SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

PHASE 55

MONITORING ALCOHOL, TOBACCO AND OTHER DRUG USE TRENDS (SOUTH AFRICA):

July - December 2024

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SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE (SACENDU) Policy Brief (August 2025)

EXECUTIVE SUMMARY

This policy brief provides an overview of drug-related treatment admissions in South Africa based on data submitted to the **SACENDU surveillance system. SACENDU is an alcohol and other drug (AOD) sentinel surveillance system operational in all 9 provinces in South Africa.** The system monitors trends in AOD use and associated consequences on a six-monthly basis from data received from specialist AOD treatment programmes, community-based harm reduction, health service providers and the Services Quality Metrics (SQM) study. This report provides substance-related trend data over the **period July to December 2024**.

BACKGROUND

Established in 1996, SACENDU is a network of researchers, practitioners and policy makers from various sentinel areas in South Africa. Data is reported bi-annually across the 9 provinces. For provinces with small numbers, it was decided to combine these provinces into regions for analytic purposes as follows: "Central Region" (CR) consisting of the Free State, Northern Cape and North-West, and "Northern Region" comprising Limpopo and Mpumalanga provinces. Reporting is done over these six sites: Western Cape (WC), KwaZulu-Natal (KZN), Eastern Cape (EC), Gauteng (GT), the Northern Region (NR) and the Central Region (CR). Membership to SACENDU is voluntary and new centres are recruited on an ongoing basis.

Data was collected from specialist substance use treatment facilities across the regions mentioned above. Unless stated otherwise, this policy brief reports substance-related and co-morbidity data for the second half of 2024 (July to December 2024 period). Additionally, harm reduction data is reported for people who use drugs (PWUDs), including people who inject drugs (PWID), and sex workers who inject drugs.

TREATMENT DEMAND DATA

The second half of 2024 (i.e., 2024b) saw a decrease in the number of persons admitted to specialist treatment from **8 959 in 2024a (Jan-Jun 2024) to 7 244 in 2024b (Jul-Dec 2024). Admissions for the current reporting period were made across 77 treatment centres/programmes.**

Table 1. Primary substance of use (%) for all persons and persons 18 years and younger – selected drugs (2024b)

