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South African Community Epidemiology Network on Drug Use

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

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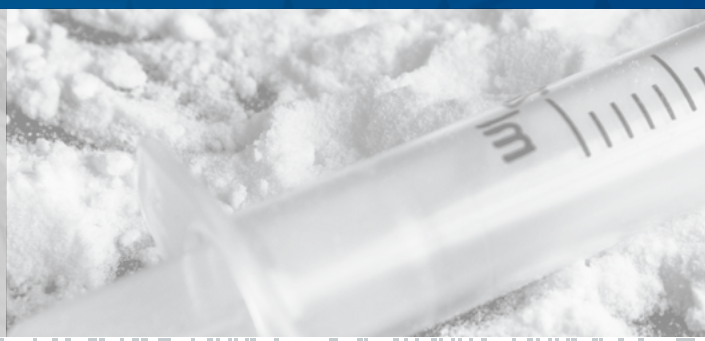

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All reasonable precautions have been taken by SACENDU to verify the information contained in this publication.

TABLE OF CONTENTS

PRESENTATIONS AT THE REGIONAL SACENDU REPORT BACK MEETINGS 3

SECTION 1: INTRODUCTION 5

Refinements and Improvements 5

SECTION 2: TREATMENT CENTRE DATA 11

2A: Treatment Centres: Western Cape 11

2B: Treatment Centers: Gauteng 24

2C: Treatment Centres: Northern Region 37

2D: Treatment Centres: Eastern Cape 50

2E: Treatment Centres: KwaZulu-Natal 62

2F: Treatment Centres: Central Region 75

SECTION 3: DATA ON COMMUNITY BASED HARM REDUCTION SERVICES FOR PEOPLE WHO USE DRUGS 94

SECTION 4: SERVICE QUALITY MEASURES (SQM): Western Cape Implementation findings for the period 1 January to 31 December 2023 104

IMPLICATIONS FOR POLICY AND FUTURE RESEARCH 110

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)

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Community-based harm reduction service data from Gauteng	Lawrence Sibanda/ Tendai Makina
Update on community-based harm reduction services in Kwa-Zulu Natal	Ayanda Nyathi /Zikhona Nyathi
Update on community-based harm reduction services in Northern Region	Philasande Madosi
Update on community-based harm reduction services in Eastern Cape	Phumzile Mchunu
Update on community-based harm reduction services in Western Cape	Mildrett Stevens/ Rampati Makgopa
The Service Quality Measures (SQM) overall findings for the Western Cape (1 April 22 to 31 March 23)	Kim Johnson
Web app ASSIST: Early trends	Shaheema Allie
Perceived and experienced stigma linked to substance use and TB	Tara Carney
Perceptions of substance abuse counsellors on the implementation of evidence-based practice interventions	Kenneth Bingham
Siyakhana: testing a brief training to reduce stigma towards substance use among community health workers in TB/HIV Care	Kristen Reganauer
SACENDU: a 28-year journey	Charles Parry
Inpatient substance abusers' care and treatment: innovative guiding principles for nurses.	Grace Tshilidzi Ravhura
High on HIV and low on retention. Programming for Men who have Sex with Men and engage in chemsex, Soweto, South Africa	Sheridan Walter
Linking old age loneliness to substance abuse: a reflexive approach	Faith Sibiya & Mabila Mathebula
Preliminary findings of a biobehavioural survey among people who inject drugs	Joel Steingo
Forging shields to protect against childhood substance use	Marelize Schoeman
When addiction defeats reason: the case of women who use nyaope during pregnancy	Kebogile Mokwena

PRESENTATION	PRESENTED BY
Enhancing Health and Safety: Harm Reduction Services for Sex Workers Who Inject Drugs.	Sophie Hamadziripi
Factors influencing relapse in individuals with substance use disorders: an ecological perspective.	Nobuhle Ndou
Social workers' perspectives on barriers to substance abuse treatment for women in Limpopo province	Euginea Baloyi
Preliminary findings of a biobehavioural survey among people who inject drugs	Bongani Sibande
Mental health disorders and recidivism among incarcerated adult offenders in a correctional facility in South Africa: A cluster analysis	Kwanele Shishane
Burden of Addictive Disorders in South Africa – A Public Health Concern – KwaZulu Natal	Nadine Harker
Caring for people with drug use disorders in hospital settings: A quandary for medical specialists who care	Monique Marks
The prevalence and severity of SUDs among men: Results from a household survey conducted in King Sabata Dalinyebo district in the Eastern Cape.	Hedwick Masomera
Impact of the Covid-19 alcohol restrictions on patterns of alcohol consumption and access to alcohol among adult men with alcohol use disorders (AUD): findings from three regions in South Africa.	Nadine Harker
Forging shields to protect against childhood substance use	Roger Weimann
To evaluate if increased supervision and support of South African government health workers' home visits improves maternal and child outcomes: study protocol for a randomized control trial	Mark Tomlinson
Substance abuse among high school learners in a rural education district in the Free State province, South Africa	Jacob Setshego

SECTION 1: INTRODUCTION

MS JODILEE ERASMUS & PROF NADINE HARKER

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. TB HIV Care's Step-Up Project operates in the Eastern Cape (Nelson Mandela Bay), KwaZulu-Natal (eThekwini 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. Important to note is that the youth data (under 20 years) up to December 2021 is therefore not comparable to the 18 years and younger data reported from the January to December 2022 period. The Update and Brief reports will continue to be reported on a bi-annual basis. For this annual period (January to December 2023), a total of **21043** 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".
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.
x) Note: Proportions for primary or secondary substance of use (tables 18, 48, 67, 107, 137 and 171) are calculated by adding of the cases of a substance used as a primary and secondary substance (nominator) and dividing by the total number of cases for all primary substances (denominator). Column % for these tables therefore do not equal 100.

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 increases in the proportion of service users seeking treatment for **Alcohol** as their primary substance of use. Alcohol increased in KZN (from 30% to 38%), EC (28% to 36%), and CR (38% to 46%) across periods 2022 to 2023 (Table 1). Between 16% (GT) and 52% (CR) 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 4% (GT) and 35% (CR) 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[1]	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
	2023	**18.6**	**21.3**	**7.2**	**2.3**	**14.9**	**0.1**	**1.2**	**32.5**	**2.0**	**3168**
KZN[2]	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
	2023	**37.8**	**26.8**	**1.5**	**10.3**	**15.1**	**0.2**	**2.9**	**2.8**	**2.7**	**1961**
EC[3]	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
	2023	**36.5**	**32.5**	**2.1**	**3.0**	**0.8**	**0.0**	**3.0**	**18.7**	**3.6**	**561**
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
	2023	**12.1**	**32.1**	**2.6**	**1.6**	**18.0**	**0.0**	**1.0**	**24.9**	**7.7**	**13629**
NR[4]	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
	2023	**21.8**	**34.2**	**2.3**	**6.9**	**23.7**	**0.0**	**0.7**	**5.8**	**4.8**	**1177**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/ PRE	Meth*	Other	Total (N)
CR[5]	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
	2023	**46.4**	**24.0**	**2.8**	**2.4**	**4.8**	**0.0**	**1.7**	**11.3**	**6.8**	**547**

[1] Cape Town, Atlantis, Worcester; George[2] Durban, South Coast, Pietermaritzburg; [3] Gqeberha and East-London;
[4] Mpumalanga & Limpopo; [5] Free State, North-West, Northern Cape
*Methamphetamine

Cannabis remained the leading primary substance of use nationally (30%). Regionally, cannabis was the most common primary substance of use for NR (34%) and the EC (33%). Compared to other substances, rates for cannabis as primary or secondary substance of use were also the highest reported substance in the NR (50%) and GT (44%). Between 31% (WC) and 50% (NR) of persons attending specialist treatment centres had cannabis as their primary or secondary drug of use, compared to between 4% (KZN and NR) and 28% (WC) for the **Cannabis/Mandrax**[1] (Methaqualone) combination (also known as 'white- pipe'). Among individuals aged 18 years and younger, between 50% (CR) and 80% (GT) youths reported cannabis as their predominant primary substance of use.

Treatment admissions for **Crack/Cocaine** as a primary substance of use have generally remained low across sites (between 2% in the CR, GT and WC and 10% in KZN). Between 4% (WC) and 23% (KZN) of persons in treatment have crack/cocaine as a primary or secondary drug of use. Relatively few persons 18 years and younger (1% to 2%) were admitted for cocaine-related problems.

When compared to the previous period, treatment admissions for **Heroin/Opiates** as a primary drug of use remained fairly stable across all sites, except the NR where rates decreased notably from 32% to 24% and KZN with a decrease from 20% 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: 54% in CR, 30% in GT and 25% in EC; KZN and NR had the lowest reported heroin/opiates injection rates at 17%. Compared to the previous 2022 annual period, the proportion of patients reporting injecting heroin/ opiates has increased in KZN (from <1% to 17%), CR (from 11% to 17%) and the GT (from 23% to 30%). Notable decreases were seen in WC (34% to 22%) and EC (34% to 25%). Between 1% (EC) and 36% (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%), GT (25%), and EC (19%). The proportion of individuals reporting MA as a primary or secondary substance of use was the highest in the WC (48%), GT (36%) and EC (28%). A decrease was noted in the proportion of persons attending specialist treatment centres for MA as their primary or secondary drug of use in the EC (42% to 28%) from the 2022 to 2023 reporting period. Among services users 18 years and younger, proportions of MA use ranged from 1% (KZN) to 11% (EC). In the EC, a notable decrease was shown in MA use from 28% in 2022 to 11% in 2023 in this age group.

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. Ecstasy was not indicated in a number of regions including the CR, EC, and NR. 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**[2] are amphetamine-type stimulants and have effects similar to that of MA. **CAT/KHAT** admissions were noted in most sites, specifically in GT (10%) and in the CR and NR (3%

[1] Cannabis/Mandrax includes the cannabis and mandrax mix called 'White-pipe' as well as the use of Mandrax alone
[2] For increased reporting accuracy, CAT (synthetic) and KHAT (plant-based) have been combined into a single category in the 2022b period

respectively) where service 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 remained low in 2023. Treatment admissions for OTC/PRE medicines as a primary or secondary drug of use were between 1% (NR) and 6% (KZN). During this reporting period, 1176 (8%) persons across all sites reported the non-medical use of codeine, with most persons admitted to treatment centres residing in KZN (n = 194, 15%), EC (n = 38, 8%) and GT (n =771, 8%).

Polysubstance use rates were high, with between 45% (CR) and 60% (WC) service users indicating more than one substance of use at the time of admission.

During this period, the proportion of patients who reported the use of **Inhalant/Solvent** were low, ranging between <1% (WC and KZN) and 2% (EC). Inhalant use is common among the homeless and children who live on the streets[3]. 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 this vulnerable population.

Nationally, 14% (n = 2856) of persons presented with a **dual diagnosis** at treatment admission. Of the persons presenting with a dual diagnosis at the time of admission, most reported current mental health problems (66%), followed by hypertension (16%) and respiratory disease (12%). Mental health illnesses and respiratory diseases were the two most commonly reported non-communicable diseases in the WC, KZN, GT and NR, whereas mental health illnesses and blood pressure problems were the two most reported illnesses in the EC. In the CR, mental health illnesses and gastrointestinal diseases were primarily reported.

SUMMARY OF FINDINGS: COMMUNITY HARM REDUCTION SERVICES

In 2023 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[4]. Available resources influenced the package of health and social services provided.

Eastern Cape: In *Nelson Mandela Bay* 841 unique PWID accessed services in 2023a and 730 in 2023b. Over the year 593 PWID tested for HIV, among whom 60 tested positive and 60 started antiretroviral therapy (ART) and 21 PWID confirmed to be virally suppressed. Overall, 813 tuberculosis (TB) screens were done, with 71 being symptomatic, 27 diagnosed and 27 starting TB treatment. No routine viral hepatitis testing was done. Opioid substitution therapy (OST) was not available. In total 209 human rights violations were reported. Three deaths were reported among the cohort of people who use drugs accessing harm reduction services.

Gauteng: In *Ekurhuleni* 579 unique PWID accessed the services in 2023a and 560 in 2023b. Over the year 448 PWID tested for HIV, among whom 48 tested positive and a total of 45 people were on ART. A total of 11 people were confirmed virally suppressed. A total of 776 TB screens were done among PWID, with 109 being symptomatic, 9 TB cases were confirmed and 8 were started on treatment. Eight-eight people were tested for hepatitis C, with 82 having been exposed to hepatitis C and one person was started on treatment. Forty-three people were on OST at the end of the year. One hundred and ninety-seven human rights violations were reported. Ten people who were part of the total cohort died. In *Johannesburg* 10,214 unique PWID accessed the services in 2023a and 10,692 in 2023b. Over the year 5,613 PWID tested for HIV, among whom 721 tested positive and 695 started ART and 22 PWID were confirmed to be HIV virally suppressed. Overall, 5,797 TB screenings were done among PWID, with 44 being symptomatic, 5 diagnosed and 4 starting TB treatment. A total of 217 people were screened for HCV antibodies with 152 being reactive and 22 people started HCV treatment. Three hundred and twelve people were on OST at the beginning of the period and 332 were on OST at the end of the period. 827 human rights violations were reported. A total of 50 deaths were reported, including two fatal overdoses. In *Sedibeng* 1,686 unique PWID accessed the service in 2023a and 1 718 in 2023b. Five hundred and sixty-seven PWID tested for HIV, among whom 248 tested positive and 73 were started on ART and 11 people were reported to have HIV viral suppression. Overall, 764 TB screenings

[3] Lipari RN. Understanding adolescent inhalant use (Short Report), 2017. Substance Abuse and Mental Health and Mental Health Services Administration (SAMHSA). https://www.samhsa.gov/data/sites/default/files/report_3095/ShortReport-3095.html

[4] 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.

were done among PWID, with 90 being symptomatic, 7 infections confirmed and 7 started treatment. Eight-nine PWID were screened for HCV, among whom 69 had HCV antibodies and 8 people were started on treatment. One person had a reactive HBsAg test. Thirty-six people were on OST at the beginning of the period and 85 at the end of the period. 422 human rights violations were reported. Five deaths were reported, In Tshwane 9,613 unique PWID accessed services in 2023a and 9 678 in 202b. Over the year, 1,476 tested for HIV among whom 709 tested positive and 646 were started on ART. HIV viral suppression was confirmed among 55 clients on ART. Overall, 4,697 TB screenings were done among people who use drugs with 37 being symptomatic, with 4 diagnosed and 4 starting treatment. 195 people were tested for hepatitis c with 157 having anti-HCV antibodies, and 46 started treatment. A total of 727 people were on OST at the beginning of the period and 701 were on OST at the end of the period. 149 human rights violations were reported. 77 deaths were reported, including three fatal overdoses. In *West Rand* 1,131 unique PWID accessed the services in 2023a and 933 during 2023b. Over the year 567 PWID tested for HIV, among whom 248 tested positive and a total of 73 people were started on ART and 11 people had HIV viral suppression. 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.

KwaZulu-Natal: In *eThekwini* 1 322 unique PWID accessed services in 2023a and 1 601 in 2023b. 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 2023a and 1 232 in 2023b. 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 2023a and 877 in 2023b. 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 2023a and 1 593 in 2023b. 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) FOR PERIOD JANUARY TO DECEMBER 2023

Data were collected across 31 treatment sites in the Western Cape for 2793 adult patients (18-73 years). Of these patients, 24.63% (n=515) were enrolled at inpatient facilities and 75.37% (n=2278) at outpatient or community-based care facilities.

In terms of gender, the findings are similar to the previous reporting period where majority of the population accessing services were male (69.73%) and 30.27% were female. In terms of race, 72.41% of the service users were comprised of Coloureds[5] which was followed by Black Africans (18.58%) and White (8.63%) service users.

[5] Coloured is a term that is used for demographic purposes only and does not reflect the views of the SACENDU or SQM Systems.

For this reporting period, there was a drop in the number of implementing treatment centres for this period (31 in comparison to 34 which participated in the previous year). Treatment centres performance on patient and process reported outcomes remained stable with both inpatient and outpatient facilities having no significant differences in mean percentage scores. Overall performance on the SAATSA scales remained relatively high with a slight increase across all scores. In terms of gender, no significant differences were observed across scales for this reporting period. Consistent with previous findings, the number of women accessing treatment services remains much less in comparison to men. A slight increase is noted in the number of patients indicating that they received HIV information and education which continues to have a positive impact on HIV risk behaviour.

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 Mompati Kamogelo Moletsane at mompati.molestane@mrc.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, nancy.hornsby@mrc.ac.za, or nadine.harker.burnhams@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, and Roger Weimann in the EC). 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 26 specialist treatment centres. Overall, 3168 persons were treated across all treatment centres for the period January to December 2023 (Table 2).

TABLE 2: PROPORTION OF TREATMENT EPISODES (WESTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
AKESO Stepping Stones	5	3	2
Bowl Community Centre	1	<1	-
Cape Town Drug Counselling Centre	14	12	7
Helderberg CARES	<1	1	1
Help-me-network	1	1	1
Hesketh King	1	3	-
Hope House	-	-	5
Ixande Recovery Centre	<1	-	1
Kensington Treatment centre	1	3	<1
Living Grace	<1	4	6
Matrix			
Albow Gardens	5	5	7
Delft	5	4	6
Eersterivier	3	2	1
Khayelitsha	7	4	4
Kraaifontein	1	1	1
Manenberg	2	2	3
Parkwood	3	3	4
Tafelsig Clinic	5	5	8
Mudita Centre	<1	1	-
Namaqua Rehab Centre	1	1	3
Nurture Harmony	1	1	-
PASCAP	<1	-	-
Ramot Rehab	5	3	1
SANCA WC*	11	20	11
Second Chances Restoration	-	-	-
Stikland Neuro D	-	4	4
Sultan Bahu	11	12	16
The Cedars – Cape Manor House	1	1	2
The Redbourne	<1	<1	<1
Toevlug Rehabilitation Centre	5	5	8
Total individuals in treatment (N)	4311	4320	3168

* Includes SANCA George and SANCA Mossel Bay

Slight changes were seen across the types of treatment services that were accessed over the 2023 annual period (Table 3).

TABLE 3: TREATMENT TYPE RECEIVED (WESTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Inpatient	21	21	19
Outpatient	79	77	80
Detox	-	<1	1

In Table 4 'Yes' indicates first-time admissions and 'No' indicates repeat admissions. The proportion of first-time admissions was 62% in this period with the majority of individuals admitted for outpatient/community-based treatment (80%). (See Tables 4 and 5).

TABLE 4: FIRST-TIME ADMISSIONS (WESTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Yes	73	63	62
No	27	37	38

Type of prior treatment comprised of three categories: inpatient, outpatient/community-based and detoxification. Service users could have entered more than one service type over the course of their previous treatment episodes. Service users who indicated that they had entered substance use treatment previously, reported accessing mostly outpatient/community-based services (57%) followed by inpatient services (39%) (Table 5).

TABLE 5: TYPE OF PRIOR TREATMENT (WESTERN CAPE): JAN-DEC 2023

	n	%
Inpatient	383	39
Outpatient	566	57
Detox	36	4

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' (20%), and 'school' (13%). When compared to the previous period, referrals from 'work/employer' had the most notable increase (Table 6).

TABLE 6: REFERRAL SOURCES (WESTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Self/family/friends	49	45	46
Work/employer	8	6	6
Health Professional (doctor/psychiatrist/nurse)	4	3	3
Religious body	<1	1	1
Hospital/clinic	6	4	3
Social services/welfare	18	19	20
Court/correctional services	2	2	2
School	10	15	12
Other e.g., radio	4	6	7

Males (70%) remained the group which mostly accessed treatment compared to females (30%). Almost two-thirds (63%) of the individuals in treatment were unemployed, compared to 19% who were employed either full-time or part-time. Of those who were unemployed, 48% have been unemployed for more than 6 months. The majority of individuals had completed a secondary school-level education (77%), while 9% had tertiary education. Special needs were not reported this annual period. Refer to Table 7.

TABLE 7: POPULATION PROFILE (WESTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
GENDER			
Male	72	73	70
Female	28	27	30
Other	-	<0	-
EMPLOYMENT STATUS			
Working full-time	20	17	13
Working part-time	5	5	6
Unemployed (< 6 months)	19	12	15
Unemployed (> 6 months)	36	43	48
Student/Apprentice/internship	1	1	<1
Learner at school	15	19	16
Pensioner/ Disabled/Stay at home	2	2	2
EDUCATION LEVEL*			
No schooling	<1	<1	<1
Primary	12	13	14
Secondary	80	79	77
Tertiary	8	7	9
Special needs	-	-	-

* Level of education completed

The age of persons in treatment ranged from 10 to 73 years. Individuals in the 30 to 34 and 35 to 39-year age categories (19% respectively) comprised the highest proportion of individuals admitted to treatment compared to other age groups. Twenty-seven percent (27%) of persons accessing treatment in the WC were aged below 25 years with youths aged 15 to 19 years (13%) constituting the majority of young people under 25 years accessing treatment. Following adults between the ages of 30 and 39 years, most admissions were also made among adolescents aged 15 to 19 years (Table 8).

TABLE 8: AGE DISTRIBUTION (WESTERN CAPE)

Age in Years	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%
<10	-	-	2	<1	-	-
10-14	177	4	247	6	194	6
15-19	621	14	665	16	400	13
20-24	450	11	344	9	254	8
25-29	600	14	481	12	378	12
30-34	835	19	811	20	579	19
35-39	701	16	755	18	583	19
40-44	400	9	395	9	364	12
45-49	239	6	195	5	156	5
50-54	119	3	130	3	104	3
55-59	84	2	75	2	64	2
60-64	35	1	32	1	27	1
65+	24	1	20	<1	11	<1

Sixty-three percent (63%) of individuals reported that they had been previously tested for HIV in the last 12 months; this rate increased since 2021. Almost two-thirds (65%) 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	Jan-Dec 2023
	%	%	%
Yes, in last 12 months	52	55	63
Yes, but not in last 12 months	21	18	16
No	19	23	17
Decline to answer	8	4	3
Future HIV testing			
Yes	-	38	65
No	-	62	35

The majority of service users stayed in a permanent abode (74%), followed by shelter (15%). 'Other' categories were not specified (Table 10).

TABLE 10: TYPE OF RESIDENCE (WESTERN CAPE)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Permanent abode	1025	80	1848	74
Temporary abode	79	6	164	7
Shelter	147	12	363	15
Homeless	17	1	51	2
Other	6	<1	56	2

Service users mainly resided with their parents or relatives (59%), followed by 'other' (17%) and their spouses or partners (15%). 'Other' categories were not specified (Table 11).

TABLE 11: WHO DO YOU LIVE WITH (WESTERN CAPE)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Parents/relatives	790	62	1458	59
Spouse/Partners	190	15	374	15
Alone/Independent	110	9	224	9
Other	189	15	421	17

Methamphetamine (32%), cannabis (21%), and alcohol (19%) remained the most common primary substances of use among individuals admitted to specialist treatment centres in the WC. A slight decrease was reported for cannabis, while 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	Jan-Dec 2023
	%	%	%
Alcohol	19	18	19
Cannabis	24	25	21
Cannabis/Mandrax*	7	6	7
Crack/Cocaine	2	2	2
Heroin/Opiatesˆ	11	15	15
OTC/PRE	1	1	1
Methamphetamine ('Tik')	35	32	32
Methcathinone (CAT/KHAT)	<1	<1	<1
Inhalants	<1	<1	<1
Tobacco Products	-	-	1
Ecstasy	-	-	<1
Other	<1	<1	1

* 'White pipe' or Mandrax alone
ˆNyaope 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, 74% of individuals receiving specialist treatment reported smoking their substances while 21% reported swallowing their substances. When alcohol was excluded, 89% reported 'smoking' as their primary mode of use. Only 4% of service users reported that they injected substances (all substance variants). The proportion of individuals who reported injecting heroin/opiates decreased from 34% in 2022 to 22% in the 2023 period (Table 13).

