SACENDU

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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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

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

PRESENTATION	PRESENTED BY
Treatment demand data: Gauteng Data	Nancy Hornsby
Treatment demand data: Northern Region	Nancy Hornsby
Treatment demand data: Western Cape	Jodilee Erasmus
Treatment demand data: KwaZulu-Natal	Jodilee Erasmus
Treatment demand data: Eastern Cape	Jodilee Erasmus
Treatment demand data: Central Region	Nancy Hornsby
Service Quality Measures (SQM): a performance measurement system for substance use service providers in SA	Kim Johnson
Community-based harm reduction service data from Gauteng	Dolly Machabe Phumzile Mngomezulu
Update on community-based harm reduction services in Kwa-Zulu Natal	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	Memory Mahaso
Harm reduction advancements in Lejweleputswa district, Free State	Boniswa Letabe
"Empower and protect" The case of harm reduction for people who inject drugs in Free state, Lejweleputswa district.	Gidion Ncube
Mapping Intervention Strategies and Patient Journeys in Addressing Mental Health Challenges Among Healthcare Workers	Siphesihle Mahanjana Lerato Pitso Mhlengi Ncube
An exploratory study on substance use and abuse amongst South African youth	Antoinette Basson
Toolkit for Healthcare Workers working with Pregnant People who use Drugs	Julie Mac Donnell
Knowledge, attitudes and practices regarding alcohol use among undergraduate students at a South African university | Undergraduate Research in Health Journal	Nisha Jacob
SACENDU dashboard demonstration	Ishen Seocharan
Risk Profiles and Multi-Level Predictors of Substance Abuse in South Africa	Elron Fouten
Work-related factors are associated with self-reported substance use in South African healthcare workers: a cross-sectional study	Itumeleng Ntatamala
Principles of harm reduction	Lindsay Scholtz

PRESENTATION	PRESENTED BY
An overview of OST and the evidence behind it	Lindsay Scholtz & Kavendren Odayar
Good Package of Care: Integrating OST	Kavendren Odayar
DPCI: SOCI: SANEB Annual threat picture	Marius Botha
An exploratory study on substance use and abuse amongst South African youth	Antoinette Basson
Retention in care among HIV-positive clients on anti-retroviral therapy who inject drugs in three South African districts	Phumzile Mngomezulu
A chemsex study in South Africa among men who have sex with men (MSM)	Naeem Cassim
Exploring the benefits and harms of a needle and syringe programme: Findings from a qualitative study among people who inject drugs in Tshwane, South Africa (2024)	Likwa Ncube
The wounded healer: an alternative way of understanding recovering healthcare providers	Annette Langley
Perspectives of service providers on alcohol harm reduction: Towards an outpatient alcohol harm reduction intervention	Thembinkosi Singwane
Addictive Pharmacology: Using Economics to Understand Medicine	Donal McDevitt
Screening for high-risk alcohol use during pregnancy: A review of the Alcohol Use Disorders Identification Test	Jaco Louw
Mental health and substance use problems among undergraduate health and rehabilitation sciences students during the COVID-19 pandemic	Itumeleng Ntatamala
Investigating post-mortem redistribution of drugs in a cohort of suspected unnatural deaths in Cape town, South Africa	Lize Clegg
The influence of alcohol and drug use on family well-being in the Northern Cape	Willem Roestenburg
An aftercare intervention programme for employees returning from substance use rehabilitation in South Africa	Eldene Braaf
Community-based response to substance abuse: The Hope Revolution Model in higher education context	Veonna Goliath
From courtroom to clinic: how legal rulings shape cannabis use among adolescents and young adults in South Africa	Nadine Harker Nancy Hornsby
Electronic cigarette and hookah use among university students in South Africa: risk influences, health effects and financial implications.	Siphesihle Gwambe
Trends in socio-demographic characteristics and substance use among high school learners in selected district in Limpopo	Linda Shuro
High burden of poor psychosocial well-being identified in problematic alcohol users from Cape Town	Kamogelo Senyatsi
Community perceptions of South African Police service responses to substance use and the impacts on health and well-being of community leaders and substance users in a peri-urban community in Cape Town	Jodilee Erasmus

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 2024), a total of **16290** 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.

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

Throughout the period, trends varied among users seeking treatment for **Alcohol** as their primary substance of use. Alcohol increased in EC (from 37% to 48%) and Gauteng (from 12% to 16%) and decreased in CR (46% to 41%) from 2023 to 2024 (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 3% (GT) and 10% (NR) for persons 18 years and younger.

Table 1: Primary substance of use by site (%)

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin/ Opiates	Ecstasy	OTC/ PRE**	MA*	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
	2024	**21.5**	**22.4**	**7.3**	**4.1**	**9.8**	**0.2**	**0.9**	**32.0**	**2.0**	**3654**
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
	2024	**36.9**	**31.4**	**1.3**	**11.5**	**11.2**	**0.4**	**2.6**	**2.0**	**2.8**	**1697**
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
	2024	**47.8**	**29.1**	**2.3**	**4.9**	**0.5**	**0.0**	**2.9**	**11.6**	**0.9**	**660**
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
	2024	**15.7**	**32.6**	**4.3**	**2.3**	**15.5**	**0.1**	**1.4**	**20.6**	**7.6**	**7991**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin/ Opiates	Ecstasy	OTC/ PRE**	MA*	Other	Total (N)
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
	2024	**21.5**	**37.0**	**1.4**	**4.1**	**22.4**	**0.1**	**0.7**	**5.2**	**7.2**	**1689**
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
	2024	**40.6**	**34.7**	**3.2**	**1.5**	**1.8**	**0.0**	**1.5**	**10.5**	**6.2**	**599**

[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
* Crystal Methamphetamine
** OTC/PRE refers to the non-medicated use of either over the counter (OTC) or prescription (PRE) medication

Cannabis remained the leading primary substance of use nationally (31%). Regionally, cannabis was the most common primary substance of use in the NR (37%) and the GT (33%). Compared to other substances, rates for cannabis as primary or secondary substance of use were also the highest reported substance in the NR (49%), CR and GT (46%, respectively). Between 31% (WC) and 49% (NR) of persons attending specialist treatment centres had cannabis as their primary or secondary drug of use, compared to between 4% (NR) and 28% (WC) for the **Cannabis/Mandrax**[1] (Methaqualone) combination (also known as 'white- pipe'). Among individuals aged 18 years and younger, between 68% (NR) and 81% (GT and CR) 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, ranging from 2% (CR and GT) and 11% in KZN). Between 3% (CR) and 25% (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 5%) were admitted for cocaine-related problems.

When compared to the previous period, treatment admissions for **Heroin/Opiates** as a primary drug of use decreased across all sites, most notably in the WC from 15% to 10% (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: 40% in GT and 37% in WC. One case of injection use was reported in the EC. Compared to the previous 2023 annual period, the proportion of patients reporting injecting heroin/opiates has decreased in KZN (from 17% to 9%), while an increase was noted in GT (from 30% to 40%) and the WC (from 23% to 37%). Between 1% (EC) and 26% (NR) of persons attending specialist treatment centres reported heroin/opiates as a primary or secondary substance of use. Heroin/Opiate use as a primary substance of use ranged from 1% (EC) to 22% (NR).

Treatment admissions for **Crystal Methamphetamine ('MA'/'TIK')** as a primary substance of use were highest in the WC (32%), GT (21%), and EC (12%). MA was also the leading primary substance of use in the WC. The proportion of individuals reporting MA as a primary or secondary substance of use was the highest in the WC (45%), GT (32%) and EC (19%). A decrease was noted in

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

the proportion of persons attending specialist treatment centres for MA as their primary or secondary drug of use in the EC (28% to 19%), as well as in GT (36% to 32%) from the 2023 to 2024 reporting period. Among services users 18 years and younger, MA admission rates ranged from 1% (KZN) to 9% (EC).

Treatment admissions for **Ecstasy** and **LSD** remain 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 the CR and EC. 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 has 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% 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 2024. 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, 901 (7%) persons across all sites reported the non-medical use of codeine, with most persons admitted to treatment centres residing in KZN (n = 198, 15%), GT (n = 442, 9%) and EC (n = 49, 7%) and CR (n=41, 7%,).

Polysubstance use rates were high, with between 40% (NR) and 57% (GT) of 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, KZN and GT and 1% (CR and NR). No inhalant use was reported in the 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, 17% (n = 2747) of persons presented with a **dual diagnosis** at treatment admission. Of those presenting with a dual diagnosis at the time of admission, most individuals reported current mental health problems (51%), followed by respiratory disease (15%) and blood pressure problems (11%). Mental health illnesses and respiratory diseases were the two most commonly reported non-communicable diseases in the WC, KZN, and NR, whereas mental health illnesses and blood pressure problems were the two most reported illnesses in the EC, GT and CR.

SUMMARY OF FINDINGS: COMMUNITY HARM REDUCTION SERVICES

In 2024 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. During this reporting period community based health services focused on sex workers also provided needle and syringe services for female sex workers in selected districts.

Eastern Cape: In *Nelson Mandela Bay* 631 unique PWID accessed services in 2024a and 607 in 2024b. Over the year 604 PWID tested for HIV, among whom 49 tested positive and 49 started antiretroviral therapy (ART) and 63 PWID were confirmed to be virally suppressed during the period. Overall, 1,413 tuberculosis (TB) screens were done, with 180 being symptomatic, 32 diagnosed and 32 starting TB treatment. A total of 61 people were screened for hepatitis C, with 45 having been exposed to HCV and 6 people started treatment. Sixty-three people were on OAT at the end of the year. In total 497 human rights violations were reported. Twelve deaths were reported among the cohort of people who use drugs accessing harm reduction services, no fatal overdoses were reported. In *Buffalo City* 213 unique female sex workers who inject drugs accessed services in 2024a and 103 in 2024b. During the year 5,355 needles were distributed (48% return rate).

Gauteng: In *Ekurhuleni* 849 unique PWID accessed the services in 2024a and 1128 in 2024b. Over the year 757

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

[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.

PWID tested for HIV, among whom 262 tested positive and a total of 250 people were on ART. A total of 36 people were confirmed virally suppressed. A total of 1,537 TB screens were done among PWID, with 207 being symptomatic, 2 TB cases were confirmed and 2 were started on treatment. One hundred and ninety-nine people were tested for hepatitis C, with 196 having been exposed to hepatitis C and 92 people were started on treatment. Two hundred and twenty-seven people were on OAT at the end of the year. A total of 375 human rights violations were reported. Nineteen people who were part of the total cohort died.

In *Johannesburg* 12,522 unique PWID accessed the services in 2024a and 11,567 in 2024b. Over the year 8,860 PWID tested for HIV, among whom 372 tested positive and 325 started ART and 33 PWID were confirmed to be HIV virally suppressed. Overall, 22,995 TB screenings were done, with 225 being symptomatic, 6 diagnosed and 4 starting TB treatment. A total of 268 people were screened for HCV antibodies with 201 being reactive and 34 people started HCV treatment. In total, 371 people were on OAT at the end of the year. Overall, 2,263 human rights violations were reported. A total of 24 deaths were reported.

In *Sedibeng* 1,868 unique PWID accessed the service in 2024a and 2,754 in 2024b. Nine hundred and seventy-four PWID tested for HIV, among whom 100 tested positive and 90 were started on ART and 57 people were reported to have HIV viral suppression. Overall, 5,182 TB screenings were done among PWID, with 108 being symptomatic, 5 infections confirmed and 4 started treatment. Eighty-eight PWID were screened for HCV, among whom 72 had HCV antibodies and 36 people were started on treatment. One person had a reactive HBsAg test. Two hundred and five people were on OAT at the end of the year. A total of 1,063 human rights violations were reported. Fifteen deaths were reported, In *Tshwane* 9,327 unique PWID were report to access services in 2024a and 5,206 in 2024b[5]. Over the year, 2,020 tested for HIV among whom 453 tested positive and 467 were started on ART. HIV viral suppression was confirmed among 118 clients on ART. Overall, 4,671 TB screenings were done among people who use drugs with 76 being symptomatic, with 1 diagnosed and 1 starting treatment. Overall, 81 people were tested for hepatitis c with 57 having anti-HCV antibodies, and 54 started treatment. Two people had a reactive HBsAg test. A total of 1,222 people were on OAT at the end of the year. A total of 91 human rights violations were reported. There were 34 deaths were reported, including one fatal overdose.

In *West Rand* 955 unique PWID accessed the services in 2024a and 1,042 during 2024b. Over the year 760 PWID tested for HIV, among whom 91 tested positive and a total of 85 people were started on ART and 60 people had HIV viral suppression. A total of 1,504 PWUD were screened for TB, with 103 being symptomatic, 2 cases were confirmed and started treatment. Overall, 56 people were tested for hepatitis c with 44 having anti-HCV antibodies, and 10 started treatment. A total of 65 people were on OAT at the end of the year. A total of 387 human rights violations were reported. Twenty two people who were part of the total cohort died. Additionally, 120 unique female sex workers who inject drugs accessed services in 2024a and 151 in 2024b. During the year 17,385 needles were distributed (77% return rate).

Free State: In *Lejweleputswa* 33 unique female sex workers who inject drugs accessed services in 2024a and 24 in 2024b. During the year 8,580 needles were distributed (95% return rate).

KwaZulu-Natal: In *eThekwini* 1,790 unique PWID accessed services in 2024a and 1,784 in 2024b. A total of 1,503 tested for HIV, among whom 83 tested positive and 78 started ART. HIV viral load suppression was confirmed in 101 PWID. Overall, 2,851 people who use drugs were screened for tuberculosis, 280 were symptomatic, 13 diagnosed and 10 started treatment. A total of 183 people were screened for HCV antibodies with 73 being reactive and 52 people started HCV treatment. Eight people had a reactive HBsAg test. A total of 478 people were on OAT at the end of the year. Overall, 1,103 human rights violations were reported. Twelve deaths were reported.

In King Cetshwayo, 80 unique female sex workers who inject drugs accessed services in 2024b. During the year 1,710 needles were distributed (85% return rate).

In *uMgungundlovu*, 849 unique PWID accessed the services in 2024a and 1,096 in 2024b. Overall, 825 PWID tested for HIV, among whom 71 tested positive and 66 started on ART. Sixty-two PWID were confirmed to be virally suppressed. Overall, 2,291 people who use drugs were screened for TB, with 202 being symptomatic, 4 diagnosed and 3 starting treatment. A total of 88 people

[5] Between the two periods a review of the data system took place to avoid duplications and there were also changes in implementation. This suggests a potential over-reporting of PWID in Tshwane in periods before July 2024.

were screened for HCV antibodies with 38 being reactive and 16 people started HCV treatment. Two people had a reactive HBsAg test. A total of 166 people were on OAT at the end of the year. A total of 740 human rights violations were reported. Fourteen deaths were reported, including four fatal overdoses.

Mpumalanga: In *Ehlanzeni* 880 unique PWID accessed the services in 2024a and 689 in 2024b. A total of 520 tested for HIV, among whom 73 tested positive and 69 started on ART. Forty-three clients were virally suppressed. A total of 520 people were screened for tuberculosis, with 78 being symptomatic and two cases being confirmed and one person starting treatment. A total of 120 people were screened for HCV antibodies with 91 being reactive and 78 people starting treatment. Eight people had a reactive HBsAg test. A total of 257 people were on OAT at the end of the year. Overall, 202 human rights violations were reported. Eleven deaths were reported, including one fatal overdose.

Western Cape: In the *Cape Metro* 2,029 unique PWID accessed services in 2024a and 1,886 in 2024b. A total of 1,760 PWID tested for HIV, among whom 222 tested positive and 177 started ART. Twenty-eight PWID were confirmed to be HIV viral suppressed. Overall, 2,685 TB screenings were done with PWUD, with 72 being symptomatic, 10 diagnosed and 7 starting treatment. Overall, 105 people were screened for HCV antibodies with 70 being reactive and 31 people started HCV treatment. A total of 330 people were on OAT at the end of the year. Overall, 643 human rights violations were reported. Eight deaths were reported.

SUMMARY OF FINDINGS: SERVICE QUALITY MEASURES (SQM) FOR PERIOD JANUARY TO DECEMBER 2024

The findings reported reflect the data collected for the SQM for the 1 January 2024 – 31 December 2024 period. Data was collected across 30 treatment sites in the Western Cape for 2963 adult patients (18-83 years). Of these patients, 14% (n=427) were enrolled at inpatient facilities and 86% (n=2536) at outpatient or community-based care facilities.

In terms of gender, the findings are similar to the previous reporting period where 69% of the population accessing services were males and 31% were females. In terms of race, 69% of the service users were comprised of Coloureds[6] which was followed by Black Africans (23%) and white (7%) service users. 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. Access to care remained stable and patients perceived the quality of care to be good as an increase was seen on this scale. Consistent with previous reporting periods, the number of women accessing treatment services remains much less in comparison to men.

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). 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.

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

SECTION 2: TREATMENT CENTRE DATA

2A: TREATMENT CENTRES: WESTERN CAPE

Ms Jodilee Erasmus & Ms Nancy Hornsby

Data was collected monthly from 31 specialist treatment centres. Overall, 3652 persons were treated across all treatment centres for the period January to December 2024 (Table 2).

Table 2: Proportion of treatment episodes (Western Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
AKESO Stepping Stones	3	2	1
Bowl Community Centre	<1	-	-
Cape Town Drug Counselling Centre	12	7	3.5
Helderberg CARES	1	1	<1
Help-me-network	1	1	2
Hesketh King	3	-	3
Hope House	-	5	2
Ixande Recovery Centre	-	1	2
Kensington Treatment centre	3	<1	1
Living Grace	4	6	4
Matrix			
Albow Gardens	5	7	8
Delft South	4	6	6
Eersterivier	2	1	3
Khayelitsha	4	4	6
Kraaifontein	1	1	1
Manenberg	2	3	3
Parkwood	3	4	10
Tafelsig Clinic	5	8	10
Mudita Centre	1	-	-
Namaqua Rehab Centre	1	3	3
Nurture Harmony	1	-	<1
PASCAP	-	-	-
Ramot Rehab	3	1	1
SANCA WC*	20	11	8
Second Chances Restoration	-	-	-
Stikland Neuro D	4	4	3
Sultan Bahu	12	16	13
The Cedars – Cape Manor House	1	2	1
The Redbourne	<1	<1	-
Toevlug Rehabilitation Centre	5	8	3
Total individuals in treatment (N)	**4320**	**3168**	**3652**

* Includes SANCA George and SANCA Mossel Bay

Proportions for type of treatment services accessed remained mostly unchanged for the 2023 and 2024 periods. Service users predominantly accessed outpatient/community-based treatment (81%) (Table 3).

Table 3: Treatment type received (Western Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Inpatient	21	19	17
Outpatient/Community-based	77	80	81
Detox	<1	1	2

In Table 4 'Yes' indicates first-time admissions and 'No' indicates repeat admissions. The proportion of first-time admissions was unchanged at 62% (See Table 4).

Table 4: First-time admissions (Western Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Yes	63	62	62
No	37	38	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, accessed mostly inpatient services (47%), closely followed by outpatient/community-based services (44%) (Table 5).

Table 5:Type of prior treatment (Western Cape): Jan-Dec 2024

	n	%
Inpatient	466	47
Outpatient/Community-based	433	44
Detox	88	9

Similar to previous review periods, the proportion of referrals from 'self/family/friends' (43%) was the most common referral pathway, followed by 'social services/welfare' (24%), and 'school' (10%). When compared to the previous period, referrals from 'social services/welfare' had the most notable increase from 20% in 2023 to 24% in 2024 (Table 6).

Table 6: Referral sources (Western Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Self/family/friends	45	46	43
Work/employer	6	6	8
Doctor/psychiatrist/nurse (health professional)	3	3	2
Religious body	1	1	1
Hospital/clinic	4	3	5
Social services/welfare	19	20	24
Court/correctional services	2	2	4
School	15	12	10
Other e.g., radio	6	7	3

Males (69%) remained the group which mostly accessed treatment compared to females (31%). Almost two-thirds (62%) of the individuals in treatment were unemployed, compared to 23% who were employed either full-time or part-time. Of those who were unemployed, 47% have been unemployed for more than 6 months. The majority of individuals had completed a secondary school-level education (76%), while 8% had tertiary education. Less than 1% of service users reported special needs this annual period. Refer to Table 7.

Table 7: Population profile (Western Cape)

GENDER	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Male	73	70	69
Female	27	30	31
Other	<1	-	<1
EMPLOYMENT STATUS			
Working full-time	17	13	17
Working part-time	5	6	6
Unemployed (< 6 months)	12	15	15
Unemployed (> 6 months)	43	48	47
Student/Apprentice/internship	1	<1	1
Learner at school	19	16	12
Pensioner/ Disabled/Stay at home	2	2	2
EDUCATION LEVEL*			
No schooling	<1	<1	1
Primary	13	14	15
Secondary	79	77	76
Tertiary	7	9	8
Special needs	-	-	<1

* Level of education completed

The age of persons in treatment ranged from 9 to 83 years. Individuals in the 35 to 39-year categories (19%) comprised the highest proportion of individuals admitted to treatment compared to other age groups. Twenty-six percent (26%) of persons accessing treatment in the WC were aged below 25 years. Following adults between the ages of 30 and 39 years (19%), most admissions were also made among service users aged 30 to 34 years (17%) (Table 8).