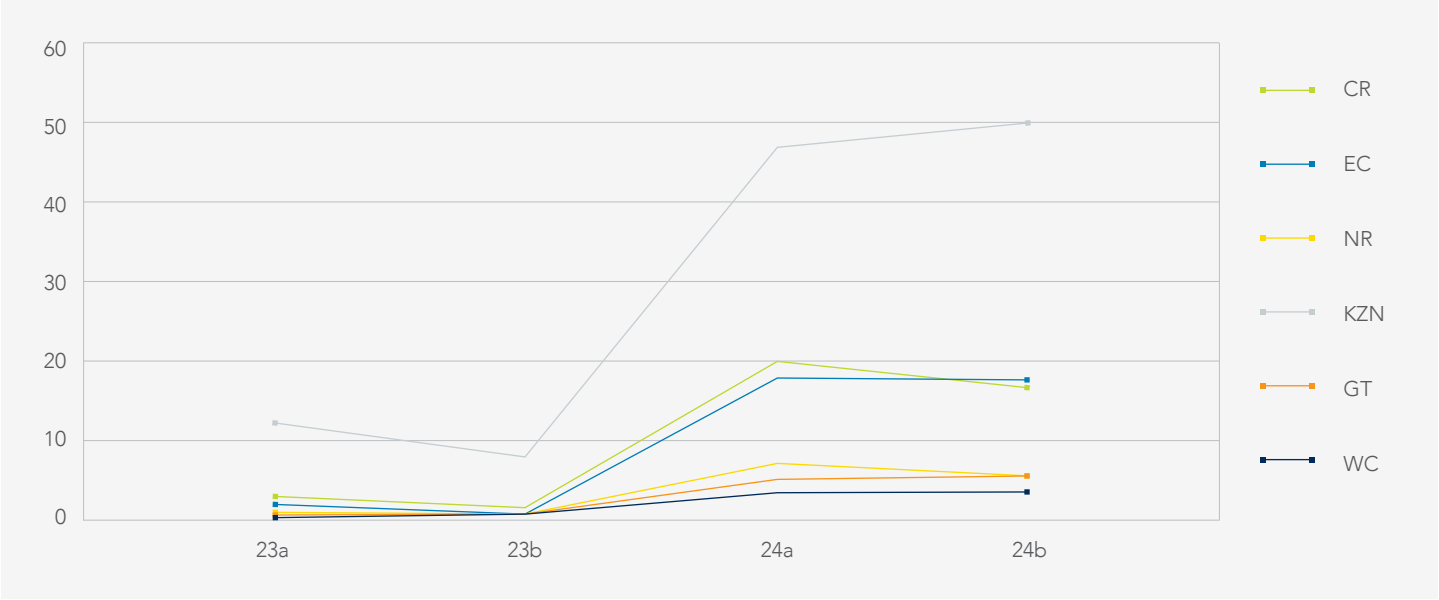
	Age	WC	KZN	EC	GT	NR[a]	CR[b]
# CENTRES (N)	-	26	10	8	20	7	6
# PERSONS ADMITTED (N)	-	1890	783	399	3199	709	263
ALCOHOL	All	22	37	49	19	24	38
	≤19	2	4	6	4	12	6
CANNABIS	All	23	33	29	38	36	38
	≤19	82	87	78	77	59	79
METHAQUALONE (MANDRAX)	All	7	2	2	5	2	3
	≤19	2	-	1	2	3	2
CRACK/ COCAINE	All	3	10	4	2	4	1
	≤19	1	-	2	1	1	-
HEROIN/OPIATES*	All	11	10	<1	10	19	1
	≤19	1	-	1	-	3	-
MA**	All	30	2	11	16	4	10
	≤19	2	-	11	4	2	6

[a]Northern Region (MP & LP), [b]Central Region (FS, NW, NC); *Includes data relating to nyaope and whoonga[1]; **Crystal Methamphetamine

Alcohol admission trends remained unchanged from the previous period with EC (49%), CR (38%) and KZN (37%) reporting the highest alcohol rates for all ages (Table 1). Between 19% (GT) and 49% (EC) of persons accessing AOD treatment services reported alcohol as their primary substance of use. Alcohol-related admissions remain less common among persons 18 years and younger. Between 2% (WC) and 12% (NR) of youths aged 18 years and younger reported alcohol as their primary substance of use. The admission trend for youths ≤18 years increased slightly from 16% in 2024a to 18% in 2024b. See Figure 1 for treatment admissions for all substances among individuals 18 years and younger.

[1] Nyaope and whoonga are street names for heroin, often mixed with other regulated and unregulated substances. In South Africa, it is usually sprinkled on cannabis and/or tobacco and the mixture is rolled into a cigarette or 'joint' and smoked. Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.