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

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Swallowed	25(8)	20(2)	21(4)
Snorted/Sniffed	1(2)	2(3)	2(2)
Injected	2(2)	5(7)	4(5)
Smoked	71(88)	73(88)	74(89)
Injected Heroin/Opiates	15	34	22

* 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 22% (CAT/KHAT) to 94% (heroin/opiates). The substances that had the highest proportion of individuals reporting daily use were heroin/opiates (94%), followed by OTC/PRE-medicines (84%), other/poly-substance use (73%), cannabis/mandrax (69%), and methamphetamine (61%). Refer to Table 14.

TABLE 14: PRIMARY SUBSTANCE BY FREQUENCY OF USE (WESTERN CAPE) [a]

	Daily		2-6 days per week		Once per week or less often		Not used in the past month	
	%		%		%		%	
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023
Alcohol	51	43	37	38	6	12	6	7
Cannabis	46	51	35	24	10	14	10	11
Cannabis /Mandrax**	78	69	17	18	4	2	3	11
Crack/ Cocaine	49	51	33	24	9	19	9	16
Heroin/Opiatesˆ	96	94	2	2	1	1	2	3
Methamphetamine ('Tik')	64	61	25	21	5	5	6	13
OTC/PRE	81	84	14	9*	6*	3*	0	3*
Methcathinone (CAT/KHAT)	66*	22*	17*	78	0	0	17*	0
Other/Poly-substance use	-	73	-	27	-	0	-	0

* N<5; ** 'White pipe' or Mandrax alone; 1Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

[a] Row % equals 100 for each reporting period

The national mean age of individuals in treatment for this period was 32 years old. Minor changes in age at the time of admission were seen for heroin/opiates (increase in average age from 35 to 38 years) and OTC/PRE (decrease in average age from 40 to 36 years). The current mean age for inhalant use was 39 years (median 41 years). Although the numbers were small, there was a notable increase in mean age for inhalant use from 29 years in the preceding period to 39 years in the current period. Those reporting use of tobacco products had the youngest mean age (15 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	Jan-Dec 2023
Alcohol	36	39	37
Cannabis	24	19	20
Cannabis/Mandrax**	32	34	35
Crack/Cocaine	33	32	32
Heroin/Opiatesˆ	33	35	38
OTC/PRE	35	40	36
Methamphetamine ('Tik')	32	33	34
Inhalants	43*	29	39*
Tobacco Products	-	-	15
Ecstasy	-	-	37
Methcathinone (CAT/KHAT)	30	32	30
Overall mean age	31	31	32

* N<5 ; ** 'White pipe' or Mandrax alone
ˆNyaope 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 and females for crack/cocaine and OTC/PRE is also small compared to other substances. A noteworthy finding is that inhalant use was mostly associated with females (67%) compared males (33%). A considerable increase from 10% in 2022 to 36% in 2023 was also seen for females being admitted for crack/cocaine misuse. Similarly, an increase was noted for methamphetamine (33% to 37%) and cannabis (18% to 21%) admission rates among females. (Table 16).

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

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	M	F	M	F	M	F
	%		%		%	
Alcohol	70	30	67	33	68	32
Cannabis	76	24	82	18	79	21
Cannabis/Mandrax**	78	22	75	25	70	30
Crack/Cocaine	67	33	89	10	64	36
Heroin/Opiatesˆ	75	25	79	21	78	22
OTC/PRE	67	33	61	39	65	35
Methamphetamine ('Tik')	68	31	67	33	63	37
Inhalants	100*	0	100*	0	33*	67*
Tobacco Products	-	-	-	-	61	39
Ecstasy	-	-	-	-	100*	0
Methcathinone (CAT/KHAT)	71	28*	83	17	89	11*

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

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

Cannabis/mandrax (35%) and methamphetamine (25%) were the leading secondary substances of use in the WC. A 2-percentage point decrease in methamphetamine admissions was noted for this review period (Table 17).

TABLE 17: SECONDARY SUBSTANCE OF USE (WESTERN CAPE)

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%
Alcohol	369	16	343	15	252	14
Cannabis	453	19	339	16	277	16
Cannabis/Mandrax*	787	33	791	34	623	35
Crack/Cocaine	85	4	76	3	40	2
Heroin/Opiatesˆ	26	1	17	1	18	1
Ecstasy	10	<1	8	<1	7	<1
OTC/PRE	55	2	38	2	30	2
Methcathinone (CAT/KHAT)	6	<1	5	<1	5	<1
Methamphetamine ('Tik')	561	24	619	27	445	25
Inhalants	1	<1	1	<1	1	<1
Tobacco Products	-	-	-	-	33	2
Ecstasy	10	<1	8	<1	7	<1
Other	22	1	41	2	31	2
TOTAL	2375	100	2278	100	1762	100

* 'White pipe' or Mandrax alone

ˆNyaope 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 (48%), cannabis (31%), cannabis/mandrax (28%), and alcohol (27%) were the three most regularly used primary or secondary substances. Cannabis decreased notably from 40% in 2022 to 31% in the 2023 period. A marginal increase from 24% (2022) to 28% (2023) was seen for cannabis/mandrax (Table 18).

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

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Alcohol	27	26	27
Cannabis	39	40	31
Cannabis/Mandrax*	29	24	28
Crack/Cocaine	4	4	4
Heroin/Opiates*	11	16	15
OTC/PRE	3	2	2
Methcathinone (CAT/KHAT)	<1	<1	<1
Methamphetamine ('Tik')	48	47	48
Tobacco Products	-	-	2
Ecstasy	-	-	<1
Inhalants	<1	<1	<1
Other	1	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 surveillance

Sixty percent (60%) 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		Jan-Dec 2023	
	n	%	n	%	n	%
Primary substance only	1936	47	1984	46	1174	40
Primary +2nd substance	2375	53	2336	54	1762	60
Total no. of patients*	4311	100	4320	100	2936	100

* Number based on individuals reporting primary substance use

'State' (79%) remained the most common source of payment, followed by 'other/combinations (7%), and 'medical aid' (5%). Treatment subsidies through the 'state' increased by 9-percentage points while 'other/combinations' decreased by 8-percentage points (See Table 20).

TABLE 20: SOURCE OF PAYMENT (WESTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Self	1	3	2
Medical Aid	7	5	5
State	85	70	79
Family/friends	3	5	4
Work/employer	<1	1	1
Unknown	1	1	2
Other/combinations	<1	15	7

In the WC, 750 (24%) of individuals reported having a non-communicable disease (NCD), showing a considerable increase from 18% in 2022. The most commonly reported NCD was mental health problems (46%), followed by respiratory diseases (22%) and blood pressure problems (14%) (See Table 21).

TABLE 21: NON-COMMUNICABLE DISEASES (WESTERN CAPE)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Cardiovascular disease	49	5	25	3
Diabetes	47	5	25	3
Respiratory disease	188	19	177	22
Mental health problems	441	45	360	46
Blood pressure problems	158	16	114	14
Liver disease	21	2	16	2
Gastrointestinal disease	68	7	47	6
Hepatitis	3	<1	3	<1
Cancer	-	-	3	<1
Neurological Disorder	1	<1	8	1

The non-medical use of codeine products was indicated in 5% (n=128) of admissions for this review period; 14 (<1%) individuals reported misuse of a second codeine product. (Table 22).

TABLE 22: MODE OF CODEINE USE (WESTERN CAPE)

	Jan-Dec 2022		Jan-Dec 2023	
	1st Product n = 159	2nd Product n = 13	1st Product n = 128	2nd Product n = 14
	%	%	%	%
Swallowed	99	100	96	100
Smoked	-	-	2	-
Snorted/Sniffed	1	-	3	-
Injected	-	-	-	-
Types of products	Cough syrup, Adcodol, Stilpane, Sinutab extra strength,	Cough syrup, Broncleer, Adcodol	Stilpane Adcodol, Benylin, Broncleer, Mybulen, Myprodol	Stilpane Adcodol, Benylin,

The first codeine product was mostly used 'daily' (41%), followed by 'not used in the past month' (22%). Similarly, the second codeine product was mostly used 'daily' (40%), followed by 'not used in the past month' (30%) (Table 23).

TABLE 23: FREQUENCY OF CODEINE USE (WESTERN CAPE)

	Jan-Dec 2022		Jan-Dec 2023	
	1st Product	2nd Product	1st Product	2nd Product
	%	%	%	%
Daily	34	25	41	40*
2-6 days per week	28	50	18	20*
Once per week/less often	18	12.5	18	10*
Not used in the week	20	12.5	22	30*

Use of tobacco products were reported by 2547 (81%) individuals. Cigarettes (92%) was the most commonly reported tobacco product (Table 24).

TABLE 24: TOBACCO PRODUCTS (WESTERN CAPE)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Cigarettes	3176	93	2453	92
Hookah Pipe	187	5	135	5
e-Cigarettes	23	1	76	3
Other	29	1	15	<1

A total of 215 (7%) individuals reported the use alcohol or other substances during their pregnancy. Of the total substances reported, methamphetamine was the most regularly reported substance (67%) (Table 25).

TABLE 25: SUBSTANCE USE DURING PREGNANCY (WESTERN CAPE)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Use during pregnancy	88	7	226	10
Most commonly used substances				
Alcohol	17	19	38	18
Heroin/Opiates	17	19	32	15
Methamphetamine (Tik)	58	66	145	67
Dagga/Mandrax	21	24	42	20
Dagga	-	-	18	8

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 since Jan-Dec 2022 period and onward. This revision was done to align our age categories to the WHO age categorical standards. During this period, 18 substance use treatment centres reported 546 (17%) youths aged 18 and younger being admitted to treatment. The majority of persons 18 years and younger were male (77%) (Table 26).

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

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
GENDER			
Male	80	81	77
Female	20	19	23
Other	-	-	-
EDUCATIONAL LEVEL*			
None	-	<1	1
Primary	27	33	40
Secondary	73	67	59
Any tertiary	<1	<1	-
Special needs	-	-	-

* Level of education completed

Most persons ≤18 years were referred to treatment centres by the 'school' (68%). This was followed by referral from 'social services/welfare' (17%), increasing from 9% in the previous year, while self/family/friends decreased from 18% to 9% (Table 27).

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

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Self/Family/Friends	25	18	9
Work/Employer	<1	-	1
Health professional	2	1	1
Religious body	<1	<1	-
Hospital/Clinic	2	1	1
Social Services/Welfare	17	9	17
Court/Correctional services	1	1	<1
School	53	70	68
Other	2	<1	2

The greatest proportion of young individuals in the WC were treated for the use of cannabis (79%) (Table 28). Primary substances were largely smoked (88%) (Table 29).

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

	Jan-Dec 2021		Jan- Dec 2022		Jan- Dec 2023	
	n	%	n	%	n	%
Alcohol	49	7	20	2	38	8
Cannabis	499	68	753	86	393	79
Cannabis/Mandrax*	36	5	17	2	6	1
Crack /Cocaine	5	1	2	<1	4	1
Heroin/Opiates**	36	5	6	1	-	-
OTC/PRE	5	1	3	<1	2	<1
Inhalants	-	-	1	<1	-	-
Methcathinone ('CAT'/KHAT)	-	-	-	-	1	<1
Methamphetamine ('Tik')	103	14	66	8	26	5
Tobacco Products	-	-	-	-	27	5
Ecstasy	-	-	-	-	-	-
Other	2	<1	3	<1	1	<1
Total	735	100	871	100	498	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	Jan-Dec 20223
	%	%	%
Swallowed	20	5	11
Snorted/Sniffed	<1	1	1
Injected	1	-	-
Smoked	79	95	88

Compared to females, males had the highest rates for treatment admissions across all substances, however, smaller differences were noted between males and females for tobacco product and MA-related admissions. For gender, no cases were reported in the 'other' category for either 2022 or 2023 (Table 30).

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

	Jan-Dec 2022			Jan-Dec 2023		
	M	F	O	M	F	O
	%			%		
Alcohol	70	30	-	71	29	-
Cannabis	82	18	-	81	19	-
Cannabis/Mandrax**	76	24*	-	83	17	-
Crack/Cocaine	100*	0	-	100*	0	-
Heroin/Opiatesˆ	83	17*	-	-	-	-
Inhalants	100*	0	-	-	-	-
Methamphetamine ('Tik')	76	24	-	69	31	-
OTC/PRE	67	33	-	100*	0	-
Methcathinone ('CAT'/KHAT)	-	-	-	100*	0	-
Tobacco Products	-	-	-	67	33	-
Ecstasy	-	-	-	-	-	-
Other	-	-	-	100*	0	-

* N<5; **'White pipe' or Mandrax alone
ˆ Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Alcohol (46%), cannabis (21%), methamphetamine (10%), and tobacco products (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 2022		Jan-Dec 2023	
	n	%	n	%
Alcohol	141	54	92	46
Cannabis	35	13	42	21
Cannabis/Mandrax**	25	9	10	5
Crack/Cocaine	7	3	4	2
Heroin/Opiatesˆ	1	<1	1	<1
Inhalants	1	<1	1	<1
OTC/PRE	12	4	9	5
Methcathinone ('CAT'/KHAT)	-	-	-	-
Methamphetamine ('Tik')	34	13	19	10
Tobacco Products	-	-	18	9
Ecstasy	-	-	-	-
Other	11	4	3	2
Total	269	100	199	100

** 'White pipe' or Mandrax alone
ˆNyaope 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

Data was collected from 28 specialist treatment centres during the review period January to December 2023. A total of 13629 individuals were treated during this period (Table 32).

TABLE 32: PROPORTION OF TREATMENT EPISODES (GAUTENG)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
CoJ Eldorado Park	-	<1	<1
CoJ Joubert Park	-	-	-
CoJ Poortjie	-	<1	-
CoJ Tladi	<1	-	<1
CoJ Davidsonville	-	-	<1
CoJ Westbury	<1	1	<1
Empilweni Tx Centre	<1	-	<1
Dr Fabian Ribeiro Tx Centre	2	1	1
Fetoga Rehabilitation	<1	-	-
Freedom Recovery	1	1	1
Hope for the Hopeless	<1	<1	-
House of Mercy	1	2	2
Ithemba Clinic	3	3	3
Jamela Tx centre	1	-	-
Life Nkanyisa Randfontein	7	7	20
Life Nkanyisa Witpoort	2	3	7
Makukhanye Alcohol & Drug Centre	1	-	-
Merafong Anti-Substance Abuse Centre (MASAC)	1	-	-
Mighty Wings	-	-	-
Open Disclosure Foundation	1	1	1
SANCA Castle Carey	6	6	4
SANCA Central Rand	23	18	20
SANCA Eastern Gauteng	3	9	7
SANCA Elim Clinic	3	5	4
SANCA Greater Heidelberg	2	2	2
SANCA Horizon Clinic	4	4	3
SANCA Johannesburg	-	-	<1
SANCA Nishtara	4	4	3
SANCA Palm Ridge Clinic	1	-	-
SANCA Soweto	9	8	5
SANCA Stabilis	4	3	3
SANCA Thusong	4	2	2
SANCA Vaal Triangle	2	4	2
SANCA Wedge Gardens	2	1	1

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Sithuthukisa Bonke Crisis Centre	<1	1	1
Sukuma Sakhe Development	<1	<1	-
Toughest Young Minds	1	-	-
Westview Clinic	12	13	8
Youth Revival	-	-	<1
Total individuals in treatment (N)	13966	12053	13629

For the current review period, the proportion of persons treated at outpatient/community-based and inpatient substance use treatment centres were 47% and 45% respectively. See Table 33.

TABLE 33: TYPE OF TREATMENT RECEIVED (GAUTENG)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Inpatient	46	38	45
Outpatient/Community-based	54	59	47
Detox	-	3	8

Seventy-eight percent (78%) of individuals were admitted to treatment for the first-time, showing a decrease from 85% in the previous period (Table 34).

TABLE 34: FIRST-TIME ADMISSIONS (GAUTENG)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Yes	71	85	78
No	29	15	22

Of those (22%) who had been previously admitted to treatment, most had accessed inpatient services (30%), followed by outpatient/community-based services (19%) (Table 35).

TABLE 35: TYPE OF PRIOR TREATMENT (GAUTENG)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Inpatient	105	37	832	54
Outpatient/Community-based	158	57	532	35
Detox	16	6	163	11

Although 'self/family/friends' decreased from 63% in 2022 to 47% in 2023, it remained the most common source of referral, followed by 'social services/welfare' (increasing from 20% in 2022 to 35% in 2023), and 'school' (10%) (Table 36).

TABLE 36: REFERRAL SOURCES (GAUTENG)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Self/family/friends	67	63	47
Work/employer	3	3	2
Doctor/psychiatrist/nurse (health professional)	1	2	1
Religious body	2	1	<1
Hospital/clinic	1	1	1
Social services/welfare	18	20	35
Court/correctional services	1	1	1
School	6	9	10
Other, e.g., radio	<1	<1	<1

Over the last review periods, very little change has been noted in the demographic profile of persons admitted to treatment in Gauteng. Sixty-three percent (63%) of persons in this cohort were unemployed for more than 6 months, increasing from 59% in 2022. Most services users reported having a secondary school education level (91%) (Table 37).

TABLE 37: POPULATION PROFILE (GAUTENG)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
GENDER			
Male	89	87	88
Female	11	13	12
Other	-	<1	<1
EMPLOYMENT STATUS			
Working full-time	10	11	9
Working part-time	2	2	1
Unemployed (< 6 months)	9	7	8
Unemployed (> 6 months)	60	59	63
Student/Apprentice/internship	2	2	2
Learner at school	17	18	16
Pensioner/ Disabled/Stay at home	1	1	1
EDUCATION LEVEL*			
No schooling	<1	1	<1
Primary	5	5	5
Secondary	90	90	91
Tertiary	5	5	4
Special needs	-	<1	-

* Level of education completed

The age of persons in treatment ranged between 9 and 79 years, with an overall mean age of 29 years, increasing from 27 years in 2022. For this review period, the largest proportion of individuals in treatment were aged 25-29 years (19%), followed by those aged 30-34 years (18%) and 15-19 years (18%) (Table 38).

TABLE 38: AGE DISTRIBUTION (GAUTENG)

Years	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%
<10	22	<1	2	<1	3	<1
10-14	988	7	336	3	374	3
15-19	3253	23	2411	20	2396	18
20-24	2198	16	2275	19	2308	17
25-29	2347	17	2331	19	2613	19
30-34	2406	17	2002	17	2507	18
35-39	1332	10	1302	11	1706	13
40-44	591	4	599	5	879	6
45-49	363	3	345	3	433	3
50-54	186	1	208	2	208	2
55-59	104	1	106	1	88	1
60-64	60	<1	58	<1	55	<1
65+	35	<1	60	1	48	<1

The overall HIV-testing rate was 66%, increasing from 57% in 2022, with 43% of individuals admitted to treatment indicating that they had been tested for HIV in the past 12 months. A considerable proportion of persons (29%) indicated that they had not been tested for HIV. Thirty-six (36%) of service users indicated that would like future HIV testing (Table 39).

TABLE 39: HIV TESTING (GAUTENG)

Tested for HIV	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Yes, in past 12 months	39	37	43
Yes, but not in past 12 months	16	20	23
No	35	35	29
Decline to answer	10	8	4
Future HIV testing			
Yes	-	34	36
No	-	66	64

The majority of service users lived in a permanent abode (89%) (Table 40). Service users mostly resided with their parents or relatives (82%) (Table 41).

TABLE 40: TYPE OF RESIDENCE (GAUTENG)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Permanent abode	2898	91	7002	89
Temporary abode	176	6	529	8
Shelter	61	2	261	3
Homeless	39	1	74	1
Other	7	<1	8	<1

TABLE 41: WHO DO YOU LIVE WITH (GAUTENG)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Parents/Relatives	2509	81	6423	82
Spouse/Partners	351	11	622	8
Alone/Independent	220	7	512	6
Other	28	1	322	4

The most common primary substance of use in Gauteng during the January-December 2023 period was cannabis (32%). This was followed by methamphetamine (25%), heroin/opiates (18%), and alcohol (12%). These four most used substances were consistent over the last three years (Table 42).

TABLE 42: PRIMARY SUBSTANCE OF USE (GAUTENG)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Alcohol	10	13	12
Cannabis	29	33	32
Cannabis/Mandrax**	3	3	3
Crack/Cocaine	3	2	2
Heroin/Opiatesˆ	27	17	18
Ecstasy	<1	<1	<1
OTC/PRE	1	1	1
Methcathinone ('CAT'/KHAT)	7	6	6
Methamphetamine ('Tik')	19	23	25
Inhalants	1	<1	1
Tobacco Products	-	-	1

** 'White pipe' or Mandrax alone

ˆNyaope 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 (73%) 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 increased slightly from 4% in 2022 to 6% in 2023. Of service users who reported heroin/opiates as their primary substance of use, 30% reported injecting as their primary mode of use, steadily increasing since 2021. Refer to Table 43.

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

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Swallowed	15(6)	14(2)	14(2)
Snorted/Sniffed**	7(8)	8(9)	7(8)
Smoked	72(80)	74(84)	73(84)
Injected	5(6)	4(5)	6(7)
Injected Heroin/Opiates	19	23	30

() Figures exclude alcohol

** Included with snorted are sniffed and inhaled

The majority (77%) 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 and cannabis/mandrax (84% respectively), and cannabis (81%) (Table 44).

TABLE 44: PRIMARY SUBSTANCE BY FREQUENCY OF USE (GAUTENG)[a]

	Daily		2-6 days per week		Once per week or less often		Not used in the past month	
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023
	%		%		%		%	
Alcohol	68	71	25	20	4	6	3	2
Cannabis	79	81	15	14	3	4	3	1
Cannabis/Mandrax**	79	84	18	14	<1*	2	3	<1
Crack/ Cocaine	75	69	18	24	3	6	4	0
Heroin/Opiatesˆ	97	97	3	2	<1*	<1	<1	<1
Methamphetamine ('Tik')	64	63	29	30	4	5	3	1
OTC/PRE	87	84	12	7	0	7	1*	2
Methcathinone (CAT/KHAT)	60	66	30	26	4	7	6	1

[a] Row % equals 100 for each reporting period

* N<5

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

** 'White pipe' or Mandrax alone

The overall mean age for this annual period was 29 years old. By substance, the mean age for individuals admitted to treatment in Gauteng ranged from 24 years (tobacco products) to 33 years (crack/cocaine). The mean age for cannabis/mandrax increased from 28 years in 2022 to 31 years in 2023 There was also a notable increase for inhalant use from 22 years in 2022 to 31 years in 2023; decreases were seen for both ecstasy (from 40 years in 2022 to 26 years in 2023) and OTC/PRE-medicines (from 40 years in 2022 to 35 years in 2023) (Table 45).

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

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
Alcohol	38	39	38
Cannabis/Mandrax**	28	31	31
Cannabis	25	23	23
Crack/Cocaine	29	32	33
Heroin/Opiatesˆ	28	31	32
Ecstasy	31	40	26
Methcathinone (CAT/KHAT)	27	27	28
Methamphetamine ('Tik')	25	26	28
Inhalants	15	22	31
OTC/PRE	39	40	35
Tobacco Products	-	-	24
Overall mean age	27	28	29

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

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

A 11-percentage point decline was reported for OTC/PRE-related admissions among females from 55% in 2022 to 44% in 2023 (Table 46).

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

	Jan-Dec 2022			Jan-Dec 2023		
	M	F	O	M	F	O
	%			%		
Alcohol	79	21	-	79	21	-
Cannabis	89	11	-	89	11	<1
Cannabis/Mandrax**	86	14	-	91	9	-
Crack/Cocaine	89	11	-	88	12	-
Heroin/Opiatesˆ	91	9	-	94	6	-
OTC/PRE	45	55	-	56	44	-
Methcathinone (CAT/KHAT)	88	12	-	87	13	-
Inhalants	80	20	-	77	23	-
Methamphetamine ('Tik')	87	13	-	88	12	-
Tobacco products	-	-	-	83	17	-

* N<5; **'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Cannabis (24%), methamphetamine (21%) and cannabis/mandrax (18%) were the most common secondary substances of use (Table 47).

