



# SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

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

January - June 2025

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### SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE (SACENDU) Update (February 2026)

#### EXECUTIVE SUMMARY

This report 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 January to June 2025

#### 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 first half of 2025 (January to June 2025 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 first half of 2025 (i.e., 2025a) saw an increase in the number of persons admitted to specialist treatment from 7 244 in 2024b (Jul-Dec 2024) to 7 975 in 2025a (Jan-June 2025). Admissions for the current reporting period were made across 81 treatment centres/programmes.**

**Table 1.** Primary substance of use (%) for all persons and persons 18 years and younger – selected drugs (2025a)

|                        | Age | WC   | KZN | EC  | GT   | NR <sup>a</sup> | CR <sup>b</sup> |
|------------------------|-----|------|-----|-----|------|-----------------|-----------------|
| # CENTRES (N)          | -   | 33   | 10  | 7   | 19   | 9               | 6               |
| # PERSONS ADMITTED (N) | -   | 1489 | 701 | 172 | 4166 | 972             | 475             |
| ALCOHOL                | All | 25   | 40  | 36  | 19   | 19              | 45              |
|                        | <19 | 10   | 23  | 2   | 6    | 12              | 10              |
| CANNABIS               | All | 24   | 29  | 36  | 41   | 43              | 31              |
|                        | <19 | 75   | 64  | 78  | 80   | 55              | 68              |
| METHAQUALONE (MANDRAX) | All | 7    | 2   | -   | 2    | 2               | 1               |
|                        | <19 | 1    | 2   | -   | 1    | 4               | 1               |
| CRACK/COCAINE          | All | 3    | 11  | 6   | 1    | 2               | 2               |
|                        | <19 | <1   | -   | 4*  | -    | -               | 1               |
| HEROIN/OPIATES*        | All | 6    | 8   | 1   | 6    | 12              | <1              |
|                        | <19 | -    | 1   | -   | <1   | 1               | -               |
| MA**                   | All | 30   | 3   | 16  | 18   | 5               | 9               |
|                        | <19 | 5    | 1   | 16  | 2    | 1               | 1               |

<sup>a</sup>Northern Region (MP & LP), <sup>b</sup>Central Region (FS, NW, NC); \*Includes data relating to nyaope and whoonga<sup>1</sup>; \*\*Crystal Methamphetamine

