



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

CENTRAL REGION SYMPOSIUM: TREATMENT DEMAND DATA

Ms Nancy Hornsby

Phase 59 | July - December 2025

30 March 2026, Virtual



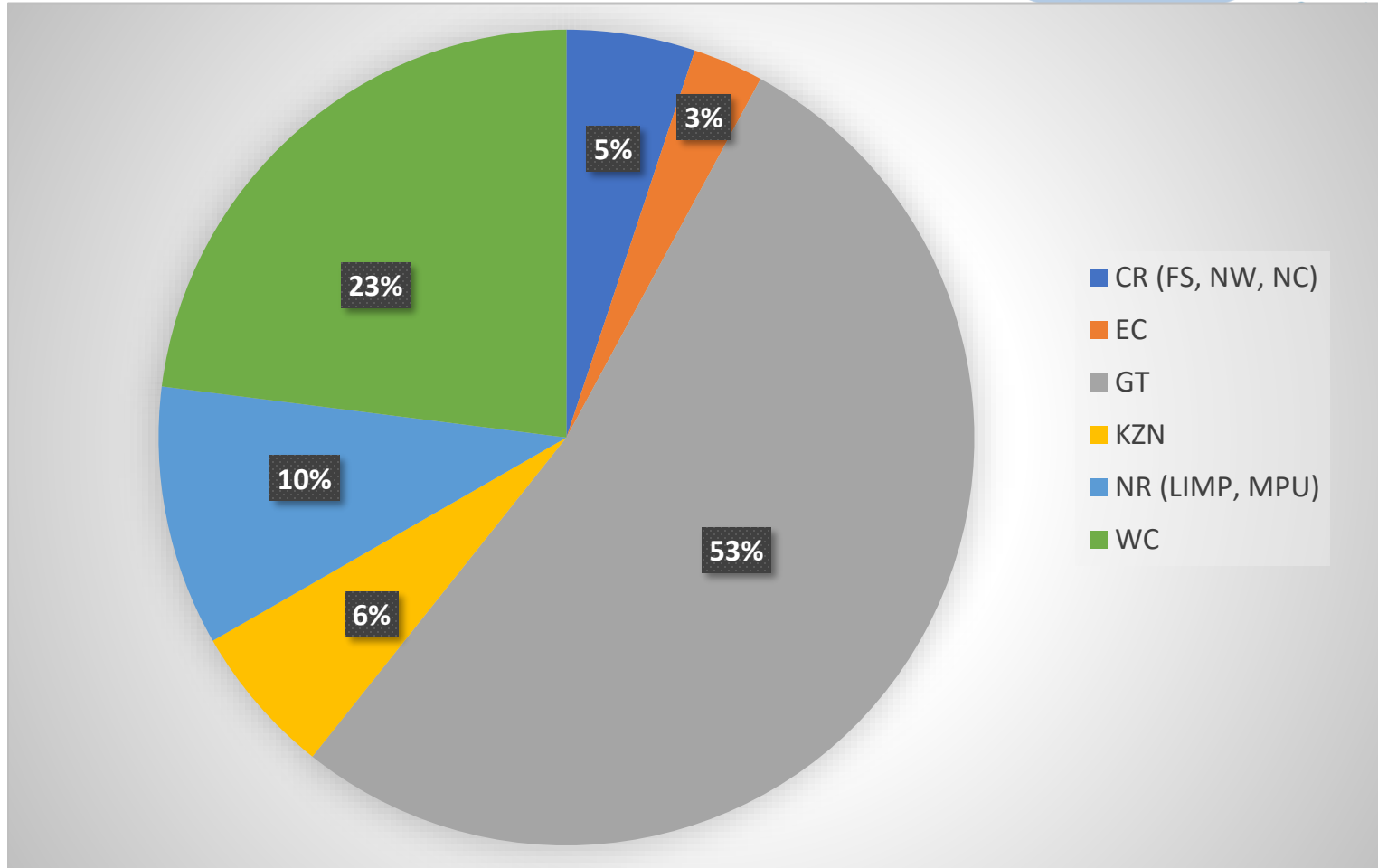
National overview (2025B)



SACENDU

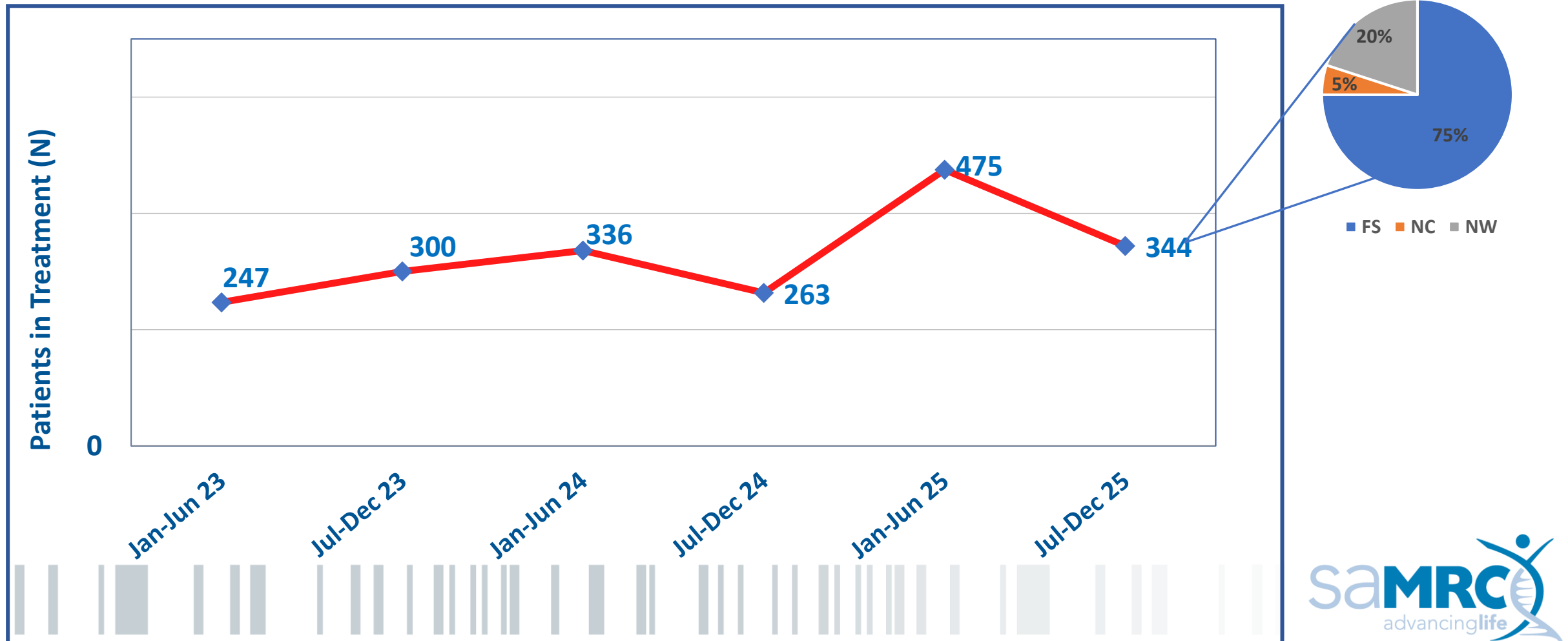
SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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





NUMBER OF PATIENTS IN TREATMENT



TYPE OF TREATMENT RECEIVED

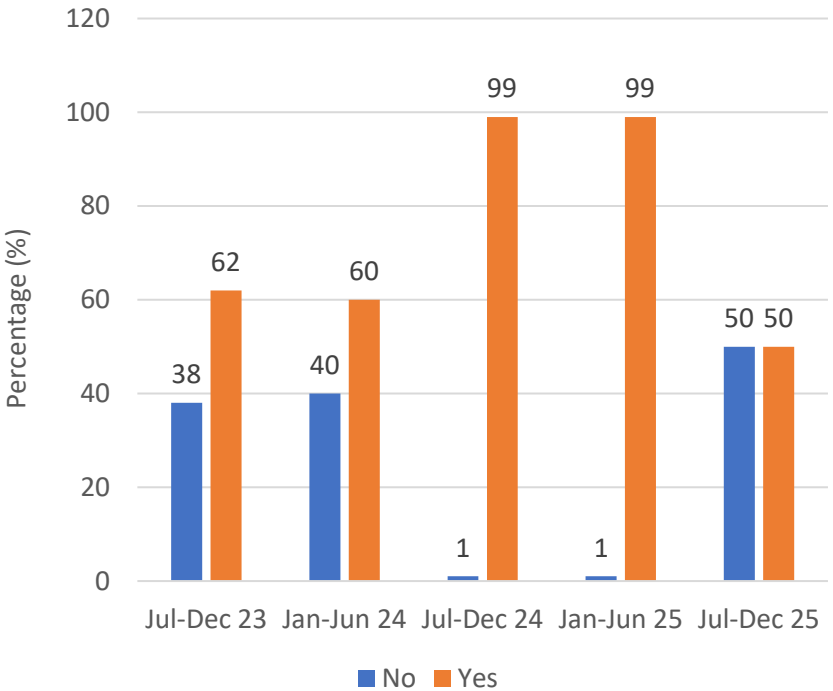


SACENDU

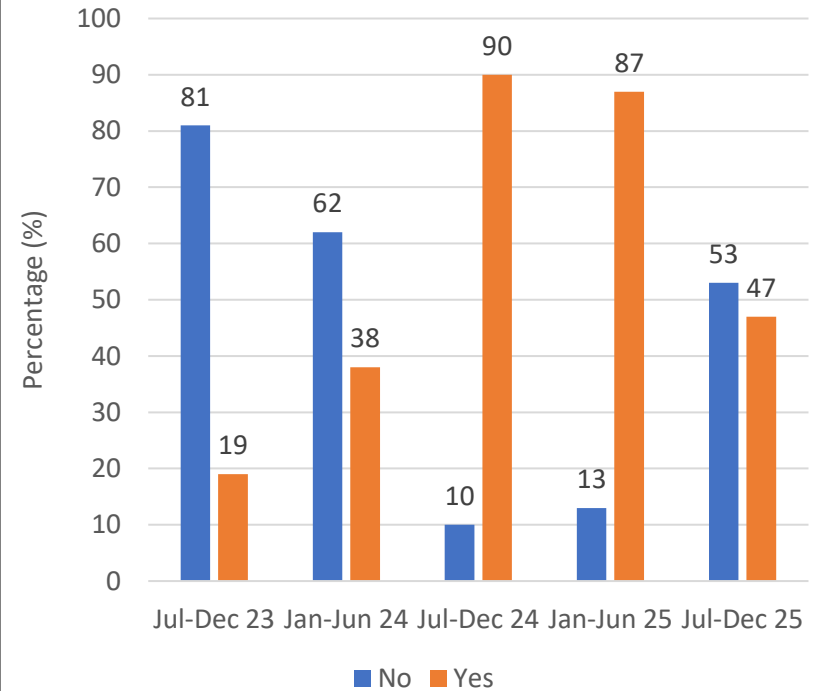
SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

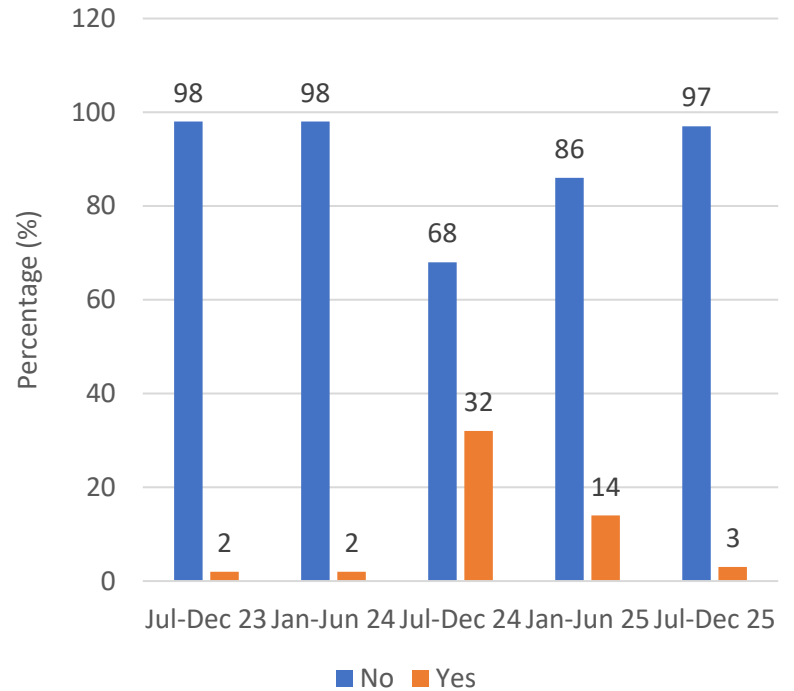
Inpatient



Outpt/Comm-Based



Detox



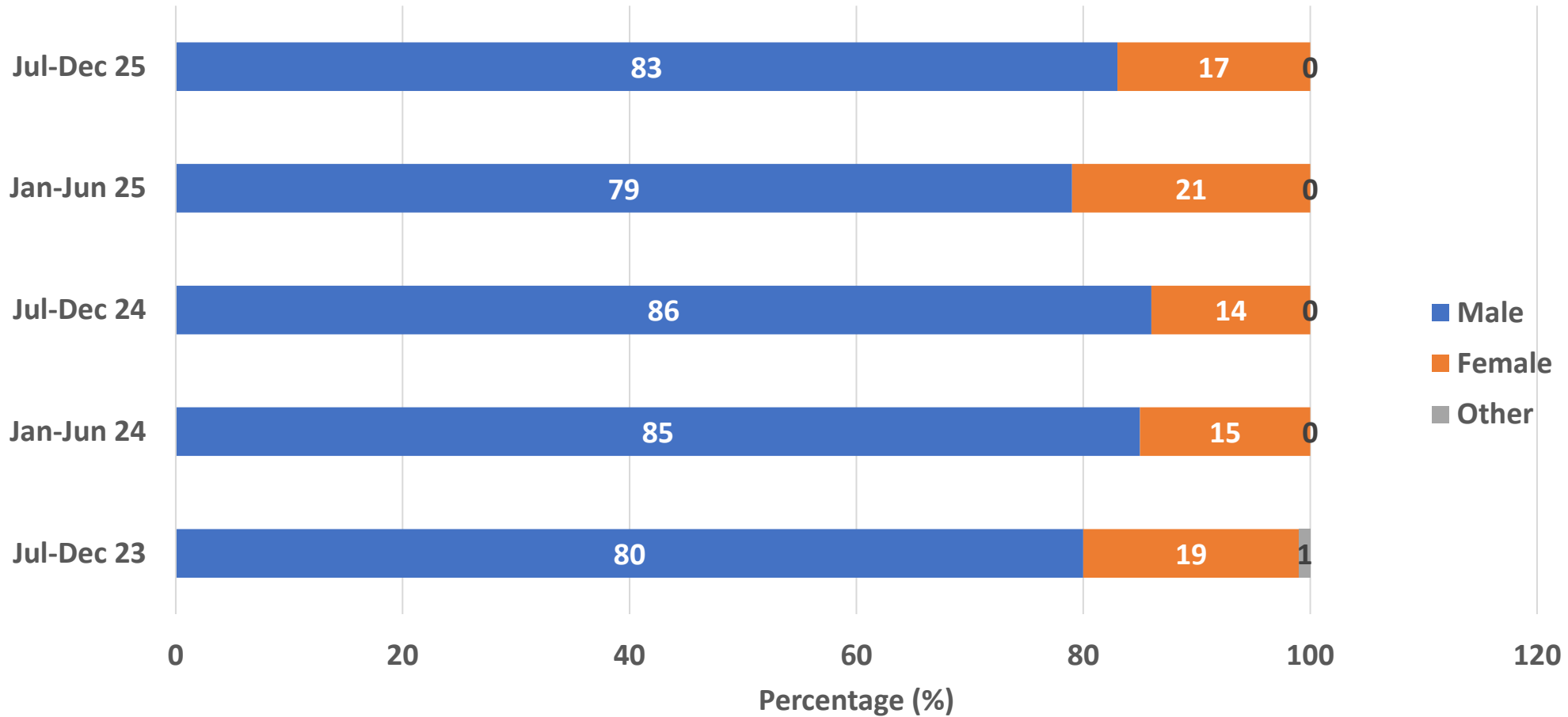
GENDER



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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



