

# SACENDU

South African Community Epidemiology Network on Drug Use

## JANUARY-DECEMBER 2022 | VOL 25 (2)

### MONITORING ALCOHOL, TOBACCO AND OTHER DRUG ABUSE TREATMENT ADMISSIONS IN SOUTH AFRICA

Jodilee Erasmus | Nancy Hornsby | Kim Johnson | Nadine Harker | Charles Parry | TB HIV CARE, Anova Health Institute, University of Pretoria and OUT Wellbeing NACOSA, The Foundation for Professional Development and Tintswalo

Date of publishing: October 2024

Publication date: October 2024

South African Epidemiology Network on Drug Use (SACENDU) Full Report, Vol 25 (2), 2024

The SACENDU Full Report is the Mental Health, Alcohol, Substance use and Tobacco Research Unit of the South African Medical Research Council's annual publication of substance-use related treatment and harm reduction data for the period January to December 2022.

#### © SACENDU 2024

All rights reserved. Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that SACENDU endorses any specific organisation, products or services. The use of the SACENDU logo is not permitted.

Copyright Statement and Date Information:

ISBN: 978-1-928340-81-2

Copyright © South African Medical Research Council, 2024

All rights reserved. Publications of the South African Medical Research Council are available on the SAMRC website ([www.samrc.ac.za](http://www.samrc.ac.za)) or from the SAMRC: Francie Van Zijl Drive, Parow Valley, Cape Town, 7501; Tel: +27 21 938 0911

Email: [info@mrc.ac.za](mailto:info@mrc.ac.za).

Requests for permission to reproduce or translate SAMRC publications- whether for sale or for non-commercial distribution should be addressed to the South African Medical Research Council website ( <https://www.samrc.ac.za/>)

The designations employed and the presentations of this material in this publication do not imply the expression of any opinion whatsoever on the part of the SAMRC concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitations of its boundaries. The mention of specific companies or of certain manufactures' products does not imply that they are endorsed or recommended by the SAMRC in preference to others of a similar nature that are not mentioned. Errors and omissions excepted.

All reasonable precautions have been taken by the SAMRC to verify information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility of the interpretation and the use of the material lies with the reader. In no event shall the SAMRC be liable for damages arising from its use.

**If this work is translated, you should add the following disclaimer along with the suggested citation:**

"This translation was not created by the South African Community Epidemiology Network on Drug Use (SACENDU). SACENDU is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

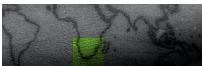
**Suggested citation:** SACENDU Full report: monitoring alcohol, tobacco and other drug abuse treatment admissions in South Africa, (January – December 2022), Vol 25(2), Cape Town, South Africa: Alcohol, Tobacco and Other Drug Research Unit, South African Medical Research Council; 2024.

**Disclaimer:** The results 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.

# TABLE OF CONTENTS

<b>PRESENTATIONS AT THE REGIONAL SACENDU REPORT BACK MEETINGS</b>	<b>3</b>
<b>SECTION 1: INTRODUCTION</b>	<b>5</b>
Refinements and Improvements	5
<b>SECTION 2: TREATMENT CENTRE DATA</b>	<b>10</b>
2A: Treatment Centres: Western Cape	10
2B: Treatment Centers: Gauteng	23
2C: Treatment Centres: Northern Region	36
2D: Treatment Centres: Eastern Cape	49
2E: Treatment Centres: KwaZulu-Natal	61
2F: Treatment Centres: Central Region	74
<b>SECTION 3: DATA ON COMMUNITY BASED HARM REDUCTION SERVICES FOR PEOPLE WHO USE DRUGS</b>	<b>91</b>
<b>SECTION 4: SERVICE QUALITY MEASURES (SQM)</b>	<b>105</b>
<b>IMPLICATIONS FOR POLICY AND FUTURE RESEARCH</b>	<b>111</b>





# PRESENTATIONS AT THE REGIONAL SACENDU REPORT BACK MEETINGS

(Not included in this report but available on <https://www.samrc.ac.za/intramural-research-units/MASTRU-sacendu>)

PRESENTATION	PRESENTED BY
Treatment demand data: Gauteng Data	Nancy Hornsby
Treatment demand data: Northern Region	Nancy Hornsby
Treatment demand data: Western Cape	Jodilee Erasmus
Treatment demand data: KwaZulu-Natal	Jodilee Erasmus
Treatment demand data: Eastern Cape	Jodilee Erasmus
Treatment demand data: Central Region	Nancy Hornsby
Community-based harm reduction service data from Gauteng	Tendai Makina/Urvisha Bhoora
Update on community-based harm reduction services in eThekweni	Ayanda Nyathi
Update on community-based harm reduction services in Port Elizabeth	Phumzile Mchunu
Update on community-based harm reduction services in Cape Town	Mildrett Stevens
Socio-economic determinants of alcohol and tobacco co-consumption for South Africa	Naiefa Rashied
Alcohol problem in the school environment: an opportunity to inform effective interventions	Perpetua Modjadji
Exploring the tobacco industry interfering in South Africa	Arshima Khan & Catherine Egbe
Perspectives of service providers on aftercare service provision for persons with substance use disorders at a rural district in South Africa	December Mpanza
Exploring the feasibility of collecting patient substance use data at selected KZN DOH CHC's and Hospitals: a pilot	Jodilee Erasmus
Links between substance use and suicide: challenges for suicide prevention	Jason Bantjes
Substance use referral, treatment utilization, and patient costs associated with problematic substance use in people living with HIV in Cape Town, South Africa	Jennifer Belus
Service Quality Measures (SQM): findings for the Western Cape implementation (1 April 2021 to 31 March 2022)	Kim Johnson
National study of women sex workers' use of alcohol and drugs and experience of GBV	Rachel Jewkes
Alcohol, and violence against women and girls: pooled analyses from low-middle income settings	Leane Ramsoomar Hariparsaad
Describing alcohol related rape cases and attrition from THE RAPSSA national study	Mercilene Machisa
Exploring the possible selves of multiple relapse substance misusers: the next steps	Sue Bond

PRESENTATION	PRESENTED BY
Stepped care, peer-delivered intervention to improve ART	Stefani Du Toit
Effect of minimum unit pricing on consumption of unrecorded alcohol in South Africa and the Western Cape in particular, including strategies to minimize negative outcomes.	Charles Parry
Life-years lost associated with mental illness in a South African medical insurance scheme.	Mpho Tlali
Impact of alcohol consumption on tuberculosis treatment outcomes	Chané Buys
"On my maternity book it states that I needed counselling, yet I didn't get it": stigma, fear and barriers to accessing antenatal care for pregnant women who use alcohol	Jodilee Erasmus
"We Want to See Youth That Would Be Better People Than Us": A Case Report on Addressing Adolescent Substance Use in Rural South Africa	Wilson Majee and Lisa Wegner
Ramifications of Drug use Among Female Adolescents in Mission Location, Mngquma Municipality, Eastern Cape	Samkelo Bala
Peer led recovery groups for people with psychosis in South Africa (PRIZE): a randomized controlled feasibility trial	Bongwekazi Rapiya
Diverse roles of heterogenous drugs in facilitating crime in East London. The input of East London community	Samkelo Bala
Mental distress and substance use among rural African youth who are Not in Education, Employment or Training (NEET)	Nomusa Mngoma
SURVIVING BUT NOT THRIVING, understanding the association of chronic psychosis with or without substance use on burden of care and quality of life for caregivers	Jaqueline Chetty
A hidden epidemic: engaging people who inject drugs into the HIV care continuum	Cecilia Milford and Michael Wilson

# SECTION 1: INTRODUCTION

MS JODILEE ERASMUS & PROF NADINE HARKER

## SITE SUMMARIES – PRIMARY SUBSTANCE OF USE BY PROVINCE

This report contains detailed data from specialist substance use treatment centres in all nine provinces that comprise the South African Community Epidemiology Network on Drug Use in the Western Cape, KwaZulu-Natal (mostly Durban and Pietermaritzburg), Eastern Cape (Gqeberha and East London), Gauteng province, Mpumalanga and Limpopo provinces (now termed the Northern Region [NR]), and the Central Region (comprising of the Free State, Northern Cape and North-West provinces [CR]). More recently, data from community-based harm reduction and health-related services provided by civil society organizations and academic institutions have been included. TB HIV Care's Step-Up Project operates in the Eastern Cape (Nelson Mandela Bay), KwaZulu-Natal (eThekweni and uMgungundlovu Districts) and the Western Cape (Cape Metro). The Department of Family Medicine at the University of Pretoria's Community Orientated Substance Use Programme (COSUP) operates across several regions of the City of Tshwane. COSUP is funded by the City of Tshwane. The HARMless Project, implemented by the Foundation for Professional Development operates in Gauteng (all regions within the City of Tshwane) and in Mpumalanga (Ehlanzeni district). Harmless is funded by the US Centers for Disease Control and Prevention through the President's Emergency Plan for AIDS Relief. Anova Health Institute's Jab Smart Project operates in sub-districts B, D, E, F and G of the City of Johannesburg and in Sedibeng. Tintswalo Home Based Care operates in the East, South and North sub-districts of the City of Ekurhuleni. The harm reduction services operated by Anova Health Institute, TB HIV Care and Tintswalo are funded by the Global Fund, through NACOSA.

### Refinements and Improvements

The decision was made to report annual treatment demand data to provide an additional perspective to the bi-annual Brief and Update and to make provision for the annual statistics often required for contribution towards policy and other national and international fora. Reporting of youth statistics was changed from under 20 years to 18 years and younger, allowing for alignment to the World Health Organization (WHO) reporting age standard. Ages 18 and younger will now be SACENDU's age category reporting standard moving forward. The Update and Brief reports will continue to be reported on a bi-annual basis.

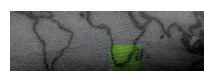
For this annual period (January to December 2022), a total of 22095 individuals were admitted to specialist treatment facilities.

The SACENDU data collection tool was updated in August 2022 to include more relevant research variables that better reflect the current substance use issue in South Africa. Updates to previous variables include:

- i) Gender variable now includes 'other', and the option to 'specify'. Gender is reported as M = Male, F = Female, O = Other.
- ii) The treatment type variable now includes additional 'detox', and 'community-based' categories. This variable shows different types of services accessed, but is also an indication of the availability of services in the region.
- iii) The education variable includes a 'special needs' category.
- iv) 'Tobacco products' was added as an additional category to the primary and secondary substances of use variables to include service users accessing treatment for nicotine replacement therapy, and other tobacco cessation interventions.
- v) The non-communicable diseases variable takes a more in-depth look at each of the diseases, providing specific illness types within each disease category. Categories included were: 'Hepatitis', 'Cancer' and 'Neurological disorders'.
- vi) Prior treatment was expanded to include the types of treatment services previously accessed.
- vii) The codeine variable was refined to make provision for a 'second product' used.
- viii) Tobacco product categories were changed to be more relevant and inclusive of what is mostly being used ('cigarettes', 'hookah pipe', 'e-cigarettes' and 'other'). The previous categories included, 'pipe', 'chewable tobacco' and 'snuff' and were collapsed into the 'other' category.
- ix) The type of previous treatment the service user had accessed now includes the treatment categories: 'Inpatient', 'Outpatient', 'Community-based' and 'Detox' as well as the number of times the service user has accessed each type of treatment.

New variables added to the tool include:

- i) Enquiring whether service users would like to get tested for HIV; it provides an indication of whether service users would like to get future testing.
- ii) Type of residence.
- iii) Who service users live with.
- iv) Substance use during pregnancy, and specification of substances used.



## SUMMARY OF FINDINGS: SUBSTANCE USE TREATMENT SERVICES

This period saw similar rates in the proportion of service users seeking treatment for **Alcohol**, besides CR where an increase was noted from 27% in 2021 to 38% in 2022 (Table 1). Between 17% (GT) and 43% (EC) of persons accessing AOD treatment services reported alcohol as their primary or secondary substance of use. Treatment admissions for alcohol as a primary substance of use were between 2% (WC) and 7% (KZN) for persons 18 years and younger.

TABLE 1: PRIMARY SUBSTANCE OF USE BY SITE (%)

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/ PRE	Meth*	Other	Total (N)
WC <sup>1</sup>	2017	25.0	25.4	6.1	1.7	12.0	0.1	0.6	28.5	0.8	5443
	2018	21.9	28.2	6.4	2.3	12.0	0.1	1.1	27.2	0.5	5901
	2018	18.5	25.7	6.4	2.3	15.3	0.1	1.0	29.7	1.1	5667
	2021	13.9	15.8	7.7	2.5	16.2	0.1	1.3	42.0	2.1	3213
	2021	18.9	24.4	6.6	2.4	10.5	0.1	1.3	35.4	0.2	4311
	2022	18.0	25.2	5.9	1.9	15.3	0.1	0.9	32.3	0.5	4276
KZN <sup>2</sup>	2017	35.3	30.5	2.9	6.1	9.9	0.4	1.6	0.9	12.5	2770
	2018	29.1	28.8	2.5	7.2	27.0	0.4	2.1	0.9	19.8	2249
	2019	13.6	37.1	2.2	4.6	28.3	0.3	2.9	6.6	2.8	2271
	2020	24.1	30.6	1.9	9.8	22.6	0.4	3.4	4.6	2.6	1291
	2021	33.4	24.5	1.3	12.5	21.3	0.2	2.9	2.5	0.5	1654
	2022	30.1	27.8	2.7	9.3	19.9	0.0	5.6	2.3	1.8	2392
EC <sup>3</sup>	2017	39.6	20.6	8.3	4.9	2.6	0.0	3.6	18.1	2.5	940
	2018	34.4	21.4	6.5	3.0	2.6	0.2	4.4	25.1	3.4	967
	2019	31.9	22.6	3.7	2.9	9.9	0.0	4.2	23.5	1.4	811
	2020	21.4	28.1	3.3	4.0	7.7	0.0	2.9	27.0	3.2	663
	2021	26.2	23.1	5.2	4.3	1.6	0.0	2.1	37.0	0.1	795
	2022	28.1	26.2	6.7	5.8	1.4	0.0	1.4	27.3	2.6	656
GT	2017	17.3	43.5	2.0	2.4	13.6	0.1	1.4	5.9	13.8	7284
	2018	14.7	34.5	2.1	2.5	28.9	0.2	1.3	7.0	18.3	5671
	2019	14.9	31.1	2.9	3.1	31.1	0.2	1.5	10.1	5.2	7374
	2020	9.8	30.1	3.0	2.6	33.2	0.2	1.2	12.4	8.0	8338
	2021	9.7	28.9	2.6	3.0	27.2	0.2	0.9	18.9	0.5	13961
	2022	12.5	33.1	2.6	2.0	17.2	0.0	1.0	23.5	8.1	12040
NR <sup>4</sup>	2017	15.2	43.7	0.6	4.6	27.8	0.1	0.5	1.1	6.5	2391
	2018	15.9	38.8	1.2	2.4	32.3	0.1	1.0	5.7	16.4	2543
	2019	16.0	38.3	1.9	3.7	28.2	0.2	1.1	6.4	3.4	2448
	2020	14.9	32.0	1.5	3.7	34.2	0.1	1.5	7.3	5.1	1792
	2021	15.3	36.9	0.5	3.2	34.0	0.2	0.7	6.6	0.1	2202
	2022	17.8	37.1	0.2	5.5	32.3	0.1	0.7	7.0	2.5	2010
CR <sup>5</sup>	2017	44.4	29.9	5.3	4.5	2.7	0.0	1.4	5.6	6.4	706
	2018	36.6	30.8	6.6	3.6	4.8	0.1	2.8	17.8	6.4	550
	2019	28.0	37.4	3.0	2.8	15.7	0.0	1.2	9.5	2.6	505
	2020	20.8	29.9	4.5	5.6	19.2	0.0	1.4	12.4	6.4	414
	2021	27.3	31.4	3.6	5.0	6.1	0.0	2.3	20.2	0.4	560
	2022	37.5	28.1	5	1	4.5	0.2	1.3	19.0	3.6	606

<sup>1</sup> Cape Town, Atlantis, Worcester; George; <sup>2</sup> Durban, South Coast, Pietermaritzburg; <sup>3</sup> Gqeberha and East-London; <sup>4</sup> Mpumalanga & Limpopo;

<sup>5</sup> Free State, North-West, Northern Cape

\*Methamphetamine



**Cannabis** remained the leading primary substance of use nationally (31%). Regionally, cannabis was the most common primary substance of use for GT (33%) and the NR (37%). Compared to other substances, rates for cannabis as primary or secondary substance of use were the highest reported substance across all regions except the CR. Between 34% (WC) and 50% (NR) of persons attending specialist treatment centres had cannabis as their primary or secondary drug of use, compared to between 1% (NR) and 25% (WC) for the **Cannabis/Mandrax**<sup>1</sup> (Methaqualone) combination (also known as 'white-pipe'). Among individuals aged 18 years and younger, cannabis (74%) was reported as the predominant primary substance of use across regions.

Treatment admissions for **Crack/Cocaine** as a primary substance of use have shown a decrease since 2021 and has generally remained low across sites (between 1% in the CR to 9% in KZN). Between 3% (CR) and 19% (KZN) of persons in treatment have crack/cocaine as a primary or secondary drug of use. Relatively few persons 18 years and younger (1%) were admitted for cocaine-related problems.

When compared to the previous period, treatment admissions for **Heroin/Opiates** as a primary drug of use decreased across all sites, except the WC where rates increased from 11% to 15% (Table 1). Heroin/Opiates is mostly smoked but where the substance was injected as a primary substance of use, the highest reported rates were as follows: 56% in EC, 34% in WC and 30% in CR; KZN had the lowest reported heroin/opiates injection rates at 8%. Compared to the previous 2021 annual period, the proportion of patients reporting injecting heroin/opiates has increased in KZN (from 3% to 8%) and the WC (from 15% to 34%), with no major differences in other regions. Between 2% (EC) and 45% (NR) of persons attending specialist treatment centres reported heroin/opiates as a primary or secondary substance of use. Heroin/Opiates was the lowest reported primary substance of use in the EC (1%).

Treatment admissions for **Methamphetamine (MA aka 'tik')** as a primary substance of use were highest in the WC (32%), EC (27%) and GT (24%). The proportion of individuals reporting methamphetamine as a primary or secondary substance of use was the highest in the WC (47%), EC (42%) and GT (35%). A decrease was noted in

the proportion of persons attending specialist treatment centres for methamphetamine as their primary or secondary drug of use in the EC (50% to 42%) from the 2021 to 2022 reporting period.

Treatment admissions for **Ecstasy** and **LSD** remains low. Across all sites, <1% of persons reported ecstasy as a primary substance of use while 1% reported the drug as a primary or secondary substance of use. Individuals may not be seeking treatment for ecstasy use, which explains low admission rates although anecdotal reports suggest extensive recreational use.

**Methcathinone (CAT)** and **KHAT**, reported as **CAT/KHAT**<sup>2</sup> are amphetamine-type stimulant and has effects similar to that of methamphetamine. **CAT/KHAT** admissions were noted in most sites, especially in GT (10%) and the CR (5%) where services users reported CAT/KHAT as a primary or secondary substance of use.

The use of **Over-the-Counter and Prescription (OTC/PRE)** medicines continues to be reported across regions though rates have remained low in 2022. Treatment admissions for OTC/PRE medicines as a primary or secondary drug of use were between 1% (NR) and 12% (KZN). During this reporting period, 1731 (8%) persons across all sites reported the non-medical use of codeine, with most persons admitted to treatment centres residing in KZN (n = 477, 20%), NR (n = 227, 11%), GT (n = 792, 7%), and WC (n = 159, 4%).

Poly-substance use rates (i.e., the use of more than one substance) were high, with between 29% (CR) and 77% (NR) of service users indicating more than one substance of use at the time of admission<sup>3</sup>.

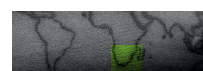
During this period, the proportion of patients who reported use of **Inhalant/Solvent** were low at <1% across regions. The scientific literature points to inhalant use being common among the homeless and children who live on the streets. Community-based or regional studies are needed to explore the extent of inhalant use for youth, barriers to accessing specialist treatment services and other services available to support and help this vulnerable population.

Nationally, 16% of persons (n = 2910) presented with a **dual diagnosis** at treatment admission. Of the 2910 persons

<sup>1</sup> Cannabis/Mandrax includes the cannabis and mandrax mix called 'White-pipe' as well as the use of Mandrax alone

<sup>2</sup> For increased reporting accuracy, CAT (synthetic) and KHAT (plant-based) have been combined into a single category in the 2022b period

<sup>3</sup> Please note, an error was made in rates reported for poly-substance use for the 2021b (Jul-Dec 2021) Full Report.



presenting with a dual diagnosis at the time of admission, most reported current mental health problems (59%), followed by hypertension (20%) and respiratory disease (18%). Mental health illnesses, respiratory diseases, and blood pressure problems were the three most reported non-communicable diseases for the WC, GT, the NR and the CR, whereas in the EC and KZN, mental health illnesses, blood pressure problems and gastrointestinal illnesses were the most commonly reported disorders.

## SUMMARY OF FINDINGS: COMMUNITY HARM REDUCTION SERVICES

In 2022 a range of organisations implemented community-based harm reduction services for people who use drugs (PWUD), including people who inject drugs (PWID) as per the World Health Organization's guidelines<sup>4</sup>. Services included: HIV, STI, viral hepatitis and TB prevention, testing and linkage to care; harm reduction behaviour change interventions; needle and syringe services; monitoring of human rights violations and referral for other available substance use disorder treatment services. Opioid substitution therapy (OST) was not available at all sites, due to funding limitations. Routine hepatitis B (HBV) and hepatitis C (HCV) diagnostic and treatment services were limited to selected people being worked up for OST. The data for the community harm-reduction services are reported annually, as well as in the six-monthly periods. References to the annual period is labelled 2022. Period January to June 2022 is labelled 22a and July-December 2022 is labelled 22b.

**Eastern Cape:** In *Nelson Mandela Bay* 533 unique PWID accessed services in 2022a and 668 in 2022b. 423 PWID tested for HIV, among whom 50 tested positive and 49 started antiretroviral therapy (ART). 2 PWID confirmed to be virally suppressed. 433 tuberculosis (TB) screens were done, with 29 being symptomatic, 9 diagnosed and 8 starting TB treatment. No routine viral hepatitis testing was done. Opioid substitution therapy (OST) was not available. 73 human rights violations were reported. No deaths were reported among the cohort of people who use drugs accessing harm reduction services.

**Gauteng:** In *Ekurhuleni* 369 unique PWID accessed the services in 2022a and 472 in 2022b. 393 PWID tested for HIV, among whom 27 tested positive and a total of 127

people were on ART. A total of 9 people were confirmed virally suppressed. 422 PWID were screened for TB, with 5 being symptomatic, no TB was confirmed, and no one was started on treatment. No routine viral hepatitis testing was done. OST was not available. 70 human rights violations were reported. 5 people who were part of the total cohort died. In *Johannesburg* 6979 unique PWID accessed the services in 2022a and 7847 in 2022b. 4230 PWID tested for HIV, among whom 718 tested positive and 532 started ART. 5 PWID were confirmed to be HIV virally suppressed. 4 324 were screened for TB, with 14 being symptomatic, 1 diagnosed and 1 starting TB treatment. 153 people were screened for HCV antibodies with 124 being reactive and 18 people started HCV treatment. 230 PWID were on OST at the beginning of the period and 321 were on OST at the end of the period. 240 human rights violations were reported. A total of 36 deaths were reported, including 4 fatal overdoses. In *Sedibeng* 1 501 unique PWID accessed the service in 2022a and 1 410 in 2022b. 385 PWID tested for HIV, among whom 200 tested positive and 148 were started on ART. Data on HIV viral suppression was unavailable. 501 people who use drugs were screened for tuberculosis, with 4 being symptomatic, 0 infections confirmed and 0 received treatment. 10 PWID were screened for HCV, among who all had HCV antibodies, and none had reactive HBsAg tests. No HCV confirmatory testing was done. 5 people were on OST at the beginning of the period and 57 end of the period. 307 human rights violations were reported. 4 deaths were reported. In *Tshwane* 10 467 unique PWID accessed services in 2022a and 9 337 in 202b. 1 052 tested for HIV among whom 232 tested positive and 177 were started on ART. HIV viral suppression was confirmed among 71 clients on ART. 11 433 people who use drugs were screened for tuberculosis with 22 being symptomatic, with 5 diagnosed and 5 starting treatment. No viral hepatitis testing was done during this period. A total of 715 people were on OST at the beginning of the period and 770 were on OST at the end of the period. 145 human rights violations were reported. 18 deaths were reported. In *West Rand* 977 unique PWID accessed the services in 2022b. 212 PWID tested for HIV, among whom 82 tested positive and a total of 7 people were on ART. No HIV viral load data was available for reporting. 249 PWUD were screened for TB, with 1 being symptomatic, no TB was confirmed, and no one was started on treatment. No routine viral hepatitis testing was done. OST was not available. 206 human rights violations were reported. 5 people who were part of the total cohort died. 1 death was reported as a result of a fatal overdose.

<sup>4</sup> UNODC, UNAIDS, UNFPA, WHO, USAID, PEPFAR. Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs. Practical guidance for collaborative interventions. (IDUIT). 2017; UNODC: Geneva.

**KwaZulu-Natal:** In *eThekweni* 1 322 unique PWID accessed services in 2022a and 1 601 in 2022b. 837 tested for HIV, among whom 136 tested positive and 94 started ART. HIV viral load suppression was confirmed in 12 PWID. 946 people who use drugs were screened for tuberculosis, 74 were symptomatic, 6 diagnosed, 6 started treatment and 2 were cured. 75 people were screened for HCV antibodies with 38 being reactive, 18 had confirmed infection and 15 people started HCV treatment. 110 PWID were on OST maintenance therapy at the beginning of the period and 118 at the end of the period. 311 human rights violations were reported. 4 deaths were reported. In *uMgungundlovu*, 413 unique PWID accessed the services in 2022a and 1 232 in 2022b. 312 PWID tested for HIV, among whom 34 tested positive and 25 started on ART. 2 PWID were confirmed to be virally suppressed. 387 people who use drugs were screened for TB, with 12 being symptomatic, 0 diagnosed and 0 starting treatment. No routine viral hepatitis testing was done. OST was not available. 125 human rights violations were reported. 2 deaths were reported.

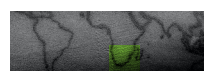
**Mpumalanga:** In *Ehlanzeni* 680 unique PWID accessed the services in 2022a and 877 in 2022b. 302 tested for HIV, among whom 69 tested positive and 54 started on ART. 26 clients were reported to be virally suppressed. 302 people were screened for tuberculosis, with 11 being symptomatic, no TB confirmed. 89 people were screened for HCV antibodies with 22 being reactive. 35 people were on OST at the beginning of the reporting period and 106 people at the end. 73 human rights violations were reported. 5 deaths were reported, including 1 fatal overdose.

**Western Cape:** In the *Cape Metro* 1 467 unique PWID accessed services in 2022a and 1 593 in 2022b. 938 PWID tested for HIV, among whom 59 tested positive and 42 started ART. 3 PWID were confirmed to be HIV viral suppressed. 985 PWID were screened for TB, with 23 being symptomatic, 1 diagnosed and starting treatment and being cured. 76 people were screened for HCV antibodies with 53 being reactive and 17 people started HCV treatment. 145 people were on OST at the beginning of the period and 175 at the end. 46 human rights violations were reported. 8 deaths were reported.