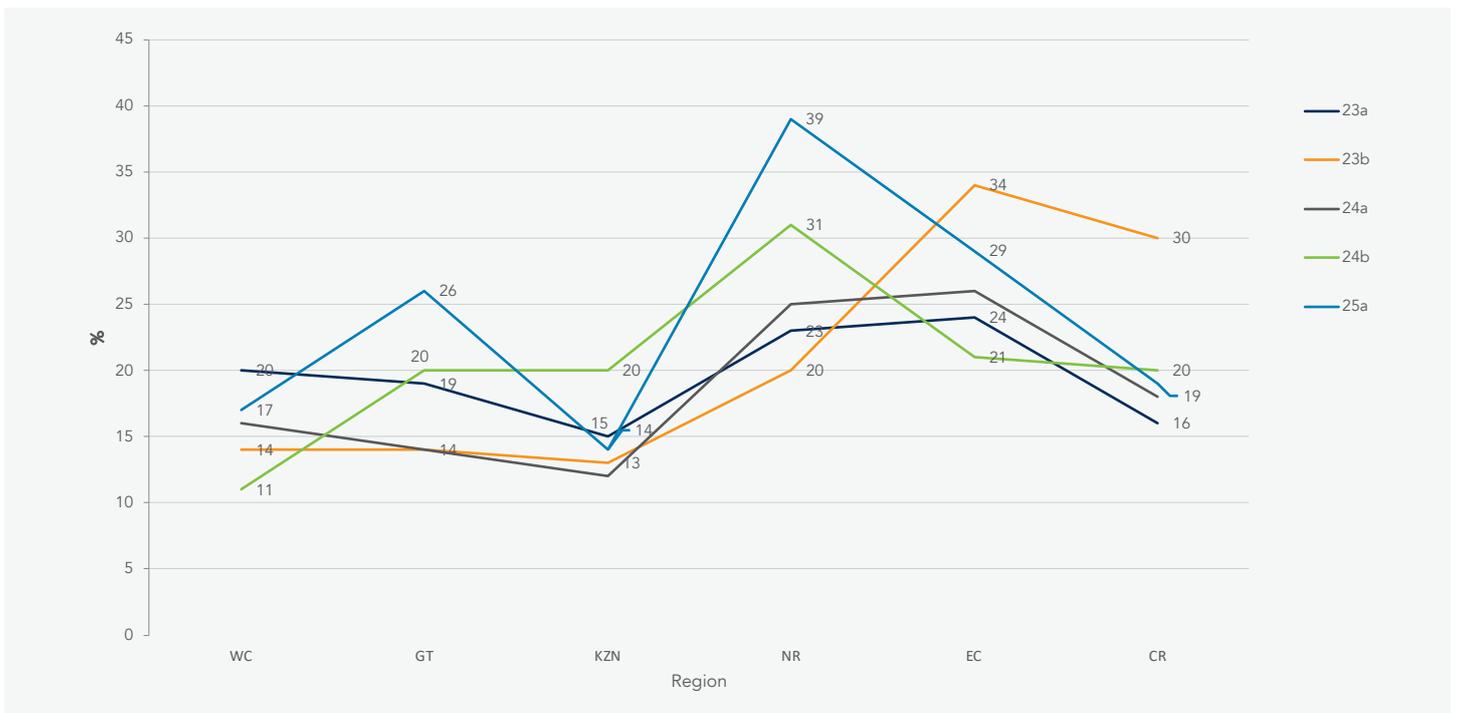
**Alcohol** admissions ranged between 19% (GT) and 45% (CR) of persons accessing AOD treatment, with the highest admissions in CR (45%), KZN (40%), and EC (36%). Across the 25a period, a notable increase was reported in the CR (38% in 24b to 45% in 25a) and a decrease

in the EC (49% in 24b to 36% in 25a) (Table 1). Between 2% (EC) and 23% (KZN) of youths aged 18 years and younger reported alcohol as their primary substance of use. Marked increases were seen for both WC (2% in 24b to 10% in 25a) and KZN (4% in 24b to 23% in 25a) for this age group

The overall admission trend for youths ≤18 years increased slightly from 18% in 2024b to 25% in 2025a. See Figure 1 for treatment admissions for all substances among individuals 18 years and younger.

<sup>1</sup>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 the NR (43%) and GT (41%) for all age groups. Across regions, between 24% (WC) and 43% (NR) of persons attending specialist treatment centres reported cannabis as their primary substance of use, compared to 1% (CR) to 7% (WC) for the cannabis/mandrax (methaqualone) aka 'white-pipe' combination. No cannabis/mandrax was reported in the EC this period. Nationally, admission rates for cannabis misuse among persons aged 18 years and younger remain