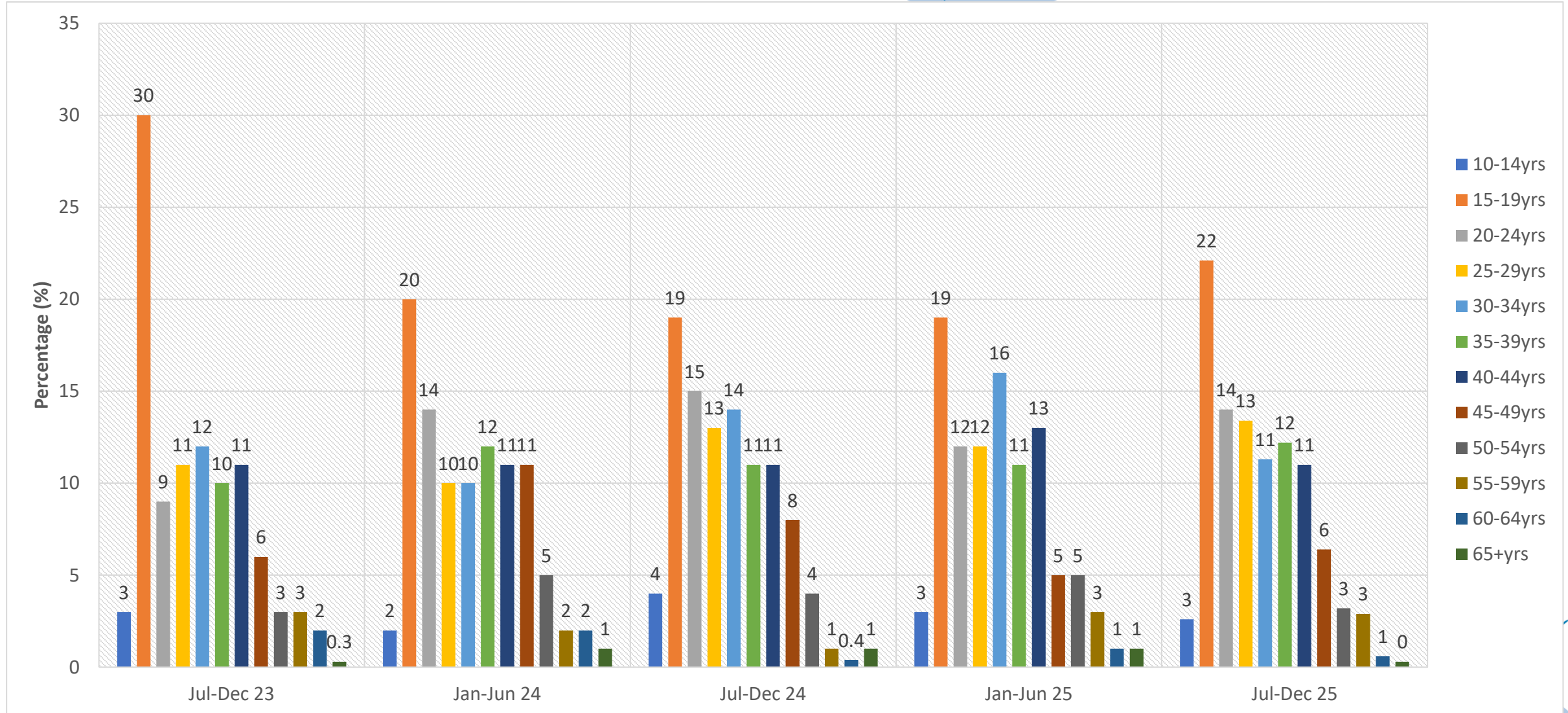
AGE DISTRIBUTION



SACENDU

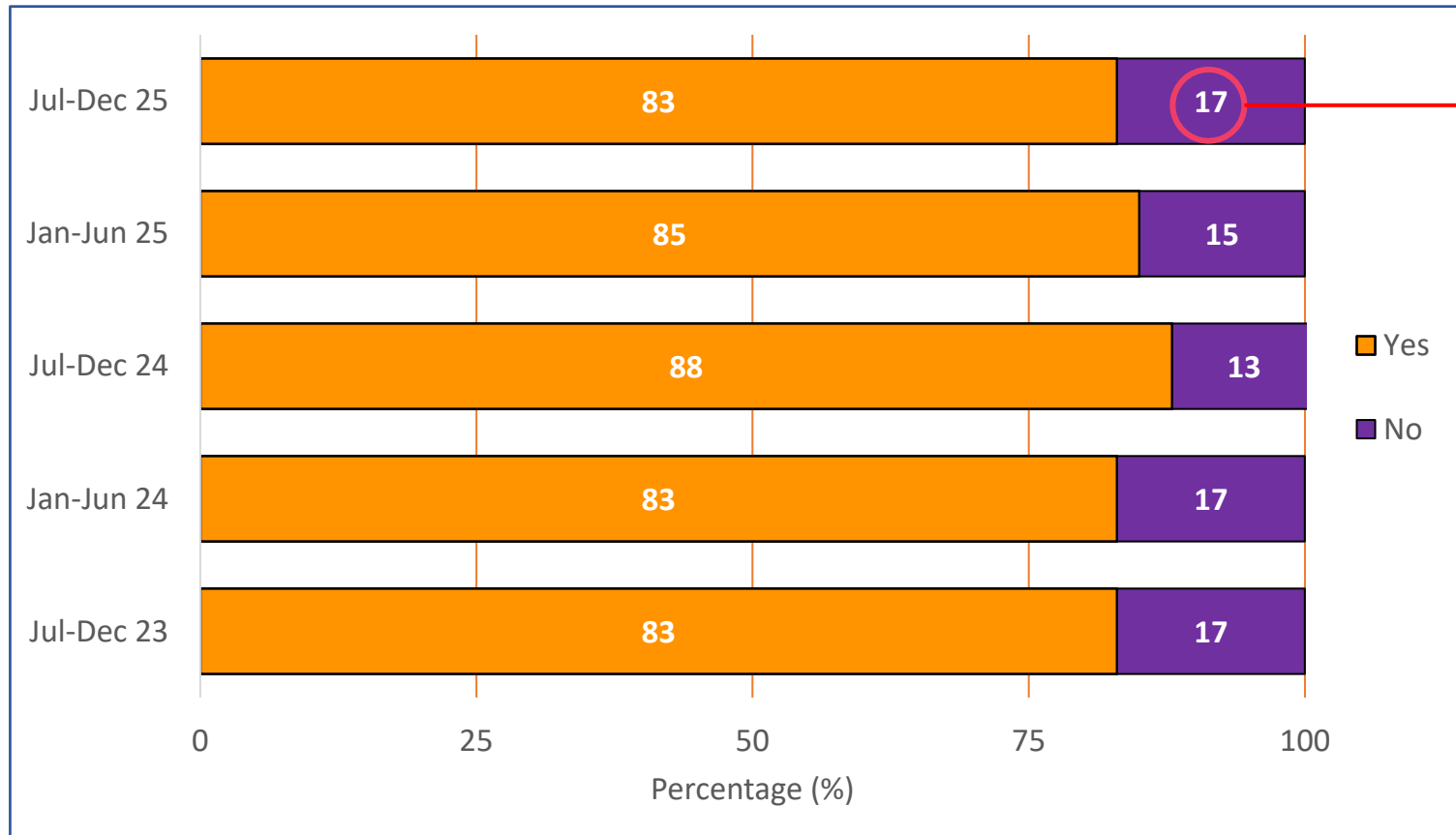
SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

Treatment Demand Data • Service Quality Measures (SQM)





FIRST TIME ADMISSIONS VS READMISSIONS



Number of times	n
1 time	51
2 times	6
3 times	1

	In-patient (n)	Outpt/CB (n)	Detox (n)
1 time	54	4	1



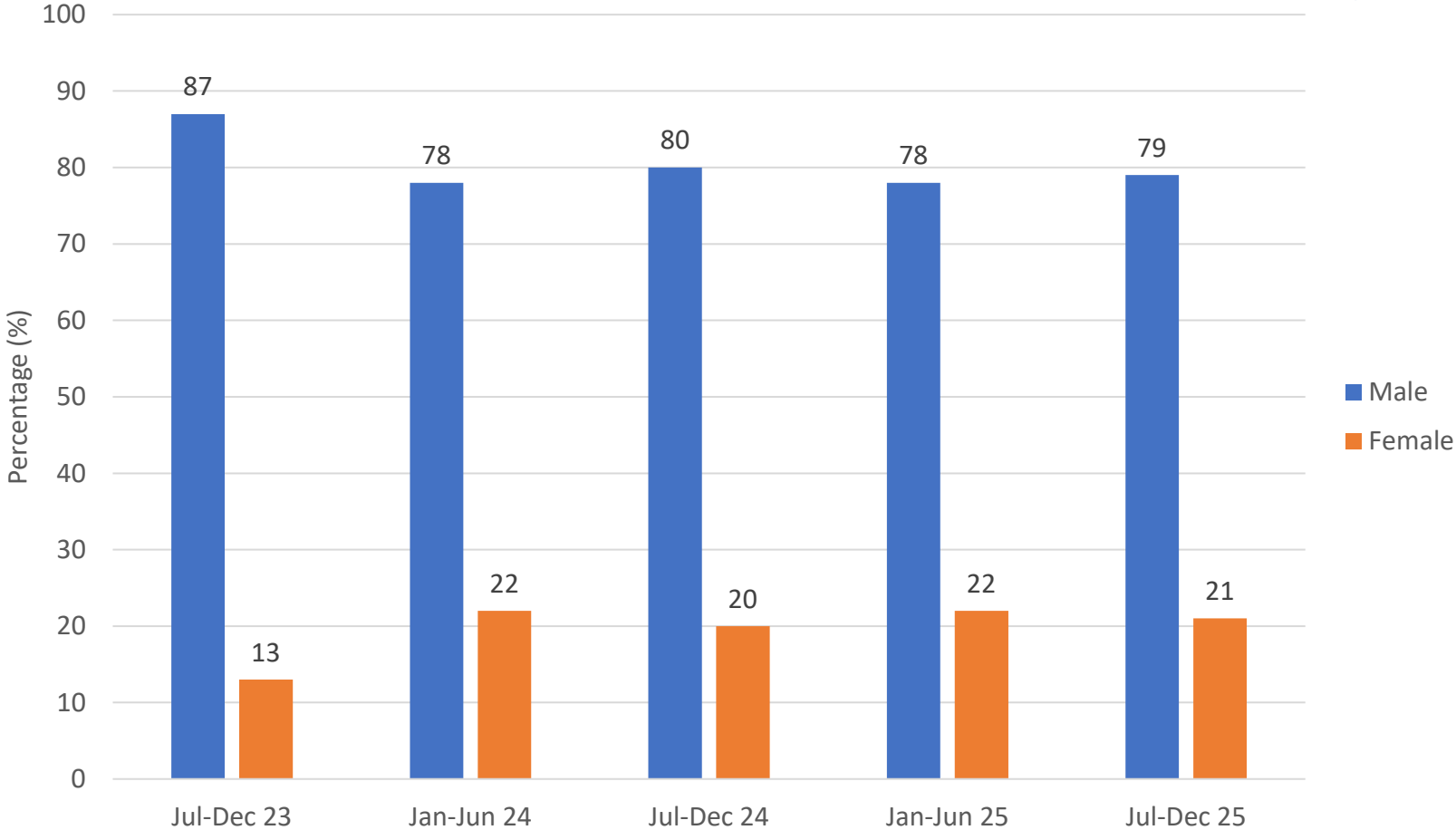
READMISSION BY GENDER



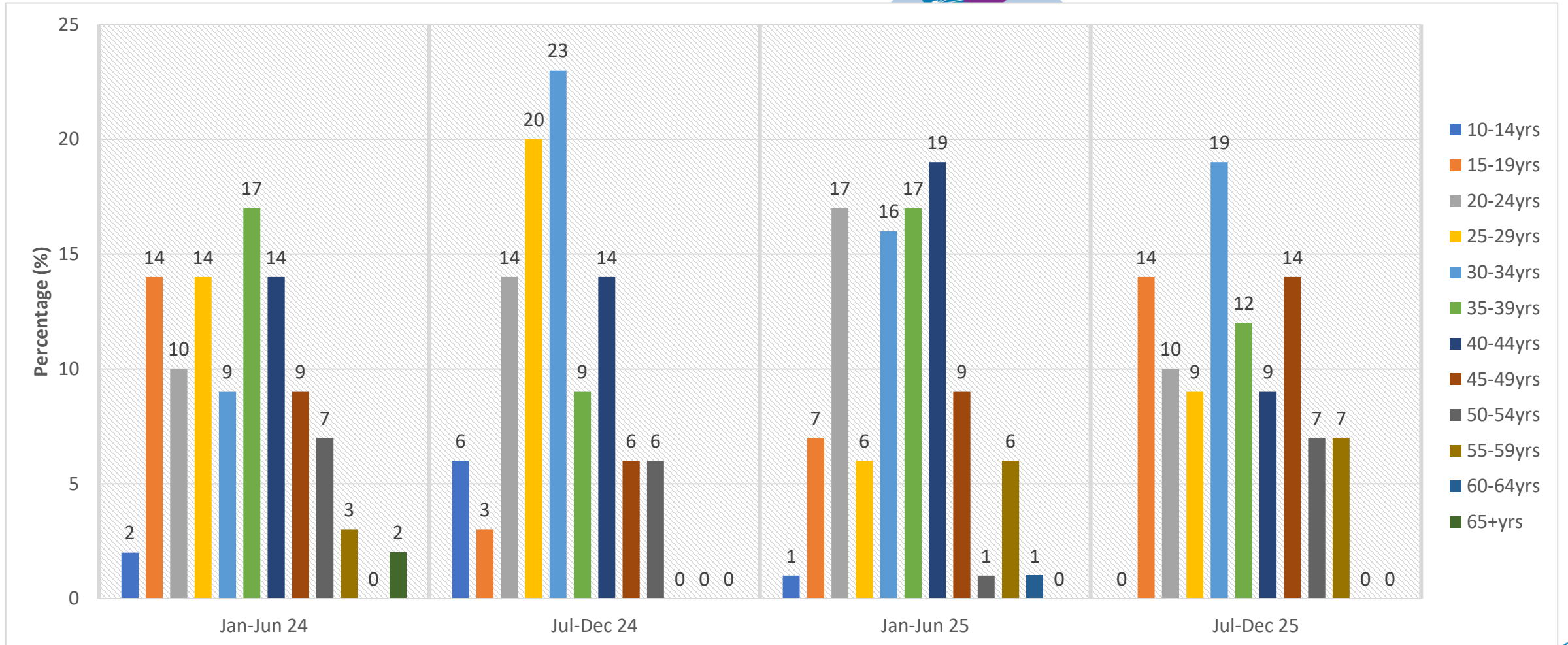
SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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



