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Web App ASSIST Report

Substance Use Screenings Across South Africa *(January to June 2025)*

The South African Community Epidemiology Network on Drug Use (SACENDU), October/November 2025

Ayanda Mkhize, Shaheema Allie, and A/Prof Goodman Sibeko

Division of Addiction Psychiatry, University of Cape Town

South Africa
ITTC International Technology Transfer Centre
A program of the International Consortium of Universities for Drug Demand Reduction

Overview

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SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

ASSIST Intro → **January to June 2025 Reach** → **Report** → **Key findings and recommendations**

What is the ASSIST

…and what is the Web App

WHO ASSIST (Alcohol, Smoking and Substance Involvement Screening Test)

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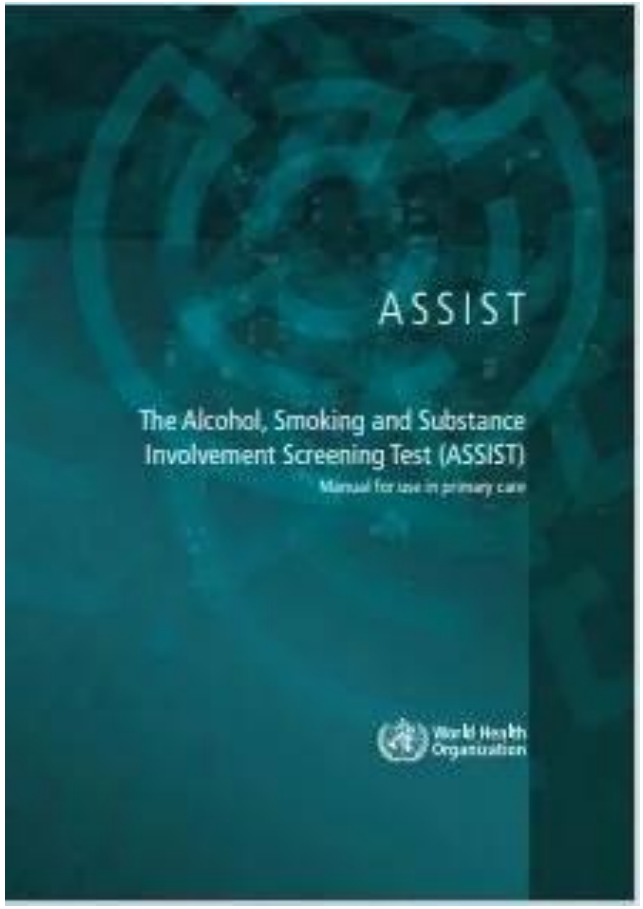

A. WHO - ASSIST V3.0

Interviewer ID | Country | Clinic

Patient ID | Date

Introduction *(Please read to patient)*

Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

Note: Before asking questions, give ASSIST Response Card to patient

Question 1
(if completing follow-up please cross check the patient's answers with the answers given for Q1 at baseline. Any differences on this question should be queried)

In your life, which of the following substances have you ever used? *(NON-MEDICAL USE ONLY)*	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
d. Cocaine (coke, crack, etc.)	0	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3
j. Other - specify:	0	3

Probe if all answers are negative: "Not even when you were in school?"

If "No" to all items, stop interview.

If "Yes" to any of these items, ask Question 2 for each substance ever used.

- Asks about recent substance use over the past 3 months and assesses for lifetime use risks.
- Comprehensive list of substances is long and includes tobacco and alcohol.
- Provides a level of risk for each substance.
- Second part of the tool provides information for Brief Intervention (BI) component.
  - Information and feedback about the risks and harms associated for each substance.
  - Covers physical, medical, and psychological risks of regular substance use.
- High risk screening scores will lead to further assessment and a referral to specialized treatment. **Usually a small proportion (5%) of the using population will be at high risk. The rest of the individuals can be treated via a BI.**