## SUMMARY OF FINDINGS: SERVICE QUALITY MEASURES (SQM)

The findings reported for the SQM for the period 1 April 2022 to 31 March 2023 reflect data that was collected across 34 treatment sites in the Western Cape indicating an increase over the previous two reporting periods. The treatment demand data for the current period is reported for a calendar year while the SQM data was reported for the financial year. The overall performance on the SAATSA scales remained notably good and this is shown by the mean percentage scores across all scales. Despite previous findings showing that HIV information and education are an important part of the treatment programme, specifically for reducing HIV risk, a reduction is noted in the number of service users that received HIV education. High levels of drop out remains a problem for outpatient facilities and a recommendation is for treatment facilities to strive to reduce barriers to retain patients accessing services.

Presentations made at the SACENDU regional meetings are available. These can be accessed online at <https://www.samrc.ac.za/intramural-research-units/atod-sacendu>. For any queries, please contact Mompoti Kamogelo Moletsane at [mompoti.moletsane@mrc.ac.za](mailto:mompoti.moletsane@mrc.ac.za) or 021-938-0388. If you have any specific feedback or comments on this report, please contact us on [jodilee.erasmus@mrc.ac.za](mailto:jodilee.erasmus@mrc.ac.za), [nancy.hornsby@mrc.ac.za](mailto:nancy.hornsby@mrc.ac.za), or [nadine.harker@mrc.ac.za](mailto:nadine.harker@mrc.ac.za) or call on 021-938-0946. It remains for us to especially thank Dr Andrew Scheibe and his team for their hard work in collating the data from organisations that provide community-based harm reduction services and all the provincial coordinators for their input and continued support (Mancha Leshaba & Tshepiso Matlala in Gauteng. Also, thanks to the various members of the network who have provided data, presentations or comments, and the Mental Health & Substance Use Directorate of the National Department of Health and the National Department of Health for their financial support of this project. Their support has, among other things, been used to collect treatment information on almost 20 000 treatment episodes annually to facilitate hosting regional meetings attended by approximately 200 persons every six months, and the preparation of the bi-annual reports that are sent to over 500 persons. We hope you will find this report of value to you and your work.



## SECTION 2: TREATMENT CENTRE DATA

### 2A: TREATMENT CENTRES: WESTERN CAPE

MS JODILEE ERASMUS & MS NANCY HORNSBY

Data was collected monthly from 28 specialist treatment centres. Overall, 4320 persons were treated across all treatment centres for the period January to December 2022 (Table 2).

**TABLE 2: PROPORTION OF TREATMENT EPISODES (WESTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
AKESO Stepping Stones	5	3
Bowl Community Centre	1	<1
Cape Town Drug Counselling Centre	14	12
Helderberg CARES	<1	1
Help-me-network	1	1
Hesketh King	1	3
Hope House	-	-
Ixande Recovery Centre	<1	-
Kensington Treatment centre	1	3
Living Grace	<1	4
Matrix		
Albow Gardens	5	5
Delft	5	4
Eersterivier	3	2
Khayelitsha	7	4
Kraaifontein	1	1
Manenberg	2	2
Parkwood	3	3
Tafelsig Clinic	5	5
Mudita Centre	<1	1
Namaqua Rehab Centre	1	1
Nurture Harmony	1	1
PASCAP	<1	-
Ramot Rehab	5	3
SANCA WC*	11	20
Second Chances Restoration	-	-
Stikland Neuro D	-	4
Sultan Bahu	11	12
The Cedars – Cape Manor House	1	1
The Redbourne	<1	<1
Toevlug Rehabilitation Centre	5	5
Total individuals in treatment (N)	4311	4320

\*Includes SANCA George

In Table 3 'Yes' indicates first-time admissions and 'No' indicates repeat admissions. The proportion of first-time admissions was 63% in this period with the majority of individuals admitted for outpatient/community-based treatment (86%). The annual period also saw an increase in repeat admissions, from 27% to 37% (See Tables 3 and 4).

**TABLE 3: FIRST-TIME ADMISSIONS (WESTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Yes	73	63
No	27	37

An increase was noted in services users reporting the use of outpatient/community-based treatment services this period, from 79% in 2021 to 86% in 2022 (Table 4).

**TABLE 4: TREATMENT TYPE RECEIVED (WESTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Inpatient	21	22
Outpatient	79	86
Detox	-	1

Type of prior treatment comprised three categories. Service users selected all types of treatment accessed prior to their current episode. Service users who indicated that they had entered substance use treatment previously, reported accessing mostly outpatient/community-based services (51%) followed by inpatient services (42%) (Table 5).

**TABLE 5: TYPE OF PRIOR TREATMENT (WESTERN CAPE): JAN-DEC 2022**

	n	%
Inpatient	196	42
Outpatient	263	51
Detox	29	6

Similar to previous review periods, the proportion of referrals from 'self/family/friends' (45%) was the most common type of referral pathway, followed by 'social services/welfare' (19%), and 'school' (15%). When compared to the previous period, referrals from 'school' and 'social services' increased while referrals from 'self/family/friends', 'hospital/clinic and 'work/employer' decreased (Table 6).

**TABLE 6: REFERRAL SOURCES (WESTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Self/family/friends	49	45
Work/employer	8	6
Health Professional (doctor/psychiatrist/nurse)	4	3
Religious body	<1	1
Hospital/clinic	6	4
Social services/welfare	18	19
Court/correctional services	2	2
School	10	15
Other e.g., radio	4	6



Males (73%) remained the group which mostly accessed treatment compared to females (27%). Over half (55%) of the individuals in treatment were unemployed, compared to 22% who were employed either full-time or part-time. Of those who were unemployed, 43% have been unemployed for more than 6 months. The majority of individuals had completed a secondary school-level education (79%), while 7% had tertiary education. Refer to Table 7.

**TABLE 7: POPULATION PROFILE (WESTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
<b>GENDER</b>		
Male	72	73
Female	28	27
Other	-	<0
<b>EMPLOYMENT STATUS</b>		
Working full-time	20	17
Working part-time	5	5
Unemployed (< 6 months)	19	12
Unemployed (> 6 months)	36	43
Student/Apprentice/ internship	1	1
Learner at school	15	19
Pensioner/ Disabled/Stay at home	2	2
<b>EDUCATION LEVEL*</b>		
No schooling	<1	<1
Primary	12	13
Secondary	80	79
Tertiary	8	7
Special needs	-	-

\*Level of education completed

The age of persons in treatment ranged from 9 to 80 years. Individuals aged 30 to 34 years (20%) comprised the highest proportion of individuals admitted to treatment compared to other age groups. Thirty-one percent (31%) of persons accessing treatment in the WC were aged below 25 years (Table 8).

**TABLE 8: AGE DISTRIBUTION (WESTERN CAPE)**

Age in Years	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
<10	-	-	2	<1
10-14	177	4	247	6
15-19	621	14	665	16
20-24	450	11	344	9
25-29	600	14	481	12
30-34	835	19	811	20
35-39	701	16	755	18
40-44	400	9	395	9
45-49	239	6	195	5
50-54	119	3	130	3
55-59	84	2	75	2
60-64	35	1	32	1
65+	24	1	20	<1

Fifty-five percent (55%) of individuals reported that they had been previously tested for HIV in the last 12 months; this rate decreased marginally since the 2021 period. Almost two-thirds (62%) of individuals indicated that they did not want to be tested for HIV in the future (See Table 9).

**TABLE 9: HIV TESTING (WESTERN CAPE)**

Tested for HIV	Jan-Dec 2021	Jan-Dec 2022
	%	%
Yes, in last 12 months	52	55
Yes, but not in last 12 months	21	18
No	19	23
Decline to answer	8	4
Future HIV testing		
Yes	-	38
No	-	62

The majority of service users stayed in a permanent abode (80%), followed by shelter (12%), temporary abode (6%), homeless (1%) and other (<1%). 'Other' categories were not specified (Table 10).

**TABLE 10: TYPE OF RESIDENCE (WESTERN CAPE): JAN-DEC 2022**

	n	%
Permanent abode	1025	80
Temporary abode	79	6
Shelter	147	12
Homeless	17	1
Other	6	<1

Service users mainly resided with their parents or relatives (62%), followed by their spouses or partners and other (15% respectively). 'Other' categories were not specified (Table 11).

**TABLE 11: WHO DO YOU LIVE WITH (WESTERN CAPE): JAN-DEC 2022**

	n	%
Parents/relatives	790	62
Spouse/Partners	190	15
Alone/Independent	110	9
Other	189	15

Methamphetamine (32%), cannabis (25%), and alcohol (18%) remained the most common primary substances of use among individuals admitted to specialist treatment centres in the WC. An increase was noted for heroin/opiates, while a slight decrease was reported for methamphetamine. All other substances remained relatively similar when compared to the previous period (Table 12).

**TABLE 12: PRIMARY SUBSTANCE OF USE (WESTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Alcohol	19	18
Cannabis	24	25
Cannabis/Mandrax**	7	6
Crack/Cocaine	2	2
Heroin/Opiates^	11	15
OTC/PRE	1	1
Methamphetamine ('Tik')	35	32
Methcathinone (CAT/KHAT)	<1	<1
Inhalants	<1	<1
Other	<1	<1

\*\*'White pipe' or Mandrax alone

^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

When considering the mode of use of primary drugs, 73% of individuals receiving specialist treatment reported smoking their substances while 20% reported swallowing their substances. When alcohol was excluded, 88% reported 'smoking' as their primary mode of use. Only 5% of service users reported that they injected substances (all substance variants). The proportion of individuals who reported injecting heroin/opiates increased twofold from 15% in 2021 to 34% in the 2022 period (Table 13).

**TABLE 13: MODE OF USE FOR PRIMARY SUBSTANCE (WESTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Swallowed	25(8)	20(2)
Snorted/Sniffed	1(2)	2(3)
Injected	2(2)	5(7)
Smoked	71(88)	73(88)
Injected Heroin/Opiates	15	34

\*Figures in brackets exclude alcohol

The majority of persons admitted to treatment reported that they used their primary substances on a daily basis, ranging from 46% (cannabis) to 96% (heroin/opiates). The substances that had the highest proportion of individuals reporting daily use were heroin/opiates (96%), followed by OTC/PRE-medicines (81%), cannabis/mandrax (78%), and CAT/KHAT (66%). Refer to Table 14.

**TABLE 14: PRIMARY SUBSTANCE BY FREQUENCY OF USE (WESTERN CAPE)**

	Daily		2-6 days per week		Once per week or less often		Not used in the past month	
	%		%		%		%	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
Alcohol	47	51	41	37	7	6	5	6
Cannabis	483	46	33	35	11	10	8	10
Cannabis /Mandrax**	65	78	25	17	5	4	5	3
Crack/ Cocaine	41	49	36	33	18	9	5	9
Heroin/Opiates <sup>^</sup>	87	96	8	2	2	1	4	2
Methamphetamine ('Tik')	56	64	32	25	5	5	7	6
OTC/PRE	83	81	5*	14	2*	6*	0	0
Methcathinone (CAT/KHAT)	0	66*	71	17*	14*	0	14*	17*

\*n<5; \*\*'White pipe' or Mandrax alone; <sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The national mean age of individuals in treatment for this period was 31 years old. Notable changes were seen for cannabis (decrease in average age from 24 to 19 years old) and OTC/PRE (increase in average age from 35 to 40 years old). Cannabis also had the youngest mean age (19 years) compared to the other substance categories (Table 15).

**TABLE 15: MEAN AGE (IN YEARS) BY PRIMARY SUBSTANCE OF USE (WESTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
Alcohol	36	39
Cannabis	24	19
Cannabis/Mandrax**	32	34
Crack/Cocaine	33	32
Heroin/Opiates <sup>^</sup>	33	35
OTC/PRE	35	40
Methamphetamine ('Tik')	32	33
Inhalants	43*	29
Methcathinone (CAT/KHAT)	30	32
Overall mean age	31	31

\*N < 5 ; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

For most substances, the vast majority of individuals who were admitted to treatment (for all substances) were males as indicated in Table 16 below. The disparity between males (61%) and females (39%) were much smaller for OTC/PRE-medication compared to other substances. An increase from 33% in 2021 to 40% in 2022 was also seen for females being admitted for OTC/PRE-medication misuse. Similarly, an increase was noted for cannabis/mandrax admission rates for females (from 22% to 25%) (Table 16).

**TABLE 16: PRIMARY SUBSTANCE OF USE BY GENDER (WESTERN CAPE)**

	Jan-Dec 2021		Jan-Dec 2022	
	M	F	M	F
	%		%	
Alcohol	70	30	67	33
Cannabis	76	24	82	18
Cannabis/Mandrax**	78	22	75	25
Crack/Cocaine	67	33	89	10
Heroin/Opiates <sup>^</sup>	75	25	79	21
OTC/PRE	67	33	61	39
Methamphetamine ('Tik')	68	31	67	33
Inhalants	100*	0	100*	0
Methcathinone (CAT/KHAT)	71	28*	83	17

\*N<5; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Cannabis/mandrax (34%), methamphetamine (27%), cannabis (16%), and alcohol (15%) were the leading secondary substances of use in the WC. A 3%-percentage point decrease in cannabis-related admissions and a 3- percentage point increase in admissions for 'Tik' use were noted for this review period (Table 17).

**TABLE 17: SECONDARY SUBSTANCE OF USE (WESTERN CAPE)**

	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
Alcohol	369	16	343	15
Cannabis	453	19	339	16
Cannabis/Mandrax*	787	33	791	34
Crack/Cocaine	85	4	76	3
Heroin/Opiates <sup>^</sup>	26	1	17	1
Ecstasy	10	<1	8	<1
OTC/PRE	55	2	38	2
Methcathinone (CAT/KHAT)	6	<1	5	<1
Methamphetamine ('Tik')	561	24	619	27
Inhalants	1	<1	1	<1
Other	22	1	41	2
TOTAL	2375	100	2278	100

\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance



Rates for primary or secondary substances of use are shown in Table 18 below. Methamphetamine (47%), cannabis (40%), cannabis/mandrax (24%), and alcohol (26%) were the three most regularly used primary or secondary substances.

**TABLE 18: PRIMARY OR SECONDARY SUBSTANCES OF USE (WESTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Alcohol	27	26
Cannabis	39	40
Cannabis/Mandrax*	29	24
Crack/Cocaine	4	4
Heroin/Opiates*	11	16
OTC/PRE	3	2
Methcathinone (CAT/KHAT)	<1	<1
Methamphetamine ('Tik')	48	47
Inhalants	<1	<1
Other	1	1

\*'White pipe' or Mandrax alone

\*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Fifty-four percent (54%) of persons used more than one substance, remaining consistent with the previous review period (Table 19).

**TABLE 19: POLYSUBSTANCE USE (WESTERN CAPE)**

	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
Primary substance only	1936	47	1984	46
Primary +2 <sup>nd</sup> substance	2375	53	2336	54
Total no. of patients	4311	100	4320	100

Individuals receiving treatment often report a combination of sources of funding for treatment. 'State' (70%) remained the most common source of payment, followed by 'other/combinations (15%), 'medical aid' and 'family/friends (5% respectively) (See Table 20).

**TABLE 20: SOURCE OF PAYMENT (WESTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Self	1	3
Medical Aid	7	5
State	85	70
Family/friends	3	5
Work/employer	<1	1
Unknown	1	1
Other/combinations	<1	15

In the WC, 794 (18%) of individuals reported having a non-communicable disease (NCD). The most commonly reported NCD was mental health problems (55%), followed by respiratory diseases (24%) and blood pressure problems (19%) (See Table 21).

**TABLE 21: NON-COMMUNICABLE DISEASES (WESTERN CAPE): JAN-DEC 2022**

	%	%
Cardiovascular disease	49	6
Diabetes	47	6
Respiratory disease	188	24
Mental health problems	441	55
Blood pressure problems	158	19
Liver disease	21	3
Gastrointestinal disease	68	9
Hepatitis*	3	<1
Cancer*	-	-
Neurological Disorder*		<1

\*Based on a sample of n = 1179

There were 159 (4%) reports of the non-medical use of a first codeine product during the current review period; 13 (<1%) individuals reported misuse of a second codeine product. Only 1% of individuals reported smoking their codeine product (Table 22).

**TABLE 22: MODE OF CODEINE USE (WESTERN CAPE): JAN-DEC 2022**

	1 <sup>st</sup> Product n = 159	2 <sup>nd</sup> Product* n = 13
	%	%
Swallowed	99	100
Smoked	-	-
Snorted/Sniffed	1	-
Injected	-	-
Types of products	Cough syrup, Adcodol, Stilpayne, Sinutab extra strength,	Cough syrup, Broncleer, Adcodol

\*Based on a sample of n = 1179

The first codeine product was mostly used daily (34%), followed by 2-6 days per week (28%). The second codeine product was mostly used 2-6 days per week (50%), followed by daily use (25%) (Table 23).

**TABLE 23: FREQUENCY OF CODEINE USE (WESTERN CAPE): JAN-DEC 2022**

	1 <sup>st</sup> Product	2 <sup>nd</sup> Product*
	%	%
Daily	34	25
2-6 days per week	28	50
Once per week/less often	18	12.5
Not used in the week	20	12.5

\*Based on a sample of n = 1179

Use of tobacco products were reported by 3574 (89%) individuals. Cigarettes (96%) was the most reported tobacco product reported (Table 24).

**TABLE 24: TOBACCO PRODUCTS (WESTERN CAPE): JAN-DEC 2022**

	n	%
Cigarettes	3176	96
Hookah Pipe	5	<1
e-Cigarettes*	2	<1
Other*	1	<1

\*Based on a sample of n = 1256

A total of 88 (7%) individuals reported the use alcohol or other substances during their pregnancy. Methamphetamine was the most reported substance (5%) (Table 25).

**TABLE 25: SUBSTANCE USE DURING PREGNANCY (WESTERN CAPE): JAN-DEC 2022**

	n	%
Use during pregnancy*	88	7
Most commonly used substances		
Alcohol	17	1
Heroin/Opiates	17	1
Methamphetamine (Tik)	58	5
Dagga/Mandrax	21	2

\*Based on a sample of n = 1256

## DATA ON INDIVIDUALS 18 YEARS AND YOUNGER

As previously reported, we have moved from reporting data for youths under 20 years in the previous periods, to reporting data for youths aged 18 years and younger for the current Jan-Dec 2022 period and onward. This revision was done to align our age categories to the WHO age categorical standards. For this report, 2021 data has been updated to also include 18 years and younger. During this period, 879 (20%) youths aged 18 and younger were admitted to treatment. The majority of persons 18 years and younger were male (81%) (Table 26).

**TABLE 26: GENDER PROFILE OF INDIVIDUALS ≤18 YEARS (WESTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
GENDER		
Male	80	81
Female	20	19
Other	-	-
EDUCATIONAL LEVEL*		
None	-	<1
Primary	27	33
Secondary	73	67
Any tertiary	<1	<1
Special needs	-	-

\*Level of education completed

The majority of persons 18 years and younger were referred to treatment centres by the 'school' (70%), increasing from 53% in the previous year. This was followed by referral from 'self/family/friends' (18%) and 'social services/welfare' (9%) (Table 27).

**TABLE 27: REFERRAL SOURCES FOR INDIVIDUALS ≤18 YEARS (WESTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Self/Family/Friends	25	18
Work/Employer	<1	-
Health professional	2	1
Religious body	<1	<1
Hospital/Clinic	2	1
Social Services/Welfare	17	9
Court/Correctional services	1	1
School	53	70
Other	2	<1

\*N<5

The largest proportion of young individuals in the WC were treated for the use of cannabis (86%), followed by methamphetamine (8%) (Table 28). Primary substances were largely smoked (95%) (Table 29).

**TABLE 28: PRIMARY SUBSTANCE OF USE OF INDIVIDUALS ≤18 YEARS (WESTERN CAPE)**

	Jan-Dec 2021		Jan- Dec 2022	
	n	%	n	%
Alcohol	49	7	20	2
Cannabis	499	68	753	86
Cannabis/Mandrax**	36	5	17	2
Crack /Cocaine	5	1	2	<1
Heroin/Opiates**	36	5	6	1
OTC/PRE	5	1	3	<1
Inhalants	-	-	1	<1
Methcathinone ('CAT'/KHAT)	-	-	-	-
Methamphetamine ('Tik')	103	14	66	8
Other	2	<1	3	<1
Total	735	100	871	100

\*'White pipe' or Mandrax alone

\*\*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

**TABLE 29: MODE OF USE OF PRIMARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (WESTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Swallowed	20	5
Snorted/Sniffed	<1	1
Injected	1	-
Smoked	79	95

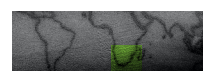
Compared to females, males had the highest rates for treatment admissions across all substances, however, smaller differences were noted between males and females for OTC/PRE- and alcohol-related admissions. For gender, no cases were reported in the 'other' category for either 2021 or 2022 (Table 30).

**TABLE 30: PRIMARY SUBSTANCE OF USE BY GENDER FOR INDIVIDUALS ≤18 YEARS (WESTERN CAPE)**

	Jan-Dec 2021			Jan-Dec 2022		
	M	F	O	M	F	O
	%			%		
Alcohol	76	24	-	70	30	-
Cannabis	79	21	-	82	18	-
Cannabis/Mandrax**	92	8	-	76	24*	-
Crack/Cocaine	100	0	-	100*	0	-
Heroin/Opiates <sup>^</sup>	92	8	-	83	17*	-
Inhalants	-	-	-	100*	0	-
Methamphetamine ('Tik')	76	24	-	76	24	-
OTC/PRE	100	0	-	67	33	-
Methcathinone ('CAT'/KHAT)	-	-	-	-	-	-

\* N<5; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance





Alcohol (52%), methamphetamine (13%), cannabis (13%) and cannabis/mandrax (9%) were the most common secondary substances of use among individuals 18 years and younger (Table 31).

**TABLE 31: SECONDARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (WESTERN CAPE)**

	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
Alcohol	101	34	141	54
Cannabis	58	20	35	13
Cannabis/Mandrax**	58	20	25	9
Crack/Cocaine	6	2	7	3
Heroin/Opiates <sup>^</sup>	2	1	1	<1
Inhalants	1	<1	1	<1
OTC/PRE	7	2	12	4
Methcathinone ('CAT'/KHAT)	-	-	-	-
Methamphetamine ('Tik')	62	21	34	13
Other	2	1	11	4
Total	297	100	269	100

\*\*White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

## 2B: TREATMENT CENTERS: GAUTENG

MS JODILEE ERASMUS, MS NANCY HORNSBY & MS MOMPATI MOLETSANE

Data were collected from 27 specialist treatment centres during the review period January to December 2022. A total of 12053 individuals were treated during this period (Table 32).

**TABLE 32: PROPORTION OF TREATMENT EPISODES (GAUTENG)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
CoJ Eldorado Park	-	<1
CoJ Joubert Park	-	-
CoJ Poortjie	-	<1
CoJ Tladi	<1	-
CoJ Westbury	<1	1
Empilweni Tx Centre	<1	-
Dr Fabian Ribeiro Tx Centre	2	1
Fetoga Rehabilitation	<1	-
Freedom Recovery	1	1
Hope for the Hopeless	<1	<1
House of Mercy	1	2
Ithemba Clinic	3	3
Jamela Tx centre	1	-
Life Nkanyisa Randfontein	7	7
Life Nkanyisa Witpoort	2	3
Makukhanye Alcohol & Drug Centre	1	-
Merafong Anti-Substance Abuse Centre (MASAC)	1	-
Mighty Wings	-	-
Open Disclosure Foundation	1	1
SANCA Castle Carey	6	6
SANCA Central Rand	23	18
SANCA Eastern Gauteng	3	9
SANCA Elim Clinic	3	5
SANCA Greater Heidelberg	2	2
SANCA Horizon Clinic	4	4
SANCA Johannesburg	-	-
SANCA Nishtara	4	4
SANCA Palm Ridge Clinic	1	-
SANCA Soweto	9	8
SANCA Stabilis	4	3
SANCA Thusong	4	2
SANCA Vaal Triangle	2	4
SANCA Wedge Gardens	2	1
Sithuthukisa Bonke Crisis Centre	<1	1

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Sukuma Sakhe Development	<1	<1
Toughest Young Minds	1	-
Westview Clinic	12	13
Total	13966	12053

Eighty-five percent (85%) of individuals were admitted to treatment for the first-time, showing a considerable increase from 71% in the previous period (Table 33).

**TABLE 33: FIRST-TIME ADMISSIONS (GAUTENG)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Yes	71	85
No	29	15

For the current review period, the proportion of persons treated at outpatient/community-based and inpatient substance use treatment centres were 61% and 40% respectively. See Table 34.

**TABLE 34: TYPE OF TREATMENT RECEIVED (GAUTENG)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Inpatient	45	40
Outpatient/Community-based	54	61
Detox	-	3

Of those (15%) who had been previously admitted to treatment, most had accessed outpatient/community-based services (57%), followed by inpatient services (37%) (Table 35).

**TABLE 35: TYPE OF PRIOR TREATMENT (GAUTENG): JAN-DEC 2022**

	n*	%
Inpatient	105	37
Outpatient/Community-based	158	57
Detox	16	6

\*Based on a sample of n = 279

'Self/family/friends' (63%) was the most common source of referral, followed by 'social services/welfare' (20%), and 'school' (9%) (Table 36).

**TABLE 36: REFERRAL SOURCES (GAUTENG)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Self/family/friends	67	63
Work/employer	3	3
Health professional	1	2
Religious body	2	1
Hospital/clinic	1	1
Social services/welfare	18	20
Court/correctional services	1	1
School	6	9
Other, e.g., radio	<1	<1

Over the last review periods, minimal change has been noted in the demographic profile of persons admitted to treatment in Gauteng. Fifty-nine percent (59%) of persons in this cohort were unemployed for more than 6 months with most having a secondary school education level (90%) (Table 37).

**TABLE 37: POPULATION PROFILE (GAUTENG)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
<b>GENDER</b>		
Male	89	87
Female	11	13
Other	-	<1
<b>EMPLOYMENT STATUS</b>		
Working full-time	10	11
Working part-time	2	2
Unemployed (< 6 months)	9	7
Unemployed (> 6 months)	60	59
Student/Apprentice/internship	2	2
Learner at school	17	18
Pensioner/ Disabled/Stay at home	1	1
<b>EDUCATION LEVEL*</b>		
No schooling	<1	1
Primary	5	5
Secondary	90	90
Tertiary	5	5
Special needs	-	<1

\*Level of education completed

The age of persons in treatment ranged between 8 and 83 years, with an overall mean age of 27 years. For this review period, the largest proportion of individuals in treatment were aged 15-19 years (20%), followed by those aged 20-24 years (19%) and 25-29 years (19%) (Table 38).

**TABLE 38: AGE DISTRIBUTION (GAUTENG)**

Years	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
<10	22	<1	2	<1
10-14	988	7	336	3
15-19	3253	23	2411	20
20-24	2198	16	2275	19
25-29	2347	17	2331	19
30-34	2406	17	2002	17
35-39	1332	10	1302	11
40-44	591	4	599	5
45-49	363	3	345	3
50-54	186	1	208	2
55-59	104	1	106	1
60-64	60	<1	58	<1
65+	35	<1	60	1

The overall HIV testing rate was 57% with 37% of individuals admitted to treatment indicating that they had been tested for HIV in the past 12 months. A considerable proportion of persons (35%) indicated that they had not been tested for HIV. Sixty-six percent (66%) of service users indicated that they wanted future HIV testing (Table 39).

**TABLE 39: HIV TESTING (GAUTENG)**

Tested for HIV	Jan-Dec 2021	Jan-Dec 2022
	%	%
Yes, in past 12 months	39	37
Yes, but not in past 12 months	16	20
No	35	35
Decline to answer	10	8
Future HIV testing		
Yes	-	66
No	-	34

The majority of service users lived in a permanent abode (91%) (Table 40). Service users mostly resided with their parents or relatives (81%) (Table 41).

