV treatment. Of the 37 tested for HBV surface antigen (HBsAg), 2 were reactive. A total of 1 069 people were on OST at the beginning of the period and 1 180 at the end of the period. No human rights violations were recorded. Five deaths were reported among people who use drugs during this period, no fatal overdoses were reported.

In *West Rand* 995 unique PWID accessed the services, with 245 115 needles and syringes distributed; and 97% returned. 332 people who use drugs tested for HIV among whom 65 tested positive and 60 were started on ART. HIV viral suppression data was reported for 20 people. 716 people who use drugs were screened for tuberculosis with 71 being symptomatic, and 0 people diagnosed and 0 starting treatment. No routine hepatitis testing was provided. OST was not available. 217 human rights violations were recorded, 92% due to confiscation of injecting equipment. 11 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 *eThekwini* 1 790 unique PWID accessed services, with 305 490 needles and syringes distributed and 117% returned. 705 tested for HIV, among whom 44 tested positive and 42 were 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 and 5 started treatment. 49 people were screened for HCV antibodies with 23 being reactive, 16 people had confirmed HCV infection (of 23 tested) and 14 started HCV treatment. Of the 48 PWID tested for HBV surface antigen (HBsAg), 2 were reactive. 275 PWUD/ID were on OST maintenance therapy at the beginning of the period and 358 at the end of the period. 628 human rights violations were reported, 74% linked to the confiscation/ destruction of needles. No deaths were reported among people who use drugs.

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 49 started on ART. 46 PWID 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, 3 starting treatment and 3 cured. No routine viral hepatitis testing was done. OST was not available. 413 human rights violations were reported, the majority (49%) linked to the confiscation of injecting equipment. Eight deaths were reported among people who use drugs during this period, including three fatal overdoses.

MPUMALANGA

In *Ehlanzeni* 880 unique PWID accessed the services, with 110 325 needles and syringes distributed and 96% returned. 288 persons tested for HIV, among whom 41 tested positive and 39 were started on ART. 25 PWID were confirmed to be virally suppressed during this period. 288 people were screened for tuberculosis, with 38 being symptomatic; 0 TB case was confirmed and 0 people started treatment. 106 people were screened for HCV among whom 79 were reactive and 66 had confirmed infection (of 66 tested). 539 people were tested for HBsAg, with 4 people identified to be 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; 18% linked to confiscation and destruction of injecting equipment. Four deaths among people who use drugs were reported during this period, no fatal 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 100 started ART. 9 PWID were confirmed to be HIV viral suppressed. 1 265 PWID were screened for TB, with 55 being symptomatic, 9 diagnosed, 6 starting treatment and 0 people cured. 78 people were screened for HCV antibodies with 54 being reactive. 34 people had confirmed infection (of 47 tested) and 30 started HCV treatment. 78 PWID were screened for HBsAg and 4 were reactive. 173 PWUD/ID were on OST at the beginning of the period and 223 at the end. 348 human rights violations were reported, the majority (73%) linked to confiscated/destroyed needles and syringes. Eight deaths were reported among people who use drugs, no fatal overdoses reported this period.

TABLE 7: PWID ACCESSING NEEDLE AND SYRINGE SERVICE AND BEHAVIOUR CHANGE INTERVENTION PROGRAM (JAN - JUN 2024)

Province	Health district	Male	Female	Trans	Median age (yrs)*
Eastern Cape	Nelson Mandela Bay (n=631)	70	30	-	-
Gauteng	Ekurhuleni (n= 832)	91	9	-	-
	Johannesburg (n= 12 522)	95	5	-	-
	Sedibeng (n=1 868)	95	5	-	-
	Tshwane (n=9 327)	96	4	-	-
	West Rand (n=955)	91	9	-	
KwaZulu-Natal	eThekwini (n=1 790)	87	13	-	-
	uMgungundlovu (849)	88	12	-	-
Mpumalanga	Ehlanzeni (n= 880)	92	8	-	-
Western Cape	Cape Metro (n= 1 790)	78	22	-	-

*Data on specific age not captured

TABLE 8: COMPARISON OF PROPORTION OF PEOPLE WHO USE DRUGS ACCESSING NEEDLE AND SYRINGE SERVICES (JAN - JUN 2024) WITH CENSUS DATA - BY DISTRICT[1]