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

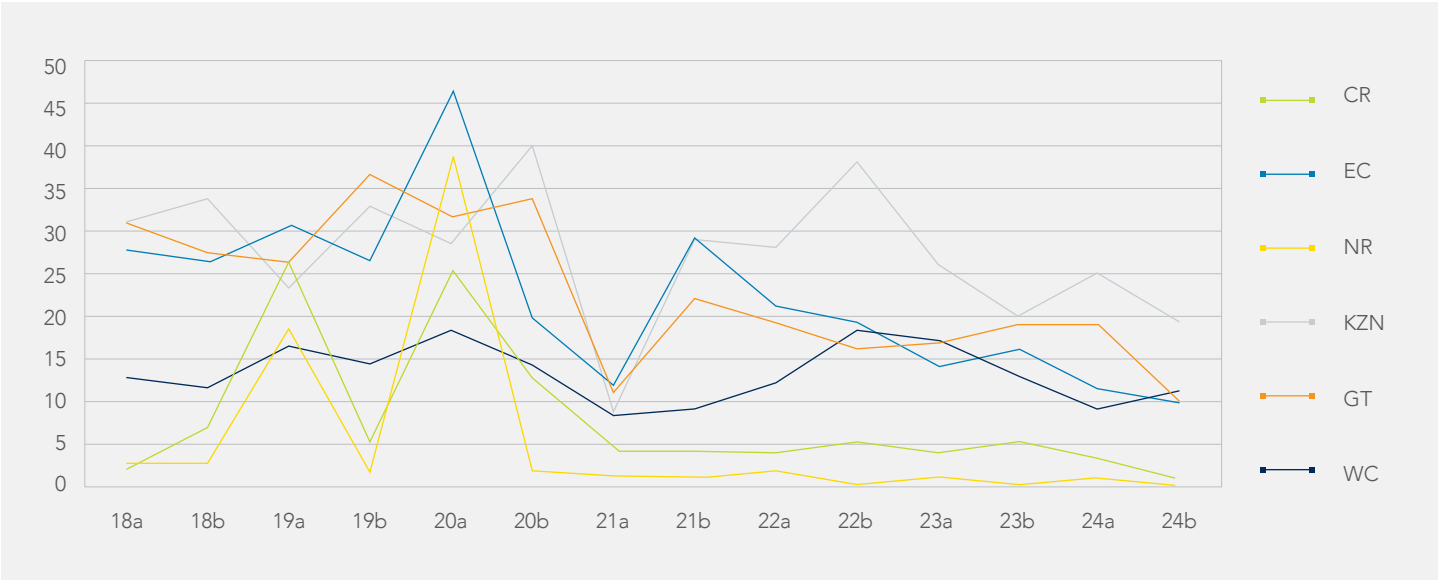


Cannabis was the most common primary substance of use in GT and CR (38% respectively), followed by NR (36%) and KZN (33%) for all age groups. Across regions, between 23% (WC) and 38% (GT and CR) of persons attending specialist treatment centres reported cannabis as their primary substance of use, compared to 2% (KZN, EC, and NR) to 7% (WC) for the **cannabis/mandrax** (methaqualone) aka 'white-pipe' combination. Nationally, high admission rates were reported for cannabis use among persons aged 18 years and younger, ranging from 59% (NR) to 87% (KZN).

Cocaine-related treatment admissions have remained consistently low, showing the same trend over the past few reporting periods with rates ranging between 1% (CR) and 10% (KZN). Across the regions, few persons ≤18 years were admitted for cocaine-related problems, with rates varying from 1% (WC, GT and NR) 2% (EC); no cases were reported for KZN and CR.

In 2024b, between 1% (EC) and 21% (NR) of persons attending specialist treatment centres reported **Heroin/Opiates** as a primary or secondary substance of use. Smoking was the most common route of administration in most regions ranging from 50% (CR, only 2 reported cases) to 91% (KZN). Rates for heroin by injection route were low for most regions except GT (40%) and WC (35%) where higher rates were reported. No injection use was reported in the EC. Notable declines in heroin admissions were seen for GT (from 19% to 10%) and NR (from 25% to 19%) since the last reporting period (see Figure 2).

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



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

Crystal Methamphetamine (MA) – Consistent with the 2024a reporting period, treatment admissions for MA as a primary substance of use were highest in the WC (30%), followed by GT (16%); admissions decreased from 24% (2024a) to 16% (2024b) for GT. Treatment admissions for MA as a primary or secondary substance ranged between 3% (KZN) and 45% (WC). In GT, the use of MA as a primary or secondary substance of use decreased from 34% in 2024a to 28% in 2024b. EC (11%) and CR (6%) had the highest rates for MA use among persons ≤18 years.