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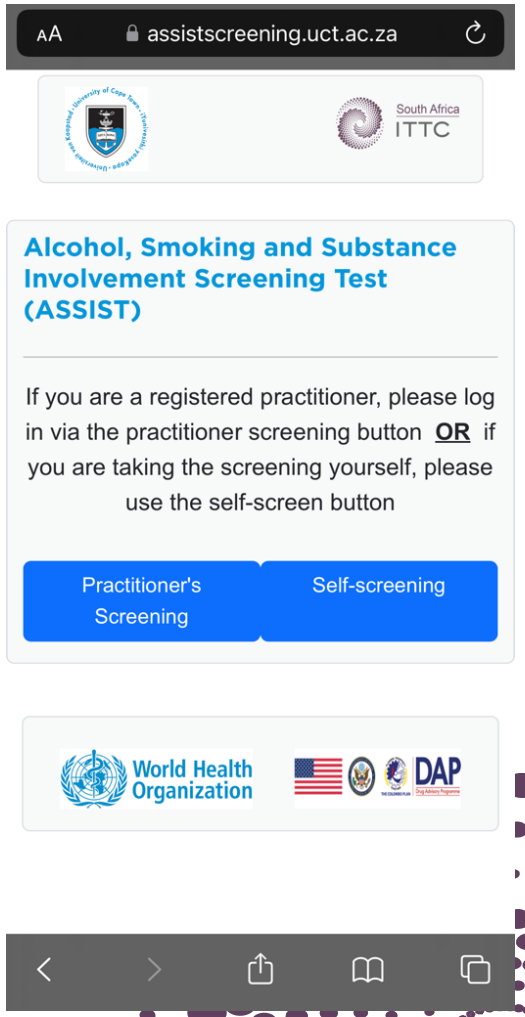
WebApp ASSIST

https://assistscreening.uct.ac.za

- Anonymized
  - No personal identifying data included in general structure. This can be modified for specific purposes
- Random code generated with each screening process
- Any device
- Data-light
- Automated
- Reduces training burden
- Screening report and intervention recommendation can be screenshot or emailed, following which the email entered for receipt is not stored on the system



Web App benefits

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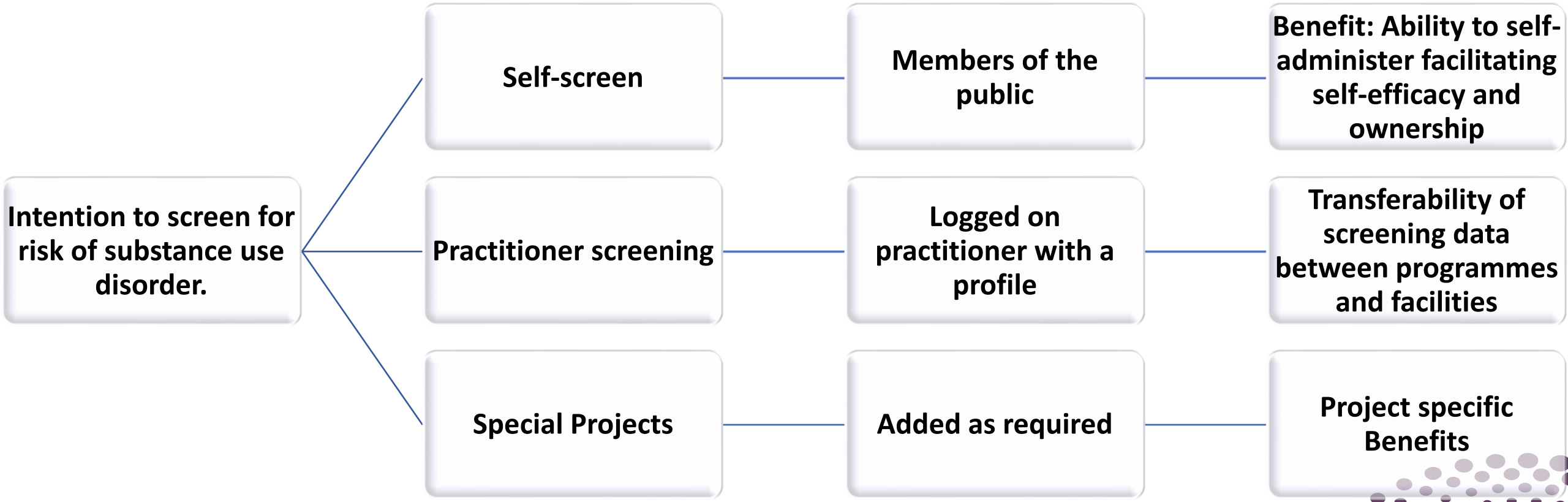
Standardized screening

Early detection and prevention

Supports data-driven intervention strategies.

Passive risk mapping

Web App ASSIST Pathways



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January to June 2025 data

What was the reach?