Table 8: Age distribution (Western Cape)

Age in Years	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
<10	2	<1	-	-	4	<1
10-14	247	6	194	6	176	5
15-19	665	16	400	13	374	10
20-24	344	9	254	8	362	10
25-29	481	12	378	12	415	12
30-34	811	20	579	19	605	17
35-39	755	18	583	19	687	19
40-44	395	9	364	12	418	12
45-49	195	5	156	5	243	7
50-54	130	3	104	3	158	4
55-59	75	2	64	2	75	2

Age in Years	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
60-64	32	1	27	1	29	1
65+	20	<1	11	<1	12	<1

Seventy percent (70%) of individuals reported that they had been previously tested for HIV in the last 12 months; this rate increased from 63% in 2023. Just over one-third (34%) 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 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Yes, in past 12 months	55	63	70
Yes, but not in past 12 months	18	16	15
No	23	17	14
Decline to answer	4	3	1
Future HIV testing			
Yes	62	65	66
No	38	35	34

The majority of service users lived in a permanent abode (71%), followed by shelter (17%).
Most of the service users who indicated 'other' categories stayed in a 'children's home' (Table 10).

Table 10: Type of residence (Western Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Permanent abode	1025	80	1848	74	2009	71
Temporary abode	79	6	164	7	238	8
Shelter	147	12	363	15	487	17
Homeless	17	1	51	2	57	2
Other	6	<1	56	2	35	1

Service users mainly resided with their parents or relatives (59%), followed by 'other' (18%) and their spouses or partners (14%). 'Other' categories included 'friends', 'employer', 'teachers', 'shelters', 'homeless' (Table 11).

Table 11: Who do you live with (Western Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Parents/Relatives	790	62	1458	59	1663	59
Spouse/Partners	190	15	374	15	386	14
Alone/Independent	110	9	224	9	263	9
Other	189	15	421	17	521	18

Crystal methamphetamine (MA) (32%), cannabis (22%), and alcohol (21%) remained the most common primary substances of use among individuals admitted to specialist treatment centres in the WC. A 5-percentage-point decrease was reported for heroin/opiates, while all other substances remained relatively similar over the last two periods (Table 12).

Table 12: Primary substance of use (Western Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Alcohol	18	19	21
Cannabis	25	21	22
Cannabis/Mandrax*	6	7	7
Crack/Cocaine	2	2	4
Heroin/Opiatesˆ	15	15	10
OTC/PRE	1	1	1
Crystal methamphetamine ('MA'/'Tik')	32	32	32
Methcathinone ('CAT/KHAT')	<1	<1	<1
Inhalants	<1	<1	<1
Tobacco Products	-	1	1
Ecstasy	-	<1	<1
Other/Combination	<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, 70% of individuals receiving specialist treatment reported smoking their substances while 23% reported swallowing their substances. When alcohol was excluded, 88% 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 increased from 22% in 2023 to 37% in the 2024 period (Table 13).

Table 13: Mode of use for primary substance (Western Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Swallowed	20(2)	21(4)	23(3)
Snorted	2(3)	2(2)	3(4)
Injected	5(7)	4(5)	4(5)
Smoked	73(88)	74(89)	70(88)
Injected Heroin/Opiates	34	22	37

() 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 36% (tobacco products) to 88% (heroin/opiates). The substances that had the highest proportion of individuals reporting daily use were heroin/opiates (88%), followed by other/combination use (87%), OTC/PRE-medicines (83%), cannabis/mandrax (64%), and cannabis (63%). 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 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024
	%		%		%		%	
Alcohol	43	37	38	41	12	12	7	10
Cannabis	51	63	24	24	14	7	11	6
Cannabis/Mandrax**	69	64	18	19	2	4	11	13
Crack/Cocaine	51	37	24	39	19	14	16	10
Heroin/Opiates[1]	94	88	2	3	1	1	3	7
Crystal methamphetamine ('MA'/'Tik')	61	53	21	25	5	7	13	15
OTC/PRE	84	83	9*	17	3*	0	3*	0
Methcathinone ('CAT/KHAT')	22*	50*	78	13*	0	25*	0	12*
Tobacco Products		36		24		27		12
Other/Combination	73	87	27	13	0	0	0	0

* n<5; **'White pipe' or Mandrax alone; [1]Nyaope 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 33 years old. Minor changes in age at the time of admission were seen for cannabis (increase in average age from 20 to 23 years), and cannabis/mandrax (increase from 35 to 38). A greater increase in average age was noted for CAT/KHAT from 30 to 39 years. There was only one service user reporting inhalant use whose current age was 51 years. 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 2022	Jan-Dec 2023	Jan-Dec 2024
Alcohol	39	37	38
Cannabis	19	20	23
Cannabis/Mandrax**	34	35	38
Crack/Cocaine	32	32	31
Heroin/Opiates^	35	38	38
OTC/PRE	40	36	36
Crystal methamphetamine ('MA'/'Tik')	33	34	35
Inhalants	29	39*	51*
Tobacco Products	-	15	15
Ecstasy	-	37	24
Methcathinone ('CAT/KHAT')	32	30	39
Overall mean age	31	32	33

* 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

For most substances, predominantly males were admitted to treatment (for all substances) as indicated in Table 16 below. OTC/PRE use was evenly distributed between males and females (50%, respectively). The disparity between males and females for alcohol and MA were smaller compared to other substances. A considerable increase from 35% in 2023 to 50% in 2024 was seen for females being admitted for OTC/PRE misuse. Similarly, an appreciable decrease was noted for crack/cocaine (36% to 23%) and tobacco products (39% to 32%) admission rates among females (Table 16).

Table 16: Primary substance of use by Gender (Western Cape)

	Jan-Dec 2022			Jan-Dec 2023			Jan-Dec 2024		
	M	F	O	M	F	O	M	F	O
	%			%			%		
Alcohol	67	33	-	68	32	-	64	36	<1
Cannabis	82	18	-	79	21	-	80	20	0
Cannabis/Mandrax**	75	25	-	70	30	-	66	34	0
Crack/Cocaine	89	10	1*	64	36	-	76	23	1
Heroin/Opiatesˆ	79	21	-	78	22	-	78	22	0
OTC/PRE	61	39	-	65	35	-	50	50	0
Crystal methamphetamine ('MA'/'Tik')	67	33	-	63	37	-	64	36	0
Inhalants	100*	0	-	33*	67*	-	100*	0	0
Tobacco Products	-	-	-	61	39	-	68	32	0
Ecstasy	-	-	-	100*	0	-	83	17*	0
Methcathinone ('CAT/KHAT')	83	17	<1*	89	11*	-	44*	56	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

Cannabis/mandrax (34%) and MA (22%) were the leading secondary substances of use in the WC. A 3-percentage point decrease in MA admissions was noted for this review period (Table 17).

Table 17: Secondary substance of use (Western Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Alcohol	343	15	252	14	370	17
Cannabis	339	16	277	16	329	15
Cannabis/Mandrax*	791	34	623	35	757	34
Crack/Cocaine	76	3	40	2	68	3
Heroin/Opiatesˆ	17	1	18	1	49	2
Ecstasy	8	<1	7	<1	10	<1
OTC/PRE	38	2	30	2	42	2
Methcathinone ('CAT/KHAT')	5	<1	5	<1	21	1
Crystal methamphetamine ('MA'/'Tik')	619	27	445	25	495	22
Inhalants	1	<1	1	<1	0	0
Tobacco Products	-	-	33	2	64	3
Ecstasy	8	<1	7	<1	10	<1
Other/Combination	41	2	31	2	8	<1
TOTAL	**2278**	**100**	**1762**	**100**	**2213**	**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. MA (45%), cannabis and alcohol (31%, respectively) were the three most regularly used primary or secondary substances. Alcohol increased from 27% in 2023 to 31% in the 2024 period. A marginal decrease from 15% (2023) to 11% (2024) was seen for heroin/opiates (Table 18).

Table 18: Primary or Secondary substances of use (Western Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Alcohol	26	27	31
Cannabis	40	31	31
Cannabis/Mandrax*	24	28	28
Crack/Cocaine	4	4	6
Heroin/Opiates*	16	15	11
OTC/PRE	2	2	2
Methcathinone ('CAT/KHAT')	<1	<1	1
Crystal methamphetamine ('MA'/'Tik')	47	48	45
Tobacco Products	-	2	3
Ecstasy	-	<1	<1
Inhalants	<1	<1	<1
Other/Combination	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 surveillance

Sixty-one percent (61%) of persons used more than one substance, remaining consistent with the previous review period (Table 19).

Table 19: Polysubstance use (Western Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Primary substance only	1984	46	1174	40	1421	39
Primary +2nd substance	2336	54	1762	60	2213	61
Total no. of individuals*	4320	100	2936	100	3634	100

* Number based on individuals reporting primary substance use

'State' (87%) remained the most common source of payment, increasing by 8-percentage points from 2023. All remaining categories remained similar across the two periods (See Table 20).

Table 20: Source of payment (Western Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Self	3	2	1
Medical Aid	5	5	4
State	70	79	87
Family/friends	5	4	4
Work/employer	1	1	1
Unknown	1	2	<1
Other/unknown	15	7	3

In the WC, 1081 (32%) of individuals reported having a non-communicable disease (NCD), showing a considerable increase from 27% in 2023. The most commonly reported NCD was mental health problems (36%), followed by respiratory diseases (21%) and blood pressure problems (14%) (See Table 21).

Table 21: Non-communicable diseases (Western Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Cardiovascular disease	49	5	25	3	114	8
Diabetes	47	5	25	3	29	2
Respiratory disease	188	19	177	22	295	21
Mental health problems	441	45	360	46	511	36
Blood pressure problems	158	16	114	14	199	14
Liver disease	21	2	16	2	88	1
Gastrointestinal disease	68	7	47	6	62	6
Hepatitis	3	<1	3	<1	6	<1
Cancer	-	-	3	<1	82	6
Neurological Disorder	1	<1	8	1	15	1

The non-medical use of codeine products was indicated in 6% (n=166) of admissions for this review period; 35 (2%) individuals reported misuse of a second codeine product. (Table 22).

Table 22: Mode of codeine use (Western Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	1st Product n = 159	2nd Product n = 13	1st Product n = 128	2nd Product n = 14	1st Product n = 166	2nd Product n = 35
	%	%	%	%	%	%
Swallowed	99	100	96	100	99	100
Smoked	-	-	2	-	-	-
Snort/Sniff	1	-	3	-	1	-
Injected	-	-	-	-	-	-
Types of products	Cough syrup, Adcodol, Stilpane, Sinutab extra strength,	Cough syrup, Broncleer, Adcodol	Stilpane Adcodol, Benylin, Broncleer, Mybulen, Myprodol	Stilpane Adcodol, Benylin	Stilpane Adcodol, Benylin	Stilpane Adcodol, Benylin

The first codeine product was mostly used 'daily' (39%), followed by '2-6 days per week' (24%). Similarly, the second codeine product was mostly used 'daily' (52%), followed by 'not used in the past month' (23%) (Table 23).

Table 23: Frequency of codeine use (Western Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	1st Product	2nd Product	1st Product	2nd Product	1st Product	2nd Product
	%	%	%	%	%	%
Daily	34	25	41	40*	39	52
2-6 days per week	28	50	18	20*	25	10
Once per week/less often	18	12.5	18	10*	21	15
Not used in the past month	20	12.5	22	30*	15	23

Use of tobacco products were reported by 2955 (83%) individuals. Cigarettes (92%) was the most commonly reported tobacco product (Table 24).

Table 24: Tobacco Products (Western Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Cigarettes	3176	93	2453	92	2833	92
Hookah Pipe	187	5	135	5	124	4
e-Cigarettes	23	1	76	3	87	3
Other	29	1	15	<1	19	1

A total of 247 (9%) individuals reported the use alcohol or other substances during their pregnancy. MA was the most regularly reported substance used (54%), followed by alcohol (26%) (Table 25).

Table 25: Substance use during pregnancy (Western Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Use during pregnancy	88	7	226	10	247	9
Most commonly used substances						
Alcohol	17	19	38	18	31	26
Heroin/Opiates	17	19	32	15	5	4
Crystal methamphetamine ('MA'/'Tik')	58	66	145	67	64	54
Cannabis/Mandrax	21	24	42	20	6	5
Cannabis	-	-	18	8	6	5

DATA FOR 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, 25 substance use treatment centres and their sites reported 502 (14%) youths aged 18 and younger being admitted to treatment. The majority of persons 18 years and younger were male (74%) (Table 26).

Table 26: Profile of individuals ≤18 years (Western Cape)

GENDER	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Male	81	77	74
Female	19	23	26
Other	-	-	
EDUCATIONAL LEVEL*			
None	<1	1	<1
Primary	33	40	45
Secondary	67	59	54
Any tertiary	<1	-	
Special needs	-	-	<1

* Level of education completed

Most persons ≤18 years were referred to treatment centres by the 'school' (65%). This was followed by referral from 'social services/welfare' (19%), while 'self/family/friends' increased from 9% to 12% (Table 27).

Table 27: Referral sources for individuals ≤18 years (Western Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Self/Family/Friends	18	9	12
Work/Employer	-	1	<1
Health professional	1	1	1
Religious body	<1	-	-
Hospital/Clinic	1	1	1
Social Services/Welfare	9	17	19
Court/Correctional services	1	<1	2
School	70	68	65
Other	<1	2	1

A greater proportion of young individuals in the WC were treated for the use of cannabis (75%) (Table 28). Primary substances were largely smoked (88%) (Table 29).

Table 28: Primary substance of use of individuals ≤18 years (Western Cape)

	Jan- Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Alcohol	20	2	38	8	37	7
Cannabis	753	86	393	79	374	75
Cannabis/Mandrax*	17	2	6	1	7	1
Crack/Cocaine	2	<1	4	1	12	2
Heroin/Opiates**	6	1	-	-	3	1
OTC/PRE	3	<1	2	<1	-	-
Inhalants	1	<1	-	-	-	-
Methcathinone ('CAT'/KHAT)	-	-	1	<1	-	-
Crystal methamphetamine ('MA'/'Tik')	66	8	26	5	27	5
Tobacco Products	-	-	27	5	36	7
Ecstasy	-	-	-	-	1	<1
Other/Combination	3	<1	1	<1	1	<1
Total	**871**	**100**	**498**	**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 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Swallowed	5	11	11
Snorted	1	1	1
Injected	-	-	<1
Smoked	95	88	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 cannabis/mandrax (Table 30).

Table 30: Primary substance of use by gender for individuals ≤18 years (Western Cape)

	Jan- Dec 2022			Jan- Dec 2023			Jan-Dec 2024		
	M	F	O	M	F	O	M	F	O
	%			%			%		
Alcohol	70	30	-	71	29	-	67	33	-
Cannabis	82	18	-	81	19	-	76	24	-
Cannabis/Mandrax**	76	24*	-	83	17	-	57	43	-
Crack/Cocaine	100*	0	-	100*	0	-	75	25	-
Heroin/Opiates[1]	83	17*	-	-	-	-	67	33	-
Inhalants	100*	0	-	-	-	-	-	-	-
Crystal methamphetamine ('MA'/'Tik')	76	24	-	69	31	-	78	22	-
OTC/PRE	67	33	-	100*	0	-	-	-	-
Methcathinone ('CAT'/KHAT)	-	-	-	100*	0	-	-	-	-
Tobacco Products	-	-	-	67	33	-	69	31	-
Ecstasy	-	-	-	-	-	-	100*	0	-
Other/Combination	-	-	-	100*	0	-	100*	0	-

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

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

Alcohol (50%), tobacco products (17%), and cannabis (15%) 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		Jan-Dec 2024	
	n	%	n	%	n	%
Alcohol	141	54	92	46	119	50
Cannabis	35	13	42	21	37	15
Cannabis/Mandrax**	25	9	10	5	16	7
Crack/Cocaine	7	3	4	2	3	1
Heroin/Opiates^	1	<1	1	<1	-	-
Inhalants	1	<1	1	<1	-	-
OTC/PRE	12	4	9	5	9	4
Methcathinone ('CAT'/KHAT)	-	-	-	-	1	<1
Crystal methamphetamine ('MA'/'Tik')	34	13	19	10	14	6
Tobacco Products	-	-	18	9	40	17
Ecstasy	-	-	-	-	-	-
Other/Combination	11	4	3	2	1	<1
Total	**269**	**100**	**199**	**100**	**240**	**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

2B: TREATMENT CENTERS: GAUTENG

Ms Jodilee Erasmus, Ms Nancy Hornsby

Data was collected from 26 specialist treatment centres during the review period January to December 2024. A total of 7991 individuals were treated during this period (Table 32).

Table 32: Proportion of treatment episodes (Gauteng)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
CoJ Eldorado Park	<1	<1	<1
CoJ Joubert Park	-	-	-
CoJ Poortjie	<1	-	-
CoJ Tladi	-	<1	1
CoJ Davidsonville	-	<1	-
CoJ Westbury	1	<1	<1
Empilweni Tx Centre	-	<1	-
Dr Fabian Ribeiro Tx Centre	1	1	<1
Fetoga Rehabilitation	-	-	-
Freedom Recovery	1	1	1
Hope for the Hopeless	<1	-	-
House of Mercy	2	2	2
Ithemba Clinic	3	3	4
Jamela Tx centre	-	-	-
Life Nkanyisa Randfontein	7	20	16
Life Nkanyisa Witpoort	3	7	6
Makukhanye Alcohol & Drug Centre	-	-	-
Merafong Anti-Substance Abuse Centre (MASAC)	-	-	-
Mighty Wings	-	-	-
Open Disclosure Foundation	1	1	1
SANCA Castle Carey	6	4	2
SANCA Central Rand	18	20	22
SANCA Eastern Gauteng	9	7	7
SANCA Elim Clinic	5	4	7
SANCA Greater Heidelberg	2	2	2
SANCA Horizon Clinic	4	3	4
SANCA Johannesburg	-	<1	-
SANCA Nishtara	4	3	5
SANCA Palm Ridge Clinic	-	-	-
SANCA Soweto	8	5	1
SANCA Stabilis	3	3	4
SANCA Thusong	2	2	2
SANCA Vaal Triangle	4	2	4
SANCA Wedge Gardens	1	1	2

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Sithuthukisa Bonke Crisis Centre	1	1	<1
Sukuma Sakhe Development	<1	-	-
Toughest Young Minds	-	-	-
Westview Clinic	13	8	5
Youth Revival	-	<1	1
Total individuals in treatment (N)	**12053**	**13629**	**7991**

For the current review period, the proportion of persons treated at inpatient and outpatient/community-based substance use treatment centres were 50% and 44% respectively. See Table 33.

Table 33: Type of treatment received (Gauteng)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Inpatient	38	45	50
Outpatient/Community-based	59	47	44
Detox	3	8	6

Seventy-six percent (76%) of individuals were admitted to treatment for the first-time, showing a slight decrease from 78% in the previous period (Table 34).

Table 34: First-time admissions (Gauteng)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Yes	85	78	76
No	15	22	24

Readmissions were predominantly to inpatient services (60%), followed by outpatient/community-based services (31%) (Table 35).

Table 35: Type of prior treatment (Gauteng)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Inpatient	105	37	832	54	634	60
Outpatient/Community-based	158	57	532	35	331	31
Detox	16	6	163	11	86	8

The most common source of referral this period was 'self/family/friends' (45%), followed by 'social services/welfare' (35%), and 'school' (11%). Proportions remained similar across the last two periods (Table 36).

Table 36: Referral sources (Gauteng)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Self/family/friends	63	47	45
Work/employer	3	2	3
Doctor/psychiatrist/nurse (health professional)	2	1	2
Religious body	1	<1	<1
Hospital/clinic	1	1	2
Social services/welfare	20	35	35
Court/correctional services	1	1	2
School	9	10	11
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-two percent (62%) of persons in this cohort were unemployed for more than 6 months, similar to 2023. Most services users reported having a secondary school education level (90%) (Table 37).

Table 37: Population profile (Gauteng)

GENDER	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Male	87	88	86
Female	13	12	14
Other	<1	<1	<1
EMPLOYMENT STATUS			
Working full-time	11	9	11
Working part-time	2	1	2
Unemployed (< 6 months)	7	8	7
Unemployed (> 6 months)	59	63	62
Student/Apprentice/internship	2	2	1
Learner at school	18	16	16
Pensioner/ Disabled/Stay at home	1	1	1
EDUCATION LEVEL*			
No schooling	1	<1	<1
Primary	5	5	5
Secondary	90	91	90
Tertiary	5	4	5
Special needs	<1	-	-

* Level of education completed

The age of persons in treatment ranged between 10 and 79 years, with an overall mean age of 29 years, remaining stable since the 2023 annual period. For this review period, the largest proportion of individuals in treatment were aged 30-34 years (19%), followed by aged 25-29 years (17%). Youths (15-19 years) and young adults (20-24 years) were the third leading age categories for which admissions were made this period (16% respectively) (Table 38).

Table 38: Age distribution (Gauteng)

Age in Years	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
<10	2	<1	3	<1	-	-
10-14	336	3	374	3	244	3
15-19	2411	20	2396	18	1308	16
20-24	2275	19	2308	17	1257	16
25-29	2331	19	2613	19	1362	17
30-34	2002	17	2507	18	1535	19
35-39	1302	11	1706	13	1049	13
40-44	599	5	879	6	599	8
45-49	345	3	433	3	302	4
50-54	208	2	208	2	160	2
55-59	106	1	88	1	92	1
60-64	58	<1	55	<1	50	1
65+	60	1	48	<1	26	<1

The overall HIV-testing rate was 75%, increasing from 66% in 2023, with 55% of individuals admitted to treatment indicating that they had been tested for HIV in the past 12 months. A considerable proportion of persons (24%) indicated that they had not been tested for HIV. Sixty-three (63%) of service users indicated that would like future HIV testing (Table 39).