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Methcathinone (CAT/KHAT')[2] use remained stable over the last two periods. CAT/KHAT-related admissions were noted in all regions, though rates remained low, ranging from <1% (EC and WC) to 6% in GT. Admissions for CAT/KHAT use as a primary or secondary substance were between <1% (EC) and 9% (GT).

Poly-Substance use remained high, with between 41% (NR) and 61% (WC) of persons receiving treatment indicating the use of more than one substance.

Reported rates for the use of **Over-the-Counter and Prescription Medicines (OTC/PRE-medicines)** were low, ranging between 1% (GT, NR and WC) and 3% (CR and KZN). A similar trend to the 2024a period was seen for OTC/PRE-medicine as a primary or secondary substance of use with rates varying between 1% (NR) and 6% (KZN). During the current reporting period, 401 (6%) persons across all regions reported the non-medical use of codeine, decreasing from 9% in the previous period. KZN emerged, again, as the region with the highest reported rate for codeine admissions (n = 107, 15%).

Across all regions, 20% (n = 1 384) of individuals presented with a **dual diagnosis** at the time of admission, increasing from 15% in 2024a. Mental health issues (n = 803, 47%) and respiratory disease (n = 224, 13%) were the predominant comorbidities reported. Mental health issues also remained the most common NCD reported for all regions ranging from 38% (KZN) to 65% (NR).

Across regions, 18% of admissions for this period (n = 1 289) were **persons 18 years and younger**. Stratified by province (lowest/highest), the proportion of individuals 18 years and younger who were admitted to treatment were between 10% (KZN) and 31% (NR). In this period, EC was replaced by the NR as the province with the highest proportion of admissions among youths aged ≤18 years (31%.).

An overall profile of drug treatment admissions from 77 treatment centres across 9 provinces is provided in Figure 3.

A similar pattern for **HIV testing** rates was seen over the last two periods with between 27% (NR) to 73% (WC) of persons indicating that they had been **tested for HIV in the past 12 months**. Testing rates remain at suboptimal levels, highlighting the need for increased efforts towards improving HIV testing among this population.

COMMUNITY-BASED HARM REDUCTION SERVICES (JULY – DECEMBER 2024)

Community-based harm reduction and health services for people who use drugs, including people who inject drugs (PWID) and sex workers who inject drugs, are provided in alignment with the World Health Organization's guidelines1 and the National Drug Master Plan (2019 – 2024).

Eastern Cape

In ***Buffalo City*** 103 female sex workers who inject drugs were reached with harm reduction services. And 2,730 needles were distributed and 79% returned. In ***Nelson Mandela Bay*** 607 unique PWID accessed services, 184,500 needles and syringes distributed and 105% returned. 331 PWID tested for HIV, among whom 21 tested positive; 21 people were started on ART, with 35 clients confirmed to be virally suppressed during the period. Overall, 712 people were screened for tuberculosis (TB), with 83 being symptomatic, 8 diagnosed, 8 starting TB treatment and 0 person with confirmed cure.

61 people were screened for HCV antibodies with 45 being reactive. 25 people had confirmatory testing done, 11 people had confirmed infection, 6 people started DAAs, and 0 achieved SVR12 during the period. Of the 70 tested for HBsAg, 4 were reactive.

Opioid substitution therapy (OST) was started during this period, with 64 people started on OST, and one person lost to follow-up. 260 human rights violations were reported, mostly involving the confiscation and destruction of injecting equipment. Five deaths were reported among people who use drugs, no fatal overdoses were reported.

Free State

In ***Lejweleputswa*** 24 female sex workers who inject drugs were reached with harm reduction services; 990 needles were distributed and 76% returned.