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January to June 2025

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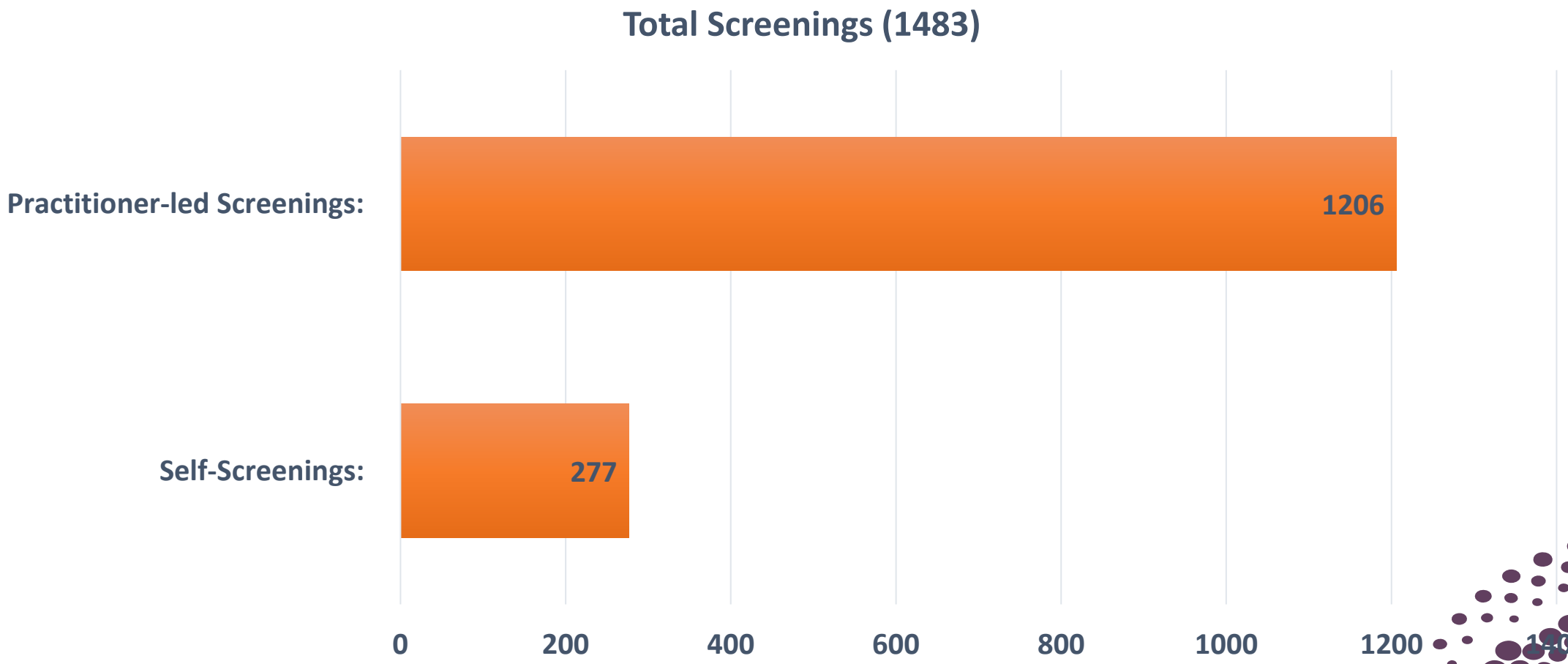

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Report: January to June 2025

Report covers demographics, risk levels, and substance use patterns.