TABLE 47: SECONDARY SUBSTANCE OF USE (GAUTENG)

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%
Alcohol	534	8	546	9	583	8
Cannabis	2268	33	1731	28	1656	24
Cannabis/Mandrax*	656	9	728	12	1250	18
Crack/Cocaine	548	8	366	6	459	7
Heroin/Opiates**	687	10	485	8	556	8
OTC/PRE	132	2	107	2	114	2
Methcathinone (CAT/KHAT)	619	9	546	9	537	8
Methamphetamine ('Tik')	1261	18	1396	22	1472	21
Inhalants	32	<1	19	<1	12	<1
Other	188	3	295	5	222	3
Ecstasy	-	-	-	-	10	<1
Tobacco Products	-	-	-	-	174	2
TOTAL	6912	100	6219	100	7045	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 (44%), MA (36%), and heroin/opiates (22%), were the three substances predominantly used as primary or secondary substances. A slight increase was noted for cannabis/mandrax (from 9% in 2022 to 12% in 2023) and a decrease in cannabis (decreasing from 48%in 2022 to 44% in 2023). Overall use for all the other substances remained fairly similar (Table 48).

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

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%
Alcohol	1889	14	2055	17	2220	16
Cannabis	6298	45	5720	48	6000	44
Cannabis/Mandrax*	1020	7	1046	9	1602	12
Crack/Cocaine	969	7	601	5	678	5
Heroin/Opiates**	4489	32	2552	21	2988	22
OTC/PRE	254	2	230	2	244	2
Methcathinone (CAT/KHAT)	1601	11	1247	10	1378	10
Methamphetamine ('Tik')	3892	28	4224	35	4833	36
Inhalants	192	1	70	1	98	1
Tobacco products	-	-	-	-	257	2
Ecstasy	-	-	-	-	16	<1
Other	217	2	502	4	258	2

* 'White pipe' or Mandrax alone

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

Forty-eight percent (48%) 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		Jan-Dec 2023	
	n	%	n	%	n	%
Primary substance only	7084	51	5821	48	6482	48
Primary +2nd substance	6912	49	6219	52	7045	52
Total no. of individuals	13996	100	12040	100	13527	100

'State' remained the main source of payment (71%). See Table 50.

TABLE 50: SOURCES OF PAYMENT (GAUTENG)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
State	62	69	71
Medical Aid	7	9	7
Family/friends	10	6	5
Employer	<1	1	1
Self	3	2	2
Other	1	1	1
Unknown	17	13	13

In Gauteng province, 1104 (8%) persons reported being diagnosed with a non-communicable (NCD) disease at the time of admission. The most reported NCD was mental health (56%) (Table 51).

TABLE 51: NON-COMMUNICABLE DISEASES (GAUTENG)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Cardiovascular disease	65	5	62	4
Diabetes	52	4	43	3
Respiratory disease	163	14	184	13
Mental health problems	599	51	761	56
Blood pressure issues	173	22	151	11
Liver disease	23	2	46	3
Gastrointestinal disease	94	8	95	7
Hepatitis	4	<1	5	<1
Cancer	3	<1	2	<1
Neurological Disorder	3	<1	74	5

A total of 771 (8%) individuals receiving treatment indicated the non-medical use of codeine-containing products, with 146 (1%) of those individuals also reporting a second product of misuse (Table 52).

TABLE 52: MODE OF CODEINE USE (GAUTENG)

	Jan-Dec 2022		Jan-Dec 2023	
	1st product n =792	2nd product n =34	1st product n =771	2nd product n =146
	%	%	%	%
Swallowed	82	97	95	90
Smoked	18	3	4	7
Snort/Sniff	1	-	<1	1
Injected	1	-	-	<1
Main selected types of products	Cough syrup, Adcodol, Stilpane, Sinutab extra strength	Cough syrup, Broncleer, Adcodol	Cough syrup, Benylin, Adcodol, Stilpane, Coughcod	Cough syrup, Broncleer, Adcodol, Stilpane

The first codeine product was mostly used on a daily basis (57%), followed by 2-6 days per week (19%). The second codeine product was predominantly used daily (44%), followed by once per week (25%) (Refer to Table 53).

TABLE 53: FREQUENCY OF CODEINE USE (GAUTENG)

	Jan-Dec 2022		Jan-Dec 2023	
	1st Product	2nd Product	1st Product	2nd Product
	%	%	%	%
Daily	59	50	57	44
2-6 days per week	16	13	19	23
Once per week/less often	14	27	13	25
Not used in the week	11	10	12	8

Use of tobacco products were reported by 77% of individuals. Of those reporting use of tobacco products, most reported use of cigarettes (96%) (Table 54).

TABLE 54: TOBACCO PRODUCTS (GAUTENG)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Cigarettes	8858	87	10039	93
Hookah Pipe	734	7	646	6
e-cigarettes	16	<1	69	1
Other	126	4	23	<1
Chewable tobacco	13	<1	-	-
Snuff	21	<1	-	-
Pipe	12	<1	-	-

During this annual period, only 1% (n = 84) of service users reported having used alcohol or other substances during their pregnancy. The most reported substances used during pregnancy was methamphetamine (Table 55).

TABLE 55: SUBSTANCE USE DURING PREGNANCY (GAUTENG)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Use during pregnancy	42	1	84	1
List of most used substances reported				
Methamphetamine (Tik)	19	1	38	<1
Dagga	10	<1	9	<1
Alcohol	8	<1	12	<1
Mandrax	8	<1	3	<1
CAT/KHAT	6	<1	8	<1
Heroin/Opiates	4	<1	8	<1

DATA ON INDIVIDUALS 18 YEARS AND YOUNGER

The rate of admission for service users ≤18 years was 17% (n = 2333). The predominant profile of individuals admitted for treatment were males (85%) who had completed a secondary school education (84%) (Table 56).

TABLE 56: PROFILE OF INDIVIDUALS ≤18 YEARS (GAUTENG)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
GENDER			
Male	89	86	85
Female	11	14	15
Other	0	<1	<1
EDUCATION LEVEL*			
None	<1	<1	<1
Primary	11	13	15
Secondary	88	86	84
Any tertiary	1	<1	<1
Special needs	-	<1	-

* Level of education completed

Comparable to previous periods, a higher proportion of individuals ≤18 years and younger were referred to treatment centres by 'school' (54%), 'self/family/friends' (33%) and 'social services/welfare' (10%). Referral through the school system has shown a consistent incline since 2021. Refer to Table 57.

TABLE 57: REFERRAL SOURCES FOR INDIVIDUALS ≤18 YEARS (GAUTENG)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Self/Family/Friends	54	45	33
Work/Employer	1	<1	<1
Health professional	1	1	<1
Religious body	1	<1	<1
Hospital/Clinic	1	1	<1
Social Services/Welfare	19	10	10
Court/Correctional services	1	2	1
School	22	41	54
Other	<1	<1	<1

Cannabis remained the most common primary substance of use among young individuals (80%) (Table 58).

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

	Jan-Dec 2021		Jan- Dec 2022		Jan- Dec 2023	
	n	%	n	%	n	%
Alcohol	115	3	20	2	101	4
Cannabis	1706	49	753	86	1851	80
Cannabis/Mandrax*	59	2	17	2	38	2
Crack/Cocaine	46	1	2	<1	11	<1
Heroin/Opiates**	550	16	6	1	13	1
OTC/PRE	9	<1	3	<1	36	2
Inhalants	132	4	1	<1	9	<1
Methcathinone ('CAT'/KHAT)	134	4	-	-	43	2
Methamphetamine ('Tik')	684	20	66	8	167	7
Tobacco products	-	-	-	-	48	2
Ecstasy	-	-	-	-	1	<1
TOTAL	3467	100	871	100	2322	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 (90%) 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	Jan-Dec 2023
	%	%	%
Swallowed	32	5	7
Smoke	57	91	90
Snorted/Sniffed	9	4	2
Injected	3	<1	<1

Across all substance categories, the majority of individuals 18 years and younger admitted to treatment were males. There were a few notable changes in percentages this period. The proportion of females accessing treatment for heroin/opiates use decreased from 26% in the 2022 period to 15% in the 2023 period. Cannabis/mandrax use increased from 11% to 26% and OTC/PRE-medication use from 22% in 2022 to 31% in 2023. Although the numbers are low, there was an increase in proportion of females reporting crack/cocaine as a primary substance of use (Table 60).

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

	Jan-Dec 2022			Jan-Dec 2023		
	M	F	O	M	F	O
	%			%		
Alcohol	71	29	-	70	30	-
Cannabis	87	13	<1*	86	14	<1
Cannabis/Mandrax**	89	11*	-	84	16	-
Crack/Cocaine	91	9*	-	64	36*	-
Heroin/Opiatesˆ	74	26	-	85	15	-
Inhalants	84	16*	-	89	11*	-
OTC/PRE	78	22*	-	69	31	-
Methcathinone ('CAT'/KHAT)	90	10*	-	86	14	-
Methamphetamine('Tik')	81	19	-	83	17	-
Tobacco products	-	-	-	83	17	-

* N<5; ** 'White pipe' or Mandrax alone; ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance;

Alcohol (24%), cannabis (24%), methamphetamine (16%), and tobacco products (12%) were the most common secondary substances of use among youths aged 18 years and younger. An increase was seen in alcohol use from 17% in 2022 to 24% in 2023 while decreases were noted for both cannabis use (30% in 2022 to 24% in 2023) and methamphetamine use (26% in 2022 to 16% in 2023) (Table 61).

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

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%
Alcohol	142	10	156	17	162	24
Cannabis	518	36	274	30	158	24
Cannabis/Mandrax*	92	6	54	6	42	6
Crack/Cocaine	47	3	5	1	4	1
Heroin/Opiates**	69	5	8	1	9	1
Inhalants	18	1	6	1	9	1
OTC/PRE	46	3	50	6	43	6
Methcathinone ('CAT'/KHAT)	143	10	78	9	43	6
Methamphetamine ('Tik')	283	20	234	26	110	16
Tobacco products	-	-	-	-	80	12
Other	72	5	36	4	6	1
TOTAL	1433	100	901	100	668	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

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Data in the Northern region was collected from 1177 service users across 10 treatment centres in the Mpumalanga and Limpopo provinces. In Mpumalanga, data was collected from 1001 service users across 8 treatment centres, and in Limpopo, data was collected from 176 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 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%	%	%	%
Bread of Life	1	1	-	-	-	-
Healing Wings	-	1	-	-	-	-
Healing Wings (Youth)	-	-	-	-	-	-
MARC (Inpatient)	9	9	6	-	-	-
MARC (Outpatient)	-	-	-	-	-	-
Nkangala Centre	2	7	5	-	-	-
PACE Rehab	2	1	1	-	-	-
Swartfontein	-	4	12	-	-	-
SANCA Witbank	49	41	26	-	-	-
SANCA Lowveld	33	28	40	-	-	-
SANCA Thembisile	3	7	10	-	-	-
Centre of Hope	-	-	-	-	-	-
Jahara Centre	-	-	-	-	-	-
SANCA Far North (Polokwane)	-	-	-	-	-	-
SANCA Limpopo	-	-	-	99	82	51
Seshego Centre	-	-	-	1	18	49
Total individuals in treatment (N)	1657	1809	1001	545	209	176

Table 63 shows that service users in Mpumalanga (80%) mostly access outpatient/community-based services; Limpopo had equal proportions of service users treated on an inpatient and outpatient/community-based basis.

TABLE 63: TYPE OF TREATMENT RECEIVED (NORTHERN REGION)

	Mpumalanga			Limpopo		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%	%	%	%
Inpatient	12	17	20	1	18	50
Outpatient/Community-based	88	83	80	99	82	50
Detox	-	-	<1	-	-	-

In Table 64 'Yes' indicates a first-time admission and 'No' indicates a repeat admission. First-time admissions made the majority of admissions in both provinces. In Mpumalanga, the number of repeat admissions increased from 7% in 2022 to 12% in 2023. In Limpopo, a 7-point percentage increase was seen in those being readmitted to treatment.

TABLE 64: FIRST-TIME ADMISSIONS (NORTHERN REGION)

	Mpumalanga			Limpopo		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%	%	%	%
Yes	83	93	88	99	97	90
No	17	7	12	1	3	10

In Mpumalanga, most service users mainly reported the use of outpatient/community-based services (55%), whereas all service users in Limpopo reported use of inpatient services (100%) (Table 65).

TABLE 65: TYPE OF PRIOR TREATMENT (NORTHERN REGION)

	Mpumalanga				Limpopo			
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%	n	%
Inpatient	301	56	19	17	38	6	17	100
Outpatient/Community-based	369	-	62	55	172	94	-	-
Detox	-	44	1	<1	-	-	-	-

The most common source of referral to specialist treatment centres in both provinces was 'self/family/friends' with 47% in Mpumalanga and 75% in Limpopo. In Mpumalanga, the second most common referral source was 'social services' (23%), while 'school' (16%) 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 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%	%	%	%
Self/family/friends	68	50	47	67	57	75
Work/employer	11	10	9	14	4	2
Doctor/psychiatrist/nurse (health professional)	2	1	2	<1	-	<1
Religious body	1	1	2	<1	-	-
Hospital/clinic	1	2	1	<1	-	<1
Social services/welfare	10	18	23	4	16	4
Court/correctional services	1	2	1	1	-	2
School	5	9	16	13	23	16
Other e.g., radio	<1	<1*	<1	0	-	-

* N<5

Males dominated access to treatment in both provinces (88% in Mpumalanga and 91% in Limpopo). In both provinces, the majority of individuals accessing treatment were unemployed (54% Mpumalanga and 65% Limpopo) and had a secondary school education (Refer to Table 67).

TABLE 67: POPULATION PROFILE (NORTHERN REGION)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
GENDER			
Male	89	94	88
Female	11	6	12
Other	-	-	-
EMPLOYMENT STATUS			
Working full-time	18	12	14
Working part-time	4	<1*	3
Unemployed (< 6 months)	8	10	10
Unemployed (> 6 months)	49	46	46
Student/Apprentice/internship	2	5	2
Learner at school	17	27	22
Pensioner/ Disabled/Stay at home	2	-	2
EDUCATION LEVEL*			
No schooling	<1*	-	<1
Primary	6	3	7
Secondary	86	83	85
Tertiary	7	14	7
Special needs	-	-	-

* Level of education completed

In Mpumalanga, a notable increase in admissions for services users aged 15-19 was seen in 2023, whereas the other age categories remained fairly stable. Limpopo saw notable increases among service users aged 25-29 years (23% in 2022 to 30% in 2023) and 30-34 years (11% in 2022 to 22% in 2023) (Table 68).

TABLE 68: AGE DISTRIBUTION (NORTHERN REGION)

	Mpumalanga				Limpopo			
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%	n	%
<10	-	-	-	-	-	-	-	-
10-14	38	2	11	3	4	2	1	<1
15-19	314	17	231	23	54	26	38	22
20-24	327	18	156	16	39	19	30	18
25-29	385	21	186	19	48	23	52	30
30-34	320	18	174	16	23	11	38	22
35-39	215	12	127	13	20	10	12	7
40-44	90	5	51	5	13	6	4	2
45-49	43	2	16	2	2	1	1	<1
50-54	46	3	24	2	1	<1	-	-
55-59	13	1	5	<1	2	1	-	-
60-64	10	1	7	1	-	-	-	-
65+	4	<1	-	-	-	-	-	-

In Mpumalanga, 60% of individuals indicated that they had ever been tested for HIV, while in Limpopo, 63% reported that they had been tested for HIV. In Limpopo a significant increase was seen for those reporting they had ever been tested for HIV (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 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%	%	%	%
Yes, in past 12 months	43	49	40	1	12	35
Yes, but not in past 12 months	24	18	20	<1	5	28
No	31	31	35	6	10	18
Decline to answer	2	3	5	93	73	19
Future HIV testing						
Yes	-	63	45	-	18	47
No	-	37	55	-	82	53

Most service users reported living in a permanent abode (85% Mpumalanga and 96% Limpopo) (Table 70).

TABLE 70: TYPE OF RESIDENCE (NORTHERN REGION)

	Mpumalanga				Limpopo			
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%	n	%
Permanent abode	506	89	687	85	34	97	169	96
Temporary abode	38	7	86	11	1	3	7	4
Shelter	5	1	20	2	-	-	-	-
Homeless	5	1	18	2	-	-	-	-
Other	12	2	1	<1	-	-	-	-

Service users mainly reported living with their parents/relatives (78% Mpumalanga and 93% Limpopo) (Table 71).

TABLE 71: WHO DO YOU LIVE WITH (NORTHERN REGION)

	Mpumalanga				Limpopo			
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%	n	%
Parents/relatives	423	75	632	78	30	86	163	93
Spouse/Partners	68	12	86	11	5	14	8	5
Alone/Independent	55	10	84	10	-	-	5	3
Other	19	3	10	1	-	-	-	-

In Mpumalanga, cannabis (32%) was the most common primary substance of use reported by individuals receiving treatment, followed by alcohol (25%), which increased from 15% in 2022. Heroin/Opiates decreased from 33% in 2022 to 23% in 2023. In Limpopo, cannabis (49%) was the leading primary substance of use, followed by heroin/opiates (26%), and alcohol (6%), which decreased from 14% in 2022 (See Table 72).

TABLE 72: PRIMARY SUBSTANCE OF USE (NORTHERN REGION)

	Mpumalanga			Limpopo		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%	%	%	%
Alcohol	16	15	25	14	14	6
Cannabis	36	35	32	41	54	49
Cannabis/Mandrax**	1	<1*	2	-	-	1
Crack/Cocaine	4	6	8	<1*	-	1
Methcathinone ('CAT/KHAT')	2	2	1	1	<1*	6
Heroin/Opiates^	35	33	23	31	26	26
Inhalants	1	<1*	1	2	-	<1
OTC/ PRE	1	1	1	1*	<1*	<1
Methamphetamine ('Tik')	6	7	5	10	6	8
Tobacco Products	-	<1*	2	-	-	2
Other substances/poly-substances	<1	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 (69%). When alcohol was excluded, 88% reported smoking as their primary mode of use. Only 5% 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 11% to 17%) (Table 73).

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

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Swallowed	25(12)	17(2)	24(3)
Snorted/Sniffed	4(4)	2(3)	3(3)
Smoked	69(81)	78(91)	69(88)
Injected	2(2)	3(4)	4(5)
Injected Heroin	4	11	17

Figures in brackets exclude alcohol

Most individuals reported that they used their primary substances on a daily basis, however alcohol was mostly used 'once per week or less often'. The substances with the highest reported daily use were heroin/opiates (95%) and cannabis/mandrax (89%) (Table 74).

TABLE 74: PRIMARY SUBSTANCE BY FREQUENCY OF USE (NORTHERN REGION)[a]

	Daily		2-6 days per week		Once per week or less often		Not used in the past month	
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023
	%		%		%		%	
Alcohol	38	31	39	26	13	33	10	10
Cannabis	56	63	25	19	11	14	7	4
Cannabis/Mandrax**	67*	89	-	11*	-	-	33*	-
Crack/ Cocaine	63	71	21	16	6	10	10	3*
Heroin/Opiates^	97	95	3	4	<1	-	<1	1*
Methamphetamine ('Tik')	61	59	26	24	7	10	8	7
OTC/PRE	92	75	8	-	-	12	-	13
Methcathinone ('CAT'/KHAT)	23	55	40	23	17	18*	20	5*
Tobacco products	-	91	-	4*	-	4*	-	-

[a] Row % equals 100 for each reporting period

* 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 alcohol admissions decreased from 36 to 31 years. Methamphetamine admissions increased from 25 years to 30 years. 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 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
Alcohol	35	36	31	32	33	31
Cannabis	25	24	23	24	23	24
Cannabis/Mandrax**	27	29*	25	-	-	31
Crack/Cocaine	30	29	29	27*	-	29*
Methcathinone ('CAT'/KHAT)	30	28	28	25	26*	26
Heroin/Opiates^	28	30	30	27	29	29
Inhalants	26	27*	26	20	-	27*
OTC/ PRE	44	39	38	25*	58*	22*
Methamphetamine ('Tik')	28	25	30	25	27	27
Tobacco products	-	-	26	-	-	23*
Overall mean age	28	28	28	26	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

More males were admitted for substance use in Mpumalanga for all substance categories except OTC/PRE-medication use. In Limpopo, more males than females were admitted for all substances (Table 76).

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

	Mpumalanga				Limpopo			
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023	
	M	F	M	F	M	F	M	F
	%	%	%	%	%	%	%	%
Alcohol	83	17	84	16	93	7*	60	40*
Cannabis	91	9	91	9	95	5	92	8
Cannabis/Mandrax**	67*	33*	96	4*	-	-	100*	0
Crack/ Cocaine	82	18	87	13	-	-	100*	0
Heroin/Opiates^	94	6	91	9	100	0	93	7*
Inhalants	25*	75*	78	22*	-	-	100*	0
OTC/ PRE	54	46	28*	71	0	100*	100*	0
Methcathinone ('CAT/KHAT')	93	7*	92	8*	0	100*	90	10*
Methamphetamine ('Tik')	77	23	72	28	83	17*	93	7*
Tobacco products	-	-	90	10*	-	-	100*	

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

Cannabis (29%), heroin/opiates (23%), and methamphetamine (10%) were the most common secondary substances of use. Admissions for alcohol decreased from 14% in 2022 to 9% in 2023 while cannabis admissions increased from 23% in 2022 to 29% in the current period (Table 77).

TABLE 77: SECONDARY SUBSTANCE OF USE (NORTHERN REGION)

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%
Alcohol	334	28	147	14	57	9
Cannabis	343	29	252	23	186	29
Cannabis/Mandrax**	16	1	19	2	21	2
Crack/Cocaine	99	8	177	16	69	11
Heroin/Opiatesˆ	205	17	252	23	149	23
OTC/PRE	10	1	8	1	6	1
Methcathinone (CAT/KHAT)	23	2	21	2	19	3
Methamphetamine ('Tik')	107	9	121	11	66	10
Inhalants	10	1	12	1	11	2
Tobacco products	-	-	-	-	55	9
Ecstasy	-	-	-	-	1	<1
Other	28	2	75	7	2	<1
TOTAL	1188	100	1084	100	642	100

** 'White pipe' or Mandrax alone

ˆNyaope 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 (61%), heroin/opiates (45%) and MA (21%) 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		Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	567	34	409	23	294	29	103	19	35	16	20	11
Cannabis	771	47	857	47	481	48	384	70	140	67	108	61
Cannabis/Mandrax**	20	1	21	1	41	4	6	1	1	<1	7	4
Crack/Cocaine	149	9	284	16	138	14	21	4	4	2	11	6
Methcathinone ('CAT/KHAT')	42	3	46	3	23	2	16	3	5	2	20	11
Heroin/Opiatesˆ	724	44	809	45	348	35	229	42	92	44	79	45
Inhalants	20	1	14	1	18	2	13	2	2	1	3	2
OTC/ PRE	20	1	21	1	13	1	5	1	1	<1	1	<1
Methamphetamine ('Tik')	129	8	199	11	97	10	124	23	62	30	37	21
Tobacco products	-	-	-	-	70	7	-	-	-	-	8	5

* 'White pipe' or Mandrax alone

ˆNyaope 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 polysubstance use (Table 79).

TABLE 79: POLYSUBSTANCE USE (NORTHERN REGION)

	Mpumalanga			Limpopo		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%	%	%	%
Primary substance only	49	48	48	35	33	33
Primary +2nd substance	51	52	52	65	67	67
Total no. of individuals	1657	1809	1001	545	210	176

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' (17%). In Limpopo province, 'state' was the leading source of payment (57%), followed by 'family/friends' (39%) (Table 80).

TABLE 80: SOURCE OF PAYMENT (NORTHERN REGION)

	Mpumalanga			Limpopo		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%	%	%	%
State	21	42	41	19	18	57
Medical aid	2	1	<1	-	<1	-
Family/Friends	38	34	36	70	74	39
Employer	3	1	4	3	1	<1
Self	36	21	17	9	6	3
Unknown	1	<1	1	-	-	-

In the Northern region, 79 (7%) individuals admitted to treatment reported diagnosis of a non-communicable disease (NCD). This has remained unchanged since 2022 (7%). In Mpumalanga (7%) and in Limpopo (4%) of services users reported a non-communicable disease. In Mpumalanga the most reported NCD was mental health problems (38%) while in Limpopo, mental health was the only reported NCD (100%) (Table 81).