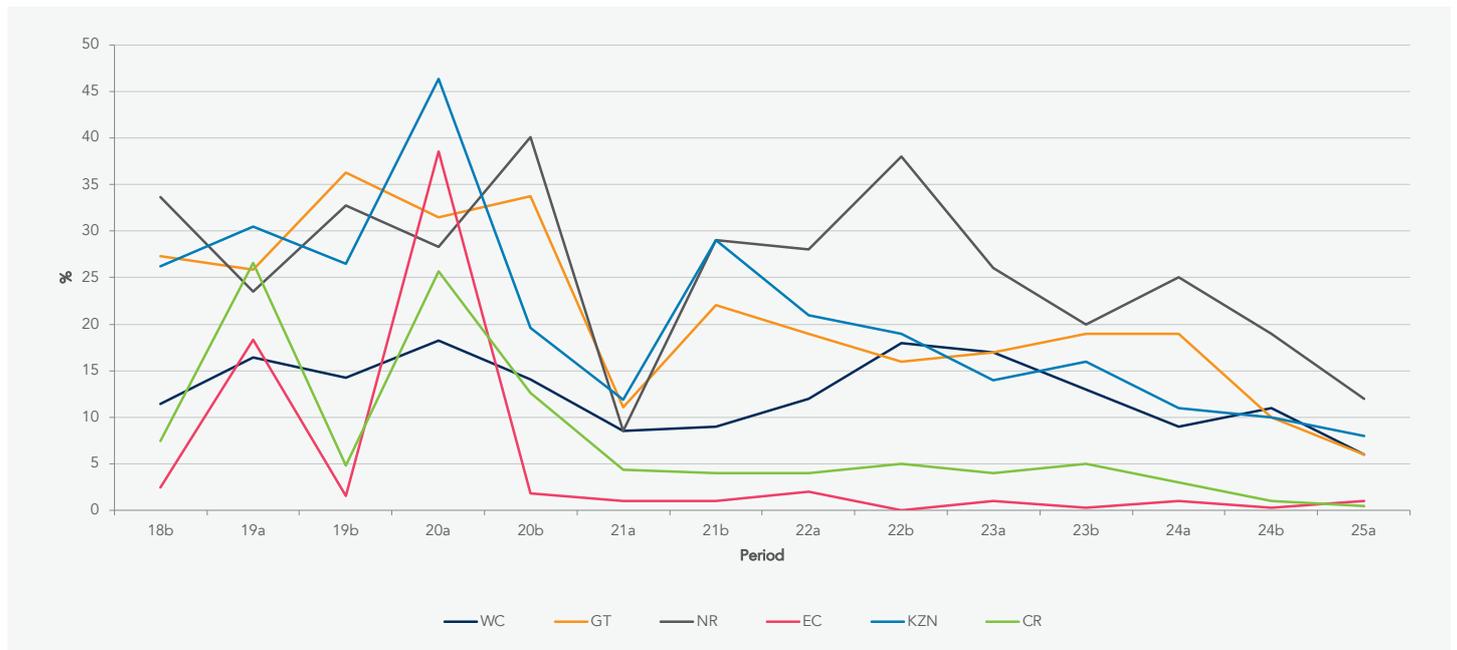
high, ranging from 55% (NR) to 80% (GT).

**Crack/Cocaine** treatment admissions have remained consistently low, showing the same trend over the past few reporting periods with rates ranging between 1% (GT) and 11% (KZN). Across the regions, few persons ≤18 years were admitted for crack/cocaine-related problems remain low this reporting period.

In 2025a, between <1% (CR) and 15% (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 KZN (89%), NR (86%) and GT (65%). Injection use ranged from 13% (NR) and was the most common in the WC (51%). Only one case of injection use was reported for KZN, EC and CR. Notable declines in heroin admissions were seen for the NR (from 19% to 12%), WC (from 11% to 6%) and GT (from 10% to 6%) 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 2024b reporting period, treatment admissions for MA as a primary substance of use were highest in the WC (30%), followed by GT (18%) and EC (16%). Treatment admissions for MA as a primary or secondary substance ranged between 5% (KZN) and 43% (WC). While increases were seen among persons ≤18 years in the EC (from 11% to 16%) and the WC (from 2% to 5%), MA use are persistently reduced among the youth population.

**Methcathinone (CAT/KHAT)<sup>2</sup>** use remained stable over the last two periods. CAT/KHAT-related admissions were noted in all regions, though rates remained low, ranging from 1% (WC, NR, KZN and EC) to 4% in CR.