Participant Demographics

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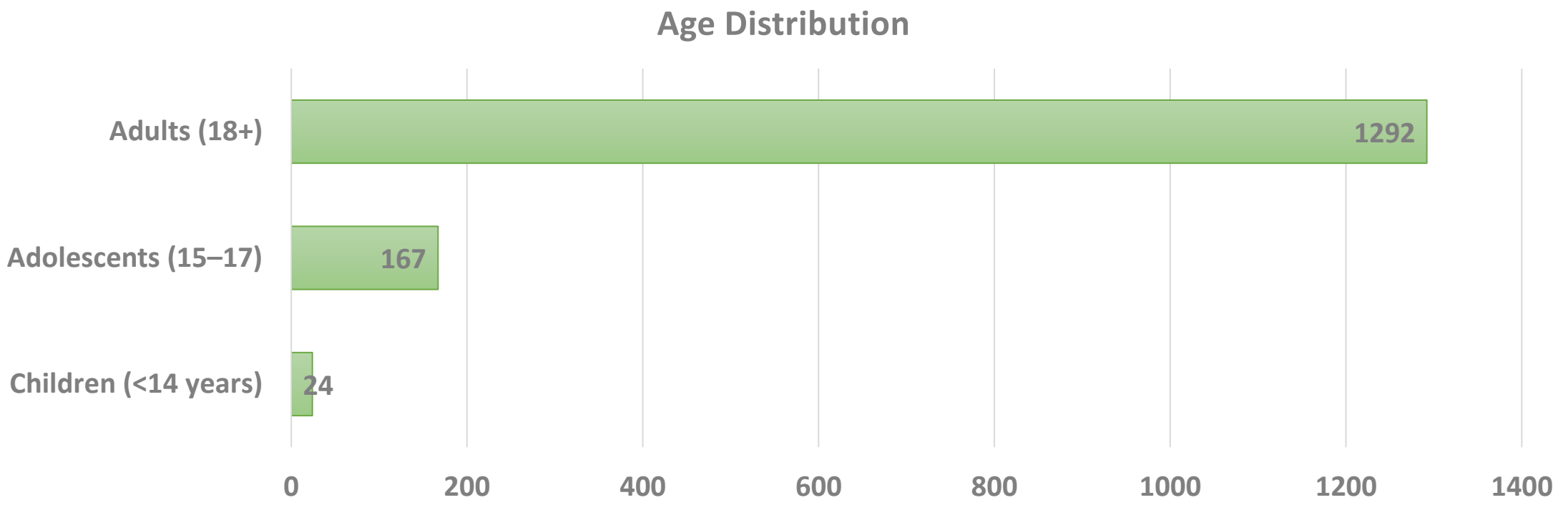

Genders: Female, Male, Transgender, and Prefer not to say.

(Future reports will include breakdown)

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Screening Pathways & National Results

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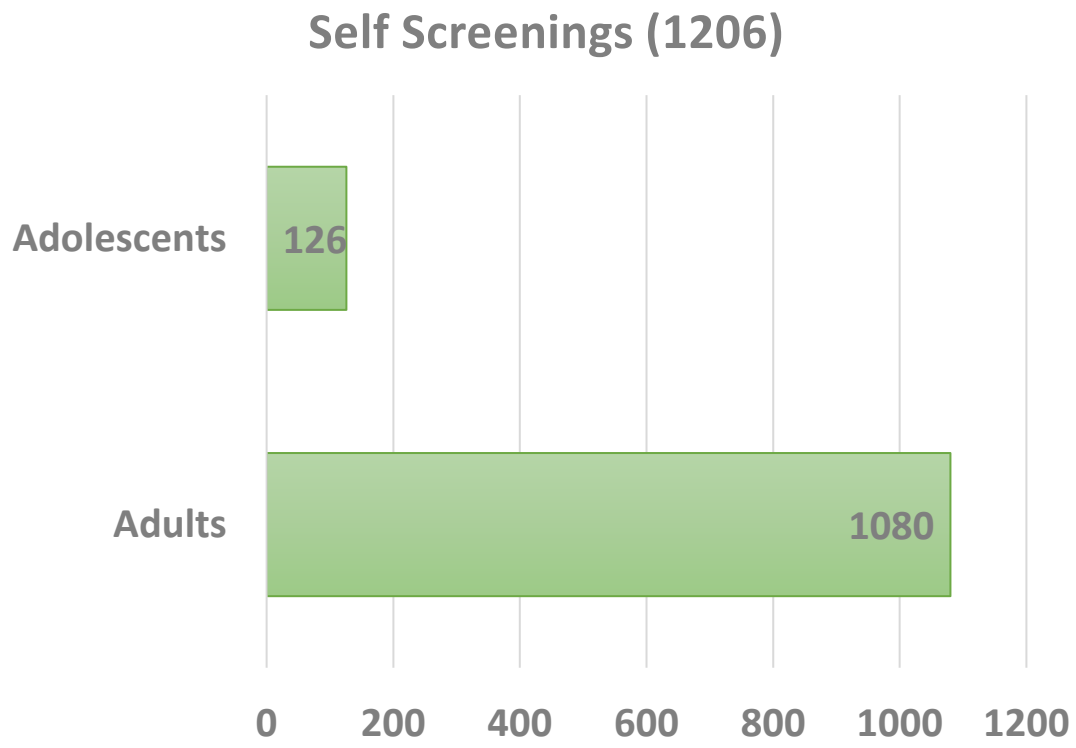