TABLE 81: NON-COMMUNICABLE DISEASES (NORTHERN REGION)

List of NCD's	Mpumalanga				Limpopo			
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%	n	%
Cardiovascular disease	7	5	4	4	-	-	-	-
Diabetes	4	3	5	4	-	-	-	-
Respiratory disease	16	12	16	15	-	-	-	-
Mental health problems	78	57	42	38	4	100*	3	100*
Blood pressure issues	16	12	2	2	-	-	-	-
Liver disease	7	5	-	-	-	-	-	-
Gastrointestinal disease	8	9	4	4	-	-	-	-
Hepatitis	-	-	-	-	-	-	-	-
Cancer	-	-	1	1	-	-	-	-
Neurological Disorder	1	1	-	-	-	-	-	-

* N<5

In the NR, a total of 10 (1%) individuals accessing treatment indicated the non-medical use of a 1st codeine products while 1 (<1%) reported a second codeine product. There was a considerable decrease in the number of service users reporting codeine products in the Mpumalanga province. Codeine-based products were mostly swallowed in both provinces (Table 82 and Table 83).

TABLE 82: MODE OF CODEINE USE (MPUMALANGA)

	Jul-Dec 2022		Jul-Dec 2023	
	1st product (n = 209)	2nd product (n = 1)	1st product (n = 8)	2nd product (n = 1)
	%	%	%	%
Swallowed	51	100	64	100*
Smoked	49	-	29*	-
Snort/Sniff	-	-	7*	-
Injected	-	-	-	-
Types of products	Benylin, Broncleer, Lean, Stilpane, and other cough mixture	Broncleer, Stilpane, and other cough mixture	Adcodol, Coughcod	-

* N<5

TABLE 83: MODE OF CODEINE USE (LIMPOPO)

	Jul-Dec 2022		Jul-Dec 2023	
	1st product (n = 18)	2nd product (n = 1)	1st product (n = 2)	2nd product (n = 0)
	%	%	%	%
Swallowed	50	-	100*	-
Smoked	50	100	-	-
Snort/Sniff	-	-	-	-
Injected	-	-	-	-
Types of products	Nurofen Plus, Linctifed	-	Adcodol, Stilpayne	-

In Mpumalanga, codeine products (either first or second product) were reported as being used daily (50% and 100%), while in Limpopo, all individuals in treatment (100%) reported using codeine 2-6 days per week. See Table 84.

TABLE 84: FREQUENCY OF CODEINE USE (NORTHERN REGION)

	Mpumalanga				Limpopo			
	Jul-Dec 2022		Jul-Dec 2023		Jul-Dec 2022		Jul-Dec 2023	
	1st Product	2nd Product*	1st Product	2nd Product*	1st Product	2nd Product*	1st Product	2nd Product
	%	%	%	%	%	%	%	%
Daily	42	100	50*	100*	100	100	-	-
2-6 days per week	36	-	37*	-	-	-	-	-
Once per week/less often	14	-	13*	-	-	-	100*	-
Not used in the week	7	-	-	-	-	-	-	-

In the Northern region, 82% of service users indicated that they used tobacco products. In the Limpopo province, 90% of service users reported tobacco use, compared to 81% of service users in Mpumalanga. The breakdown of the tobacco use is reported per province in Table 85 below.

TABLE 85: TOBACCO PRODUCTS (NORTHERN REGION)

	Mpumalanga				Limpopo			
	Jul-Dec 2022		Jul-Dec 2023		Jul-Dec 2022		Jul-Dec 2023	
	n	%	n	%	n	%	n	%
Cigarettes	1312	94	792	97	186	98	159	98
Hookah Pipe	43	3	15	2	1	1	-	-
e-cigarettes*	13	1	5	1	-	-	4	2
Other*	22	1	4	<1	2	1	-	-

In both Mpumalanga (1%) and Limpopo (1%), reports of substance use during pregnancy were low. Heroin/Opiates, crack/cocaine, alcohol and other substances were used during pregnancy while in Limpopo, only one case of alcohol use was reported. (Table 86).

TABLE 86: SUBSTANCE USE DURING PREGNANCY (NORTHERN REGION)

	Mpumalanga				Limpopo			
	Jul-Dec 2022		Jul-Dec 2023		Jul-Dec 2022		Jul-Dec 2023	
	n	%	n	%	n	%	n	%
Use during pregnancy	4	1	10	1	1	<1	1	1
List of most used substances reported								
Alcohol	-	-	3	30	-	-	1	100
Heroin/Opiates	2	50	5	50	-	-	-	-
Crack/Cocaine	-	-	3	30	-	-	-	-
Dagga	1	25	-	-	1	100	-	-
Methamphetamine ('Tik')	1	25	1	10	-	-	-	-
Other	1	25	-	-	-	-	-	-

DATA FOR INDIVIDUALS 18 YEARS AND YOUNGER

In the Northern region, twenty-two percent (n=261) of service users were 18 years and younger. Table 87 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 decreased from 16% to 10%, however increased from 4% to 18% in Limpopo, across the last two reporting periods.

TABLE 87: GENDER PROFILE OF INDIVIDUALS ≤18 YEARS (NORTHERN REGION)

	Mpumalanga			Limpopo		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%	%	%	%
GENDER						
Male	89	84	90	92	96	82
Female	11	16	10	8	4	18
Other	-	-	-	-	-	-

The most common source of referral to specialist treatment centres in both provinces was 'school' with 61% in Mpumalanga and 68% in Limpopo. The second most common source of referral was 'self/family/friends' in both Mpumalanga (25%) and Limpopo (32%). See Table 88.

TABLE 88: REFERRAL SOURCES FOR INDIVIDUALS ≤18 YEARS (NORTHERN REGION)

	Mpumalanga			Limpopo		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%	%	%	%
Self/family/friends	38	29	25	37	27	32
Work/employer	<1	1	-	1	-	-
Doctor/psychiatrist/nurse (health professional)	1	1	<1	-	-	-
Religious body	1	-	1	-	-	-
Hospital/clinic	<1	2	<1	-	-	-
Social services/welfare	22	17	11	5	-	-
Court/correctional services	1	2	-	-	-	-
School	36	48	61	58	73	68
Other e.g., radio	<1	-	1	-	-	-

* N<5

Cannabis (61%) and alcohol (23%) were the leading primary substances of use in Mpumalanga, whereas in Limpopo, cannabis (89%) was the leading primary substances for persons 18 years and younger admitted to treatment (Table 89).

TABLE 89: PRIMARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (NORTHERN REGION)

	Mpumalanga			Limpopo		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%	%	%	%
Alcohol	7	5	23	4	8	-
Cannabis	72	77	61	65	85	89
Cannabis/Mandrax*	-	-	4	-	-	-
Crack/ Cocaine	1	2	<1	-	-	-
Heroin/Opiatesˆ	15	5	3	7	2	-
OTC/ PRE	<1	<1	-	2	-	-
Methcathinone (CAT/KHAT)	-	<1	-	2	-	-
Inhalants	2	<1	1	7	-	-
Methamphetamine ('Tik')	3	10	3	14	6	4
Tobacco products	-	-	3			7
TOTAL (n)	285	289	233	106	52	28

* 'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Males ≤18 years denominated access to treatment compared to females across all substances in both provinces; however, in Mpumalanga more females than males reported methamphetamine use (Table 90).

TABLE 90: PRIMARY SUBSTANCE OF USE BY GENDER FOR INDIVIDUALS ≤18 YEARS AND YOUNGER (NORTHERN REGION)

	Mpumalanga						Limpopo					
	Jan-Dec 2022			Jan-Dec 2023			Jan-Dec 2022			Jan-Dec 2023		
	M	F	O	M	F	O	M	F	O	M	F	O
Alcohol	79	21*	-	94	6	-	100*	0	-	-	-	-
Cannabis	91	9	-	91	9	-	95	5*	-	80	20	-
Cannabis/Mandrax**	-	-	-	90	10*	-	-	-	-	-	-	-
Crack/ Cocaine	100	0	-	100*	-	-	-	-	-	-	-	-
Heroin/Opiatesˆ	77	23*	-	63	37	-	100*	0	-	-	-	-
Inhalants	0	100*	-	100*	-	-	-	-	-	-	-	-
OTC/ PRE	0	100*	-	-	-	-	-	-	-	-	-	-
Methcathinone ('CAT'/KHAT)	0	100*	-	-	-	-	-	-	-	-	-	-
Methamphetamine ('Tik')	46	54	-	43*	57*	-	100*	0	-	100*	-	-
Tobacco products	-	-	-	100*	-	-	-	-	-	100*	-	-

* N<5; ** 'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

2D: TREATMENT CENTRES: EASTERN CAPE

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Data was collected from seven (7) specialist treatment centres. A total of 561 individuals were treated across these treatment centres for the January to December 2023 reporting period. The majority of service users were treated at SANCA Central Eastern Cape (64%) (Table 91).

TABLE 91: PROPORTION OF TREATMENT EPISODES (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Ernest Malgas Treatment Centre	5	9	5
Mooiuitzicht	-	-	4
NICRO	-	4	-
SANCA Central Eastern cape	72	56	64
Shepherd's Field	-	1	-
Step Away	13	15	16
Welbedacht	10	14	9
Anthallo Substance Abuse Recovery	-	-	1
Thembelitsha Rehabilitation Centre	-	-	1
Total individuals in treatment (N)	797	684	561

During the current period, the majority of persons were treated on an outpatient/community-basis (50%) compared to the previous period when most individuals received inpatient treatment (51%) (Table 92).

TABLE 92: TYPE OF TREATMENT RECEIVED (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Inpatient	42	51	47
Outpatient/Community-based	58	47	50
Detox	-	2	3

While admissions were predominantly first-time admissions, a decline was noted from 83% in 2022 to 76% in the 2023 period (Table 93).

TABLE 93: FIRST-TIME ADMISSIONS (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Yes	92	83	76
No	9	17	24

Of the 24% of individuals who indicated one or more prior admission, prior treatment was mostly inpatient (77%), followed by outpatient/community-based (17%) (Table 94).

TABLE 94: TYPE OF PRIOR TREATMENT (EASTERN CAPE)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Inpatient	9	51	99	77
Outpatient/Community-based	13	60	22	17
Detox	-	-	3	2

Most referrals were from 'self/family/friends' (58%), followed by school (18%), and 'work/employer' (10%) (Table 95).

TABLE 95: REFERRAL SOURCES (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Self/family/friends	73	60	58
Work/employer	8	11	10
Doctor/psychiatrist/nurse (health professional)	5	5	4
Religious body	1	-	<1
Hospital/clinic	2	1	2
Social services/welfare	7	13	7
Court/correctional services	1	4	1
School	4	6	18
Other e.g., radio, children's home, adverts	<1	<1	<1

The population profile of service users attending treatment centres in the Eastern Cape is presented in Table 96 below. Males remain the most prominent gender accessing treatment (73%). The proportion of those who were unemployed was 29%, a slight decrease since the last 2022 reporting period (31%). Most service users had a secondary level education (70%), followed by tertiary education (25%) (Table 96).

TABLE 96: POPULATION PROFILE (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
GENDER			
Male	82	79	73
Female	18	21	27
Other	-	-	<1
EMPLOYMENT STATUS			
Working full-time	25	32	34
Working part-time	4	3	2
Unemployed (< 6 months)	6	8	8
Unemployed (> 6 months)	31	23	21
Student/Apprentice/internship	6	3	5
Learner at school	26	28	27
Pensioner/ Disabled/Stay at home	2	2	3
EDUCATIONAL LEVEL*			
No schooling	-	1	-
Primary	4	7	5
Secondary	76	74	70
Tertiary	20	18	25
Special needs	-	-	-

* Level of education completed

Age at the time of admission ranged from 10 to 69 years. Almost half of the admissions in the Eastern Cape were service users aged between 10 and 24 years old, comprising of 44% of all admissions for the period. More specifically, persons aged 15-19 years made up the majority of admissions (28%), followed by those aged 35-39 years (12%) (Table 97).

TABLE 97: AGE DISTRIBUTION (EASTERN CAPE)

Years	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%
<10	-	-	29	4	-	-
10-14	20	3	176	26	30	5
15-19	186	24	102	15	153	28
20-24	152	20	77	11	63	11
25-29	119	15	88	13	62	11
30-34	77	10	83	12	61	11
35-39	92	12	48	7	64	12
40-44	49	6	28	4	45	8
45-49	41	5	23	3	32	6
50-54	22	3	8	1	19	3
55-59	10	1	5	1	10	2
60-64	6	1	6	1	2	<1
65+	3	<1	29	4	7	1

Forty-seven percent (47%) of individuals admitted to treatment reported that they had not been tested for HIV while 52% responded that they had been tested for HIV. Of those who had been tested, 43% reported that they had been tested in the past 12 months (Table 98).

TABLE 98: HIV TESTING (EASTERN CAPE)

Tested for HIV	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Yes, in past 12 months	42	33	43
Yes, but not in past 12 months	8	9	9
No	49	53	47
Decline to answer	1	5	1
Future HIV testing			
Yes	-	81	26
No	-	19	74

Ninety-one percent (91%) of service users reported that they lived in a permanent abode (Table 99). Just over two-thirds lived with parents/relatives (69%), followed by spouse/partners (19%) (Table 100).

TABLE 99: TYPE OF RESIDENCE (EASTERN CAPE)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Permanent abode	223	90	480	91
Temporary abode	21	9	34	6
Shelter	2	1	7	1
Homeless	1	<1	8	2
Other	-	-	-	-

TABLE 100: WHO DO YOU LIVE WITH (EASTERN CAPE)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Parents/relatives	149	62	371	69
Spouse/Partners	62	26	104	19
Alone/Independent	30	12	49	9
Other	-	-	15	3

The most common primary substances of use during the current reporting period were alcohol (36%), cannabis (32%), and methamphetamine (19%). Methamphetamine use decreased from 27% to 19% in the previous period. Alcohol use increased from 29% in 2022 to 36% in 2023 (Table 101).

TABLE 101: PRIMARY SUBSTANCE OF USE (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Alcohol	26	29	36
Cannabis	23	26	32
Cannabis/Mandrax**	5	7	2
Crack/Cocaine	4	6	3
OTC/PRE	2	1	3
Heroin/Opiatesˆ	2	1	1
Inhalants	<1	<1*	1
Methamphetamine ('Tik')	37	27	19
Methcathinone (CAT/KHAT)	<1	1	2

* N<5; **'White pipe' or Mandrax alone
ˆNyaope 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 (83%) when excluding alcohol use, retaining this position over both periods (Table 102).

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

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Swallowed	36(13)	31(5)	42(10)
Smoked	61(83)	61(84)	53(83)
Snorted/Sniffed	3(4)	7(10)	4(7)
Injected	1(1)	1(1)	<1(<1)
Injected Heroin/Opiates	31	34	25

() Figures in brackets exclude alcohol

Most individuals attending substance use treatment centres used their primary substance daily (48%), decreasing from the previous annual period (54%). Refer to Table 103.

TABLE 103: FREQUENCY OF USE FOR PRIMARY SUBSTANCE (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Daily	48	54	48
2-6 days per week	39	35	34
Once a week or less	8	6	13
Not used in past month	5	6	5

The overall mean age was 29 years old for this annual period. Tobacco products accounted for the youngest individuals admitted to treatment (mean age: 15 years), followed by cannabis (19 years). There was a slight decrease in mean age among those accessing treatment for CAT/KHAT (from 30 years to 26 years) (median: 27 years old) (Table 104).

TABLE 104: MEAN AGE (IN YEARS) BY PRIMARY SUBSTANCE (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
Alcohol	40	38	37
Cannabis	20	19	19
Cannabis/Mandrax**	30	30	30
Crack/Cocaine	30	32	30
OTC/PRE	35	42	41
Heroin/Opiatesˆ	32	36	34
Methamphetamine ('Tik')	24	24	26
Methcathinone ('CAT/KHAT')	30	30	26
Tobacco products	-	-	15*
Overall mean age	31	29	29

* Both median and mean age for n<5; ** 'White pipe' or Mandrax alone
ˆNyaope 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. OTC/PRE-medication was the only substance where more admissions were made among females (62%) than males (38%). No females reported cannabis/mandrax or inhalants this annual period (Table 105).

TABLE 105: PRIMARY SUBSTANCE OF USE BY GENDER (EASTERN CAPE)

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2022		
	M	F	M	F	M	F	O
	%	%	%	%	%	%	%
Alcohol	77	23	75	25	67	33	0
Cannabis/Mandrax**	98	2*	88	12	91	0	9*
Cannabis	85	15	77	23	74	26	0
Crack/Cocaine	88	12*	84	16	75	25*	0
OTC/PRE	29	71	44	56	38	62	0
Heroin/Opiatesˆ	85	15*	56	44*	75*	25*	0
Inhalants	0	100*	100*	0	100	0	0
Methamphetamine ('Tik')	84	16	83	17	85	14	1*
Methcathinone (CAT/KHAT)	0	100*	86	14*	50*	50*	0

* N<5; ** 'White pipe' or Mandrax alone
ˆNyaope 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 alcohol (27%) and methamphetamine (19%). Cannabis remained the most frequent secondary substance of use over the last three annual periods. (Table 106).

TABLE 106: SECONDARY SUBSTANCE OF USE (EASTERN CAPE)

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%
Alcohol	93	18	93	21	73	27
Cannabis	158	31	126	29	77	29
Cannabis/Mandrax*	90	18	66	15	29	11
Crack/ Cocaine	34	7	29	7	13	5
OTC/PRE	8	2	7	2	7	3
Heroin/Opiatesˆ	-	-	3	1	-	-
Methamphetamine ('Tik')	104	21	95	22	51	19
Methcathinone (CAT/KHAT)	4	1	7	2	9	3
Tobacco products	-	-	-	-	4	2
Other	14	3	10	2	-	-
TOTAL	505	100	436	100	267	100

* 'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

For the current reporting period, alcohol (50%), cannabis (47%) and MA (28%) were the most common primary or secondary substances of use in this region. An increase was seen for alcohol (30% to 50%), while methamphetamine (42% to 29%) and cannabis/mandrax (17% to 7%) decreased as primary or secondary substances of use from the 2022 to 2023 period (See Table 107).

TABLE 107: PRIMARY OR SECONDARY SUBSTANCE OF USE (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Alcohol	38	30	50
Cannabis	43	45	47
Cannabis/Mandrax*	16	17	7
Crack/Cocaine	16	10	5
Heroin/Opiatesˆ	2	2	1
OTC/PRE	3	2	4
Methcathinone ('CAT'/KHAT)	1	2	3
Methamphetamine ('Tik')	50	42	28
Tobacco products	-	-	1
Other	2	3	<1

* 'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The proportion of service users reporting a single substance of use and those reporting poly-substance use was equally distributed (Table 108).

TABLE 108: POLYSUBSTANCE USE (EASTERN CAPE)

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%
Primary substance only	290	36	220	34	268	50
Primary +2nd substance	505	64	436	66	267	50
Total no. of indivduals	795	100	656	100	535	100

'Medical aid' (37%), 'family/friends' (30%), and state (20%) were the most common sources of payment for treatment in the Eastern Cape region (Table 109).

TABLE 109: SOURCE OF PAYMENT (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Self	6	7	7
Medical Aid	33	36	37
Family/friends	35	27	30
Employer	2	2	4
State	13	16	20
Unknown	10	6	1
Other	<1	5	<1

In the Eastern Cape, 139 (26%) diagnosed non-communicable disease cases were reported. The most reported NCD was mental health problems (67%) (Table 110).

TABLE 110: NON-COMMUNICABLE DISEASES (EASTERN CAPE)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Cardiovascular disease	5	3	7	4
Diabetes	16	8	9	5
Respiratory disease	13	7	20	12
Mental health problems	105	56	93	55
Blood pressure issues	28	16	22	13
Liver disease	3	1	6	4
Gastrointestinal disease	16	8	10	6
Hepatitis	1	<1	1	<1
Cancer	-	-	-	-
Neurological Disorder	2	1	2	1

A total of 38 (8%) individuals accessing treatment reported the non-medical use of codeine products, with 4 (1%) reporting a second codeine product. All or the majority of individuals swallowed their first (97%) and second (100%) codeine product (Table 111).

TABLE 111: MODE OF CODEINE USE (EASTERN CAPE)

	Jan-Dec 2022		Jan-Dec 2023	
	1st product (n =53)	2nd product* (n =1)	1st product (n =38)	2nd product* (n =4)
	%	%	%	%
Swallowed	46	100*	97	100*
Smoked	52	-	-	-
Snort/Sniff	2	-	3*	-
Injected	-	-	-	-
Types of products	Cough syrup, Broncleer, Stilpane, Adcodol, Painamol, Lean, Coughcod	-	Adcodol, Stilpane, Lenapain, Painstop, Mybulen, Lean, Benylin, Broncleer	Adcodol, Benylin, Stilpane, Broncleer.

For the first codeine product reported, 34% of service users mostly reported daily non-medical use of codeine, followed by 2-6 days per week (25%). No service users indicated daily use of their second codeine product (Table 112).

TABLE 112: FREQUENCY OF CODEINE USE (EASTERN CAPE)

	Jan-Dec 2022		Jan-Dec 2023	
	1st Product	2nd Product	1st Product	2nd Product
	%	%	%	%
Daily	22	100*	34	-
2-6 days per week	44	-	28	33*
Once per week/less often	22	-	25	33*
Not used in the week	11	-	13	33*

Tobacco use was reported by 63% of service users. Cigarettes were the most commonly reported product (83%) (Table 113).

TABLE 113: TOBACCO PRODUCTS (EASTERN CAPE)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Cigarettes	490	88	324	83
Hookah Pipe	48	9	39	10
e-cigarettes	7	1	24	8
Other	10	2	2	<1

Only six (6) individuals reported having used alcohol or other substances during their pregnancy. Alcohol, cannabis and methamphetamine were reported as the substances used (Table 114).

TABLE 114: SUBSTANCE USE DURING PREGNANCY (EASTERN CAPE)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Use during pregnancy	4	1	6	1
List of most used substances reported				
Alcohol	1	25	3	50
Cannabis	3	75	2	33
Methamphetamine ('Tik')	-	-	2	33

DATA ON INDIVIDUALS 18 YEARS AND YOUNGER

For the current period, 166 (30%) individuals aged ≤18 years were admitted to treatment in the EC. The majority of individuals ≤18 years were male (62%). A notable increase was seen in females accessing treatment since the last reporting period, from 28% to 37% (Table 115).

TABLE 115: PROFILE OF INDIVIDUALS ≤18 YEARS (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 20223
	%	%	%
GENDER			
Male	84	72	62
Female	16	28	37
Other	-	-	1
EDUCATIONAL LEVEL			
None	-	<1	-
Primary	14	23	10
Secondary	85	76	90
Any tertiary	<1	<1	-
Special needs	-	-	-

A higher proportion of service users aged ≤18 years were referred to treatment centres by 'school' (54%), increasing substantially from 21% in 2022. This was followed by referrals from 'self/family/friends' (29%), showing a 7-percentage point decrease from the previous period. (Table 116).

TABLE 116: REFERRAL SOURCES FOR INDIVIDUALS ≤18 YEARS (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Self/Family/Friends	70	36	29
Work/Employer	-	1*	-
Health professional	-	2*	1
Religious body	-	-	-
Hospital/Clinic	1	-	1
Social Services/Welfare	16	39	14
Court/Correctional services	-	1*	1
School	16	21	54
Other	1	-	-

* N<5

Cannabis (68%) was the leading primary substance of use followed by alcohol (14%). Alcohol use increased from 3% in 2022 to 14% in 2023, while MA decreased from 18% to 11% over the same period (Table 117).

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

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%
Alcohol	-	-	6	3	23	14
Cannabis	96	58	111	64	113	68
Cannabis/ Mandrax*	2	1	4	2	1	1
Crack/Cocaine	2	1	3	2	3	2
Heroin/Opiates^	1	1	-	-	-	-
OTC/PRE	1	1	-	-	1	1
Methamphetamine ('Tik')	62	38	48	28	18	11
Methcathinone ('CAT'/KHAT)	-	-	1	1	2	1
Inhalants	-	-	1	1	2	1
Tobacco products	-	-	-	-	1	1
Other/Poly-substance use	-	-	-	-	1	1
TOTAL	165	100	174	100	165	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 route of administration for persons ≤18 years (76%). Administration of substances by injection was not reported for this period (Table 118).