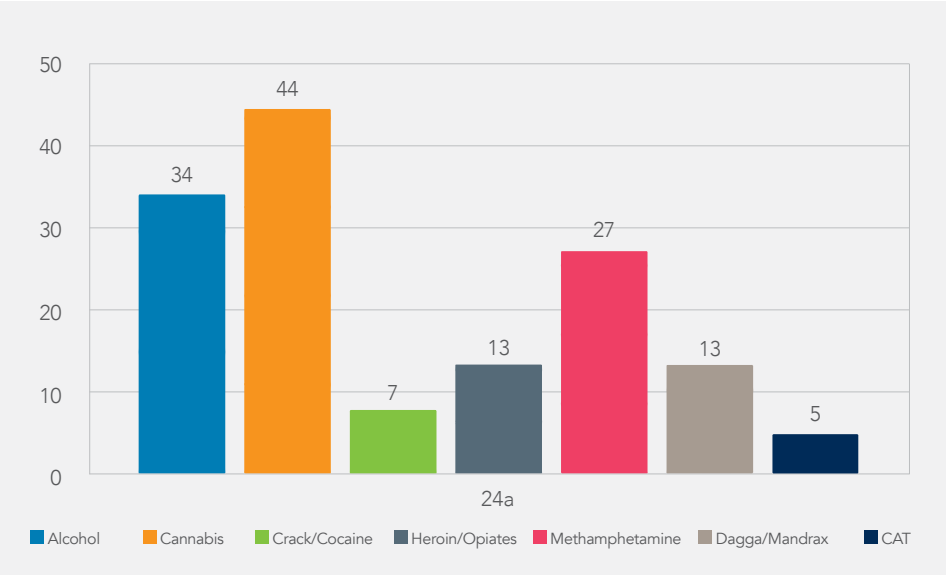
Gauteng

In ***Ekurhuleni*** 1,128 unique PWID accessed the services, with 333,120 needles and syringes distributed and 76% returned. 499 PWID tested for HIV, among whom 159 tested positive; 151 were placed on ART and 25 people were confirmed to be virally suppressed. 1,053 PWID were screened for TB, with 4 being symptomatic, 1 TB case was confirmed, one person was started on treatment and 0 cures confirmed. 30 people were tested for HCV, among whom 27 were positive and of the 27 people who had confirmatory testing done 24 had confirmed infection. 16 people started HCV treatment on direct acting antivirals (DAAs). Of the 127 people tested for HBsAg, 0 were reactive. 119 people were started on OST and 245 were on OST at the end of the period. 223 human rights violations were reported, mostly related to the confiscation/ destruction of injecting equipment. Seven deaths among people who use drugs were reported during this period, no fatal overdoses were reported.

In ***Johannesburg*** 11,567 unique PWID accessed the services, with 1,456,560 needles and syringes distributed and 82% returned. 4,380 PWID tested for HIV, among whom 187 tested positive and 161 were started on ART. 26 PWID were confirmed to be HIV virally suppressed. 12,311 people were screened for TB, with 69 being symptomatic, 2 diagnosed, 2 starting on TB treatment and 0 reporting cure. 175 people were screened for HCV antibodies with 117 being reactive. 58 people had confirmatory testing done and 43 people had confirmed infection. 6 people started DAAs and 2 were reported to have attained sustained virological response at 12 weeks (SVR12). Of the 228 tested for HBV surface antigen (HBsAg), 5 were reactive. 228 PWU/ID were on OST at the beginning of the period and 386 were on OST at the end of the period. 1,593 human rights violations were reported, the majority related to confiscation of injecting equipment. One death was reported among people who use drugs, no fatal overdoses were reported.

In ***Sedibeng*** 2,754 unique PWID accessed the service with 474,630 needles and syringes distributed and 84% returned. 678 PWID tested for HIV, among whom 81 tested positive and 72 were linked to ART. 45 people were reported to have HIV viral suppression. 3,153 people who use drugs were screened for tuberculosis, with 46 being symptomatic, 0 infections confirmed, 0 people received treatment and 0 people were cured. 30 people were screened for HCV antibodies with 27 being reactive. 27 people had

Figure 3: Tx demand data based on data from 9 provinces (primary + secondary data: 2022b (%)



Note: Heroin/Opiates category includes nyaope and whoonga

[2] For increased reporting accuracy, CAT (synthetic) and KHAT (plant-based) have been combined into a single category in the 2022b period.