**Poly-Substance use** remained high, with between 37% (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, CR and WC) and 4% (EC). OTC/PRE-medicine as a primary or secondary substance of use varied between 1% (CR) and 7% (EC). During the current reporting period, 341 (4%) persons across all regions reported the non-medical use of codeine. EC emerged as the region with the highest reported proportion for codeine admissions (10%), followed by KZN (9%). Across all regions, 15% (n = 1 115) of individuals presented with a **dual diagnosis** at the time of admission, decreasing from 20% in 2024b. Mental health issues (n = 703, 63%) and respiratory disease (n = 220, 20%) were the predominant comorbidities reported nationally. Regionally, mental health issues also remained the most commonly reported

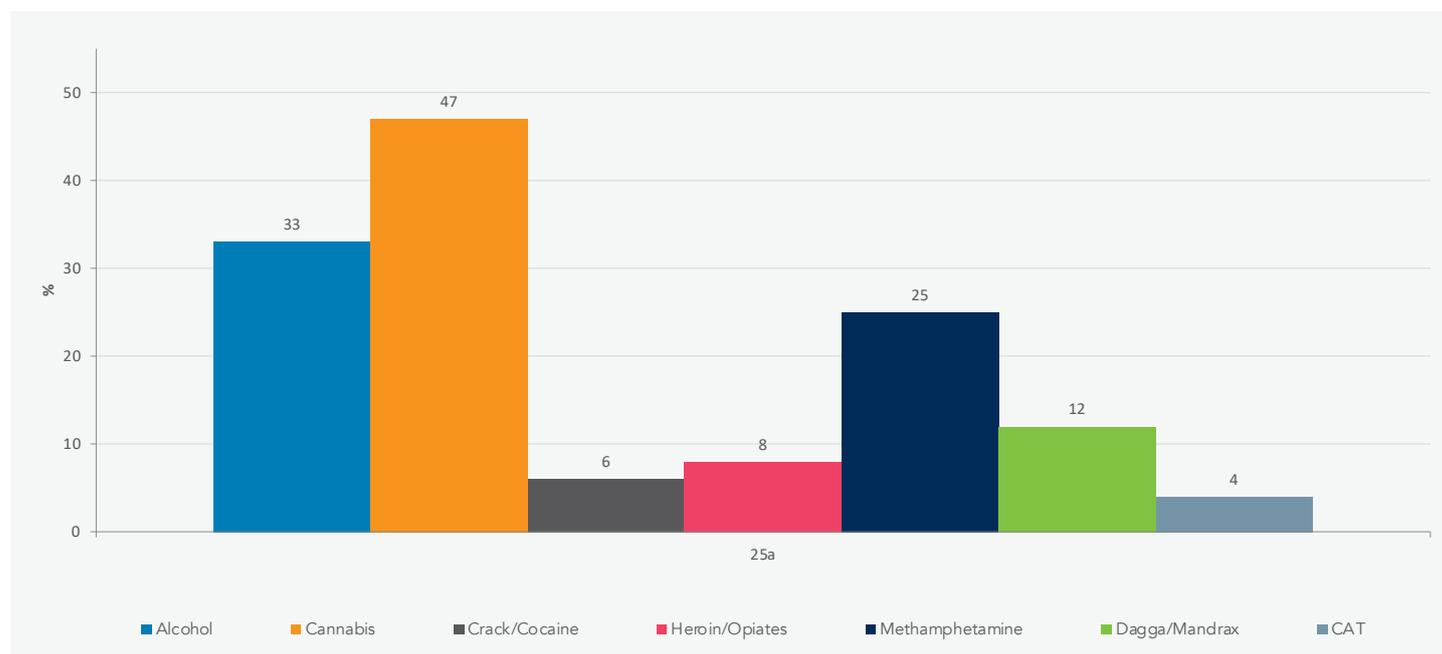
NCD ranging from 35% (CR) to 74% (NR).

Across regions, 25% of admissions for this period (n = 1 956) 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 14% (KZN) and 39% (NR).

An overall profile of drug treatment admissions from 81 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 34% (NR) to 61% (WC) of persons indicating that they had been **tested for HIV in the past 12 months**. Testing rates remain at suboptimal levels, identifying strategies to enhance uptake of HIV testing services, specifically among the youth population.

**Figure 3:** Tx demand data based on data from 9 provinces (primary or secondary data: 2025a) (%)



Note: Heroin/Opiates category includes nyaope and whoonga

### COMMUNITY-BASED HARM REDUCTION SERVICES (JAN – JUN 2025)

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 guidelines<sup>1</sup> and the National Drug Master Plan (2019 – 2024).