TABLE 118: MODE OF USE FOR PRIMARY SUBSTANCE FOR INDIVIDUALS ≤18 YEARS (EASTERN CAPE)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Swallowed	19	7	19
Smoked	80	90	76
Injected	-	-	-
Snorted/Sniffed	1	2	4

The majority of persons ≤18 years admitted to treatment were male except alcohol for which mainly females (57%) as opposed to males (43%) were admitted to treatment (Table 119).

TABLE 119: PRIMARY OF USE BY GENDER FOR INDIVIDUALS ≤18 YEARS (EASTERN CAPE)

	Jan- Dec 2022			Jan- Dec 2023		
	M	F	O	M	F	O
Alcohol	17*	83	-	43	57	-
Cannabis	72	28	-	65	35	
Cannabis/Mandrax**	75*	1*	-	-	-	100*
Crack/Cocaine	33*	67*	-	33*	67*	-
OTC/PRE	-	-	-	-	100*	-
Heroin/Opiatesˆ	-	-	-	-	-	-
Inhalants	100*	-	-	100*	-	-
Methamphetamine ('Tik')	79	21	-	78	17*	5*
Methcathinone ('CAT/KHAT')	100*	-	-	50*	50*	-
Tobacco products	-	-	-	-	100*	-

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

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

Alcohol was the most common secondary substance of use among service users aged ≤18 years, followed by cannabis (23%) and methamphetamine (13%). Alcohol use saw an increase from 26% in the previous period to 44% in the current period, while decreases were seen for both cannabis (29% to 23%) and MA (25% to 13%) across the last two annual periods (Table 120).

TABLE 120: SECONDARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (EASTERN CAPE)

	Jan-Dec 2021		Jan- Dec 2022		Jan- Dec 2023	
	n	%	n	%	n	%
Alcohol	32	25	36	26	41	44
Cannabis	46	38	40	29	21	23
Cannabis/Mandrax*	5	4	9	7	3	3
Crack/Cocaine	2	2	12	9	6	6
Heroin/Opiates**	-	-	1	1	-	-
Inhalants	1	1	-	-	2	2
OTC/PRE	1	1	1	1	2	2
Methcathinone ('CAT'/KHAT)	1	1	1	1	1	1
Methamphetamine ('Tik')	27	22	35	25	12	13
Tobacco products	-	-	-	-	4	4
Other	6	5	3	2	-	-
TOTAL	121	100	138	100	93	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 11 specialist treatment centres. A total of 1961 individuals were treated across these treatment centres for the January to December 2023 reporting period. The majority of service users accessed treatment at SANCA Zululand (22%) (Table 121).

TABLE 121: PROPORTION OF TREATMENT EPISODES (KZN)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
AKESO Umhlanga	-	10	17
ARCA	<1	2	1
Anti-Drug Forum	1	1	-
Careline Crisis & Trauma Centre	1	2	2
Harmony Retreat	1	-	-
Madadeni Centre	3	9	8
Newlands Park Centre	4	6	-
Riverview Manor	6	5	4
SANCA Durban (In/Out)	13	5	9
SANCA Newcastle	8	5	5
SANCA Nongoma	2	2	2
SANCA Pietermaritzburg	19	22	15
SANCA Zululand	22	18	22
Serenity Addictions	20	13	15
Total individuals in treatment	1656	2413	1961

For current treatment episodes, most individuals were treated on an inpatient basis (52%) followed by outpatient/community-based (45%) (Table 122).

TABLE 122: TYPE OF TREATMENT RECEIVED (KZN)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Inpatient	47	51	52
Outpatient/Community-based	53	49	45
Detox	-	<1	3

The number of individuals who had accessed prior treatment increased over the last two annual periods. Thirty-two percent (32%) of service users reported one or more prior admissions, increasing from 18% in 2022. (Table 123).

TABLE 123: FIRST-TIME ADMISSIONS (KZN)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Yes	83	82	68
No	17	18	32

A total of 578 (32%) service users reported one or more prior treatment episodes this period. The most regularly reported type of previous treatment was inpatient services (19%) (Table 124).

TABLE 124: TYPE OF PRIOR TREATMENT (KZN)

	Jan- Dec 2022		Jan- Dec 2023	
	n	%	n	%
Inpatient	13	3	111	19
Outpatient/Community-based	263	66	63	11
Detox	29	7	42	7

'Self/family/friends (45%) remained the most common source of referral for this reporting period. This was followed by 'health professionals' (22%) and 'school' and 'employer' (10% respectively). School referrals decreased from 16% in the preceding period to 10% in the current period. Refer to Table 125.

TABLE 125: REFERRAL SOURCES (KZN)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Self/Family/Friends	61	39	45
Social Service/ Welfare	10	14	6
Employer/Work	11	8	10
Court/Correctional Services	1	1	1
Health Professionals	8	18	22
Hospital/Clinic	3	3	3
School	6	16	10
Religious Group	<1	<1	1
Other	1	1	1

Males (85%) comprised the largest group accessing specialist treatment for the current reporting period. Just over one-third (34%) of the individuals were unemployed, with 27% having been unemployed for at least 6 months. While most individuals had secondary school education (70%), an increase was seen for service users with a tertiary education level (20% to 27%) (Table 126).

TABLE 126: POPULATION PROFILE OF INDIVIDUALS (KZN)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
GENDER			
Male	86	84	85
Female	14	16	15
Other	-	<1	-
EMPLOYMENT STATUS			
Working full-time	36	35	43
Working part-time	4	4	2
Unemployed (< 6 months)	7	10	7
Unemployed (> 6 months)	31	24	27
Student/Apprentice/internship	5	4	2
Learner at school	15	22	17
Pensioner/ Disabled/Stay at home	2	2	1
EDUCATION LEVEL*			
No schooling	<1	-	1
Primary	3	5	2
Secondary	77	74	70
Tertiary	19	21	27
Special needs*	-	-	-

* Level of education completed

The mean age of service users accessing services was 31 years old, ages ranging from 12 years to 77 years. Eighteen percent (18%) of the population in treatment were younger than 20 years, decreasing from 24% in the previous period. Most individuals admitted to treatment were aged 15-19 years (17%) followed by persons aged 25-29 years and 30-34 years (16% respectively) (Table 127).

TABLE 127: AGE DISTRIBUTION (KZN)

AGE (Years)	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%
<10	-	-	-	-	-	-
10-14	31	2	129	5	23	1
15-19	221	13	451	19	327	17
20-24	310	19	425	18	282	14
25-29	311	19	362	15	309	16
30-34	255	15	362	15	313	16
35-39	245	15	282	12	292	15
40-44	118	7	157	7	198	10
45-49	76	5	101	4	87	4
50-54	37	2	64	3	65	3
55-59	25	2	37	2	36	2
60-64	18	1	11	<1	13	1
65+	8	<1	8	<1	11	1

Fifty-six percent (56%) of individuals reported that they had been tested for HIV. Less than half of individuals (43%) indicated that they want to be tested for HIV in the future (Table 128).

TABLE 128: HIV TESTING (KZN)

Tested for HIV	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Yes, in past 12 months	46	38	42
Yes, but not in past 12 months	17	17	14
No	31	40	38
Decline to answer	6	4	5
Future HIV testing			
Yes	-	52	43
No	-	47	57

Most clients reported stable living conditions in a permanent abode (91%) (Table 129) and lived with their parents/ relatives (80%) (Table 130).

TABLE 129: TYPE OF RESIDENCE (KZN)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Permanent abode	858	94	1123	91
Temporary abode	41	4	69	6
Shelter	8	1	24	2
Homeless	6	1	10	1
Other	-	-	-	-

TABLE 130: WHO DO YOU LIVE WITH (KZN)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Parents/relatives	804	88	976	80
Spouse/Partners	52	6	115	9
Alone/Independent	48	5	104	8
Other	7	1	32	3

Alcohol (38%), cannabis (27%), and heroin/opiates (15%) were the most commonly used primary substances. The admission rate for alcohol increased from 30% to 38%. Decreases were shown for heroin/opiates (20% to 15%) (See Table 131).

TABLE 131: PRIMARY SUBSTANCE OF USE (KZN)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Alcohol	33	30	38
Cannabis	24	28	27
Cannabis/Mandrax*	1	3	1
Crack/Cocaine	13	9	10
OTC/ PRE	3	6	3
Heroin/Opiates**	21	20	15
Inhalants	-	<1	<1
Methcathinone ('CAT/KHAT')	1	<1	1
Methamphetamine ('Tik')	2	2	3
Tobacco products	-	-	1
Other	1	2	<1

* 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

Forty-seven (47%) of individuals reported smoking as their mode of substance use, decreasing from 53% in the previous period. The proportion of service users who specifically injected heroin increased from 8% in the preceding period to 17% in the current review period (Table 132).

TABLE 132: MODE OF USE FOR PRIMARY SUBSTANCE (KZN)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Swallowed	43(15)	35(9)	42(6)
Injected	1(1)	2(3)	3(5)
Snorted/Sniffed	7(10)	9(13)	8(12)
Smoked	49(74)	53(75)	47(77)
Injected Heroin/Opiates	3	8	17

* Figures in brackets exclude alcohol

Most individuals attending substance use treatment centres used their primary substance daily (72%). The rate for daily use increased slightly from 70% to 72% over the last two annual periods. (Table 133).

TABLE 133: FREQUENCY OF USE FOR PRIMARY SUBSTANCE (KZN)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Daily	68	70	72
2-6 days per week	22	19	16
Once a week or less	8	6	8
Not used in past month	2	6	4

The mean age of service uses in treatment across substances was 31 years, ranging from 12 to 77 years. Increase in mean ages were seen for OTC/PRE-medication (20 years to 35 years) and heroin/opiates (27 years to 30 years) (Table 134).

TABLE 134: MEAN AGE (IN YEARS) BY PRIMARY SUBSTANCE OF USE (KZN)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
Alcohol	33	38	37
Cannabis	28	21	23
Cannabis/Mandrax*	28	27	27
Crack/Cocaine	32	32	33
OTC/PRE	27	20	35
Heroin/Opiates^	29	27	30
Inhalants	-	18	15
Methcathinone ('CAT/KHAT')	33	27	27
Methamphetamine ('Tik')	26	29	30
Tobacco products	-	-	21
Overall mean age	30	29	31

* 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, besides inhalant use for which more females (60%) compared to males (40%) were admitted to treatment. MA-related admission rates among females increased from 17% in 2022 to 24% in 2023 while OTC/PRE increased from 36% to 41%. Only males were admitted to treatment for ecstasy misuse over the last two reporting periods (Table 135).

TABLE 135: PRIMARY SUBSTANCE OF USE BY GENDER (KZN)

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	%		%		%	
	M	F	M	F	M	F
Alcohol	82	18	82	18	84	16
Cannabis	89	11	83	17	86	14
Cannabis/ Mandrax**	95	5*	95	5*	86	14*
Crack/Cocaine	87	13	85	15	87	13
Ecstasy	100*	0	100*	0	100*	0
OTC/PRE	83	17	64	36	59	41
Heroin/Opiatesˆ	90	7	94	6	93	7
Inhalants	-	-	83	17*	40*	60*
Methcathinone ('CAT/KHAT')	75	24*	78	22*	67	33
Methamphetamine ('Tik')	83	17	83	17	76	24
Tobacco products	-	-	-	-	79	21

* N<5; ** 'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

The most common secondary substances of use were crack/cocaine (27%), cannabis (25%), and alcohol (19%). A 7-percentage point increase was noted for crack/cocaine (20% to 27%), and a 6-percentage point decrease for OTC/PRE (14% to 8%) over the last two annual reporting periods (Table 136).

TABLE 136: SECONDARY SUBSTANCE OF USE (KZN)

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%
Alcohol	160	18	203	17	179	19
Cannabis	261	30	306	26	235	25
Cannabis/Mandrax*	49	6	91	8	52	5
Crack/Cocaine	206	24	235	20	257	27
Heroin/Opiates**	47	5	79	7	47	5
Ecstasy	6	1	3	<1	6	1
OTC/PRE	94	11	163	14	72	8
Methamphetamine ('Tik')	18	2	35	3	33	3
Inhalants	1	<1	2	<1	1	<1
Methcathinone ('CAT'/KHAT)	14	2	10	1	20	2
Tobacco products	-	-	-	-	40	4
Other	13	1	55	5	10	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

During the current reporting period, alcohol (47%) was mostly used as a primary or secondary substance, followed by cannabis (39%), crack/cocaine (23%), and heroin/opiates (23%). As a primary or secondary substances of use, increases were seen for crack/cocaine (19% in 2022 to 23% in 2023), while a decrease was shown for alcohol (43% in 2022 to 39% in 2023). Heroin/opiates decreased from 23% to 17% over the last two periods (Table 137).

TABLE 137: PRIMARY OR SECONDARY SUBSTANCE OF USE (KZN)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Alcohol	43	39	47
Cannabis	40	41	39
Cannabis/Mandrax*	4	6	4
Crack/Cocaine	25	19	23
Heroin/Opiates**	24	23	17
OTC/PRE	9	12	6
Methcathinone ('CAT'/KHAT)	2	1	2
Methamphetamine ('Tik')	4	4	4
Tobacco products	-	-	7
Other	2	4	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

Almost half (49%) of individuals admitted during the January to December 2023 period reported using more than one substance (Table 138).

TABLE 138: POLYSUBSTANCE USE (KZN)

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%
Primary substance only	785	47	1210	51	998	51
Primary +2nd substance	869	52	1182	49	952	49
Total no. of individuals	1654	100	2392	100	1950	100

Table 139 below shows that 'medical aid' (40%) was the most common source of payment, followed by 'family/friends' (20%)'. 'Medical aid' as a source of payment increased from 31% to 40%, while both 'family/friends' (27% to 20%) and 'state' (17% to12%) decreased over the last two reporting periods.

TABLE 139: SOURCES OF PAYMENT (KZN)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Family/friends	29	27	20
Self	11	7	6
Medical Aid	32	31	40
State	13	17	12
Employer	3	3	3
Other/Unknown	12	16	19

In KZN, 641 (33%) individuals admitted to treatment reported diagnosis of a non-communicable disease. Mental health issues (81%) were the most commonly reported non-communicable disease for this period (Table 140)

TABLE 140: NON-COMMUNICABLE DISEASES (KZN)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Cardiovascular disease	145	11	14	2
Diabetes	71	5	19	3
Respiratory disease	139	10	35	5
Mental health problems	646	48	551	81
Blood pressure issues	166	12	35	5
Liver disease	16	1	10	1
Gastrointestinal disease	150	11	13	2
Hepatitis	-	-	-	-
Cancer	1	<1	-	-
Neurological Disorder	13	1	2	<1

Fifteen percent (n=194) service users reporting the non-medical use of codeine products during this period while 3% (n=45) of individuals reported a second product of misuse. Swallowing was the most common mode of use for both 1st and 2nd codeine products (85% and 90%, respectively) (Table 141).

TABLE 141: MODE OF CODEINE USE (KZN)

	Jan-Dec 2022		Jan-Dec 2023	
	1st product (n =477)	2nd product (n =28)	1st product (n =194)	2nd product (n =45)
	%	%	%	%
Swallowed	83	100	95	100
Smoked	15	-	2*	-
Snorted/Sniffed	1	-	2*	-
Injected	<1	-	-	-
Types of products	Adcodol, Benylin, Broncleer, Stilpane, Genpayne, Stopayne and other cough mixtures	Benylin, Broncleer, Stopayne, Betapyn and other cough mixture	Adcodol, Benylin, Betapyn, Bronchleer, Lean, Stopayne	Benylin, Stilpane, Bronchleer

* N<5

Both the first and second codeine products were predominantly used once per week or less often (45% and 63%, respectively) (Table 142).

TABLE 142: FREQUENCY OF CODEINE USE (KZN)

	Jan-Dec 2022		Jan-Dec 2023	
	1st Product	2nd Product	1st Product	2nd Product
	%	%	%	%
Daily	32	20	45	63
Once per week/less often	24	35	22	17
Not used in the week	22	20	19	7
Not used in past month	22	25	13	12

The use of tobacco products was reported among 1366 (71%) of persons admitted to treatment. Most reported the use of cigarettes (95%) (Table 143).

TABLE 143: TOBACCO PRODUCTS (KZN)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Cigarettes	1729	96	1333	95
Hookah Pipe	41	2	42	3
e-cigarettes	4	<1	6	<1
Other	24	1	18	1

Substance use during pregnancy was indicated among 13 (1%) of individuals accessing treatment. Alcohol (n=5), cannabis (n=4), heroin/opiates (n=2), crack/cocaine (n=2), and MA (n=1) were the reported substances of use during pregnancy (Table 144).

TABLE 144: SUBSTANCE USE DURING PREGNANCY (KZN)

	Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%
Use during pregnancy	9	1	13	1
List of most used substances reported				
Alcohol	4	44	5	38
Heroin/Opiates	3	22	2	15
Crack/Cocaine	2	33	2	15
Cannabis	-	-	4	31
Methamphetamine ('Tik')	-	-	1	7

DATA FOR INDIVIDUALS 18 YEARS AND YOUNGER

There were 275 services users aged ≤18 years and younger in 2023; admission rates among female youths decreased from 23% to 19% (Table 145).

TABLE 145: GENDER PROFILE OF INDIVIDUALS ≤18 YEARS (KZN)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
GENDER			
Male	84	77	81
Female	16	23	19
Other	-	-	-

The largest proportion of persons 18 year and younger were referred by 'school' (59%), followed by 'self/family/friends' (23%) (See Table 146).

TABLE 146: REFERRAL SOURCES FOR INDIVIDUALS ≤18 YEARS (KZN)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%	%	%
Self/Family/Friends	48	22	23
Work/Employer	-	-	1
Health professional	2	3	4
Religious body	-	<1	<1
Hospital/Clinic	3	1	1
Social Services/Welfare	10	8	6
Court/Correctional services	1	-	-
School	34	66	59
Other	3	-	6

The most common primary substance of use for persons 18 years and younger was cannabis (79%), followed by alcohol (12%), and tobacco products (8%). Notable decreases were seen OTC/PRE-medication use from 21% in 2022 to 3% in 2023. Sizeable increases were seen for cannabis (64% to 79%) and alcohol (6% to 12%) (Table 147).

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

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%
Alcohol	52	26	30	6	32	12
Cannabis	70	35	294	64	192	70
Cannabis/Mandrax*	3	2	2	<1	6	2
Crack/Cocaine	20	10	6	1	2	1
OTC/PRE	14	7	95	21	9	3
Heroin/Opiates**	27	14	20	4	2	1
Inhalants	-	-	5	1	5	2
Methcathinone ('CAT'/KHAT)	-	-	-	-	2	1
Methamphetamine ('Tik')	9	5	1	<1	3	1
Tobacco products	-	-	-	-	22	8
Other	3	2	7	2	-	-
TOTAL	198	100	460	100	275	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 (82%) of primary substances. There was only one report of substance use by injection for the last annual period (Table 148).

TABLE 148: MODE OF USE OF PRIMARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (KZN)

	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 20223
	%	%	%
Swallowed	43	28	15
Smoke	49	69	82
Snorted/Sniffed	7	3	3
Injected	1	-	<1

Males predominantly accessed treatment services among individuals 18 years and younger for all substance categories. There was a notable decrease in females accessing substance use treatment for alcohol use, from 33% in 2022 to 16% in 2023, as well as for OTC/PRE misuse from 36% to 22% (Table 149)

TABLE 149: PRIMARY SUBSTANCE OF USE BY GENDER FOR INDIVIDUALS ≤18 YEARS (KZN)

	Jan-Dec 2022			Jan-Dec 20223		
	M	F	O	M	F	O
	%			%		
Alcohol	67	33	-	84	16	-
Cannabis	82	18	-	82	18	-
Cannabis/Mx**	100*	0	-	83	17*	-
Crack/Cocaine	50*	50*	-	100*	0	-
Heroin/Opiatesˆ	80	20*	-	100*	0	-
Inhalants	80*	20*	-	40*	60*	-
OTC/PRE	64	36	-	78	22*	-
Methcathinone (CAT/KHAT)	-	-	-	50*	50*	-
Methamphetamine('Tik')	100*	0	-	100*	0	-
Tobacco products	-	-	-	88	23	-

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

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

Among youths ≤18 years, 47% reported a secondary substance of use. Alcohol (29%), OTC/PRE (26%) and cannabis (23%) were the most common secondary substances of use. A notable decrease was seen for OTC/PRE (53% to 26%). An increase was noted for alcohol (12% to 29%) since the 2022 period (Table 150).

TABLE 150: SECONDARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (KZN)

	Jan-Dec 2021		Jan- Dec 2022		Jan- Dec 2022	
	n	%	n	%	n	%
Alcohol	24	22	25	12	38	29
Cannabis	29	26	51	24	30	23
Cannabis/Mandrax*	3	3	-	-	2	2
Crack/Cocaine	26	24	6	3	5	4
Heroin/Opiates**	4	4	1	<1	-	-
Inhalants	1	1	-	-	1	1
OTC/PRE	18	16	111	53	33	26
Methcathinone ('CAT'/KHAT)	-	-	2	1	-	-
Methamphetamine ('Tik')	2	2	3	1	-	-
Tobacco products	-	-	-	-	18	14
Other	3	3	11	5	2	2
TOTAL	110	100	210	100	129	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 547 service users were collected from six (6) treatment centres during the period January to December 2023. Three (3) centres were located in the Free State province, two (2) were located in the Northern Cape, and one (1) in the North-West. Most admissions were made in the Free State (n=424) (See Table 151).

TABLE 151: PROPORTION OF TREATMENT EPISODES (CENTRAL REGION)

	Free State			Northern Cape			North-West		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%			%			%		
SANCA Aurora	70	74	68	-	-		-	-	-
SANCA Goldfields	13	19	11	-	-		-	-	-
SANCA Sasolburg	17	7	21	-	-		-	-	-
SANCA Kimberley	-	-	-	-	-	-	-	-	-
SANCA Upington	-	-	-	-	-	-	-	-	-
SANCA Tsantsabane	-	-	-	-	100	75*	-	-	-
Northern Cape Substance Abuse Treatment	-	-	-	-	-	25*	-	-	-
SANCA Sanpark	-	-	-	-	-	-	100	100	100
Total in treatment (n)	535	445	424	-	64	4	25	97	119

The table below reflects the type of services utilised by service users during the current treatment episode. In the North-west, most service users were treated on an inpatient basis (90%). In the Free State, 58% of service users were treated on an inpatient treatment basis. Although the absolute numbers were low, the vast majority of service users in the Northern Cape accessed outpatient/community-based services (75%) (See Table 152).

TABLE 152: TYPE OF TREATMENT RECEIVED (CENTRAL REGION)

	Free State			Northern Cape			North-West		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%			%			%		
Inpatient	85	69	58	-	100	25*	100	100	90
Outpatient/ Community -based	15	30	40	-	-	75*	-	-	5
Detox	-	<1	1	-	-	-		-	5

In Table 153 'Yes' indicates a first-time admission and 'No' indicates a repeat admission. First-time admissions made up the majority of admissions in all three provinces. No responses were received for the Northern Cape.

TABLE 153: FIRST-TIME ADMISSIONS (CENTRAL REGION)

	Free State			Northern Cape			North-West		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%			%			%		
Yes	79	84	85	-	97	100	76	94	76
No	21	16	15	-	3	-	24	6	24

Of the service users reporting prior treatment in each province, 89% in the Free State and 94% in the North-West respectively reported having accessed inpatient services previously. Type of prior treatment was not reported for the Northern Cape for the Jan-Dec 2023 period (Table 154).

TABLE 154: TYPE OF PRIOR TREATMENT (CENTRAL REGION)

	Free State				Northern Cape				North-West			
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%	n	%	n	%	n	%
Inpatient	5	3	56	89	-	-	-	-	-	-	27	94
Outpatient / Community- based	3	1	4	6	-	-	-	-	-	-	1	3
Detox	-	-	3	5	-	-	-	-	-	-	1	3

The most common source of referrals to specialist treatment centres in the Free State and the Northern Cape was 'self/family/friends' (41% and 100%, respectively). In the North-West, 'work/employer' (52%) was the most common source of referral to treatment, followed by 'self/family/friends' (41%). In the Free State, 'work/employer'' (20%) was the second most common referral source (Table 155).