**TABLE 40: TYPE OF RESIDENCE (GAUTENG): JAN-DEC 2022**

	n	%
Permanent abode	2898	91
Temporary abode	176	6
Shelter	61	2
Homeless	39	1
Other	7	<1



**TABLE 41: WHO DO YOU LIVE WITH? (GAUTENG): JAN-DEC 2022**

	n	%
Parents/Relatives	2509	81
Spouse/Partners	351	11
Alone/Independent	220	7
Other	28	1

The most common primary substance of use in Gauteng during the January-December 2022 period was cannabis (33%). This was followed by methamphetamine (23%), heroin/opiates (17%), and alcohol (13%). Cannabis increased from 29% in 2021 to 33% in 2022, methamphetamine increased from 19% to 23%, while heroin/opiates decreased from 27% in 2021 to 17% in 2022 (Table 42).

**TABLE 42: PRIMARY SUBSTANCE OF USE (GAUTENG)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Alcohol	10	13
Cannabis	29	33
Cannabis/Mandrax**	3	3
Crack/Cocaine	3	2
Heroin/Opiates <sup>†</sup>	27	17
Ecstasy	<1	<1
OTC/PRE	1	1
Methcathinone ('CAT'/KHAT)	7	6
Methamphetamine ('Tik')	19	23
Inhalants	1	<1

\*\*'White pipe' or Mandrax alone

<sup>†</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

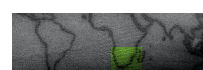
When considering the mode of use of primary substances, most individuals (74%) reported smoking their substances, followed by swallowing (14%). When alcohol was excluded, 84% reported smoking as their primary mode of use. The proportion of individuals reporting injecting as their route of administration remained similar when alcohol was either included (4%) or excluded (5%). Of service users who reported heroin/opiates as their primary substance of use, 23% of service users reported injecting as their primary mode of use. Refer to Table 43.

**TABLE 43: MODE OF USE FOR PRIMARY SUBSTANCE (GAUTENG)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Swallowed	15(6)	14(2)
Snorted/Sniffed**	7(8)	8(9)
Smoked	72(80)	74(84)
Injected	5(6)	4(5)
Injected Heroin/Opiates	19	23

() Figures exclude alcohol

\*\* Included with Snorted/Sniffed is inhaled



The majority (70%) of persons reported that they used their primary substances daily. The substances that had the highest proportion of service users reporting daily use were heroin/opiates (97%), followed by OTC/PRE-medicines (87%), cannabis and cannabis/mandrax (79% respectively) (Table 44).

**TABLE 44: PRIMARY SUBSTANCE BY FREQUENCY OF USE (GAUTENG)**

	Daily		2-6 days per week		Once per week or less often		Not used in the past month	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%		%	
Alcohol	67	68	21	25	10	4	3	3
Cannabis	77	79	15	15	6	3	2	3
Cannabis/Mandrax**	79	79	16	18	4	<1*	2	3
Crack/ Cocaine	76	75	18	18	5	3	1	4
Heroin/Opiates <sup>^</sup>	96	97	2	3	1	<1*	<1	<1
Methamphetamine ('Tik')	65	64	23	29	10	4	2	3
OTC/PRE	84	87	11	12	2*	0	3*	1*
Methcathinone (CAT/KHAT)	60	60	30	30	8	4	1	6

The mean age for individuals admitted to treatment in Gauteng ranged from 22 years (inhalants) to 40 years (OTC/PRE and Ecstasy). The mean age for cannabis/mandrax increased from 28 years in 2021 to 31 years in 2022. There was also a notable increase for inhalant use from 15 years in 2021 to 22 years in 2022 (Table 45).

**TABLE 45: MEAN AGE (IN YEARS) BY PRIMARY SUBSTANCE OF USE (GAUTENG)**

	Jan-Dec 2021	Jan-Dec 2022
Alcohol	38	39
Cannabis/Mandrax**	28	31
Cannabis	25	23
Crack/Cocaine	29	32
Heroin/Opiates <sup>^</sup>	28	31
Ecstasy	31	40
Methcathinone (CAT/KHAT)	27	27
Methamphetamine ('Tik')	25	26
Inhalants	15	22
OTC/PRE	39	40
Overall mean age	27	28

\*N<5; \*\*'White pipe' or Mandrax alone;

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

A 10-percentage point decline was reported for inhalant-related admissions among females from 30% in 2021 to 20% in 2022. In contrast to other substance categories, more females (55%) than males (45%) were admitted for OTC/PRE. In addition, a considerable increase was seen for OTC/PRE-admission rates for females from 44% in 2021 to 55% in 2022 (Table 46).

**TABLE 46: PRIMARY SUBSTANCE OF USE BY GENDER (GAUTENG)**

	Jan-Dec 2021			Jan-Dec 2022		
	M	F	O	M	F	O
	%			%		
Alcohol	82	18	-	79	21	-
Cannabis	91	9	-	89	11	-
Cannabis/Mandrax**	85	15	-	86	14	-
Crack/Cocaine	89	11	-	89	11	-
Heroin/Opiates <sup>^</sup>	92	8	-	91	9	-
OTC/PRE	56	44	-	45	55	-
Methcathinone (CAT/KHAT)	86	14	-	88	12	-
Inhalants	70	30	-	80	20	-
Methamphetamine ('Tik')	89	11	-	87	13	-

\*N<5; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Cannabis (28%), methamphetamine (22%) and cannabis/mandrax (12%) were the most common secondary substances of use (Table 47).

**TABLE 47: SECONDARY SUBSTANCE OF USE (GAUTENG)**

	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
Alcohol	534	8	546	9
Cannabis	2268	33	1731	28
Cannabis/Mandrax*	656	9	728	12
Crack/Cocaine	548	8	366	6
Heroin/Opiates**	687	10	485	8
OTC/PRE	132	2	107	2
Methcathinone (CAT/KHAT)	619	9	546	9
Methamphetamine ('Tik')	1261	18	1396	22
Inhalants	32	<1	19	<1
Other	188	3	295	5
TOTAL	6912	100	6219	100

\*'White pipe' or Mandrax alone

\*\*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.

For this review period, cannabis (48%), methamphetamine (35%), and heroin/opiates (21%), were the three most common substances used as primary or secondary substances. Increases were noted for all substances except crack/cocaine (decreasing from 7% to 5%) and heroin/opiates (decreasing from 32% to 21%). Inhalant use rates remained the same (Table 48).

**TABLE 48: PRIMARY OR SECONDARY SUBSTANCE OF USE (GAUTENG)**

	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
Alcohol	1889	14	2055	17
Cannabis	6298	45	5720	48
Cannabis/Mandrax*	1020	7	1046	9
Crack/Cocaine	969	7	601	5
Heroin/Opiates**	4489	32	2552	21
OTC/PRE	254	2	230	2
Methcathinone (CAT/KHAT)	1601	11	1247	10
Methamphetamine ('Tik')	3892	28	4224	35
Inhalants	192	1	70	1
Other	217	2	502	4

\*'White pipe' or Mandrax alone

\*\*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Fifty-two percent (52%) of individuals admitted to specialist treatment facilities reported using more than one substance (Table 49).

**TABLE 49: POLYSUBSTANCE USE (GAUTENG)**

	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
Primary substance only	7084	51	5821	48
Primary +2nd substance	6912	49	6219	52
Total no. of individuals	13996	100	12040	100

'State' remained the main source of payment, increasing from 62% in 2021 to 69% in the 2022 annual review period. See Table 50.

**TABLE 50: SOURCES OF PAYMENT (GAUTENG)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
State	62	69
Medical Aid	7	9
Family/friends	10	6
Employer	<1	1
Self	3	2
Other/Comb	1	1
Unknown	17	13

In Gauteng province, 886 (7%) persons reported being diagnosed with a non-communicable (NCD) disease at the time of admission. The most reported NCD was mental health (63%) (Table 51).

**TABLE 51: NON-COMMUNICABLE DISEASES (GAUTENG): JAN-DEC 2022**

	%	%
Cardiovascular disease	65	7
Diabetes	52	6
Respiratory disease	163	18
Mental health problems	599	63
Blood pressure issues	173	22
Liver disease	23	3
Gastrointestinal disease	94	11
Hepatitis*	4	<1
Cancer*	3	<1
Neurological Disorder*	3	<1

\*Based on a sample of n = 3182

A total of 792 (7%) individuals receiving treatment indicated the non-medical use of a first codeine product, with 34 (1%) reporting a second product of misuse (Table 52).

**TABLE 52: MODE OF CODEINE USE (GAUTENG): JAN-DEC 2022**

	1 <sup>st</sup> product n =792	2 <sup>nd</sup> product* n =34
	%	%
Swallowed	82	97
Smoked	18	3
Snort/Sniff	1	-
Injected	1	-
Main selected types of products	Cough syrup, Adcodol, Stilpayne, Sinutab extra strength, pain medication	Cough syrup, Broncleer, Adcodol

\*Based on a sample of n = 3182

The first codeine product was mostly used on a daily basis (59%), followed by 2-6 days per week (16%). The second codeine product was most used daily (50%), followed by once per week (27%) (Refer to Table 53).

**TABLE 53: FREQUENCY OF CODEINE USE (GAUTENG): JAN-DEC 2022**

	1 <sup>st</sup> Product	2 <sup>nd</sup> Product*
	%	%
Daily	59	50
2-6 days per week	16	13
Once per week/less often	14	27
Not used in the week	11	10

\*Based on a sample of n = 3182

The use of tobacco products were reported by 84% of individuals. Most reported the use of cigarettes (87%) (Table 54).

**TABLE 54: TOBACCO PRODUCTS (GAUTENG): JAN-DEC 2022**

	n	%
Cigarettes	8858	87
Hookah Pipe	734	7
e-cigarettes*	16	<1
Other*	126	4
Chewable tobacco**	13	<1
Snuff**	21	<1
Pipe**	12	<1

\*Based on a sample of n = 3182 \*\* based on a sample of n = 8871

Forty-two (42) individuals reported having used alcohol or other substances during their pregnancy. The most frequently reported substances used during pregnancy was methamphetamine (Table 55).

**TABLE 55: SUBSTANCE USE DURING PREGNANCY (GAUTENG): JAN-DEC 2022**

	n	%
Use during pregnancy*	42	1
List of most used substances reported		
Methamphetamine (Tik)	19	1
Dagga	10	<1
Alcohol	8	<1
Mandrax	8	<1
CAT/KHAT	6	<1
Heroin/Opiates	4	<1

\*Based on a sample of n = 3179.

## DATA ON INDIVIDUALS 18 YEARS AND YOUNGER

The rate of admission for service users  $\leq 18$  years was 19% (n = 2285). The predominant profile of individuals admitted for treatment were males (86%) who had completed a secondary school education (86%). Admission rates among males in this age group decreased from 89% in the January to December 2021 period to 86% in the January to December 2022 period (Table 56).

**TABLE 56: PROFILE OF INDIVIDUALS  $\leq 18$  YEARS (GAUTENG)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
<b>GENDER</b>		
Male	89	86
Female	11	14
Other	0	<1
<b>EDUCATION LEVEL*</b>		
None	<1	<1
Primary	11	13
Secondary	88	86
Any tertiary	1	<1
Special needs	-	<1

\*Level of education completed

Comparable to previous periods, a higher proportion of individuals  $\leq 18$  years were referred to treatment centres by 'self/family/friends (45%), school (41%), and 'social services/welfare' (10%). Refer to Table 57.

**TABLE 57: REFERRAL SOURCES FOR PATIENTS YOUNGER THAN  $\leq 18$  YEARS (GAUTENG)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Self/Family/Friends	54	45
Work/Employer	1	<1
Health professional	1	1
Religious body	1	<1
Hospital/Clinic	1	1
Social Services/Welfare	19	10
Court/Correctional services	1	2
School	22	41
Other	<1	<1



The most common primary substance of use among young individuals was cannabis (86%) (Table 58).

**TABLE 58: PRIMARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (GAUTENG)**

	Jan-Dec 2021		Jan- Dec 2022	
	n	%	n	%
Alcohol	115	3	20	2
Cannabis	1706	49	753	86
Cannabis/Mandrax*	59	2	17	2
Crack/Cocaine	46	1	2	<1
Heroin/Opiates**	550	16	6	1
OTC/PRE	9	<1	3	<1
Inhalants	132	4	1	<1
Methcathinone ('CAT'/KHAT)	134	4	-	-
Methamphetamine ('Tik')	684	20	66	8
TOTAL	3467	100	871	100

\*'White pipe' or Mandrax alone

\*\*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

In Gauteng, most services users aged 18 years and younger smoked (91%) their primary substance of use (Table 59).

**TABLE 59: MODE OF USE OF PRIMARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (GAUTENG)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Swallowed	32	5
Smoke	57	91
Snorted/Sniffed	9	4
Injected	3	<1

Across all substance categories, the majority of individuals 18 years and younger admitted to treatment were males. The percentage of females accessing treatment for alcohol use increased from 17% in the 2021 period to 29% in the 2022 period while heroin/opiates use increased from 4% to 26% (Table 60).

**TABLE 60: PRIMARY SUBSTANCE OF USE BY GENDER FOR INDIVIDUALS ≤18 YEARS (GAUTENG)**

	Jan-Dec 2021			Jan-Dec 2022***		
	M	F	O	M	F	O
	%			%		
Alcohol	83	17	-	71	29	-
Cannabis	89	11	-	87	13	<1*
Cannabis/Mandrax**	85	15	-	89	11*	-
Crack/Cocaine	93	7	-	91	9*	-
Heroin/Opiates^	96	4	-	74	26	-
Inhalants	69	40	-	84	16*	-
OTC/PRE	89	11	-	78	22*	-
Methcathinone ('CAT'/KHAT)	90	10	-	90	10*	-
Methamphetamine('Tik')	92	8	-	81	19	-

\*N<5; \*\*\*'White pipe' or Mandrax alone; ^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroinsurveillance; \*\*\*based on a sample of n = 3179

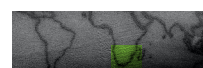
Cannabis (30%), methamphetamine (26%), and alcohol (17%) were the most common secondary substances of use among youths aged 18 years and younger. A slight increase was seen in methamphetamine use from 20% in 2021 to 26% in 2022 (Table 61).

**TABLE 61: SECONDARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (GAUTENG)**

	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
Alcohol	142	10	156	17
Cannabis	518	36	274	30
Cannabis/Mandrax*	92	6	54	6
Crack/Cocaine	47	3	5	1
Heroin/Opiates**	69	5	8	1
Inhalants	18	1	6	1
OTC/PRE	46	3	50	6
Methcathinone ('CAT'/KHAT)	143	10	78	9
Methamphetamine ('Tik')	283	20	234	26
Other	72	5	36	4
TOTAL	1433	100	901	100

\*'White pipe' or Mandrax alone

\*\*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance



## 2C: TREATMENT CENTRES: NORTHERN REGION

MS JODILEE ERASMUS & MS NANCY HORNSBY

Data in the Northern region was collected from 2019 service users across 8 treatment centres in the Mpumalanga and Limpopo provinces. In Mpumalanga, data was collected from 1809 service users, with most data coming from SANCA Lowveld (n=507) and SANCA Witbank (n=748). In Limpopo, data was collected from 209 service users across 2 treatment centres. See Table 62.

**TABLE 62: NUMBER OF TREATMENT EPISODES (NORTHERN REGION)**

	Mpumalanga		Limpopo	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	Number (n)		Number (n)	
Bread of Life	18	17	-	-
Healing Wings	-	24	-	-
Healing Wings (Youth)	-	-	-	-
MARC (Inpatient)	149	155	-	-
MARC (Outpatient)			-	-
Nkangala Centre	30	126	-	-
PACE Rehab	39	26	-	-
Swartfontein	-	81	-	-
SANCA Witbank	82	748	-	-
SANCA Lowveld		507	-	-
SANCA Thembisile		125	-	-
Centre of Hope	-	-	-	-
Jahara Centre	-	-	-	-
SANCA Far North (Polokwane)	-	-	-	-
SANCA Limpopo	-	-	540	172
Seshego Centre	-	-	5	37
Total number in treatment	1657	1809	545	209

In Table 63 'Yes' indicates a first-time admission and 'No' indicates a repeat admission. First-time admissions comprised the majority of admissions in both provinces. In Mpumalanga, the number of repeat admissions decreased markedly from 17% in 2021 to 7% in 2022.

**TABLE 63: FIRST-TIME ADMISSIONS (NORTHERN REGION)**

	Mpumalanga		Limpopo	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%	
Yes	83	93	99	97
No	17	7	1	3

Table 64 shows that both Mpumalanga (83%) and Limpopo (82%) had similar proportions of service users treated on an outpatient/community-based basis.

**TABLE 64: TYPE OF TREATMENT RECEIVED (NORTHERN REGION)**

	Mpumalanga		Limpopo	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%	
Inpatient	17	17	1	18
Outpatient/Community-based	83	83	99	82
Detox	-	-	-	-

\*Based on sample n = 601

In Mpumalanga, most service users mainly reported the use of inpatient services (56%), whereas most service users in Limpopo reported the use of outpatient/community-based services (94%) (Table 65).

**TABLE 65: TYPE OF PRIOR TREATMENT (NORTHERN REGION): JAN-DEC 2022\***

	Mpumalanga		Limpopo	
	n	%	n	%
Inpatient	301	56	38	6
Outpatient/Community-based	369	-	172	94
Detox	-	44	-	-

\*Based on sample n = 601

The most common source of referral to specialist treatment centres in both provinces was 'self/family/friends with 50% in Mpumalanga and 57% in Limpopo. In Mpumalanga, the second most common referral source was 'social services' (18%) while 'school' (23%) was the second leading source of referral in the Limpopo province (Table 66).

**TABLE 66: REFERRAL SOURCES (NORTHERN REGION)**

	Mpumalanga		Limpopo	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%	
Self/family/friends	68	50	67	57
Work/employer	11	10	14	4
Health professional	2	1	<1	-
Religious body	1	1	<1	-
Hospital/clinic	1	2	<1	-
Social services/welfare	10	18	4	16
Court/correctional services	1	2	1	-
School	5	9	13	23
Other e.g., radio	<1	<1*	0	-

Males dominated access to treatment in both provinces (89% in Mpumalanga and 94% in Limpopo). In both provinces, the majority of individuals accessing treatment were unemployed (57% Mpumalanga and 56% Limpopo). In both provinces, a higher proportion of persons had a secondary school education (Refer to Table 67).

**TABLE 67: POPULATION PROFILE (NORTHERN REGION)**

	Mpumalanga	Limpopo
	%	
GENDER		
Male	89	94
Female	11	6
Other	-	-
EMPLOYMENT STATUS		
Working full-time	18	12
Working part-time	4	<1*
Unemployed (< 6 months)	8	10
Unemployed (> 6 months)	49	46
Student/Apprentice/internship	2	5
Learner at school	17	27
Pensioner/ Disabled/Stay at home	2	-
EDUCATION LEVEL*		
No schooling	<1*	-
Primary	6	3
Secondary	86	83
Tertiary	7	14
Special needs	-	-

\*Level of education completed

In Mpumalanga, admissions across all age categories remained largely stable across the last two annual reporting periods. Conversely, Limpopo saw a notable decrease from 21% in 2021 to 2% in 2022 among service users aged 10-14 years, while admissions among individuals aged 30-34 years increased from 6% in 2021 to 11% in 2022 (Table 68).

**TABLE 68: AGE DISTRIBUTION (NORTHERN REGION)**

	Mpumalanga				Limpopo			
	Jan-Dec 2021		Jul-Dec 2022		Jul-Dec 2021		Jan-Dec 2022	
	n	%	n	%	n	%	n	%
<10	-	-	-	-	17	3	-	-
10-14	60	4	38	2	112	21	4	2
15-19	287	17	314	17	134	25	54	26
20-24	268	16	327	18	114	21	39	19
25-29	320	19	385	21	102	19	48	23
30-34	327	20	320	18	32	6	23	11
35-39	215	13	215	12	20	4	20	10
40-44	87	5	90	5	6	1	13	6
45-49	37	2	43	2	4	1	2	1
50-54	29	2	46	3	1	<1	1	<1
55-59	17	1	13	1	1	<1	2	1
60-64	4	<1	10	1	-	-	-	-
65+	4	<1	4	<1	17	3	-	-

In Mpumalanga, 67% of individuals indicated that they had ever been tested for HIV, while in Limpopo, 17% reported that they had been tested for HIV. The current rates for overall testing in Mpumalanga remained the same across both 2021 and 2022. In Limpopo a slight increase was seen for those reporting they had never been tested for HIV. A considerable proportion of individuals (73%) declined to answer (Table 69). This increase emphasizes the need for testing facilities within treatment centres.

**TABLE 69: HIV TESTING (NORTHERN REGION)**

Tested for HIV	Mpumalanga		Limpopo	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%	%	%	%
Yes, in past 12 months	43	49	1	12
Yes, but not in past 12 months	24	18	<1	5
No	31	31	6	10
Decline to answer	2	3	93	73
Future HIV testing				
Yes	-	63	-	18
No	-	37	-	82

Most service users reported living in a permanent abode (89% Mpumalanga and 97% Limpopo) (Table 70).

**TABLE 70: TYPE OF RESIDENCE (NORTHERN REGION): JAN-DEC 2022**

	Mpumalanga		Limpopo	
	n	%	n	%
Permanent abode	506	89	34	97
Temporary abode	38	7	1	3
Shelter	5	1	-	-
Homeless	5	1	-	-
Other	12	2	-	-

\*Based on sample n = 601

Service users mainly reported living with their parents/relatives (75% Mpumalanga and 86% Limpopo) (Table 71).

**TABLE 71: WHO DO YOU LIVE WITH (NORTHERN REGION): JAN-DEC 2022**

	Mpumalanga		Limpopo	
	n	%	n	%
Parents/relatives	423	75	30	86
Spouse/Partners	68	12	5	14
Alone/Independent	55	10	-	-
Other	19	3	-	-

\*Based on sample n = 601

In Mpumalanga, cannabis (35%) was the most common primary substance of use reported by individuals receiving treatment, followed by heroin/opiates (33%), and alcohol (15%). Similarly, in Limpopo, cannabis (54%) was the leading primary substance of use, followed by heroin/opiates (26%), and alcohol (14%). In Limpopo, no cannabis/mandrax, crack/cocaine, tobacco products or inhalants were reported as primary substances of use (See Table 72).

**TABLE 72: PRIMARY SUBSTANCE OF USE (NORTHERN REGION)**

	Mpumalanga		Limpopo	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%	%	%	%
Alcohol	16	15	14	14
Cannabis	36	35	41	54
Cannabis/Mandrax**	1	<1*	-	-
Crack/Cocaine	4	6	<1*	-
Methcathinone ('CAT/KHAT')	2	2	1	<1*
Heroin/Opiates^	35	33	31	26
Inhalants	1	<1*	2	-
OTC/ PRE	1	1	1*	<1*
Methamphetamine ('Tik')	6	7	10	6
Tobacco Products	-	<1*	-	-
Other substances/poly-substances	<1	1	-	-

\*N < 5; \*\*'White pipe' or Mandrax alone

^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance



When considering the mode of use of primary substances for the NR, the majority reported smoking their substance (78%). When alcohol was excluded, 91% reported smoking as their primary mode of use. Only 4% of individuals (excluding alcohol) reported that they injected substances (all substance variants). The proportion of persons who injected heroin/opiates increased since the previous annual period (from 4% to 11%) (Table 73).

**TABLE 73: MODE OF USE FOR PRIMARY SUBSTANCE (NORTHERN REGION)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Swallowed	25(12)	17(2)
Snorted/Sniffed	4(4)	2(3)
Smoked	69(81)	78(91)
Injected	2(2)	3(4)
Injected Heroin	4	11

Figures in brackets exclude alcohol

Most individuals reported that they used their primary substances on a daily basis. The substances with the highest reported daily use were heroin/opiates (97%) and OTC/PRE (92%). Alcohol (42%) and CAT/KHAT (37%) were mostly used 2-6 days per week (Table 74).

**TABLE 74: PRIMARY SUBSTANCE BY FREQUENCY OF USE (NORTHERN REGION)**

	Daily		2-6 days per week		Once per week or less often		Not used in the past month	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%		%	
Alcohol	35	38	42	39	17	13	7	10
Cannabis	34	56	30	25	29	11	7	7
Cannabis/Mandrax**	80	67*	20*	-	-	-	-	33*
Crack/ Cocaine	68	63	28	21	3*	6	1*	10
Heroin/Opiates^	91	97	7	3	1	<1	1*	<1
Methamphetamine ('Tik')	45	61	38	26	13	7	4	8
OTC/PRE	87	92	7*	8	7*	-	-	-
Methcathinone ('CAT'/KHAT)	26	23	37	40	23	17	14	20

\*N<5; \*\*'White pipe' or Mandrax alone

^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The average age of persons seen by treatment centres (all substances) was 28 years in Mpumalanga and 26 years in Limpopo. In Mpumalanga, the average age for OTC/PRE admissions decreased from 44 to 39 years old. Heroin/opiates admissions increased by 2 years, while a decrease was seen in the average age of services accessing treatment for methamphetamine. A 2-year decrease in mean age for heroin/opiates was seen in Limpopo, while a 2-year increase was seen for methamphetamine. Refer to Table 75.

**TABLE 75: MEAN AGE (IN YEARS) BY PRIMARY SUBSTANCE OF USE (NORTHERN REGION)**

	Mpumalanga		Limpopo	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
Alcohol	35	36	32	33
Cannabis	25	24	24	23
Cannabis/Mandrax**	27	29*	-	-
Crack/Cocaine	30	29	27*	-
Methcathinone ('CAT'/KHAT)	30	28	25	26*
Heroin/Opiates^	28	30	27	29
Inhalants	26	27*	20	-
OTC/ PRE	44	39	25*	58*
Methamphetamine ('Tik')	28	25	25	27
Overall mean age	28	28	26	26

\*N < 5; \*\*'White pipe' or Mandrax alone

^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Similar to the previous reporting period, more males were admitted for substance use in Mpumalanga for all substance categories except inhalants. However, absolute inhalant-related admission numbers were small (n<5). In Limpopo, only females were admitted for OTC/PRE and CAT/KHAT (Table 76).

**TABLE 76: PRIMARY SUBSTANCE OF USE BY GENDER (NORTHERN REGION)**

	Mpumalanga				Limpopo			
	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2021		Jan-Dec 2022	
	%							
	M	F	M	F	M	F	M	F
Alcohol	84	16	83	17	92	8	93	7*
Cannabis	94	6	91	9	98	2	95	5
Cannabis/Mandrax**	100	0	67*	33*	-	-	-	-
Crack/ Cocaine	88	12	82	18	100*	0	-	-
Heroin/Opiates^	93	7	94	6	96	4	100	0
Inhalants	85	15	25*	75*	80*	20*	-	-
OTC/ PRE	45	55	54	46	50*	50*	0	100*
Methcathinone ('CAT'/KHAT')	74	26	93	7*	88	12*	0	100*
Methamphetamine ('Tik')	74	26	77	23	85	15	83	17*

\*N<5; \*\*'White pipe' or Mandrax alone

^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Cannabis (23%), heroin/opiates (23%), and crack/cocaine (16%) were the most common secondary substances of use. Admissions for alcohol use as a secondary substance decreased from 28% in 2021 to 14% in 2022 while cannabis admissions decreased from 29% in 2021 to 23% in the current period (Table 77).

**TABLE 77: SECONDARY SUBSTANCE OF USE (NORTHERN REGION)**

	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
Alcohol	334	28	147	14
Cannabis	343	29	252	23
Cannabis/Mandrax**	16	1	19	2
Crack/Cocaine	99	8	177	16
Heroin/Opiates <sup>†</sup>	205	17	252	23
OTC/PRE	10	1	8	1
Methcathinone (CAT/KHAT)	23	2	21	2
Methamphetamine ('Tik')	107	9	121	11
Inhalants	10	1	12	1
Other	28	2	75	7
TOTAL	1188	100	1084	100

\*\*'White pipe' or Mandrax alone

<sup>†</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.