#### Eastern Cape

In **Buffalo City** 62 female sex workers who inject drugs were reached with harm reduction services. And 1,920 needles were distributed and 84% returned. In **Nelson Mandela Bay** 709 unique PWID accessed services, 100,920 needles and syringes distributed and 129% returned. 422 PWID tested for HIV, among whom 21 tested positive and 21 people were started

on ART, with 36 clients confirmed to be virally suppressed during the period. Overall, 754 people were screened for tuberculosis (TB), with 72 being symptomatic, 11 diagnosed, 10 starting TB treatment and 0 person with confirmed cure. Seventy-five people were screened for HCV antibodies with 40 being reactive, 38 people had confirmatory testing done and 32 people had confirmed infection and 31 people started DAAs and 4 achieved SVR12 during the period. Of the 71 tested for HBsAg, 5 were reactive. A total of 63 people were on OAT at the start of the period and 118 were on OAT at the end of the period. 349 human rights violations were reported, mostly involving the confiscation and destruction of injecting equipment. Thirteen deaths were reported among people who use drugs, no fatal overdoses were reported.

#### Free State

In **Lejweleputswa** no harm reduction service data was provided during this period due to the recent ending of the donor funded programme in the district.

#### Gauteng

In **Ekurhuleni** 1,792 unique PWID accessed the services, with 384,480 needles and syringes distributed and 93% returned. A total of 593 PWID tested for HIV, among whom 202 tested positive; 198 were placed on ART and 29 people were confirmed to be virally suppressed. Overall, 1,810 PWID were screened for TB, with 20 being symptomatic, one TB case was confirmed, one person was started on treatment and 0 cures confirmed. A total of 131 people were tested for HCV, among whom 123 were positive and of the 130 people who had confirmatory testing done

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



123 had confirmed infection, 41 people started HCV treatment on direct acting antivirals (DAAs) and 0 achieved SVR12 during the reporting period. Of the 133 people tested for HBsAg, 4 were reactive. A total of 245 people were on OAT at the beginning of the period and 142 were on OAT at the end of the period. A total of 291 human rights violations were reported, mostly related to the confiscation/ destruction of injecting equipment. Fourteen deaths among people who use drugs were reported during this period, including one fatal overdose.

In **Johannesburg** 10,379 unique PWID accessed the services, with 1,190,370 needles and syringes distributed and 86% returned. A total of 4,139 PWID tested for HIV, among whom 258 tested positive and 233 were started on ART and 84 PWID were confirmed to be HIV virally suppressed. Overall, 10,379 people were screened for TB, with 77 being symptomatic, 4 diagnosed, 3 starting on TB treatment and 0 reporting cure. Overall, 692 people were screened for HCV antibodies with 580 being reactive, 502 people had confirmatory testing done and 352 people had confirmed infection. A total of 125 people started DAAs and 5 were reported to have attained sustained virological response at 12 weeks (SVR12). Of the 804 tested for HBV surface antigen (HBsAg), 32 were reactive. A total of 383 PWU/ID were on OAT at the beginning of the period and 1,019 were on OAT at the end of the period. A total of 1,937 human rights violations were reported, the majority related to confiscation of injecting equipment. Ten deaths were reported among people who use drugs, including three fatal overdoses.

In **Sedibeng** 2,705 unique PWID accessed the service with 557,310 needles and syringes distributed and 92% returned. A total of 708 PWID tested for HIV, among whom 23 tested positive and 20 were linked to ART. A total of 86 people were reported to have HIV viral suppression. Overall, 2,705 people who use drugs were screened for tuberculosis, with 54 being symptomatic, 3 infections confirmed, 2 people received treatment and 0 people were cured. A total of 90 people were screened for HCV antibodies with 80 being reactive. 79 people had confirmatory testing done and 75 people had confirmed infection and 48 PWID started DAAs and 0 achieved SVR12. Of the 90 tested for HBsAg and one was reactive. A total of 197 PWUD/ID were on OAT at the beginning of the period and 349 at the end of the period. A total of 637 human rights violations were reported, most linked to confiscation of injecting equipment. Twenty-two deaths among people who use drugs were reported during this period; no fatal overdoses were reported.