READMISSION BY AGE



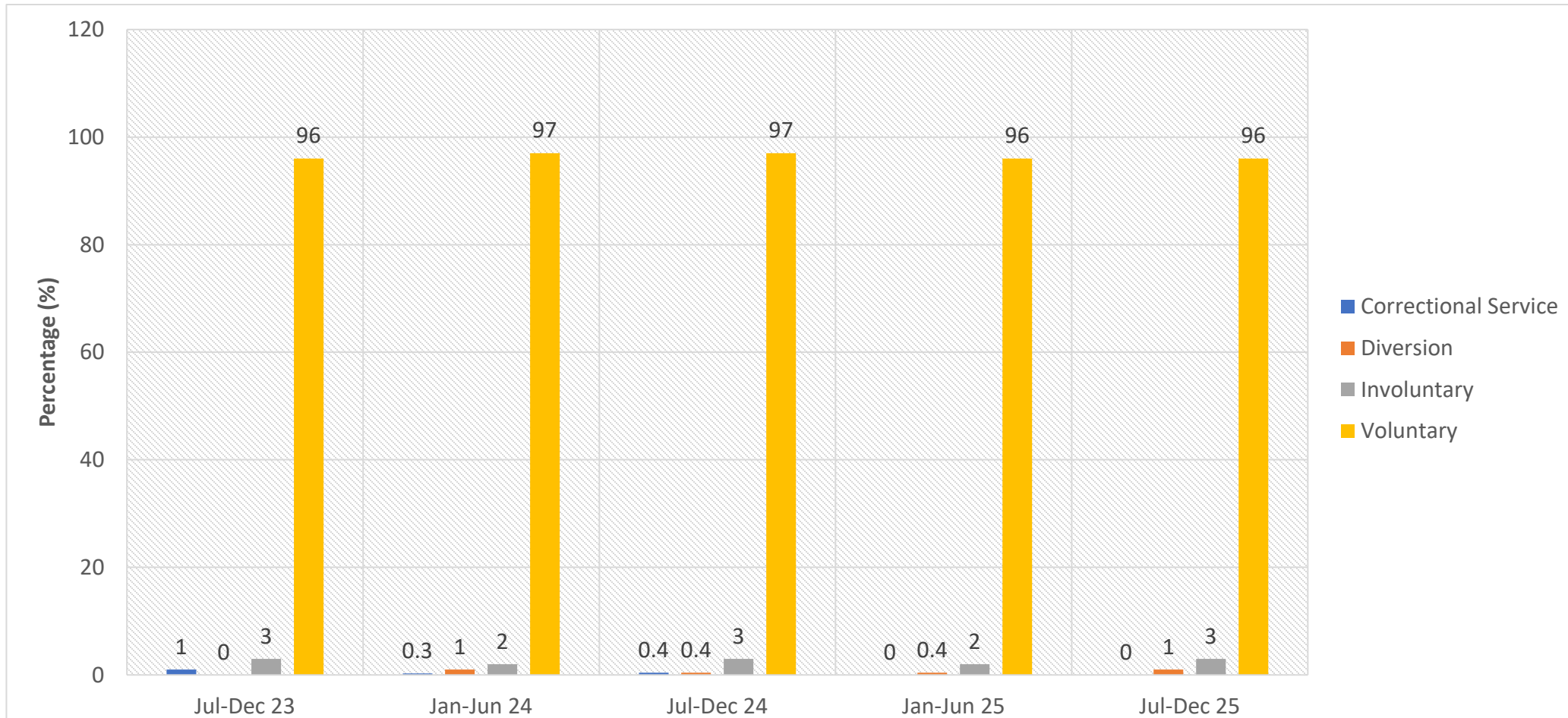
TYPE OF ADMISSION



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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



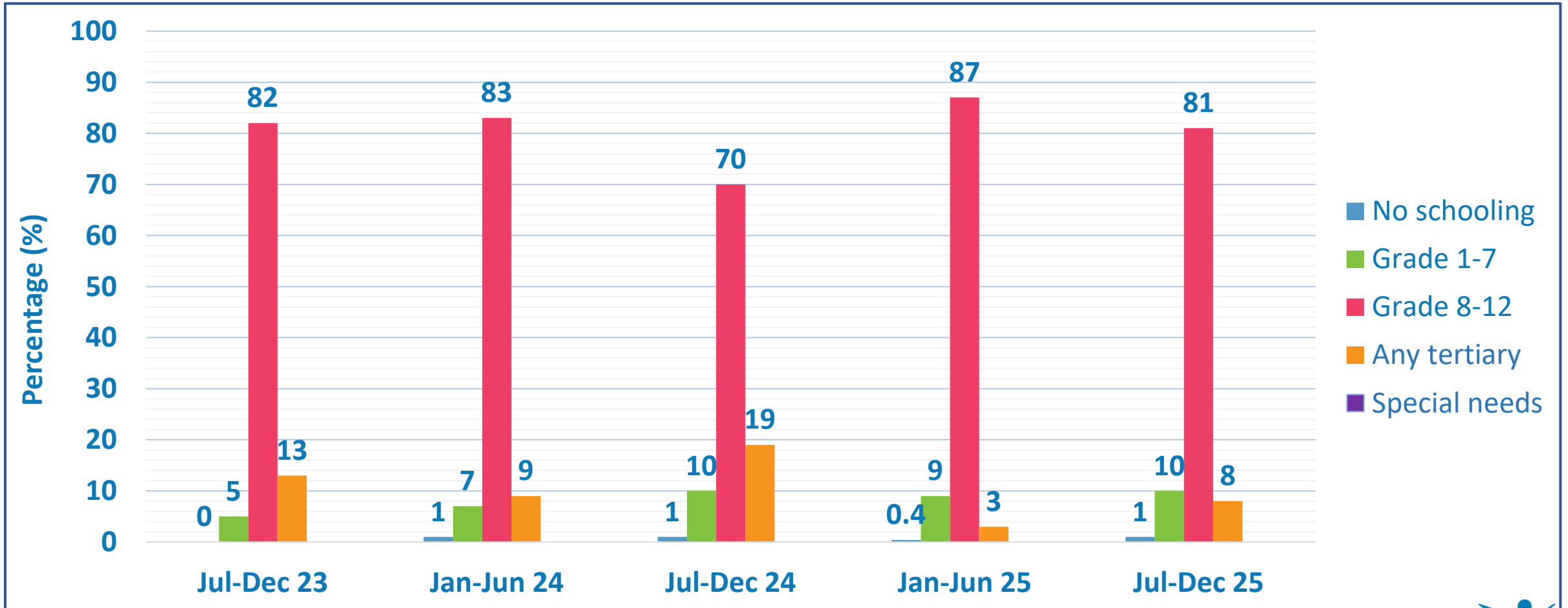
EDUCATION LEVEL



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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



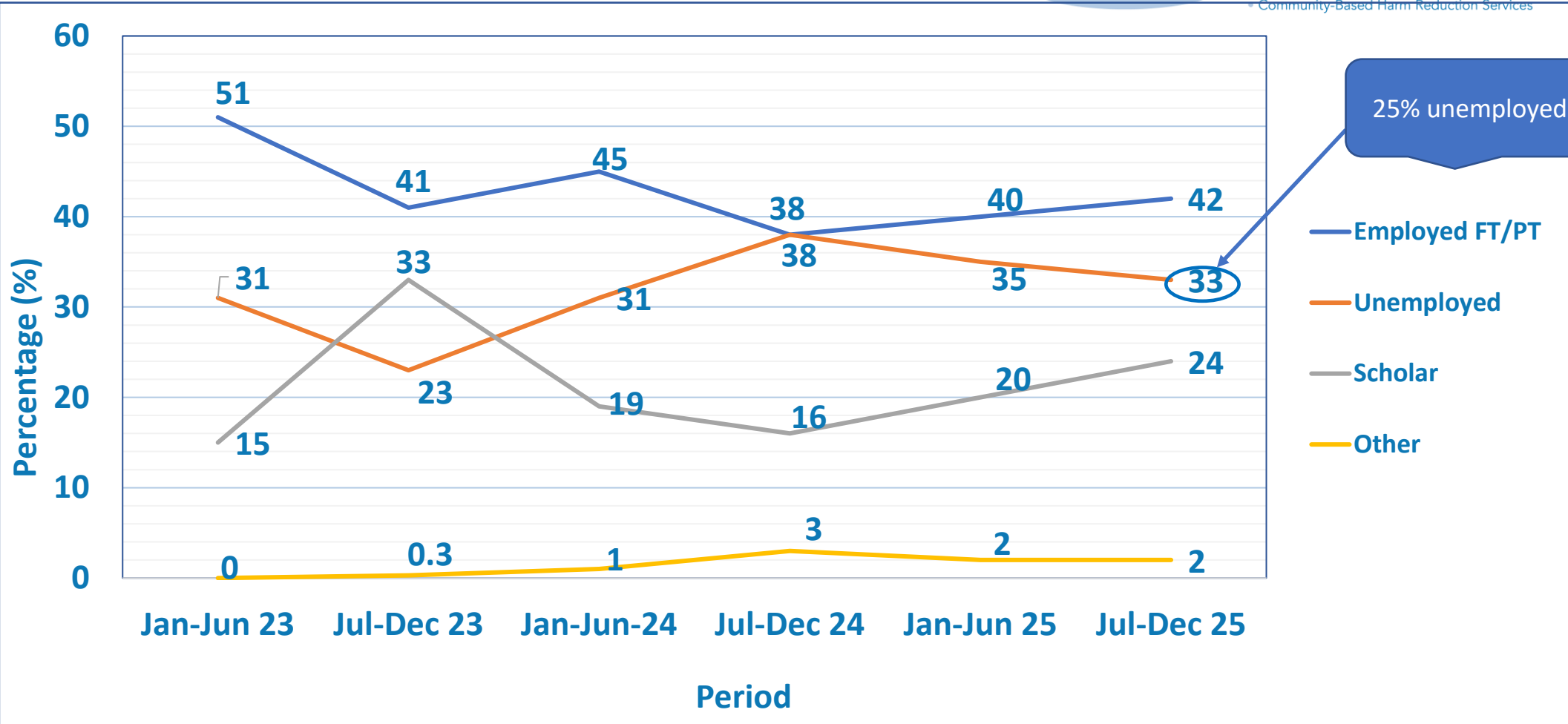
EMPLOYMENT STATUS



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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



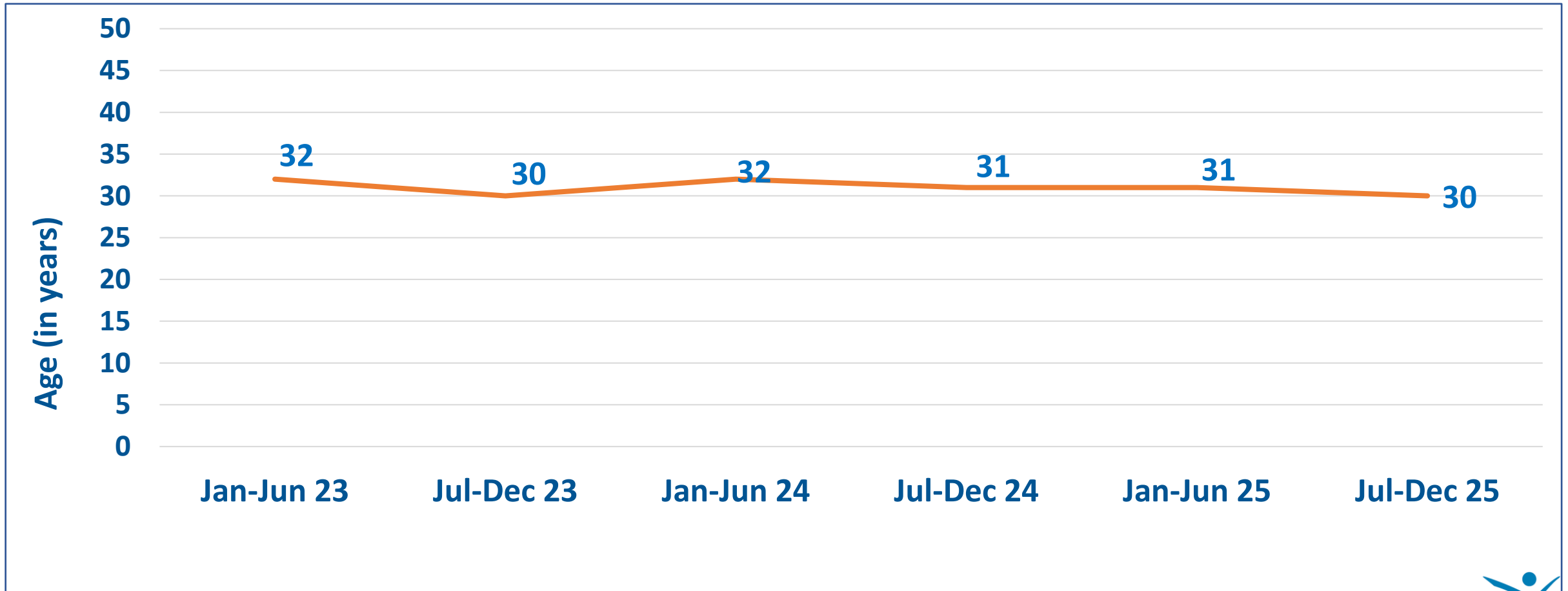
MEAN AGE



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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