Rates for overall substances of use (primary or secondary) is shown in Table 78 below. Cannabis (47%), heroin/opiates (45%), and alcohol (23%) were the three leading substances used as both primary or secondary substances in Mpumalanga. In Limpopo, cannabis (67%), heroin/opiates (44%) and Tik (30%) were the three main substances used as primary or secondary substances.

**TABLE 78: PRIMARY OR SECONDARY SUBSTANCES OF USE (NORTHERN REGION)**

	Mpumalanga				Limpopo			
	Jan-Jun 2021		Jul-Dec 2022		Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%	n	%	n	%
Alcohol	567	34	409	23	103	19	35	16
Cannabis	771	47	857	47	384	70	140	67
Cannabis/Mandrax**	20	1	21	1	6	1	1	<1
Crack/Cocaine	149	9	284	16	21	4	4	2
Methcathinone ('CAT/KHAT')	42	3	46	3	16	3	5	2
Heroin/Opiates <sup>†</sup>	724	44	809	45	229	42	92	44
Inhalants	20	1	14	1	13	2	2	1
OTC/ PRE	20	1	21	1	5	1	1	<1
Methamphetamine ('Tik')	129	8	199	11	124	23	62	30

\*\*'White pipe' or Mandrax alone

<sup>†</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

In Limpopo, the majority of individuals receiving treatment reported using more than one substance (67%), while 52% of service users in Mpumalanga reported poly-substance use (Table 79).

**TABLE 79: POLYSUBSTANCE USE (NORTHERN REGION)**

	Mpumalanga		Limpopo	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%	
Primary substance only	49	48	35	33
Primary +2 <sup>nd</sup> substance	51	52	65	67
Total no. of individuals	1657	1809	545	210

During this period, the most common source of payment for treatment of substance use in Mpumalanga was the 'state' (42%), followed by 'family/friends' (34%), and 'self' (21%). In Limpopo province, 'family/friends' was the leading source of payment (74%), followed by state (18%), and 'self' (6%) (Table 80).

**TABLE 80: SOURCE OF PAYMENT (NORTHERN REGION)**

	Mpumalanga		Limpopo	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%	%	%	%
State	21	42	19	18
Medical aid	2	1	-	<1
Family/Friends	38	34	70	74
Employer	3	1	3	1
Self	36	21	9	6
Unknown	1	<1	-	-

In the Northern region, 123 (33%) individuals admitted to treatment reported diagnosis of a non-communicable disease (NCD). In Mpumalanga the most commonly reported NCD was mental health problems (66%) while in Limpopo, mental health was the only reported NCD (Table 81).

**TABLE 81: NON-COMMUNICABLE DISEASES (NORTHERN REGION): JAN-DEC 2022**

List of NCD	Mpumalanga (n = 119)		Limpopo (n = 4)	
	n	%	n	%
Cardiovascular disease	7	6	-	-
Diabetes	4	3	-	-
Respiratory disease	16	13	-	-
Mental health problems	78	66	4	100
Blood pressure issues	16	13	-	-
Liver disease	7	6	-	-
Gastrointestinal disease	8	7	-	-
Hepatitis*	-	-	-	-
Cancer*	-	-	-	-
Neurological Disorder*	1	<1	-	-

\*Based on a sample of n = 601

In the NR, a total of 227 (11%) individuals accessing treatment indicated the non-medical use of a first codeine product while 2 (1%) reported a second codeine product. Codeine-based products were equally swallowed and smoked in both provinces (Table 82).

**TABLE 82: MODE OF CODEINE USE (NORTHERN REGION): JAN-DEC 2022**

	Mpumalanga		Limpopo	
	1 <sup>st</sup> product n = 209	2 <sup>nd</sup> product* n = 1	1 <sup>st</sup> product n = 18	2 <sup>nd</sup> product* n = 1
	%	%	%	%
Swallowed	51	100	50	-
Smoked	49	-	50	100
Snort/Sniff	-	-	-	-
Injected	-	-	-	-
Types of products	Benilyn, Broncleer, Lean, Stilpayne, and other cough mixture	Broncleer, Stilpayne, and other cough mixture	Nurofen Plus, Linctified	

\*Based on a sample of n = 601

In Limpopo, all codeine products (either first or second product) were reported as being used daily (100%), while in Limpopo 42% reported daily use, followed by 2-6 days per week (36%). See Table 83.

**TABLE 83: FREQUENCY OF CODEINE USE (NORTHERN REGION): JAN-DEC 2022**

	Mpumalanga		Limpopo	
	1 <sup>st</sup> Product	2 <sup>nd</sup> Product*	1 <sup>st</sup> Product	2 <sup>nd</sup> Product*
	%	%	%	%
Daily	42	100	100	100
2-6 days per week	36	-	-	-
Once per week/less often	14	-	-	-
Not used in the week	7	-	-	-

\*Based on a sample of n = 601

In the Northern region, 87% of service users indicated that they used tobacco products. Tobacco use is reported per province in Table 84 below.

**TABLE 84: TOBACCO PRODUCTS (NORTHERN REGION): JAN-DEC 2022**

	Mpumalanga n = 1653		Limpopo n = 195	
	n	%	n	%
Cigarettes	1312	79	186	95
Hookah Pipe	43	3	1	1
e-cigarettes*	13	1	-	-
Other*	22	1	2	1
Chewable tobacco**	5	<1	-	-
Snuff**	13	1	1	1
Pipe**	12	1	1	1

\*Based on a sample of n = 601; \*\* based on a sample of n = 1418

In both Mpumalanga (1%) and Limpopo (<1%), reports of substance use during pregnancy were low. Heroin/Opiates, dagga and other substances were used during pregnancy while in Limpopo, only dagga was reported (Table 85).

**TABLE 85: SUBSTANCE USE DURING PREGNANCY (NORTHERN REGION): JAN-DEC 2022**

	Mpumalanga		Limpopo	
	n	%	n	%
Use during pregnancy*	4	1	1	<1
List of most used substances reported				
Alcohol	-	-	-	-
Heroin/Opiates	2	50	-	-
Crack/Cocaine	-	-	-	-
Dagga	1	25	1	100
Other	1	25	-	-

\*Based on a sample of n = 601.

## DATA FOR INDIVIDUALS 18 YEARS AND YOUNGER

Table 86 below shows the gender profile of individuals 18 years and younger in Mpumalanga and Limpopo. In Mpumalanga, admissions among females aged 18 years and younger increased from 11% to 16%, however decreased from 8% to 4% in Limpopo, across the last two reporting periods.

**TABLE 86: GENDER PROFILE OF INDIVIDUALS ≤18 YEARS (NORTHERN REGION)**

	Mpumalanga		Limpopo	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%			
GENDER				
Male	89	84	92	96
Female	11	16	8	4
Other	-	-	-	-

The most common source of referral to specialist treatment centres in both provinces was 'school' with 48% in Mpumalanga and 73% in Limpopo. The second most common source of referral was 'self/family/friends' in both Mpumalanga (29%) and Limpopo (27%). See Table 87.

**TABLE 87: REFERRAL SOURCES FOR INDIVIDUALS ≤18 YEARS (NORTHERN REGION)**

	Mpumalanga		Limpopo	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%	
Self/family/friends	38	29	37	27
Work/employer	<1	1	1	-
Health professional	1	1	-	-
Religious body	1	-	-	-
Hospital/clinic	<1	2	-	-
Social services/welfare	22	17	5	-
Court/correctional services	1	2	-	-
School	36	48	58	73
Other e.g., radio	<1	-	-	-

\*N<5



Cannabis (77%), methamphetamine (10%) and alcohol (5%) were the leading primary substances of use in Mpumalanga, whereas in Limpopo, cannabis (85%), alcohol (8%) and methamphetamine (6%) were the leading primary substances for persons 18 years and younger admitted to treatment (Table 88).

**TABLE 88: PRIMARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (NORTHERN REGION)**

	Mpumalanga		Limpopo	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%			
Alcohol	7	5	4	8
Cannabis	72	77	65	85
Cannabis/Mandrax*	-	-	-	-
Crack/ Cocaine	1	2	-	-
Heroin/Opiates <sup>^</sup>	15	5	7	2
OTC/ PRE	<1	<1	2	-
Methcathinone (CAT/KHAT)	-	<1	2	-
Inhalants	2	<1	7	-
Methamphetamine ('Tik')	3	10	14	6
TOTAL (n)	285	289	106	52

\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

In both provinces and across provinces, males dominated access to treatment compared to females among individuals 18 years and younger; however, in Mpumalanga more females than males reported methamphetamine use (Table 89).

**TABLE 89: PRIMARY SUBSTANCE OF USE BY GENDER FOR INDIVIDUALS ≤18 YEARS AND YOUNGER (NORTHERN REGION)**

	Mpumalanga						Limpopo					
	Jan-Dec 2021			Jan-Dec 2022			Jan-Dec 2021			Jan-Dec 2022		
	%			%			%			%		
	M	F	O	M	F	O	M	F	O	M	F	O
Alcohol	81	19*	-	79	21*	-	75*	25*	-	100*	0	-
Cannabis	88	12	-	91	9	-	99	1	-	95	5*	-
Cannabis/Mandrax**	-	-	-	-	-	-	-	-	-	-	-	-
Crack/ Cocaine	100*	-	-	100	0	-	-	-	-	-	-	-
Heroin/Opiates <sup>^</sup>	100	-	-	77	23*	-	100	-	-	100*	0	-
Inhalants	83	17	-	0	100*	-	71	29	-	-	-	-
OTC/ PRE	100*	-	-	0	100*	-	100*	-	-	-	-	-
Methcathinone ('CAT'/KHAT)	-	-	-	0	100*	-	100*	-	-	-	-	-
Methamphetamine ('Tik')	100	-	-	46	54	-	73	27*	-	100*	0	-

\*N<5; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

## 2D: TREATMENT CENTRES: EASTERN CAPE

JODILEE ERASMUS, NANCY HORNSBY & MR ROGER WEIMANN

Data was collected from six (6) specialist treatment centres. A total of 684 individuals were treated across these treatment centres for the January to December 2022 reporting period. The majority of service users were treated at SANCA Central Eastern Cape (56%) (Table 90).

**TABLE 90: PROPORTION OF TREATMENT EPISODES (EASTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Ernest Malgas	5	9
Hunters Craig	-	-
Mooiuitzicht	-	-
NICRO	-	4
SANCA CEC	72	56
Shepherd's Field	-	1
Step Away	13	15
Welbedacht	10	14
Total no. of individuals	797	684

First-time admissions depicted a decline from 92% in 2021 to 83% in the current 2022 period (Table 91).

**TABLE 91: FIRST-TIME ADMISSIONS (EASTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Yes	92	83
No	9	17

During the current period, the majority of persons were treated on an inpatient basis (51%) compared to the previous period when most were treated as outpatient/community-based (58%) (Table 92).

**TABLE 92: TYPE OF TREATMENT RECEIVED (EASTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Inpatient	42	51
Outpatient/Community-based	58	47
Detox	-	2

Of the 17% of individuals who indicated one or more prior admissions, prior treatment was mostly outpatient/community-based (60%), followed by inpatient (51%) (Table 93).

**TABLE 93: TYPE OF PRIOR TREATMENT (EASTERN CAPE): JAN-DEC 2022**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Inpatient	9	51
Outpatient/Community-based	13	60
Detox	-	-

Based on a sample of n = 259

Most referrals were from 'self/family/friends' (60%), indicating a 13-percentage point decline from the previous period. This was followed by referrals from 'social services/welfare' (13%), and 'work/employer' (11%) (Table 94).

**TABLE 94: REFERRAL SOURCES (EASTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Self/family/friends	73	60
Work/employer	8	11
Health Professional	5	5
Religious body	1	-
Hospital/clinic	2	1
Social services/welfare	7	13
Court/correctional services	1	4
School	4	6
Other e.g., radio, children's home, adverts	<1	<1

The population profile of service users attending treatment centres in the Eastern Cape is presented in Table 95 below. Males remain the most prominent gender accessing treatment (79%). The proportion of those who were unemployed showed a 6-percentage point decrease since the last reporting period (37% in 2021 versus 31% in 2022). Of those who were unemployed, 23% indicated that they had been unemployed for more than 6 months. Most service users had a secondary level education (74%), followed by tertiary education (18%) (Table 95).

**TABLE 95: POPULATION PROFILE (EASTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
<b>GENDER</b>		
Male	82	79
Female	18	21
Other	-	-
<b>EMPLOYMENT STATUS</b>		
Working full-time	25	32
Working part-time	4	3
Unemployed (< 6 months)	6	8
Unemployed (> 6 months)	31	23
Student/Apprentice/internship	6	3
Learner at school	26	28
Pensioner/ Disabled/Stay at home	2	2
<b>EDUCATIONAL LEVEL*</b>		
No schooling	-	1
Primary	4	7
Secondary	76	74
Tertiary	20	18
Special needs	-	-

\*Level of education completed

Over half of the admissions in the Eastern Cape were service users aged between <10 and 24 years old, comprising of 56% of all admissions for the period. More specifically, persons aged 10-14 years made up the majority of admissions (26%), followed by those aged 15-19 years (15%) (Table 96).

**TABLE 96: AGE DISTRIBUTION (EASTERN CAPE)**

Years	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
<10	-	-	29	4
10-14	20	3	176	26
15-19	186	24	102	15
20-24	152	20	77	11
25-29	119	15	88	13
30-34	77	10	83	12
35-39	92	12	48	7
40-44	49	6	28	4
45-49	41	5	23	3
50-54	22	3	8	1
55-59	10	1	5	1
60-64	6	1	6	1
65+	3	<1	29	4

Fifty-three (53%) of the individuals admitted to treatment reported that they had not been tested for HIV while 42% responded that they had been tested for HIV. Of those who had been tested, 33% reported that they had been tested in the past 12 months (Table 97).

**TABLE 97: HIV TESTING (EASTERN CAPE)**

Tested for HIV	Jan-Dec 2021	Jan-Dec 2022
	%	%
Yes, in past 12 months	42	33
Yes, but not in past 12 months	8	9
No	49	53
Decline to answer	1	5
Future HIV testing		
Yes	-	81
No	-	19

Ninety percent (90%) of service users reported that they lived in a permanent abode (Table 98), while just under two-thirds lived with parents/relatives (62%), followed by spouse/partners (26%) (Table 99).

**TABLE 98: TYPE OF RESIDENCE (EASTERN CAPE): JAN-DEC 2022**

	n	%
Permanent abode	223	90
Temporary abode	21	9
Shelter	2	1
Homeless	1	<1
Other	-	-

**TABLE 99: WHO DO YOU LIVE WITH (EASTERN CAPE): JAN-DEC 2022**

	n	%
Parents/relatives	149	62
Spouse/Partners	62	26
Alone/Independent	30	12
Other	-	-

The most common primary substances of use during the current reporting period were alcohol (29%), methamphetamine (27%) and cannabis (26%). Methamphetamine use decreased notably by 10-percentage points from the previous period (Table 100).

TABLE 100: PRIMARY SUBSTANCE OF USE (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Alcohol	26	29
Cannabis	23	26
Cannabis/Mandrax**	5	7
Crack/Cocaine	4	6
OTC/PRE	2	1
Heroin/Opiates <sup>†</sup>	2	1
Inhalants	<1	<1*
Methamphetamine ('Tik')	37	27
Methcathinone (CAT/KHAT)	<1	1

\*N<5; \*\*'White pipe' or Mandrax alone

<sup>†</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Smoking remained the most common mode of use of primary substances at (61%), retaining this position over both periods (Table 101).

TABLE 101: MODE OF USE FOR PRIMARY SUBSTANCE (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Swallowed	36(13)	31(5)
Smoked	61(83)	61(84)
Snorted/Sniffed	3(4)	7(10)
Injected	1(1)	1(1)
Injected Heroin/Opiates	31	34

()Figures in brackets exclude alcohol

Most individuals attending substance use treatment centres used their primary substance daily (54%) increasing from the previous annual period (48%). Refer to Table 102.

TABLE 102: FREQUENCY OF USE FOR PRIMARY SUBSTANCE (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Daily	48	54
2-6 days per week	39	35
Once a week or less	8	6
Not used in past month	5	6

The overall mean age for the period was 29 years old for this annual period. Cannabis accounted for the youngest individuals admitted to treatment (mean age: 19 years), remaining consistent over the last two reporting periods. There was a sizeable increase in mean age among those accessing treatment for OTC/PRE (from 35 years to 42 years) (Table 103).

**TABLE 103: MEAN AGE (IN YEARS) BY PRIMARY SUBSTANCE (EASTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
Alcohol	40	38
Cannabis	20	19
Cannabis/Mandrax**	30	30
Crack/Cocaine	30	32
OTC/PRE	35	42
Heroin/Opiates <sup>^</sup>	32	36
Methamphetamine ('Tik')	24	24
Methcathinone ('CAT/KHAT')	30	30
Overall mean age	31	29

\*N<5; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Generally, male service users continue to have more access to treatment compared to females across most substances. However, for OTC/PRE-medication use, more females (56%) compared to males (44%) were admitted to treatment for this period. For inhalants, only males were only admitted to treatment during 2022 compared to 2021, when only females were admitted (Table 104).

**TABLE 104: PRIMARY SUBSTANCE OF USE BY GENDER (EASTERN CAPE)**

	Jan-Dec 2021		Jan-Dec 2022	
	M	F	M	F
	%	%	%	%
Alcohol	77	23	75	25
Cannabis/Mandrax**	98	2*	88	12
Cannabis	85	15	77	23
Crack/Cocaine	88	12*	84	16
OTC/PRE	29	71	44	56
Heroin/Opiates <sup>^</sup>	85	15*	56	44*
Inhalants	0	100*	100*	0
Methamphetamine ('Tik')	84	16	83	17
Methcathinone (CAT/KHAT)	0	100*	86	14*

\*N<5; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The most common secondary substance of use was cannabis (29%), followed by methamphetamine (22%) and alcohol (21%). Cannabis/Mandrax as secondary substance of use decreased marginally from 18% in 2021 to 15% in 2022 (Table 105).

**TABLE 105: SECONDARY SUBSTANCE OF USE (EASTERN CAPE)**

	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
Alcohol	93	18	93	21
Cannabis	158	31	126	29
Cannabis/Mandrax*	90	18	66	15
Crack/ Cocaine	34	7	29	7
OTC/PRE	8	2	7	2
Heroin/Opiates <sup>†</sup>	-	-	3	1
Methamphetamine ('Tik')	104	21	95	22
Methcathinone (CAT/KHAT)	4	1	7	2
Other	14	3	10	2
TOTAL	505	100	436	100

\*'White pipe' or Mandrax alone

<sup>†</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

For the current reporting period, cannabis (45%) and alcohol (30%) were the most common primary or secondary substances of use in this region. A decrease was seen for alcohol (38% to 30%), methamphetamine (50% to 42%) and crack/cocaine (16% to 10%) as primary or secondary substances of use from 2021 to 2022 (See Table 106).

**TABLE 106: PRIMARY OR SECONDARY SUBSTANCE OF USE (EASTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Alcohol	38	30
Cannabis	43	45
Cannabis/Mandrax*	16	17
Crack/Cocaine	16	10
Heroin/Opiates <sup>†</sup>	2	2
OTC/PRE	3	2
Methcathinone ('CAT'/KHAT)	1	2
Methamphetamine ('Tik')	50	42
Other	2	3

\*'White pipe' or Mandrax alone

<sup>†</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance



The majority of individuals (66%) reported using more than one substance. Thirty four percent (34%) of service users reported the use of primary substance only (Table 107).

**TABLE 107: POLYSUBSTANCE USE (EASTERN CAPE)**

	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
Primary substance only	290	36	220	34
Primary +2nd substance	505	64	436	66
Total no. of individuals	795	100	656	100

'Medical aid' (36%) and 'family/friends' (27%) were the most common sources of payment for treatment in the Eastern Cape region (Table 108).

**TABLE 108: SOURCE OF PAYMENT (EASTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Self	6	7
Medical Aid	33	36
Family/friends	35	27
Employer	2	2
State	13	16
Unknown	10	6
Other	<1	5

In the Eastern Cape, 160 (24%) diagnosed non-communicable disease cases reported. The most reported NCD was mental health problems (66%) (Table 109).

**TABLE 109: NON-COMMUNICABLE DISEASES (EASTERN CAPE): JAN-DEC 2022**

	n	%
Cardiovascular disease	5	3
Diabetes	16	10
Respiratory disease	13	8
Mental health problems	105	66
Blood pressure issues	28	18
Liver disease	3	2
Gastrointestinal disease	16	10
Hepatitis*	1	1
Cancer*	-	-
Neurological Disorder*	2	1

\*Based on a sample of n = 1179

A total of 53 (8%) of individuals accessing treatment reported the non-medical use of codeine products, with 4 (1%) reporting a second codeine product. More individuals reported smoking their first codeine product (52%) whereas the second product was mostly swallowed (75%) (Table 110).

**TABLE 110: MODE OF CODEINE USE (EASTERN CAPE): JAN-DEC 2022**

	1 <sup>st</sup> product n =53	2 <sup>nd</sup> product* n =4
	%	%
Swallowed	46	75
Smoked	52	-
Snort/Sniff	2	25
Injected	-	-
Types of products	Cough syrup, Stilpayne	Pain medication

\*Based on a sample of n = 259

For both first (44%) and second (67%) products, service users mostly reported daily non-medical use of codeine (Table 111).

**TABLE 111: FREQUENCY OF CODEINE USE (EASTERN CAPE): JAN-DEC 2022**

	1 <sup>st</sup> Product	2 <sup>nd</sup> Product*
	%	%
Daily	22	33
2-6 days per week	44	67
Once per week/less often	22	-
Not used in the week	11	-

\*Based on a sample of n = 259

Tobacco use was reported by 84% of service users. Cigarette was the most commonly reported product (86%) (Table 112).

**TABLE 112: TOBACCO PRODUCTS (EASTERN CAPE): JAN-DEC 2022**

	n	%
Cigarettes	490	86
Hookah Pipe	48	8
e-cigarettes*	7	3
Other*	10	4
Chewable tobacco**	1	<1
Snuff**	4	1

\*Based on a sample of n = 259 \*\* based on a sample of n = 425

Only four (4) individuals reported the use of alcohol or other substances during their pregnancy. Cannabis (n = 3) was the most regularly used substance, with only individual indicating the use of alcohol (Table 113).

**TABLE 113: SUBSTANCE USE DURING PREGNANCY (EASTERN CAPE): JAN-DEC 2022**

	n	%
Use during pregnancy*	4	1
List of most used substances reported		
Alcohol	1	25
Cannabis	3	75

\*Based on a sample of n = 259

## DATA ON INDIVIDUALS 18 YEARS AND YOUNGER

For the current period, 175 individuals aged  $\leq 18$  years were admitted to treatment in the EC. The majority of individuals  $\leq 18$  years were male (72%). A notable increase was seen in females accessing treatment since the last reporting period, from 16% to 28% (Table 114).

**TABLE 114: GENDER PROFILE OF INDIVIDUALS  $\leq 18$  YEARS (EASTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
GENDER		
Male	84	72
Female	16	28
Other	-	-

A higher proportion of service users aged  $\leq 18$  years were referred to treatment centres by 'social services/welfare' (39%). This was followed by referrals from 'self/family/friends' (36%), showing a considerable decrease (34-percentage points) from the previous period. School referrals were the third leading referral source increasing from 16% in 2021 to 21% in 2022 (Table 115).

**TABLE 115: REFERRAL SOURCES FOR INDIVIDUALS  $\leq 18$  YEARS (EASTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Self/Family/Friends	70	36
Work/Employer	-	1*
Health professional	-	2*
Religious body	-	-
Hospital/Clinic	1	-
Social Services/Welfare	16	39
Court/Correctional services	-	1*
School	16	21
Other	1	-

\*N<5

Only seven (7) substances were reported as primary substances of use. Cannabis (64%) was the leading primary substance of use followed by MA (28%). Cannabis use increased from 58% in the previous period to 64% in the current review period while MA decreased from 38% to 28% (Table 116).

**TABLE 116: PRIMARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (EASTERN CAPE)**

	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
Alcohol	-	-	6	3
Cannabis	96	58	111	64
Cannabis/ Mandrax*	2	1	4	2
Crack/Cocaine	2	1	3	2
Heroin/Opiates <sup>†</sup>	1	1	-	-
OTC/PRE	1	1	-	-
Methamphetamine ('Tik')	62	38	48	28
Methcathinone ('CAT'/KHAT)	-	-	1	1
Inhalants	-	-	1	1
TOTAL	165	100	174	100

\*'White pipe' or Mandrax alone

<sup>†</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Smoking was the most common route of administration for persons ≤18 years (90%). There was no injection use reported for this period (Table 117).

**TABLE 117: MODE OF USE FOR PRIMARY SUBSTANCE FOR INDIVIDUALS ≤18 YEARS (EASTERN CAPE)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Swallowed	19	7
Smoked	80	90
Injected	-	-
Snorted/Sniffed	1	2

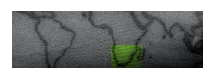
The majority of persons ≤18 years admitted to treatment were male except alcohol where admissions for females were 83% compared to 17% for males (Table 118).

**TABLE 118: PRIMARY OF USE BY GENDER FOR INDIVIDUALS ≤18 YEARS (EASTERN CAPE)**

	Jan- Dec 2021			Jan- Dec 2022		
	M	F	O	M	F	O
Alcohol	-	-	-	17*	83	-
Cannabis	77	23	-	72	28	-
Cannabis/Mandrax**	100*	-	-	75*	1*	-
Crack/Cocaine	100*	-	-	33*	67*	-
OTC/PRE	-	100*	-	-	-	-
Heroin/Opiates <sup>†</sup>	100*	-	-	-	-	-
Inhalants	-	-	-	100*	-	-
Methamphetamine ('Tik')	77	23	-	79	21	-
Methcathinone ('CAT'/KHAT')	-	-	-	100*	-	-

\*N<5; \*\*'White pipe' or Mandrax alone

<sup>†</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance



Cannabis was the most common secondary substance of use among service users aged  $\leq 18$  years (29%), followed closely by alcohol (26%) and methamphetamine (25%). Cannabis misuse saw a decrease from 38% in the previous period to 29% in the current period, while crack/cocaine increased from 2% to 9% (Table 119).

**TABLE 119: SECONDARY SUBSTANCE OF USE FOR INDIVIDUALS  $\leq 18$  YEARS (EASTERN CAPE)**

	Jan-Dec 2021		Jan- Dec 2022	
	n	%	n	%
Alcohol	32	25	36	26
Cannabis	46	38	40	29
Cannabis/Mandrax*	5	4	9	7
Crack/Cocaine	2	2	12	9
Heroin/Opiates**	-	-	1	1
Inhalants	1	1	-	-
OTC/PRE	1	1	1	1
Methcathinone ('CAT'/KHAT)	1	1	1	1
Methamphetamine ('Tik')	27	22	35	25
Other	6	5	3	2
TOTAL	121	100	138	100

\*White pipe' or Mandrax alone

\*\* Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin

## 2E: TREATMENT CENTRES: KWAZULU-NATAL

MS JODILEE ERASMUS & MS NANCY HORNSBY

Data was collected from 14 specialist treatment centres. A total of 2413 individuals were treated across these treatment centres for the January to December 2022 reporting period. The majority of service users were treated at SANCA Pietermaritzburg (22%) (Table 120).

**TABLE 120: PROPORTION OF TREATMENT EPISODES (KZN)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
AKESO Umhlanga	-	10
ARCA	<1	2
Anti-Drug Forum	1	1
Careline Crisis & Trauma Centre	1	2
Harmony Retreat	1	-
Madadeni Centre	3	9
Newlands Park Centre	4	6
Riverview Manor	6	5
SANCA Durban (In/Out)	13	5
SANCA Newcastle	8	5
SANCA Nongoma	2	2
SANCA Pietermaritzburg	19	22
SANCA Zululand	22	18
Serenity Addictions	20	13
Total individuals in treatment	1656	2413

The number of first-time admissions remained fairly similar over the last two annual periods, with 18% of service users reporting repeat admissions (Table 121).