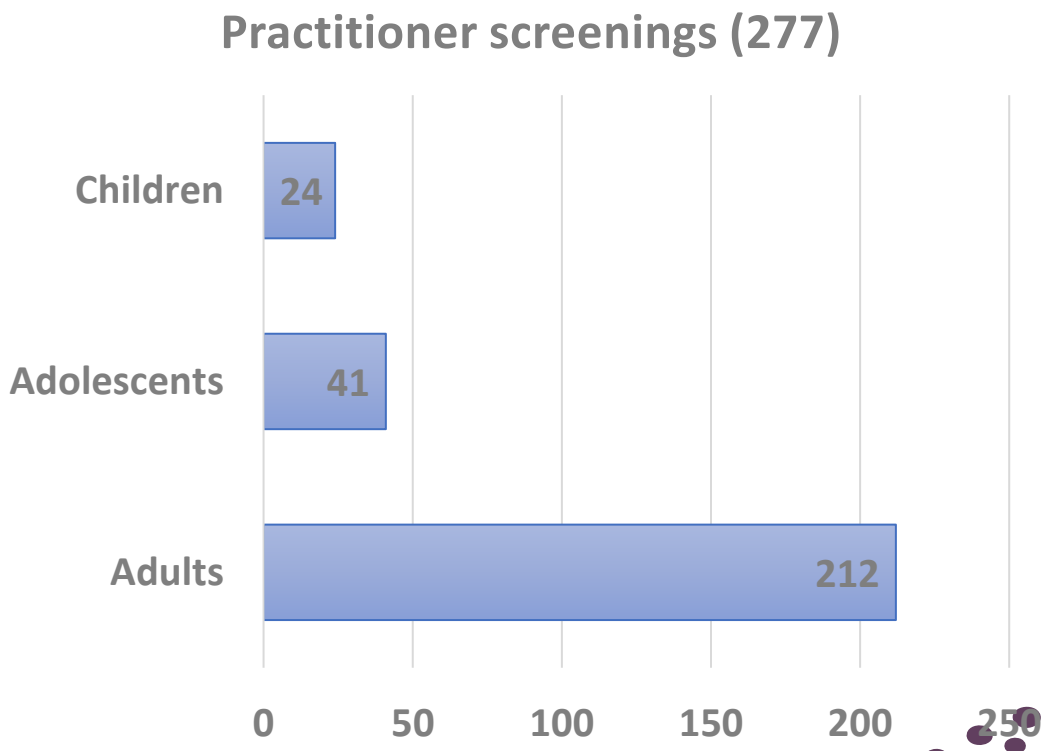

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Total Screenings by Province