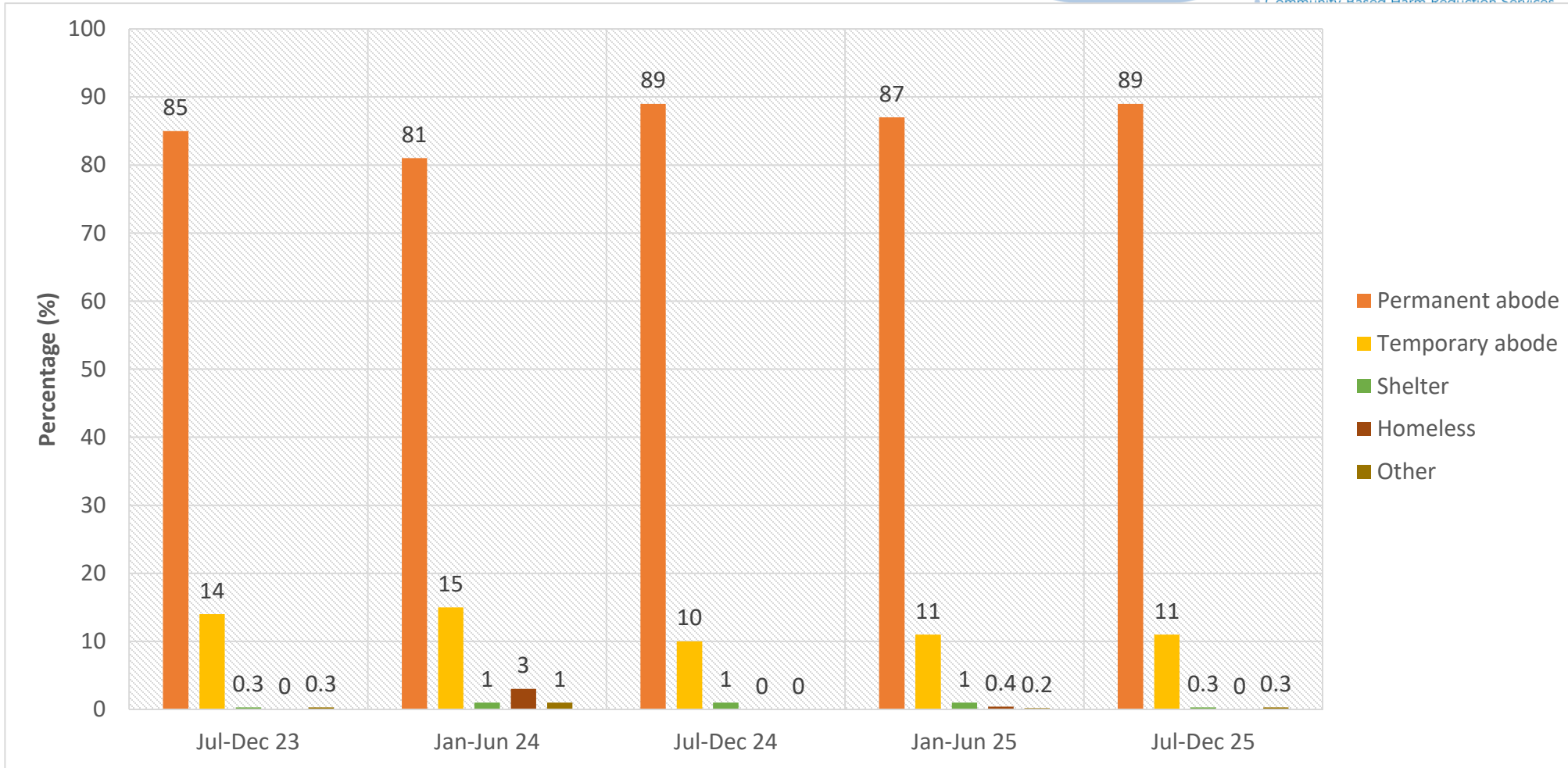
TYPE OF RESIDENCE



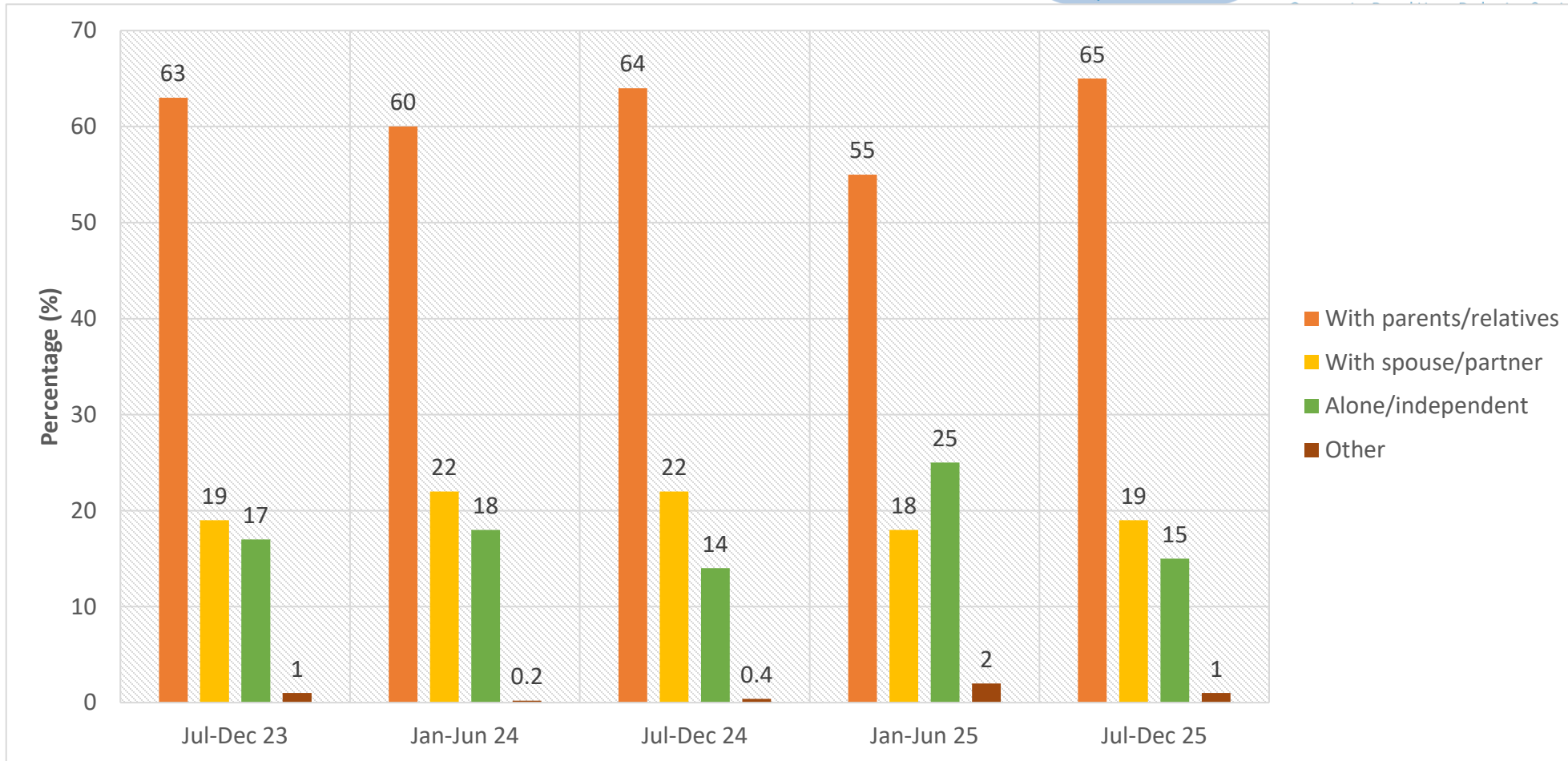
SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

