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

### Treatment Demand Data (data collected from specialist substance use treatment centres): Latest key findings (unless stated otherwise the findings relate to the 1st half of 2023)

#### Table 1. Primary substance of use (%) for all persons and persons 18 years and younger – selected drugs (2023a)

<table>
<thead>
<tr>
<th>Substance</th>
<th>All (Over 18)</th>
<th>&lt;19</th>
<th>WC</th>
<th>KZN</th>
<th>EC</th>
<th>GT</th>
<th>NRa</th>
<th>CRb</th>
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</table>

*Northern Region (MP & LP), **Central Region (FS, NW, NC); *Includes data relating to nyaope and whoonga1; **Methamphetamine

1 Nyaope and whoonga are street names for heroin, often mixed with other regulated and unregulated substances. In South Africa, it is usually sprinkled on cannabis and/or tobacco and the mixture is rolled into a cigarette or “joint” and smoked. Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.
Cannabis was the most common primary substance of use in the NR (36%) and GT (34%) among all age groups. Across regions, between 23% (WC) and 36% (NR) of persons attending specialist treatment centres reported cannabis as their primary substance of use, compared to between 2% (KZN, NR and CR) and 6% (WC) for the cannabis/mandrax (methaqualone) aka ‘white-pipe’ combination. Nationally, relatively high admission rates were reported for cannabis use among persons aged 18 years and younger, ranging from 70% (NR) to 82% (WC). Treatment admissions for cocaine-related problems have remained low over the past few reporting periods, ranging between 2% (WC) and 11% (KZN). Across the regions, few persons 18 years and younger were admitted for cocaine-related problems, with rates varying between <1% (GT) to 3% (NR); no cases were reported for the CR.

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

The highest proportions for heroin-related admissions were reported for the NR (26%), WC and GT (17% respectively) and KZN (14%). Between 5% (CR) and 21% (GT) of persons attending specialist treatment centres reported heroin as a primary or secondary substance of use; heroin was reported as a primary substance of use only in the EC. Compared to other modes of use, smoking remained the most common mode of use for heroin ranging from 67% (EC) to 85% (NR). The EC (n=1, 33%) and the CR (n=3, 27%) had the highest rates for heroin by injection, though absolute admission numbers (n) were low. GT had the third highest injection rate for heroin (n=314, 25%). Admissions for heroin use remained highest for the NR (26%) although a notable decline was seen from 38% in the 2022b review period (see Figure 2).

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

*Methamphetamine (MA) - Treatment admissions for MA as a primary substance of use were highest in the WC (31%), GT (24%) and the EC (23%). The highest rates for MA use among persons 18 years and younger were found for the EC (15%) and the CR (10%). Treatment admissions related to MA use as a primary or secondary substance ranged between 4% (KZN) and 47% (WC), remaining largely unchanged from the previous review period. MA as a primary or secondary substance was highest in the WC (47%), GT (34%) and the EC (31%).

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

*For increased reporting accuracy, CAT (synthetic) and Khat (plant-based) have been combined into a single category in the 2022b period.*
COMMUNITY-BASED HARM REDUCTION SERVICES (JULY – DECEMBER 2022)

Community-based harm reduction and health services for people who use drugs (PWUD), including people who inject drugs (PWID), are provided in alignment with the World Health Organization’s guidelines and the National Drug Master Plan (2019 – 2024).

**Eastern Cape**

In **Nelson Mandela Bay** 841 unique PWID accessed services, 108 390 needles and syringes were distributed and 98% returned. 324 PWID tested for HIV, among whom 15 tested positive; 15 were placed on ART and 6 people were confirmed to be virally suppressed. 249 PWID were screened for TB, with 0 being symptomatic, no TB was confirmed and no persons were started on treatment. 52 people were tests for HCV, among whom 49 were positive; of the 42 people who received treatment. 52 people were tests for HCV, among whom 49 were positive; of the 42 people who received treatment. 36 people were screened for HCV antibodies with 26 being reactive. 15 people had confirmatory testing done and 15 confirmed infection. No one started HCV treatment. 20 people started DAAs and 3 were linked to ART. 2 people were reported to have confirmed infection, 20 people started DAA and 3 were reported to have attained sustained virological response at 12 weeks (SVR12). Of the 183 tested for HBV surface antigen (HBsAg), 7 were reactive. 312 PWID were on OST at the beginning of the period and 332 were on OST at the end of the period. 428 human rights violations were reported, the majority (68%) related to assault. 34 deaths were reported among people who use drugs, including 2 fatal drug-related overdoses.