**TABLE 121: FIRST-TIME ADMISSIONS (KZN)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Yes	83	82
No	17	18

For current treatment episodes, most individuals were treated on an inpatient basis (51%) in contrast to the previous period when the majority were treated as outpatients/community-based (53%) (Table 122).

**TABLE 122: TYPE OF TREATMENT RECEIVED (KZN)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Inpatient	47	51
Outpatient/Community-based	53	49
Detox	-	<1

\*Based on sample n = 920

There were 398 (18%) service users who reported prior treatment this period. The most regularly reported type of prior treatment was outpatient/community-based (66%) (Table 123).

**TABLE 123: TYPE OF PRIOR TREATMENT (KZN): JAN-DEC 2022**

	n	%
Inpatient	13	3
Outpatient/Community-based	263	66
*Detox	29	7

\*Based on sample n = 920

'Self/family/friends (39%) remained the most common source of referral for this reporting period. This was followed by 'health professionals' (18%), and 'school' (16%). School referrals increased from 6% in the preceding period to 16% in the current period, indicating a concerning trend that more school-aged children are accessing treatment for substance misuse. Refer to Table 124.

**TABLE 124: REFERRAL SOURCES (KZN)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Self/Family/Friends	61	39
Social Service/ Welfare	10	14
Employer/Work	11	8
Court/Correctional Services	1	1
Health Professionals	8	18
Hospital/Clinic	3	3
School	6	16
Religious Group	<1	<1
Other	1	1

Males (84%) comprised the largest group accessing specialist treatment for the current reporting period. Just over one-third (34%) of the individuals were unemployed and 24% had been unemployed for at least 6 months. Level of education remained fairly similar to previous periods with most individuals having a secondary school education (74%) (Table 125).

**TABLE 125: POPULATION PROFILE OF INDIVIDUALS (KZN)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
<b>GENDER</b>		
Male	86	84
Female	14	16
Other	-	<1
<b>EMPLOYMENT STATUS</b>		
Working full-time	36	35
Working part-time	4	4
Unemployed (< 6 months)	7	10
Unemployed (> 6 months)	31	24
Student/Apprentice/internship	5	4
Learner at school	15	22
Pensioner/ Disabled/Stay at home	2	2
<b>EDUCATION LEVEL*</b>		
No schooling	<1	-
Primary	3	5
Secondary	77	74
Tertiary	19	21
Special needs*	-	-

\*Level of education completed



Twenty-four percent (24%) of the population in treatment were younger than 20 years, increasing from 15% in the previous period. Most individuals admitted to treatment were aged 15-19 years (19%) and 20-24 years (18%). Moreover, admissions among youths aged 15-19 years increased from 13% in the previous annual period to 19% in the current period (Table 126).

**TABLE 126: AGE DISTRIBUTION (KZN)**

AGE (Years)	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
<10	-	-	-	-
10-14	31	2	129	5
15-19	221	13	451	19
20-24	310	19	425	18
25-29	311	19	362	15
30-34	255	15	362	15
35-39	245	15	282	12
40-44	118	7	157	7
45-49	76	5	101	4
50-54	37	2	64	3
55-59	25	2	37	2
60-64	18	1	11	<1
65+	8	<1	8	<1

Fifty-five percent (55%) of individuals reported that they had been tested for HIV. The proportion of individuals indicating that they had been tested in the past 12 months decreased by 8-percentage points. The number of persons who declined to answer decreased from 6% in 2021 to 4% in 2022. Most individuals (52%) indicated that they want to be tested for HIV in the future (Table 127).

**TABLE 127: HIV TESTING (KZN)**

Tested for HIV	Jan-Dec 2021	Jan-Dec 2022
	%	%
Yes, in past 12 months	46	38
Yes, but not in past 12 months	17	17
No	31	40
Decline to answer	6	4
Future HIV testing		
Yes	-	52
No	-	47

\*Based on sample n = 920

Most clients reported stable living conditions in a permanent abode (94%) (Table 128) and lived with their parents/relatives (88%) (Table 129).

**TABLE 128: TYPE OF RESIDENCE (KZN): JAN-DEC 2022**

	n	%
Permanent abode	858	94
Temporary abode	41	4
Shelter	8	1
Homeless	6	1
Other	-	-

**TABLE 129: WHO DO YOU LIVE WITH (KZN): JAN-DEC 2022**

	n	%
Parents/relatives	804	88
Spouse/Partners	52	6
Alone/Independent	48	5
Other	7	1

\*Based on sample n = 920

Alcohol (30%), cannabis (28%), and heroin/opiates (20%) were the most commonly used primary substances. Notable decreases were seen for alcohol (33% to 30%) and crack/cocaine (13% to 9%). Increases were shown for OTC/PRE (3% to 6%) and cannabis (24% to 28%) (See Table 130).

**TABLE 130: PRIMARY SUBSTANCE OF USE (KZN)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Alcohol	33	30
Cannabis	24	28
Cannabis/Mandrax*	1	3
Crack/Cocaine	13	9
OTC/ PRE	3	6
Heroin/Opiates**	21	20
Inhalants	-	<1
Methcathinone ('CAT/KHAT')	1	<1
Methamphetamine ('Tik')	2	2
Other	1	2

\*White pipe' or Mandrax alone

\*\*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin/opiate surveillance

Fifty-three percent (53%) of individuals reported smoking as their mode of substance use, decreasing from 49% in the previous period. Only 2% indicated that they injected substances (all substance variants). The proportion of service users who specifically injected heroin decreased from 3% in the preceding period to <1% in the current review period (Table 131).

**TABLE 131: MODE OF USE FOR PRIMARY SUBSTANCE (KZN)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Swallowed	43(15)	35(9)
Injected	1(1)	2(3)
Snorted/Sniffed	7(10)	9(13)
Smoked	49(74)	53(75)
Injected Heroin/Opiates	3	<1

\*Figures in brackets exclude alcohol

Most individuals attending substance use treatment centres used their primary substance daily (70%). The rate for daily use increased slightly from 68% to 70% over the last two annual periods. (Table 132).

**TABLE 132: FREQUENCY OF USE FOR PRIMARY SUBSTANCE (KZN)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Daily	68	70
2-6 days per week	22	19
Once a week or less	8	6
Not used in past month	2	6

The mean age of service users in treatment across substances was 29 years. Notable changes were seen in the average age of service users entering treatment for different substances. Increases in mean ages were seen for alcohol (33 years to 38 years) and methamphetamine (26 years to 29 years). Decreases were noted for cannabis (28 years to 21 years), OTC/PRE (27 years to 20 years), CAT/KHAT (33 years to 27 years), and OTC/PRE-medicine (26 years to 20 years) (Table 133).

**TABLE 133: MEAN AGE (IN YEARS) BY PRIMARY SUBSTANCE OF USE (KZN)**

	Jan-Dec 2021	Jan-Dec 2022
Alcohol	33	38
Cannabis	28	21
Cannabis/Mandrax*	28	27
Crack/Cocaine	32	32
OTC/PRE	27	20
Heroin/Opiates^	29	27
Inhalants	-	18
Methcathinone ('CAT/KHAT')	33	27
Methamphetamine ('Tik')	26	29
Overall mean age	30	29

\*White pipe' or Mandrax alone

\*\*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Males predominated across all primary substances compared to females. Cannabis-related admission rates among females increased from 11% in 2021 to 17% in 2022; increases were also seen for females for OTC/PRE-related admissions (17% in 2021 to 36% in 2022). Only males were admitted to treatment for ecstasy misuse in the current reporting period (Table 134).

**TABLE 134: PRIMARY SUBSTANCE OF USE BY GENDER (KZN)**

	Jan-Dec 2021		Jan-Dec 2022	
	%		%	
	M	F	M	F
Alcohol	82	18	82	18
Cannabis	89	11	83	17
Cannabis/ Mandrax**	95	5*	95	5*
Crack/Cocaine	87	13	85	15
Ecstasy	100*	0	100*	0
OTC/PRE	83	17	64	36
Heroin/Opiates <sup>†</sup>	90	7	94	6
Inhalants	-	-	83	17*
Methcathinone ('CAT'/KHAT')	75	24*	78	22*
Methamphetamine ('Tik')	83	17	83	17

\*N < 5; \*\*'White pipe' or Mandrax alone

<sup>†</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The most common secondary substance of use was cannabis (26%), crack/cocaine (20%) and alcohol (17%). A 4-percentage point decrease was noted for both crack/cocaine and cannabis use over the last two annual reporting periods (Table 135).

**TABLE 135: SECONDARY SUBSTANCE OF USE (KZN)**

	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
Alcohol	160	18	203	17
Cannabis	261	30	306	26
Cannabis/Mandrax*	49	6	91	8
Crack/Cocaine	206	24	235	20
Heroin/Opiates**	47	5	79	7
Ecstasy	6	1	3	<1
OTC/PRE	94	11	163	14
Methamphetamine ('Tik')	18	2	35	3
Inhalants	1	<1	2	<1
Methcathinone ('CAT'/KHAT')	14	2	10	1
Other	13	1	55	5

\*'White pipe' or Mandrax alone

\*\*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

During the current reporting period, cannabis (41%) was mostly used as a primary or secondary substance, followed by alcohol (39%), heroin/opiates (23%), and crack/cocaine (19%). As a primary or secondary substance of use, crack/cocaine decreased from 25% in 2021 to 19% in 2022 while alcohol decreased from 43% to 39% (Table 136).

**TABLE 136: PRIMARY OR SECONDARY SUBSTANCE OF USE (KZN)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Alcohol	43	39
Cannabis	40	41
Cannabis/Mandrax*	4	6
Crack/Cocaine	25	19
Heroin/Opiates**	24	23
OTC/PRE	9	12
Methcathinone ('CAT'/KHAT)	2	1
Methamphetamine ('Tik')	4	4
Other	2	4

\*'White pipe' or Mandrax alone

\*\*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Almost half (49%) of individuals admitted during the January to December 2022 period reported using more than one substance (Table 137).

**TABLE 137: POLYSUBSTANCE USE (KZN)**

	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
Primary substance only	785	47	1210	51
Primary +2 <sup>nd</sup> substance	869	52	1182	49
Total no. of individuals	1654	100	2392	100

Table 138 below shows that 'medical aid' (31%) was the most common source of payment, followed by 'family/friends' (27%).' 'Self' as source of payment decreased from 11% to 7% over the last two reporting periods.

**TABLE 138: SOURCES OF PAYMENT (KZN)**

	Jan-Dec 2021	Jan-Dec 2022
	n	n
Family/friends	29	27
Self	11	7
Medical Aid	32	31
State	13	17
Employer	3	3
Other/Unknown	12	16

In KZN, 807 (37%) individuals admitted to treatment reported diagnosis of a non-communicable disease. Mental health issues (80%) were the most commonly reported non-communicable disease for this period, followed by blood pressure issues (21%) and gastrointestinal diseases (19%) (Table 139).

**TABLE 139: NON-COMMUNICABLE DISEASES (KZN): JAN-DEC 2022**

	n	%
Cardiovascular disease	145	18
Diabetes	71	9
Respiratory disease	139	17
Mental health problems	646	80
Blood pressure issues	166	21
Liver disease	16	2
Gastrointestinal disease	150	19
Hepatitis*	-	-
Cancer*	1	<1
Neurological Disorder*	13	8

\*Based on a sample of n = 920

Service users reported the non-medical use of a first codeine product during this period (20%) while 6% of individuals reported a second product of misuse. Swallowing was the most common mode of use for both first and second codeine products (83% and 100%, respectively) (Table 140).

**TABLE 140: MODE OF CODEINE USE (KZN): JAN-DEC 2022**

	1 <sup>st</sup> product n =477	2 <sup>nd</sup> product* n =28
	%	%
Swallowed	83	100
Smoked	15	-
Snorted/Sniffed	1	-
Injected	<1	-
Types of products	Benylin, Broncleer, Stilpayne, and other cough mixture	Benylin, Broncleer, Stopayne, and other cough mixture

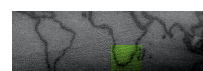
\*Based on a sample of n = 920

For the first codeine product used, most persons indicated daily use (32%), while the second product was predominantly used once per week or less often (35%) (Table 141).

**TABLE 141: FREQUENCY OF CODEINE USE (KZN): JAN-DEC 2022**

	1 <sup>st</sup> Product	2 <sup>nd</sup> Product*
	%	%
Daily	32	20
Once per week/less often	24	35
Not used in the week	22	20
Not used in past month	22	25

\*Based on a sample of n = 920



The use of tobacco products was reported among 1930 (80%) of persons admitted to treatment. Most reported the use of cigarettes (90%) (Table 142).

**TABLE 142: TOBACCO PRODUCTS (KZN): JAN-DEC 2022**

	n	%
Cigarettes	1729	90
Hookah Pipe	41	2
e-cigarettes*	4	<1
Other*	24	2
Chewable tobacco**	5	<1
Snuff**	17	2

\*Based on a sample of n = 259 \*\* based on a sample of n = 425

Substance use during pregnancy was indicated among 9 (1%) of individuals accessing treatment. Alcohol (n=4), heroin/opiates (n=3) and crack/cocaine (n=2) were the three reported substances of use during pregnancy (Table 143).

**TABLE 143: SUBSTANCE USE DURING PREGNANCY (KZN): JAN-DEC 2022**

	n	%
Use during pregnancy*	9	1
List of most used substances reported		
Alcohol	4	44
Heroin/Opiates	3	22
Crack/Cocaine	2	33

\*Based on a sample of n = 920

## DATA FOR INDIVIDUALS 18 YEARS AND YOUNGER

Although a substantial decrease was seen in admissions for all service users aged  $\leq 18$  years, admission rates among female youths increased from 16% to 23% (Table 144).

**TABLE 144: GENDER PROFILE OF INDIVIDUALS  $\leq 18$  YEARS (KZN)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
GENDER		
Male	84	77
Female	16	23
Other	-	-

The largest proportion of persons 18 year and younger were referred by 'school' (66%), followed by 'self/family/friends' (22%) (See Table 145).

**TABLE 145: REFERRAL SOURCES FOR INDIVIDUALS  $\leq 18$  YEARS (KZN)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Self/Family/Friends	48	22
Work/Employer	-	-
Health professional	2	3
Religious body	-	<1
Hospital/Clinic	3	1
Social Services/Welfare	10	8
Court/Correctional services	1	-
School	34	66
Other	3	-



The most common primary substance of use for persons 18 years and younger was cannabis (64%), followed by OTC/PRE (21%). Notable decreases were seen for alcohol and heroin/opiates from 26% in 2021 to 6% in 2022, and 14% in 2021 to 4% in 2022 respectively. Sizeable increases were seen for cannabis (35% to 64%) and OTC/PRE-medicines (7% to 21%) (Table 146).

**TABLE 146: PRIMARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (KZN)**

	Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%
Alcohol	52	26	30	6
Cannabis	70	35	294	64
Cannabis/Mandrax*	3	2	2	<1
Crack/Cocaine	20	10	6	1
OTC/PRE	14	7	95	21
Heroin/Opiates**	27	14	20	4
Inhalants/Solvents	-	-	5	1
Methcathinone ('CAT'/KHAT)	-	-	-	-
Methamphetamine ('Tik')	9	5	1	<1
Other	3	2	7	2
TOTAL	198	100	460	100

\*'White pipe' or Mandrax alone

\*\*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Smoking was the most common mode of use (69%) of primary substances. There were no reports for substance use by injection for the last two annual periods (Table 147).

**TABLE 147: MODE OF USE OF PRIMARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (KZN)**

	Jan-Dec 2021	Jan-Dec 2022
	%	%
Swallowed	43	28
Smoke	49	69
Snorted/Sniffed	7	3
Injected	1	-

Males predominantly accessed treatment services among individuals 18 years and younger. No methcathinone (CAT/KHAT) use was reported for this period (Table 148).

**TABLE 148: PRIMARY SUBSTANCE OF USE BY GENDER FOR INDIVIDUALS ≤18 YEARS (KZN)**

	Jan- Dec 2022			Jan Dec 2022		
	M	F	O	M	F	O
	%			%		
Alcohol	81	19	-	67	33	-
Cannabis	90	10	-	82	18	-
Cannabis/Mx**	67	33*	-	100*	0	-
Crack/Cocaine	90	10*	-	50*	50*	-
Heroin/Opiates^	89	11*	-	80	20*	-
Inhalants	-	-	-	80*	20*	-
OTC/PRE	64	36	-	64	36	-
Methcathinone (CAT/KHAT)	-	-	-	-	-	-
Methamphetamine('Tik')	78	22*	-	100*	0	-

\*N < 5; \*\*'White pipe' or Mandrax alone

^Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Among youths ≤18 years, 46% reported a secondary substance of use. OTC/PRE (53%) and cannabis (24%) were the most common secondary substances of use. A notable increase was seen for OTC/PRE (16% to 53%). Decreases were noted for crack/cocaine (24% to 3%) and alcohol (22% to 12%) since the 2021 period. (Table 149).

**TABLE 149: SECONDARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (KZN)**

	Jan-Dec 2021		Jan- Dec 2022	
	n	%	n	%
Alcohol	24	22	25	12
Cannabis	29	26	51	24
Cannabis/Mandrax*	3	3	-	-
Crack/Cocaine	26	24	6	3
Heroin/Opiates**	4	4	1	<1
Inhalants	1	1	-	-
OTC/PRE	18	16	111	53
Methcathinone ('CAT'/KHAT)	-	-	2	1
Methamphetamine ('Tik')	2	2	3	1
Other	3	3	11	5
TOTAL	110	100	210	100

\*'White pipe' or Mandrax alone

\*\*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

## 2F: TREATMENT CENTRES: CENTRAL REGION

MS JODILEE ERASMUS & MS NANCY HORNSBY

Data representing 606 service users were collected from five (5) treatment centres during the period January to December 2022. Three (3) centres were located in the Free State province, one (1) was located in the Northern Cape, and one (1) was located in the North-West (See Table 150).

**TABLE 150: PROPORTION OF TREATMENT EPISODES (CENTRAL REGION)**

	Free State		Northern Cape		North-West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%	
SANCA Aurora	70	74	-	-	-	-
SANCA Goldfields	13	19	-	-	-	-
SANCA Sasolburg	17	7	-	-	-	-
SANCA Kimberley	-	-	-	-	-	-
SANCA Upington	-	-	-	-	-	-
SANCA Tsantsabane	-	-	-	100	-	-
SANCA Sanpark	-	-	-	-	100	100
Total in treatment (n)	535	445	-	64	25	97

In Table 151 'Yes' indicates a first-time admission and 'No' indicates a repeat admission. First-time admissions comprised the majority of admissions in all three provinces. A large increase in first-time admissions was noted for the North-West with 94% in 2022 compared to 76% in 2021.

**TABLE 151: FIRST-TIME ADMISSIONS (CENTRAL REGION)**

	Free State		Northern Cape		North West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%	
Yes	79	84	-	97	76	94
No	21	16	-	3	24	6

Table 152 below reflects the type of services utilised by service users during the current treatment episode. All service users were treated on an inpatient basis in the North-West. In the Free State, over two-thirds of service users (69%) were treated on an inpatient treatment basis. The vast majority of service users in the Northern Cape accessed outpatient/ community-based services (97%).

**TABLE 152: TYPE OF TREATMENT RECEIVED (CENTRAL REGION)**

	Free State		Northern Cape		North West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%	
Inpatient	85	69	-	3	100	100
Outpatient/Community -based	15	30	-	97	-	-
Detox	-	<1	-	-	-	-

Three percent (3%) of service users reported making use of inpatient services in the Free State. Type of prior treatment was not reported for the NC and NW for the Jan-Dec 2022 period (Table 153).

**TABLE 153: TYPE OF PRIOR TREATMENT (CENTRAL REGION): JAN-DEC 2022**

	Free State		Northern Cape		North West	
	n	%	n	%	n	%
Inpatient	5	3	0	0	0	0
Outpatient / Community- based	3	1	0	0	0	0
Detox	0	0	0	0	0	0

Based on a sample of n = 248

The most common source of referral to specialist treatment centres in the Free State, Northern Cape and the North-West was 'self/family/friends' (53%, 69% and 64%, respectively). In the Free State (21%) and North-West (22%), 'work/ employer' was the second most common source of referral to treatment, while 'school' (23%) was the second most common referral source in the Northern Cape (Table 154).

**TABLE 154: REFERRAL SOURCES (CENTRAL REGION)**

	Free State		Northern Cape		North West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%	
Self/Family/friends	56	53	-	69	64	64
Work/employer	17	21	-	3*	12*	22
Health Professional	10	7	-	-	8*	1*
Religious body	-	<1*	-	2*	16*	4*
Hospital/clinic	<1	-	-	-	-	5
Social services/welfare	14	11	-	-	-	1*
Court/correctional	3	1	-	3*	-	-
School	-	7	-	23	-	3*
Other e.g., radio	<1	-	-	-	-	-

\*N<5

The majority of admissions during this period were for males in the Free State (84%), the Northern Cape (86%) and the North-West (91%). A sharp decline was noted for total unemployment rates in the Free State, decreasing from 43% to 29% over the last two annual periods.

In the Northern Cape, most service users were unemployed for more than 6 months (47%), although a high proportion (41%) of service users were also in school. In the Free State 45%, and in the North-West 40% of service users were employed, however, employment rates decreased from 60% in 2021 to 40% in 2022. The proportion of service users in North-West who had a tertiary-level education increased from 8% to 19% (Table 155).

**TABLE 155: POPULATION PROFILE (CENTRAL REGION)**

	Free State		Northern Cape		North West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%	
GENDER						
Male	82	84	-	86	76	91
Female	18	16	-	14	24	9
Other*	-	-	-	-	-	-
EMPLOYMENT STATUS						
Working full-time	32	42	-	6	32	39
Working part-time	2	3	-	3	-	1
Unemployed (< 6 months)	2	5	-	3	4*	21
Unemployed (> 6 months)	41	24	-	47	56	10
Student/Apprentice/ internship	3	2	-	-	-	12
School/learner at school	17	22	-	41	8*	16
Medically unfit/Home executive/Pensioner	2	2	-	-	-	-
EDUCATION LEVEL**						
No schooling	-	-	-	2	-	-
Primary	4	7	-	8	-	3
Secondary	90	80	-	91	92	78
Tertiary	6	13	-	-	8*	19
Special needs	-	-	-	2	-	-

\*N<5 \*\*Level of education completed

Most admissions in the Free State and Northern Cape were for individuals aged 15-19 years (23% and 27% respectively). In the North-West, most admissions were for individuals aged 20-24 years (21%), followed by 15-19-year-olds (19%) (Table 156).

TABLE 156: AGE DISTRIBUTION (CENTRAL REGION)

	Free State		Northern Cape		North West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%	
<10	-	-	-	2	-	-
10-14	1	4	-	6	-	3
15-19	23	23	-	27	20	19
20-24	17	10	-	22	28	21
25-29	19	14	-	20	4*	14
30-34	13	13	-	8	24	9
35-39	11	12	-	11	12*	16
40-44	6	9	-	3	4*	8
45-49	4	5	-	-	-	5
50-54	3	7	-	-	8*	1
55-59	3	3	-	-	-	2
60-64	<1	1	-	2	-	1
65+	<1	<1	-	-	-	-

\*N&lt;53

Across the three provinces, the proportion of service users who were tested for HIV in the last 12 months was 40% in the North-West, 33% in the Free State, and 22% in the Northern Cape. All service users (100%) in the North-West stated that they did not want to access future HIV testing, followed by 79% in the Free State, and 43% in the Northern Cape. HIV testing rates in the Central region remain at lower than desirable rates. See Table 157.

TABLE 157: HIV TESTING (CENTRAL REGION)

HIV testing	Free State		Northern Cape		North West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%	
Yes, in last 12 months	45	33	-	22	40	40
Yes, but not in last 12 months	11	11	-	20	24	6
No	39	47	-	52	28	51
Decline to answer	5	9	-	6	8*	3
Future HIV testing						
Yes	-	21	-	57	-	0
No	-	79	-	43	-	100

No service users reported that they were homeless in this annual period. In all three provinces, the most reported type of residences was permanent abode (Table 158).

**TABLE 158: TYPE OF RESIDENCE (CENTRAL REGION): JAN-DEC 2022**

	Free State		Northern Cape		North West	
	n	%	n	%	n	%
Permanent abode	210	85	4	57	7	88
Temporary abode	34	14	-	-	1	12
Shelter	4	2	3	43	-	-
Homeless	-	-	-	-	-	-
Other	-	-	-	-	-	-

Based on sample n = 263

Across all three provinces, the majority of services reported living with their parents or relatives, followed by spouses or partners (Table 159).

**TABLE 159: WHO DO YOU LIVE WITH (CENTRAL REGION): JAN-DEC 2022**

	Free State		Northern Cape		North West	
	n	%	n	%	n	%
Parents/relatives	135	55	5	71	4	50
Spouse/Partners	79	32	2	29	3	38
Alone/Independent	29	12	-	-	1	13
Other	4	2	-	-	-	-

\*Based on sample n = 263

In the Free State, the leading primary substances of use were alcohol (42%), cannabis (27%) and methamphetamine (15%). There was a notable increase in alcohol use (from 27% in the 2021 period to 41% in the 2022 period), and a decrease in cannabis use (32% in the 2021 period to 27% in the 2022 period). In the Northern Cape, the three leading substances were methamphetamine (41%), cannabis (36%), and alcohol (11%).

Similar to the Free State, alcohol (40%), cannabis (26%) and methamphetamine (22%) were the three leading primary substances in the North-West, with a decline in methamphetamine from 28% to 22% over the last two periods (Table 160).

**TABLE 160: PRIMARY SUBSTANCE OF USE (CENTRAL REGION)**

	Free State		Northern Cape		North West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%	
Alcohol	27	41	-	11	40	40
Cannabis	32	27	-	36	24	26
Cannabis/Mandrax**	4	5	-	6	-	2
Crack/Cocaine	5	1	-	-	-	-
Heroin/Opiates <sup>^</sup>	6	4	-	-	8*	7
Methamphetamine ('Tik')	20	15	-	41	28	22
Inhalants	1	<1*	-	-	-	1
Methcathinone ('CAT'/KHAT)	3	2	-	6	-	2
OTC/PRE	2	2	-	-	-	-
Other/Poly-substance use	<1	1*	-	-	-	-
Tobacco Products		<1*	-	-	-	-

\*N < 5; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Smoking remained the most popular mode of substance use in the Free State (53%), Northern Cape (89%) and the North-West (56%). Injection rates for all substances were low in the Free State except heroin/opiates for which 40% of persons reported injecting the drug. Substance use by means of injection was not reported for the Northern Cape or the North-West province (Table 161).

**TABLE 161: MODE OF USE OF PRIMARY SUBSTANCE (CENTRAL REGION)**

	Free State		Northern Cape		North West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%					
Swallowed	33(9)	43(5)	-	11(-)	40(-)	41(2)
Snorted/Sniffed	3(5)	2(4)	-	-	8(13)	3(5)
Smoked	61(82)	53(89)	-	89(100)	52(87)	56(93)
Injected	3(4)	2(3)	-	-	-	-
Injected Heroin	39	40	-	-	-	-

() Figures in brackets exclude alcohol



Tables 162 to 164 show the frequency of use of primary substances for each province. Heroin/opiates was the leading substances used daily in the Free State and North-West (85% and 86% respectively), whereas in the Northern Cape, alcohol was the substance most used on a daily basis (86%). In the North-West, cannabis (84%) and methamphetamine (81%) were also more commonly used daily compared to other substance categories.