TABLE 155: REFERRAL SOURCES (CENTRAL REGION)

	Free State			Northern Cape			North-West		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%			%			%		
Self/Family/friends	56	53	42	-	69	100*	64	64	41
Work/employer	17	21	20	-	3*	-	12*	22	52
Health Professional	10	7	10	-	-	-	8*	1*	-
Religious body	-	<1*	<1*	-	2*	-	16*	4*	-
Hospital/clinic	<1	-	<1*	-	-	-	-	5	1*
Social services/welfare	14	11	10	-	-	-	-	1*	3*
Court/correctional	3	1	<1*	-	3*	-	-	-	-
School	-	7	13	-	23	-	-	3*	2*
Other e.g., radio	<1	-	4	-	-	-	-	-	2*

* N<5

The majority of admissions during this period were for males in the Free State (80%), the Northern Cape (75%) and the North-West (97%). Increases were noted for total employment rates in both the Northern Cape and North-West, from 9% to 24% and 46% to 68%, respectively over the last two annual periods.

In the Free State, most service users were employed (39%), followed by unemployed (29%) and school learners (28%). In the Northern Cape, 50% were school learners, and in the North-West, 68% of service users employed, increasing from 40% in 2022. The proportion of service users in Free State who had a tertiary-level education increased from 13% to 17% (Table 156).

TABLE 156: POPULATION PROFILE (CENTRAL REGION)

	Free State			Northern Cape			North-West		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%			%			%		
GENDER									
Male	82	84	80	-	86	75*	76	91	97
Female	18	16	20	-	14	25*	24	9	2
Other	-	-	<1	-	-	-	-	-	1
EMPLOYMENT STATUS									
Working full-time	32	42	37	-	6	25*	32	39	67
Working part-time	2	3	2	-	3	-	-	1	1
Unemployed (< 6 months)	2	5	4	-	3	-	4*	21	9
Unemployed (> 6 months)	41	24	25	-	47	25*	56	10	9
Student/Apprentice/ internship	3	2	2	-	-	-	-	12	2
School/learner at school	17	22	28	-	41	50*	8*	16	12
Medically unfit/Home executive/Pensioner	2	2	2	-	-	-	-	-	-
EDUCATION LEVEL**									
No schooling	-	-	-	-	2	-	-	-	1
Primary	4	7	5	-	8	-	-	3	2
Secondary	90	80	77	-	91	100*	92	78	85
Tertiary	6	13	18	-	-	-	8*	19	12
Special needs	-	-	-	-	2	-	-	-	-

* N<5 ** Level of education completed

The mean age for the Central region was 31 years old, ranging from 13 to 68 years. Most admissions in the Free State and Northern Cape were for individuals aged 15-19 years (27% and 50% respectively). In the North-West, most admissions were for individuals aged 30-34 years (21%), followed by 25–29-year-olds (16%) (Table 157).

TABLE 157: AGE DISTRIBUTION (CENTRAL REGION)

	Free State			Northern Cape			North-West		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%			%			%		
<10	-	-	-	-	2	-	-	-	-
10-14	1	4	3	-	6	-	-	3	2
15-19	23	23	27	-	27	50*	20	19	13
20-24	17	10	9	-	22	25*	28	21	7
25-29	19	14	12	-	20	-	4*	14	16
30-34	13	13	13	-	8	25*	24	9	21
35-39	11	12	11	-	11	-	12*	16	13
40-44	6	9	11	-	3	-	4*	8	13
45-49	4	5	6	-	-	-	-	5	7
50-54	3	7	3	-	-	-	8*	1	5
55-59	3	3	2	-	-	-	-	2	3
60-64	<1	1	2	-	2	-	-	1	1
65+	<1	<1	1	-	-	-	-	-	-

* N<5

The proportion of service users who had been tested for HIV in the last 12 months was 55% in the North-West, 40% in the Free State, and 25% in the Northern Cape. All service users (100%) in the Northern Cape stated that they did not want to access future HIV testing, while 77% in the Free State and 46% in the North-West did not want future HIV testing. HIV testing rates in the Central region remain at lower than desirable rates. See Table 158.

TABLE 158: HIV TESTING (CENTRAL REGION)

HIV testing	Free State			Northern Cape			North-West		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%			%			%		
Yes, in last 12 months	45	33	40	-	22	25*	40	40	55
Yes, but not in last 12 months	11	11	15	-	20	-	24	6	19
No	39	47	36	-	52	75*	28	51	25
Decline to answer	5	9	10	-	6	-	8*	3	1
Future HIV testing									
Yes	-	21	23	-	57	-	-	0	54
No	-	79	77	-	43	100*	-	100	46

* N<5

In all three provinces, the most reported type of residence was permanent abode (Table 159). In the Northern region, the majority of services reported living with their parents or relatives (Table 160).

TABLE 159: TYPE OF RESIDENCE (CENTRAL REGION)

	Free State				Northern Cape				North-West			
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%	n	%	n	%	n	%
Permanent abode	210	85	377	89	4	57	4	100*	7	88	86	72
Temporary abode	34	14	45	11	-	-	-	-	1	12	27	23
Shelter	4	2	1	<1	3	43	-	-	-	-	3	3
Homeless	-	-	1	<1	-	-	-	-	-	-	3	2
Other	-	-	-	-	-	-	-	-	-	-		-

* N<5

TABLE 160: WHO DO YOU LIVE WITH (CENTRAL REGION)

	Free State				Northern Cape				North-West			
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%	n	%	n	%	n	%
Parents/relatives	135	55	273	64	5	71	3	75*	4	50	55	46
Spouse/Partners	79	32	90	21	2	29	-	-	3	38	22	18
Alone/Independent	29	12	58	14	-	-	1	25*	1	13	42	35
Other	4	2	3	1	-	-	-	-	-	-	-	-

* N<5

In the Free State, the leading primary substances of use were alcohol (44%), cannabis (25%) and methamphetamine (11%). There was a slight increase in alcohol use (from 41% in the 2022 period to 44% in the 2023 period), and a decrease in MA use (from 15% in 2022 to 11% in the 2023). In the Northern Cape, only three substances were reported including alcohol (50%), MA (25%), and cannabis (25%).

Similar to the Free State, alcohol (55%), cannabis (20%) and methamphetamine (11%) were the three most commonly reported primary substances in the North-West. A sharp incline in alcohol use was seen from 40% in 2022 to 55% in 2023 while cannabis (26% in 2022 to 20% in 2023) and MA (22% in 2022 to 11% in 2023) use declined (Table 161).

TABLE 161: PRIMARY SUBSTANCE OF USE (CENTRAL REGION)

	Free State			Northern Cape			North-West		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%			%			%		
Alcohol	27	41	44	-	11	50*	40	40	55
Cannabis	32	27	25	-	36	25*	24	26	20
Cannabis/Mandrax**	4	5	3	-	6	-	-	2	3
Crack/Cocaine	5	1	2	-	-	-	-	-	4
Heroin/Opiatesˆ	6	4	4	-	-	-	8*	7	6
Methamphetamine ('Tik')	20	15	11	-	41	25*	28	22	11
Inhalants	1	<1*	1*	-	-	-	-	1	-
Methcathinone ('CAT'/ KHAT)	3	2	2	-	6	-	-	2	2
OTC/PRE	2	2	2	-	-	-	-	-	-
Other/Poly-substance use	<1	1*	2	-	-	-	-	-	-
Tobacco Products	-	<1*	3	-	-	-	-	-	-

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

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

Swallowing was the most popular route of administration in the Free State (48%), Northern Cape (50%) and the North-West (55%). Reports for heroin/opiate use by injection were high in the Free State (63%) and North-West (29%). Substance use by means of injection was not reported for the Northern Cape (Table 162).

TABLE 162: MODE OF USE OF PRIMARY SUBSTANCE (CENTRAL REGION)

	Free State			Northern Cape			North-West		
	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2021	Jan-Dec 2022	Jan-Dec 2023
	%			%			%		
Swallowed	33(9)	43(5)	48(8)	-	11	50*(-)	40(-)	41(2)	55(2)*
Snorted	3(5)	2(4)	3(6)	-	-	-	8(13)	3(5)	2(4)*
Smoked	61(82)	53(89)	46(81)	-	89(100)	50*(100)*	52(87)	56(93)	41(91)
Injected	3(4)	2(3)	3(5)	-	-	-	-	-	2(4)*
Injected Heroin	39	40	63	-	-	-	-	-	29

() Figures in brackets exclude alcohol *N<5

Tables 163 to 165 show the frequency of use of primary substances for each province. Substances were predominantly used on a daily basis for the entire region, indicating high frequency of use. Heroin/opiates was used daily only in the Free State and North-West (100%) whereas in the Northern Cape, cannabis and MA were used on a daily basis only (100%). In the North-West, cannabis and crack/cocaine were only used daily.

TABLE 163: FREQUENCY OF USE BY PRIMARY SUBSTANCE (FREE STATE)[a]

	Daily		2-6 days per week		Once per week or less often		Not used in the past month	
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023
	%		%		%		%	
Alcohol	70	48	24	26	2*	18	4	8
Cannabis	62	81	34	11	1	5	3	3*
Cannabis/Mandrax**	67	92	33	0	-	-	-	8*
Crack/Cocaine	33*	63	67	12*	-	25*	-	-
Heroin/Opiatesˆ	85	100	15*	-	-	-	-	-
Inhalants	-	67*	100*	-	-	33*	-	-
Methamphetamine ('Tik')	81	54	18	38	1	8*	-	-
Methcathinone ('CAT'/KHAT)	67	33*	33*	44*	-	22*	-	-
OTC/PRE	100	56	-	22*	-	11*	-	11*
Tobacco products	-	86	-	-	-	7*	-	7*

[a] Row % equals 100 for each reporting period

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

ˆNyaope 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 (NORTHERN CAPE)[a]

	Daily		2-6 days per week		Once per week or less often		Not used in the past month	
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023
	%		%		%		%	
Alcohol	86	-	14*		-	100*	-	-
Cannabis	43	100*	35	-	13	-	9	-
Cannabis/Mandrax*	25*		75*	-	-	-	-	-
Crack/Cocaine	-	-	-	-	-	-	-	-
Heroin/Opiatesˆ	-	-	-	-	-	-	-	-
Inhalants	-	-	-	-	-	-	-	-
Methamphetamine ('Tik')	12*	100*	62	-	19	-	8*	-
Methcathinone ('CAT'/KHAT)	25*	-	75*	-	-	-	-	-
OTC/PRE	-	-	-	-	-	-	-	-
Tobacco products	-	-	-	-	-	-	-	-

* 'White pipe' or Mandrax alone

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

[a] Row % equals 100 for each reporting period

TABLE 165: 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 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023
	%		%		%		%	
Alcohol	67	72	31	14	-	14	3	-
Cannabis	84	79	16*	4*	-	17*	-	-
Cannabis/Mandrax**	-	100*	100*	-	-	-	-	-
Crack/Cocaine	-	100	-	-	-	-	-	-
Heroin/Opiatesˆ	86	100	1	-	-	-	-	-
Inhalants	-	-	100*	-	-	-	-	-
Methamphetamine ('Tik')	81	69	19	23*	-	7*	-	-
Methcathinone ('CAT'/KHAT)	100*	50*	-	50*	-	-	-	-
OTC/PRE	-	-	-	-	-	-	-	-
Tobacco products	-	-	-	-	-	-	-	-

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

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

[a] Row % equals 100 for each reporting period

The average age of persons seen by treatment centres was 30 years in the Free State, 22 years in the Northern Cape, and 33 years in the North-West. In the Free State, an increase was seen in the mean age of persons admitted to treatment for crack/cocaine, from 31 years in 2022 to 37 years in 2023. The average age for OTC/PRE admissions decreased from 44 years to 36 years over the last two periods. In the Northern Cape, only one person reported alcohol use who was 17 years. In the North-West, the mean age for those accessing treatment for mandrax/cannabis decreased from 32 years in 2022 to 21 years in 2023 (median: 17 years). Services users were younger at the time of admission for MA misuse with the mean age decreasing from 39 years to 33 years (median: 32 years), while services users admitted for CAT/KHAT use were older with mean age increasing from 26 years to 33 years (median: 33 years) over the last two periods. See Table 166.

TABLE 166: MEAN AGE (IN YEARS) BY PRIMARY SUBSTANCE (CENTRAL REGION)

	Free State		Northern Cape		North-West	
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023
Alcohol	40	37	35	17*	38	39
Cannabis	20	21	19	20*	19	21
Cannabis/Mandrax**	26	28	29	-	32	21*
Crack/Cocaine	31	37	-	-	-	33
Heroin/Opiatesˆ	30	31	-	-	26	30
Inhalants	25*	24*	-	-	14*	-
Methamphetamine ('Tik')	26	26	25	34*	39	33
Methcathinone ('CAT/KHAT')	28	32	29	-	26	33*
OTC/PRE	44	36	-	-	-	-
Tobacco products	-	25	-	-	-	-
Overall mean age	31	30	26	22*	29	33

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

ˆNyaope 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. A decrease in males accessing services for OTC/PRE as their primary substance of use were seen between the 2022 and 2023 period (Tables 167 to 169).

TABLE 167: PRIMARY SUBSTANCE OF USE BY GENDER (FREE STATE)

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023		
	%		%		%		
	M	F	M	F	M	F	O
Alcohol	74	26	79	21	75	25	0
Cannabis	91	9	87	13	80	20	0
Cannabis/Mandrax**	75	25*	88	12	83	17*	0
Crack/Cocaine	88	12	87	12	100	0	0
Heroin/Opiatesˆ	72	28	90	10*	89	11*	0
Inhalants	100*	0	100*	0	67*	33*	0
Methamphetamine ('Tik')	82	18	88	12	94	6	0
Methcathinone ('CAT'/KHAT)	100	0	100	0	89	11	0
OTC/PRE	60*	40*	75	25*	56	44*	0
Tobacco products	-	-	-	-	79	14*	7*

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

ˆNyaope 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 (NORTHERN CAPE)

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023	
	%		%		%	
	M	F	M	F	M	F
Alcohol	-	-	100	0	100*	0
Cannabis	-	-	74	26	100*	0
Cannabis/Mandrax**	-	-	100*	0	-	-
Crack/Cocaine	-	-	-	-	-	-
Heroin/Opiatesˆ	-	-	-	-	-	-
Inhalants	-	-	-	-	-	-
Methamphetamine ('Tik')	-	-	88	12*	0	100*
Methcathinone ('CAT'/KHAT)	-	-	100*	0	-	-
OTC/PRE	-	-	-	-	-	-
Tobacco products	-	-	-	-	-	-

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

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

TABLE 169: PRIMARY SUBSTANCE OF USE BY GENDER (NORTH-WEST)

	Jan-Dec 2021		Jan-Dec 2022		Jan-Dec 2023		
	%		%		%		
	M	F	M	F	M	F	O
Alcohol	90	10*	82	18	98	2	O
Cannabis	33*	67*	96	4*	100	0	0
Cannabis/Mandrax**	-	-	100*	0	100*	0	0
Crack/Cocaine	-	-	-	-	100	0	0
Heroin/Opiatesˆ	100*	-	100	0	86	0	14*
Inhalants	-	-	100*	0	-	-	-
Methamphetamine ('Tik')	86	`4*	95	5*	85	15*	0
Methcathinone ('CAT'/KHAT)	-	-	100*	0	100*	0	0
OTC/PRE	-	-	-	-	-	-	-
Tobacco products	-	-	-	-	-	-	-

* N<5; ** 'White pipe' or Mandrax alone
ˆNyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance

Cannabis (27%) was the leading secondary substance of use in the Free State, followed by methamphetamine (26%) and alcohol (18%). In the Free State, notable changes were seen for alcohol (increasing from 11% to 18%) and cannabis use (decreasing from 32% to 27%). In the North-West, cannabis (28%) and methamphetamine (23%) were the most commonly reported secondary substances of use for this period. A considerable increase was seen in cannabis/mandrax from 7% to 17% in this period. Furthermore, decreases were seen for cannabis (39% to 28%) and MA (32% to 23%). Cannabis/Mandrax was the only reported secondary substance in the Northern Cape (100%) (Table 170).

TABLE 170: SECONDARY SUBSTANCE OF USE (CENTRAL REGION)

	Free State		Northern Cape		North-West	
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023
	%		%		%	
Alcohol	11	18	13	-	-	11
Cannabis	32	27	10	-	39	28
Cannabis/Mandrax**	9	6	63	100*	7	17
Crack/Cocaine	4	2	-	-	7	9*
Heroin/Opiatesˆ	3	1	-	-	7	-
Inhalants	-	-	-	-	-	4*
Methamphetamine ('Tik')	28	26	10	-	32	23
Methcathinone ('CAT'/KHAT)	9	3	3	-	4	4*
OTC/PRE	3	5	-	-	-	-
Tobacco products	-	12	-	-	-	2
Total (n)	179	196	30	4	28	119

* N<5; ** 'White pipe' or Mandrax alone
ˆNyaope 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 was the most reported primary or secondary substance used in the Free State (59%) and Northern Cape (50%). In the North-West, MA (72%) was the most commonly used primary or secondary substance (Table 171).

TABLE 171: PRIMARY OR SECONDARY SUBSTANCES OF USE (CENTRAL REGION)

	Free State		Northern Cape		North-West	
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023
	%		%		%	
Alcohol	45	59	17	50*	40	52
Cannabis	45	31	41	25*	37	38
Cannabis/Mandrax**	9	9	36	25*	4*	6
Crack/Cocaine	3	7	-	-	2*	6
Heroin/Opiatesˆ	6	6	-	-	9	5
Inhalants	<1*	2	-	-	1*	1*
Methamphetamine ('Tik')	27	20	45	25*	31	72
Methcathinone ('CAT/KHAT')	6	3*	8	-	3*	3
OTC/PRE	3	-	-	-	-	4
Tobacco products	-	1*	-		-	9

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

ˆNyaope 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 Northern Cape, the proportions decreased from 47% in 2022 to 25% in 2023 (Table 172).

TABLE 172: POLYSUBSTANCE USE (CENTRAL REGION)

	Free State		Northern Cape		North-West	
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023
	%		%		%	
Primary substance only	60	54	53	75	71	61
Primary +2nd substance	40	46	47	25	29	39
Total no. of individuals	445	424	64	4	97	119

During the 2023 period, the Free State reported 'medical aid' (38%), the Northern Cape 'family/friends' (50%), and North-West 'employer' (50%) as the most common funding source for treatment. Notable changes were seen in the Free State: 'state' decreased from 35% to 13%; 'family/friends' increased from 10% to 24%. In the North-West, 'medical aid' decreased from 62% to 19%, and 'employer' increased from 8% to 50%. Across the three provinces, the 'other/ combinations' largely consisted of other non-governmental organisations (NGOs) funding treatment services. See Table 173.

TABLE 173: SOURCES OF PAYMENT (CENTRAL REGION)

	Free State		Northern Cape		North-West	
	Jan-Jun 2022	Jan-Dec 2023	Jan-Jun 2022	Jan-Dec 2023	Jan-Jun 2022	Jan-Dec 2023
	%		%		%	
Self	6	7	-	-	3	4
Medical Aid	42	38	2	-	62	19
State	35	13	-	25*	-	1
Family/friends	10	24	-	50*	22	22
Employer	6	6	-	-	8	50
Unknown	-	<1	3	-	2	1
Other/ combinations	1	12	95	25*	3	3

* N<5

In the Central region, 143 (26%) cases of non-communicable diseases were reported. In the Free State,120 non-communicable diseases cases were reported, 22 in the North-West and 1 in the Northern Cape. Mental health problems were the most frequently reported NCDs in the Free State (66%). In the Northern Cape, only one service user reported a diagnosis of blood pressure illness (100%). In the North-West, the NCD with the most reported cases was for gastrointestinal illnesses (41%) (Table 174).

TABLE 174: NON-COMMUNICABLE DISEASES (CENTRAL REGION)

	Free State				Northern Cape				North-West			
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%	n	%	n	%	n	%
Cardiovascular disease	8	5	11	6	-	-	-	-	-	-	5	20
Diabetes	11	7	8	5	-	-	-	-	1	8	1	4
Respiratory disease	12	8	10	6	3	43	-	-	2	17	2	8
Mental health problems	70	45	79	46	3	43	-	-	7	58	6	24
Blood pressure issues	43	28	29	17	-	-	1	100*	2	17	-	-
Liver disease	2	1	4	2	1	14	-	-	-	-	1	4
Gastrointestinal disease	9	6	19	11	-	-	-	-	-	-	9	36
Hepatitis	-	-	-	-	-	-	-	-		-	-	-
Cancer	-	-	-	-	-	-	-	-	-	-	-	-
Neurological Disorder	1	1	13	7	-	-	-	-	-	-	1	4

In the Central region, the non-medical use of codeine products was indicated in 35 (6%) of individuals admitted to treatment during this period. In the Free State, only 6 (20%) 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 four service user reported codeine misuse in the North-West, with no second codeine product reported (Table 175 - 177). In the Free State, codeine products were mostly swallowed and used once per week or less often (Table 178-180).

TABLE 175: MODE OF CODEINE USE (FREE STATE)

	Free State			
	Jan-Dec 2022		Jan-Dec 2023	
	1st product (n=20)	2nd product (n=3)	1st product (n=31)	2nd product (n=6)
Swallowed	100	100	100	100
Smoked	-	-	-	-
Snort	-	-	-	-
Injected	-	-	-	-
Types of products	Adcodol, Benylin, Broncleer, Stilpayne, Lenazine, Mybulen	Adcodol, Stilpane	-	-

TABLE 176: MODE OF CODEINE USE (NORTHERN CAPE)

	Northern Cape			
	Jan-Dec 2022		Jan-Dec 2023	
	1st product (n=0)	2nd product (n=0)	1st product (n=0)	2nd product (n=0)
Swallowed	-	-	-	-
Smoked	-	-	-	-
Snort/Sniff	-	-	-	-
Injected	-	-	-	-
Types of products	-	-	-	-

TABLE 177: MODE OF CODEINE USE (NORTH-WEST)

	North-West			
	Jan-Dec 2022		Jan-Dec 2023	
	1st product (n=20)	2nd product (n=3)	1st product (n=31)	2nd product (n=6)
Swallowed	100	-	100*	-
Smoked	-	-	-	-
Snort/Sniff	-	-	-	-
Injected	-	-	-	-
Types of products	Cough mixture, Painamol	-	Panado-co, Cough syrup, Sinustop with codeine	-

TABLE 178: FREQUENCY OF CODEINE USE (FREE STATE)

	Free State			
	Jan-Dec 2022		Jan-Dec 2023	
	1st Product (n=20)	2nd Product (n=3)	1st Product (n=31)	2nd Product (n=6)
Daily	57	67	23	50*
2-6 days per week	21	-	26	17*
Once per week/less often	-	-	29	17*
Not used in the week	21	33	22	16*

TABLE 179: FREQUENCY OF CODEINE USE (NORTHERN CAPE)

	Northern Cape			
	Jan-Dec 2022		Jan-Dec 2023	
	1st Product (n=0)	2nd Product (n=0)	1st Product (n=0)	2nd Product (n=0)
Daily	-	-	-	-
2-6 days per week	-	-	-	-
Once per week/less often	-	-	-	-
Not used in the week	-	-	-	-

TABLE 180: FREQUENCY OF CODEINE USE (NORTH-WEST)

	North-West			
	Jan-Dec 2022		Jan-Dec 2023	
	1st Product (n=20)	2nd Product (n=3)	1st Product (n=31)	2nd Product (n=6)
Daily	-	-	50*	-
2-6 days per week	-	-	25*	-
Once per week/less often	-	-	25*	-
Not used in the week	-	-	-	-

Tobacco use was reported in the Free State (70%), Northern Cape (25%) and North-West (82%). Cigarettes was the most frequently used tobacco product across all provinces. In the Northern Cape, only one person reported the use of tobacco products. The various tobacco products are detailed in Table 181 below.

TABLE 181: TOBACCO PRODUCTS (CENTRAL REGION)

	Free State				Northern Cape				North-West			
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%	n	%	n	%	n	%
Cigarettes	308	96	275	91	62	87	1	100*	55	83	95	99
Hookah Pipe	9	3	14	5	5	7	-	-	11	17	1	1
e-cigarettes*	-	-	5	2	-	-	-	-	-	-	-	-
Other*	3	1	8	3	5	7	-	-	-	-	-	-

* N<5

Nine (9) persons admitted to treatment reported substance use during pregnancy in the Central region. No substance use during pregnancy was reported in the Northern Cape (Table 182).