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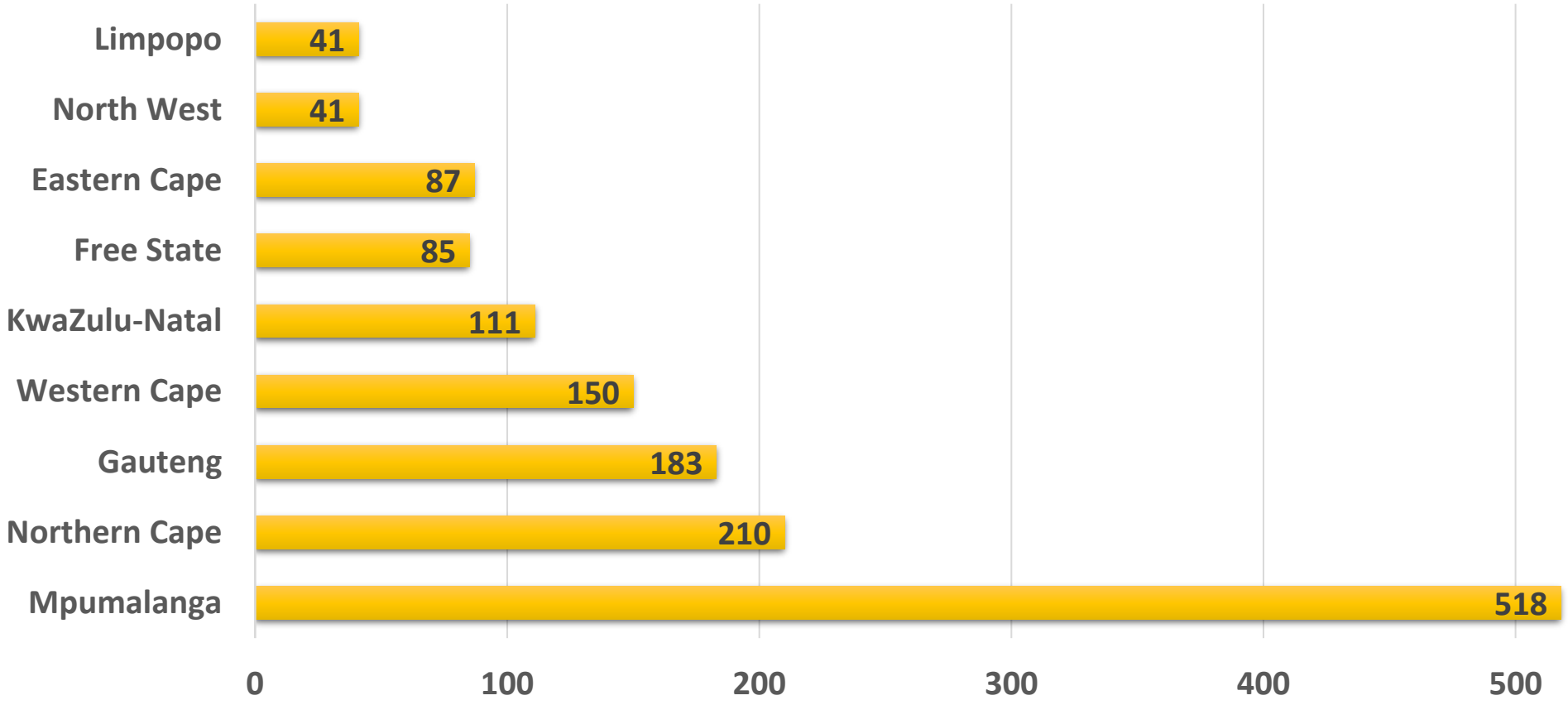