**TABLE 162: FREQUENCY OF USE BY PRIMARY SUBSTANCE (FREE STATE)**

	Daily		2-6 days per week		Once per week or less often		Not used in the past month	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%		%	
Alcohol	65	70	30	24	5	2*	-	4
Cannabis	74	62	26	34	-	1	-	3
Cannabis/Mandrax**	50	67	50	33	-	-	-	-
Crack/Cocaine	25*	33*	69	67	-	-	6*	-
Heroin/Opiates <sup>^</sup>	100	85	-	15*	-	-	-	-
Inhalants	100*	-	-	100*	-	-	-	-
Methamphetamine ('Tik')	60	81	40	18	-	1	-	-
Methcathinone ('CAT'/KHAT)	57*	67	14*	33*	29*	-	-	-
OTC/PRE	100	100	-	-	-	-	-	-

\*N < 5; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.

**TABLE 163: FREQUENCY OF USE BY PRIMARY SUBSTANCE (NORTHERN CAPE)**

	Daily		2-6 days per week		Once per week or less often		Not used in the past month	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%		%	
Alcohol	-	86	-	14*	-	0	-	0
Cannabis	-	43	-	35	-	13	-	9
Cannabis/Mandrax*	-	25*	-	75*	-	0	-	0
Crack/Cocaine	-	-	-	-	-	-	-	-
Heroin/Opiates <sup>^</sup>	-	-	-	-	-	-	-	-
Inhalants	-	-	-	-	-	-	-	-
Methamphetamine ('Tik')	-	12*	-	62	-	19	-	8*
Methcathinone ('CAT'/KHAT)	-	25*	-	75*	-	0	-	0
OTC/PRE	-	-	-	-	-	-	-	-

\*Data not reported for the NC for the last period

\*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

TABLE 164: FREQUENCY OF USE BY PRIMARY SUBSTANCE (NORTH-WEST)

	Daily		2-6 days per week		Once per week or less often		Not used in the past month	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%		%	
Alcohol	80	67	20*	31	-	-	-	3
Cannabis	67*	84	33*	16*	-	-	-	-
Cannabis/Mandrax**	-	-	-	100*	-	-	-	-
Crack/Cocaine	-	-	-	-	-	-	-	-
Heroin/Opiates <sup>^</sup>	100*	86	-	1	-	-	-	-
Inhalants	-	-	-	100*	-	-	-	-
Methamphetamine ('Tik')	43*	81	57*	19	-	-	-	-
Methcathinone ('CAT'/KHAT)	-	100*	-	-	-	-	-	-
OTC/PRE	-	-	-	-	-	-	-	-

\*N < 5; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The average age of persons seen by treatment centres was 31 years in the Free State, 26 years in the Northern Cape, and 29 years in the North-West. In the Free State, a decrease was seen in the mean age of persons admitted to treatment for crack/cocaine, from 34 years in 2021 to 31 years in 2022; the average age for OTC/PRE admissions increased from 33 years to 44 years over the last two periods. In the North-West, a notable change was seen in the mean age of person admitted for methamphetamine, increasing from 23 years in 2021 to 39 years in 2022; heroin/opiates showed a decrease in mean age from 30 years in 2021 to 26 years in 2022. See Table 165.

TABLE 165: MEAN AGE (IN YEARS) BY PRIMARY SUBSTANCE (CENTRAL REGION)

	Free State		Northern Cape		North West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	Years					
Alcohol	38	40	-	35	39	38
Cannabis	23	20	-	19	20	19
Cannabis/Mandrax**	25	26	-	29	-	32
Crack/Cocaine	34	31	-	-	-	-
Heroin/Opiates <sup>^</sup>	27	30	-	-	30	26
Inhalants	24	25*	-	-	-	14*
Methamphetamine ('Tik')	24	26	-	25	23	39
Methcathinone ('CAT'/KHAT)	28	28	-	29	-	26
OTC/PRE	33	44	-	-	-	-
Overall mean age	29	31	-	26	25	29

\*N<5; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Across all substances, treatment admissions were higher for males compared to females in the Central region (Tables 166 to 168).

**TABLE 166: PRIMARY SUBSTANCE OF USE BY GENDER (FREE STATE)**

	Jan-Dec 2021		Jan-Dec 2022	
	%		%	
	M	F	M	F
Alcohol	74	26	79	21
Cannabis	91	9	87	13
Cannabis/Mandrax**	75	25*	88	12
Crack/Cocaine	88	12	87	12
Heroin/Opiates <sup>^</sup>	72	28	90	10*
Inhalants	100*	0	100*	0
Methamphetamine ('Tik')	82	18	88	12
Methcathinone ('CAT'/KHAT)	100	0	100	0
OTC/PRE	60*	40*	75	25*

\*N<5; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

**TABLE 167: PRIMARY SUBSTANCE OF USE BY GENDER (NORTHERN CAPE)**

	Jan-Dec 2021		Jan-Dec 2022	
	%		%	
	M	F	M	F
Alcohol	-	-	100	0
Cannabis	-	-	74	26
Cannabis/Mandrax**	-	-	100*	0
Crack/Cocaine	-	-	-	-
Heroin/Opiates <sup>^</sup>	-	-	-	-
Inhalants	-	-	-	-
Methamphetamine ('Tik')	-	-	88	12*
Methcathinone ('CAT'/KHAT)	-	-	100*	0
OTC/PRE	-	-	-	-

\*N<5; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

TABLE 168: PRIMARY SUBSTANCE OF USE BY GENDER (NORTH-WEST)

	Jan-Dec 2021		Jan-Dec 2022	
	M	F	M	F
	%		%	
Alcohol	90	10*	82	18
Cannabis	33*	67*	96	4*
Cannabis/Mandrax**	-	-	100*	0
Crack/Cocaine	-	-	-	-
Heroin/Opiates <sup>^</sup>	100*	-	100	0
Inhalants	-	-	100*	0
Methamphetamine ('Tik')	86	14*	95	5*
Methcathinone ('CAT'/KHAT)	-	-	100*	0
OTC/PRE	-	-	-	-

\*N<5; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Cannabis was the leading secondary substance of use in the Free State (32%), followed by methamphetamine (28%). In the Free State, an increase was seen for cannabis and methamphetamine (23% to 32% and 30% to 28% respectively). In the North-West, cannabis (39%) and methamphetamine (32%) were the most reported secondary substances of use for this period. Notable changes were seen for CAT/KHAT (decreasing from 36% to 4%), and methamphetamine (increasing from 14% to 32%). Cannabis/mandrax was the most frequently reported secondary substance in the Northern Cape (63%) (Table 169).

TABLE 169: SECONDARY SUBSTANCE OF USE (CENTRAL REGION)

	Free State		Northern Cape		North West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%	
Alcohol	15	11	-	13	-	-
Cannabis	23	32	-	10	43	39
Cannabis/Mandrax**	11	9	-	63	7*	7
Crack/Cocaine	5	4	-	-	-	7
Heroin/Opiates <sup>^</sup>	2	3	-	-	-	7
Inhalants	1	-	-	-	-	-
Methamphetamine ('Tik')	20	28	-	10	14*	32
Methcathinone ('CAT'/KHAT)	13	9	-	3	36	4
OTC/PRE	4	3	-	-	-	-
Total (n)	367	179	-	30	14	28

\*N<5; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The proportion of overall substance use (primary or secondary substances) is shown in Table 170 below. Alcohol and cannabis were the most reported overall substances used in the Free State (45% respectively). In the Northern Cape, MA (45%) and cannabis (41%) were the most commonly used primary or secondary substances. In the North-West, the highest rates for overall substance were reported for alcohol (40%), followed by cannabis (37%) (Table 170).

**TABLE 170: PRIMARY OR SECONDARY SUBSTANCES OF USE (CENTRAL REGION)**

	Free State		Northern Cape		North West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%	
Alcohol	37	45	-	17	40	40
Cannabis	48	45	-	41	48	37
Cannabis/Mandrax**	12	9	-	36	4	4*
Crack/Cocaine	9	3	-	-	-	2*
Heroin/Opiates <sup>^</sup>	7	6	-	-	8	9
Inhalants	1	<1*	-	-	-	1*
Methamphetamine ('Tik')	33	27	-	45	36	31
Methcathinone ('CAT/KHAT')	13	6	-	8	20	3*
OTC/PRE	5	3	-	-	-	-

\* N<5; \*\*'White pipe' or Mandrax alone

<sup>^</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Note: The table shows the proportion reporting each drug as a primary and secondary drug

In both the Free State and North-West provinces, the proportion of individuals reporting the use of more than one substance showed notable changes. In the Free State and North-West, proportions decreased from 69% in 2021 to 40% in 2022, and from 56% in 2021 to 29% in 2022, respectively. In the Northern Cape, 47% of individuals in treatment used more than one substance (Table 171).

**TABLE 171: POLYSUBSTANCE USE (CENTRAL REGION)**

	Free State		Northern Cape		North West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%	
Primary substance only	31	60	-	53	44	71
Primary +2 <sup>nd</sup> substance	69	40	-	47	56	29
Total no. of individuals	535	445	-	64	25	97

During the 2022 period, the Free State and North-West reported 'medical aid' (42% and 62%, respectively) as the most common funding source for treatment. In the Northern Cape, 'other/combinations' (95%) was the primary source of funding; these largely consisted of other non-governmental organisations (NGOs) funding treatment services. See Table 172.

**TABLE 172: SOURCES OF PAYMENT (CENTRAL REGION)**

	Free State		Northern Cape		North West	
	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2020	Jul-Dec 2020
	%		%		%	
Self	3	6	-	-	16	3
Medical Aid	39	42	-	2	52	62
State	36	35	-	-	4	-
Family/friends	12	10	-	-	16	22
Employer	8	6	-	-	8	8
Unknown	2	-	-	3	-	2
Other/ combinations	<1	1	-	95	4	3

\*N<5

In the Central region, 140 (23%) cases of non-communicable diseases were reported. In the Free State, 125 non-communicable diseases cases were reported, 9 in the North-West and 6 in the Northern Cape. Mental health problems were the most frequently reported NCDs in the North-West (78%) and the Free State (63%). In the Northern Cape, persons admitted to treatment equally reported a diagnosis of respiratory disease (50%) and mental health problems (50%), though numbers were small (Table 173).

**TABLE 173: NON-COMMUNICABLE DISEASES (CENTRAL REGION): JAN-DEC 2022**

	Free State n=125		Northern Cape n=6		North West n=9	
	n	%	n	%	n	%
Cardiovascular disease	8	6	-	-	0	-
Diabetes	11	9	-	-	1	11
Respiratory disease	12	10	3	50	2	22
Mental health problems	70	63	3	50	7	78
Blood pressure issues	43	34	-	-	2	22
Liver disease	2	2	-	-	1	11
Gastrointestinal disease	9	7	-	-	-	-
Hepatitis*	-	-	-	-	-	-
Cancer*	-	-	-	-	-	-
Neurological Disorder*	1	1	-	-	-	-

\*Based on a sample of n = 263

In the Central region, the non-medical use of codeine products was indicated in 23 (4%) of individuals admitted to treatment during this period. In the Free State, only 3 (13%) individuals who reported a first product of codeine also reported a second product of misuse. No codeine misuse was reported in the Northern Cape, and only one service user reported codeine misuse in the North-West (Table 174). Frequency of codeine misuse was not reported in the Northern Cape or North-West. In the Free State, both the first (57%) and second (67%) codeine products were used daily (Table 175).

**TABLE 174: MODE OF CODEINE USE (CENTRAL REGION): JAN-DEC 2022**

	Free State		Northern Cape		North West	
	1 <sup>st</sup> product n=20	2 <sup>nd</sup> product* n=3	1 <sup>st</sup> product n=0	2 <sup>nd</sup> product* n=0	1 <sup>st</sup> product n=1	2 <sup>nd</sup> product* n=3
	%	%	%	%	%	%
Swallowed	100	100	-	-	100	-
Smoked	-	-	-	-	-	-
Snort/Sniff	-	-	-	-	-	-
Injected	-	-	-	-	-	-
Types of products	Adcodol, Benilyn, Broncleer, Stilpayne, Lenazine, Mybulen	Adcodol, Stilpayne	-	-	Cough mixture, Painamol	-

\*Based on a sample of n = 263

**TABLE 175: FREQUENCY OF CODEINE USE (CENTRAL REGION): JAN-DEC 2022**

	Free State		Northern Cape		North West	
	1 <sup>st</sup> Product	2 <sup>nd</sup> Product*	1 <sup>st</sup> Product	2 <sup>nd</sup> Product*	1 <sup>st</sup> Product	2 <sup>nd</sup> Product*
	%	%	%	%	%	%
Daily	57	67	-	-	-	-
2-6 days per week	21	-	-	-	-	-
Once per week/less often	-	-	-	-	-	-
Not used in the week	21	33	-	-	-	-

\*Based on a sample of n = 263

Tobacco use was reported in the Free State (84%), Northern Cape (98%) and North-West (84%). Cigarettes was the most frequently used tobacco product across all provinces. The various tobacco products are detailed in Table 176 below.

**TABLE 176: TOBACCO PRODUCTS (CENTRAL REGION): JAN-DEC 2022**

	Free State		Northern Cape		North West	
	n	%	n	%	n	%
Cigarettes	308	83	55	95	62	97
Hookah Pipe	9	2	11	19	4	6
e-cigarettes*	-	-	-	-	-	-
Other*	3	1	-	-	5	2
Chewable tobacco**	-	-	-	-	2	1
Snuff**	2	1	-	-	2	1
Pipe**	1	<1	-	-	2	1

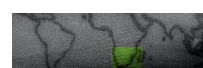
\*Based on a sample of n = 263; \*\* based on a sample of n = 343

Six (6) persons admitted to treatment reported substance use during pregnancy in the Central region, however, the substance type was not specified. No substance use during pregnancy was reported in the Northern Cape (Table 177).

**TABLE 177: SUBSTANCE USE DURING PREGNANCY (CENTRAL REGION): JAN-DEC 2022**

	Free State		Northern Cape		North West	
	n	%	n	%	n	%
Use during pregnancy	5	2	1	0.3	-	-
Substances specified	Not specified		Not specified		Not specified	

\*Based on a sample of n = 263





## DATA FOR INDIVIDUALS ≤18 YEARS AND YOUNGER

For both the Free State and Northern Cape provinces, mostly males were admitted to treatment among individuals aged ≤18 years. Among youths aged 18 years and younger, only males were admitted in the North-West (Table 178).

**TABLE 178: GENDER PROFILE OF INDIVIDUALS ≤18 YEARS (CENTRAL REGION)**

	Free State		Northern Cape		North West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%	
GENDER						
Male	80	84	-	79	-	100
Female	20	16	-	21	100*	0
Other	-	-	-	-	-	-

\*N<5

'Self/family/friends' was the leading source of referral to treatment in all three provinces (Free State 57%, Northern Cape 53%, and North-West 84%), followed by 'school' (Free State 27%, Northern Cape 47%, and North-West 16%). In the Northern Cape and North-West, all referrals were made through 'self/family/friends' and 'school' (Table 179).

**TABLE 179: REFERRAL SOURCES FOR INDIVIDUALS ≤18 YEARS (CENTRAL REGION)**

	Free State		Northern Cape		North West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%	
Self/Family/friends	71	57	-	53	100*	84
Work/employer	-	1*	-	-	-	-
Health professional	4	2*	-	-	-	-
Religious body	-	-	-	-	-	-
Hospital/clinic	2	-	-	-	-	-
Social services/welfare	16	12	-	-	-	-
Court/correctional	8	1*	-	-	-	-
School	-	27	-	47	-	16*
Other e.g., radio	-	-	-	-	-	-

\*N<5

The top two leading substances in all provinces were cannabis (Free State 72%, Northern Cape 74%, and North-West 74%), followed by methamphetamine (Free State 14%, Northern Cape 26%, and North-West 16%) (Refer to Table 180).

**TABLE 180: PRIMARY SUBSTANCE OF USE OF INDIVIDUALS ≤18 YEARS (CENTRAL REGION)**

	Free State				Northern Cape				North West			
	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	3	3	5	5	-	-	-	-	-	-	-	-
Cannabis	69	67	74	72	-	-	14	74	2	100*	14	74
Cannabis/Mandrax*	5	5	5	5	-	-	-	-	-	-	-	-
Crack/Cocaine	-	-	-	-	-	-	-	-	-	-	-	-
Heroin/Opiates**	1	1	-	-	-	-	-	-	-	-	1	5
Methamphetamine ('Tik')	22	22	14	14	-	-	5	26	-	-	3	16
Inhalants	-	-	-	-	-	-	-	-	-	-	1	5
OTC/PRE	-	-	-	-	-	-	-	-	-	-	-	-
Methcathinone ('CAT/KHAT')	1	1	*	1	-	-	-	-	-	-	-	-
Other/Poly-substance use	2	2	4	3	-	-	-	-	-	-	-	-
Total	51	100	103	100	-	-	19	100	2	100	19	100

\*'White pipe' or Mandrax alone

\*\*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Across all provinces in the Central Region, between 94% and 100% of services users smoked their primary substances (Table 181).

**TABLE 181: MODE OF USE OF PRIMARY SUBSTANCE FOR INDIVIDUALS ≤18 YEARS (CENTRAL REGION)**

	Free State		Northern Cape		North-West	
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2021	Jan-Dec 2022
	%		%		%	
Swallowed	14	5	-	-	-	-
Snorted/ Sniffed	2	1	-	-	-	5*
Smoked	84	94	-	100	100	95
Injected	-	-	-	-	-	-

Across all substances, males mainly represented treatment admissions for individuals aged ≤18 years for all the three provinces in the Central region. In the North-West, no admissions were made for females in the current reporting period (Table 182).

**TABLE 182: PRIMARY SUBSTANCE OF USE BY GENDER FOR INDIVIDUALS ≤18 YEARS (CENTRAL REGION)**

	Free State				Northern Cape				North West			
	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2021		Jan-Dec 2022	
	%		%		%		%		%		%	
	M	F	M	F	M	F	M	F	M	F	M	F
Alcohol	100*	0	80*	20*	-	-	-	-	-	-	-	-
Cannabis	88	12*	84	16	-	-	71	29*	0	100*	100	0
Cannabis/Mandrax**	33*	67*	60*	40*	-	-	-	-	-	-	-	-
Crack/Cocaine	-	-	-	-	-	-	-	-	-	-	-	-
Heroin/Opiates <sup>†</sup>	100*	0	-	-	-	-	-	-	-	-	100*	0
Methamphetamine ('Tik')	67	33*	93	7*	-	-	100	0	-	-	100*	0
Inhalants	-	-	-	-	-	-	-	-	-	-	100*	0
OTC/PRE	-	-	-	-	-	-	-	-	-	-	-	-

\*N<5; \*\*White pipe' or Mandrax alone

<sup>†</sup>Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Methamphetamine (57%) was the most frequently used secondary substance in the Free State, followed by cannabis (21%). Service users in the Northern Cape reported only cannabis/mandrax (60%) and cannabis (40%) as secondary substances of use. In the North-West, cannabis (50%) and methamphetamine (50%) were the only two secondary substances of use. Refer to Table 183.

**TABLE 183: SECONDARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (CENTRAL REGION)**

	Free State				Northern Cape				North West			
	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2021		Jan-Dec 2022	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	13	17	3	7	-	-	-	-	-	-	-	-
Cannabis	20	26	9	21	-	-	2	40	-	-	1	50
Cannabis/Mandrax*	2	3	1	2	-	-	3	60	-	-	-	-
Crack/Cocaine	-	-	-	-	-	-	-	-	-	-	-	-
Heroin/Opiates**	1	1	1	2	-	-	-	-	-	-	-	-
Methamphetamine ('Tik')	25	32	24	57	-	-	-	-	2	100	1	50
Inhalants	2	3	-	-	-	-	-	-	-	-	-	-
OTC/PRE	1	1	-	-	-	-	-	-	-	-	-	-
Methcathinone ('CAT/KHAT')	9	12	3	7	-	-	-	-	-	-	-	-
Other	4	5	1	2	-	-	-	-	-	-	-	-
Total	77	100	42	100	-	-	5	100	2	100	2	100

\*White pipe' or Mandrax alone

\*\*Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

## SECTION 3: DATA ON COMMUNITY BASED HARM REDUCTION SERVICES FOR PEOPLE WHO USE DRUGS

**Anova Health Institute, Bellhaven Harm Reduction Centre, Foundation for Professional Development, Indibano Victim Empowerment Project, Inkunzi Isematholeni Foundation, NACOSA, Tintswalo Home Based Care, TB HIV Care, Tsepo Ya Bana and the University of Pretoria**

A range of organisations are implementing community-based harm reduction services for people who use drugs (PWUD), including people who inject drugs (PWID). 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. Hepatitis C virus (HCV) testing and treatment was offered at most OST sites, based on available budgets. Interventions aimed at preventing and managing overdose are very limited, and community-based naloxone distribution is not currently provided as part of routine practice.

During this period TB HIV Care operated in the Eastern Cape (Nelson Mandela Bay District), KwaZulu-Natal (eThekweni), Gauteng (Tshwane), Mpumalanga (Ehlanzeni) and the Western Cape (Cape Metro). Advance Access and Delivery and the Urban Futures Centre at the Durban University of Technology operated the Bellhaven harm reduction centre in eThekweni District. Inkunzi Isematholeni Foundation provided harm reduction services in uMgungundlovu District. The Department of Family Medicine at the University of Pretoria's Community Orientated Substance Use Programme (COSUP) operated across several regions of the City of Tshwane (Gauteng Province). Sediba Hope provided harm reduction services at two centres in Tshwane District. In Gauteng Anova Health Institute 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 (starting in 2022b).

Funding for community-based harm reduction services was received from the Global Fund, the President's Emergency Plan for AIDS Relief/ U.S. Centers for Disease Control and Prevention and the City of Tshwane Municipality.

The data below reflects service delivery data for reporting periods of January – July 2022 (2022a) and July - December 2022 (2022b).

### Needle and syringe services

Between January to June 23 742 PWID were reached and 26 014 in the period July to December 2023. Across the districts, most clients were in the age category of 25 – 35 years old. Racial characteristics of service users varied by district; being predominantly Coloured<sup>5</sup> in the Cape Metro, White in Nelson Mandela Bay, and Black African the other districts. PWID service user sociodemographic characteristics by province and district are provided below.

<sup>5</sup> Coloured is a term that is used for demographic purposes only and does not reflect the views of the SACENDU or SQM Systems.

**TABLE 184: DEMOGRAPHIC CHARACTERISTICS OF PEOPLE WHO USE DRUGS WHO ACCESSED NEEDLE AND SYRINGE SERVICES BY DISTRICT (JANUARY - JUNE 2022)**

Province	District (N)*	Male		Female**		Black African		Indian		Coloured		White	
		n	%	n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (544)	389	72	154	28	126	23	7	1	154	28	254	47
Gauteng	Ekurhuleni (369)	333	90	36	10	304	83	3	1	30	8	28	8
	JHB (6979)	6618	95	361	5	6539	97	12	0	87	1	97	1
	Sedibeng (1501)	1451	97	50	3	1454	100	0	0	0	0	0	0
	Tshwane (10 467)	10 027	96	435	4	6186	84	70	1	833	11	266	4
	West Rand (0)	-	-	-	-	-	-	-	-	-	-	-	-
KwaZulu-Natal	eThekweni (1322)	1169	88	150	11	1139	87	55	4	50	4	60	5
	UMG (413)	379	92	34	8	395	96	1	0	6	1	8	2
Mpumalanga	Ehlanzeni (680)	641	94	39	6	ND	ND	ND	ND	ND	ND	ND	ND
Western Cape	Cape Metro (1467)	1199	82	261	18	34	2	2	0	1265	89	144	10

\*Some demographic data was not provided. \*\* Female includes trans female clients.

ND: No data available, NMB: Nelson Mandela Bay, UMG: uMgungundlovu, JHB: Johannesburg, MP: Mpumalanga

**TABLE 185: DEMOGRAPHIC CHARACTERISTICS OF PEOPLE WHO USE DRUGS WHO ACCESSED NEEDLE AND SYRINGE SERVICES BY DISTRICT (JULY - DECEMBER 2022)**

Province	District (N)*	Male		Female**		Black African		Indian		Coloured		White	
		n	%	n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (668)	450	67	217	32	171	26	6	1	214	32	275	41
Gauteng	Ekurhuleni (472)	432	92	40	<1	400	86	4	1	27	6	34	7
	JHB (7847)	7618	97	15	0	7618	97	15	0	101	1	97	1
	Sedibeng (1410)	1362	97	48	3	1377	98	4	0	3	0	14	1
	Tshwane (9 337)	8946	96	388	4	7552	81	21	0	313	3	144	2
	West Rand (977)	919	94	58	6	846	87	0	0	62	6	66	7
KwaZulu-Natal	eThekweni (1601)	1428	89	171	11	1414	89	56	4	55	3	61	4
	UMG (1232)	1135	92	98	8	1194	97	4	0	22	2	6	0
Mpumalanga	Ehlanzeni (877)	834	95	43	5	ND	ND	ND	ND	ND	ND	ND	ND
Western Cape	Cape Metro (1593)	1305	82	283	18	43	3	1	0	1379	88	147	9

\*Some demographic data was not provided. \*\* Female includes trans female clients.

ND: No data available, NMB: Nelson Mandela Bay, UMG: uMgungundlovu, JHB: Johannesburg, MP: Mpumalanga

**TABLE 186: AGE DISTRIBUTION OF PEOPLE WHO USE DRUGS WHO ACCESSED NEEDLE AND SYRINGE SERVICES BY DISTRICT (JANUARY - JUNE 2022)**

Province	District (N)*	< 15		16 - 24		25 - 35		36 - 50		>50	
		n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (544)	0	0	77	14	238	44	198	36	31	6
Gauteng	Ekurhuleni (369)	0	0	0	0	277	75	58	16	2	1
	JHB (6979)	2	<1	508	7	5038	72	1369	20	62	1
	Sedibeng (1501)	0	0	182	12	1114	74	205	14	0	0
	Tshwane (10 467)	1	<1	491	5	5835	56	4055	39	85	1
	West Rand (0)	-	-	-	-	-	-	-	-	-	-
KwaZulu-Natal	eThekweni (1322)	0	0	127	10	952	72	233	18	10	1
	UMG (413)	0	0	72	17	316	77	24	6	1	0
Mpumalanga	Ehlanzeni (680)	2	<1	142	21	551	81	118	17	0	0
Western Cape	Cape Metro (1467)	0	0	62	4	690	47	655	45	60	4

\*Some demographic data was not provided. Female includes trans female clients.

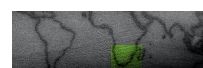
ND: No data available NMB: Nelson Mandela Bay, UMG: uMgungundlovu, JHB: Johannesburg

**TABLE 187: AGE DISTRIBUTION OF PEOPLE WHO USE DRUGS WHO ACCESSED NEEDLE AND SYRINGE SERVICES BY DISTRICT (JULY – DECEMBER 2022)**

Province	District (N)*	< 15		16 - 24		25 - 35		36 - 50		>50	
		n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (668)	1	0	93	14	299	45	238	36	37	6
Gauteng	Ekurhuleni (472)	0	0	45	10	348	74	76	16	3	1
	JHB (7841)	1	<1	550	7	5726	73	1530	19	34	<1
	Sedibeng (1410)	0	0	170	12	1040	74	195	14	5	<1
	Tshwane (9337)	0	0	352	4	5706	61	2890	31	60	1
	West Rand (977)	1	<1	140	14	712	73	116	12	8	1
KwaZulu-Natal	eThekweni (1601)	0	0	156	10	1155	72	284	18	6	<1
	UMG (1232)	0	0	231	19	865	70	131	11	5	<1
Mpumalanga	Ehlanzeni (877)	0	0	153	17	584	67	140	16	0	0
Western Cape	Cape Metro (1593)	0	0	70	4	754	47	704	45	60	4

\*Some demographic data was not provided.