TABLE 182: SUBSTANCE USE DURING PREGNANCY (CENTRAL REGION)

	Free State		Northern Cape		North-West	
	n	%	n	%	n	%
Use during pregnancy	8	2	-	-	1	1
Substances specified						
Alcohol	6	75	-	-	-	-
Dagga	2	25	-	-	1	100*

* N<5

DATA FOR INDIVIDUALS ≤18 YEARS AND YOUNGER

A total of 128 (23%) service users aged 18 and under were reported this annual period. For both the Northern Cape and North-West provinces, only males were admitted to treatment among individuals aged ≤18 years. In the Free State, 27% of admissions among youths aged 18 years and younger were female (Table 183).

TABLE 183: GENDER PROFILE OF INDIVIDUALS ≤18 YEARS (CENTRAL REGION)

	Free State		Northern Cape		North-West	
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023
	%		%		%	
GENDER						
Male	84	72	79	100*	100	100
Female	16	27	21	-	-	-
Other	-	1	-	-	-	-

* N<5

'Self/family/friends' was the leading source of referral to treatment in both Northern Cape (100%), and North-West (81%), while in the Free State, the main referral source was 'school' (45%) (Table 184).

TABLE 184: REFERRAL SOURCES FOR INDIVIDUALS ≤18 YEARS (CENTRAL REGION)

	Free State		Northern Cape		North-West	
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023
	%		%		%	
Self/Family/friends	57	30	53	100*	84	81
Work/employer	1*	-	-	-	-	-
Health professional	2*	3	-	-	-	-
Religious body	-	-	-	-	-	-
Hospital/clinic	-	1	-	-	-	-
Social services/welfare	12	5	-	-	-	6*
Court/correctional	1*	-	-	-	-	-
School	27	45	47	-	16*	13*
Other e.g., radio	-	16	-	-	-	-

* N<5

The leading substances in the Free State were cannabis (45), followed by alcohol (32%); cannabis decreased from 72% while alcohol increased from 5% in 2022. In the North-West, cannabis was the most frequently reported substance of use among service users 18 and younger, increasing from 74% in 2022 to 88% in 2023. In the Northern Cape, alcohol was the only primary substance reported by services users 18 years and younger (Refer to Table 185).

TABLE 185: PRIMARY SUBSTANCE OF USE OF INDIVIDUALS ≤18 YEARS (CENTRAL REGION)

	Free State				Northern Cape				North-West			
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	5	5	35	32	-	-	2	100*	-	-	-	-
Cannabis	74	72	50	45	14	74	-	-	14	74	14	88
Cannabis/Mandrax*	5	5	3	3	-	-	-	-	-	-	2	13
Crack/Cocaine	-	-	-	-	-	-	-	-	-	-	-	-
Heroin/Opiates**	-	-	-	-	-	-	-	-	1	5	-	-
Methamphetamine ('Tik')	14	14	4	4	5	26	-	-	3	16	-	-
Inhalants	-	-	1	1	-	-	-	-	1	5	-	-
OTC/PRE	-	-	-	-	-	-	-	-	-	-	-	-
Methcathinone ('CAT/KHAT')	*	1	-	-	-	-	-	-	-	-	-	-
Tobacco products	-	-	8	7	-	-	-	-	-	-	-	-
Other/Poly-substance use	4	3	9	8	-	-	-	-	-	-	-	-
Total	103	100	110	100	19	100	2	100	19	100	16	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 the Free State, substances were predominantly smoked (58%). In the Northern Cape, all substances were swallowed while in the North-West, all substances were smoked (Table 186).

TABLE 186: MODE OF USE OF PRIMARY SUBSTANCE FOR INDIVIDUALS ≤18 YEARS (CENTRAL REGION)

	Free State		Northern Cape		North-West	
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2022	Jan-Dec 2023
	%		%		%	
Swallowed	5	40	-	100*	-	-
Snorted	1	2	-	-	5*	-
Smoked	94	58	100	-	95	100
Injected	-	-	-	-	-	-

* N<5

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 and Northern Cape, no admissions were made for females in the current reporting period (Table 187).

TABLE 187: PRIMARY SUBSTANCE OF USE BY GENDER FOR INDIVIDUALS ≤18 YEARS (CENTRAL REGION)

	Free State					Northern Cape					North-West				
	Jan-Dec 2022		Jan-Dec 2023			Jan-Dec 2021		Jan-Dec 2023			Jan-Dec 2021		Jan-Dec 2023		
	M	F	M	F	O	M	F	M	F	O	M	F	M	F	O
Alcohol	80*	20*	57	43	0	-	-	100	0	0	-	-	-	-	-
Cannabis	84	16	78	22	0	71	29*	-	-	-	100	0	100	0	0
Cannabis/ Mandrax**	60*	40*	100*	0	0	-	-	-	-	-	-	-	100*	0	0
Crack/ Cocaine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Heroin/ Opiatesˆ	-	-	-	-	-	-	-	-	-	-	100*	0	-	-	-
Metham-phetamine ('Tik')	93	7*	100*	0	0	100	0	-	-	-	100*	0	-	-	-
Inhalants	-	-	100*	0		-	-	-	-	-	100*	0	-	-	-
Tobacco products	-	-	63	25	12										
OTC/PRE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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

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

Use of tobacco products (44%) was the most frequently used secondary substance in the Free State, followed by MA (21%). Three (3) admissions for MA misuse were made in the North-West, representing 43% of all admissions among youths in this province. Refer to Table 188.

TABLE 188: SECONDARY SUBSTANCE OF USE FOR INDIVIDUALS ≤18 YEARS (CENTRAL REGION)

	Free State				Northern Cape				North-West			
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2022		Jan-Dec 2023	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	3	7	7	18	-	-	-	-	-	-	1	14
Cannabis	9	21	6	15	2	40	-	-	1	50	1	14
Cannabis/Mandrax*	1	2	-	-	3	60	-	-	-	-	1	14
Crack/Cocaine	-	-	-	-	-	-	-	-	-	-	1	14
Heroin/Opiates**	1	2	1	3	-	-	-	-	-	-	-	-
Methamphetamine ('Tik')	24	57	8	21	-	-	-	-	1	50	3	43
Inhalants	-	-	-	-	-	-	-	-	-	-	-	-
OTC/PRE	-	-	-	-	-	-	-	-	-	-	-	-
Methcathinone ('CAT/KHAT')	3	7	-	-	-	-	-	-	-	-	-	-
Tobacco products	-	-	17	44	-	-	-	-	-	-	-	-
Other	1	2	-	-	-	-	-	-	-	-	-	-
Total	42	100	39	100	5	100	0	0	2	100	7	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, 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 (eThekwini), 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 eThekwini 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.

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 2023 (2023a) and July - December 2023 (2023b). Due to programmatic data systems in operation during this period, it is not possible to combine all indicators into annual amounts, so some outputs are presented by six-month periods.

Needle and syringe services

Between January to June 2023, 29, 254 PWID were reached and 29,371 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. PWID service user sociodemographic characteristics by province and district are provided below.

TABLE 189: DEMOGRAPHIC CHARACTERISTICS OF PEOPLE WHO USE DRUGS WHO ACCESSED NEEDLE AND SYRINGE SERVICES BY DISTRICT (JANUARY - JUNE 2023)

Province	District (N)*	Male		Female**		Black African		Indian		Coloured		White	
		n	%	n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (841)	570	68	269	32	260	31	5	1	271	32	302	36
Gauteng	Ekurhuleni (579)	492	86	4	1	33	6	45	8	492	86	4	1
	JHB (10214)	9727	95	476	5	9870	97	21	0	133	1	174	2
	Sedibeng (1686)	1615	96	71	4	1636	98	0	0	4	0	34	2
	Tshwane (9613)	7408	97	262	3	7253	95	48	1	138	2	233	3
	West Rand (1131)	1057	93	72	6	984	88	0	0	45	4	92	8
KwaZulu-Natal	eThekwini (1744)	1553	89	190	11	1533	89	66	4	63	4	69	4
	UMG (1111)	379	1010	91	101	1072	97	4	0	21	2	6	1
Mpumalanga	Ehlanzeni (547)	521	95	26	5	ND	ND	ND	ND	ND	ND	ND	ND
Western Cape	Cape Metro (1788)	1454	81	330	18	40	2	0	0	1601	90	134	8

* 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 190: DEMOGRAPHIC CHARACTERISTICS OF PEOPLE WHO USE DRUGS WHO ACCESSED NEEDLE AND SYRINGE SERVICES BY DISTRICT (JULY - DECEMBER 2023)

Province	District (N)*	Male		Female**		Black African		Indian		Coloured		White	
		n	%	n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (730)	512	70	217	30	237	33	5	1	200	28	284	39
Gauteng	Ekurhuleni (560)	507	91	53	9	482	87	3	1	32	6	38	7
	JHB (10692)	10185	95	497	5	10274	96	29	0	195	2	171	2
	Sedibeng (1718)	1642	96	77	4	1662	97	0	0	3	0	41	2
	Tshwane (9678)	9152	96	356	4	7238	75	22	0	49	1	146	2
	West Rand (933)	875	94	59	6	807	87	0	0	62	7	59	6
KwaZulu-Natal	eThekwini (1722)	1524	89	198	11	1531	89	61	4	60	4	60	4
	UMG (831)	724	87	107	13	710	97	1	0	15	2	6	1
Mpumalanga	Ehlanzeni (686)	644	96	42	6	ND	ND	ND	ND	ND	ND	ND	ND
Western Cape	Cape Metro (1821)	1466	81	349	19	39	2	4	0	1631	90	131	7

* 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 191: AGE DISTRIBUTION OF PEOPLE WHO USE DRUGS WHO ACCESSED NEEDLE AND SYRINGE SERVICES BY DISTRICT (JANUARY - JUNE 2023)

Province	District (N)*	< 15		16 - 24		25 - 35		36 - 50		>50	
		n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (841)	0	0	114	14	362	43	308	37	57	7
Gauteng	Ekurhuleni (579)	0	0	27	5	443	77	105	18	4	1
	JHB (10214)	1	0	504	5	7277	5	2369	23	63	1
	Sedibeng (1686)	0	0	137	8	1261	75	285	17	3	0
	Tshwane (9613)	2	0	341	4	5860	61	3374	35	65	1
	West Rand (1131)	0	0	88	8	832	74	199	18	12	1
KwaZulu-Natal	eThekwini (1744)	0	0	118	7	1220	70	393	23	13	1
	UMG (1111)	0	0	118	11	820	74	170	15	3	0
Mpumalanga	Ehlanzeni (547)	1	0	121	22	334	61	87	16	4	1
Western Cape	Cape Metro (1788)	0	0	51	3	770	43	882	49	85	5

* Some demographic data was not provided. Female includes trans female clients.
ND: No data available NMB: Nelson Mandela Bay, UMG: uMgungundlovu, JHB: Johannesburg

TABLE 192: AGE DISTRIBUTION OF PEOPLE WHO USE DRUGS WHO ACCESSED NEEDLE AND SYRINGE SERVICES BY DISTRICT (JULY – DECEMBER 2023)

Province	District (N)*	< 15		16 - 24		25 - 35		36 - 50		>50	
		n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (730)	1	0	87	12	322	44	274	38	46	6
Gauteng	Ekurhuleni (560)	0	0	29	5	429	77	97	17	5	1
	JHB (10692)	1	0	561	5	7463	5	2545	24	66	1
	Sedibeng (1718)	0	0	150	9	1265	74	299	17	4	0
	Tshwane (9678)	0	0	277	3	5716	59	3372	35	75	1
	West Rand (933)	1	0	71	8	705	76	159	17	6	1
KwaZulu-Natal	eThekwini (1722)	0	0	117	7	1195	69	400	23	10	1
	UMG (831)	0	0	105	13	600	72	119	14	7	1
Mpumalanga	Ehlanzeni (686)	0	0	119	17	445	65	119	17	3	0
Western Cape	Cape Metro (1821)	0	0	60	3	766	42	905	50	90	5

* Some demographic data was not provided.
ND: No data available NMB: Nelson Mandela Bay, UMG: uMgungundlovu, JHB: Johannesburg

TABLE 193: COMPARISON OF PROPORTION OF PEOPLE WHO USE DRUGS ACCESSING NEEDLE AND SYRINGE SERVICES WITH CENSUS DATA BY DISTRICT (JANUARY - JUNE 2023)

Province	District	Population accessing services	Black African	Indian	Coloured	White
			%			
Eastern Cape	NMB	Population [1]	63	1	19	16
		Accessed service	31	1	32	36
Gauteng	Ekurhuleni	Population [1]	85	2	3	10
		Accessed service	86	1	6	8
	JHB	Population [1]	85	4	5	7
		Accessed service	97	<1	1	2
	Sedibeng	Population [1]	88	1	1	10
		Accessed service	98	0	<1	2
	Tshwane	Population [1]	83	2	2	13
		Accessed service	95	1	2	3
	West Rand	Population [1]	86	1	3	10
		Accessed service	88	0	4	8
KwaZulu Natal	eThekwini	Population [1]	71	20	3	6
		Accessed service	89	4	4	4
	UMG	Population [1]	81	10	2	6
		Accessed service	97	<1	2	1
Mpumalanga	Ehlanzeni	Population [1]	97	<1	<1	2
		Accessed service	ND	ND	ND	ND
Western Cape	Cape Metro	Population [1]	46	2	35	16
		Accessed service	2	0	90	8

[1]Statistics by place - Statistics South Africa (Census 2022)
JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu

TABLE 194: COMPARISON OF PROPORTION OF PEOPLE WHO USE DRUGS ACCESSING NEEDLE AND SYRINGE SERVICES WITH CENSUS DATA BY DISTRICT (JULY - DECEMBER 2023)

Province	District	Population accessing services	Black African	Indian	Coloured	White
			%			
Eastern Cape	NMB	Population [1]	63	1	19	16
		Accessed service	33	1	28	39
Gauteng	Ekurhuleni	Population [1]	85	2	3	10
		Accessed service	87	1	6	7
	JHB	Population [1]	85	4	5	7
		Accessed service	96	<1	2	2
	Sedibeng	Population [1]	88	1	1	10
		Accessed service	97	<1	<1	2
	Tshwane	Population [1]	83	2	2	13
		Accessed service	97	<1	1	2
	West Rand	Population [1]	86	1	3	10
		Accessed service	87	<1	7	6
KwaZulu Natal	eThekwini	Population [1]	71	20	3	6
		Accessed service	89	4	4	4
	UMG	Population [1]	81	10	2	6
		Accessed service	97	<1	2	2
Mpumalanga	Ehlanzeni	Population [1]	97	<1	<1	2
		Accessed service	ND	ND	ND	ND
Western Cape	Cape Metro	Population [1]	46	2	35	16
		Accessed service	2	<1	90	7

[1]Statistics by place - Statistics South Africa (Census 2022) ND: No data available NMB: Nelson Mandela Bay, UMG: uMgungundlovu, JHB: Johannesburg.

Needles and syringes distributed: In 2023 a total of 5,809,181 needles and syringes were distributed. Needle return rates ranged from 63% to 100%[6].

TABLE 195: NEEDLE AND SYRINGE DISTRIBUTION AND RETURN RATES (JANUARY – DECEMBER 2023)

Province	District	Distributed	Return %
Eastern Cape	NMB	227,610	94
Gauteng	Ekurhuleni	308,955	68
	JHB	1,705,125	63
	Sedibeng	606,810	93
	Tshwane	1,016,587	99
	West Rand	376,380	91
KwaZulu-Natal	eThekwini	670,530	105
	UMG	220,020	95
MP	Ehlanzeni	48,973	90
Western Cape	Cape Metro	1,760,670	84

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

[6] This can be accounted for by clients returning needles that they purchased or obtained from other sources.

HIV testing and treatment services

HIV testing services among people who use drugs who accessed additional health services: During 2023 12,852 tests were done, with 2,505 people testing positive (19% HIV yield), 2,122 people starting ART (85%) and 269 (13%) people confirmed to have HIV viral suppression.

TABLE 196: HIV TESTING DONE AMONG PEOPLE WHO INJECT DRUGS ACCESSING HARM REDUCTION SERVICES: SELECTED DEMOGRAPHIC CHARACTERISTICS (JANUARY – DECEMBER 2023)*

Province	District (N)*	Male		Female		Black African		Indian		Coloured		White	
		n	%	n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (594)	401	68	173	29	225	38	6	1	167	28	182	31
Gauteng	Ekurhuleni (448)	415	93	33	7	405	90	4	1	23	5	16	4
	JHB (5621)	5,343	95	270	5	5,351	95	27	<1	147	3	160	3
	Sedibeng (567)	518	91	50	9	521	92	0	0	1	<1	41	7
	Tshwane (1338)	1188	89	150	11	554	85	9	1	42	6	57	9
	West Rand (567)	505	89	62	11	440	78	0	0	36	6	81	14
KwaZulu-Natal	eThekwini (1013)	935	92	78	8	863	85	56	6	45	4	45	4
	UMG (540)	493	91	47	9	513	95	4	1	16	3	2	<1
Mpumalanga	Ehlanzeni (793)	750	95	43	55	ND	ND	ND	ND	ND	ND	ND	ND
Western Cape	Cape Metro (1371)	1,095	80	273	20	32	2	2	<1	1,211	88	124	9

JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlov.
* Reflect HIV test, some people may be tested more than once in the reporting period.

TABLE 197: HIV TREATMENT CASCADE BY DISTRICT (JANUARY - DECEMBER 2023)

Province	District (number tests)	HIV +ve		Started / on ART[1]		Virally suppressed[2]	
		n	%	n	%	n	%
Eastern Cape	NMB (594)	60	10	60	100	21	35
Gauteng	Ekurhuleni (448)	48	11	45	94	11	24
	JHB (5,621)	721	13	695	96	22	3
	Sedibeng (567)	125	22	117	94	27	23
	Tshwane (1,338)	709	48	646	91	55	9
	West Rand (567)	248	44	73	29	11	15
KwaZulu-Natal	eThekwini (1,013)	189	19	181	96	58	32
	UMG (540)	79	15	77	97	25	32
MP	Ehlanzeni (793)	145	18	119	82	33	28
Western Cape	Cape Metro (1,371)	181	13	109	60	6	6

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

TB testing and treatment services

During 2023, 17,674 TB screenings were done with people who use drugs, among whom 697 had suspected TB, 74 (11% diagnostic yield) TB cases were confirmed, 11 people started TB treatment 91% treatment initiation) and 3 people were reported to be cured.

TABLE 198: TB TESTING AND TREATMENT CASCADE BY DISTRICT (JANUARY - DECEMBER 2023)

Province	District (number tests)	Suspected		TB confirmed		Started TB treatment	
		n	%	n	%	n	%
Eastern Cape	NMB (813)	71	9	27	38	27	100
Gauteng	Ekurhuleni (451)	0	0	0	0	0	0
	JHB (5,797)	44	1	5	11	4	80
	Sedibeng (764)	90	12	7	8	7	100
	Tshwane (17,674)*	697	4	74	11	67	90
	West Rand (636)	32	5	1	3	1	100
KwaZulu-Natal	eThekwini (1,442)	236	16	12	5	7	58
	UMG (776)	109	14	9	8	8	89
MP	Ehlanzeni (864)	17	2	4	24	4	100
Western Cape	Cape Metro (1,434)	61	4	5	8	5	100

JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu *Include people who use drugs and people were potentially screened more than once in the reporting period.

Viral hepatitis testing and treatment services

During 2023, 1,255 people who use drugs were tested for anti-HCV antibodies, among whom 907 were reactive (72% anti-HCV yield), and 111 HCV PCR confirmatory tests were done and 98 had confirmed HCV infection (88% viraemic prevalence) and 134 people started on DAAs (36% treatment initiation) and 33 achieved SRV12 (25% cure rate[7]).

During 2023, 1,250 people who use drugs were tested for HBV antigen, with a yield of 3,6% (45/1,250).

TABLE 199: HCV TREATMENT CASCADE BY DISTRICT (JANUARY - DECEMBER 2023)

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 (88)	82	93%	74	90	62	84	1	<1
	JHB (217)	152	70	58	83	53	91	22	42
	Sedibeng (89)	69	78	69	100	66	96	8	12
	Tshwane (195)	157	81	111	71	98	88	46	47
	West Rand (0)	-	-	-	-	-	-	-	-
KwaZulu-Natal	eThekwini (89)	41	46	39	95	35	90	26	74
	UMG (0)	-	-	-	-	-	-	-	-
MP	Ehlanzeni (513)	370	72	34	9	34	100	19	56
Western Cape	Cape Metro (64)	36	56	30	83	23	77	12	52

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

[7] Not all people who completed HCV treatment received SVR12 testing and not all people were due SVR12 testing during the reporting period.

Opioid substitution therapy (OST) services

During 2023 opioid substitution therapy was available at centres in Cape Town, Ehlanzeni, Ekurhuleni, eThekwini, Johannesburg, Sedibeng and Tshwane.

TABLE 200: CLIENTS ON OPIOID SUBSTITUTION THERAPY BY DISTRICT (JANUARY - DECEMBER 2023)

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	0	0	0	0	0	0	0
		PWID	43	81	0	8	2	0	114
		Total	43	81	0	8	2	0	114
	JHB	Non-injecting	13	12	0	3	1	1	20
		PWID	299	72	0	13	37	5	316
		Total	312	84	0	16	38	6	336
	Sedibeng	Non-injecting	0	18	0	0	0	0	18
		PWID	36	64	3	19	14	3	67
		Total	36	82	3	19	14	3	85
	Tshwane	Non-injecting	371	125	18	62	49	22	381
		PWID	356	93	11	39	31	14	376
		Total	727	218	29	101	80	36	757
	West Rand	Non-injecting	-	-	-	-	-	-	-
		PWID	-	-	-	-	-	-	-
		Total	-	-	-	-	-	-	-
KwaZulu-Natal	eThekwini	Non-injecting	23	13	0	3	3	0	30
		PWID	95	91	0	39	9	0	138
		Total	118	104	0	42	12	0	168
	UMG	Non-injecting	-	-	-	-	-	-	-
		PWID	-	-	-	-	-	-	-
		Total	-	-	-	-	-	-	-
MP	Ehlanzeni	Non-injecting	0	0	0	0	0	0	0
		PWID	95	122	0	9	12	3	193
		Total	95	122	0	9	12	3	193
Western Cape	Cape Metro	Non-injecting	14	15	29	12	0	0	46
		PWID	161	66	8	19	2	0	214
		Total	175	81	37	31	2	0	260

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 – DECEMBER 2023)

Province	District (number at end of period)	Male	Female
		%	%
Eastern Cape	NMB (0)	-	-
Gauteng	Ekurhuleni (43)	91	9
	JHB (332)	91	9
	Sedibeng (53)	96	4
	Tshwane (701)	90	10
	West Rand (0)	-	-
KwaZulu-Natal	eThekwini (149)	90	10
	UMG (0)	-	-
Mpumalanga	Ehlanzeni (137)	93	7
Western Cape	Cape Metro (204)	75	25

JHB: Johannesburg, LTFU: Lost to follow-up, NA: Not applicable, OST not provided in NMB: Nelson Mandela Bay, UMG: uMgungundlovu; West Rand

Mortality and overdose

In 2023 there were total of 187 deaths among people accessing harm reduction service sites and seven reported fatal overdoses.

TABLE 202: OVERVIEW OF ALL-CAUSE MORTALITY AND FATAL OVERDOSE BY DISTRICT (JANUARY - DECEMBER 2023)

Province	District	Deaths	Fatal overdoses
Eastern Cape	NMB	2	0
Gauteng	Ekurhuleni	10	0
	JHB	50	2
	Sedibeng	5	0
	Tshwane	77	3
	West Rand	0	0
KwaZulu-Natal	eThekwini	5	0
	UMG	2	1
Mpumalanga	Ehlanzeni	4	0
Western Cape	Cape Metro	31	1

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

Human rights violations

During 2023, there were 3,145 reports of human rights violations, with 75% (2,354/ 3,145) linked to the confiscation of injecting equipment.