**Gauteng**

In **Ekurhuleni** 579 unique PWID accessed the services, with 114 060 needles and syringes distributed and 77% returned. 246 PWID tested for HIV, among whom 15 tested positive; 15 were placed on ART and 6 people were confirmed to be virally suppressed. 249 PWID were screened for TB, with 0 being symptomatic, no TB was confirmed and no persons were started on treatment. 52 people were tests for HCV, among whom 49 were positive; of the 42 people who received treatment, 52 people were tests for HCV, among whom 49 were positive; of the 42 people who received treatment. 36 people were screened for HCV antibodies with 26 being reactive. 15 people had confirmatory testing done and 15 confirmed infection. No one started HCV treatment. 20 people started DAAs and 3 were linked to ART. 2 people were reported to have confirmed infection, 20 people started DAA and 3 were reported to have attained sustained virological response at 12 weeks (SVR12). Of the 183 tested for HBV surface antigen (HBsAg), 7 were reactive. 312 PWID were on OST at the beginning of the period and 332 were on OST at the end of the period. 428 human rights violations were reported, the majority (68%) related to assault. 34 deaths were reported among people who use drugs, including 2 fatal drug-related overdoses.

Across regions, **persons 18 years and younger** included 19% of admissions for this period (n = 2231). The proportion of persons 18 years and younger who were admitted to treatment were between 15% (KZN) and 24% (EC). The EC remained the province with the highest proportion of admissions among youths aged 18 years (24%). An overall profile of drug treatment admissions from 82 treatment centres across the 9 provinces is provided in Figure 3.

Between 38% (KZN) and 59% (WC) of persons reported that they had been tested for HIV in the past 12 months. HIV testing levels showed a consistent trend over the last two periods, remaining at lower than desirable rates.

Figure 3: Tx demand data based on data from 9 provinces primary + secondary data: 2023a (%)
Outcomes emanating from regional meetings held in GP, KZN, PE, and CT

In **Tshwane** 9 613 unique PWID accessed the services, with 497 699 needles and syringes distributed, and 96% returned. 651 people who use drugs were screened for tuberculosis with 18 being symptomatic, 1 diagnosed and 1 starting treatment. No data on TB treatment outcomes was available for this reporting period. 2 people were screened for HCV antibodies with 2 being reactive. 12 people had confirmatory testing done, 2 people had confirmed infection and 2 people started DAAs. Of the 2 tested for HBsAg, 0 were reactive. A total of 727 people were on OST at the beginning of the period and 701 at the end of the period. 33 human rights violations were not collected, the majority (73%) due to confiscation/destruction of injecting equipment. 24 deaths were reported among people who use drugs.

In **West Rand** 1 131 unique PWID accessed the services, with 146 565 needles and syringes distributed and 97% returned. 307 PWID tested for HIV, among whom 139 tested positive; a total of 17 people were on ART at the end of this period and a total of 6 people were confirmed to be virally suppressed. 335 PWID were screened for TB, with 15 being symptomatic, 1 infection was confirmed and 1 person was started on treatment. No routine viral hepatitis testing was done. OST was not available. 177 human rights violations were reported, the majority (70%) due to confiscation/destruction of injecting equipment.

In **KwaZulu-Natal** in **eThekwini** 1 744 unique PWID accessed the services, with 290 670 needles and syringes distributed and 102% returned. 474 PWID tested for HIV, among whom 96 tested positive and 92 people were started on ART. HIV viral load suppression was confirmed in 29 PWID. 614 people who use drugs were screened for tuberculosis, 181 were symptomatic, 10 diagnosed, 6 started treatment and 0 reporting cure. 50 people were screened for HCV antibodies with 16 being reactive, 15 people had confirmatory testing done, 15 had HCV infection confirmed and 8 started HCV treatment. Of the 49 PWID tested for HBV surface antigen (HBsAg), 2 were reactive. 118 PWUD were on OST at the beginning of the period and 149 at the end of the period. 266 human rights violations were reported, the majority (84%) linked to the confiscation/destruction of needles. 2 deaths were reported among PWUDs.