In **Tshwane** 8,366 unique PWID accessed the services, with 606,443 needles and syringes distributed; and 84% returned. Overall, 332 people who use drugs tested for HIV among whom 155 tested positive and 152 were confirmed to be on ART and 36 were with viral load suppression. A total of 332 people who use drugs were screened for tuberculosis with 11 being symptomatic, with 2 diagnosed and 2 starting treatment and 0 people cured.

A total of 22 people were screened for HCV antibodies with 13 being reactive, 13 people had confirmatory testing done and 11 people had confirmed infection and 3 people started DAAs and 0 achieved SVR12 during the period. Of the 15 tested for HBsAg, 0 were reactive. A total of 967 people were on OAT at the beginning of the period and 996 at the end of the period. A total of 33 human rights violations were reported, mostly due to confiscation of injecting equipment and medication. Eight deaths were reported among people who use drugs, including one fatal overdose.

In **West Rand** 1,052 unique PWID accessed the services, with 314,100 needles and syringes distributed and 144% returned. A total of 455 PWID tested for HIV, among whom 67 tested positive and 52 were started on ART. A total of 44 people were confirmed to be virally suppressed. A total of 1,043 PWID were screened for TB, with 22 being symptomatic, 0 infections were confirmed and 0 people started treatment. A total of 54 people were screened for HCV antibodies with 450 being reactive, 50 people had confirmatory testing done and 45 people had confirmed infection and 28 people started DAAs and 0 were reported to have attained sustained virological response at 12 weeks (SVR12). A total of 65 people were on OAT at the beginning of the period and 105 at the end of the period. A total of 135 human rights violations were reported, mostly related to the confiscation/ destruction of injecting equipment. Twenty-two deaths were reported among people who use drugs during this period, including one fatal overdose. Additionally, 25 female sex workers who inject drugs were engaged in harm reduction services, with 11,280 needles distributed and 96% returned.

#### KwaZulu-Natal

In **Amajuba** six fatal overdoses among people who use drugs were reported during this period.

In **eThekweni** 1,715 unique PWID accessed services, with 424,620 needles and syringes distributed and 149% returned. A total of 958 PWID tested for HIV, among whom 38 tested positive and 38 people were placed on ART. HIV viral load suppression was confirmed in 39 PWID. A total of 1,371 people who use drugs were screened for tuberculosis, 116 were symptomatic, 2 diagnosed, 2 started treatment and 0 reporting cure. A total of 121 people were screened for HCV antibodies with 43 being reactive, 38 people had confirmatory testing done, and 29 started HCV treatment and 1 person achieved SVR12. Of the 125 PWID tested for HBV surface antigen (HBsAg), 5 were reactive. A total of 427 PWUD/ID were on OAT at the beginning of the period and 554 at the end of the period. A total of 1,974 human rights violations were reported, the majority linked to the confiscation/destruction of needles. Twelve deaths were reported among people who use drugs, and no fatal overdoses were reported.

In **King Cetshwayo** the harm reduction service for female sex workers who inject drugs was not implemented due to end of the donor-funded

programme in the district.

In **uMgungundlovu**, 1,751 unique PWID accessed the services, with 336,360 needles and syringes distributed and 124% returned. A total of 749 PWID tested for HIV, among whom 21 tested positive and 21 started ART and 81 were confirmed to be virally suppressed during this period. A total of 1,751 people who use drugs were screened for TB, with 5 being symptomatic, 1 diagnosed, 1 starting treatment and 0 cases cured. A total of 113 people screened for HCV antibodies with 66 being reactive, 63 people had confirmatory testing done and 52 people had confirmed infection and 52 people started DAAs and 1 person was reported to have attained sustained virological response at 12 weeks (SVR12). Of the 113 people were screened for HBsAg none were reactive. A total of 166 people were on OAT at the beginning of the period and 351 at the end of the period. A total of 362 human rights violations were reported, the majority linked to being assaulted. Three fatal overdose deaths were reported during this period.