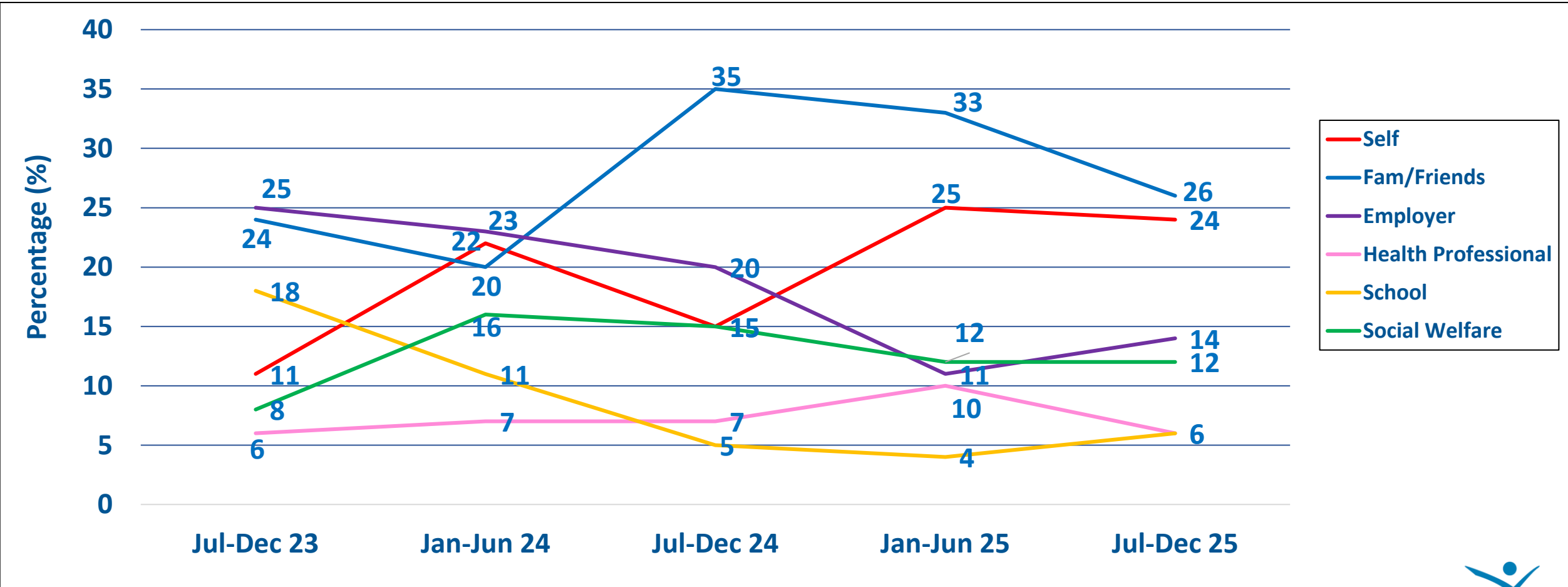


WHO CLIENT RESIDES WITH



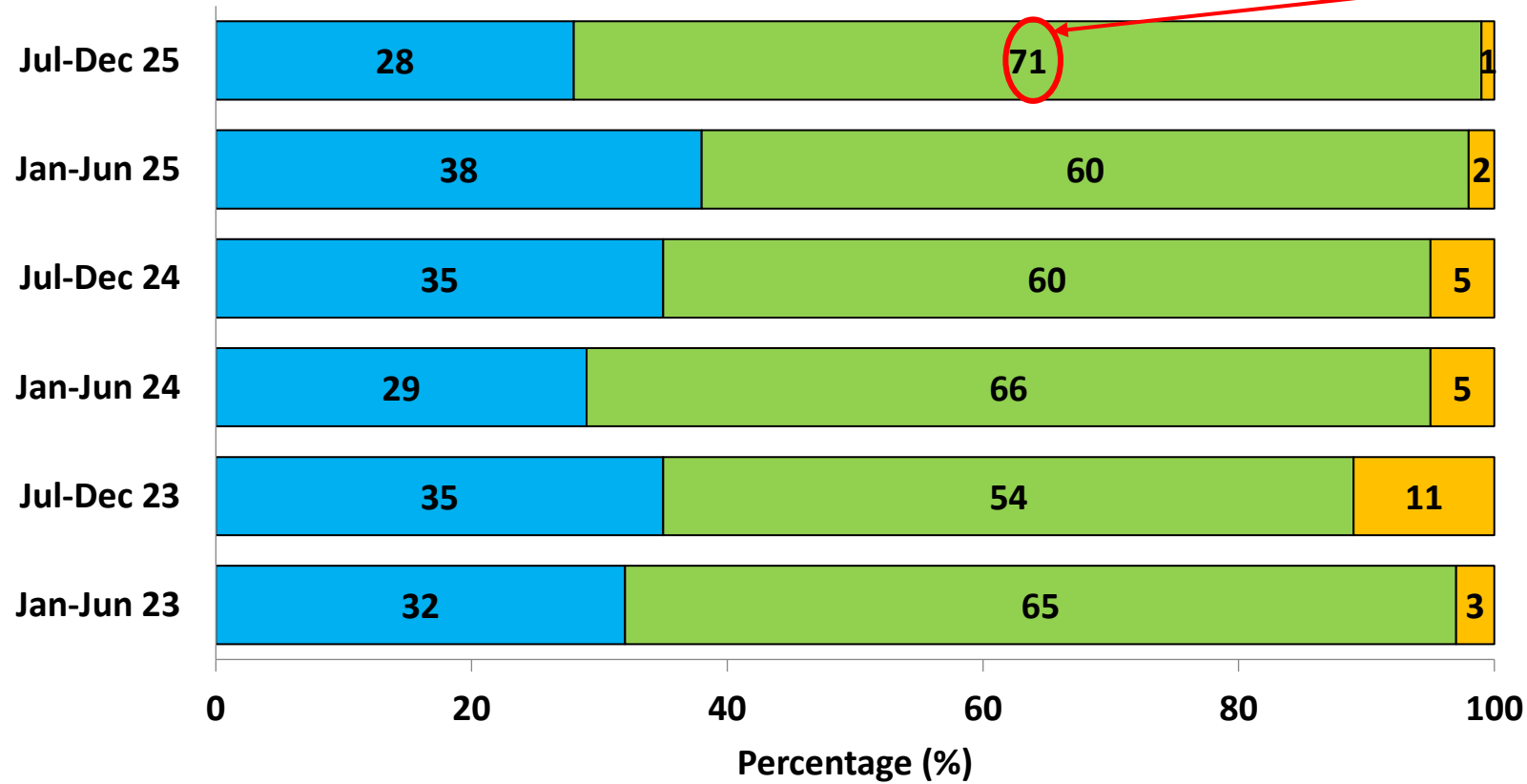


REFERRAL SOURCE OVER TIME





HIV TESTED OVER PTM

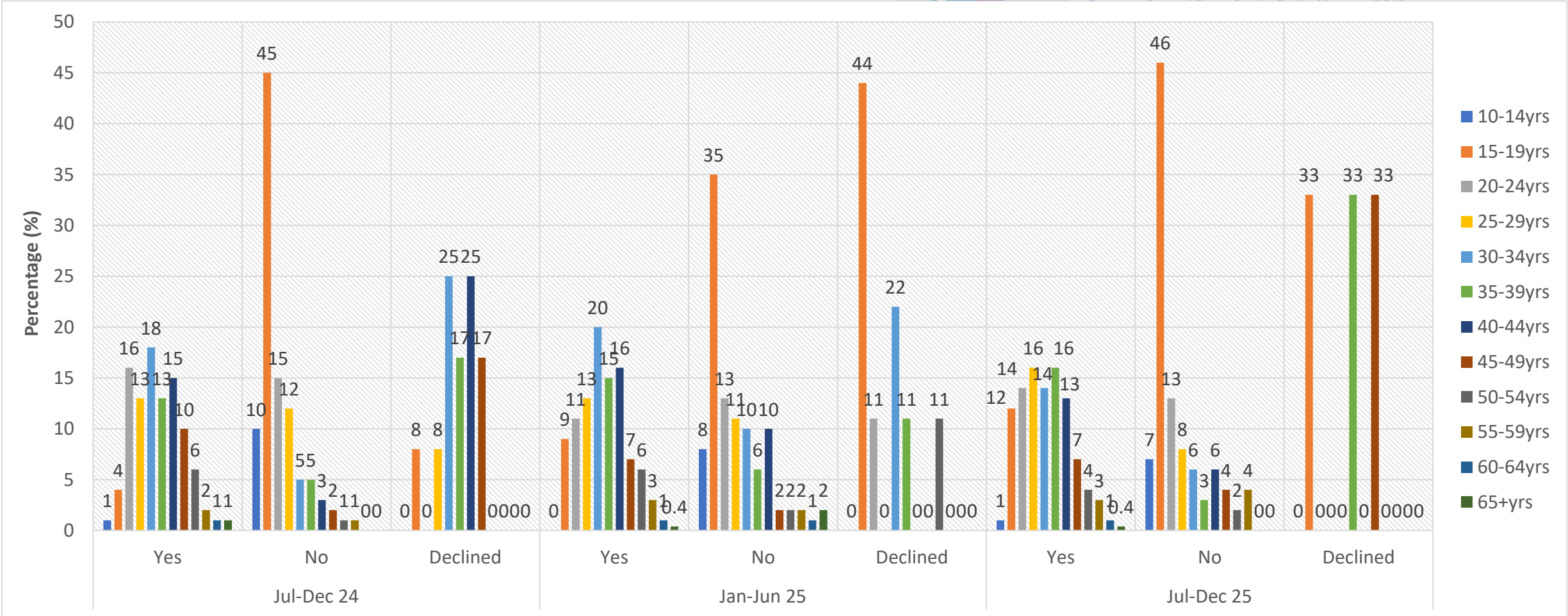


Yes, in past 12 mths	61%
Yes, not in past 12 mths	10%

■ No
■ Yes
■ Declined



PRIOR HIV TEST BY AGE



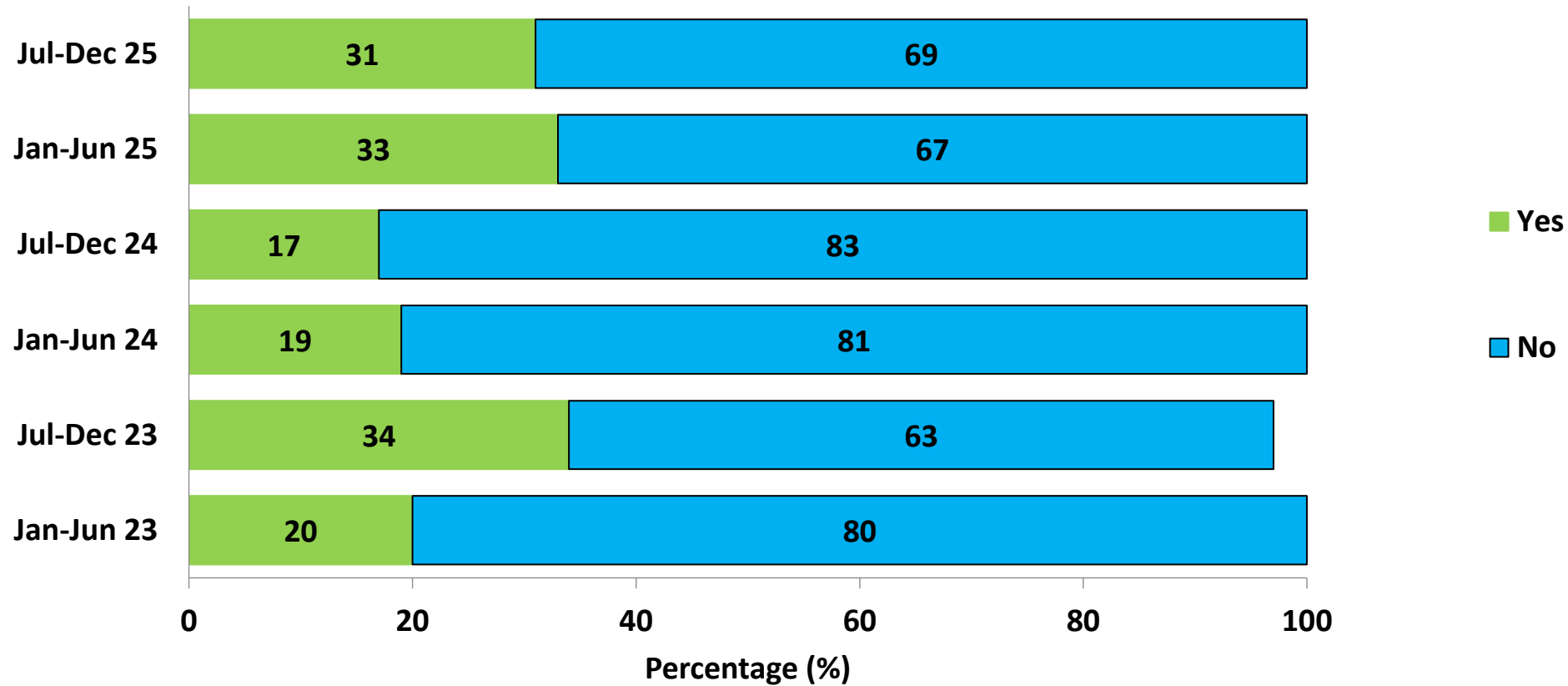
FUTURE HIV TESTING



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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



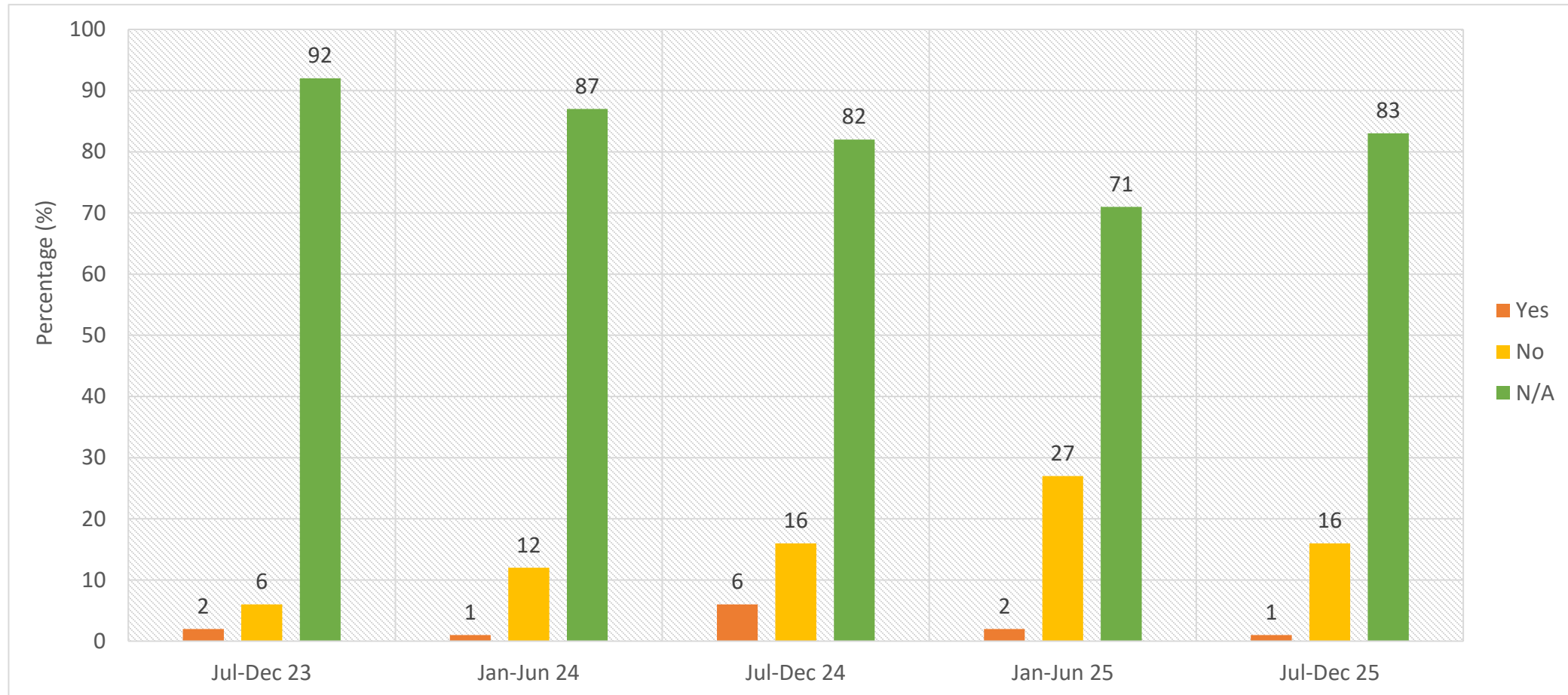
SUBSTANCE USE DURING PREGNANCY



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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





SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

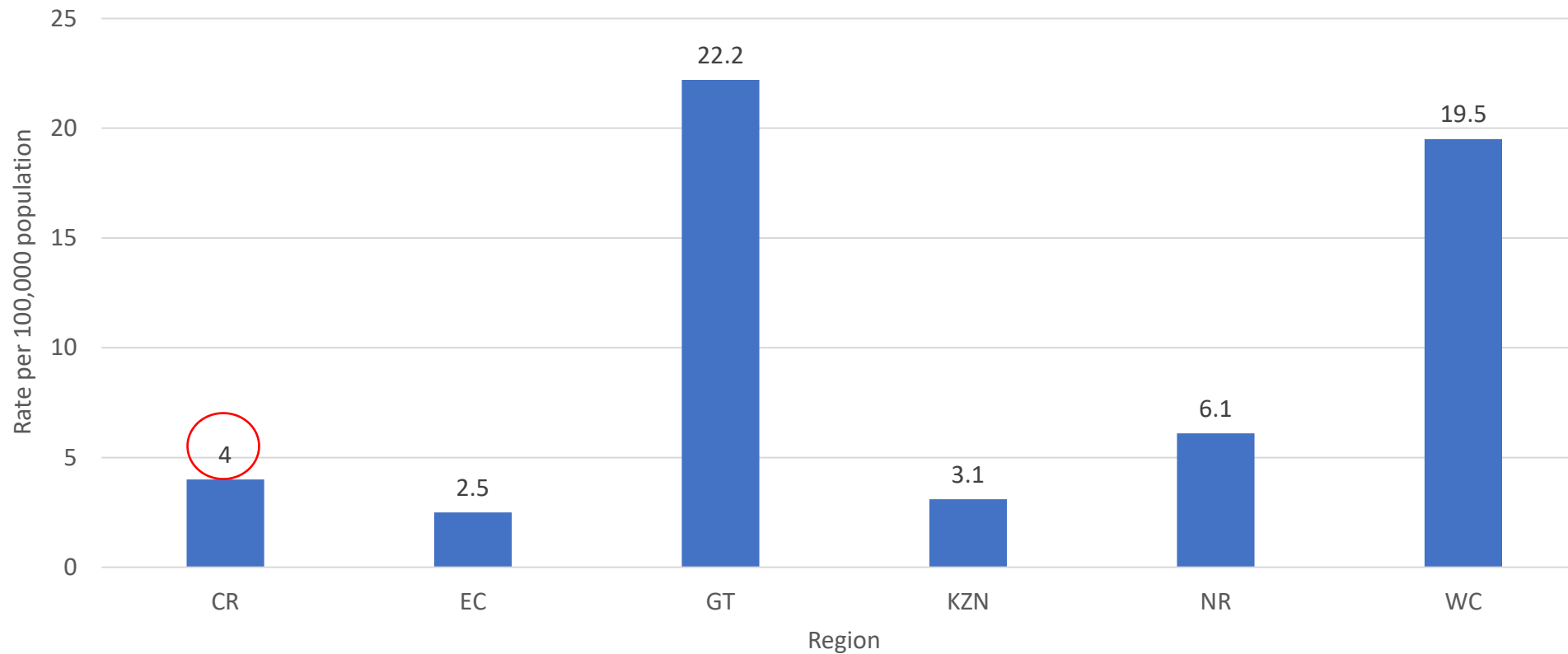
Treatment Demand Data • Service Quality Measures (SQM)
• Community-Based Harm Reduction Services

POPULATION-ADJUSTED ESTIMATES



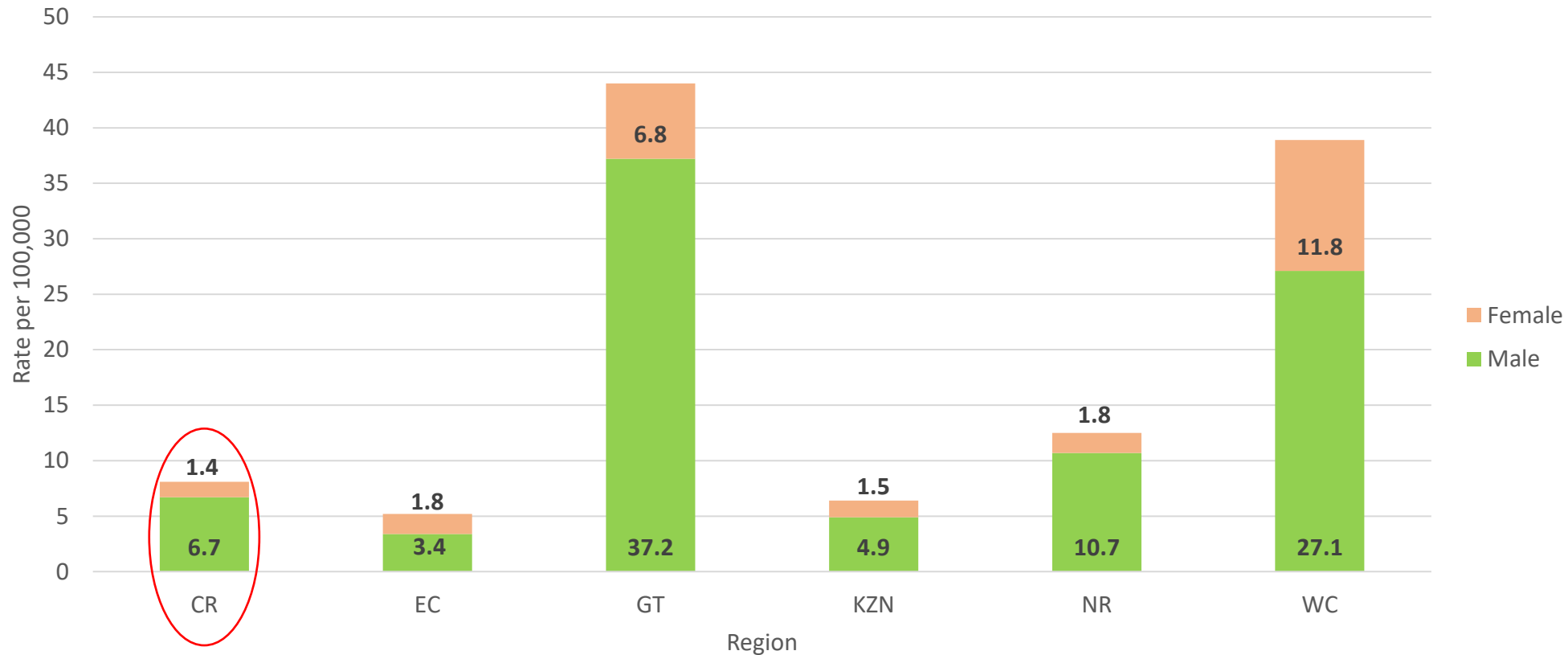


Age and Sex-adjusted rate per 100,000
All Admissions





Age-adjusted rate per 100,000
Gender





SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

SUBSTANCES OF USE



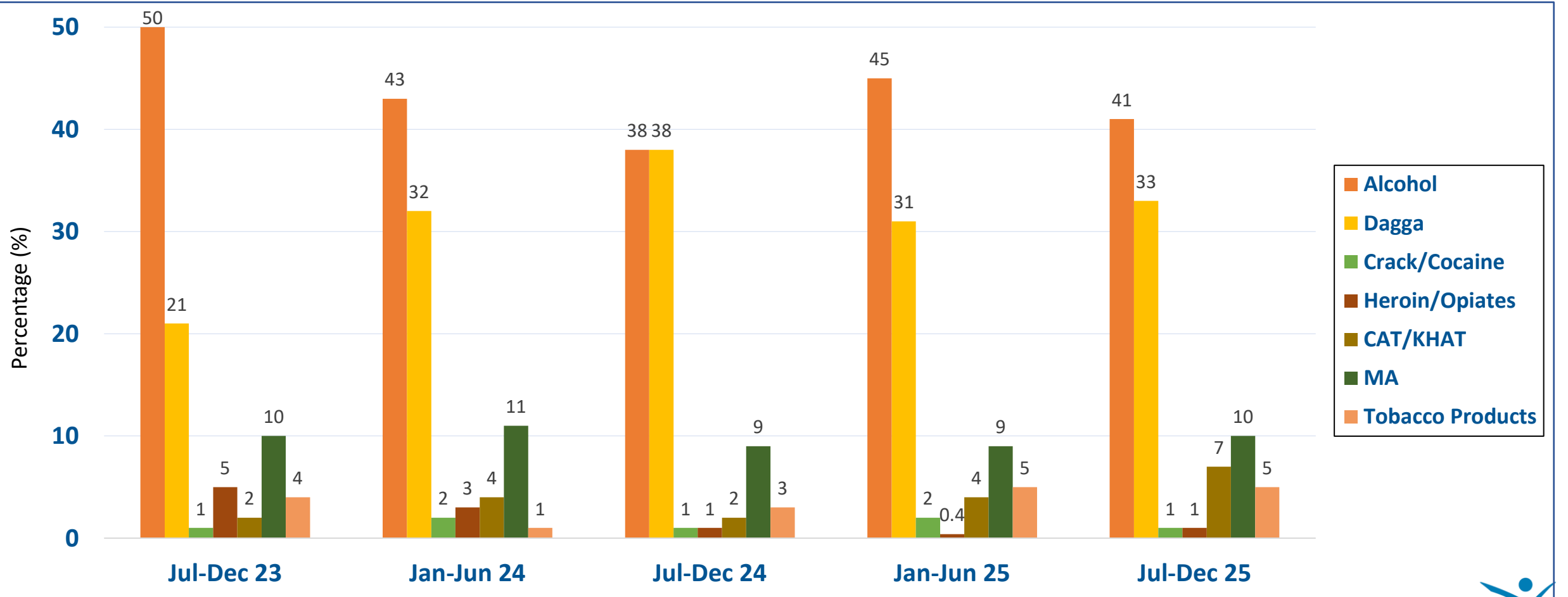
SELECTED PRIMARY SUBSTANCES OF USE



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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