Table 39: HIV testing (Gauteng)

Tested for HIV	Jan-Dec 2022	Jan- Dec 2023	Jan- Dec 2024
	%	%	%
Yes, in past 12 months	37	43	55
Yes, but not in past 12 months	20	23	20
No	35	29	24
Decline to answer	8	4	1
Future HIV testing			
Yes	34	36	63
No	66	64	37

The majority of service users lived in a permanent abode (87%) (Table 40). Service users mostly resided with their parents or relatives (77%) (Table 41).

Table 40: Type of residence (Gauteng)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Permanent abode	2898	91	7002	89	4328	87
Temporary abode	176	6	529	8	314	6
Shelter	61	2	261	3	253	5
Homeless	39	1	74	1	60	1
Other	7	<1	8	<1	24	1

Table 41: Who do you live with (Gauteng)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Parents/relatives	2509	81	6423	82	3848	77
Spouse/Partners	351	11	622	8	471	9
Alone/Independent	220	7	512	6	344	7
Other	28	1	322	4	317	6

The most common primary substance of use in Gauteng during the January-December 2024 period was cannabis (33%). This was followed by MA (21%), alcohol (16%), and heroin/opiates (15%) Table 42.

Table 42: Primary substance of use (Gauteng)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Alcohol	13	12	16
Cannabis	33	32	33
Cannabis/Mandrax**	3	3	4
Crack/Cocaine	2	2	2
Heroin/Opiatesˆ	17	18	15
Ecstasy	<1	<1	<1
OTC/PRE	1	1	1
Methcathinone ('CAT'/KHAT)	6	6	5
Crystal methamphetamine ('MA'/'Tik')	23	25	21
Inhalants	<1	1	<1
Tobacco Products	-	1	2

** '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 (69%) reported smoking their substances, followed by swallowing (18%). When alcohol was excluded, 81% reported smoking as their primary mode of use. The proportion of individuals reporting injecting as their route of administration increased slightly from 6% in 2023 to 7% in 2024. Of service users who reported heroin/opiates as their primary substance of use, 40% reported injecting as their primary mode of use, steadily increasing since 2022. Refer to Table 43.

Table 43: Mode of use for primary substance (Gauteng)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Swallowed	14(2)	14(2)	18(3)
Snorted	8(9)	7(8)	6(7)
Smoked	74(84)	73(84)	69(81)
Injected	4(5)	6(7)	7(8)
Injected Heroin/Opiates	23	30	40

() Figures exclude alcohol

The majority (76%) 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 (95%), followed by OTC/PRE-medicines (84%), cannabis/mandrax (83%), and cannabis (80%) (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 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024
	%		%		%		%	
Alcohol	71	72	20	20	6	6	2	2
Cannabis	81	80	14	15	4	4	1	1
Cannabis/Mandrax**	84	83	14	14	2	3	<1	<1
Crack/ Cocaine	69	67	24	23	6	8	0	2
Heroin/Opiatesˆ	97	95	2	4	<1	<1	<1	1
Crystal methamphetamine ('MA'/'Tik')	63	62	30	29	5	7	1	2
OTC/PRE	84	84	7	9	7	6	2	1
Methcathinone (CAT/KHAT)	66	57	26	34	7	6	1	2

[a] Row % equals 100 for each reporting period

** '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 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 22 years (tobacco products) to 39 years (alcohol). The mean age for ecstasy increased from 26 years in 2023 to 32 years in 2024. There was also a notable decrease for inhalant use from 31 years in 2023 to 26 years in 2024 (Table 45).

Table 45: Mean age (in years) by Primary substance of use (Gauteng)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
Alcohol	39	38	39
Cannabis/Mandrax**	31	31	31
Cannabis	23	23	23
Crack/Cocaine	32	33	35
Heroin/Opiatesˆ	31	32	33
Ecstasy	40	26	32
Methcathinone (CAT/KHAT)	27	28	29
Crystal methamphetamine ('MA'/'Tik')	26	28	29
Inhalants	22	31	26
OTC/PRE	40	35	35
Tobacco Products	-	24	22
Overall mean age	**28**	**29**	**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 9-percentage point incline was reported for OTC/PRE-related admissions among females from 44% in 2023 to 53% in 2024. An increase was also seen for tobacco products, increasing from 17% to 33% (Table 46).

Table 46: Primary substance of use by Gender (Gauteng)

	Jan-Dec 2022			Jan-Dec 2023			Jan-Dec 2024		
	M	F	O	M	F	O	M	F	O
	%			%			%		
Alcohol	79	21	-	79	21	-	78	22	-
Cannabis	89	11	-	89	11	<1	89	11	<1
Cannabis/Mandrax**	86	14	-	91	9	-	88	12	-
Crack/Cocaine	89	11	-	88	12	-	92	8	-
Heroin/Opiatesˆ	91	9	-	94	6	-	94	6	-
OTC/PRE	45	55	-	56	44	-	47	53	-
Methcathinone (CAT/KHAT)	88	12	-	87	13	-	86	14	-
Inhalants	80	20	-	77	23	-	92	8	-
Crystal methamphetamine ('MA'/'Tik')	87	13	-	88	12	-	85	15	-
Tobacco products	-	-	-	83	17	-	67	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

Cannabis (24%), MA (20%) and cannabis/mandrax (17%) were the most common secondary substances of use (Table 47).

Table 47: Secondary substance of use (Gauteng)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Alcohol	546	9	583	8	468	10
Cannabis	1731	28	1656	24	1097	24
Cannabis/Mandrax*	728	12	1250	18	768	17
Crack/Cocaine	366	6	459	7	348	8
Heroin/Opiates**	485	8	556	8	376	8
OTC/PRE	107	2	114	2	109	2
Methcathinone (CAT/KHAT)	546	9	537	8	287	6
Crystal methamphetamine ('MA'/'Tik')	1396	22	1472	21	903	20
Inhalants	19	<1	12	<1	14	<1
Other/Combination	295	5	222	3	59	1
Ecstasy	-	-	10	<1	5	<1
Tobacco Products	-	-	174	2	120	3
TOTAL	**6219**	**100**	**7045**	**100**	**4562**	**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 (46%), MA (32%), and alcohol (20%), were the three substances predominantly used as primary or secondary substances. An increase was noted for alcohol (from 16% in 2023 to 22% in 2024). Overall use for all the other substances remained fairly similar (Table 48).

Table 48: Primary or Secondary substance of use (Gauteng)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Alcohol	2055	17	2220	16	1722	22
Cannabis	5720	48	6000	44	3697	46
Cannabis/Mandrax*	1046	9	1602	12	1113	14
Crack/Cocaine	601	5	678	5	532	7
Heroin/Opiates**	2552	21	2988	22	1612	20
OTC/PRE	230	2	244	2	218	3
Methcathinone (CAT/KHAT)	1247	10	1378	10	699	9
Crystal methamphetamine ('MA'/'Tik')	4224	35	4833	36	2546	32
Inhalants	70	1	98	1	38	<1
Tobacco products	-	-	257	2	250	3
Ecstasy	-	-	16	<1	11	<1
Other/Combination	502	4	258	2	97	1

* 'White pipe' or Mandrax alone

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

Fifty-seven percent (57%) of individuals admitted to specialist treatment facilities reported using more than one substance (Table 49).

Table 49: Polysubstance use (Gauteng)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Primary substance only	5821	48	6482	48	3422	43
Primary +2nd substance	6219	52	7045	52	4562	57
Total no. of individuals	**12040**	**100**	**13527**	**100**	**7984**	**100**

'State' remained the main source of payment (68%). See Table 50.

Table 50: Sources of payment (Gauteng)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
State	69	71	68
Medical Aid	9	7	9
Family/friends	6	5	3
Work/employer	1	1	1
Self	2	2	2
Other/unknown	1	1	2
Unknown	13	13	16

In Gauteng province, 790 (10%) persons reported being diagnosed with a non-communicable (NCD) disease at the time of admission. The most reported NCD was mental health (52%) (Table 51).

Table 51: Non-communicable diseases (Gauteng)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Cardiovascular disease	65	5	62	4	53	5
Diabetes	52	4	43	3	32	3
Respiratory disease	163	14	184	13	115	11
Mental health problems	599	51	761	56	546	52
Blood pressure issues	173	22	151	11	129	12
Liver disease	23	2	46	3	31	3
Gastrointestinal disease	94	8	95	7	88	8
Hepatitis	4	<1	5	<1	5	<1
Cancer	3	<1	2	<1	4	<1
Neurological Disorder	3	<1	74	5	35	3

A total of 442 (9%) individuals receiving treatment indicated the non-medical use of codeine-containing products, with 63 (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		Jan-Dec 2024	
	1st product n =792	2nd product n =34	1st product n =771	2nd product n = 146	1st product n = 442	2nd product n =63
	%	%	%	%	%	%
Swallowed	82	97	95	90	98	100
Smoked	18	3	4	7	2	-
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	Cough syrup, Mybulen, Broncleer, Adcodol, Stilpane	Stilpane, Myprodol, Benylin cough syyrup

The first codeine product was mostly used on a daily basis (42%), followed by 2-6 days per week (22%). Similarly, second codeine products were predominantly used daily (48%), followed by 2-6 days per week (25%) (Refer to Table 53).

Table 53: Frequency of codeine use (Gauteng)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	1st Product	2nd Product	1st Product	2nd Product	1st Product	2nd Product
	%	%	%	%	%	%
Daily	59	50	57	44	42	48
2-6 days per week	16	13	19	23	22	25
Once per week/less often	14	27	13	25	21	17
Not used in the past month	11	10	12	8	15	10

Use of tobacco products were reported by 80% of individuals. Of those reporting use of tobacco products, most reported use of cigarettes (91%) (Table 54).

Table 54: Tobacco Products (Gauteng)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Cigarettes	8858	87	10039	93	6092	91
Hookah Pipe	734	7	646	6	455	7
e-Cigarettes	16	<1	69	1	68	1
Other*	126	4	23	<1	40	1
Chewable tobacco*	13	<1	-	-	-	-
Snuff*	21	<1	-	-	-	-
Pipe*	12	<1	-	-	-	-

* Chewable tobacco, snuff and pipe were previously reported as separate categories and included in 'Other' from 2023 onwards.

During this annual period, only 2% (n = 78) of service users reported having used alcohol or other substances during their pregnancy. The most commonly reported substances used during pregnancy were MA (30%) and alcohol (23%) (Table 55).

Table 55: Substance use during pregnancy (Gauteng)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Use during pregnancy	42	1	84	1	78	2
List of most used substances reported						
Crystal methamphetamine ('MA'/'Tik')	19	1	38	<1	13	30
Cannabis	10	<1	9	<1	7	16
Alcohol	8	<1	12	<1	10	23
Mandrax	8	<1	3	<1	1	2
CAT/KHAT	6	<1	8	<1	5	12
Heroin/Opiates	4	<1	8	<1	3	7

DATA ON INDIVDUALS 18 YEARS AND YOUNGER

The rate of admission for service users ≤18 years was 17% (n = 1319). The predominant profile of individuals admitted for treatment were males (82%) who had completed a secondary school education (83%) (Table 56).

Table 56: Profile of individuals ≤18 years (Gauteng)

GENDER	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Male	86	85	82
Female	14	15	18
Other	<1	<1	<1
EDUCATION LEVEL*			
None	<1	<1	<1
Primary	13	15	17
Secondary	86	84	83
Any tertiary	<1	<1	<1
Special needs	<1	-	-

* Level of education completed

Comparable to previous periods, a higher proportion of individuals ≤18 years were referred to treatment centres by 'school' (58%), 'self/family/friends' (29%) and 'social services/welfare' (10%). Referral through the school system has shown a consistent incline since 2022. Refer to Table 57.

Table 57: Referral sources for individuals ≤18 years (Gauteng)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Self/Family/Friends	45	33	29
Work/Employer	<1	<1	<1
Health professional	1	<1	1
Religious body	<1	<1	<1
Hospital/Clinic	1	<1	1
Social Services/Welfare	10	10	10
Court/Correctional services	2	1	<1
School	41	54	58
Other	<1	<1	1

Cannabis remained the most common primary substance of use among young individuals (81%) (Table 58).

Table 58: Primary substance of use for individuals ≤18 years (Gauteng)

	Jan- Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Alcohol	20	2	101	4	38	3
Cannabis	753	86	1851	80	1060	81
Cannabis/Mandrax*	17	2	38	2	19	1
Crack/Cocaine	2	<1	11	<1	8	1
Heroin/Opiates**	6	1	13	1	2	<1
OTC/PRE	3	<1	36	2	21	2
Inhalants	1	<1	9	<1	7	<1
Methcathinone ('CAT'/KHAT)	-	-	43	2	11	1
Crystal methamphetamine ('MA'/'Tik')	66	8	167	7	64	5
Tobacco products	-	-	48	2	82	6
Ecstasy	-	-	1	<1	-	-
TOTAL	**871**	**100**	**2322**	**100**	**1312**	**100**

* 'White pipe' or Mandrax alone

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

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

Table 59: Mode of use of primary substance of use for individuals ≤18 years (Gauteng)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Swallowed	5	7	8
Smoke	91	90	91
Snorted/Sniffed	4	2	1
Injected	<1	<1	<1

Across all substance categories, the majority of individuals 18 years and younger admitted to treatment were males. There were a number of notable increases in female service users this period. The proportion of females accessing treatment for CAT/KHAT use increased from 14% in the 2023 period to 36% in the 2024 period; MA use increased from 17% to 23%, tobacco products use from 17% in 2023 to 38% in 2024, and inhalant use from 11% in 2023 to 29% in 2024 (Table 60).

Table 60: Primary substance of use by Gender for individuals ≤18 years (Gauteng)

	Jan- Dec 2022			Jan- Dec 2023			Jan-Dec 2024		
	M	F	O	M	F	O	M	F	O
	%			%			%		
Alcohol	71	29	-	70	30	-	74	26	-
Cannabis	87	13	<1*	86	14	<1	84	15	<1
Cannabis/Mandrax**	89	11*	-	84	16	-	84	16	-
Crack/Cocaine	91	9*	-	64	36*	-	100	-	-
Heroin/Opiatesˆ	74	26	-	85	15	-	50*	50*	-
Inhalants	84	16*	-	89	11*	-	71	29	-
OTC/PRE	78	22*	-	69	31	-	67	33	-
Methcathinone ('CAT'/KHAT)	90	10*	-	86	14	-	64	36	-
Crystal methamphetamine ('MA'/'Tik')	81	19	-	83	17	-	77	23	-
Tobacco products	-	-	-	83	17	-	62	38	-

* 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 (30%), cannabis (19%), MA (16%), and OTC/PRE (14%) were the most common secondary substances of use among youths aged 18 years and younger. Increases were seen in both alcohol use (from 24% in 2023 to 30% in 2024), and OTC/PRE (from 6% in 2023 to 14% in 2024). Decreases were noted for cannabis (24% in 2023 to 19% in 2024) and MA use (16% in 2023 to 11% in 2024) (Table 61).

Table 61: Secondary substance of use for individuals ≤18 years (Gauteng)

	Jan- Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Alcohol	156	17	162	24	106	30
Cannabis	274	30	158	24	66	19
Cannabis/Mandrax*	54	6	42	6	19	5
Crack/Cocaine	5	1	4	1	1	<1
Heroin/Opiates**	8	1	9	1	6	2
Inhalants	6	1	9	1	6	2
OTC/PRE	50	6	43	6	49	14
Methcathinone ('CAT'/KHAT)	78	9	43	6	12	3
Crystal methamphetamine ('MA'/'Tik')	234	26	110	16	37	11
Tobacco products	-	-	80	12	44	13
Other/Combination	36	4	6	1	3	1
TOTAL	**901**	**100**	**668**	**100**	**349**	**100**

*'White pipe' or Mandrax alone

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

2C: TREATMENT CENTRES: NORTHERN REGION

Ms Jodilee Erasmus & Ms Nancy Hornsby

Data in the Northern region was collected from 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 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%	%	%	%
Bread of Life	1	-	2	-	-	-
Healing Wings	1	-	-	-	-	-
Healing Wings (Youth)	-	-	-	-	-	-
MARC (Inpatient)	9	6	4	-	-	-
MARC (Outpatient)	-	-	-	-	-	-
Nkangala Centre	7	5	2	-	-	-
PACE Rehab	1	1	-	-	-	-
Swartfontein	4	12	1	-	-	-
SANCA Witbank	41	26	51	-	-	-
SANCA Lowveld	28	40	26	-	-	-
SANCA Thembisile	7	10	14	-	-	-
Centre of Hope	-	-	-	-	-	-
Jahara Centre	-	-	-	-	-	-
SANCA Far North (Polokwane)	-	-	-	-	-	-
SANCA Limpopo	-	-	-	82	51	72
Seshego Centre	-	-	-	18	49	28
Total individuals in treatment (N)	**1809**	**1001**	**1255**	**209**	**176**	**434**

Table 63 shows that service users in both Mpumalanga (92%) and Limpopo (73%) mostly accessed outpatient/community-based services. While inpatient and outpatient/community-based services were equally accessed in Limpopo during 2023, a notable increase was seen in outpatient/community-based treatment access in 2024.

Table 63: Type of treatment received (Northern region)

	Mpumalanga			Limpopo		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%	%	%	%
Inpatient	17	20	7	18	50	27
Outpatient/Community-based	83	80	92	82	50	73
Detox	-	<1	<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 remained consistent across the last two years. In Limpopo, a 3-point percentage decrease was seen in those being readmitted to treatment.

Table 64: First-time admissions (Northern Region)

	Mpumalanga			Limpopo		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%	%	%	%
Yes	93	88	88	97	90	93
No	7	12	12	3	10	7

In Mpumalanga, service users mainly reported the use of outpatient/community-based services (77%), whereas almost two-thirds of service users in Limpopo reported the use of inpatient services (63%) (Table 65).

Table 65: Type of prior treatment (Northern region)

	Mpumalanga				Limpopo			
	Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%	n	%
Inpatient	19	17	28	23	17	100	15	63
Outpatient/Community-based	62	55	96	77	-	-	9	37
Detox	1	<1	-	-	-	-	-	-

The most common sources of referral to specialist treatment centres in both Mpumalanga and Limpopo provinces were 'self/family/friends' (54% and 55% respectively) and 'school' (18% and 32% respectively) (Table 66).

Table 66: Referral sources (Northern region)

	Mpumalanga			Limpopo		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%	%	%	%
Self/family/friends	50	47	54	57	75	55
Work/employer	10	9	13	4	2	2
Doctor/psychiatrist/nurse (health professional)	1	2	1	-	<1	<1
Religious body	1	2	1	-	-	<1
Hospital/clinic	2	1	2	-	<1	<1
Social services/welfare	18	23	11	16	4	11
Court/correctional services	2	1	<1	-	2	-
School	9	16	18	23	16	32
Other e.g., radio	<1*	<1	<1	-	-	-

Males dominated access to treatment in both provinces (86% in both Mpumalanga and Limpopo provinces). In both provinces, the majority of individuals accessing treatment were unemployed (45% Mpumalanga and 51% Limpopo) and had a secondary school education (Refer to Table 67).

Table 67: Population profile (Northern region)

GENDER	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Male	94	88	86
Female	6	12	14
Other	-	-	-
EMPLOYMENT STATUS			
Working full-time	12	14	16
Working part-time	<1	3	5
Unemployed (< 6 months)	10	10	12
Unemployed (> 6 months)	46	46	34
Student/Apprentice/internship	5	2	2
Learner at school	27	22	30
Pensioner/ Disabled/Stay at home	-	2	1
EDUCATION LEVEL*			
No schooling	-	<1	<1
Primary	3	7	7
Secondary	83	85	86
Tertiary	14	7	6
Special needs	-	-	-

* Level of education completed

Admission rates were highest for youth aged 15-19 years in both Mpumalanga (23%) and Limpopo (31%). In Mpumalanga, a slight decrease in admissions for services users aged 20-24 was seen in 2024, while the other age categories remained fairly stable. Limpopo saw notable increases among service users aged 15-19 (22% in 2023 to 31% in 2024), and a decrease in the 25-29 year category (from 30% in 2023 to 17% in 2024) (Table 68).

Table 68: Age distribution (Northern region)

	Mpumalanga				Limpopo			
	Jan-Dec 2023		Jul-Dec 2024		Jan-Dec 2023		Jul-Dec 2024	
	n	%	n	%	n	%	n	%
<10	-	-	2	<1	-	-	-	-
10-14	11	3	77	6	1	<1	19	4
15-19	231	23	288	23	38	22	131	31
20-24	156	16	149	12	30	18	61	14
25-29	186	19	196	16	52	30	72	17
30-34	174	16	209	17	38	22	67	16
35-39	127	13	163	13	12	7	37	9
40-44	51	5	79	6	4	2	20	5
45-49	16	2	57	4	1	<1	11	3
50-54	24	2	24	2	-	-	4	1
55-59	5	<1	11	1	-	-	5	1
60-64	7	1	5	<1	-	-	1	<1
65+	-	-	5	<1	-	-	-	-

In Mpumalanga, 58% of individuals indicated that they had ever been tested for HIV, while in Limpopo, 28% reported that they had been tested for HIV. In Limpopo a significant decrease was seen for those reporting they had ever been tested for HIV (from 63% in 2023 to 28% in 2024) (Table 69).