#### Mpumalanga

In **Ehlanzeni** 642 unique PWID accessed the services, with 51,040 needles and syringes distributed and 83% returned. A total of 506 tested for HIV, among whom 51 tested positive and 51 started on ART. A total of 35 PWID were reported to be virally suppression during this period. A total of 506 people were screened for tuberculosis, with 51 being symptomatic, 4 cases confirmed and 4 people started treatment and 1 person was cured. A total of 50 people were screened for HCV antibodies with 48 being reactive, 48 had confirmatory tests done, 11 people had confirmed infection, and 3 were started on DAAs. Of the 273 people tested for HBV surface antigen (HBsAg), 10 were reactive. A total of 243 PWID were on OAT at the beginning of the reporting period and 165 people at the end of the period. A total of 21 human rights violations were reported, the majority due to assault. Six deaths were reported. No fatal drug-related overdoses were reported.

#### Western Cape

In the **Cape Metro** 3,184 unique PWID accessed services, with 536,250 needles and syringes distributed and 146% returned. A total of 1,386 PWID tested for HIV, among whom 119 tested positive and 98 people were started on ART. A total of 35 PWID were confirmed to be HIV viral suppressed. A total of 2,494 PWID were screened for TB, with 32 being symptomatic, 5 diagnosed and 4 starting treatment. A total of 123 people were screened for HCV antibodies with 103 being reactive, 70 people received confirmatory testing and 66 had confirmed infection and 44 started DAAs and two achieved SVR12. Of the 123 PWID screened for HBsAg, 2 were reactive. A total of 342 people were on OAT at the beginning of the period and 522 at the end. A total of 399 human rights violations were reported, the majority linked to confiscated/ destroyed needles and syringes. No No deaths were reported among people who use drugs.

#### Web App ASSIST Summary (Jan–Jun 2025)

Between January and June 2025, the Web App



ASSIST generated 1 483 screenings across all nine provinces of South Africa, using its dedicated adult, adolescent, and child versions. The system's built-in safeguards ensured that all children under 14 were screened only by practitioners, contributing to the 1 206 practitioner-led assessments alongside 277 self-screenings. All data remained fully anonymous, with only age group and gender collected for context. Most screenings indicated low or moderate risk (729 and 736 respectively), with only 18 high-risk findings, nearly all of which were detected by practitioners, an expected pattern given that self-screening users typically present earlier or out of curiosity, while clinicians often assess those already showing concern.

Mpumalanga accounted for the largest share of screenings, driven by strong partnerships with DSD and SANCA National rather than underlying population burden. The province also recorded the highest number of high-risk cases, fourteen, all among children and involving readily accessible substances such as alcohol, tobacco, cannabis, and inhalants. Other provinces demonstrated broad but generally low-to-moderate polysubstance exposure, with very few high-risk cases detected. Given the uneven uptake across provinces and early stage of rollout, the dataset does not yet support firm conclusions about national or regional substance-use patterns, and absolute numbers should be interpreted cautiously.

The findings nonetheless illustrate the platform's potential to generate meaningful, real-time screening data at scale. As uptake becomes more evenly distributed, future reporting cycles will include deeper disaggregation and more robust analyses, enabling improved understanding of screening pathways, risk patterns, and opportunities for targeted prevention and early intervention.

### SELECTED IMPLICATIONS FOR POLICY/PRACTICE<sup>1</sup>

- Most admissions for youths 15-19yrs (GT, CR, EC, NR); admission rates increased over the last 2 periods (WC, KZN); commensurate increase in school referrals.
- High rates of hookah pipe (HP) use in GT, particularly youths 15-19yrs; dagga and alcohol reported to be used with HP.
- Nationally, decrease in heroin-related admissions; anecdotal reports of heroin being replaced by MA and crack/cocaine which is being driven by affordability.
- Linkage to care for HIV negatively impacted by withdrawal of funding but more efficient linkage to care in the new term due to DSD funding. OST services generally significantly curtailed by funding cuts highlights the importance of funding. Call for domestic funding to scale up HR services.
- WC highest HIV testing rates vs other regions – strategies must be identified to increase uptake of HIV testing, especially among youths.