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confirmatory testing done and 24 people had confirmed infection. 16 PWID started DAAs and 19 achieved SVR12. Of the 127 tested for HBsAg, none were reactive. 97 PWUD/ID were on OST at the beginning of the period and 197 at the end of the period. 664 human rights violations were reported, most linked to confiscation of injecting equipment. Nine deaths among people who use drugs were reported during this period; no fatal overdoses were reported.

In ***Tshwane*** 5,206 unique PWID accessed the services, with 738,420 needles and syringes distributed; and 96% returned. 907 people who use drugs tested for HIV among whom 249 tested positive and 287 were confirmed to be on ART and 69 were with viral load suppression. 2,449 people who use drugs were screened for tuberculosis with 5 being symptomatic, with 0 diagnosed, 0 starting treatment and 0 people cured. 44 people were screened for HCV antibodies with 32 being reactive. 33 people had confirmatory testing done, 27 people had confirmed infection, 8 people started DAAs and 28 achieved SVR12 during the period. Of the 8 tested for HBsAg, 0 were reactive. A total of 942 people were on OST at the beginning of the period and 984 at the end of the period. 91 human rights violations were reported, mostly due to confiscation of injecting equipment and medication. Eighteen deaths were reported among people who use drugs, and no fatal overdoses were reported.

In ***West Rand*** 1,042 unique PWID accessed the services, with 282,405 needles and syringes distributed and 99% returned. 428 PWID tested for HIV, among whom 26 tested positive and 25 were started on ART. A total of 40 people were confirmed to be virally suppressed. 799 PWID were screened for TB, with 32 being symptomatic, 2 infections were confirmed and 2 people started treatment. Viral hepatitis services were started in this period; 56 people screened for HCV antibodies with 44 being reactive. 44 people had confirmatory testing done and 19 people had confirmed infection. 10 people started DAAs and 2 were reported to have attained sustained virological response at 12 weeks (SVR12). OST services started in this period, with 65 people on OST at the end of the period. 170 human rights violations were reported, mostly related to the confiscation/ destruction of injecting equipment. Eleven deaths were reported among people who use drugs during this period, and no fatal overdoses reported. Additionally, 151 female sex workers who inject drugs were engaged in harm reduction services, with 11,565 needles distributed and 85% returned.

KwaZulu-Natal

In ***eThekwini*** 1,784 unique PWID accessed services, with 279,675 needles and syringes distributed and 103% returned. 798 PWID tested for HIV, among whom 39 tested positive and 36 people were placed on ART. HIV viral load suppression was confirmed in 55 PWID. 1,007 people who use drugs were screened for tuberculosis, 69 were symptomatic, 5 diagnosed, 5 started treatment and 0 reporting cure. 134 people were screened for HCV antibodies with 50 being reactive, 46 people had PCR confirmatory testing done and 38 had HCV infection confirmed, and 38 started HCV treatment and 7 people achieved SVR12. Of the 145 PWID tested for HBV surface antigen (HBsAg), 6 were reactive. 307 PWUD/ID were on OST at the beginning of the period and 427 at the end of the period. 475 human rights violations were reported, the majority linked to the confiscation/destruction of needles. Seven deaths were reported among people who use drugs, and no fatal overdoses were reported.

In ***King Cetshwayo*** 80 female sex workers who inject drugs were reached with harm reduction services; 1,710 needles were distributed and 85% returned.

In ***uMgungundlovu***, 1,096 unique PWID accessed the services, with 110,325 needles and syringes distributed and 97% returned. 452 PWID tested for HIV, among whom 19 tested positive; 17 started ART and 16 were confirmed to be virally suppressed during this period. 1,280 people who use drugs were screened for TB, with 52 being symptomatic and 0 diagnosed.