Table 69: HIV testing (Northern region)

Tested for HIV	Mpumalanga			Limpopo		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%	%	%	%
Yes, in past 12 months	49	40	36	12	35	28
Yes, but not in past 12 months	18	20	22	5	28	-
No	31	35	36	10	18	2
Decline to answer	3	5	6	73	19	70
Future HIV testing						
Yes	63	45	56	18	47	77
No	37	55	44	82	53	23

Most service users reported living in a permanent abode (86% Mpumalanga and 100% Limpopo) (Table 70).

Table 70: Type of residence (Northern region)

	Mpumalanga				Limpopo			
	Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%	n	%
Permanent abode	687	85	990	86	169	96	431	100
Temporary abode	86	11	124	11	7	4	-	-
Shelter	20	2	11	1	-	-	-	-
Homeless	18	2	22	2	-	-	1	<1
Other	1	<1	8	1	-	-	-	-

Service users mainly reported living with their parents/relatives (79% Mpumalanga and 89% Limpopo) (Table 71).

Table 71: Who do you live with (Northern region)

	Mpumalanga				Limpopo			
	Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%	n	%
Parents/relatives	632	78	915	79	163	93	387	89
Spouse/partner	86	11	116	10	8	5	44	10
Alone/independent	84	10	101	9	5	3	1	<1
Other	10	1	23	2	-	-	1	<1

In Mpumalanga, cannabis (36%) was the most common primary substance of use reported by individuals receiving treatment (increasing from 32% in 2023), followed by alcohol (25%), and heroin/opiates (22%). In Limpopo, cannabis (41%) was the leading primary substance of use (decreasing from 49%), followed by heroin/opiates (24%)(See Table 72).

Table 72: Primary substance of use (Northern region)

	Mpumalanga			Limpopo		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%	%	%	%
Alcohol	15	25	26	14	6	10
Cannabis	35	32	36	54	49	41
Cannabis/Mandrax**	<1*	2	2	-	1	<1
Crack/Cocaine	6	8	5	-	1	2
Methcathinone ('CAT/KHAT')	2	1	1	<1*	6	3
Heroin/Opiates^	33	23	22	26	26	24
Inhalants	<1*	1	1	-	<1	<1
OTC/ PRE	1	1	1	<1*	<1	1
Crystal methamphetamine ('MA'/'Tik')	7	5	4	6	8	9
Ecstasy	-	-	<1	-	-	-
Tobacco Products	<1*	2	2	-	2	10
Other/Combination	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 (70%). When alcohol was excluded, 90% reported smoking as their primary mode of use. Only 4% of individuals (excluding alcohol) reported that they injected substances (all substance variants). The proportion of persons who injected heroin/opiates decreased since the previous annual period (from 17% to 13%) (Table 73).

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

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Swallowed	17(2)	24(3)	24(3)
Snorted	2(3)	3(3)	2(3)
Smoked	78(91)	69(88)	70(90)
Injected	3(4)	4(5)	3(4)
Injected Heroin	11	17	13

()Figures in brackets exclude alcohol

Most individuals reported that they used their primary substances on a daily basis, however tobacco products was mostly used 'once per week or less often'. The substances with the highest reported daily use were cannabis/mandrax (88%) and heroin/opiates (86%) (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 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024
	%		%		%		%	
Alcohol	31	31	26	26	33	31	10	12
Cannabis	63	40	19	19	14	36	4	5
Cannabis/Mandrax*	89	88	11*	8*	-	4*	-	-
Crack/ Cocaine	71	68	16	19	10	10	3*	3
Heroin/Opiates^	95	86	4	5	-	9	1*	-
Crystal methamphetamine ('MA'/'Tik')	59	57	24	24	10	14	7	5
OTC/PRE	75	62	-	-	12	31	13	8
Methcathinone ('CAT'/KHAT)	55	6	23	39	18*	14	5*	5
Tobacco products	91	23	4*	16	4*	59	-	1

[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 most notable change in average age was seen for CAT/KHAT admissions, increasing from 28 to 33 years. Refer to Table 75.

Table 75: Mean age (in years) by primary substance of use (Northern region)

	Mpumalanga			Limpopo		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
Alcohol	36	31	34	33	31	35
Cannabis	24	23	22	23	24	22
Cannabis/Mandrax**	29*	25	21	-	31	22*
Crack/Cocaine	29	29	29	-	29*	33
Methcathinone ('CAT'/KHAT)	28	28	33	26*	26	27
Heroin/Opiates^	30	30	32	29	29	32
Inhalants	27*	26	21	-	27*	49*
OTC/ PRE	39	38	35	58*	22*	21
Crystal methamphetamine ('MA'/'Tik')	25	30	28	27	27	27
Ecstasy	-	-	-	-	-	-
OTC/PRE	-	-	35	-	-	21
Tobacco products	-	26	22	-	23*	19
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

Males were more frequently admitted for substance use in both regions across most primary substance categories. Exceptions were OTC/prescription medications in Mpumalanga and inhalants in Limpopo, although the absolute numbers in these categories were very small. In Mpumalanga, MA admissions among females increased from 28% in 2023 to 34% in 2024, and in Limpopo, MA admissions among females increased from 7% in 2023 to 27% in 2024 (Table 76).

Table 76: Primary substance of use by Gender (Northern region)

	Mpumalanga				Limpopo			
	Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024	
	M	F	M	F	M	F	M	F
	%	%	%	%	%	%	%	%
Alcohol	84	16	83	17	60	40*	84	16
Cannabis	91	9	87	13	92	8	92	8
Cannabis/Mandrax*	96	4*	100	0	100*	0	100*	0
Crack/ Cocaine	87	13	89	11	100*	0	100	0
Heroin/Opiates^	91	9	92	8	93	7*	94	6
Inhalants	78	22*	82	18*	100*	0	0	100*
OTC/PRE	28*	71	43	57	100*	0	67*	33*
Methcathinone ('CAT/KHAT')	92	8*	100	0	90	10*	55	45
Crystal methamphetamine ('MA'/'Tik')	72	28	66	34	93	7*	63	37
Tobacco products	90	10*	69	31	100*	0	73	27

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

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

Cannabis (29%), crack/cocaine (19%), and alcohol (18%) were the most common secondary substances of use. Admissions for heroin/opiates decreased from 23% in 2023 to 10% in 2024 while alcohol and crack/cocaine admissions increased from 9% to 18% and 11% to 19%, respectively from 2023 to 2024 (Table 77).

Table 77: Secondary substance of use (Northern region)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Alcohol	147	14	57	9	123	18
Cannabis	252	23	186	29	100	29
Cannabis/Mandrax**	19	2	21	2	19	3
Crack/Cocaine	177	16	69	11	129	19
Heroin/Opiatesˆ	252	23	149	23	67	10
OTC/PRE	8	1	6	1	11	2
Methcathinone (CAT/KHAT)	21	2	19	3	16	2
Crystal methamphetamine ('MA'/'Tik')	121	11	66	10	66	10
Inhalants	12	1	11	2	8	1
Tobacco products	-	-	55	9	38	6
Ecstasy	-	-	1	<1	1	<1
Other/Combination	75	7	2	<1	1	<1
TOTAL	**1084**	**100**	**642**	**100**	**679**	**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 (49%), alcohol (33%), and heroin/opiates (25%) were the three leading substances used as both primary or secondary substances in Mpumalanga. In Limpopo, cannabis (decreasing from 61% in 2023 to 49% in 2024), heroin/opiates (30%) and both MA and alcohol (17%, respectively) were the main substances used as primary or secondary substance (or overall use). A decrease in overall use of heroin/opiates as an overall substance was seen in both provinces.

Table 78: Primary or Secondary substances of use (Northern region)

	Mpumalanga						Limpopo					
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	409	23	294	29	419	33	35	16	20	11	73	17
Cannabis	857	47	481	48	613	49	140	67	108	61	212	49
Cannabis/Mandrax**	21	1	41	4	40	3	1	<1	7	4	3	1
Crack/Cocaine	284	16	138	14	172	14	4	2	11	6	27	6
Methcathinone ('CAT/ KHAT')	46	3	23	2	10	1	5	2	20	11	24	6
Heroin/Opiates^	809	45	348	35	314	25	92	44	79	45	131	30
Inhalants	14	1	18	2	25	2	2	1	3	2	1	<1
OTC/ PRE	21	1	13	1	17	1	1	<1	1	<1	7	2
Crystal methamphetamine ('MA'/'Tik')	199	11	97	10	78	6	62	30	37	21	74	17
Tobacco products	-	-	70	7	61	5	-	-	8	5	50	12

* 'White pipe' or Mandrax alone

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

This period, more users reported single substance use in both provinces (Mpumalanga 59%; Limpopo 61%) unlike the previous period when mostly poly-substance use was reported (Table 79).

Table 79: Polysubstance use (Northern region)

	Mpumalanga			Limpopo		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%	%	%	%
Primary substance only	48	48	59	33	33	61
Primary +2nd substance	52	52	41	67	67	39
Total no. of individuals	**1809**	**1001**	**1255**	**210**	**176**	**434**

During this period, the most common source of payment for treatment of substance use in Mpumalanga was the 'state' (41%), followed by 'family/friends' (34%), and 'self' (21%). In Limpopo province, 'family/friends' was the leading source of payment (64%), followed by 'state' (28%) (Table 80).

Table 80: Source of payment (Northern region)

	Mpumalanga			Limpopo		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%	%	%	%
State	42	41	41	18	57	28
Medical aid	1	<1	-	<1	-	-
Family/Friends	34	36	34	74	39	64
Work/employer	1	4	3	1	<1	1
Self	21	17	21	6	3	7
Unknown	<1	1	<1	-	-	-
Other	-	-	1	-	-	-

In the Northern region, 107 (6%) individuals admitted to treatment reported diagnosis of a non-communicable disease (NCD). In Mpumalanga (8%) and in Limpopo (2%) of services users reported a non-communicable disease. In Mpumalanga the most reported NCD was mental health problems (58%) 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 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%	n	%
Cardiovascular disease	4	5	4	4	-	-	-	-
Diabetes	5	7	1	1	-	-	-	-
Respiratory disease	16	22	13	12	-	-	-	-
Mental health problems	42	57	64	58	3	100*	8	100
Blood pressure issues	2	3	5	4	-	-	-	-
Liver disease	-	-	4	4	-	-	-	-
Gastrointestinal disease	4	5	4	4	-	-	-	-
Hepatitis	-	-	-	-	-	-	-	-
Cancer	1	1	-	-	-	-	-	-
Neurological Disorder	-	-	15	13	-	-	-	-

In the NR, a total of 5 (<1%) individuals accessing treatment indicated the non-medical use of a first codeine product while no second codeine product was reported. There was a considerable decrease in the number of service users reporting codeine products in the Mpumalanga province. Codeine-based products were only swallowed (Table 82). No data was reported for Limpopo (Table 83).

Table 82: Mode of codeine use (Mpumalanga)

	Jan-Dec 2023		Jan-Dec 2024	
	1st product (n = 209)	2nd product (n = 1)	1st product (n = 5)	2nd product (n = 0)
	%	%	%	%
Swallowed	64	100*	56	-
Smoked	29*	-	44	-
Snorted/sniffed	7*	-	-	-
Injected	-	-	-	-
Types of products	Adcodol, Coughcod		Adcodol, Betapyn, Ibucod	-

* N<5

Table 83: Mode of codeine use (Limpopo)

	Jan-Dec 2023		Jan-Dec 2024	
	1st product (n = 2)	2nd product (n = 0)	1st product (n = 0)	2nd product (n = 0)
	%	%	%	%
Swallowed	100*	-	-	-
Smoked	-	-	-	-
Snorted/sniffed	-	-	-	-
Injected	-	-	-	-
Types of products	Adcodol, Stilpayne	-	-	-

In Mpumalanga, codeine products were mostly used 2-6 days per week (50%). No data was reported for Limpopo. See Table 84.

Table 84: Frequency of codeine use (Northern region)

	Mpumalanga				Limpopo			
	Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024	
	1st Product	2nd Product*	1st Product	2nd Product*	1st Product	2nd Product*	1st Product	2nd Product
	%	%	%	%	%	%	%	%
Daily	50*	100*	33*	-	-	-	-	-
2-6 days per week	37*	-	50*	-	-	-	-	-
Once per week/less often	13*	-	-	-	100*	-	-	-
Not used in the past month	-	-	17*	-	-	-	-	-

* N<5

In the Northern region, 78% of service users indicated that they used tobacco products. Closer examination shows 91% of service users in Limpopo province reported tobacco use, whereas 73% of service users reported tobacco use in Mpumalanga. The breakdown of the tobacco use is reported per province in Table 85 below.

Table 85: Tobacco Products (Northern region)

	Mpumalanga				Limpopo			
	Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%	n	%
Cigarettes	792	97	864	95	159	98	392	99
Hookah Pipe	15	2	26	3	-	-	1	<1
e-Cigarettes	5	1	8	1	4	2	2	<1
Other	4	<1	7	1	-	-	-	-

In both Mpumalanga (1%) and Limpopo (1%), reports of substance use during pregnancy were low. Only half of the respondents (4 individuals) in Mpumalanga reported their substances used during pregnancy (heroin/opiates, cannabis, alcohol and CAT/KHAT) were used during pregnancy (Table 86).

Table 86: Substance use during pregnancy (Northern region)

	Mpumalanga				Limpopo			
	Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%	n	%
Use during pregnancy	10	1	8	1	1	1	2	<1
List of most used substances reported								
Alcohol	3	30	1	25*	1	100	-	-
Heroin/Opiates	5	50	1	25*	-	-	-	-
Crack/Cocaine	3	30	-	-	-	-	-	-
Cannabis	-	-	1	25*	-	-	-	-
Crystal methamphetamine ('MA'/'Tik')	1	10	-	-	-	-	-	-
Methcathinone (CAT/KHAT)	-	-	1	25*			-	-
Other	-	-	-	-	-	-	-	-

* N<5

DATA FOR INDIVIDUALS 18 YEARS AND YOUNGER

In the Northern region, twenty-seven percent (n=462) 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 increased from 10% to 18% over the last two reporting periods.

Table 87: Gender profile of individuals ≤18 years (Northern region)

	Mpumalanga			Limpopo		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%	%	%	%
Male	84	90	82	96	82	82
Female	16	10	18	4	18	18
Other	-	-	-	-	-	-
EDUCATIONAL LEVEL						
None	<1	<1	<1	-	1	-
Primary	6	8	8	3	2	6
Secondary	86	85	87	83	86	85
Tertiary	7	7	5	14	11	9
Special needs	-	-	-	-	-	-

The most common source of referral to specialist treatment centres in both provinces was 'school' with 58% in Mpumalanga and 89% in Limpopo. The second most common referral source in Mpumalanga was self/family/friends (27%). Apart from 'school', Limpopo only had self/family/friends (11%) as their second most common type of referral pathway (See Table 88).

Table 88: Referral sources for individuals ≤18 years (Northern region)

	Mpumalanga			Limpopo		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%	%	%	%
Self/family/friends	29	25	27	27	32	11
Work/employer	1	-	-	-	-	-
Doctor/psychiatrist/nurse (health professional)	1	<1	1	-	-	-
Religious body	-	1	-	-	-	-
Hospital/clinic	2	<1	<1	-	-	-
Social services/welfare	17	11	14	-	-	-
Court/correctional services	2	-	-	-	-	-
School	48	61	58	73	68	89
Other e.g., radio	-	1	-	-	-	-

* N<5

Cannabis (71%) and alcohol (12%) were the leading primary substances of use in Mpumalanga, whereas in Limpopo, cannabis (60%) was the leading primary substances for persons 18 years and younger, followed by tobacco products (27%) (Table 89).

Table 89: Primary substance of use for individuals ≤18 years (Northern region)

	Mpumalanga			Limpopo		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%	%	%	%
Alcohol	5	23	12	8	-	6
Cannabis	77	61	71	85	89	60
Cannabis/Mandrax*	-	4	4	-	-	-
Crack/Cocaine	2	<1	1	-	-	-
Heroin/Opiatesˆ	5	3	2	2	-	-
OTC/ PRE	<1	-	-	-	-	2
Methcathinone (CAT/KHAT)	<1	-	-	-	-	3
Inhalants	<1	1	3	-	-	-
Crystal methamphetamine ('MA'/'Tik')	10	3	2	6	4	2
Tobacco products	-	3	5		7	27
TOTAL (n)	**289**	**233**	**331**	**52**	**28**	**131**

* 'White pipe' or Mandrax alone

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

Compared to females, males ≤18 years denominated access to treatment across all substances in both provinces (Table 90).

Table 90: Primary substance of use by Gender for individuals ≤18 years (Northern region)

	Mpumalanga						Limpopo					
	Jan-Dec 2023			Jan-Dec 2024			Jan-Dec 2023			Jan-Dec 2024		
	%						%					
	M	F	O	M	F	O	M	F	O	M	F	O
Alcohol	94	6	-	72	28	-	-	-	-	100	-	-
Cannabis	91	9	-	85	15	-	80	20	-	88	12	-
Cannabis/Mandrax**	90	10*	-	100	0	-	-	-	-	-	-	-
Crack/Cocaine	100*	-	-	67	33	-	-	-	-	-	-	-
Heroin/Opiatesˆ	63	37	-	100	0	-	-	-	-	-	-	-
Inhalants	100*	-	-	91	9	-	-	-	-	-	-	-
OTC/PRE	-	-	-	-	-	-	-	-	-	67*	33*	-
Methcathinone ('CAT'/KHAT)	-	-	-	-	-	-	-	-	-	75*	25*	-
Crystal methamphetamine ('MA'/'Tik')	43*	57*	-	25	75*	-	100*	0	-	67*	33*	-
Tobacco products	100*	-	-	59	41	-	100*	-	-	69	31	-

* 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

Jodilee Erasmus & Nancy Hornsby

Data was collected from nine (9) specialist treatment centres. A total of 660 individuals were treated across these treatment centres for the January to December 2024 reporting period (Table 91).

Table 91: Proportion of treatment episodes (Eastern Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Ernest Malgas Treatment Centre	9	5	17
Mooiuitzicht	-	4	1
NICRO	4	-	-
SANCA Central Eastern cape	56	64	36
Shepherd's Field	1	-	-
Step Away	15	16	14
Welbedacht	14	9	8
Anthallo Substance Abuse Recovery	-	1	<1
Thembelitsha Rehabilitation Centre	-	1	2
Koinonia Recovery Centre	-	-	2
Mondia Sunnyside	-	-	19
Total individuals in treatment (N)	**684**	**561**	**660**

During the current period, the majority of persons accessed inpatient treatment (77%), increasing considerably from 47% in 2023. In contrast to the previous period, individuals almost equally accessed inpatient (47%) and outpatient/community-basis treatment (50%). (Table 92).

Table 92: Type of treatment received (Eastern Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Inpatient	51	47	77
Outpatient/Community-based	47	50	22
Detox	2	3	1

While admissions were predominantly first-time admissions, a decline was noted from 76% in 2023 to 65% in the 2024 period (Table 93).

Table 93: First-time admissions (Eastern Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Yes	83	76	65
No	17	24	35

Of the 35% of individuals who indicated one or more prior admission, prior treatment was mostly inpatient (82%) (Table 94).

Table 94: Type of prior treatment (Eastern Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Inpatient	9	51	99	77	152	82
Outpatient/Community-based	13	60	22	17	26	14
Detox	-	-	3	2	8	4

Most referrals were from 'self/family/friends' (57%), followed by 'social services/welfare' (18%), and 'work/employer' (13%) (Table 95).

Table 95: Referral sources (Eastern Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Self/family/friends	60	58	57
Work/employer	11	10	13
Doctor/psychiatrist/nurse (health professional)	5	4	7
Religious body	-	<1	<1
Hospital/clinic	1	2	1
Social services/welfare	13	7	18
Court/correctional services/police/lawyer	4	1	<1
School	6	18	3
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 (81%). The proportion of those who were unemployed was 25%, a slight decrease since the last 2023 reporting period (29%). Most service users had a secondary level education (63%), followed by tertiary education (29%) (Table 96).

Table 96: Population Profile (Eastern Cape)

GENDER	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Male	79	73	81
Female	21	27	19
Other	-	<1	<1
EMPLOYMENT STATUS			
Working full-time	32	34	44
Working part-time	3	2	3
Unemployed (< 6 months)	8	8	10
Unemployed (> 6 months)	23	21	15
Student/Apprentice/internship	3	5	3
Learner at school	28	27	17
Pensioner/ Disabled/Stay at home	2	3	8
EDUCATIONAL LEVEL*			
No schooling	1	-	1
Primary	7	5	7
Secondary	74	70	63
Tertiary	18	25	29
Special needs	-	-	<1

* Level of education completed

Age at the time of admission ranged from 12 to 72 years, with an average age of 32 years. Just over a third (34%) of the admissions in the Eastern Cape were service users aged between 10 and 24 years. More specifically, persons aged 15-19 years made up the majority of admissions (22%, decreasing from 28% in 2023) (Table 97).