In **uMngungundlovu**, 1 111 unique PWID accessed the services, with 115 530 needles and syringes distributed and 96% returned. 278 PWID tested for HIV, among whom 37 tested positive and 37 started ART. 12 PWID were confirmed to be virally suppressed during this period. 403 people who use drugs were screened for TB, with 47 being symptomatic, 3 diagnosed and 3 starting treatment. No routine viral hepatitis testing was done. OST was not available. 177 human rights violations were reported, the majority (70%) linked to the confiscation of injecting equipment. No deaths were reported.

**Mpumalanga**

In **Ehlanzeni** 547 unique PWID accessed the services, with 16 095 needles and syringes distributed and 82% returned. 615 PWID tested for HIV, among whom 77 tested positive and 63 started ART. 4 PWID were reported to be virally suppressed during this period. 501 people were screened for tuberculosis, with 15 being symptomatic, 2 cases of TB were confirmed, 2 people started treatment and 1 person was cured. 38 people were screened for HCV antibodies with 29 being reactive; 15 confirmatory tests were done at the site and 15 people had confirmed infection. A total of 49 people were tested for HBV surface antigen (HBsAg), while 4 were reactive. 95 people were on OST at the beginning of the reporting period and 137 people at the end. 17 human rights violations were reported, the majority (100%) due to confiscation of injecting equipment. No deaths were reported, one due to a drug-related overdose.

**Western Cape**

In the **Cape Metro** 1 788 unique PWID accessed services, with 923 460 needles and syringes distributed and 82% returned. 615 PWID tested for HIV, among whom 70 tested positive and 38 people were started on ART. Two (2) PWID were confirmed to be HIV viral suppressed. 632 PWID were screened for TB, with 17 being symptomatic, 0 diagnosed and 0 starting treatment. 29 people were screened for HCV antibodies with 14 being reactive. 10 people had PCR testing, 8 had confirmed infection and 1 started DAAs. 30 PWID were screened for HBsAg and 0 were reactive. 175 people were on OST at the beginning of the period and 204 at the end. 35 human rights violations were reported, the majority (64%) linked to confiscation/destroyed needles and syringes. 23 deaths were reported among people who use drugs, including 1 overdose.

**SELECTED ISSUES TO MONITOR**

- Surveillance of the decrease in treatment demand is required in the WC, EC, NR, CR, KZN, especially by individuals aged 18 years and younger in GT, EC, CR, KZN.
- Monitor the increase in the number of patients indicating a comorbidity (i.e., that they also experience mental health problems) in GT, NR, KZN and EC.
- Investigate the factors driving the increase in social service and school referrals in GT and school referrals in the WC and NR.
- Monitor the increase in referrals by employers and health professionals in CR.
- Monitor the increase in methamphetamine as a primary or secondary drug of abuse in GT.
- Investigate the increase in alcohol-related treatment demand in the CR.
- Investigate the increase in treatment demand by persons 18 years and younger for cannabis in GT and KZN (especially in KZN) and for heroin/opiates in WC for youths aged 18 and younger.
- Elucidate the factors associated with heroin-related treatment demand in the NR.
- Monitor the decrease in methamphetamine as a primary or secondary drug of abuse in the EC (especially among persons aged ≤18 years) and in the CR as a primary drug of abuse.
- Investigate the occurrence of cocaine as primary drug of abuse in the NR and as secondary drug of abuse in the EC and KZN.
- Establish which factors are associated with the increase in cannabis-related treatment demand among persons ≤18 years in the EC.
- Monitor the increase in treatment demand related to OTC/PRE-medicine use in KZN.
- Surveillance of the high number of reported deaths among PWUD in JHB (34%) and CT (23%) needed as well as the fatal drug overdoses reported in these cities too.

**SELECTED IMPPLICATIONS FOR POLICY/PRACTICE**

- Initiate programmes to prevent or delay onset of cannabis by youths in all sites.
- Ensure that adequate drug treatment services are available that are fully accessible/acceptable to female clients.
- Investigate the need to initiate programmes for the prevention of methamphetamine use during pregnancy in GT and WC.

**SELECTED TOPICS FOR FURTHER RESEARCH**

- What are the most effective ways to prevent or delay onset of cannabis use among adolescents?