Viral hepatitis services were started in this period; 88 people screened for HCV antibodies with 38 being reactive. 23 people had confirmatory testing done and 16 people had confirmed infection. 16 people started DAAs and 0 were reported to have attained sustained virological response at 12 weeks (SVR12). 157 people were screened for HBsAg and two were reactive. OST services started in this period, with 166 people on OST at the end of the period. 327 human rights violations were reported, the majority linked to the confiscation of injecting equipment. Six deaths were reported (including 1 fatal overdose).

Mpumalanga

In ***Ehlanzeni*** 689 unique PWID accessed the services, with 62,078 needles and syringes distributed and 78% returned. 232 tested for HIV, among whom 32 tested positive and 30 started on ART. 18 PWID were reported to be virally suppression during this period. 232 people were screened for tuberculosis, with 40 being symptomatic, 2 cases of TB were confirmed, 1 person started treatment and 0 people cured. 14 people were screened for HCV antibodies with 12 being reactive; 12 confirmatory tests were done at the site, 12 people had confirmed infection, and 12 were started on DAAs. A total of 145 people were tested for HBV surface antigen (HBsAg), while 4 were reactive. 160 PWID were on OST at the beginning of the reporting period and 257 people at the end. 153 human rights violations were reported, the majority due to assault. Seven deaths were reported and one fatal drug-related overdose reported.

Western Cape

In the ***Cape Metro*** 1,886 unique PWID accessed services, with 942,510 needles and syringes distributed and 91% returned. 900 PWID tested for HIV, among whom 90 tested positive and 77 people were started on ART. Nineteen PWID were confirmed to be HIV viral suppressed. 1,420 PWID were screened for TB, with 17 being symptomatic, 1 diagnosed and 1 starting treatment. 27 people were screened for HCV antibodies with 16 being reactive. 8 people had PCR testing, 1 had confirmed infection and 1 started DAAs. 27 PWID were screened for HBsAg and 3 were reactive. 235 people were on OST at the beginning of the period and 342 at the end. 295 human rights violations were reported, the majority linked to confiscated/ destroyed needles and syringes. No deaths were reported among people who use drugs.

SELECTED IMPLICATIONS FOR POLICY/ PRACTICE†

- Concerns around wide-reaching funding cuts and its impact on drug-related research and services related to vulnerable groups such as men having sex with men (MSM), sex workers, people living with HIV/AIDS.
- A need for evidence-based prevention initiatives that target persons under 18s in the NR, including linking younger patients to organisations that offer vocational training.
- People who use drugs should be actively referred for Hepatitis C testing as a routine part of their care.
- Regular screening of pregnant or breastfeeding women for alcohol or substance use should be conducted, with referrals to treatment provided as needed.
- Concerns raised regarding the high proportion of heavy episodic drinkers in the NC and FS, with limited to no access to care, especially in rural areas.
- Concerns around unregulated alcohol use in the NC and FS; better regulation is required.
- The practice model for OST in the EC can be used to inform OST models in other less resourced provinces.
- Encourage all service providers to begin collecting data on drug overdoses (fatal and non-fatal) across the country. Highlights the need for overdose surveillance systems.
- 'On-the-spot testing' of street drugs is needed to identify the range of illicit substances commonly used as adulterants or bulking agents in drugs such as heroin, methamphetamine, and crack/cocaine.
- Screening for co-occurring health conditions and facilitating referrals to care should be integrated into services for people with substance use disorders.
- Increase the availability of low-threshold services - mobile clinics can play a role in delivering substance use outpatient treatment services but also screening co-occurring health conditions and facilitating referrals to care for individuals with substance use disorders, especially in hard-to-reach or resource-limited settings.

† Outcomes emanating from regional meetings held in NR, CR, GP, KZN, PE and CT.