Table 97: Age distribution (Eastern Cape)

Age in Years	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
<10	29	4	-	-	-	-
10-14	176	26	30	5	30	5
15-19	102	15	153	28	139	22
20-24	77	11	63	11	46	7
25-29	88	13	62	11	54	8
30-34	83	12	61	11	85	13
35-39	48	7	64	12	77	12
40-44	28	4	45	8	88	14
45-49	23	3	32	6	48	7
50-54	8	1	19	3	31	5
55-59	5	1	10	2	31	5
60-64	6	1	2	<1	5	1
65+	29	4	7	1	6	1

Thirty-six percent (36%) of individuals admitted to treatment reported that they had not been tested for HIV while 63% responded that they had been tested for HIV. Of those who had been tested, 46% reported that they had been tested in the past 12 months. The majority of individuals (60%) indicated that they did not want to be tested for HIV in the future (Table 98).

Table 98: HIV testing (Eastern Cape)

Tested for HIV	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Yes, in past 12 months	33	43	46
Yes, but not in past 12 months	9	9	17
No	53	47	36
Decline to answer	5	1	1
Future HIV testing			
Yes	81	26	40
No	19	74	60

Eighty-six percent (86%) of service users reported that they lived in a permanent abode (Table 99). Just under two-thirds lived with parents/relatives (65%), followed by spouse/partners (19%) (Table 100).

Table 99: Type of residence (Eastern Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Permanent abode	223	90	480	91	565	86
Temporary abode	21	9	34	6	73	11
Shelter	2	1	7	1	4	1
Homeless	1	<1	8	2	7	1
Other	-	-	-	-	5	1

Table 100: Who do you live with (Eastern Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Parents/relatives	149	62	371	69	424	65
Spouse/Partners	62	26	104	19	127	19
Alone/Independent	30	12	49	9	83	13
Other	-	-	15	3	21	3

The most common primary substances of use during the current reporting period were alcohol (48% in 2024 increasing from 36% in 2023), cannabis (29% in 2024 decreasing from 32% in 2023), and MA (12% in 2024 decreasing from 19% in 2023) (Table 101).

Table 101: Primary substance of use (Eastern Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Alcohol	29	36	48
Cannabis	26	32	29
Cannabis/Mandrax**	7	2	2
Crack/Cocaine	6	3	5
OTC/PRE	1	3	3
Heroin/Opiatesˆ	1*	1*	<1*
Inhalants	<1*	1	-
Crystal methamphetamine ('MA'/'Tik')	27	19	12
Methcathinone (CAT/KHAT)	1	2	<1*
Tobacco products	-	-	<1*
Other/Combination	-	-	<1*

* 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

'Swallow' was the main administration route this period, however, when alcohol was excluded, smoking was most common means of administration (84%) (Table 102).

Table 102: Mode of use for primary substance (Eastern Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Swallowed	31(5)	42(10)	51(8)
Smoked	61(84)	53(83)	44(84)
Snorted/Sniffed	7(10)	4(7)	4(8)
Injected	1(1)	<1(<1)	<1(1)
Injected Heroin/Opiates	34	25	33

() Figures in brackets exclude alcohol

Most individuals attending substance use treatment centres used their primary substance daily (63%), increasing from the previous annual period (48%). Refer to Table 103.

Table 103: Frequency of use for primary substance (Eastern Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Daily	54	48	63
2-6 days per week	35	34	27
Once a week or less	6	13	9
Not used in past month	6	5	1

The overall mean age was 32 years for this annual period, increasing from 29 years old in the previous period. Age at admission ranged from 12 to 72 years. Cannabis was associated with the youngest age at the time of admission (20 years), followed by both cannabis/mandrax and MA (27 years respectively) (Table 104).

Table 104: Mean age (in years) by Primary Substance (Eastern Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
Alcohol	38	37	41
Cannabis	19	19	20
Cannabis/Mandrax**	30	30	27
Crack/Cocaine	32	30	31
OTC/PRE	42	41	39
Heroin/Opiatesˆ	36	34	28*
Crystal methamphetamine ('MA'/'Tik')	24	26	27
Methcathinone ('CAT/KHAT')	30	26	29*
Tobacco products	-	15*	42
Overall mean age	**29**	**29**	**32**

* 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 greater access to treatment compared to females across most substances. CAT/KHAT was the only substance where admissions were equally distributed among females and males (50%). OTC/PRE-medicines also had a smaller disparity between males (53%) and females (47%) compared to other substance categories. Females reporting OTC/PRE use decreased from 62% in 2023 to 47% in 2024. No females reported heroin/opiates use this annual period (Table 105).

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

	Jan-Dec 2022			Jan-Dec 2023			Jan-Dec 2024		
	M	F	O	M	F	O	M	F	O
	%			%			%		
Alcohol	75	25	-	67	33	-	79	21	0
Cannabis/Mandrax**	88	12	-	91	0	9*	93	7	0
Cannabis	77	23	-	74	26	-	84	15	1
Crack/Cocaine	84	16	-	75	25*	-	88	12	0
OTC/PRE	44	56	-	38	62	-	53	47	0
Heroin/Opiatesˆ	56	44*	-	75*	25*	-	100*	0	0
Inhalants	100*	0	-	100	0	-	-	-	-
Crystal methamphetamine ('MA'/'Tik')	83	17	-	85	14	<1*	83	17	0
Methcathinone (CAT/KHAT)	86	14*	-	50*	50*	-	50*	50*	0
Tobacco products	-	-	-	-	-	-	100*	0	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 (27%), followed by alcohol and MA (17% respectively). Cannabis remained the most frequently reported secondary substance of use over the last three annual periods. (Table 106).

Table 106: Secondary substance of use (Eastern Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Alcohol	93	21	73	27	51	17
Cannabis	126	29	77	29	82	27
Cannabis/Mandrax*	66	15	29	11	21	7
Crack/Cocaine	29	7	13	5	44	15
OTC/PRE	7	2	7	3	7	2
Heroin/Opiatesˆ	3	1	-	-	2	1
Crystal methamphetamine ('MA'/'Tik')	95	22	51	19	51	17
Methcathinone (CAT/KHAT)	7	2	9	3	6	2
Tobacco products	-	-	4	2	31	10
Inhalants					3	1
Other/Combination	10	2	-	-	1	<1
TOTAL	**436**	**100**	**267**	**100**	**302**	**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 (56%), cannabis (42%) and MA (19%) were the most common primary or secondary substances of use in this region. An increase was seen for MA (19% to 29%) and crack/cocaine (5% to 12%) as primary or secondary substances of use across the 2023 to 2024 periods (See Table 107).

Table 107: Primary or Secondary substance of use (Eastern Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Alcohol	30	50	56
Cannabis	45	47	42
Cannabis/Mandrax*	17	7	5
Crack/Cocaine	10	5	12
Heroin/Opiatesˆ	2	1	1
OTC/PRE	2	4	4
Methcathinone ('CAT'/KHAT)	2	3	1
Crystal methamphetamine ('MA'/'Tik')	42	28	19
Tobacco products	-	1	5
Ecstasy	-	-	<1
Inhalants	-	-	<1
Other/Combination	3	<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

A slightly higher proportion of service users (54%) reported single substance use during this period (Table 108).

Table 108: Polysubstance use (Eastern Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Primary substance only	220	34	268	50	358	54
Primary +2nd substance	436	66	267	50	302	46
Total no. of individuals	**656**	**100**	**535**	**100**	**660**	**100**

'Medical aid' (43%) and 'state' (32%), were the two most common sources of payment for treatment in the Eastern Cape region. State-subsidised treatment increased from 20% in 2023 to 32% in 2024 (Table 109).

Table 109: Source of payment (Eastern Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Self	7	7	7
Medical Aid	36	37	43
Family/friends	27	30	13
Work/employer	2	4	2
State	16	20	32
Unknown	6	1	<1
Other	5	<1	2

In the Eastern Cape, 216 (34%) diagnosed non-communicable disease cases were reported. The most reported NCD was mental health problems (52%) (Table 110).

Table 110: Non-communicable diseases (Eastern Cape Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Cardiovascular disease	5	3	7	4	17	6
Diabetes	16	8	9	5	9	3
Respiratory disease	13	7	20	12	33	13
Mental health problems	105	56	93	55	133	52
Blood pressure issues	28	16	22	13	33	13
Liver disease	3	1	6	4	3	1
Gastrointestinal disease	16	8	10	6	18	7
Hepatitis	1	<1	1	<1	-	-
Cancer	-	-	-	-	2	1
Neurological Disorder	2	1	2	1	10	4

A total of 49 (7%) individuals accessing treatment reported the non-medical use of codeine products, with 13 (2%) reporting a second codeine product. The majority of individuals reported swallowing as their main administration route for both first (98%) and second (92%) codeine product (Table 111).

Table 111: Mode of codeine use (Eastern Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	1st product (n =53)	2nd product* (n =1)	1st product (n =38)	2nd product*(n =4)	1st product (n =49)	2nd product (n =13)
	%	%	%	%	%	%
Swallowed	46	100*	97	100*	98	92
Smoked	52	-	-	-	2*	8*
Smoked	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.	Adcodol, Benylin, Stilpane	Adcodol, Bronchleer, Myprodol, Mybulen

*N<5

** Lean is a mixture of codeine-containing cough syrup and a soft drink

Both first and second codeine products were mainly used daily with 67% and 70% respectively. (Table 112).

Table 112: Frequency of codeine use (Eastern Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	1st Product	2nd Product	1st Product	2nd Product	1st Product	2nd Product
	%	%	%	%	%	%
Daily	22	100*	34	-	67	70
2-6 days per week	44	-	28	33*	19	20
Once per week/less often	22	-	25	33*	8	10*
Not used in the past month	11	-	13	33*	6*	-

*N<5

Tobacco use was reported by 69% of service users. Cigarettes were the most commonly reported product (84%) (Table 113).

Table 113: Tobacco Products (Eastern Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Cigarettes	490	88	324	83	423	84
Hookah Pipe	48	9	39	10	44	9
e-Cigarettes	7	1	24	8	35	7
Other	10	2	2	<1	2	<1

Only fifteen (15) individuals reported the use of alcohol or other substances during their pregnancy. Alcohol and cannabis were reported as the substances used (Table 114).

Table 114: Substance use during pregnancy (Eastern Cape)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Use during pregnancy	4	1	6	1	15	2
List of most used substances reported						
Alcohol	1	25	3	50	6	86
Cannabis	3	75	2	33	1	14*
Crystal methamphetamine ('MA'/'Tik')	-	-	2	33	-	-

* N<5

DATA FOR INDIVIDUALS 18 YEARS AND YOUNGER

For the current period, 150 (23%) individuals aged ≤18 years were admitted to treatment in the EC. The majority of individuals ≤18 years were male (78%). A notable decrease was seen in females accessing treatment since the last reporting period, from 37% to 21% (Table 115).

Table 115: Profile of individuals ≤18 years (Eastern Cape)

GENDER	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Male	72	62	78
Female	28	37	21
Other	-	1	1
EDUCATIONAL LEVEL			
None	<1	-	-
Primary	23	10	27
Secondary	76	90	71
Any tertiary	<1	-	1
Special needs	-	-	1

A higher proportion of service users aged ≤18 years were referred to treatment centres by 'social services/welfare' (57%), increasing substantially from 14% in 2023. This was followed by referrals from 'self/family/friends' (24%), showing a 5-percentage point decrease from the previous period (Table 116).

Table 116: Referral sources for individuals ≤18 years (Eastern Cape)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Self/Family/Friends	36	29	24
Work/Employer	1*	-	-
Health professional	2*	1	5
Religious body	-	-	-
Hospital/Clinic	-	1	-
Social Services/Welfare	39	14	57
Court/Correctional services	1*	1	-
School	21	54	14
Other	-	-	-

* N<5

Cannabis (77%) was the leading primary substance of use. Alcohol use decreased from 14% in 2023 to 4% in 2024, while cannabis increased from 68% to 77% over the same period (Table 117).

Table 117: Primary substance of use for individuals ≤18 years (Eastern Cape)

	Jan- Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Alcohol	6	3	23	14	6	4
Cannabis	111	64	113	68	116	77
Cannabis/Mandrax*	4	2	1	1	5	3
Crack/Cocaine	3	2	3	2	8	5
Heroin/Opiatesˆ	-	-	-	-	1	1
OTC/PRE	-	-	1	1	-	-
Crystal methamphetamine ('MA'/'Tik')	48	28	18	11	14	9
Methcathinone ('CAT'/KHAT)	1	1	2	1	-	-
Inhalants	1	1	2	1	-	-
Tobacco products	-	-	1	1	-	-
Other/Combination	-	-	1	1	-	-
TOTAL	**174**	**100**	**165**	**100**	**150**	**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

Smoking was the most common route of administration for persons ≤18 years (93%). 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 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Swallowed	7	19	5
Smoked	90	76	93
Injected	-	-	-
Snorted/Sniffed	2	4	2*

*N<5

The majority of persons ≤18 years admitted to treatment were male. Compared to other substances, MA had the highest proportion of females 18 and under accessing treatment (increasing from 5% to 36% since last period) (Table 119).

Table 119: Primary of use by gender for individuals ≤18 years (Eastern Cape)

	Jan- Dec 2022			Jan- Dec 2023			Jan- Dec 2023		
	M	F	O	M	F	O	M	F	O
Alcohol	17*	83	-	43	57	-	67*	33*	-
Cannabis	72	28	-	65	35		78	20	2*
Cannabis/Mandrax**	75*	1*	-	-	-	100*	80*	20*	-
Crack/Cocaine	33*	67*	-	33*	67*	-	100	-	-
OTC/PRE	-	-	-	-	100*	-	-	-	-
Heroin/Opiatesˆ	-	-	-	-	-	-	100*	-	-
Inhalants	100*	-	-	100*	-	-	-	-	-
Crystal methamphetamine ('MA'/'Tik')	79	21	-	78	17*	5*	64	36	-
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

Cannabis was the most common secondary substance of use among service users aged ≤18 years, followed by crack/cocaine (21%) and alcohol (19%). Alcohol use saw a notable decrease from 44% in the previous period to 19% in the current period, while increases were seen for crack/cocaine (6% to 19%) across the last two annual periods (Table 120).

Table 120: Secondary substance of use for individuals ≤18 years (Eastern Cape)

	Jan- Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Alcohol	36	26	41	44	19	19
Cannabis	40	29	21	23	24	24
Cannabis/Mandrax*	9	7	3	3	2	2
Crack/Cocaine	12	9	6	6	21	21
Heroin/Opiates**	1	1	-	-	-	-
Inhalants	-	-	2	2	2	2
OTC/PRE	1	1	2	2	1	1
Methcathinone ('CAT'/KHAT)	1	1	1	1	3	3
Crystal methamphetamine ('MA'/'Tik')	35	25	12	13	17	17
Tobacco products	-	-	4	4	8	8
Other/Combination	3	2	-	-	1	1
TOTAL	**138**	**100**	**93**	**100**	**98**	**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 12 specialist treatment centres. A total of 1697 individuals were treated across these treatment centres for the January to December 2024 reporting period. The majority of service users accessed treatment at SANCA Zululand (19%) (Table 121).

Table 121: Proportion of treatment episodes (KZN)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
AKESO Umhlanga	10	17	3
ARCA	2	1	2
Anti-Drug Forum	1	-	-
Careline Crisis & Trauma Centre	2	2	2
Harmony Retreat	-	-	-
Madadeni Centre	9	8	14
Newlands Park Centre	6	-	16
Riverview Manor	5	4	4
SANCA Durban (In/Out)	5	9	11
SANCA Newcastle	5	5	3
SANCA Nongoma	2	2	3
SANCA Pietermaritzburg	22	15	11
SANCA Zululand	18	22	19
Serenity Addictions	13	15	12
Total individuals in treatment	**2413**	**1961**	**1697**

For current treatment episodes, most individuals were treated on an inpatient basis (57%) followed by outpatient/community-based (38%) (Table 122).

Table 122: Type of treatment received (KZN)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Inpatient	51	52	57
Outpatient/Community-based	49	45	38
Detox	<1	3	4

Twenty-seven percent (27%) of service users reported one or more prior admissions, decreasing from 32% in 2023 (Table 123).

Table 123: First-time admissions (KZN)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Yes	82	68	73
No	18	32	27

A total of 578 (32%) of service users reported one or more prior treatment episodes (prior admissions); prior admissions were predominantly for inpatient services (62%) (Table 124).

Table 124: Type of prior treatment (KZN)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Inpatient	13	4	111	51	167	62
Outpatient/Community-based	263	86	63	29	52	19
Detox	29	10	42	19	49	18

'Self/family/friends (47%) remained the most common source of referral for this reporting period. This was followed by 'social service/welfare' (18%), increasing from 6% in 2023, and 'employer' referrals (11%). 'Health professional' referrals decreased from 22% in the preceding period to 9% in the current period. Refer to Table 125.

Table 125: Referral sources (KZN)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Self/Family/Friends	39	45	47
Social Service/ Welfare	14	6	18
Employer/Work	8	10	11
Court/Correctional Services	1	1	2
Health Professionals	18	22	9
Hospital/Clinic	3	3	4
School	16	10	8
Religious Group	<1	1	1
Other	1	1	<1

Males (85%) comprised the largest group accessing specialist treatment for the current reporting period. Forty-one percent of the individuals were unemployed, with 28% having been unemployed for more than 6 months. While most individuals had secondary school education (76%), a decrease was seen for service users with a tertiary education level (27% to 21%) (Table 126).

Table 126: Population profile of individuals (KZN)

GENDER	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Male	84	85	85
Female	16	15	15
Other	<1	-	<1
EMPLOYMENT STATUS			
Working full-time	35	43	38
Working part-time	4	2	4
Unemployed (< 6 months)	10	7	13
Unemployed (> 6 months)	24	27	28
Student/Apprentice/internship	4	2	2
Learner at school	22	17	12
Pensioner/ Disabled/Stay at home	2	1	1
EDUCATION LEVEL*			
No schooling	-	1	<1
Primary	5	2	3
Secondary	74	70	76
Tertiary	21	27	21
Special needs	-	-	<1

* Level of education completed

The mean age of service users accessing services was 31 years old, with ages ranging from 12 years to 77 years. Twenty-seven percent (27%) of the population in treatment were younger than 24 years, decreasing from 32% in the previous period. Most individuals admitted to treatment were aged 25-29 years (18%) followed by persons aged 30-34 years (17%) (Table 127).

Table 127: Age distribution (KZN)

Age in Years	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
<10	-	-	-	-	-	-
10-14	129	5	23	1	21	1
15-19	451	19	327	17	208	13
20-24	425	18	282	14	219	13
25-29	362	15	309	16	300	18
30-34	362	15	313	16	287	17
35-39	282	12	292	15	236	14
40-44	157	7	198	10	177	11
45-49	101	4	87	4	111	7
50-54	64	3	65	3	45	3
55-59	37	2	36	2	24	1
60-64	11	<1	13	1	7	<1
65+	8	<1	11	1	300	1

Seventy-four percent (74%) of individuals reported that they had been tested for HIV, increasing notably from 56% in 2023. 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 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Yes, in past 12 months	38	42	54
Yes, but not in past 12 months	17	14	20
No	40	38	22
Decline to answer	4	5	3
Future HIV testing			
Yes	52	43	43
No	47	57	57

Most clients reported stable living conditions in a permanent abode (86%) (Table 129) and lived with their parents/ relatives (77%) (Table 130). This annual period there was a higher proportion of people indicating precarious living condition (shelter and homeless being 8% in 2024 compared to 3% in 2023) (Table 129).

Table 129: Type of residence (KZN)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Permanent abode	858	94	1123	91	1135	86
Temporary abode	41	4	69	6	64	5
Shelter	8	1	24	2	79	6
Homeless	6	1	10	1	2	2
Other	-	-	-	-	1	1

Table 130: Who do you live with (KZN)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Parents/relatives	804	88	976	80	1030	77
Spouse/Partners	52	6	115	9	153	11
Alone/Independent	48	5	104	8	130	10
Other	7	1	32	3	22	2

Alcohol (37%), cannabis (31%), and both heroin/opiates and crack/cocaine (11%, respectively) were the most commonly used primary substances. The admission rate for cannabis increased from 27% to 31%. Decreases were shown for heroin/opiates (15% to 11%) (See Table 131).

Table 131: Primary Substance of Use (KZN)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Alcohol	30	38	37
Cannabis	28	27	31
Cannabis/Mandrax*	3	1	1
Crack/Cocaine	9	10	11
OTC/PRE	6	3	3
Heroin/Opiates**	20	15	11
Ecstasy	<1	<1	<1
Inhalants	<1	<1	<1
Methcathinone ('CAT/KHAT')	<1	1	1
Crystal methamphetamine ('MA'/'Tik')	2	3	2
Tobacco products	-	1	1
Other/Combination	2	<1	<1

* White pipe' or Mandrax alone

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

Fifty-five percent (55%) of individuals reported smoking as their mode of substance use, increasing from 47% in the previous period. When alcohol was excluded, smoking substances increased from 77% in 2023 to 82% in 2024. The proportion of service users who specifically injected heroin decreased from 17% in the preceding period to 9% in the current review period (Table 132).

Table 132: Mode of use for primary substance (KZN)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Swallowed	35(9)	42(6)	37(6)
Injected	2(3)	3(5)	2(3)
Sniff/snorted	9(13)	8(12)	6(9)
Smoked	53(75)	47(77)	55(82)
Injected Heroin/Opiates	8	17	9

() Figures in brackets exclude alcohol

Most individuals attending substance use treatment centres used their primary substance daily (70%). The rate for 2-6 days per week use increased slightly from 16% to 19% over the last two annual periods. (Table 133).