TABLE 203: COMPARISON OF REPORTED HUMAN RIGHTS VIOLATIONS BY DISTRICT (JANUARY – DECEMBER 2023)

Province	District	Confiscation / destruction of equipment	Assaulted	Falsely arrested	Other	Total
Eastern Cape	NMB	149	48	3	9	209
Gauteng	Ekurhuleni	159	35	2	1	197
	JHB	565	232	19	11	827
	Sedibeng	297	78	45	2	422
	Tshwane	126	17	6	0	149
	West Rand	128	5	10	21	164
KwaZulu-Natal	eThekwini	537	25	24	13	599
	UMG	248	101	1	23	373
MP	Ehlanzeni	17	35	0	0	52
Western Cape	Cape Metro	128	15	8	2	153

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

SECTION 4: SERVICE QUALITY MEASURES (SQM): WESTERN CAPE IMPLEMENTATION FINDINGS FOR THE PERIOD 1 JANUARY TO 31 DECEMBER 2023

FEEDBACK OF FINDINGS IN THE WESTERN CAPE

The findings reported reflect the data collected for the SQM for the 1 January 2023 – 31 December 2023 period. Data was collected across 31 treatment sites in the Western Cape for 2793 adult patients (18-73 years). Of these patients, 24.63% (n=515) were enrolled at inpatient facilities and 75.37% (n=2278) at outpatient or community-based care facilities.

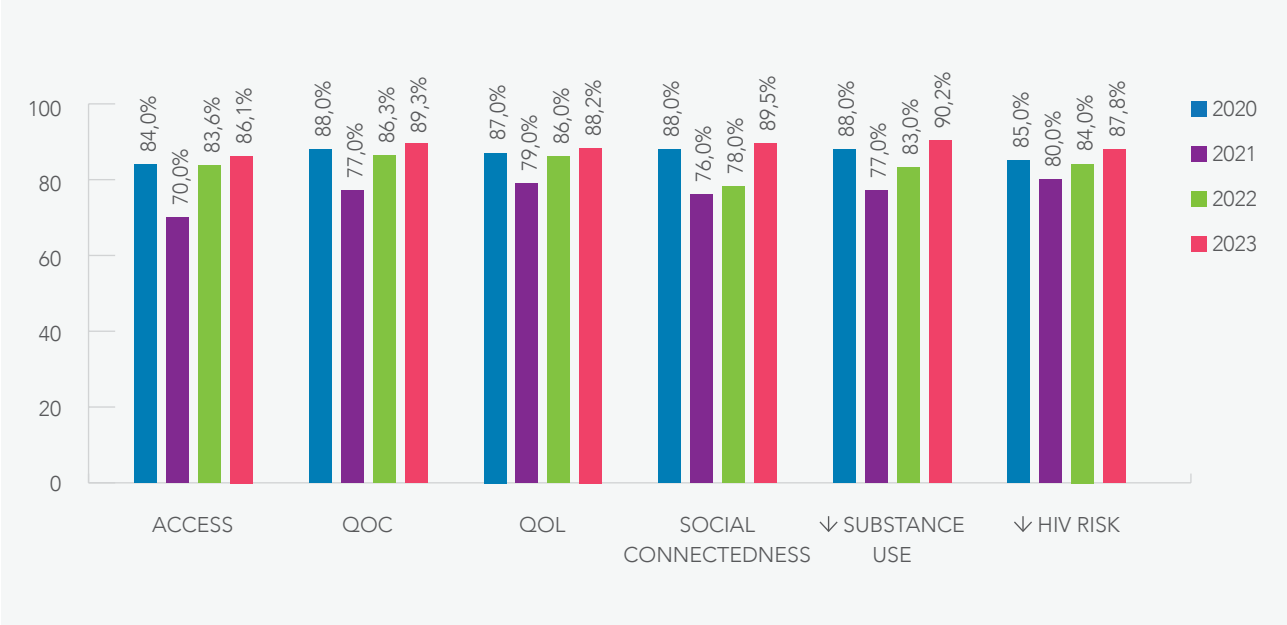
In terms of gender, the findings are similar to the previous reporting period where majority of the population accessing services were male (69.73%) and 30.27% were female. In terms of race, 72.41% of the service users were comprised of Coloureds which was followed by Black Africans (18.58%) and White (8.63%) service users.

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 2020, 2021, 2022 and 2023 reporting periods. In the 2023 reporting period, an increase is seen across the mean percentage scores for each of the SAATSA domains.

FIGURE 1: PATIENTS IN THE WESTERN CAPE'S PERCEPTIONS OF THE EFFECTIVENESS, ACCESSIBILITY, AND OVERALL QUALITY OF SUBSTANCE USE TREATMENT SERVICES (2020-2023).



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 2020, 2021, 2022 and 2023 reporting periods.

FIGURE 2: PATIENTS WHO RECEIVED INPATIENT TREATMENT SERVICES PERCEPTIONS OF THE EFFECTIVENESS, AND OVERALL QUALITY AND ACCESSIBILITY OF TREATMENT (2020-2023).

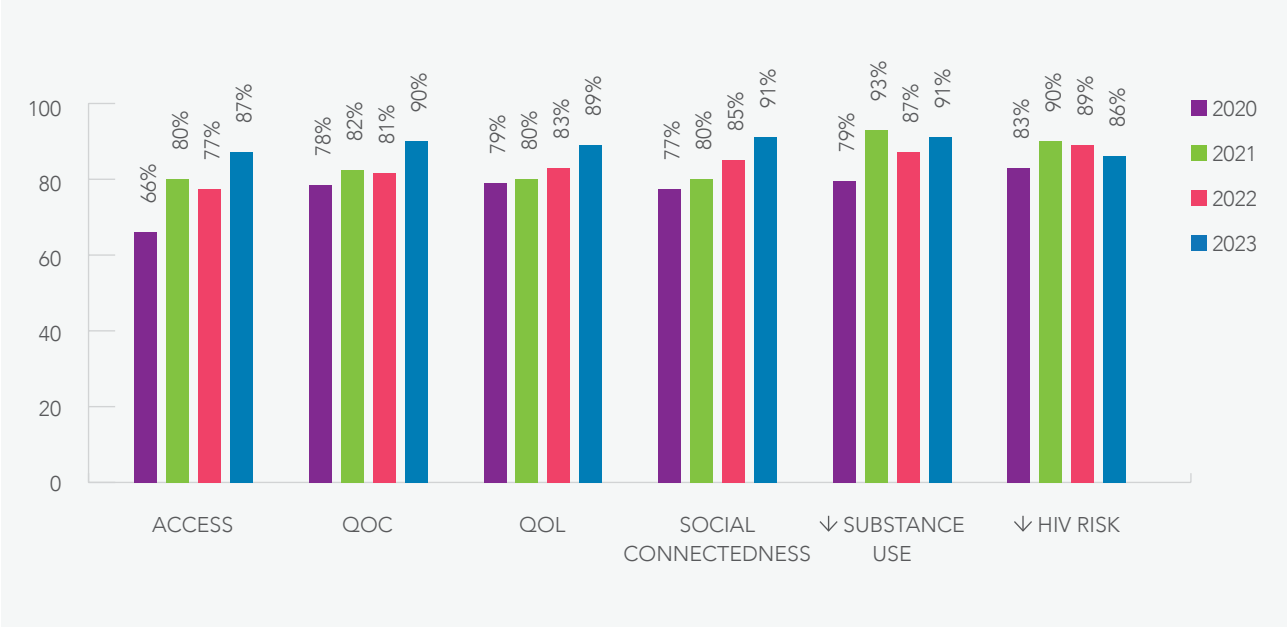
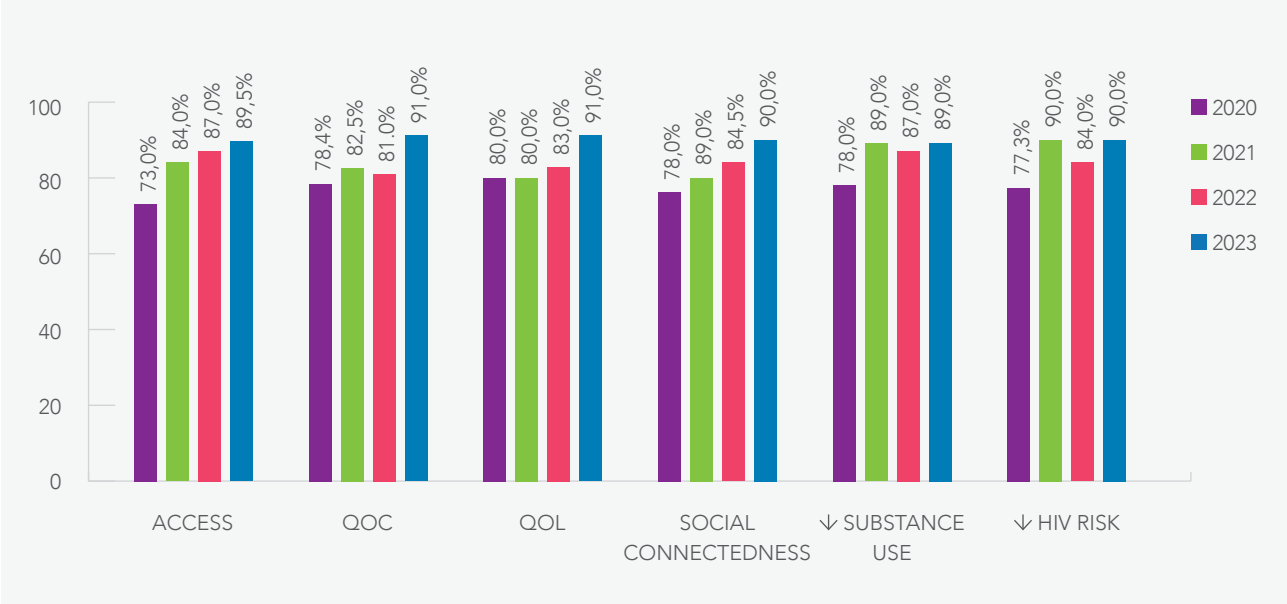


FIGURE 3: PATIENTS WHO RECEIVED OUTPATIENT TREATMENT'S PERCEPTIONS OF THE EFFECTIVENESS, OVERALL QUALITY, AND ACCESSIBILITY OF TREATMENT (2020-2023).



In this reporting period an increase is seen across the SAATSA scales for inpatient centres besides the reduced HIV risk scale where a slight decrease is noted. The findings for outpatient/community-based services for this reporting has seen an increase on all the SAATSA domains, suggesting that facilities improved their performance in these areas.

EQUITY OF OUTCOMES AND QUALITY OF SERVICES RECEIVED

Demographic data was 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.

Findings for this reporting period indicate that there were no gender differences in terms of patient reported outcomes (see Table 204). For this particular period, mean percentage scores were similar for women and men across all SAATSA domains. Consistent with previous reporting periods, the number of women accessing treatment services remains much less in comparison to men. However, despite the skewed number, findings indicate that women perform as well as men in terms of treatment outcomes.

TABLE 204: SAATSA OUTCOMES BY GENDER FOR EACH REPORTING PERIOD (2020-2023)

	2020		2021		2022		2023	
	M	F	M	F	M	F	M	F
Access	82.7	80.7	83.8	83.5	82.8	82.65	90	89
Quality of Care	88.3	88.7	87.1	89.2	87.37	88.37	89.2	88
Quality of Life	84.5	82.8	85.8	87.8	87.66	88.75	90	87.89
Social Connectedness	87.8	88.6	87.1	89.4	88.70	89.93	89.6	89
Substance Use	89.7	90.7	87.7	89.8	89.81	90.81	91	90
HIV risk	86.3	87.1	86.4	86.0	87.9%	88.03	90	89

Table 205 depicts patients in the Western Cape's perceptions of the effectiveness, accessibility and overall quality of substance misuse treatment services by race. Findings for this reporting period, is relatively the same as the previous year. The mean percentage score on the access scale was relatively lower but not significant for Black Africans which meant that they perceived treatment services be accessible.

TABLE 205: SAATSA OUTCOMES BY RACE (2021-2023)

	2021			2022			2023		
	African	Coloured	White	African	Coloured	White	African	Coloured	White
	%			%			%		
Access	85	82.5	83	82	83.5	83.5	85.7	91.2	90.7
Quality of Care	83	82	82.9	86.8	88	87.75	91	91.6	94
Quality of Life	80	75	83	85.9	88.3	87.5	90	90	92
Social Connectedness	80	80	80.9	88.2	88.5	88.8	90	91	94
Substance Use	90	93	93	90	90	90.8	90	87.5	93
HIV risk	88	91	92	88	88.3	88.5	90	91	89

Table 206 depicts patients' perceptions of the effectiveness, accessibility and overall quality of substance misuse treatment services by age. Contrary to the findings of the previous reporting period. The patient reported outcomes of older adults (>=25 years of age) showed an improvement on the SAATSA scales and performed higher than the younger adults (18-24 years). Findings for the younger adults remained similar to that of the previous reporting period.

TABLE 206: PATIENTS IN THE WESTERN CAPE'S PERCEPTIONS OF THE EFFECTIVENESS, ACCESSIBILITY, AND OVERALL QUALITY OF SUBSTANCE USE TREATMENT SERVICES BY AGE (2020-2023).

SQM Domains	2020		2021		2022		2023	
	18-24	>=25	18-24	>=25	18-24	>=25	18-24	>=25
	%		%		%		%	
Access	64.58	64.05	84	83	83.4	83.5	86.5	90
Quality of Care	75.62	74	83	82.5	87	88.5	87.8	92
Quality of Life	74.3	77.5	82.5	81	88	88.5	85	91
Social Connectedness	70	82	82.5	81.6	88	89	93	92.3
Substance Use	74	72.3	93	93	89	90.8	85	93
HIV risk	64	71.14	89	91	85.7	88.2	81.4	90

INTEGRATING HIV SERVICES INTO SUBSTANCE ABUSE TREATMENT HELPS REDUCE HIV RISK

Similar to previous years, findings indicate that 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, eighty-two percent of patients received HIV education which is a slight increase from the previous reporting period. 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= -3.18, (478), p=0.008). A difference, however not significant, 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=-1.46, (461), p=0.07). This reflects the importance of integrating HIV care and services into substance use treatment services (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, 91.5% 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 207. 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.

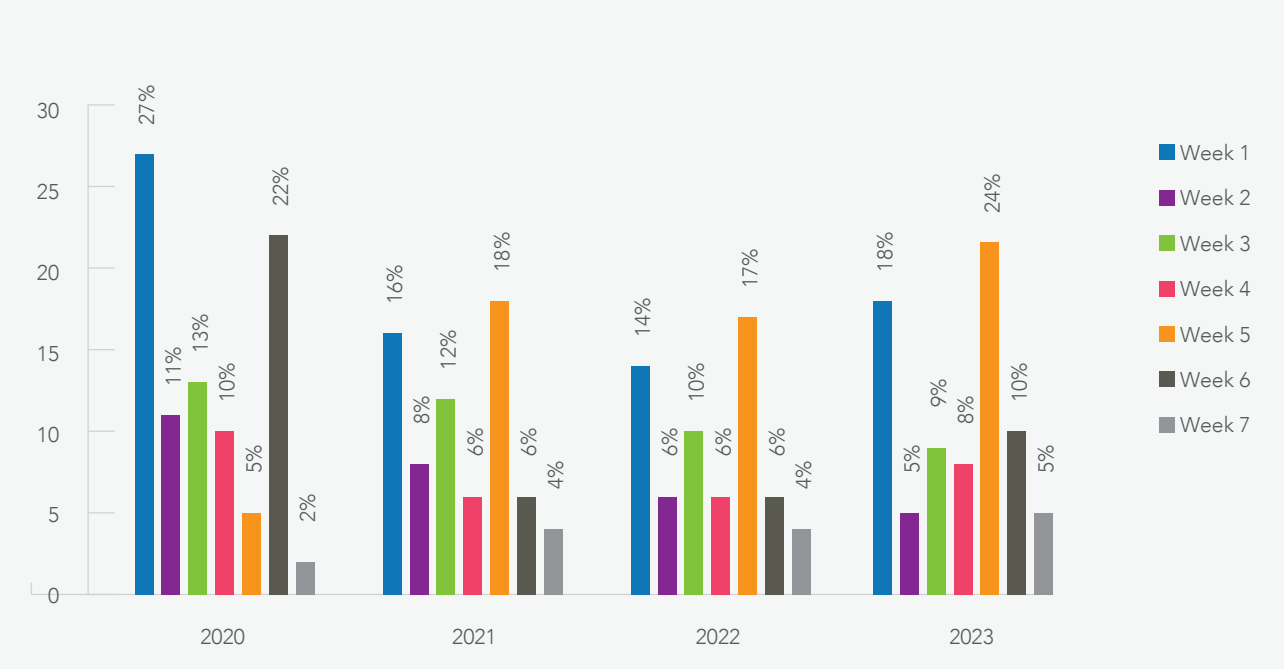
TABLE 207: PROPORTION OF PATIENTS WHO COMPLETED TREATMENT, DROPPED OUT OF TREATMENT OR FOR WHOM TREATMENT WAS TERMINATED.

Variable	Overall	Inpatient	Outpatient
	%		
Completed	57	91	56
Dropped out	43	8	43
Terminated due to non-compliance	9	2	10
Transferred to other care	7	8	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 four (2019 - 2023) reporting periods. Early dropout is not uncommon to our context and more specifically for outpatient centres, which indicate a need to further understand the factors that contribute to early dropout. A recommendation made in response to high dropout is for service providers and other key stakeholders to help 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 (2020-2023).



SUMMARY OF FINDINGS

For this reporting period, there was a drop in the number of implementing treatment centres for this period (31 in comparison to 34 which participated in the previous year). Treatment centres performance on patient and process reported outcomes remained stable with both inpatient and outpatient facilities having no significant differences in mean percentage scores. Overall performance on the SAATSA scales remained relatively high with a slight increase across all scores. In terms of gender, no significant differences were observed across scales for this reporting period. Consistent with previous findings, the number of women accessing treatment services remains much less in comparison to men. A slight increase is noted in the number of patients indicating that they received HIV information and education which continues to have a positive impact on HIV risk behaviour.

IMPLICATIONS FOR POLICY AND FUTURE RESEARCH

Selected implications for policy/practice[8]

During the Phase 54 (Jan-June 2023) and Phase 55 (Jul-Dec 2023) regional report back meetings of the SACENDU Project, the Treatment Demand data, SQM System and findings from Community-Based Harm Reduction Service, a number of recommendations were made with regard to specific interventions needed to address substance use and substance use policy in general:

- Initiate programmes to prevent or delay onset of cannabis by youths in all sites.
- Ensure that adequate drug treatment services are available that are fully accessible/acceptable to female clients.
- Investigate the need to initiate programmes for the prevention of methamphetamine use during pregnancy in GT and WC.
- Address high rate of injection use by heroin users in GT (including reducing risk of harm, by outreach and provision of OST, needle provision, testing for HepC/TB/HIV).
- Discussion is needed on whether treatment centres should be mandated to provide data on persons coming to treatment as part of accreditation.
- Increase advocacy with law enforcement agencies to protect human rights of drug users on the streets.
- Consideration should be given to require liquor producers and retailers to make data on production and sales available as a condition of national and provincial liquor licensing respectively
- Funding for treatment programmes should be more related to evidence of impact and not just numbers treated.
- Consideration should be given to looking for ways to provide effective family planning services for persons who inject drugs and generally increasing outreach efforts to get community harm reduction services to injecting drug users.
- Financial support is needed by government for provision of continuous professional development of substance abuse treatment providers (including PG Dip in Addiction).
- Increase opportunities for shared learning for people in different substance abuse fields.
- Incentivise treatment centres to use evidenced based programmes – this will require standards and continuous assessments for treatment centres.
- Identify pregnant women who use nyaope and provide necessary screening and health support.
- TB symptom screening is yielding low results in some districts, but higher levels in other districts.
- High hepatitis C burden among people who inject drugs in Ehlanzeni identified.
- High HIV yield among PWID accessing HIV testing services in Gauteng, Mpumalanga and KwaZulu-Natal.
- 'Care for caregivers' interventions that address the burnout experienced by caregivers of PWUD are needed.
- High number of deaths among people who use drugs in Tshwane, including from fatal overdoses.
- Practitioners are grappling with how to deal with co-morbidities.

[8] Outcomes emanating from regional meetings held in GP, KZN, EC and WC.

Selected issues to monitor

Phase 54 (Jan-June 2023) and Phase 55 (Jul-Dec 2023) of the SACENDU Project, the Treatment Demand data, SQM System and findings from Community-Based Harm Reduction Service highlighted several conditions/factors that need to be carefully monitored over time:

- Surveillance of the decrease in treatment demand is required in the WC, EC, NR, CR, KZN, especially by individuals aged 18 years and younger in GT, EC, CR, KZN.
- Monitor the increase in the number of patients indicating a comorbidity (i.e., that they also experience mental health problems) in GT, NR, KZN and EC.
- Investigate the factors driving the increase in social service and school referrals in GT and school referrals in the WC and NR.
- Monitor the increase in referrals by employers and health professionals in CR.
- Monitor the increase in methamphetamine as a primary and secondary drug of abuse in GT is required.
- Investigate the increase in alcohol-related treatment demand in the CR.
- Investigate the increase in treatment demand by persons 18 years and younger for cannabis in GT and KZN (especially in KZN) and for heroin/opiates in WC for youths aged 18 and younger.
- Elucidate the factors associated with heroin-related treatment demand in the NR.
- Monitor the decrease in methamphetamine as a primary and secondary drug of abuse in the EC (especially among persons aged ≤18 years) and in the CR as a primary drug of abuse.
- Investigate the occurrence of crack/cocaine as primary drug of abuse in the NR and as secondary drug of abuse in the EC and KZN.
- Establish which factors are associated with the increase in cannabis-related treatment demand among persons ≤18 years in the EC.
- Monitor the increase in treatment demand related to OTC/PRE-medicine use in KZN.
- Surveillance of the high number of reported deaths among PWUD in JHB (34%) and CT (23%) is needed as well as the fatal drug overdoses reported in these cities.
- Increase in social service referrals in GT.
- Increase in methamphetamine (MA) as a primary substance of use in GT.
- Rate of injection use among heroin and opiate users in treatment in GT.
- Decrease in school referrals and scholars coming to treatment in the WC.
- Increase in codeine treatment demand in the WC
- Anecdotal reports of fentanyl use in the WC
- The number of needles and syringes distributed per PWID in Tshwane and Ehlanzeni was 40 - 45% less than in Johannesburg for the reporting period. These are sites that receive needles/ syringes from Global Fund.
- Needles/ syringes confiscated by law enforcement continues to be an issue of concern.
- Increased need for expansion of viral hepatitis testing and treatment across all harm reduction service sites.
- All causes of mortality and overdose deaths among people who use drugs.

Selected topics for further research/investigation

Phase 54 (Jan-June 2023) and Phase 55 (Jul-Dec 2023) of the SACENDU Project, the Treatment Demand data, SQM System and findings from Community-Based Harm Reduction Services highlighted topics for further research/ investigation:

- What are the most effective ways to prevent or delay onset of cannabis use among adolescents?
- What are the barriers to females accessing drug treatment and how best to address?
- What is the role of unemployment in substance use?
- Why the decrease in MA use by persons 18 and under in GT?
- More research needed on the effects on nyaope use on pregnancy, pregnancy outcomes, prevention efforts and long-term outcomes of newborns exposed to nyaope use (in GT).
- Detailed assessment of causes of death among people who use drugs in community settings.
- Impact of different needle and syringe coverage/ saturation and its impact on drug-related harms.

Limitations

Phase 54 (Jan-June 2023) and Phase 55 (Jul-Dec 2023) 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 faced 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 this is often 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 differ 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 who is 58 years old. 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 online platforms to capture patient information, this challenge will hopefully be eliminated 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 experience reductions in funding.

SACENDU

South African Community Epidemiology Network on Drug Use

THREE REPORTS HAVE BEEN PRODUCED:

a. SACENDU Update
b. SACENDU Research Brief
c. Monitoring Alcohol, Tobacco and Other Drug Use Treatment Admissions in South Africa (this report)

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