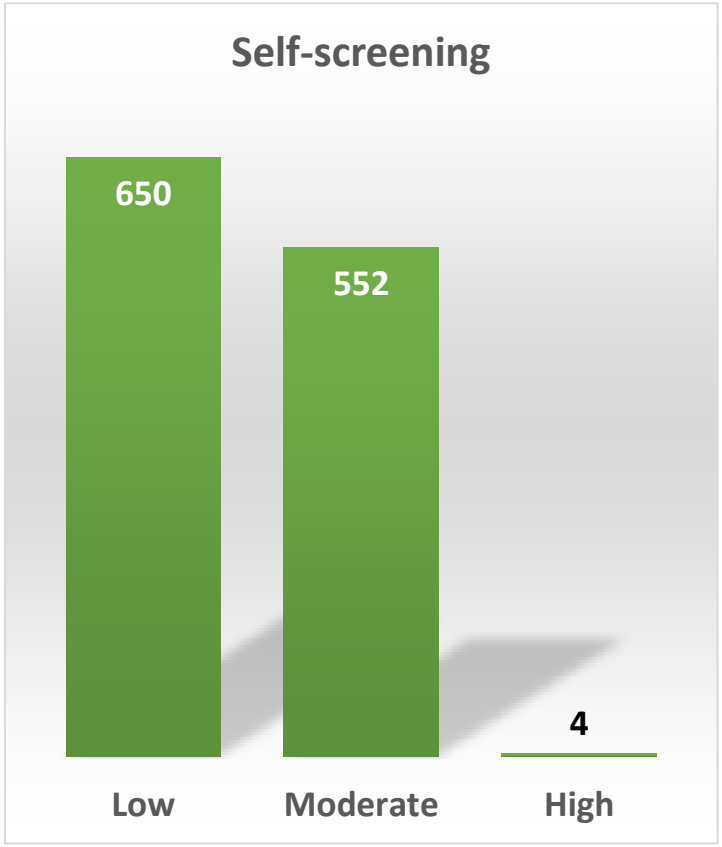
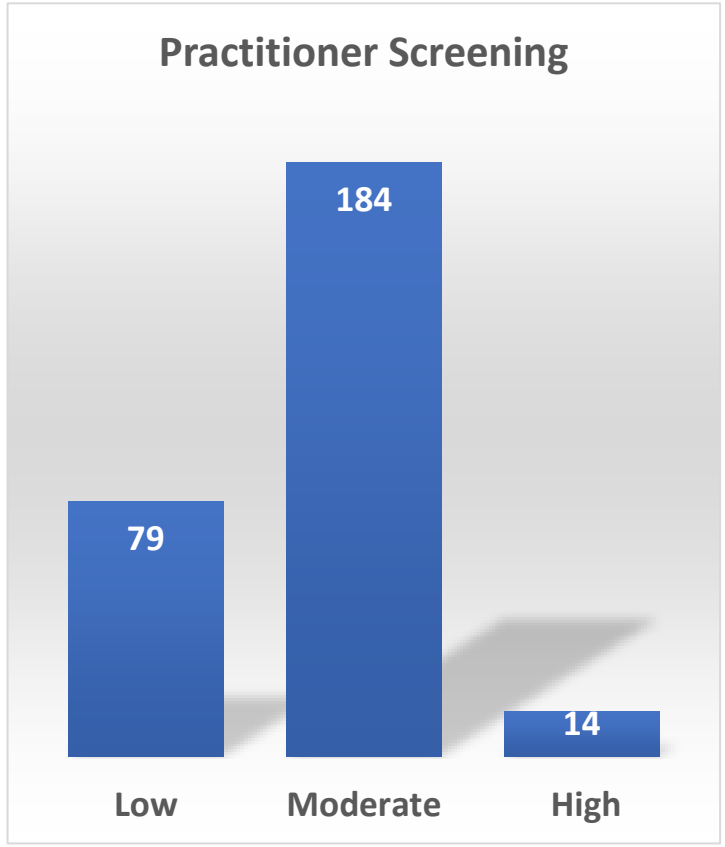
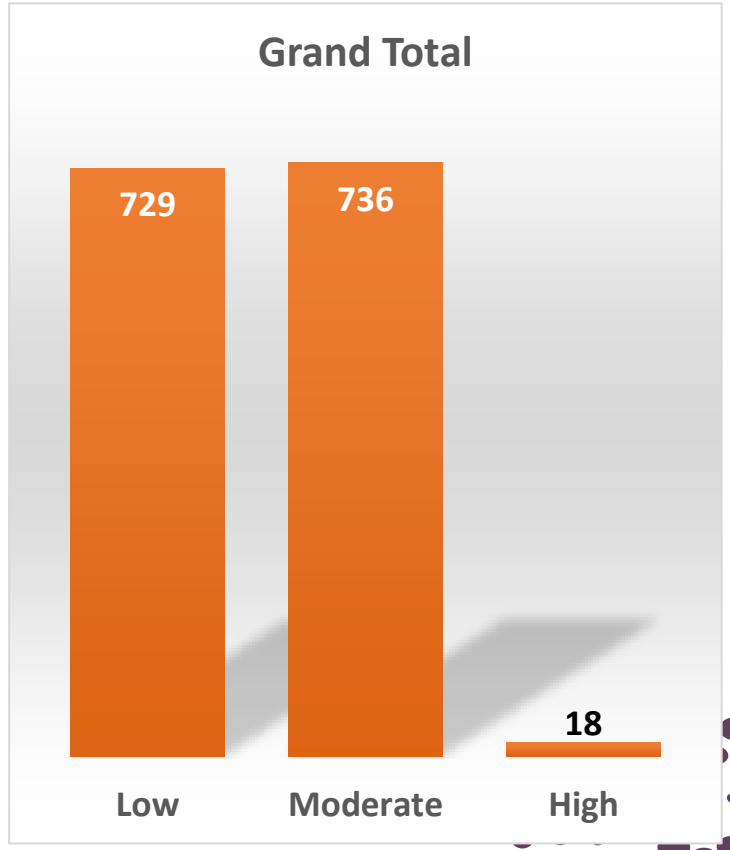