Table 133: Frequency of use for primary substance (KZN)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Daily	70	72	70
2-6 days per week	19	16	19
Once a week or less	6	8	8
Not used in past month	6	4	3

The mean age of service uses in treatment across substances was 32 years, ranging from 11 to 78 years. Increase in mean ages were seen for cannabis/mandrax (27 years to 34 years) and CAT/KHAT (27 years to 32 years) (Table 134).

Table 134: Mean age (in years) by primary substance of use (KZN)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
Alcohol	38	37	37
Cannabis	21	23	25
Cannabis/Mandrax*	27	27	34
Crack/Cocaine	32	33	35
OTC/PRE	20	35	32
Heroin/Opiates^	27	30	32
Ecstasy	39*	31*	35
Inhalants	18	15	14*
Methcathinone ('CAT/KHAT')	27	27	32
Crystal methamphetamine ('MA'/'Tik')	29	30	32
Tobacco products	20	21	23
Overall mean age	**29**	**31**	**32**

* 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. Alcohol-related admission rates among females increased from 16% in 2023 to 20% in 2024 while heroin/opiates increased from 7% to 12%. Only males were admitted to treatment for ecstasy and cannabis/mandrax misuse over the last two reporting periods (Table 135).

Table 135: Primary substance of use by gender (KZN)

	Jan-Dec 2022			Jan-Dec 2023			Jan-Dec 2024		
	M	F	O	M	F	O	M	F	O
	%			%			%		
Alcohol	82	18	-	84	16	-	80	20	0
Cannabis	83	17	<1*	86	14	-	85	17	1
Cannabis/ Mandrax**	95	5*	-	86	14*	-	100	0	0
Crack/Cocaine	85	15	-	87	13	-	90	10	0
Ecstasy	100*	0	-	100*	0	-	100	0	0
OTC/PRE	64	36	-	59	41	-	62	38	0
Heroin/Opiatesˆ	94	6	-	93	7	-	88	12	0
Inhalants	83	17*	-	40*	60*	-	75*	25*	0
Methcathinone ('CAT/KHAT')	78	22*	-	67	33	-	85	15*	0
Crystal methamphetamine ('MA'/'Tik')	83	17	-	76	24	-	83	17	0
Tobacco products	100	0	-	79	21	-	78	22*	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 substances of use were crack/cocaine (27%), alcohol (20%), and cannabis (20%). A 7-percentage point increase was noted for heroin/opiates (5% to 12%), and a 6-percentage point decrease for cannabis (25% to 18%) over the last two annual reporting periods (Table 136).

Table 136: Secondary substance of use (KZN)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Alcohol	203	17	179	19	158	20
Cannabis	306	26	235	25	141	18
Cannabis/Mandrax*	91	8	52	5	39	5
Crack/Cocaine	235	20	257	27	208	27
Heroin/Opiates**	79	7	47	5	91	12
Ecstasy	3	<1	6	1	5	1
OTC/PRE	163	14	72	8	47	6
Crystal methamphetamine ('MA'/'Tik')	35	3	33	3	25	3
Ecstasy	3	<1	6	1	5	1
Inhalants	2	<1	1	<1	1	<1
Methcathinone ('CAT'/KHAT)	10	1	20	2	8	1
Tobacco products	31	3	40	4	52	7
Other/Combination	55	5	10	1	9	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 (41%), crack/cocaine (25%), and heroin/opiates (17%). Slight variations were seen for the number of individuals reporting primary or secondary use over the last two periods (Table 137).

Table 137: Primary or Secondary substance of use (KZN)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Alcohol	39	47	47
Cannabis	41	39	41
Cannabis/Mandrax*	6	4	4
Crack/Cocaine	19	23	25
Heroin/Opiates**	23	17	17
OTC/PRE	12	6	6
Methcathinone ('CAT'/KHAT)	1	2	1
Crystal methamphetamine ('CAT'/'Tik')	4	4	4
Ecstasy	-	<1	1
Inhalants	-	<1	<1
Tobacco products	-	7	5
Other/Combination	4	1	1

* 'White pipe' or Mandrax alone

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

Just over half (52%) of individuals admitted during the January to December 2024 period reported using more than one substance (Table 138).

Table 138: Polysubstance use (KZN)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Primary substance only	1210	51	998	51	735	48
Primary +2nd substance	1182	49	952	49	784	52
Total no. of individuals	2392	100	1950	100	1519	100

Table 139 below shows that 'medical aid' (30%) was the most common source of payment, followed by 'state' (24%)'. 'Medical aid' as a source of payment decreased from 40% to 30%, and 'state' increased (12% to 24%) over the last two reporting periods.

Table 139: Sources of payment (KZN)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Family/friends	27	20	18
Self	7	6	8
Medical Aid	31	40	30
State	17	12	24
Work/employer	3	3	4
Other/Unknown	16	19	16

In KZN, 488 (30%) individuals admitted to treatment reported diagnosis of a non-communicable disease. While mental health issues were the most commonly reported non-communicable disease for this period at 46%, a decrease was noted from 81% in 2023 (Table 140).

Table 140: Non-communicable diseases (KZN)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Cardiovascular disease	145	11	14	2	65	8
Diabetes	71	5	19	3	48	6
Respiratory disease	139	10	35	5	98	12
Mental health problems	646	48	551	81	368	46
Blood pressure issues	166	12	35	5	51	6
Liver disease	16	1	10	1	23	3
Gastrointestinal disease	150	11	13	2	87	11
Hepatitis	-	-	-	-	7	1
Cancer	1	<1	-	-	2	<1
Neurological Disorder	13	1	2	<1	46	6

Twelve percent (n=198) service users reporting the non-medical use of codeine products during this period while 3% (n=47) of individuals reported a second product of misuse. Swallowing was the most common mode of use for both first and second codeine products (87% and 79%, respectively) (Table 141).

Table 141: Mode of codeine use (KZN)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	1st product (n =477)	2nd product (n =28)	1st product (n =194)	2nd product (n =45)	1st product (n =198)	2nd product (n =47)
	%	%	%	%	%	%
Swallowed	83	100	95	100	87	79
Smoked	15	-	2*	-	8	14
Snorted/Sniffed	1	-	2*	-	2	5
Injected	<1	-	-	-	3	2
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	Adcodol, Stillpane, Bronchleer, Benylin	Benylin, Lenazine, Stillpane, Bronchleer

* N < 5

** Lean is a mixture of codeine-containing cough syrup and a soft drink

Both the first and second codeine products were predominantly used daily (46% and 33%, respectively) (Table 142).

Table 142: Frequency of codeine use (KZN)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	1st Product	2nd Product	1st Product	2nd Product	1st Product	2nd Product
	%	%	%	%	%	%
Daily	32	20	45	63	46	33
Once per week/less often	24	35	22	17	14	17
Not used in the week	22	20	19	7	19	19
Not used in past month	22	25	13	12	21	31

The use of tobacco products was reported among 1226 (73%) of persons admitted to treatment. The overwhelming majority reported the use of cigarettes (94%) (Table 143).

Table 143: Tobacco products (KZN)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Cigarettes	1729	96	1333	95	1172	94
Hookah Pipe	41	2	42	3	37	3
e-Cigarettes	4	<1	6	<1	32	3
Other	24	1	18	1	9	1

Substance use during pregnancy was indicated among 17 (1%) of individuals accessing treatment. Heroin/opiates (n=4), alcohol (n=2), and OTC/PRE (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		Jan-Dec 2024	
	n	%	n	%	n	%
Use during pregnancy	9	1	13	1	17	1
List of most used substances reported						
Alcohol	4	44	5	38	2	29
Heroin/Opiates	3	22	2	15	4	57
Crack/Cocaine	2	33	2	15	-	-
Cannabis	-	-	4	31	-	-
Crystal methamphetamine ('MA'/'Tik')	-	-	1	7	-	-
OTC/PRE	-	-	-	-	1	14

DATA FOR INDIVIDUALS 18 YEARS AND YOUNGER

There were 181 (11%) services users aged 18 years and younger in 2024; admission rates among female youths increased from 19% to 24% (Table 145).

Table 145: Profile of individuals ≤18 years (KZN)

Gender	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Male	77	81	76
Female	23	19	24
Other	-	-	-
Educational Level			
None	-	<1	<1
Primary	12	6	3
Secondary	88	86	76
Any tertiary	1	8	21
Special needs	-	-	<1

The largest proportion of persons 18 year and younger were referred by 'school' (61%), followed by 'self/family/friends' (28%) (See Table 146).

Table 146: Referral sources for individuals ≤18 years (KZN)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Self/Family/Friends	22	23	28
Work/Employer	-	1	-
Health professional	3	4	2
Religious body	<1	<1	-
Hospital/Clinic	1	1	3
Social Services/Welfare	8	6	5
Court/Correctional services	-	-	-
School	66	59	61
Other	-	6	-

The most common primary substance of use for persons 18 years and younger was cannabis (80%). A notable increase was seen in cannabis use from 70% in 2023 to 80% in 2024. Alcohol decreased from12% in 2023 to 3% in 2024 (Table 147).

Table 147: Primary substance of use for individuals ≤18 years (KZN)

	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Alcohol	30	6	32	12	6	3
Cannabis	294	64	192	70	145	80
Cannabis/Mandrax*	2	<1	6	2	-	-
Crack/Cocaine	6	1	2	1	1	1
OTC/PRE	95	21	9	3	6	3
Heroin/Opiates**	20	4	2	1	1	1
Inhalants	5	1	5	2	3	2
Methcathinone ('CAT'/KHAT)	-	-	2	1	-	-
Crystal methamphetamine ('MA'/'Tik')	1	<1	3	1	1	1
Tobacco products	-	-	22	8	8	4
Other/Combination	7	2	-	-	-	-
TOTAL	**460**	**100**	**275**	**100**	**181**	**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 (83%) of primary substances. Substance use by injection route was not reported in 2024 (Table 148).

Table 148: Mode of use of primary substance of use for individuals ≤18 years (KZN)

	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%	%	%
Swallowed	28	15	13
Smoke	69	82	83
Snorted/Sniffed	3	3	4
Injected	-	<1	-

Males predominantly accessed treatment services among individuals 18 years and younger for all substance categories besides heroin/opiates, OTC/PRE and tobacco products although absolute numbers were fewer than 5 cases per substance category. There was a notable increase in females accessing substance use treatment for alcohol use, from 16% in 2023 to 31% in 2024 (Table 149).

Table 149: Primary substance of use by gender for individuals ≤18 years (KZN)

	Jan- Dec 2022			Jan- Dec 2023			Jan-Dec 2024		
	M	F	O	M	F	O	M	F	O
	%			%			%		
Alcohol	67	33	-	84	16	-	69	31	-
Cannabis	82	18	-	82	18	-	80	20	-
Cannabis/Mandrax*	100*	0	-	83	17*	-	-	-	-
Crack/Cocaine	50*	50*	-	100*	0	-	100*	0	-
Heroin/Opiatesˆ	80	20*	-	100*	0	-	0	100*	-
Inhalants	80*	20*	-	40*	60*	-	67*	33*	-
OTC/PRE	64	36	-	78	22*	-	50*	50*	-
Methcathinone (CAT/KHAT)	-	-	-	50*	50*	-	-	-	-
Crystal methamphetamine ('MA'/'Tik')	100*	0	-	100*	0	-	100*	0	-
Tobacco products	-	-	-	88	23	-	50*	50*	-

* 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, 35% reported a secondary substance of use. Alcohol (34%), OTC/PRE (31%) and tobacco products (12%) were the three most common secondary substances of use. A notable decrease was seen for cannabis (23% to 8%). An increase was noted for alcohol (29% to 34%) and OTC/PRE (from 26% to 31%) since the 2023 period (Table 150).

Table 150: Secondary substance of use for individuals ≤18 years (KZN)

	Jan- Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%
Alcohol	25	12	38	29	22	34
Cannabis	51	24	30	23	5	8
Cannabis/Mandrax*	-	-	2	2	1	2
Crack/Cocaine	6	3	5	4	4	6
Heroin/Opiates**	1	<1	-	-	1	2
Inhalants	-	-	1	1	1	2
OTC/PRE	111	53	33	26	20	31
Methcathinone ('CAT'/KHAT)	2	1	-	-	1	2
Crystal methamphetamine ('MA'/'Tik')	3	1	-	-	1	2
Tobacco products	-	-	18	14	8	12
Other/Combination	11	5	2	2	-	-
TOTAL	**210**	**100**	**129**	**100**	**64**	**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 599 service users were collected from six (6) treatment centres during the period January to December 2024. Four (4) centres were located in the Free State province, one (1) was located in the Northern Cape, and one (1) in the North-West. Most admissions were made in the Free State (n=451), constituting 75% of admissions in the CR (See Table 151).

Table 151: Proportion of treatment episodes (Central region)

	Free State			Northern Cape			North-West		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%			%			%		
SANCA Aurora	74	68	58	-	-		-	-	-
SANCA Goldfields	19	11	14	-	-		-	-	-
SANCA Sasolburg	7	21	25	-	-		-	-	-
Galino House	-	-	3						
SANCA Kimberley	-	-	-	-	-	-	-	-	-
SANCA Upington	-	-	-	-	-	-	-	-	-
SANCA Tsantsabane	-	-	-	100	75*	-	-	-	-
Northern Cape Substance Abuse Treatment	-	-	-	-	25*	-	-	-	-
SANCA Kuruman				-	-	100			
SANCA Sanpark	-	-	-	-	-		100	100	100
Total in treatment (n)	**445**	**424**	**451**	**64**	**4**	**49**	**97**	**119**	**99**

The table below reflects the type of services utilised by service users during the current treatment episode In the NW (99%) and FS (55%) most service users were treated on an inpatient basis. The vast majority of service users in the Northern Cape accessed outpatient/community-based services (98%) (See Table 152).

Table 152: Type of treatment received (Central region)

	Free State			Northern Cape			North-West		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%			%			%		
Inpatient	69	58	55	100	25*	-	100	90	99
Outpatient/ Community -based	30	40	42	-	75*	98	-	5	-
Detox	<1	1	2	-	-	2*	-	5	1*

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.

Table 153: First-time admissions (Central region)

	Free State			Northern Cape			North-West		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%			%			%		
Yes	84	85	84	97	100	94	94	76	84
No	16	15	16	3	-	6*	6	24	16

* N<5

Of the service users reporting prior treatment, 89% in the Free State and 100% in the North-West reported having accessed inpatient services previously. Although the absolute numbers were small, outpatient/community-based was the highest reported type of prior treatment for the Northern Cape for the Jan-Dec 2024 period (75%) (Table 154).

Table 154: Type of prior treatment (Central region)

	Free State				Northern Cape				North-West			
	Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%	n	%	n	%	n	%
Inpatient	56	89	66	89	-	-	1	25*	27	94	16	100
Outpatient/ Community- based	4	6	5	7	-	-	3	75*	1	3	-	-
Detox	3	5	3	4	-	-	-	-	1	3	-	-

* N<5

The most common source of referral to specialist treatment centres in the Free State and the North-West was 'self/family/friends' (45% and 76%, respectively). In the North-West, 'work/employer' (45%) was the most common source of referral to treatment, followed by 'self/family/friends' (34%). In the Free State, 'self/family/friends' referral was followed by 'work/employer'' (19%) and 'school' (16%) (Table 155).

Table 155: Referral sources (Central region)

	Free State			Northern Cape			North-West		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%			%			%		
Self/Family/friends	53	42	45	69	100*	76	64	41	34
Work/employer	21	20	19	3*	-	-	22	52	45
Health Professional	7	10	9	-	-	2	1*	-	1
Religious body	<1*	<1*	-	2*	-	-	4*	-	-
Hospital/clinic	-	<1*	1	-	-	2	5	1*	-
Social services/welfare	11	10	16	-	-	6	1*	3*	19
Court/correctional	1	<1*	<1	3*	-	-	-	-	-
School	7	13	10	23	-	12	3*	2*	-
Other e.g., radio	-	4	1	-	-	2	-	2*	-

* N<5

The majority of admissions during this period were for males in the Free State (84%), the Northern Cape (88%) and the North-West (92%). Increases were noted for total unemployment rates in both the Northern Cape and North-West, from 25% to 59% and 18% to 22%, respectively over the last two annual periods.

In the Free State, most service users were employed (39%), followed by unemployed (34%) and school learners (21%). In the Northern Cape, 29% were school learners, and in the North-West, 75% of service users employed, increasing from 68% in 2023. The proportion of service users in North-West who had a tertiary-level education decreased from 12% to 1% across the last two periods (Table 156).

Table 156: Population profile (Central region)

GENDER	Free State			Northern Cape			North-West		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%			%			%		
Male	84	80	84	86	75*	88	91	97	92
Female	16	20	16	14	25*	12	9	2	8
Other	-	<1	-	-	-	-	-	1	-
EMPLOYMENT STATUS									
Working full-time	42	37	37	6	25*	2*	39	67	74
Working part-time	3	2	2	3	-	-	1	1	1
Unemployed (< 6 months)	5	4	3	3	-	10	21	9	3
Unemployed (> 6 months)	24	25	31	47	25*	49	10	9	19
Student/Apprentice/ internship	2	2	3	-	-	8*	12	2	1
School/learner at school	22	28	21	41	50*	29	16	12	1
Medically unfit/Home executive/Pensioner	2	2	3	-	-	2*	-	-	2
EDUCATION LEVEL**									
No schooling	-	-	<1	2	-	-	-	1	3
Primary	7	5	8	8	-	10	3	2	7
Secondary	80	77	74	91	100*	90	78	85	89
Tertiary	13	18	18	-	-	-	19	12	1
Special needs	-	-		2	-	-	-	-	-

* N<5; ** Level of education completed

The mean age for the Central region was 32 years old, ranging from 12 to 72 years. Most admissions in the Free State and Northern Cape were for individuals between ages 15-19 years (21% and 50% respectively). In the North-West, most admissions were for individuals aged 30-34 years (21%), followed by 35–39 year olds (16%) (Table 157).

Table 157: Age distribution (Central region)

	Free State			Northern Cape			North-West		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%			%			%		
<10	-	-	-	2	-	-	-	-	-
10-14	4	3	3	6	-	6	3	2	-
15-19	23	27	21	27	50*	39	19	13	1
20-24	10	9	14	22	25*	20	21	7	11
25-29	14	12	9	20	-	27	14	16	13
30-34	13	13	11	8	25*	2	9	21	21
35-39	12	11	11	11	-	4	16	13	16
40-44	9	11	12	3	-	-	8	13	14
45-49	5	6	9	-	-	2	5	7	15
50-54	7	3	6	-	-	-	1	5	3
55-59	3	2	2	-	-	-	2	3	4
60-64	1	2	1	2	-	-	1	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 83% in the North-West (increasing from 55% in 2023), 44% in the Free State, and 16% in the Northern Cape. In the Free State 83% and in the Northern Cape 82% of service users stated that they did not want to access future HIV testing. The North-West had a higher proportion of service users indicating that they would like to receive HIV testing (75%), increasing from 54% in 2023. HIV testing receptivity has increased in the NW region. See Table 158.

Table 158: HIV testing (Central region)

	Free State			Northern Cape			North-West		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%			%			%		
HIV testing									
Yes, in last 12 months	33	40	44	22	25*	16	40	55	83
Yes, but not in last 12 months	11	15	20	20	-	6	6	19	2
No	47	36	30	52	75*	78	51	25	15
Decline to answer	9	10	6	6	-	-	3	1	-
Future HIV testing									
Yes	21	23	17	57	-	18	0	54	75
No	79	77	83	43	100*	82	100	46	25

* N<5

In all three provinces, the most reported type of residence was permanent abode (Table 159). The majority of service users across the three provinces also reported living with their parents or relatives (Table 160).

Table 159: Type of residence (Central Region)

	Free State				Northern Cape				North-West			
	Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%	n	%	n	%	n	%
Permanent abode	377	89	374	83	4	100*	48	98	86	72	84	85
Temporary abode	45	11	61	14	-	-	-	-	27	23	15	15
Shelter	1	<1	4	1	-	-	1	2	3	3	-	-
Homeless	1	<1	9	2	-	-	-	-	3	2	-	-
Other	-	-	3	1	-	-	-	-		-	-	-

* N<5

Table 160: Who do you live with (Central region)

	Free State				Northern Cape				North-West			
	Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%	n	%	n	%	n	%
Parents/relatives	273	64	272	60	3	75*	47	96	55	46	52	54
Spouse/Partners	90	21	108	24	-	-	1	2	22	18	21	21
Alone/Independent	58	14	69	15	1	25*	1	2	42	35	25	25
Other	3	1	1	<1	-	-	-	-	-	-	1	1*

* N<5

In the Free State, the leading primary substances of use were alcohol (38%) and cannabis (37%). An increase was noted for cannabis use (from 25% in the 2023 period to 37% in the 2024 period), and a decrease in alcohol use (from 44% in 2023 to 38% in the 2024). In the Northern Cape, only four substances were reported: cannabis (60%), alcohol (12%) and both MA and tobacco products (8%, respectively).

Similar to the Free State, alcohol (68%), MA (12%) and cannabis (7%) were the three most commonly reported primary substances in the North-West. A sharp decline in cannabis use was seen from 20% in 2023 to 7% in 2024 while alcohol use (55% in 2023 to 68% in 2024) increased during the same period (Table 161).