- The need for regulation of cannabis edibles regulation needed for packaging and information on packaging.
- In EC low number or specialised treatment location and lack of accessibility (transport) identified as major barrier to treatment access.
- Training/guidance identified for social workers with regard to what constitutes involuntary admissions and the process involving the court system.
- Increased regulation required (e.g. pricing, labelling, advertising) of alcohol; regulation of illicit alcohol trade needs to be tightened.
- WC: ongoing gang violence major impediment for OST and NSP.
- Treatment should incorporate a gender-transformative lens to alcohol reduction by addressing masculine norms that normalise excessive drinking and discourage treatment/seeking help.
- Increase seen in mobile labs - trucks with a tablet-pressing machine for methaqualone tablet production.
- Lack of trend data on tobacco use, surveys not done regularly or consistently.
- Government must be lobbied for better regulation of the vape industry; also, increased education/awareness of harms associated with vaping needed among parents.
- 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.

### SELECTED ISSUES TO MONITOR

- Monitor trends in treatment admissions, the necessity for ongoing monitoring, and the need to investigate the underlying causes and strategies to address them.
- Reports of 'bluetoothing' – individuals inject heroin, draw blood into syringe and inject into someone else – increased needle sharing, and, in turn, increased risk of infection.
- High cannabis use among ≤18yrs.
- Fentanyl testing not widely available in SA and goes unrecorded. Individuals not aware that they are using fentanyl when mixed with other drugs.
- Drugs that are bulked up by dealers by adding e.g. milk powder, fluorescent light powder, electric wire power.
- Effect of interruption of needle and syringe programme for female sex workers.
- Trends in overdose in districts without harm reduction programmes.

### SELECTED TOPICS FOR FURTHER RESEARCH

- Explore the barriers and facilitators to treatment access.
- Investigate the effect of scaling up

overdose prevention and increased access to naloxone in community settings to mitigate opioid overdoses.

### CONCLUSION

Drug-related treatment access showed an alarming increase among youths aged 15-18 years with dagga remaining the most commonly reported substance. Heroin admissions have decreased since the last review period which may be attributable to affordability and/or lack of availability.

Defunding of substance use treatment programmes, particularly harm reduction programmes, has critically restricted the provision of comprehensive services for vulnerable groups like PWID, sex workers, people living with HIV/AIDS, etc. Domestic funding has assisted in filling some of the gaps, however, increased action is needed to ensure continuity of services.

Regulation of the substance industry remains lacking. Responses such as increased regulation around pricing, advertising, packaging and labelling of alcohol, cannabis and e-cigarette products are effective policy-level strategies. However, for an effective national response to the substance use problem in South Africa, multi-level, collective action including stricter regulation, targeted lobbying of key decision-makers, and increased public awareness is critical.

### RECOMMENDATIONS

- Scale up school-based prevention and referral programmes for youths aged 15–19, with stronger coordination between education, health, and social services.
- Increase domestic funding to restore and expand OST, NSP, HIV, and harm reduction services, particularly for vulnerable and high-risk populations.
- Expand access to treatment through mobile clinics, decentralised services, and transport support, especially in underserved areas such as the Eastern Cape.
- Introduce routine drug testing and fentanyl testing services, and strengthen surveillance of emerging substances, adulterants, and illicit manufacturing.
- Strengthen HIV prevention, testing, and linkage-to-care services for young people and address high-risk practices such as needle sharing and "blue-toothing."
- Tighten regulation and enforcement of alcohol, cannabis edibles, and vaping products, including pricing, labelling, packaging, and advertising controls.
- Provide standardised training for social workers and service providers on involuntary admissions, adolescent substance use, and gender-responsive care.
- Invest in national monitoring and research systems to generate consistent trend data on substance use, including tobacco, cannabis, and polysubstance use.

<sup>1</sup> Outcomes emanating from regional meetings held in NR, CR, GP, KZN, PE and CT.