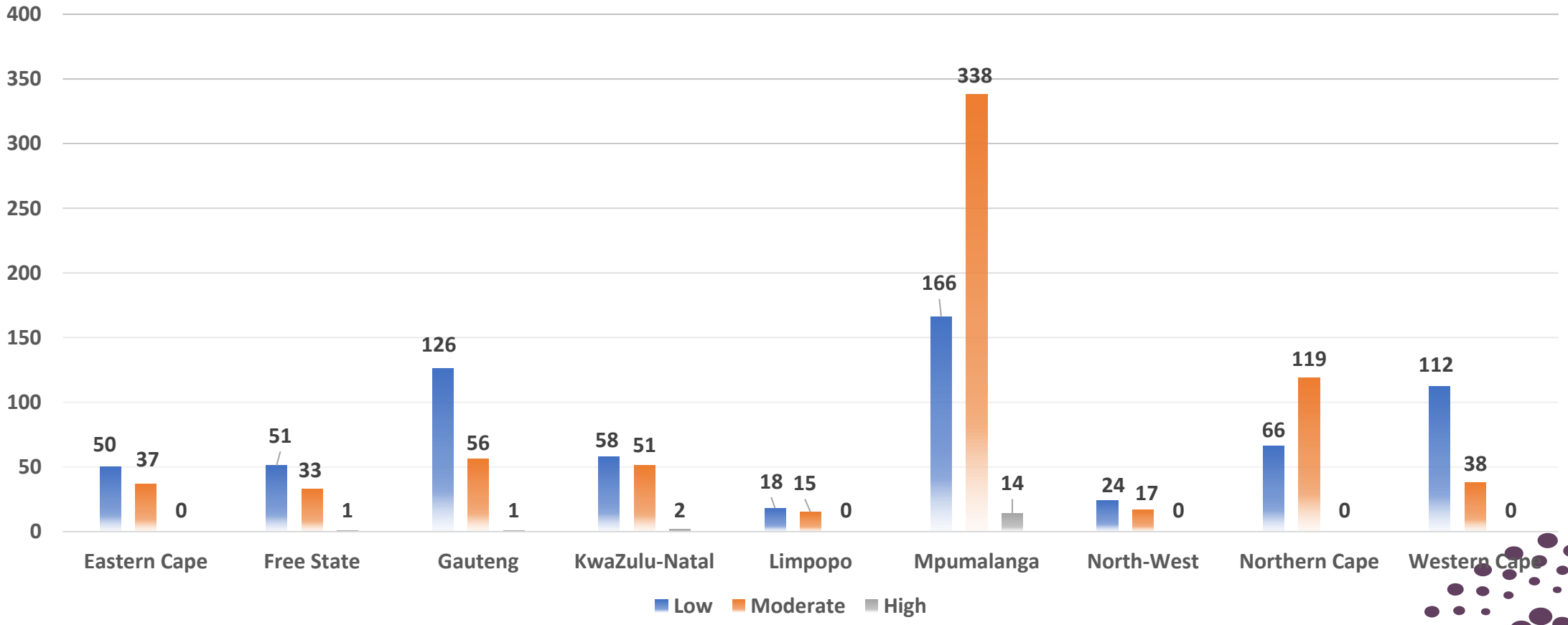
Risk level summary







General risk profile per province



Key Findings

Key Findings 1/2

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Moderate risk was most common across provinces.

Mpumalanga recorded the highest screening numbers

- High Risk Substances: Alcohol, Inhalants, Cannabis, Tobacco
- Moderate Risk Substances: Alcohol, Cannabis, Cocaine, Nyaope, Meth, Hookah, etc.
- Low Risk Substances: Inhalants, Meth, Opioids, Tobacco, Vape
- High-risk screenings mainly among children in Mpumalanga (n=14).

Key Findings 2/2

Alcohol, Cannabis, and Tobacco were the most reported substances.

Practitioner-led screenings found more high-risk cases.

Gauteng

- All self-screenings, 1 high-risk for Cocaine

Northern Cape

- Moderate risk dominant (119), no high risk

Western Cape

- No high risk; moderate risk includes Cannabis, Tobacco

KwaZulu-Natal

- 2 high-risk; Cocaine, Stimulants

Expanded Key Findings

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1,483 screenings nationally

- 81% practitioner-led, 19% self-screenings.

Moderate risk most prevalent (736; approximately 50%).

High-risk cases (18) concentrated among children aged 10–14 in Mpumalanga.

Practitioner screenings identified more high-risk users than self-screenings.

Alcohol, Cannabis, and Tobacco most reported; emerging use of vapes, meth, sedatives noted.

Provincial Insights

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Mpumalanga:

- Highest screenings (518) and all child high-risk cases.

Gauteng & Northern Cape:

- Moderate alcohol and stimulant use common.

Western Cape & KZN:

- No child high-risk cases, but moderate adult use evident.

Limpopo & North West:

- Low-risk but increasing stimulant exposure.

Variations may reflect local prevention programs and reporting rates.

Summary & Recommendations

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Noteworthy

- Mpumalanga: Urgent need for early intervention in children
- High prevalence of alcohol and stimulant use across provinces

Recommendations

- Strengthen youth-focused prevention programs.
- Expand early intervention in high-risk provinces.
- Increase practitioner training for early risk detection.
- Integrated SBIRT in schools and clinics
- Province-specific substance use interventions
- Integrate screening data with national health strategies for policy response.
- Adult moderate-risk prevalence highlights prevention opportunities

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ittc@uct.ac.za
addictions@uct.ac.za

goodman.sibeko@uct.ac.za

https://sudservices.uct.ac.za

https://assistscreening.uct.ac.za

http://www.psychiatry.uct.ac.za/psych/addiction-psychiatry