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- Promoting oral health through patient education is an essential aspect of comprehensive care and should be integrated into health promotion initiatives.
- Monitor the use of hookah pipe (HP), especially in GT.
- Investigate the scarcity of youth-centred services that remain under-resourced due to poor funding and conflicting priorities.
- The need to train/equip police to detect cannabis-impaired driving and prosecute impaired driving.
- Revision of education policies is required – substance use needs to be integrated into the curriculum as early as possible.
- Address the lack of enforcement of regulations and legislation at different levels (treatment facility, societal, community, personal/ individual, etc.).
- Policy recommendations on cannabis legislation from a public health perspective are needed e.g., monitoring of private use of cannabis in the home in terms of proximity to young children (e.g. accessibility of edibles).
- Policy updates are needed on young people and facilitators/barriers to service access; legislation must also address key populations like children living on the street.

SELECTED ISSUES TO MONITOR

- Monitor dropout rates for in and outpatient care (especially in week 5) in MP.
- Monitor alcohol and drug usage among young people in Limpopo, especially Over-the-counter (OTC) medication use.
- Monitor the use of vaping products and e-cigarettes (NR and KZN); consideration should be given to increasing literacy on vaping harms, health promotion messaging is encouraged.
- Monitor fentanyl use in SA, given the increase in fentanyl trafficking.
- Monitor the increase in cannabis use among young people, specifically in CR, is needed.
- Monitor the increase in methaqualone use in EC as both a primary and secondary substance of use.
- Monitor hookah pipe use and the various substances mixed or used in combination.
- Proliferation of registered and unregistered treatment centres in Limpopo that are not being fed into systems like SACENDU – unregistered facilities do not always provide established, evidence-based care.
- Notable scale-up of OST in existing harm reduction sites and expansion to several new areas.
- High levels of human rights violations were reported, particularly in Johannesburg.

SELECTED TOPICS FOR FURTHER RESEARCH

- Enhance surveillance mechanisms (Early Warning Systems) to capture a comprehensive picture of substance use trends.
- Consider conducting household surveys to gather prevalence data.
- Drop in admission numbers nationally – funding cuts impacted service delivery significantly, but other barriers to treatment access also need to be investigated.
- Consider ways to decrease treatment access delay for alcohol – identify interventions that can be used to reduce this delay.

CONCLUSION

This policy brief has provided an overview of the current landscape on substance use treatment access across South Africa. Continued surveillance of drug use among young people is imperative, especially cannabis use, and the use of vaping products and e-cigarettes. Literacy and messaging around the health-related harms associated with these substances must be strengthened.

Easily accessible, low-threshold substance use treatment modalities are required to bring services to under-resourced communities. Substance use treatment services must move towards an integrated approach through which comorbidities are regularly screened for, with appropriate referral to care, allowing for a more comprehensive service delivery.

South Africa counts among the countries with the most progressive, well-devised substance legislation; however, enforcement of legislation remains lacking. Stronger regulation of cannabis products (such as packaging information on the harms and potency) is needed. Concerted efforts from various role players are necessary to facilitate enforcement and revision of current substance use legislation from a public health perspective.

Drug surveillance systems such as SACENDU are critical for early identification of new and emerging drug trends as well as informing policy and practice. Treatment facilities require adequate funding to not only ensure timely provision of specialist substance use services, but also regular contribution of data for surveillance purposes.

RECOMMENDATIONS

- There is a need to increase the availability of community-based mobile services for under-resourced settings.
- An integrated, holistic approach for treatment of substance use disorders and co-occurring diseases.
- Monitor the effects of the cannabis legislation for, specifically, the youth population.
- Improve regulation of cannabis products, especially cannabis infused foodstuffs.
- Strengthen substance use surveillance system.
- Substance use contribute significantly to economic costs and the risk for morbidity and mortality in South Africa. Substance policy like the cannabis legislation must therefore incorporate recommendations on substance policy from a public health perspective.
- Address the funding gaps that threaten the sustainability of substance use services.

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