Table 161: Primary substance of use (Central region)

	Free State			Northern Cape			North-West		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%			%			%		
Alcohol	41	44	38	11	50*	12	40	55	68
Cannabis	27	25	37	36	25*	60	26	20	7
Cannabis/Mandrax**	5	3	4	6	-	2*	2	3	1
Crack/Cocaine	1	2	1	-	-	-	-	4	4
Heroin/Opiatesˆ	4	4	2	-	-	-	7	6	2
Crystal methamphetamine ('MA'/'Tik')	15	11	10	41	25*	8*	22	11	12
Inhalants	<1*	1*	1	-	-	-	1	-	-
Methcathinone ('CAT'/KHAT)	2	2	3	6	-	-	2	2	6
OTC/PRE	2	2	2	-	-	-	-	-	-
Other/Combination	1*	2	<1	-	-	-	-	-	-
Tobacco Products	<1*	3	2	-	-	8*	-	-	-

* 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 was the most popular route of administration in the Free State (56%) and the Northern Cape (88%), while swallowing was the most reported mode of use in North-West (68%). When alcohol was excluded, rates for smoking as route of administration were high in the FS (90%), NC (100%), and NW (87%). NW also had the highest proportion of substances being snorted/sniffed (13%) Reports for heroin/opiate use by injection were high in the Free State (67%). Substance use by means of injection was not reported for the Northern Cape and North-West (Table 162).

Table 162: Mode of use of primary substance (Central region)

	Free State			Northern Cape			North-West		
	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2022	Jan-Dec 2023	Jan-Dec 2024
	%			%			%		
Swallowed	43(5)	48(8)	40(4)	11	50*(-)	12(-)	41(2)	55(2)*	68(-)
Snorted	2(4)	3(6)	2(4)	-	-	-	3(5)	2(4)*	4(13)
Smoked	53(89)	46(81)	56(90)	89(100)	50*(100)*	88(100)	56(93)	41(91)	28(87)
Injected	2(3)	3(5)	2(3)	-	-	-	-	2(4)*	-
Injected Heroin	40	63	67	-	-	-	-	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. Cannabis/Mandrax was used once per week or less often in the Northern Cape (100%). Frequency of use was not reported in the North-West.

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 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024
	%		%		%		%	
Alcohol	48	55	26	31	18	13	8	1
Cannabis	81	82	11	13	5	4	3*	1
Cannabis/Mandrax**	92	71	0	24	-	-	8*	6
Crack/Cocaine	63	80*	12*	-	25*	20*	-	-
Heroin/Opiatesˆ	100	89	-	11*	-	-	-	-
Inhalants	67*	67*	-	33*	33*	-	-	-
Crystal methamphetamine ('MA'/'Tik')	54	64	38	30	8*	6	-	-
Methcathinone ('CAT'/KHAT)	33*	83	44*	8*	22*	8*	-	-
OTC/PRE	56	100	22*	-	11*	-	11*	-
Tobacco products	86	90	-	-	7*	10*	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 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024
	%		%		%		%	
Alcohol	-	50*	-	17*	100*	33*	-	-
Cannabis	100*	80	-	21	-	-	-	-
Cannabis/Mandrax**	-	-	-	-	-	100*	-	-
Crack/Cocaine	-	-	-	-	-	-	-	-
Heroin/Opiatesˆ	-	-	-	-	-	-	-	-
Inhalants	-	-	-	-	-	-	-	-
Crystal methamphetamine ('MA'/'Tik')	100*	-	-	-	-	-	-	-
Methcathinone ('CAT'/KHAT)	-	-	-	-	-	-	-	-
OTC/PRE	-	-	-	-	-	-	-	-
Tobacco products	-	75*	-	-	-	25*	-	-

*N<5

[a] Row % equals 100 for each reporting period

** '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 165: Frequency of use by primary substance (North-West)[a]

	Daily		2-6 days per week		Once per week or less often		Not used in the past month	
	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024
	%		%		%		%	
Alcohol	72	81	14	16	14	3	-	-
Cannabis	79	57*	4*	43*	17*	-	-	-
Cannabis/Mandrax**	100*	-	-	100*	-	-	-	-
Crack/Cocaine	100	50*	-	50*	-	-	-	-
Heroin/Opiatesˆ	100	100*	-	-	-	-	-	-
Inhalants	-	-	-	-	-	-	-	-
Crystal methamphetamine ('MA'/Tik')	69	100	23*	-	7*	-	-	-
Methcathinone ('CAT'/KHAT)	50*	33*	50*	67*	-	-	-	-
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 32 years in the Free State (ranging from 12 years to 72 years), 22 years in the Northern Cape (ranging from 14 years to 49 years), and 36 years in the North-West (ages ranged from 19 years to 63 years). In the Free State, an increase was seen in the mean age of persons admitted to treatment for alcohol, from 37 years in 2023 to 42 years in 2024; the average age for heroin/opiate admissions increased from 31 years to 35 years over the last two periods. In the Northern Cape, service users who accessed services for alcohol use increased from 17 years to 30 years. In the North-West, the mean age for those accessing treatment for cannabis increased from 21 years in 2023 to 29 years in 2024. This period, service users were younger at the time of admission for MA misuse in the North-West, with the mean age decreasing from 33 years to 27 years. See Table 166.

Table 166: Mean age (in years) by primary substance (Central region)

	Free State		Northern Cape		North-West	
	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024
Alcohol	37	42	17*	30	39	40
Cannabis	21	23	20*	21	21	29
Cannabis/Mandrax**	28	30	-	15*	21*	24*
Crack/Cocaine	37	34	-	-	33	35*
Heroin/Opiatesˆ	31	35	-	-	30	38*
Inhalants	24*	23*	-	-	-	-
Crystal methamphetamine ('MA'/'Tik')	26	28	34*	23*	33	27
Methcathinone ('CAT/KHAT')	32	30	-	-	33*	26
OTC/PRE	36	39	-	-	-	-
Tobacco products	25	25	-	22	-	-
Overall mean age	30	32	22*	22	33	36

* 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. Decreases were noted in females for alcohol (20%in 2023 to 10% in 2024) and cannabis (25% in 2023 to 17% in 2024) (Tables 167 to 169).

Table 167: Primary substance of use by Gender (Free State)

	Jan-Dec 2022			Jan-Dec 2023			Jan-Dec 2024		
	%			%			%		
	M	F	O	M	F	O	M	F	O
Alcohol	79	21	-	75	25	-	83	17	-
Cannabis	87	13	-	80	20	-	90	10	-
Cannabis/Mandrax**	88	12	-	83	17*	-	94	6	-
Crack/Cocaine	87	12	-	100	0	-	80*	20*	-
Heroin/Opiatesˆ	90	10*	-	89	11*	-	78	22*	-
Inhalants	100*	0	-	67*	33*	-	33*	67*	-
Crystal methamphetamine ('MA'/'Tik')	88	12	-	94	6	-	77	23	-
Methcathinone ('CAT'/KHAT)	100	0	-	89	11	-	83	17*	-
OTC/PRE	Gen-der	25*	-	56	44*	-	22*	78	-
Tobacco products	-	-	-	79	14*	7*	90	10*	-

* 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 2022			Jan-Dec 2023			Jan-Dec 2024		
	%			%			%		
	M	F	O	M	F	O	M	F	O
Alcohol	100	0	-	100*	0	-	67*	33*	-
Cannabis	74	26	-	100*	0	-	88	12*	-
Cannabis/Mandrax**	100*	0	-	-	-	-	100*	0	-
Crack/Cocaine	-	-	-	-	-	-	-	-	-
Heroin/Opiatesˆ	-	-	-	-	-	-	-	-	-
Inhalants	-	-	-	-	-	-	-	-	-
Crystal methamphetamine ('MA'/'Tik')	88	12*	-	0	100*	-	100*	0	-
Methcathinone ('CAT'/KHAT)	100*	0	-	-	-	-	-	-	-
OTC/PRE	-	-	-	-	-	-	-	-	-
Tobacco products	-	-	-	-	-	-	100*	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

Table 169: Primary substance of use by Gender (North-West)

	Jan-Dec 2022			Jan-Dec 2023			Jan-Dec 2024		
	%			%			%		
	M	F	O	M	F	O	M	F	O
Alcohol	82	18	-	98	2	-	93	7	-
Cannabis	96	4*	-	100	0	-	100	0	-
Cannabis/Mandrax**	100*	0	-	100*	0	-	100*	0	-
Crack/Cocaine	-	-	-	100	0	-	100*	0	-
Heroin/Opiatesˆ	100	0	-	86	0	14*	50*	50*	-
Inhalants	100*	0	-	-	-	-	-	-	-
Crystal methamphetamine ('MA'/'Tik')	95	5*	-	85	15*	-	92	8*	-
Methcathinone ('CAT'/KHAT)	100*	0	-	100*	0	-	83	17*	-
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

Tobacco use (26%) was the leading secondary substance of use in the Free State, followed by cannabis (25%). In the Free State, notable changes were seen for MA (decreasing from 26% to 14%). In the Northern Cape, tobacco use was the leading secondary substance of use (45%), followed by MA (29%). Both cannabis and tobacco products (37% respectively) were the most commonly reported secondary substances of use in the North-West, followed by MA (16%). A considerable increase was seen in cannabis use from 28% to 37%, as well as in tobacco products, from 2% to 37% in this period. Furthermore, a decrease was seen for MA (23% to 16%) across the two annual periods (Table 170).

Table 170: Secondary substance of use (Central region)

	Free State		Northern Cape		North-West	
	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024
	%		%		%	
Alcohol	18	14	-	11*	11	11
Cannabis	27	25	-	13	28	37
Cannabis/Mandrax**	6	6	100*	-	17	-
Crack/Cocaine	2	4	-	-	9*	-
Heroin/Opiatesˆ	1	2	-	-	-	-
Inhalants	-	-	-	3*	4*	-
Crystal methamphetamine ('MA'/'Tik')	26	14	-	29	23	16
Methcathinone ('CAT'/KHAT)	3	3	-	-	4*	-
OTC/PRE	5	5	-	-	-	-
Tobacco products	12	26	-	45	2	37
Total (n)	**196**	**215**	**4**	**38**	**119**	**19**

* 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 171 below. Alcohol was the most reported primary or secondary substance used in the Free State (49%) and the North-West (70%), while in the Northern Cape, cannabis (80%) 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 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024
	%		%		%	
Alcohol	59	45	50*	20	52	70
Cannabis	31	49	25*	80	38	14
Cannabis/Mandrax**	9	7	25*	2*	6	1
Crack/Cocaine	7	3	-	-	6	4
Heroin/Opiatesˆ	6	3	-	-	5	2
Inhalants	2	1	-	2	1*	-
Crystal methamphetamine ('MA'/'Tik')	20	17	25*	30	72	14
Methcathinone ('CAT/KHAT')	3*	4	-	-	3	6
OTC/PRE	-	4	-	-	4	-
Tobacco products	1*	15		43	9	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

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

Notable changes in the proportion of individuals reporting the use of more than one substance were seen in both the NC and NW. In the Northern Cape, the proportions of service users reporting poly-substance use increased from 25% in 2023 to 78% in 2024, and in the NW proportions decreased from 39% in 2023 to 19% in 2024) (Table 172).

Table 172: Polysubstance use (Central region)

	Free State		Northern Cape		North-West	
	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024
	%		%		%	
Primary substance only	54	52	75	22	61	81
Primary +2nd substance	46	48	25	78	39	19
Total no. of individuals	**119**	**451**	**4**	**49**	**424**	**99**

Consistent with 2023, medical aid was the predominant funding source In the FS while employer was most common in the NW. Notable changes were seen in the Free State: 'medical aid' decreased from 38% to 32%; 'self' increased from 7% to 12%. In the North-West, 'family/friends' decreased from 22% to 5%. Across the three provinces, '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-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024
	%		%		%	
Self	7	12	-	-	4	-
Medical Aid	38	32	-	-	19	20
State	13	17	25*	-	1	13
Family/friends	24	19	50*	-	22	5
Work/employer	6	6	-	-	50	57
Unknown	<1	4	-	-	1	3
Other/unknown	12	10	25*	100*	3	2

* N<5

In the Central region, 135 (23%) persons reported one or more non-communicable disease. In the Free State, 118 non-communicable diseases cases were reported, 12 in the North-West and 5 in the Northern Cape. Mental health problems were the most frequently reported NCDs in the Free State (49%). In the Northern Cape, respiratory illnesses were the highest reported NCD's (67%). In the North-West, blood pressure illnesses (26%) was the most common comorbidity reported at the time of admission (Table 174).

Table 174: Non-communicable diseases (Central region)

	Free State				Northern Cape				North-West			
	Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%	n	%	n	%	n	%
Cardiovascular disease	11	6	7	5	-	-	-	-	5	20	2	13
Diabetes	8	5	8	5	-	-	-	-	1	4	2	13
Respiratory disease	10	6	12	8	-	-	2	67	2	8	3	19
Mental health problems	79	46	75	49	-	-	1	33	6	24	1	6
Blood pressure issues	29	17	32	21	1	100*	-	-	-	-	5	26
Liver disease	4	2	-	-	-	-	-	-	1	4	1	6
Gastrointestinal disease	19	11	15	10	-	-	-	-	9	36	2	13
Hepatitis	-	-	-	-	-	-	-	-	-	-	-	-
Cancer	-	-	-	-	-	-	-	-	-	-	-	-
Neurological Disorder	13	7	5	3	-	-	-	-	1	4	-	-

In the Central region, the non-medical use of codeine products was indicated in 41 (7%) of individuals admitted to treatment during this period. In the Free State, only 8 (2%) individuals who reported a first product of codeine, also reported a second product of misuse. No codeine misuse was reported in the Northern Cape, and only one service user reported codeine misuse in the North-West, with no second codeine product reported (Table 175 - 177). In the Free State, codeine products were mostly swallowed and used 2-6 days per week (Table 178-180).

Table 175: Mode of codeine use (Free State)

	Free State					
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	1st product (n=20)	2nd product (n=3)	1st product (n=31)	2nd product (n=6)	1st product (n=40)	2nd product (n=8)
Swallowed	100	100	100	100	100	100
Smoked	-	-	-	-	-	-
Smoked	-	-	-	-	-	-
Injected	-	-	-	-	-	-
Types of products	Adcodol, Benylin, Broncleer, Stilpayne, Lenazine, Mybulen	Adcodol, Stilpane	-	-	Adcodol, Lenazine, Stillpane	Stillpane, Adcodol. Benilyn

Table 176: Mode of codeine use (Northern Cape)

	Northern Cape					
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	1st product (n=0)	2nd product (n=0)	1st product (n=0)	2nd product (n=0)	1st product (n=0)	2nd product (n=0)
Swallowed	-	-	-	-	-	-
Smoked	-	-	-	-	-	-
Smoked	-	-	-	-	-	-
Injected	-	-	-	-	-	-
Types of products	-	-	-	-	-	-

Table 177: Mode of codeine use (North-West)

	North-West					
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	1st product (n=0)	2nd product (n=0)	1st product (n=0)	2nd product (n=0)	1st product (n=1)	2nd product (n=0)
Swallowed	100	-	100*	-	100*	-
Smoked	-	-	-	-	-	-
Smoked	-	-	-	-	-	-
Injected	-	-	-	-	-	-
Types of products	Cough mixture, Painamol	-	Panado-co, Cough syrup, Sinustop with codeine	-	-	-

* N<5

Table 178: Frequency of codeine use (Free State)

	Free State					
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	1st Product (n=20)	2nd Product (n=3)	1st Product (n=31)	2nd Product (n=6)	1st Product (n=40)	2nd Product (n=8)
Daily	57	67	23	50*	35	63
2-6 days per week	21	-	26	17*	30	25*
Once per week/less often	-	-	29	17*	25	12*
Not used in the past month	21	33	22	16*	10*	-

* N<5

Table 179: Frequency of codeine use (Northern Cape)

	Northern Cape					
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	1st Product (n=0)	2nd Product (n=0)	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 past month	-	-	-	-	-	-

Table 180: Frequency of codeine use (North-West)

	North-West					
	Jan-Dec 2022		Jan-Dec 2023		Jan-Dec 2024	
	1st Product (n=20)	2nd Product (n=3)	1st Product (n=31)	2nd Product (n=6)	1st Product (n=1)	2nd Product (n=0)
Daily	-	-	50*	-	-	-
2-6 days per week	-	-	25*	-	100*	-
Once per week/less often	-	-	25*	-	-	-
Not used in the past month	-	-	-	-	-	-

High rates of tobacco use were reported in the Free State (74%), Northern Cape (86%) and North-West (73%). Cigarettes was the most frequently used tobacco product across all provinces. The various tobacco products are detailed in Table 181 below.

Table 181: Tobacco products (Central region)

	Free State				Northern Cape				North-West			
	Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%	n	%	n	%	n	%
Cigarettes	275	91	315	91	1	100*	38	81	95	99	72	100
Hookah Pipe	14	5	19	6	-	-	7	15	1	1	-	-
e-Cigarettes	5	2	3	1	-	-	1	2	-	-	-	-
Other	8	3	8	2	-	-	1	2	-	-	-	-

* N<5

Eight (8) persons admitted to treatment reported substance use during pregnancy in the Central region. (Table 182).

Table 182: Substance use during pregnancy (Central region): Jan-Dec 2024

	Free State		Northern Cape		North-West	
	n	%	n	%	n	%
Use during pregnancy	6	1	1	100	1	1
Substances specified						
Alcohol	2	40	-	-	-	-
Cannabis	1	20	-	-	-	-
Crystal methamphetamine ('MA'/'Tik')	-	-	1	100	-	-
OTC/PRE	2	40	-	-	-	-

DATA FOR INDIVIDUALS 18 YEARS AND YOUNGER

A total of 115 (19%) service users aged 18 and under accessed treatment in the CR this annual period. No service users 18 and under were reported in the North-West. For the Free State, female admissions decreased from 27% in 2023 to 17% in 2024. No admissions were made among youths 18 years and younger in the NW (Table 183).

Table 183: Gender profile of individuals ≤18 years (Central region)

Gender	Free State		Northern Cape		North-West	
	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024
	%		%		%	
Male	72	83	100*	80	100	-
Female	27	17	-	20*	-	-
Other	1	-	-	-	-	-
Educational level						
None	-	<1*	-	-	1	3*
Primary	5	8	-	10	3	7
Secondary	77	74	100*	90	85	89
Any tertiary	17	18	-	-	12	1
Special needs	-	-	-	-	-	-

* N<5

'Self/family/friends' and 'school' were the two leading sources of referrals to treatment in the Free State and Northern Cape. No referrals were reported in the North-West (Table 184).

Table 184: Referral sources for individuals ≤18 years (Central region)

	Free State		Northern Cape		North-West	
	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024
	%		%		%	
Self/Family/friends	30	40	100*	75	81	-
Work/employer	-	-	-	-	-	-
Health professional	3	2	-	-	-	-
Religious body	-	-	-	-	-	-
Hospital/clinic	1	-	-	-	-	-
Social services/welfare	5	17	-	10*	6*	-
Court/correctional	-	-	-	-	-	-
School	45	40	-	15*	13*	-
Other e.g., radio	16	-	-	-	-	-

* N<5

The leading primary substance among youths in all three provinces was cannabis. In the Free State, alcohol decreased from 32% to 4%; cannabis increased from 45% to 81% in 2024. In the Northern Cape, cannabis was the leading primary substance reported by services users 18 years and younger, increasing from 45% in 2023 to 80% in 2024. Alcohol decreased from 32% to 10% during the same period (Refer to Table 185).

Table 185: Primary substance of use of individuals ≤18 years (Central region)

	Free State				Northern Cape				North-West			
	Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	35	32	4	4	35	32	2	10	-	-	-	-
Cannabis	50	45	77	81	50	45	16	80	14	88	-	-
Cannabis/Mandrax*	3	3	2	2	3	3	1	5	2	13	-	-
Crack/Cocaine	-	-	-	-	-	-	-	-	-	-	-	-
Heroin/Opiates**	-	-	-	-	-	-	-	-	-	-	-	-
Crystal methamphetamine ('MA'/'Tik')	4	4	6	6	4	4	-	-	-	-	-	-
Inhalants	1	1	1	1	1	1	-	-	-	-	-	-
OTC/PRE	-	-	-	-	-	-	-	-	-	-	-	-
Methcathinone ('CAT/KHAT')	-	-	-	-	-	-	-	-	-	-	-	-
Tobacco products	8	7	5	5	8	7	1	5	-	-	-	-
Other/Combination	9	8	-	-	9	8	-	-	-	-	-	-
Total	**110**	**100**	**95**	**100**	**110**	**100**	**20**	**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 (94%), and in the Northern Cape, 90% of substances were smoked (Table 186).

Table 186: Mode of usage of Primary substance for individuals ≤18 years (Central region)

	Free State		Northern Cape		North-West	
	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024
	%		%		%	
Swallowed	40	5	100*	10*	-	-
Snorted	2	1	-	-	-	-
Smoked	58	94	-	90	100	-
Injected	-	-	-	-	-	-

* N<5

While absolute numbers were small, females in the Free State mainly represented treatment admissions for individuals aged ≤18 years for MA (67%). In the Northern Cape, alcohol was equally distributed between male and female service users (Table 187).