ND: No data available NMB: Nelson Mandela Bay, UMG: uMgungundlovu, JHB: Johannesburg



**TABLE 188: COMPARISON OF PROPORTION OF PEOPLE WHO USE DRUGS ACCESSING NEEDLE AND SYRINGE SERVICES WITH CENSUS DATA BY DISTRICT (JAN - JUN 2022)**

Province	District	Population accessing services	Black African	Indian	Coloured	White
			%			
Eastern Cape	NMB	Population <sup>1</sup>	60	1	24	14
		Accessed service	23	1	28	47
Gauteng	Ekurhuleni	Population <sup>1</sup>	79	2	3	16
		Accessed service	83	1	8	8
	JHB	Population <sup>1</sup>	76	5	6	12
		Accessed service	97	0	8	8
	Sedibeng	Population <sup>1</sup>	82	1	1	16
		Accessed service	100	0	0	0
	Tshwane	Population <sup>1</sup>	75	2	2	21
		Accessed service	59	1	8	3
	West Rand	Population <sup>1</sup>	76	2.2	0.8	21
		Accessed service	-	-	-	-
KwaZulu Natal	eThekweni	Population <sup>1</sup>	74	17	3	7
		Accessed service	87	4	4	5
	UMG	Population <sup>1</sup>	85	7	2	6
		Accessed service	96	0	1	2
Mpumalanga	Ehlanzeni	Population <sup>1</sup>	94	<1	1	5
		Accessed service	ND	ND	ND	ND
Western Cape	Cape Metro	Population <sup>1</sup>	39	1	42	16
		Accessed service	2	<1	89	10

<sup>1</sup>Statistics by place - Statistics South Africa

ND: No data available NMB: Nelson Mandela Bay, UMG: uMgungundlovu, JHB: Johannesburg.

**TABLE 189: COMPARISON OF PROPORTION OF PEOPLE WHO USE DRUGS ACCESSING NEEDLE AND SYRINGE SERVICES WITH CENSUS DATA BY DISTRICT (JULY - DECEMBER 2022)**

Province	District	Population accessing services	Black African	Indian	Coloured	White
			%			
Eastern Cape	NMB	Population <sup>1</sup>	60	1	24	14
		Accessed service	26	1	32	41
Gauteng	Ekurhuleni	Population <sup>1</sup>	79	2	3	16
		Accessed service	86	1	6	7
	JHB	Population <sup>1</sup>	76	5	6	12
		Accessed service	97	<1	1	1
	Sedibeng	Population <sup>1</sup>	82	1	1	16
		Accessed service	98	<1	<1	<1
	Tshwane	Population <sup>1</sup>	75	2	2	21
		Accessed service	81	<1	3	2
	West Rand	Population <sup>1</sup>	76	2.2	0.8	21
		Accessed service	87	0	6	7
KwaZulu Natal	eThekweni	Population <sup>1</sup>	74	17	3	7
		Accessed service	89	4	3	4
	UMG	Population <sup>1</sup>	85	7	2	6
		Accessed service	97	<1	2	<1
Mpumalanga	Ehlanzeni	Population <sup>1</sup>	94	<1	1	5
		Accessed service	ND	ND	ND	ND
Western Cape	Cape Metro	Population <sup>1</sup>	39	1	42	16
		Accessed service	3	<1	88	9

<sup>1</sup>Statistics by place - Statistics South Africa

JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu

*Needles and syringes distributed:* In 2022 a total of 4,906,251 needles and syringes were distributed. Needle return rates ranged from 6% to 103% in 2022a, and between 41% to 97% in 2022b.

**TABLE 190: NEEDLE AND SYRINGE DISTRIBUTION AND RETURN RATES (2022)**

Province	District	2022a		2022b		2022 (total)
		Distributed	Return %	Distributed	Return %	Distributed
Eastern Cape	NMB	69360	103	65115	87	134475
Gauteng	Ekurhuleni	142005	72	97290	66	239295
	JHB	485430	72	576450	41	1061880
	Sedibeng	56235	6	130695	58	186930
	Tshwane	678956	97	409685	97	1088641
	West Rand	0	NA	62760	46	62760
KwaZulu-Natal	eThekweni	235680	81	127365	81	363045
	UMG	83730	80	119415	52	203145
MP	Ehlanzeni	17455	75	20320	81	37775
Western Cape	Cape Metro	779295	83	749010	80	1528305

JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu



## HIV testing and treatment services

*HIV testing services among people who use drugs who accessed additional health services:* During 2022, 3 579 tests were done, with 698 people testing positive (16% HIV yield), 468 people starting ART and 15 people confirmed to have HIV viral suppression. During 2022b, 4 790 HIV tests were done, with 909 people testing positive (19% HIV yield), 777 people starting ART and 104 people confirmed to have HIV viral suppression.

**TABLE 191: CHARACTERISTICS OF PEOPLE WHO USE DRUGS TESTED FOR HIV BY DISTRICT (JANUARY – JUNE 2022)**

Province	District (N)*	Male		Female		Black African		Indian		Coloured		White	
		n	%	n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (185)	133	72	52	28	38	21	2	1	59	32	85	46
Gauteng	Ekurhuleni (214)	201	94	13	6	180	85	4	2	18	9	9	4
	JHB (1965)	1885	96	82	4	1854	96	6	0	37	2	44	2
	Sedibeng (220)	212	96	8	4	220	100	0	0	0	0	0	0
	Tshwane (3579)	3317	93	258	7	2746	77	43	1	535	15	219	6
	West Rand (0)	-	-	-	-	-	-	-	-	-	-	-	-
KwaZulu-Natal	eThekweni (385)	363	94	22	6	302	79	30	8	19	5	33	9
	UMG (152)	145	95	7	5	142	94	1	1	5	3	3	2
Mpumalanga	Ehlanzeni (130)	125	96	5	4	ND	ND	ND	ND	ND	ND	ND	ND
Western Cape	Cape Metro (452)	378	84	74	16	10	2	0	0	397	88	45	10

JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu

**TABLE 192: CHARACTERISTICS OF PEOPLE WHO USE DRUGS TESTED FOR HIV BY DISTRICT (JULY - DECEMBER 2022)**

Province	District (N)*	Male		Female		Black African		Indian		Coloured		White	
		n	%	n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (239)	156	65	82	34	64	27	2	1	93	39	80	33
Gauteng	Ekurhuleni (179)	168	94	11	6	151	85	2	1	10	6	15	8
	JHB (2266)	2163	95	103	5	2159	95	9	0	57	3	40	2
	Sedibeng (165)	161	98	4	2	162	99	0	0	0	0	2	1
	Tshwane (4392)	4030	92	355	8	3152	72	53	1	623	14	204	5
	West Rand (212)	203	94	9	4	180	85	0	0	11	5	21	10
KwaZulu-Natal	eThekweni (452)	422	93	30	7	378	84	31	7	16	4	24	5
	UMG (160)	152	95	8	5	148	98	1	1	2	1	0	0
Mpumalanga	Ehlanzeni (177)	160	90	17	10	ND	ND	ND	ND	ND	ND	ND	ND
Western Cape	Cape Metro (486)	415	85	71	15	13	3	0	0	432	89	40	8

JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu

**TABLE 193: HIV TREATMENT CASCADE BY DISTRICT (JANUARY – JUNE 2022)**

Province	District (number tests)	HIV +ve		Started / on ART		Virally suppressed	
		n	%	n	%	n	%
Eastern Cape	NMB (185)	22	12	21	95	2	10
Gauteng	Ekurhuleni (214)	6	3	6	100	4	67
	JHB (1965)	375	19	277	74	2	<1
	Sedibeng (220)	104	47	65	63	ND	ND
	Tshwane (607)	59	10	21	36	ND	ND
	West Rand (0)	-	-	-	-	-	-
KwaZulu-Natal	eThekweni (385)	72	19	41	57	5	12
	UMG (152)	15	10	6	40	1	17
MP	Ehlanzeni (125)	19	15	11	58	ND	ND
Western Cape	Cape Metro (452)	26	6	20	77	1	5

JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu

**TABLE 194: HIV TREATMENT CASCADE BY DISTRICT (JULY - DECEMBER 2022)**

Province	District (number tests)	HIV +ve		Started / on ART <sup>1</sup>		Virally suppressed <sup>2</sup>	
		n	%	n	%	n	%
Eastern Cape	NMB (239)	28	12	28	100	ND	ND
Gauteng	Ekurhuleni (179)	21	12	121	NA	5	4
	JHB (2265)	232	15	255	NA	3	1
	Sedibeng (165)	96	58	83	86	ND	ND
	Tshwane (445)	173	39	156	90	71	46
	West Rand (212)	82	39	7	9	ND	ND
KwaZulu-Natal	eThekweni (452)	64	14	53	83	7	13
	UMG (160)	19	12	9	47	1	11
MP	Ehlanzeni (177)	50	28	43	86	15	35
Western Cape	Cape Metro (486)	33	7	22	67	2	9

JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu

## TB testing and treatment services

During 2022a, 14 816 people who use drugs were screened for TB, among whom 137 had suspected TB, 12 TB cases were confirmed, 11 people started TB treatment and 4 people were cured. During 2022b, 5 166 people who use drugs were screened for TB, among whom 56 had suspected TB, 11 TB cases were confirmed, 11 people started TB treatment and no data was available on people who were cured.

TABLE 195: TB TREATMENT CASCADE BY DISTRICT (JANUARY - JUNE 2022)

Province	District (number tests)	Suspected		TB confirmed		Started treatment	
		n	%	n	%	n	%
Eastern Cape	NMB (161)	10	6	0	0	0	0
Gauteng	Ekurhuleni (214)	1	0	0	0	0	0
	JHB (2008)	5	<1	0	0	0	0
	Sedibeng (224)	1	<1	0	0	0	0
	Tshwane (10956)	11	<1	0	0	0	0
	West Rand (0)	-	-	-	-	-	-
KwaZulu-Natal	eThekweni (463)	70	15	6	9	6	100
	UMG (161)	10	6	0	0	0	0
MP	Ehlanzeni (125)	5	4	0	0	0	0
Western Cape	Cape Metro (479)	18	4	1	6	1	100

JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu

TABLE 196: TB TREATMENT CASCADE BY DISTRICT (JULY - DECEMBER 2022)

Province	District (number tests)	Suspected		TB confirmed		Started treatment	
		n	%	n	%	n	%
Eastern Cape	NMB (247)	13	5	4	31	4	100
Gauteng	Ekurhuleni (208)	4	2	0	0	0	0
	JHB (2316)	9	<1	1	11	1	100
	Sedibeng (277)	3	1	0	0	0	0
	Tshwane (477)	11	2	5	45	5	100
	West Rand (249)	1	0	0	0	0	0
KwaZulu-Natal	eThekweni (483)	4	1	0	0	0	0
	UMG (226)	2	1	0	0	0	0
MP	Ehlanzeni (177)	4	2	1	25	1	100
Western Cape	Cape Metro (506)	5	1	0	0	0	0

JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu

## Viral hepatitis testing and treatment services

During 2022, hepatitis B and C testing started to be integrated into the work-up of people about to start opioid substitution therapy. During 2022a, 165 people who use drugs were tested for anti-HCV antibodies, among whom 142 were reactive (86% anti-HCV yield), and 48 HCV PCR confirmatory tests were done and 40 had confirmed HCV infection and 29 people started on DAAs and 14 had reported SRV12.

During 2022b, 238 people who use drugs were tested for anti-HCV antibodies, among whom 105 were reactive (44% HCV yield), and 29 HCV PCR confirmatory tests were positive and 21 people started on DAAs with 9 people with reported SVR12. Data on number of HCV PCR confirmatory tests done was not captured during 2022b. Data on number of people completing DAA treatment was not available for inclusion. The tables below show details of HCV testing and treatment.

During 2022, 603 people who use drugs were tested for HBV antigen, with a yield of 9,7% (58/603).

TABLE 197: HCV TREATMENT CASCADE BY DISTRICT (JANUARY - JUNE 2022)

Province	District (number tested)	Anti-HCV +ve		HCV PRC done		HCV PCR +ve		DAA started	
		n	%	n	%	n	%	n	%
Eastern Cape	NMB (0)	-	-	-	-	-	-	-	-
Gauteng	Ekurhuleni (0)	-	-	-	-	-	-	-	-
	JHB (84)	78	93	17	22	14	82	14	100
	Sedibeng (10)	10	100	0	0	0	0	0	0
	Tshwane (0)	-	-	-	-	-	-	-	-
	West Rand (0)	-	-	-	-	-	-	-	-
KwaZulu-Natal	eThekweni (31)	22	71	12	55	11	92	10	91
	UMG (0)	-	-	-	-	-	-	-	-
MP	Ehlanzeni (0)	-	-	-	-	-	-	-	-
Western Cape	Cape Metro (40)	32	80	19	59	15	79	5	33

Anti-HCV: hepatitis C antibody, DAA: direct acting antiviral, JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, PCR: polymerase chain reaction, UMG: uMgungundlovu

TABLE 198: HCV TREATMENT CASCADE BY DISTRICT (JULY - DECEMBER 2022)

Province	District (number tested)	Anti-HCV +ve		HCV PRC done		HCV PCR +ve		DAA started	
		n	%	n	%	n	%	n	%
Eastern Cape	NMB (0)	-	-	-	-	-	-	-	-
Gauteng	Ekurhuleni (0)	-	-	-	-	-	-	-	-
	JHB (69)	46	67	ND	ND	4	NA	4	100
	Sedibeng (0)	-	-	-	-	-	-	-	-
	Tshwane (0)	-	-	-	-	-	-	-	-
	West Rand (0)	-	-	-	-	-	-	-	-
KwaZulu-Natal	eThekweni (44)	16	36	ND	ND	7	NA	5	71
	UMG (0)	-	-	-	-	-	-	-	-
MP	Ehlanzeni (89)	22	25	-	-	-	-	-	-
Western Cape	Cape Metro (36)	21	58	ND	ND	18	NA	12	67

Anti-HCV: hepatitis C antibody, DAA: direct acting antiviral, JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, PCR: polymerase chain reaction, UMG: uMgungundlovu

## Opioid substitution therapy (OST) services

During 2022 opioid substitution therapy was available at centres in Cape Town, Ehlanzeni, eThekweni, Johannesburg, Sedibeng and Tshwane. At the beginning of 2022, 1240 people were on OST and 1383 were on OST at the end of the year. At the end of December 2022, 88% of clients on OST were male, and 74% were Black African.

**TABLE 199: CLIENTS ON OPIOID SUBSTITUTION THERAPY BY DISTRICT (JANUARY - JUNE 2022)**

Province	District		No. at start	No. initiated	No. restarted	No. LTFU	No. exited	No. died	No. at end
Eastern Cape	NMB	Non-injecting	-	-	-	-	-	-	-
		PWID	-	-	-	-	-	-	-
		Total	-	-	-	-	-	-	-
Gauteng	Ekurhuleni	Non-injecting	-	-	-	-	-	-	-
		PWID	-	-	-	-	-	-	-
		Total	-	-	-	-	-	-	-
	JHB	Non-injecting	0	0	0	0	0	0	0
		PWID	230	86	0	17	0	1	298
		Total	230	86	0	17	0	1	298
	Sedibeng	Non-injecting	0	0	0	0	0	0	0
		PWID	5	39	0	7	0	2	35
		Total	5	39	0	7	0	2	35
	Tshwane	Non-injecting	310	31	14	18	10	1	326
		PWID	405	54	6	30	16	7	412
		Total	715	85	20	48	26	8	738
	West Rand	Non-injecting	-	-	-	-	-	-	-
		PWID	-	-	-	-	-	-	-
		Total	-	-	-	-	-	-	-
KwaZu-lu-Natal	eThekweni	Non-injecting	0	0	0	0	0	0	0
		PWID	110	54	1	11	15	1	138
		Total	110	54	1	11	15	1	138
	UMG	Non-injecting	-	-	-	-	-	-	-
		PWID	-	-	-	-	-	-	-
		Total	-	-	-	-	-	-	-
MP	Ehlanzeni	Non-injecting	0	0	0	0	0	0	0
		PWID	35	23	1	8	1	0	50
		Total	35	23	1	8	1	0	50
Western Cape	Cape Metro	Non-injecting	0	0	0	0	0	0	0
		PWID	145	50	9	50	0	1	153
		Total	145	50	9	50	0	1	153

JHB: Johannesburg, LTFU: Lost to follow-up, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu

TABLE 200: CLIENTS ON OPIOID SUBSTITUTION THERAPY BY DISTRICT (JULY – DECEMBER 2022)

Province	District		No. at start	No. initiated	No. restarted	No. LTFU	No. exited	No. died	No. at end
Eastern Cape	NMB	Non-injecting	-	-	-	-	-	-	-
		PWID	-	-	-	-	-	-	-
		Total	-	-	-	-	-	-	-
Gauteng	Ekurhuleni	Non-injecting	-	-	-	-	-	-	-
		PWID	-	-	-	-	-	-	-
		Total	-	-	-	-	-	-	-
	JHB	Non-injecting	0	13	0	0	0	0	13
		PWID	247	55	8	7	2	2	299
		Total	247	68	8	7	2	2	312
	Sedibeng	Non-injecting	0	0	0	0	0	0	0
		PWID	44	31	6	22	0	2	57
		Total	44	31	6	22	0	2	57
	Tshwane	Non-injecting	343	51	4	5	16	3	374
		PWID	375	60	9	12	31	5	396
		Total	718	111	13	17	47	8	770
	West Rand	Non-injecting	-	-	-	-	-	-	-
		PWID	-	-	-	-	-	-	-
		Total	-	-	-	-	-	-	-
KwaZulu-Natal	eThekweni	Non-injecting	0	0	0	0	0	0	0
		PWID	51	54	1	11	0	0	95
		Total	51	91	2	19	7	0	118
	UMG	Non-injecting	-	-	-	-	-	-	-
		PWID	-	-	-	-	-	-	-
		Total	-	-	-	-	-	-	-
MP	Ehlanzeni	Non-injecting	0	0	0	0	0	0	0
		PWID	56	55	1	0	6	0	106
		Total	56	55	1	0	6	0	106
Western Cape	Cape Metro	Non-injecting	0	22	0	8	0	0	14
		PWID	153	33	22	45	2	0	6
		Total	153	55	22	53	2	0	175

JHB: Johannesburg, LTFU: Lost to follow-up, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu

**TABLE 201: SELECTED DEMOGRAPHIC CHARACTERISTICS OF PEOPLE ON OPIOID SUBSTITUTION THERAPY BY DISTRICT AT THE END OF THE PERIOD (JANUARY - JUNE 2022)**

Province	District (N)*	Male		Female		Black African		Indian		Coloured		White	
		n	%	n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (0)	-	-	-	-	-	-	-	-	-	-	-	-
Gauteng	Ekurhuleni (0)	-	-	-	-	-	-	-	-	-	-	-	-
	JHB (298)	285	96	13	4	99	33	0	0	0	0	1	0
	Sedibeng (30)	29	97	1	3	30	100	0	0	0	0	0	0
	Tshwane (738)	672	91	66	9	618	84	22	3	44	6	47	6
	West Rand (0)	-	-	-	-	-	-	-	-	-	-	-	-
KwaZulu-Natal	eThekweni (138)	92	67	46	33	42	30	6	4	0	0	6	4
	UMG (0)	-	-	-	-	-	-	-	-	-	-	-	-
Mpumalanga	Ehlanzeni (58)	56	97	2	3	55	95	0	0	1	2	3	5
Western Cape	Cape Metro (153)	115	75	37	24	3	2	2	1	97	63	46	40

JHB: Johannesburg, LTFU: Lost to follow-up, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu

**TABLE 202: SELECTED DEMOGRAPHIC CHARACTERISTICS OF PEOPLE ON OPIOID SUBSTITUTION THERAPY BY DISTRICT AT THE END OF THE PERIOD (JULY - DECEMBER 2022)**

Province	District (N)*	Male		Female		Black African		Indian		Coloured		White	
		n	%	n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (0)	-	-	-	-	-	-	-	-	-	-	-	-
Gauteng	Ekurhuleni (0)	-	-	-	-	-	-	-	-	-	-	-	-
	JHB (321)	295	92	26	8	292	91	6	2	9	3	6	2
	Sedibeng (57)	52	91	5	9	29	51	0	0	0	0	2	4
	Tshwane (776)	687	89	67	9	635	82	20	3	44	6	34	4
	West Rand (0)	-	-	-	-	-	-	-	-	-	-	-	-
KwaZulu-Natal	eThekweni (118)	106	90	12	10	106	90	4	3	1	1	7	6
	UMG (0)	-	-	-	-	-	-	-	-	-	-	-	-
Mpumalanga	Ehlanzeni (106)	100	94	6	6	90	85	0	0	6	6	10	9
Western Cape	Cape Metro (175)	133	76	41	23	4	2	2	1	129	74	40	23

JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu

## Mortality and overdose

In 2022 there were total of 85 deaths among people accessing harm reduction services, and six reported fatal overdoses.

**TABLE 203: OVERVIEW OF ALL-CAUSE MORTALITY AND FATAL OVERDOSE BY DISTRICT (JANUARY - JUNE 2022)**

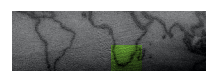
Province	District	Deaths	Fatal overdoses
Eastern Cape	NMB	9	0
Gauteng	Ekurhuleni	4	0
	JHB	22	3
	Sedibeng	0	0
	Tshwane	8	0
	West Rand	-	-
KwaZulu-Natal	eThekweni	1	0
	UMG	0	0
Mpumalanga	Ehlanzeni	3	0
Western Cape	Cape Metro	8	0

JHB: Johannesburg, MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu

**TABLE 204: OVERVIEW OF ALL-CAUSE MORTALITY AND FATAL OVERDOSE BY DISTRICT (JULY - DECEMBER 2022)**

Province	District	Deaths	Fatal overdoses
Eastern Cape	NMB	0	0
Gauteng	Ekurhuleni	5	0
	JHB	14	1
	Sedibeng	2	0
	Tshwane	10	0
	West Rand	1	1
KwaZulu-Natal	eThekweni	3	0
	UMG	2	0
Mpumalanga	Ehlanzeni	2	1
Western Cape	Cape Metro	0	0

JHB: Johannesburg, MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu





## Human rights violations

During 2022, there were 1155 (22a) and 556 (22b) reports of human rights violations, with 86% (1 463/ 1 711) linked to the confiscation of injecting equipment.

**TABLE 205: COMPARISON OF REPORTED HUMAN RIGHTS VIOLATIONS BY DISTRICT (JANUARY – JUNE 2022)**

Province	District	Confiscation / destruction of equipment	Assaulted	Falsely arrest- ed	Other	Total
Eastern Cape	NMB	81	27	0	7	115
Gauteng	Ekurhuleni	4	2	2	3	11
	JHB	88	18	17	6	129
	Sedibeng	79	15	2	4	100
	Tshwane	-	-	-	-	-
	West Rand	-	-	-	-	-
KwaZulu-Natal	eThekwini	90	30	6	19	145
	UMG	18	2	0	8	28
MP	Ehlanzeni	3	0	0	0	3
Western Cape	Cape Metro	12	3	0	10	25

JHB: Johannesburg, MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu

**TABLE 206: COMPARISON OF REPORTED HUMAN RIGHTS VIOLATIONS BY DISTRICT (JULY - DECEMBER 2022)**

Province	District	Confiscation / destruction of equipment	Assaulted	Falsely arrested	Other	Total
Eastern Cape	NMB	60	13	0	0	73
Gauteng	Ekurhuleni	59	0	0	0	59
	JHB	43	57	11	0	111
	Sedibeng	149	48	7	3	207
	Tshwane	104	19	22	0	145
	West Rand	195	48	7	3	207
KwaZulu-Natal	eThekwini	129	25	9	3	166
	UMG	48	46	1	2	97
Mpumalanga	Ehlanzeni	25	45	0	0	70
Western Cape	Cape Metro	12	6	2	1	21

JHB: Johannesburg, MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu

# SECTION 4: SERVICE QUALITY MEASURES (SQM): WESTERN CAPE IMPLEMENTATION FINDINGS FOR THE PERIOD 1 APRIL 2022 – 31 MARCH 2023

## BACKGROUND

The Service Quality Measures (SQM) initiative is a performance measurement system designed specifically for South Africa's substance use treatment services. This performance measurement system was developed through a consensus-driven process that included the inputs of treatment providers and substance use treatment experts.

The system uses three forms to generate information on a core set of indicators of treatment quality. The South African Treatment Services Assessment (SAATSA) is a patient survey that collects data on patient-reported outcomes of treatment (relating to reduced substance use, improved social cohesion, improved quality of life, and reduced sexual risk behaviour). It also collects data on the process of care, specifically perceived access to treatment and perceived quality of treatment. The South African Community Epidemiology Network on Drug Use's (SACENDU) treatment admission form and the SQM discharge form are used in conjunction to generate process measures of the quality of care including treatment retention, duration of treatment and outcomes of treatment.

## FEEDBACK OF FINDINGS

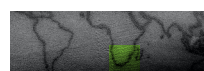
The findings reported reflect the data collected for the SQM for the 1 April 2022 to 31 March 2023 period. Data was collected across 34 treatment sites in the Western Cape for 3530 adult patients (18-78 years). Of these patients, 23% (n=806) were enrolled at inpatient facilities and 77% (n=2724) at outpatient or community-based care facilities. An increase can be seen in the number of treatment centres that participated in this period (29 in previous year) and a marked increase can be seen in the number of patients accessing care (number of SACENDU forms completed) for this period in contrast to the previous reporting period where 2415 patients accessed care.

In terms of gender, the findings are similar to the previous reporting period where 72.8% of this population were males and 27% were females. In terms of race, 69% of the patients were comprised of Coloureds which was followed by Black Africans (22,85%).

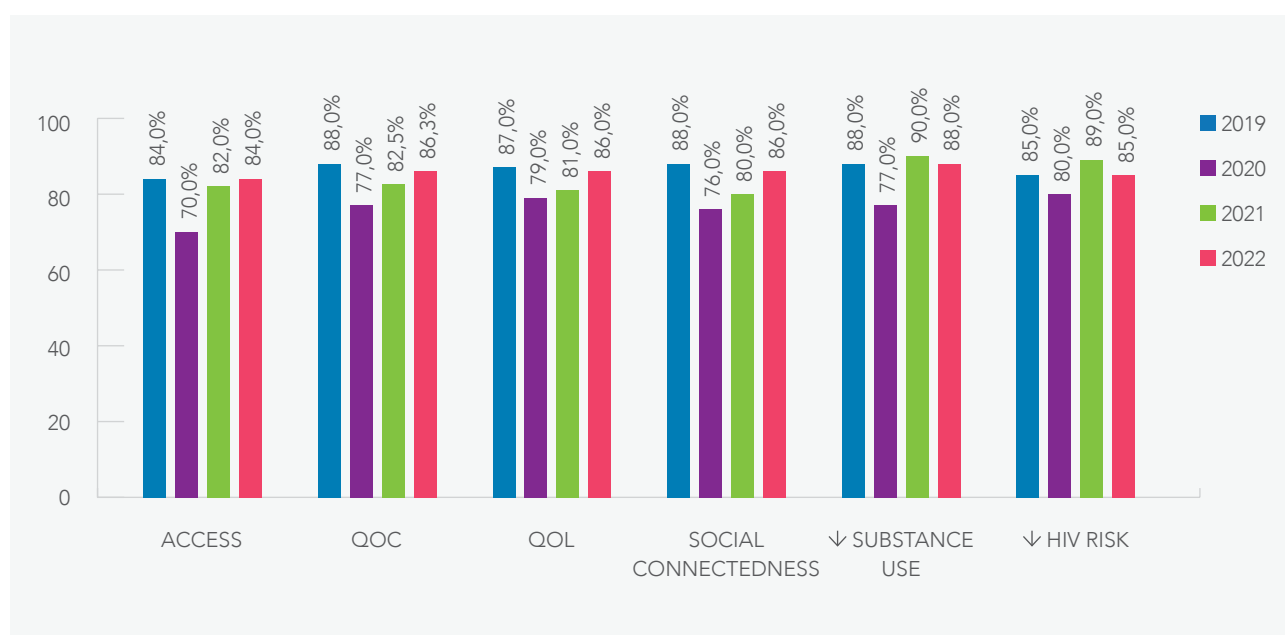
## FINDINGS ON THE SQM'S KEY INDICATORS

### Patient -reported outcomes: an overview

Figure 1 depicts the extent to which patients' thought their programme helped them reduce their substance use problems, improve their social connectedness, improve their quality of life and reduce their HIV risk as well as the overall perception of the accessibility and quality of services. In this figure, the mean percentage score for each SAATSA scale is presented for the 2019, 2020, 2021 and 2022 reporting periods. In the 2022 reporting period mean percentage scores remained similar to the previous reporting period. For this reporting period, a slight increase can be seen in the extent to which patients thought that treatment helped them improve their social connectedness and a slight decrease is noted on the HIV risk and Substance Use scales. Overall, performance on these indicators remains high considering that the SAATSA form is only completed from week three of treatment and is skewed towards patients who have been able to overcome barriers to being retained in care.