Province	District		Black African	Indian	Coloured	White
			%			
Eastern Cape	Nelson Mandela Bay	Population [1]	63	1	19	16
		Accessed service	31	0	27	41
Gauteng	Ekurhuleni	Population [1]	85	2	3	10
		Accessed service	90	1	4	5
	Johannesburg	Population [1]	85	4	5	7
		Accessed service	95	0	3	2
	Sedibeng	Population [1]	88	1	1	10
		Accessed service	97	0	0	3
	Tshwane[2]	Population [1]	83	2	2	13
		Accessed service	97	1	1	
	West Rand	Population [1]	86	1	3	10
		Accessed service	87	0	5	8
KwaZulu-Natal	eThekwini	Population [1]	71	20	3	6
		Accessed service	88	4	4	4
	uMgungundlovu	Population [1]	81	10	2	6
		Accessed service	98	0	1	1
Mpumalanga[2]	Ehlanzeni	Population [1]	97	<1	<1	2
		Accessed service	ND	ND	ND	ND
Western Cape	Cape Metro	Population [1]	46	2	35	16
			3	0	91	6

[1] Statistics South Africa, 2011 Census. Where proportions do not add to 100% it is due to rounding, or participants selecting "Other" demographic group.
[2] ND: Data not captured

TABLE 9: PEOPLE WITH OPIOID DEPENDENCE ON OPIOID SUBSTITUTION THERAPY, LOST TO FOLLOW-UP AND EXITED (JAN – JUN 2024) - BY DISTRICT

District	Non-injecting/ PWID	Number on OST at start of period	Number initiated on OST for first time	Number restarted	Number LTFU during period	Number exited during period	Number died during period	Number on OST at end of period
Nelson Mandela Bay	Non-injecting	-	-	-	-	-	-	-
	PWID	-	-	-	-	-	-	-
	Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**
City of Ekurhuleni	Non-injecting	0	0	0	0	0	0	0
	PWID	38	67	0	0	0	2	101
	Total	**38**	**67**	**0**	**0**	**3**	**1**	**101**
City of Johannesburg	Non-injecting	14	1	0	0	0	0	15
	PWID	128	84	0	6	7	1	198
	Total	**142**	**85**	**0**	**6**	**7**	**1**	**213**
Sedibeng	Non-injecting	18	9	0	3	1	0	23
	PWID	67	39	0	7	15	2	82
	Total	**85**	**48**	**0**	**10**	**16**	**2**	**105**
City of Tshwane	Non-injecting	438	74	14	36	19	3	468
	PWID	631	111	8	31	5	2	712
	Total	**1069**	**185**	**22**	**67**	**24**	**5**	**1180**
West Rand	Non-injecting	-	-	-	-	-	-	-
	PWID	-	-	-	-	-	-	-
	Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**
eThekwini	Non-injecting	128	45	0	8	2	0	163
	PWID	147	72	0	19	4	1	195
	Total	**275**	**117**	**0**	**27**	**6**	**1**	**358**
uMgungundlovu	Non-injecting	-	-	-	-	-	-	-
	PWID	-	-	-	-	-	-	-
	Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Ehlanzeni	Non-injecting	0	0	0	0	0	0	0
	PWID	290	61	10	3	8	4	346
	Total	**290**	**61**	**10**	**3**	**8**	**4**	**346**
Cape Metro	Non-injecting	18	11	0	0	0	0	29
	PWID	155	42	0	2	1	0	194
	Total	**173**	**53**	**0**	**2**	**1**	**0**	**223**

IMPLICATIONS FOR POLICY AND FUTURE RESEARCH

SELECTED IMPLICATIONS FOR POLICY/PRACTICE[4]

During the Phase 56 regional report back meetings of SACENDU, a number of recommendations were made with regard to specific interventions needed to address substance use and substance use policy in general:

- 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

Phase 56 of the SACENDU Project highlighted several conditions/factors that need to be carefully monitored over time:

- The consequences of the closing of the needle and syringe service in Wynberg in Cape Town on PWID.
- Update and utilisation of harm reduction services among sex workers who inject drugs
- 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/opiate users inject, while in GP, 40% of heroin/opiate 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/INVESTIGATION

Phase 56 of the SACENDU Project System highlighted the following topic for further research/investigation:

- 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.

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

- 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.

LIMITATIONS

Phase 56 of the SACENDU Project highlighted 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 faced 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.
- SACENDU receives admission episode data only. As the system does not receive patient-based data, information on prevalence of substance misuse cannot be generated.

SACENDU

South African Community Epidemiology Network on Drug Use

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