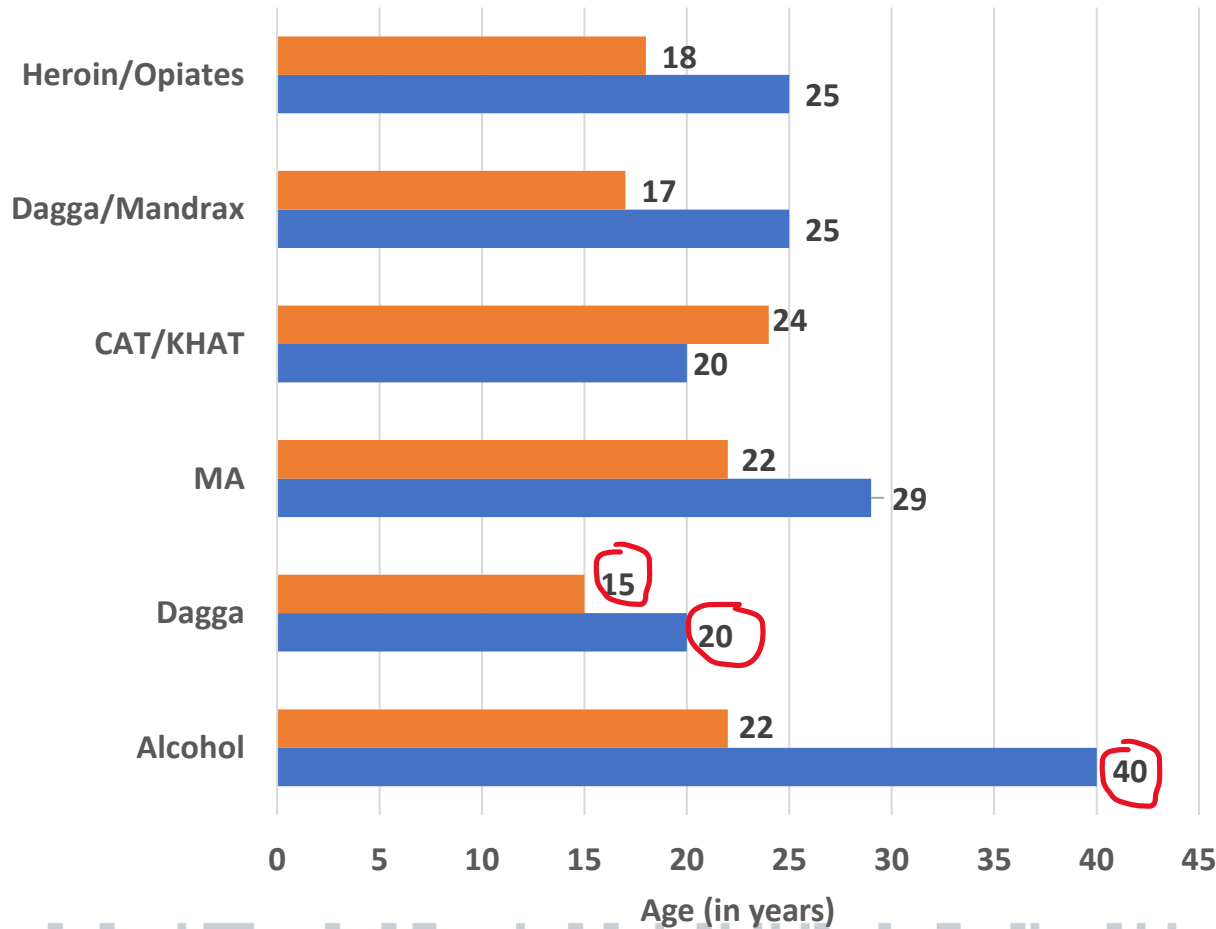
SELECTED PSOA BY MEAN AGE/MEAN AGE OF INITIATION



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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



Jul-Dec 25

■ Mean Age of Initiation
■ Mean Age

Treatment Delay	
	No of years
Alcohol	18
Dagga	5
MA	7
CAT/KHAT	5
Dagga/Mx	8
Heroin/Opiates	7

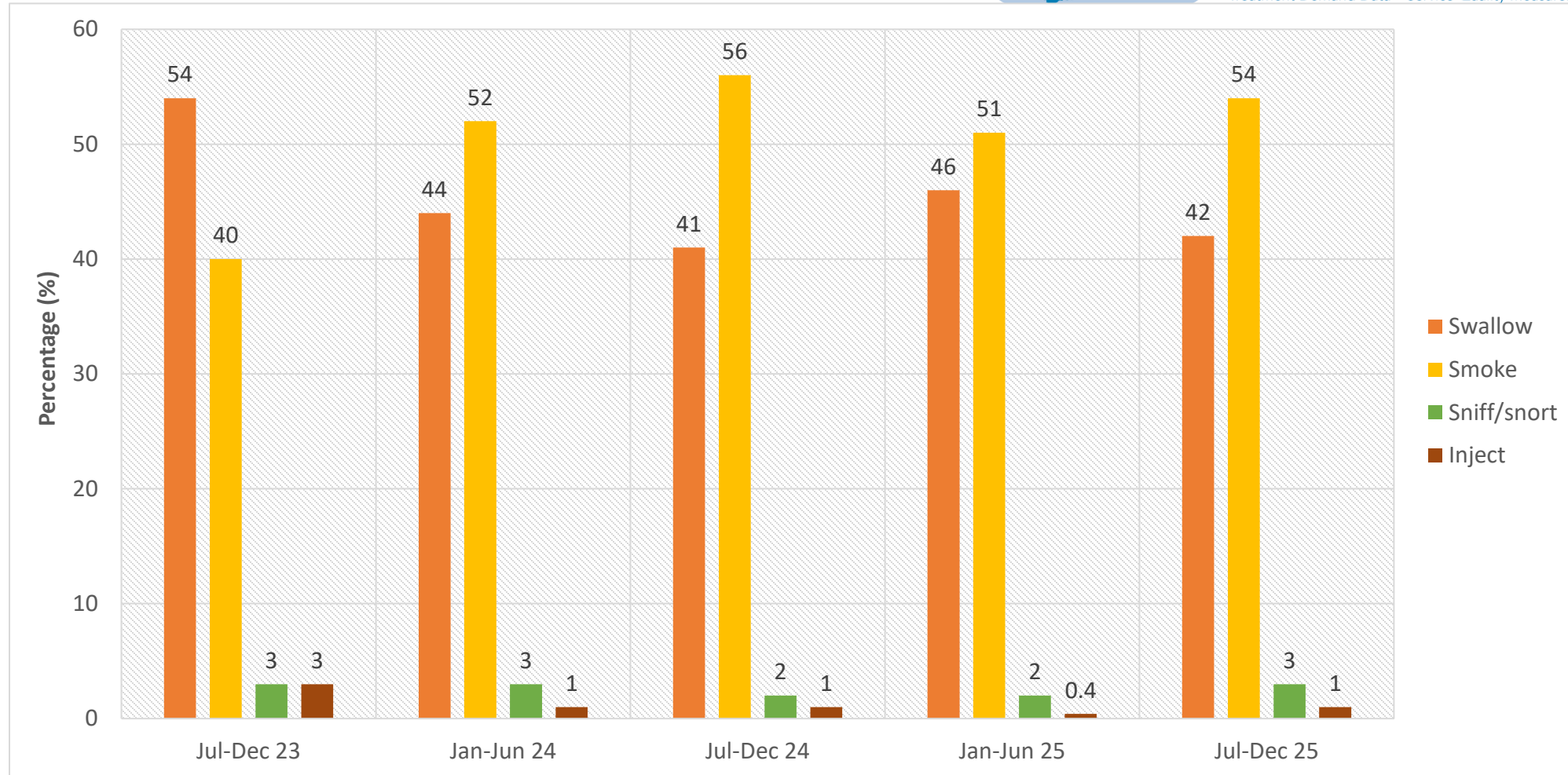
ROUTE OF ADMINISTRATION (ALL SUBSTANCES)



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

Treatment Demand Data • Service Quality Measures (SQM)



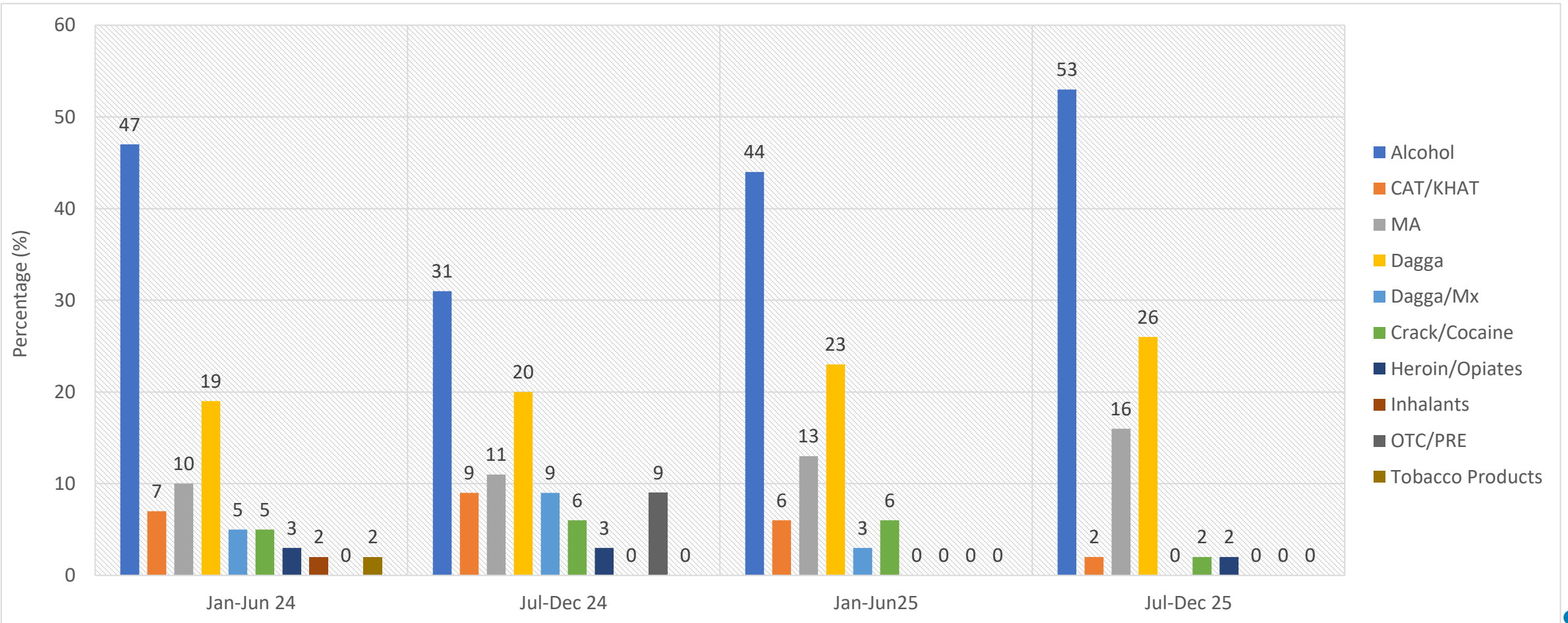
READMISSION BY SELECTED PRIMARY SUBSTANCE OF USE



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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



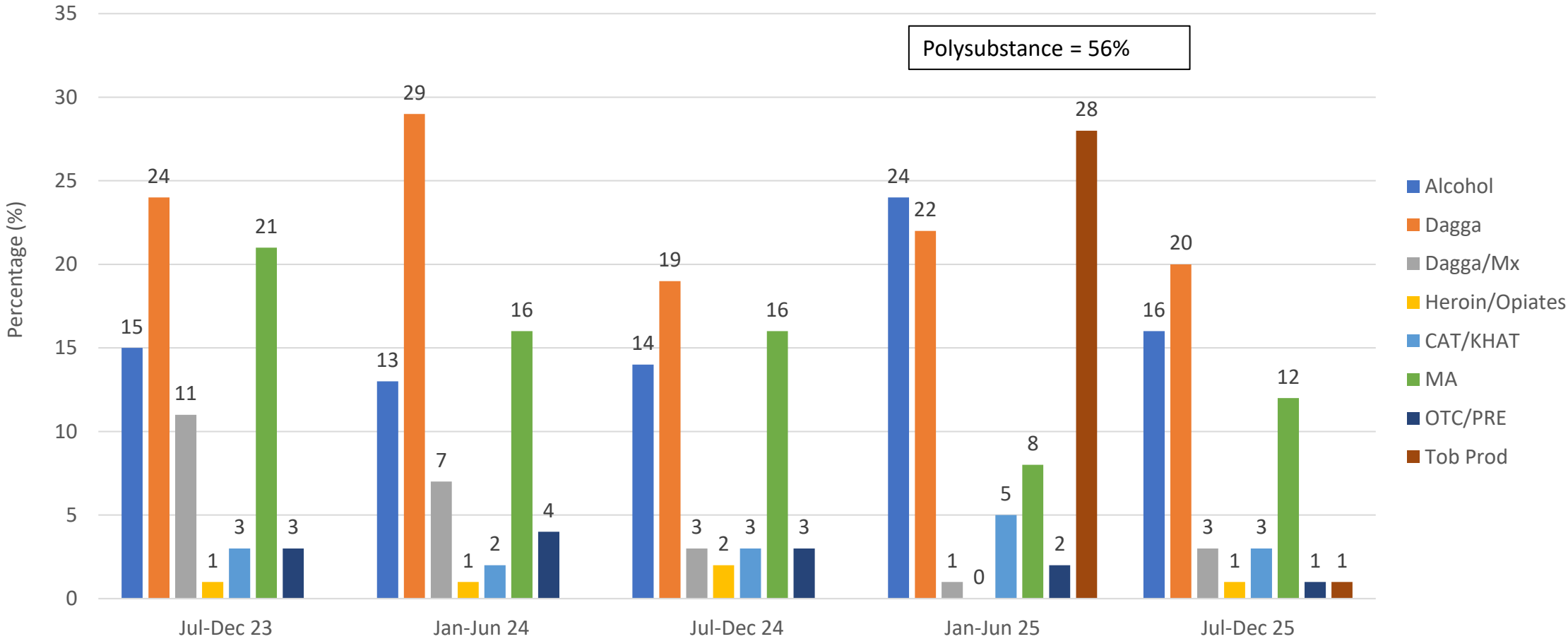
SELECTED SECONDARY SUBSTANCES OF USE



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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