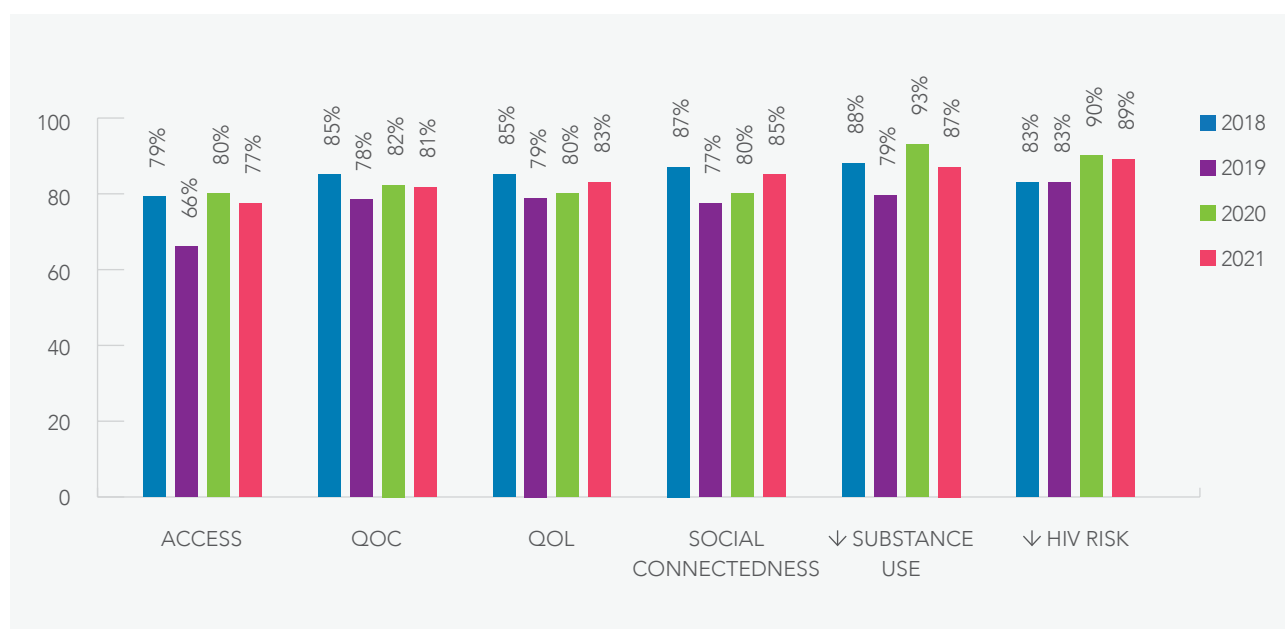


**FIGURE 1: PATIENTS IN THE WESTERN CAPE'S PERCEPTIONS OF THE EFFECTIVENESS, ACCESSIBILITY, AND OVERALL QUALITY OF SUBSTANCE ABUSE TREATMENT SERVICES (2019-2022)**

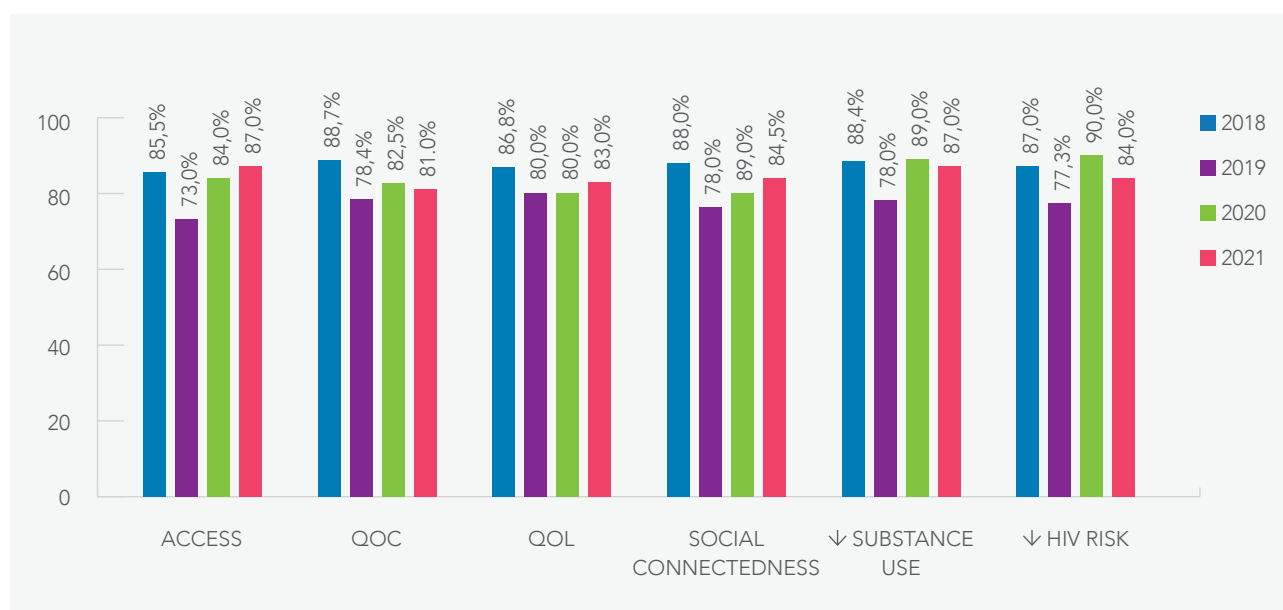


Figures 2 and 3 depict the extent to which patients accessing in- and outpatient services respectively thought their treatment programme helped them reduce their substance use problems, improve their social connectedness, improve their quality of life and reduce their HIV risk as well as their overall perception of the accessibility and quality of services. In these figures, the mean percentage score for each SAATSA scale is presented for the 2019, 2020, 2021 and 2022 reporting periods.

**FIGURE 2: PATIENTS WHO RECEIVED INPATIENT TREATMENT'S PERCEPTIONS OF THE EFFECTIVENESS, OVERALL QUALITY AND ACCESSIBILITY OF TREATMENT (2019-2022)**



**FIGURE 3: PATIENTS WHO RECEIVED OUTPATIENT TREATMENT'S PERCEPTIONS OF THE EFFECTIVENESS, OVERALL QUALITY, AND ACCESSIBILITY OF TREATMENT (2019-2022)**



In this reporting period no significant differences were seen on the SAATSA scales across inpatient and outpatient centres. Consistent with the findings of the previous year, outpatient/community-based facilities scored higher on the accessibility of services scale in comparison to inpatient facilities. Inpatient facilities performed slightly higher on the HIV risk scale and scores on the remaining scales were similar. At inpatient facilities, an increase was seen on the mean percentages of social connectedness and quality of life scales and a decrease on the substance use and the HIV scales.

## EQUITY OF OUTCOMES AND QUALITY OF SERVICES RECEIVED

Demographic data which is extracted from the SACENDU and SQM Discharge forms to examine whether patients from different gender, race, and age groups have different perceptions of the quality and effectiveness of services. If such differences are found, these would suggest areas where programmes can be improved to better respond to the needs of these subpopulation groups.

Findings for this reporting period indicate that there were no gender differences in terms of patient reported outcomes (see table 207). For this period, the extent to which women thought that the treatment programme reduced their risk of HIV was higher than males. While the number of women accessing treatment services remains much less in comparison to men, findings indicate that women perform as well as men in terms of treatment outcomes. For this particular period, women performed slightly higher than men on the reduced substance use and reduced HIV risk scales.

**TABLE 207: SAATSA OUTCOMES BY GENDER FOR EACH REPORTING PERIOD (2019-2022)**

	2019		2020		2021		2022	
	M	F	M	F	M	F	M	F
Access	83	83	83	81	84	84	83	83
Quality of Care	88	88	88	89	87	89	87	88
Quality of Life	88	89	85	83	86	88	88	89
Social Connectedness	89	890	88	89	87	89	89	90
Substance Use	90	91	90	91	88	90	90	91
HIV risk	88	88	86	87	86	86	89	88

Table 208 depicts patients in the Western Cape's perceptions of the effectiveness, accessibility, and overall quality of substance abuse treatment services by race. Findings for this reporting period, is relatively the same as the previous year. However, for this period, a marked increase (75% to 88%) can be seen on the quality of life scale for the Coloured patients.

**TABLE 208: SAATSA OUTCOMES BY RACE (2020-2022)**

SQM Domains	2020			2021			2022		
	African	Coloured	White	African	Coloured	White	African	Coloured	White
	%			%			%		
Access	66	60	76	85	83	83	82	84	84
Quality of Care	73	76	79	83	82	83	87	88	88
Quality of Life	81	78	86	80	75	83	86	88	88
Social Connectedness	81	70	80	80	80	81	88	89	89
Substance Use	78	82	87	90	93	93	90	90	91
HIV risk	70	72	73	88	91	92	88	88	89

Table 209 depicts patients' perceptions of the effectiveness, accessibility and overall quality of substance abuse treatment services by age. Findings for this reporting period is similar to the previous period where no significant differences can be seen between the two age categories. An increase is noted for both groups on the quality of life and social connectedness scales and a slight decrease was seen across both groups on the HIV risk and substance use scales.

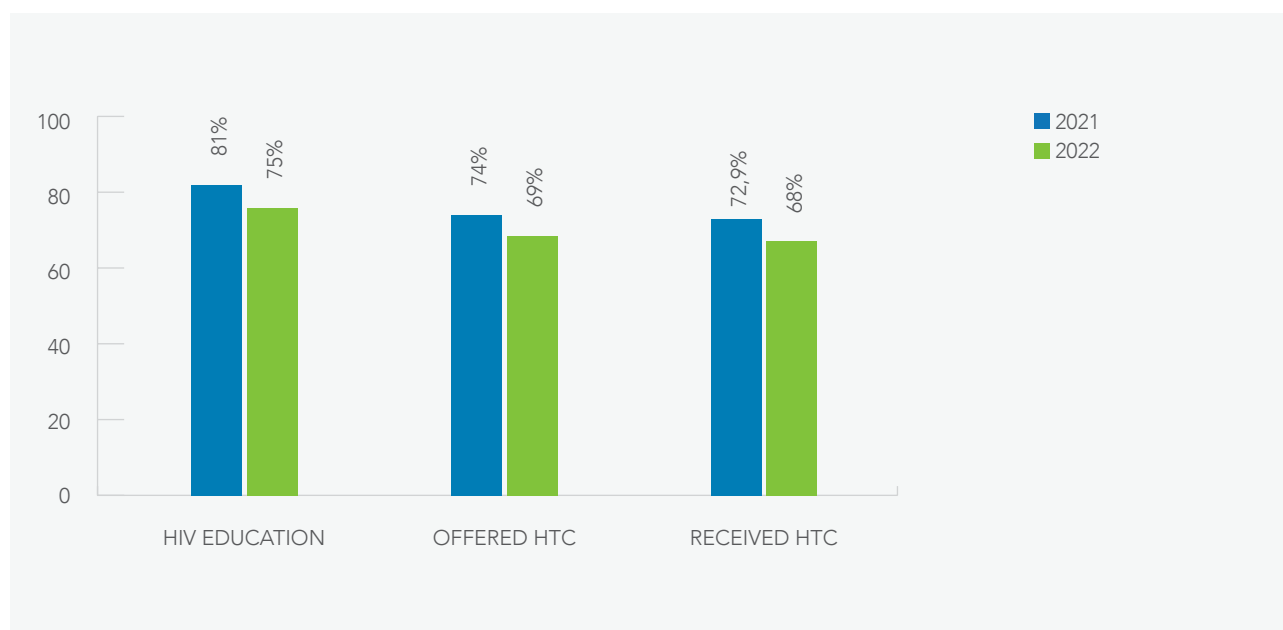
**TABLE 209: PATIENTS IN THE WESTERN CAPE'S PERCEPTIONS OF THE EFFECTIVENESS, ACCESSIBILITY, AND OVERALL QUALITY OF SUBSTANCE USE TREATMENT SERVICES BY AGE (2019-2022)**

SQM Domains	2019		2020		2021		2022	
	18-24	>=25	18-24	>=25	18-24	>=25	18-24	>=25
	%		%		%		%	
Access	83	84	65	64	84	83	83	84
Quality of Care	87	88	76	74	83	83	87	89
Quality of Life	88	88	74	78	82	81	88	89
Social Connectedness	90	89	70	82	83	82	88	89
Substance Use	91	90	74	72	93	93	89	91
HIV risk	86	88	64	71	89	91	86	88

## INTEGRATING HIV SERVICES INTO SUBSTANCE MISUSE TREATMENT HELPS REDUCE HIV RISK

In previous years patients who received HIV information and education during treatment were more likely to report greater reductions in HIV risk than patients who did not receive these services. In this reporting period (2021–2022), seventy-five percent (75%) of patients received HIV education which is a marked reduction from the previous reporting period. Despite this decrease, patients who received HIV information and education during treatment were more likely to report reductions in HIV risk than patients who did not receive these services ( $t=-10.09$ ,  $df=1416$ ,  $p<0.0001$ ). A significant difference was found in HIV risk reduction between participants who were sexually active and those who were not sexually active at the time of treatment ( $t=2.71$ ,  $df=1401$ ,  $p<0.0006$ ). This highlights the importance of targeting all patients for HIV education and information, and counselling and testing (see Figure 4).

**FIGURE 4: DEPICTION OF THE PERCENTAGE OF PATIENTS IN THE WESTERN CAPE WHO RECEIVED HIV EDUCATION, WERE OFFERED HIV TESTING AND COUNSELLING AND THE PROPORTION OF THOSE WHO ACCEPTED THE OFFER OF AN HIV TEST (SHOWN AS A PERCENTAGE)**



## TREATMENT COMPLETION RATES FOR INPATIENT AND OUTPATIENT FACILITIES

For this reporting period 57% of patients accessing treatment services completed treatment. At inpatient facilities, 91% completed treatment and 56% at outpatient facilities. Patients who attend outpatient services are significantly less likely to complete treatment than patients in inpatient settings. However, for this reporting period an improvement in completion rates can be seen for outpatient facilities compared to previous years. Amongst those who did not complete treatment, Table 210 shows the proportion that dropped out against professional advice, or for whom the therapeutic programme was terminated due to noncompliance or transferred to other facilities.

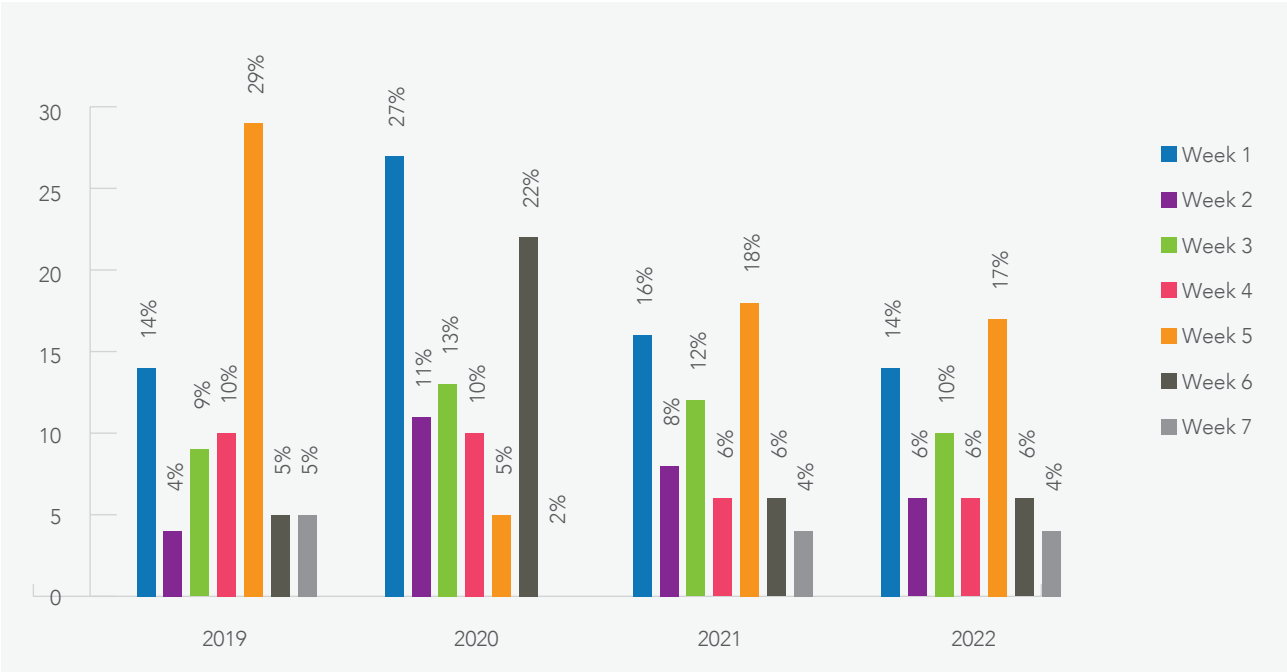
**TABLE 210: PROPORTION OF PATIENTS WHO COMPLETED TREATMENT, DROPPED OUT OF TREATMENT OR FOR WHOM TREATMENT WAS TERMINATED**

Variable	Overall	Inpatient	Outpatient/ Community-based
	%		
Completed	57	91	56
Dropped out	43	8	43
Terminated due to non-compliance	11	2	10
Transferred to other care	6	9	6

## DROP-OUT RATES

Figure 5 reflects the proportion of patients who drop out of treatment for each week of treatment. In this reporting period, the highest drop-out rates can be seen at week five of treatment which is consistent with the previous two (2020 and 2021) reporting periods. Prior to 2019, the highest dropout was observed at the first three weeks and even though early dropout is not uncommon to our context, this indicates a need to further understand the factors that contribute to dropout. A recommendation made in response to high dropout is for service providers to include interventions to help facilitate engagement in treatment and address barriers around treatment readiness as well as barriers preventing ongoing uptake of services.

FIGURE 5: PROPORTION OF PATIENTS WHO DROPPED OUT OF TREATMENT PROGRAMME (2019-2022)



<sup>6</sup> Outcomes emanating from regional meetings held in GP, KZN, EC and WC

# IMPLICATIONS FOR POLICY AND FUTURE RESEARCH

## Selected implications for policy/practice

During the Phase 52 (Jan-June 2022) and Phase 53 (Jul-Dec 2022) regional report back meetings of SACENDU as well as findings from the SQM System, a number of recommendations were made with regard to specific interventions needed to address substance use and substance use policy in general:

- Ensure that there are initiatives to effectively prevent/delay drug initiation by children/adolescents (10-19 years) in GT and MP.
- Initiate a range of interventions to prevent codeine misuse in GT, NR and KZN.
- Implement strategies to address gaps in harm reduction service uptake by females in GT.
- Address gaps in treatment services for females or uptake of substance abuse treatment services by females (women-focused treatment).
- Ensure that substance abuse treatment centres are adequately sensitive to suicide risk among their clients/patients and are equipped to respond if needed.
- High HIV yield among PWID accessing HIV testing services in Gauteng, Mpumalanga and KwaZulu-Natal.
- Due to delays in contracting for a range of harm reduction service providers the services provided to people who use drugs was limited to critical services, which resulted in limited access to harm reduction packs and less access to comprehensive support services to link people to other care and support services. Future grants should be planned to ensure consistent service delivery during transition periods.
- Two attempted hijackings in NMB Sub-district B with 1 staff member being injured has resulted in the team being very traumatized. The team is receiving on-going counselling.
- Current country challenges such as persistent loadshedding impede service delivery as most treatment facilities do not have capabilities to purchase generators.
- Strengthen advocacy efforts to address stigma towards people with a substance use disorder and their families. Interventions to destigmatize should target communities and the general public.
- Young people have relatively easy access to drugs at pharmacies. A need for improved monitoring/regulation of pharmacies including awareness raising.
- The cost of treatment has increased the treatment gap, with rising living costs, people from poor socio-economic backgrounds are finding it increasingly difficult to access care. There is a need for low-threshold services, for example mobile units.
- Low adherence to HIV medication remains a problem and this is often related to no access to food.
- TB, HIV and Hepatitis screening and testing and initiation on treatment should be part of the basket of services offered to persons with a substance use disorder.
- High HIV yield among PWID accessing HIV testing services in Gauteng, Mpumalanga and KwaZulu-Natal.
- Scale up TB, HIV and Hepatitis screening and testing and initiation to treatment.
- Women remain under-represented in treatment. There is a need to explore treatment programmes tailored to meet the unique requirements of women.
- Investigate cultural barriers to substance use disorder care for women.
- Consider ways to enhance retention in care to prevent early termination of treatment services.
- Introduce screening for Gender-Based Violence or Interpersonal Partner Violence as part of routine assessments, with referral to care if needed.
- Continued motivation for HIV testing and counseling within the treatment environment.
- Care for 'caregivers' interventions that address the burnout experienced by caregivers of PWUD are needed.



## Selected issues to monitor

Periods January to June 2022 (22a) and July-December 2022 (22b) of the SACENDU Project and findings from the SQM System highlighted several conditions/factors that need to be carefully monitored over time:

- Increase in cannabis as a primary substance of use in GT and NR (especially among patients ≤18 years).
- Increase in cannabis treatment demand for ≤18 years in GT and WC.
- Decrease in age of initiation of cannabis use by young persons in WC and KZN.
- Increase in school referrals in NR and WC and in students/scholars coming to treatment.
- Decrease in referrals from social welfare services and self-referrals in NR.
- Decrease in HIV testing of patients over the past 12 months in NR.
- Increase in court referrals to treatment centres in the EC.
- Changes in the mean age of cannabis use initiation in the EC and KZN.
- Treatment demand related to codeine in the GT, NR, and KZN.
- PWID clients report experiencing stigma in some health facilities which results in poor linkage to care.
- Needles confiscated by law enforcement have increased in several locations, highlighting ongoing need for support from law enforcement.
- Enhanced measurement and reporting of viral suppression data among people who use drugs on ART.
- Improvements in following up on outcomes of PWUD with suspected TB.
- Cannabis use among young people remains high. The normalization of Cannabis use appears to be a driver.
- Steady and consistent increase in Methamphetamine use in GP, with a concomitant decrease in Heroin/Opiate use.
- Respiratory diseases emerging as a co-morbidity among patients admitted to treatment.
- SACENDU needs to incorporate data on the aftercare/the continuation of care.
- Younger age of initiation of substances.
- Substance use during pregnancy is high in the WC; there is a need for more interventions addressing the harmful effects on the unborn child and associated burdens.
- Reports of possible changes in Methaqualone strength. There is a recommendation for the analysis of compounds.
- The link between respiratory diseases and COVID-19 as a co-morbidity for patients admitted to substance use treatment.
- The system must report deaths among people who use drugs in community settings.
- Needles/ syringes confiscated by law enforcement continues to be an issue of concern.
- Improvements in following up on outcomes of PWUD with suspected TB.

## Selected topics for further research/investigation

Periods January to June 2022 (22a) and July-December 2022 (22b) of the SACENDU Project and findings from the SQM System highlighted several topics for further research/investigation:

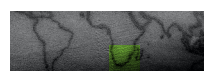
- Are we missing older persons in GT, NR, WC and EC who need substance abuse treatment but are not accessing it, or is their demand for treatment less?
- Should we be encouraging HIV testing among 15–19-year-olds in GT?
- Are we adequately addressing mental health needs of people attending substance abuse treatment across sites?
- What are the factors affecting age of initiation of cannabis use among young persons?
- What are the factors affecting substance abuse treatment completion in the WC, especially around week 5?
- Detailed assessment of causes of death among people who use drugs in community settings.
- What are the barriers to treatment for women in Limpopo and Mpumalanga?

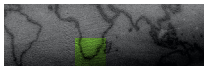
## Limitations

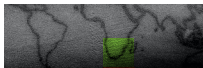
Periods January to June 2022 (22a) and July-December 2022 (22b) of the SACENDU Project and SQM System emphasised a number of limitations:

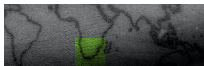
The SACENDU Project is a voluntary system that relies on data from specialist treatment centres. Data is not always submitted in a timely manner due to challenges faces by these centres such as staff capacity constraints, staff turnover, etc.

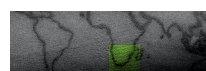
- Due to the voluntary nature of participating in the SACENDU system, the number of treatment centres contributing data is not always consistent, impacting the comprehensiveness and coverage of the system.
- The SAATSA form is to be completed from week 3 in treatment and often this is forgotten. Facilities need to 'build' in a reminder to have these forms completed as it will promote more valuable findings.
- The patient unique identifier is sometimes recorded incorrectly and, as a result, the forms cannot be linked to the individual. Often these numbers are long and only differs by one number or letter.
- There are cases where information is recorded for a different patient on a different form using the same patient identifier. E.g., SACENDU form is completed with unique identifier ADO032 and the forms specifies that the patient is a Coloured female who is 34 years. The discharge form will contain the same patient identifier but according to the completed form the patient is a white male aged 58 years. An attempt to address this will be the provision of refresher training to service providers which will include closer monitoring and recording of patient information. Once treatment centres start using the SACENDU online platform to capture patient information, it will hopefully eliminate this challenge completely.
- The discharge form should be completed after 30 days if no contact has been made with the patient. However, some treatment facilities only close files one year after no contact with the patient. Moving forward, treatment centres will be encouraged to close patient files earlier.
- Related to the data received from treatment centres, we recognize that from January to December 2021, treatment centres were not functioning at full capacity due to the repercussions of COVID-19. These facilities were compelled to reduce their workforce and experienced reductions in funding.











# SACENDU

South African Community Epidemiology Network on Drug Use

## THREE REPORTS HAVE BEEN PRODUCED:

- SACENDU Update
- SACENDU Research Brief
- Monitoring Alcohol, Tobacco and Other Drug Use Treatment Admissions in South Africa (this report)

## FOR COPIES OF THESE REPORTS CONTACT:

### Mrs Kholiswa Dube

Mental Health, Alcohol, Substance use and Tobacco Research Unit  
Medical Research Council  
P.O Box 19070  
7505 TYGERBERG  
South Africa

**Tel:** +27 (0) 21 938 0946

**E-mail:** kholiswa.dube@mrc.ac.za

**WE ARE GRATEFUL TO THE SOUTH AFRICAN MEDICAL RESEARCH COUNCIL, THE NATIONAL DEPARTMENT OF HEALTH AND THE NATIONAL DEPARTMENT OF SOCIAL DEVELOPMENT FOR THEIR FUNDING OF THIS PROJECT**

ISBN: 978-1-928340-81-2