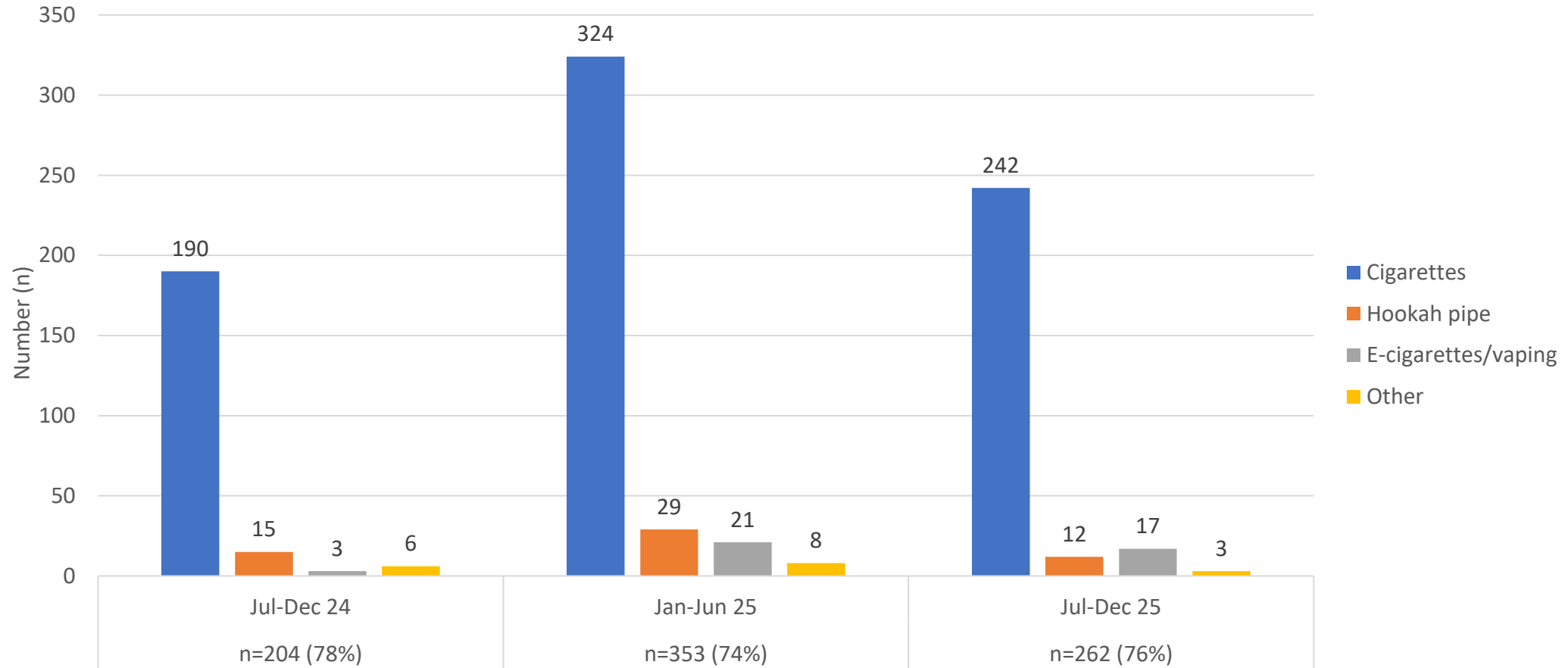
TOBACCO PRODUCTS



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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





SACENDU

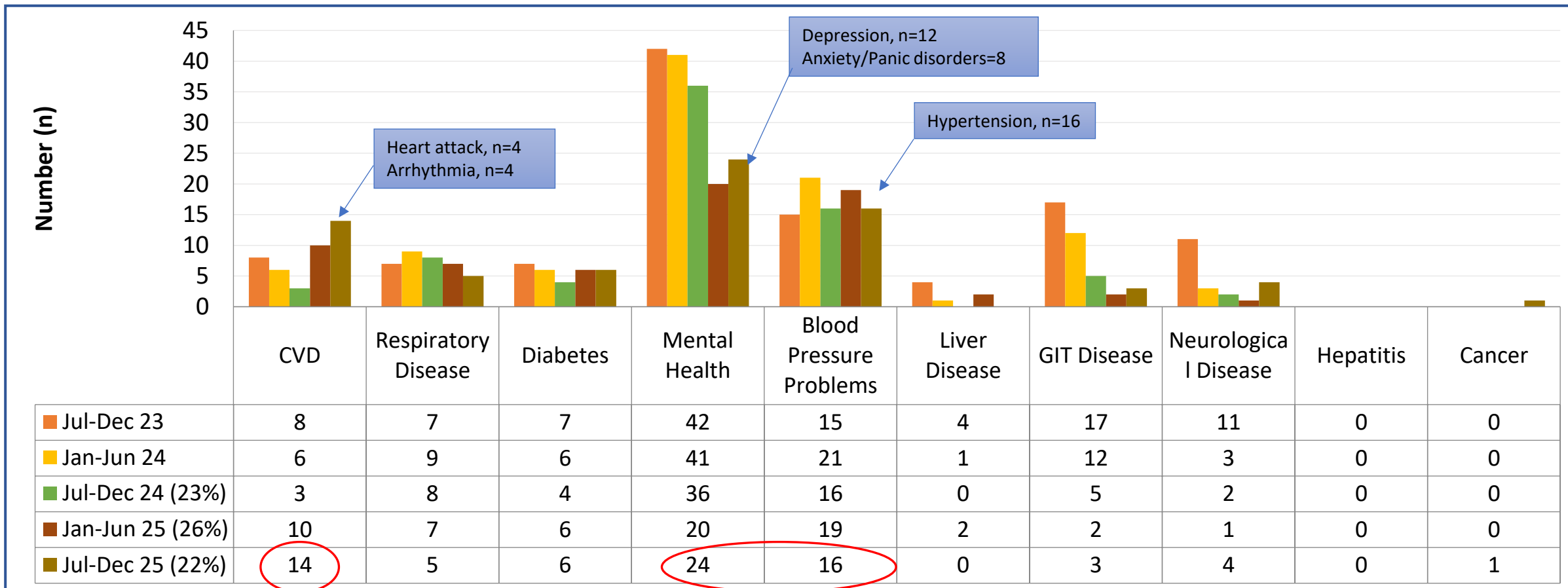
SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

HEALTH-RELATED CONSEQUENCES/OTHER



NCDs



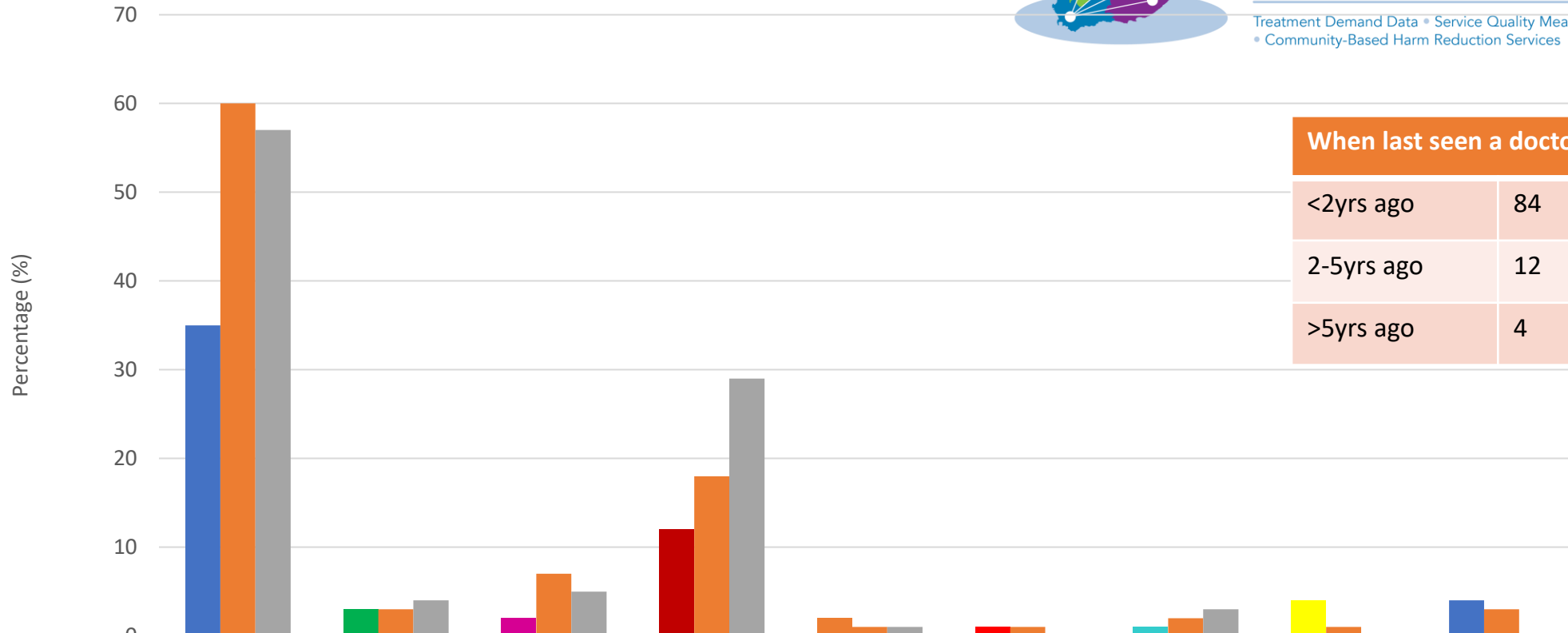
NCD BY SELECTED PRIMARY SUBSTANCE



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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



When last seen a doctor (%)	
<2yrs ago	84
2-5yrs ago	12
>5yrs ago	4

	Alcohol	CAT/KHAT	MA	Dagga	Dagga/Mx	Heroin/Opiates	Tobacco Products	OTC/PRE	Crack/Cocaine
■ Jul-Dec 24	35	3	2	12	2	1	1	4	4
■ Jan-Jun 25	60	3	7	18	1	1	2	1	3
■ Jul-Dec 25	57	4	5	29	1	0	3	0	0



Profile of Individuals who use Codeine (n=16, 5%)	Number (n)
Gender:	
Males: Females	13:3
Ages:	
40-44 years	4
35-39 years	3
15-19 years	3
Employment status:	
Employed (FT)	6
Codeine product:	
First product: tablets, followed by syrup Second product: tablets	
Type of codeine-containing medication:	
Adcodol, Stilpane, Mybulen, Genpayne, Astrapain → Tables	
Lenazine → Syrup	



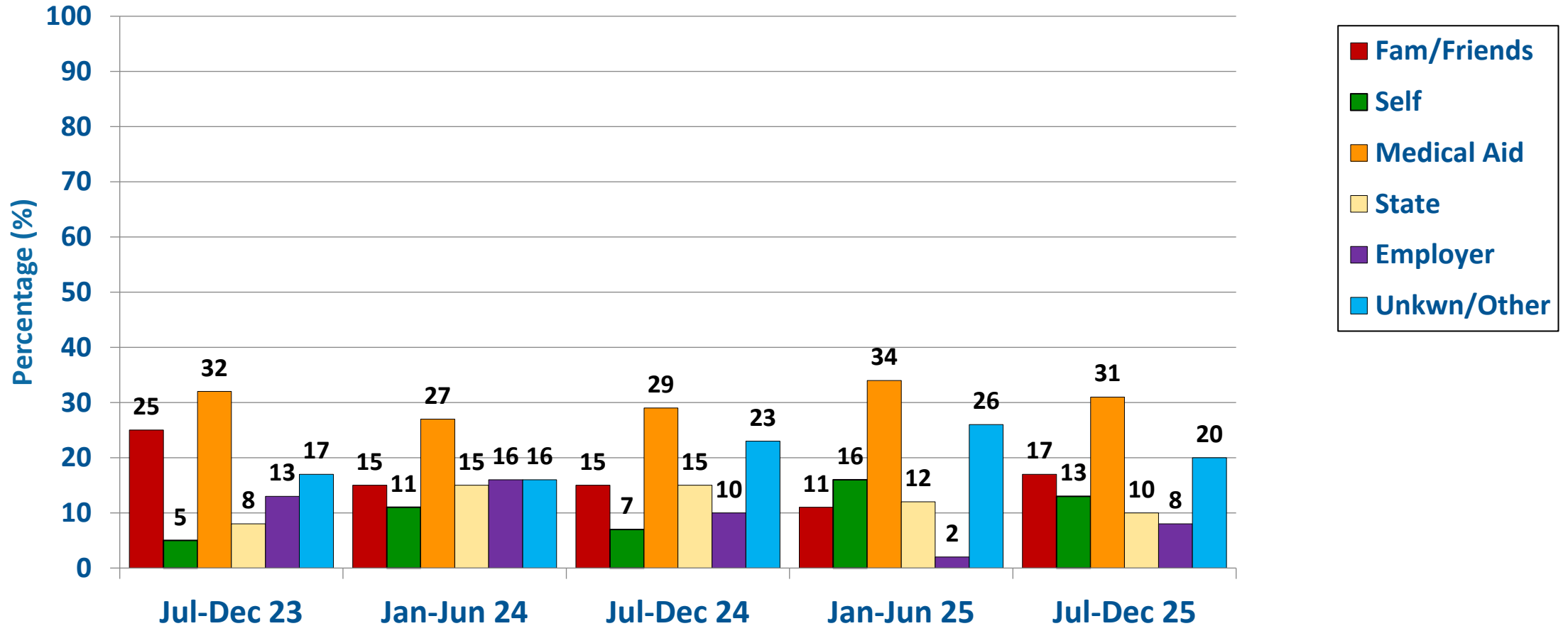
SOURCE OF PAYMENT



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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





SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

PATIENTS ≤ 18 YEARS



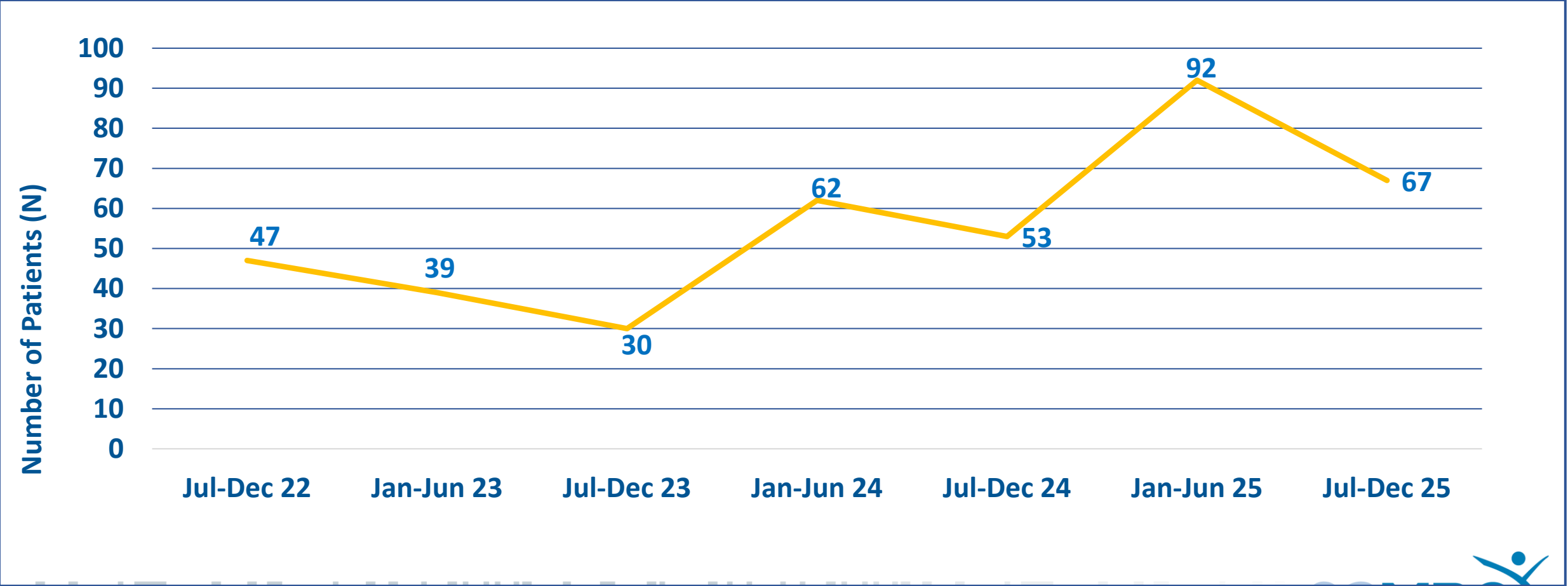
NUMBER OF PATIENTS (n=67, 19%)



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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



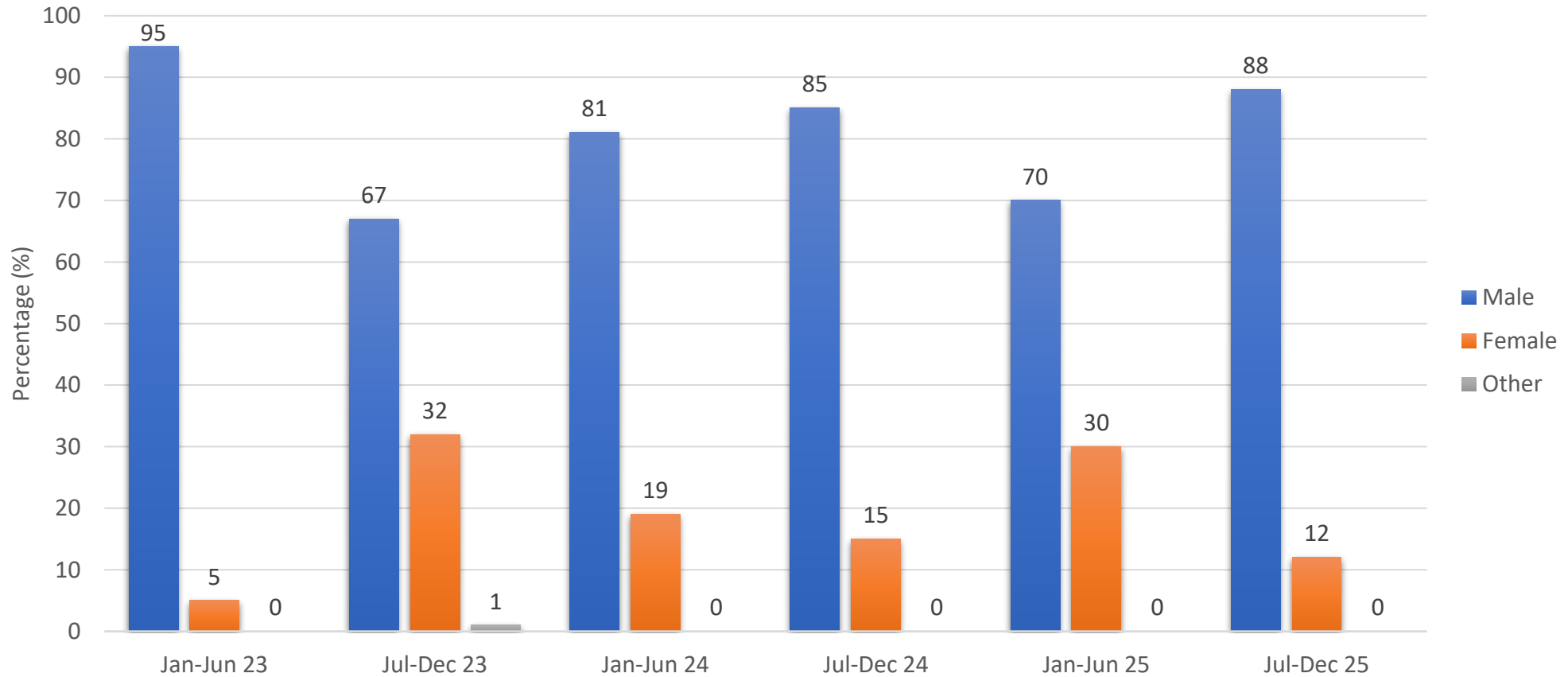
GENDER



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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



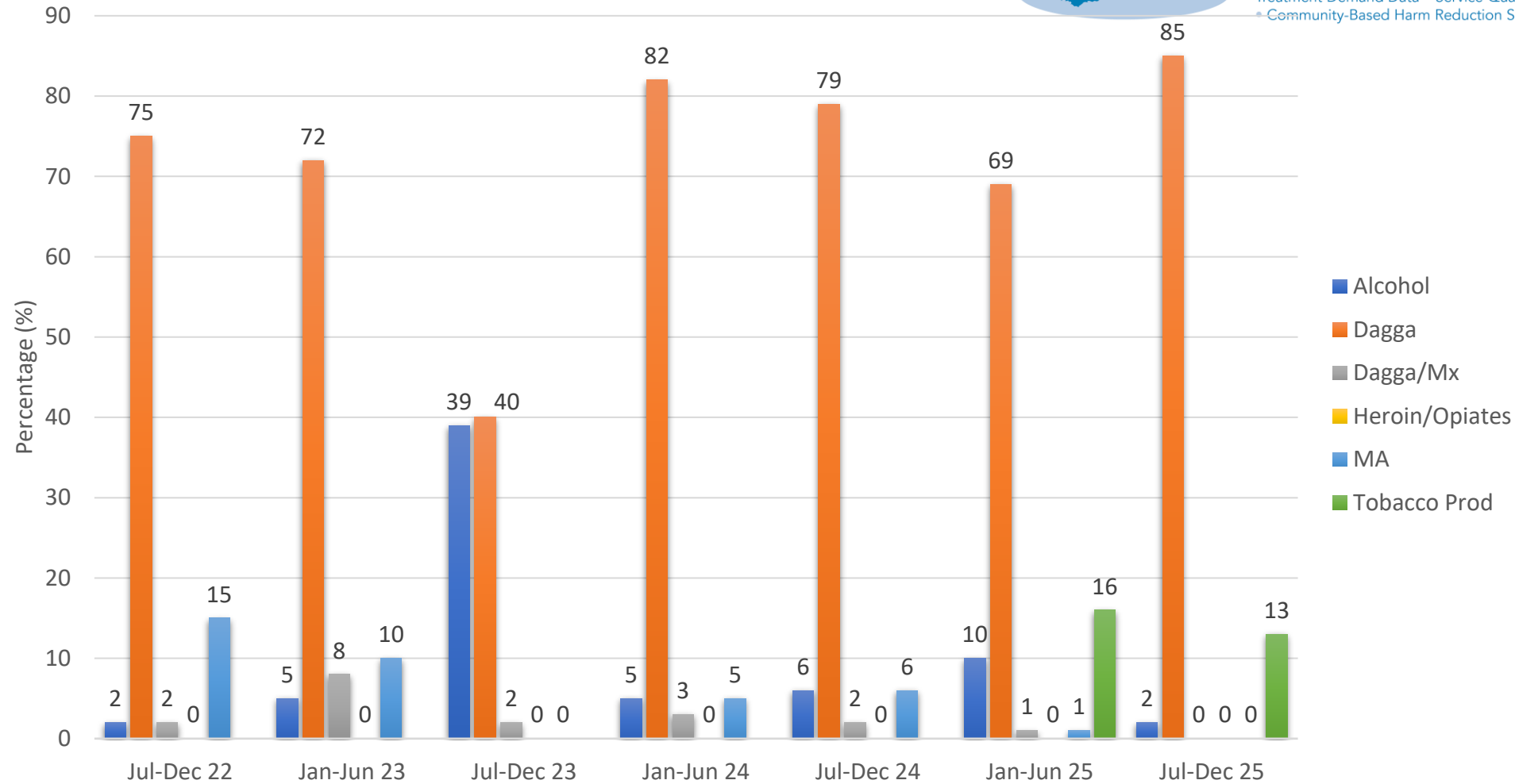
SELECTED PRIMARY SUBSTANCES OF USE



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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



SELECTED SECONDARY SUBSTANCES OF USE

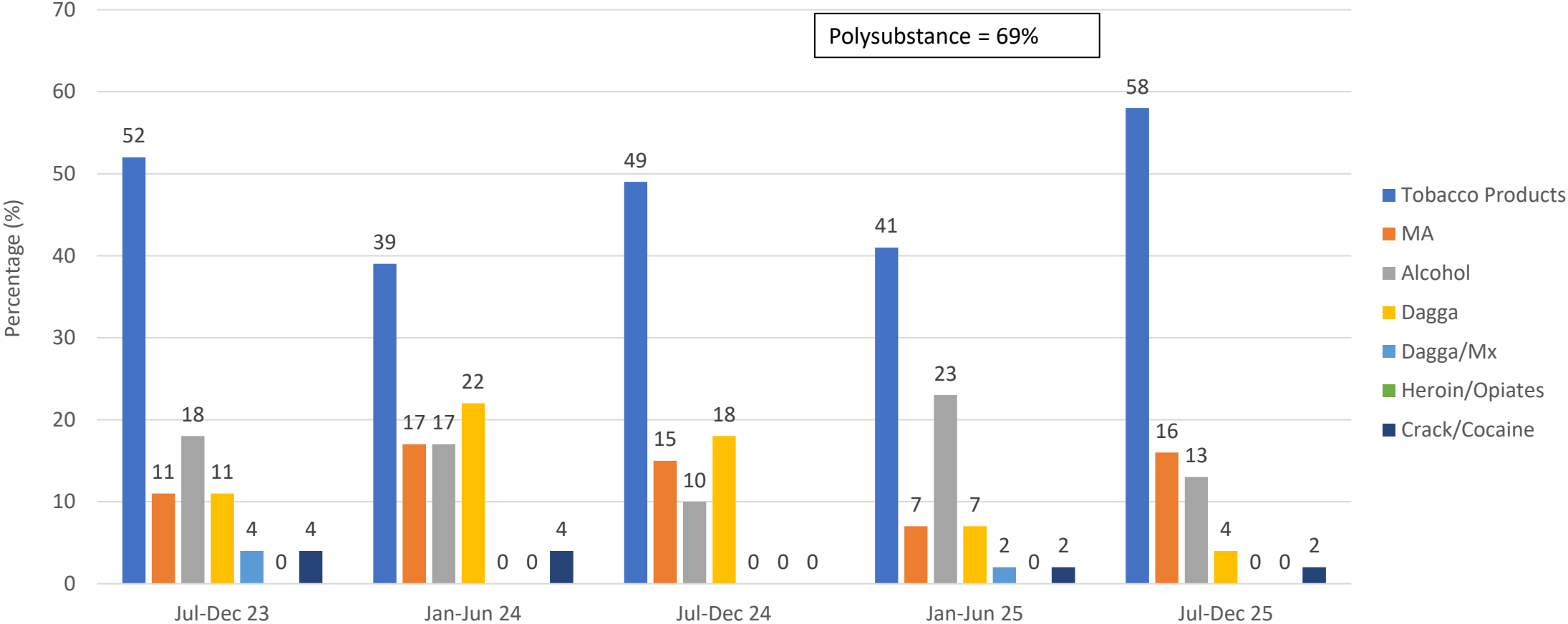


SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

Polysubstance = 69%



SUMMARY

- Nationally, CR comprised 5% of admissions this period. Population adjusted estimates show that CR in fact had a higher rate of admission (4.0 per 100,000 population) compared to KZN and EC.
- Decrease in admissions – FS 75%, NW 20%, NC 5%.
- Majority admissions were first-time, voluntary.
- Treatment access was mainly to inpatient and outpt/cb. Decrease in access to both treatment types. Detox service access was low.
- Predominantly males aged 15-19 years accessed treatment services, increasing since 25a. Decrease for for adults aged 30-34 years. Adjusted rates confirm mostly males access treatment (6.7 per 100,000 population) compared to females (1.4 per 100,000 population).
- Most persons receiving treatment were employed with a high school education level.
- Readmissions were predominantly for males aged 30-44 years presenting with alcohol misuse – alcohol-related readmissions increased from 44% to 53%. Increase in readmissions among 15-19 year olds. Majority of individuals experienced a readmission once on an inpatient basis.
- Referral to treatment were largely through family/friends (decrease since 25a), followed by self-referral. Increase in employer-led referral.
- Increase in overall HIV testing rate (increase from 60% to 71%). Highest HIV testing rates for adults 20-29yrs and 30-39 yrs (between 14-16%). Mostly 15-19yr olds (41%) who had never been tested. Two-thirds declined to be tested in future.
- Rates for substance use during pregnancy remain low (2%) though this is likely an under-estimate.
- Alcohol and dagga remain the two leading primary substances of use this period. Slight decrease in dagga-related admissions.
- Dagga and alcohol most frequently reported as secondary substances of use; decline in alcohol from 24% to 16%. Polysubstance use was indicated by 56% of all persons admitted to treatment.
- Dagga associated with the youngest age at admission (mean age: 20yrs) and age of initiation (mean age: 15yrs). Alcohol had the longest treatment delay (mean: 18years).

SUMMARY

- **22% reported NCD diagnosis – mostly mental health problems, hypertension and cardiovascular disease.**
- **Comorbidity largely linked to alcohol and dagga.**
- **‘Medical aid’ remained the main source of funding for treatment, followed by ‘unknown/other’. CR the only region where treatment mainly funded through medical aid.**
- **Adolescents ≤18 years:**
 - **Decrease in admissions for adolescents aged ≤18 years increased since the last period. Youth comprised 19% of all admissions.**
 - **Most admissions were made for males. Decline in admissions for females from 30% to 12%.**
 - **Dagga overwhelmingly reported as primary substance by youths, increasing from 69% in 25a to 85% in 25b. Decrease in alcohol from 10% to 2%.**
 - **Tobacco products most common secondary substance of use, increasing from 41% to 58%. MA as secondary substance increase from 7% to 16%. Polysubstance use 69%, increase from 48%.**

REFERENCES:



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

- 1) Pinedo M, Zemore S, et al. Women's barriers to specialty substance abuse treatment: a qualitative exploration of racial/ethnic differences. *J Immigr Minor Health*. 2020; 22(4): 653-660. doi: 10.1007/s10903-019-00933-2
- 2) Substance Abuse and Mental Health Services Administration (SAMHSA). Addressing the Specific Needs of Women for Treatment of Substance Use Disorders. Advisory. Publication No. PEP20-06-04-002.
- 3) WHO. A technical brief: HIV and young people who inject drugs. Geneva, Switzerland: World Health Organization
- 4) Muravha T, Hoffman CJ, et al. Exploring perceptions of low-risk behaviour and drivers to test for HIV among South African youth. *PLOS ONE*. 2021; 16(1): e0245542. <https://doi.org/10.1371/journal.pone.0245542>
- 5) Khoza A, Shilubane HN. Substance use and associated factors among school adolescents in South Africa. *The Open Public Health Journal*. 2021; 14: 435-440. DOI: 10.2174/1874944502114010435, 2021, 14, 435-440
- 6) Nyashanu T, Visser M. Treatment barriers among young adults living with a substance use disorder in Tshwane, South Africa. 2022; 17:75. y (2022) 17:75. <https://doi.org/10.1186/s13011-022-00501-2>
- 7) Naughton F, Alexandrou E, et al. Accessing treatment for problem alcohol users: why the delay? Gloucestershire Research Unit, Health Psychology Department: Gloucestershire, UK; 2008.
- 8) Kamarulzaman A, Altice F.L. The challenges in managing HIV in people who use drugs. *Curr Opin Infect Dis*. 2015; 28(1): 10-16. doi: 10.1097/QCO.000000000000125





SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

For more information, contact us:



<https://www.samrc.ac.za/intramural-research-units/ATOD-sacendu>



nancy.hornsby@mrc.ac.za / jodilee.erasmus@mrc.ac.za / kamogelo.moletsane@mrc.ac.za



[021 938 0398](tel:0219380398)





SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

Thank You
Baie Dankie
Enkosi Kakhulu
Ngiyabonga