Table 187: Primary substance of use by Gender for individuals ≤18 years (Central region)

	Free State						Northern Cape						North-West					
	Jan-Dec 2023			Jan-Dec 2024			Jan-Dec 2023			Jan-Dec 2024			Jan-Dec 2023			Jan-Dec 2024		
	M	F	O	M	F	O	M	F	O	M	F	O	M	F	O	M	F	O
Alcohol	57	43	0	100*	0	0	100	0	0	50*	50*	0	-	-	-	-	-	-
Cannabis	78	22	0	88	12	0	-	-	-	81	19*	0	100	0	0	-	-	-
Cannabis/ Mandrax**	100*	0	0	50*	50*	0	-	-	-	100*	0	0	100*	0	0	-	-	-
Crack/ Cocaine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Heroin/ Opiatesˆ	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Crystal metham-phetamine ('MA'/'Tik')	100*	0	0	33*	67*	0	-	-	-	-	-	-	-	-	-	-	-	-
Inhalants	100*	0		0	100*	0	-	-	-	-	-	-	-	-	-	-	-	-
Tobacco products	63	25	12	80*	20*	0	-	-	-	100*	0	-	-	-	-	-	-	-
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 (37%) was the most frequently used secondary substance in the Free State, followed by cannabis, increasing from 15% in 2023 to 26% in 2024. Sixty-nine percent (69%) admissions for tobacco products were made in the Northern Cape, followed by MA (25%). Refer to Table 188.

Table 188: Secondary substance of use for individuals ≤18 years (Central region)

	Free State				Northern Cape				North-West			
	Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024		Jan-Dec 2023		Jan-Dec 2024	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	7	18	8	17	-	-	-	-	1	14	-	-
Cannabis	6	15	12	26	-	-	-	-	1	14	-	-
Cannabis/Mandrax*	-	-	-	-	-	-	-	-	1	14	-	-
Crack/Cocaine	-	-	1	2	-	-	-	-	1	14	-	-
Heroin/Opiates**	1	3	-	-	-	-	-	-	-	-	-	-
Crystal methamphetamine (''Tik')	8	21	6	13	-	-	4	25	3	43	-	-
Inhalants	-	-	-	-	-	-	1	6	-	-	-	-
OTC/PRE	-	-	2	4	-	-	-	-	-	-	-	-
Methcathinone ('CAT/KHAT')	-	-	-	-	-	-	-	-	-	-	-	-
Tobacco products	17	44	17	37	-	-	11	69	-	-	-	-
Other/Combination	-	-	-	-	-	-	-	-	-	-	-	-
Total	**39**	**100**	**46**	**100**	**0**	**0**	**16**	**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, 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 agonist therapy (OAT); 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). 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 hepatitis 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 2024 (2024a) and July - December 2024 (2024b). Due to programmatic data systems in operation during this period, it is not possible to combine all indicators into annual amounts without causing duplication, so some outputs are presented by six-month periods.

Needle and syringe services

Between January to June 2024, 31,683 PWID were reached and 27,759 in the period July to December 2024.

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 2024)

Province	District (N)*	Male		Female**		Black African		Indian		Coloured		White	
		n	%	n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (631)	442	70	189	30	198	31	3	0	168	27	261	41
Gauteng	Ekurhuleni (832)	759	91	73	9	747	90	6	1	33	4	40	5
	JHB (12,522)	11855	95	656	5	11840	95	28	0	326	3	270	2
	Sedibeng (1,868)	1780	95	88	5	1810	97	1	0	6	0	48	3
	Tshwane (9,327	8,981	96	336	4	6,295	97	84	1	91	1	6	0
	West Rand (955)	872	91	82	9	825	87	0	0	52	5	73	8
KwaZulu-Natal	eThekwini (1,790)	1558	87	232	13	1574	88	67	4	74	4	66	4
	UMG (949)	745	88	104	12	831	98	2	0	11	1	2	0
MP	Ehlanzeni (880)	810	92	70	8	ND	ND	ND	ND	ND	ND	ND	ND
Western Cape	Cape Metro (2,029)	1584	78	441	22	47	2	6	0	1828	91	130	6

* 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 2024)

Province	District (N)*	Male		Female**		Black African		Indian		Coloured		White	
		n	%	n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (607)	423	70	182	30	183	30	3	0	159	26	258	43
Gauteng	Ekurhuleni (1,128)	1024	91	103	9	1024	91	12	1	40	4	44	4
	JHB (11,567)	10903	94	653	6	10959	95	33	0	315	3	221	2
	Sedibeng (2,754)	2552	93	207	8	2650	96	4	0	14	1	80	3
	Tshwane (5,206)	4,898	94	300	6	2,705	96	8	0	34	1	84	3
	West Rand (1,042)	887	85	154	15	843	81	3	0	69	7	125	12
KwaZulu-Natal	eThekwini (1,784)	1547	87	237	13	1573	89	54	3	85	5	61	3
	UMG (1,096)	952	87	144	13	1079	99	2	0	10	1	3	0
MP	Ehlanzeni (689)	635	92	54	8	ND	ND	ND	ND	ND	ND	ND	ND
Western Cape	Cape Metro (1,886)	1444	77	438	23	48	3	1	0	1712	91	112	6

* 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 2024)

Province	District (N)*		< 15	16 - 24	25 - 35	36 - 50	>50
Eastern Cape	NMB	n	0	56	276	251	47
		%	0	9	44	40	7
Gauteng	Ekurhuleni	n	0	34	593	202	3
		%	0	4	71	24	0
	JHB	n	3	450	8305	3674	90
		%	0	4	66	29	1
	Sedibeng	n	0	112	1340	412	4
		%	0	6	72	22	0
	Tshwane	n	1	224	5470	3559	62
		%	0	2	59	38	1
	West Rand	n	0	55	684	207	9
		%	0	6	72	22	1
KwaZulu-Natal	eThekwini	n	1	79	1186	505	18
		%	0	4	66	28	1
	UMG	n	0	63	642	141	3
		%	0	7	0	17	0
Mpumalanga	Ehlanzeni	n	0	166	546	168	0
		%	0	19	62	19	0
Western Cape	Cape Metro	n	0	38	772	1115	104
		%	0	2	38	55	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 2024)

Province	District (N)*		< 15	16 - 24	25 - 35	36 - 50	>50
Eastern Cape	NMB	n	0	49	250	258	49
		%	0	8	41	43	8
Gauteng	Ekurhuleni	n	0	62	806	253	7
		%	0	5	71	22	1
	JHB	n	2	424	7670	3382	89
		%	0	4	4	29	1
	Sedibeng	n	0	277	1897	566	14
		%	0	10	69	21	1
	Tshwane	n	0	140	2911	2091	50
		%	0	3	56	40	1
	West Rand	n	1	86	705	228	22
		%	0	8	68	22	2
KwaZulu-Natal	eThekwini	n	1	81	1161	522	19
		%	0	5	65	29	1
	UMG	n	0	64	641	141	3
		%	0	6	58	13	0
Mpumalanga	Ehlanzeni	n	0	120	449	119	1
		%	0	17	65	17	0
Western Cape	Cape Metro	n	0	35	706	1046	96
		%	0	2	37	55	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 2024)

Province	District		Black African	Indian	Coloured	White
			%			
Eastern Cape	NMB	Population [1]	63	1	19	16
		Accessed service	31	0	27	41
Gauteng	Ekurhuleni	Population [1]	85	2	3	10
		Accessed service	90	1	4	5
	JHB	Population [1]	85	4	5	7
		Accessed service	95	<1	3	2
	Sedibeng	Population [1]	88	1	1	10
		Accessed service	97	0	<1	3
	Tshwane	Population [1]	83	2	2	13
		Accessed service	97	1	1	<1
	West Rand	Population [1]	86	1	3	10
		Accessed service	87	0	5	8
KwaZulu-Natal	eThekwini	Population [1]	71	20	3	6
		Accessed service	88	4	4	4
	UMG	Population [1]	81	10	2	6
		Accessed service	98	0	1	<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	91	6

[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 2024)

Province	District		Black African	Indian	Coloured	White
			%			
Eastern Cape	NMB	Population [1]	63	1	19	16
		Accessed service	30	0	26	43
Gauteng	Ekurhuleni	Population [1]	85	2	3	10
		Accessed service	91	1	4	4
	JHB	Population [1]	85	4	5	7
		Accessed service	95	0	3	2
	Sedibeng	Population [1]	88	1	1	10
		Accessed service	96	0	1	3
	Tshwane	Population [1]	83	2	2	13
		Accessed service	96	0	1	3
	West Rand	Population [1]	86	1	3	10
		Accessed service	81	0	7	12
KwaZulu-Natal	eThekwini	Population [1]	71	20	3	6
		Accessed service	89	3	5	3
	UMG	Population [1]	81	10	2	6
		Accessed service	99	0	1	0
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	3	0	91	6

[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 2024 a total of 9,401,217 needles and syringes were distributed. Needle return rates ranged from 79% to 100%[7].

Table 195: Needle and syringe distribution and return rates (January – December 2024)

Province	District	Distributed	Return %
Eastern Cape	NMB	496,965	100
Gauteng	Ekurhuleni	617,595	80
	JHB	2,815,065	83
	Sedibeng	864,285	79
	Tshwane	1,149,173	95
	West Rand	527,520	98
KwaZulu-Natal	eThekwini	585,165	100
	UMG	220,650	96
MP	Ehlanzeni	109,219	84
Western Cape	Cape Metro	2,015,580	92

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

[7] 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 2024 , 18,583 tests were done, with 1,776 people testing positive (10% HIV yield), 1,656 people starting ART (93%) and 601 (36%) 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 2024)*

Province	District (N)*	Men		Women		Black African		Indian		Coloured		White	
		n	%	n	%	n	%	n	%	n	%	n	%
Eastern Cape	NMB (604)	418	69	185	31	190	32	1	0	146	24	262	44
Gauteng	Ekurhuleni (776)	711	92	65	8	684	91	11	1	34	5	26	3
	JHB (8,860)	8430	95	430	5	8118	92	41	0	359	4	327	4
	Sedibeng (974)	833	86	141	14	889	92	4	0	16	2	70	7
	Tshwane (663)	600	90	63	10	ND	ND	ND	ND	ND	ND	ND	ND
	West Rand (770)	634	82	136	18	620	81	3	0	41	5	104	14
KwaZulu-Natal	eThekwini (1,504)	1353	90	151	10	1278	85	68	5	84	6	67	4
	UMG (746)	667	89	79	11	726	97	2	0	14	2	4	1
MP	Ehlanzeni (520)	491	94	29	6	ND	ND	ND	ND	ND	ND	ND	ND
Western Cape	Cape Metro (1,760)	1271	72	487	28	40	2	6	0	1576	91	111	6

JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu. * Reflect HIV test, some people may be tested more than once in the reporting period. Not all demographic data was reported for people who accessed HIV testing.

Table 197: HIV treatment cascade by district (January - December 2024)

Province	District (number tests done)	HIV +ve		Started / on ART		Virally suppressed	
		n	%	n	%	n	%
Eastern Cape	NMB (604)	49	8	49	100	63	1291
Gauteng	Ekurhuleni (776)	262	35	250	95	36	14
	JHB (8,860)	372	4	325	87	33	10
	Sedibeng (974)	100	10	90	90	57	63
	Tshwane (2,020)	453	22	467	103	118	25
	West Rand (770)	91	12	85	93	60	71
KwaZulu-Natal	eThekwini (1,504)	83	6	78	94	100	129
	UMG (825)	71	9	66	93	62	94
MP	Ehlanzeni (520)	73	14	69	95	43	62
Western Cape	Cape Metro (1,760)	222	13	177	80	28	16

JHB: Johannesburg, NA: Not applicable, ND: No data available MP: Mpumalanga, NMB: Nelson Mandela Bay, UMG: uMgungundlovu. Viral suppression is for all people in the cohort.

TB testing and treatment services

During 2024, 21,244 TB screenings were done with people who use drugs, among whom 1,114 had suspected TB, 56 (5% diagnostic yield) TB cases were confirmed, 46 people started TB treatment (82% treatment initiation) and 7 people were reported to be cured during the year.

Table 198: TB testing and treatment cascade by district (January - December 2024)

Province	District (number TB screens)	Suspected		TB confirmed		Started TB treatment	
		n	%	n	%	n	%
Eastern Cape	NMB (1,413)	180	13	32	18	32	100
Gauteng	Ekurhuleni (1,537)	207	13	2	1	2	100
	JHB (22,995)	225	1	6	3	4	67
	Sedibeng (5,182)	108	2	5	5	4	80
	Tshwane (4,671)	76	2	1	1	1	100
	West Rand (1,504)	103	7	2	2	2	100
KwaZulu-Natal	eThekwini (2,851)	280	10	13	5	10	7
	UMG (2,291)	202	9	4	2	3	75
Mpumalanga	Ehlanzeni (520)	78	15	2	4	1	50
Western Cape	Cape Metro (2,685)	72	3	10	14	7	70

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 2024, 1,249 people who use drugs were tested for anti-HCV antibodies, among whom 887 were reactive (71% anti-HCV yield), and 785 HCV PCR confirmatory tests were done and 554 had confirmed HCV infection (71% viraemic) and 409 people started on DAAs (76% treatment initiation) and 128 achieved SRV12 (42% documented cure rate during the reporting period).

During 2024, 1,954 people who use drugs were tested for HBV antigen, with a yield of 2%.

Table 199: HCV treatment cascade by district (January - December 2024)

Province	District (number tested)	Anti-HCV +ve		HCV PRC done		HCV PCR +ve		DAA started	
		n	%	n	%	n	%	n	%
Eastern Cape	NMB (61)	45	74	25	56	11	44	6	55
Gauteng	Ekurhuleni (199)	196	98	184	95	87	47	92	13
	JHB (268)	201	75	142	71	108	44	16	100
	Sedibeng (88)	72	82	72	100	64	89	36	56
	Tshwane (81)	57	70	93	1631	82	88	54	66
	West Rand (56)	44	79	44	100	19	43	10	53
KwaZulu-Natal	eThekwini (183)	73	40	69	95	54	78	52	96
	UMG (88)	38	43	23	61	16	70	16	100
MP	Ehlanzeni (120)	91	70	78	86	78	100	78	100
Western Cape	Cape Metro (105)	70	67	55	79	35	64	31	89

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. 1. Some people from previous year were tested.

Opioid agonist therapy (OAT) services

During 2024 opioid agonist therapy was scale-up to include all districts.

Table 200: Clients on opioid substitution therapy by district (January - December 2024)

Province	District		No. at start	No. initiated	No. restarted	No. LTFU	No. exited	No. died	No. at end
Eastern Cape	NMB	Non-injecting	0	0	0	0	0	0	0
		PWID	0	64	0	1	0	0	63
		Total	0	64	0	1	0	0	63
Gauteng	Ekurhuleni	Non-injecting	0	0	0	0	0	0	0
		PWID	38	209	0	0	19	1	227
		Total	38	209	0	0	19	1	227
	JHB	Non-injecting	14	13	0	0	1	0	26
		PWID	128	283	0	10	55	1	345
		Total	142	296	0	10	56	1	371
	Sedibeng	Non-injecting	18	16	0	3	3	2	26
		PWID	67	147	2	13	22	2	179
		Total	85	163	2	16	25	4	205
	Tshwane	Non-injecting	438	122	42	44	105	9	444
		PWID	631	186	19	37	15	6	778
		Total	1069	308	61	81	120	15	1222
	West Rand	Non-injecting	0	6	0	0	0	0	6
		PWID	0	62	0	0	3	0	59
		Total	0	68	0	0	3	0	65
KwaZulu-Natal	eThekwini	Non-injecting	128	126	5	13	2	0	244
		PWID	147	118	3	28	5	1	234
		Total	275	244	8	41	7	1	478
	UMG	Non-injecting	0	21	0	4	0	0	17
		PWID	0	161	0	8	4	0	149
		Total	0	182	0	12	4	0	166
MP	Ehlanzeni	Non-injecting	0	ND	ND	ND	ND	ND	0
		PWID	0	ND	ND	ND	ND	ND	257
		Total	290	ND	ND	ND	ND	ND	257
Western Cape	Cape Metro	Non-injecting	18	20	0	0	0	0	38
		PWID	155	147	6	14	2	0	292
		Total	173	167	6	14	2	0	330

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 (December 2024)

Province	District (number at end of period)	Men	Women
		%	%
Eastern Cape	NMB	75	25
Gauteng	Ekurhuleni	88	12
	JHB	83	17
	Sedibeng	90	10
	Tshwane	90	10
	West Rand	89	11
KwaZulu-Natal	eThekwini	90	10
	UMG	86	14
Mpumalanga	Ehlanzeni	92	8
Western Cape	Cape Metro	72	28

JHB: Johannesburg, LTFU: Lost to follow-up, NA: Not applicable,

Mortality and overdose

In 2024 there were total of 171 reported deaths among people accessing harm reduction service sites and 6 reported fatal overdoses.

Table 202: Overview of all-cause mortality and fatal overdose by district (January - December 2024)

Province	District	Deaths	Fatal overdoses
Eastern Cape	NMB	12	0
Gauteng	Ekurhuleni	19	0
	JHB	24	0
	Sedibeng	15	0
	Tshwane	34	1
	West Rand	22	0
KwaZulu-Natal	eThekwini	12	0
	UMG	14	4
Mpumalanga	Ehlanzeni	11	1
Western Cape	Cape Metro	8	0

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

Human rights violations

During 2024, 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 2024)

Province	District	Confiscation / destruction of equipment	Assaulted	Falsely arrested	Other	Total
Eastern Cape	NMB	214	191	4	12	421
Gauteng	Ekurhuleni	81	136	48	5	270
	JHB	798	577	55	477	1907
	Sedibeng	513	209	81	8	811
	Tshwane	14	1739	278	623	2654
	West Rand	273	50	7	0	330
KwaZulu-Natal	eThekwini	675	202	45	5	927
	UMG	352	242	8	86	688
MP	Ehlanzeni	47	16	4	2	69
Western Cape	Cape Metro	412	90	26	28	556

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 2024

Background

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

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

Feedback on findings in the Western Cape

The findings reported reflect the data collected for the SQM for the 1 January 2024 – 31 December 2024 period. Data was collected across 30 treatment sites in the Western Cape for 2963 adult patients (18-83 years). Of these patients, 14% (n=427) were enrolled at inpatient facilities and 86% (n=2536) at outpatient or community-based care facilities.

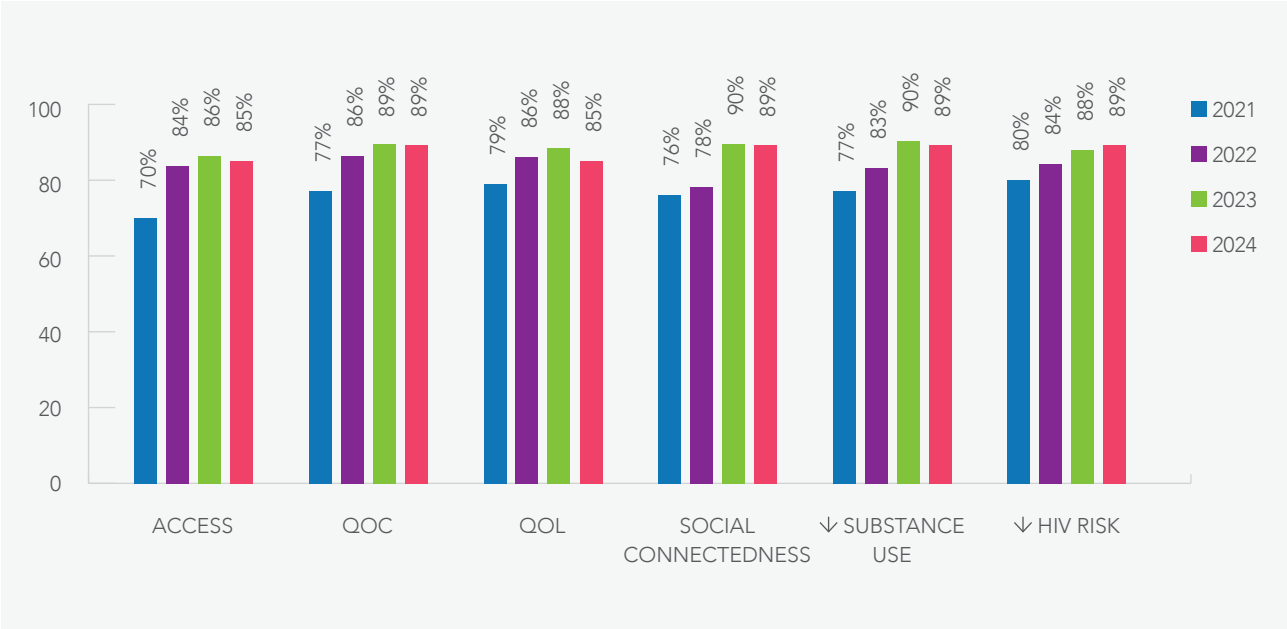
In terms of gender, the findings are similar to the previous reporting period where 69% of the population accessing services were males and 31% were females. In terms of race, 69% of the service users were comprised of Coloured which was followed by Black African (23%) and White (7%) service users.

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 2021, 2022, 2023 and 2024 reporting periods. In the 2024 reporting period, mean percentage scores remained similar to the previous reporting period across all domains.

Figure 1. Patients in the Western Cape's perceptions of the effectiveness, accessibility, and overall quality of substance use treatment services (2021-2024).



Figures 2 and 3 depict the extent to which patients accessing in- and outpatient services thought that 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 2021, 2022, 2023 and 2024 annual periods.

Figure 2. Patients who received inpatient treatment services perceptions of the effectiveness, overall quality and accessibility of treatment (2021-2024).

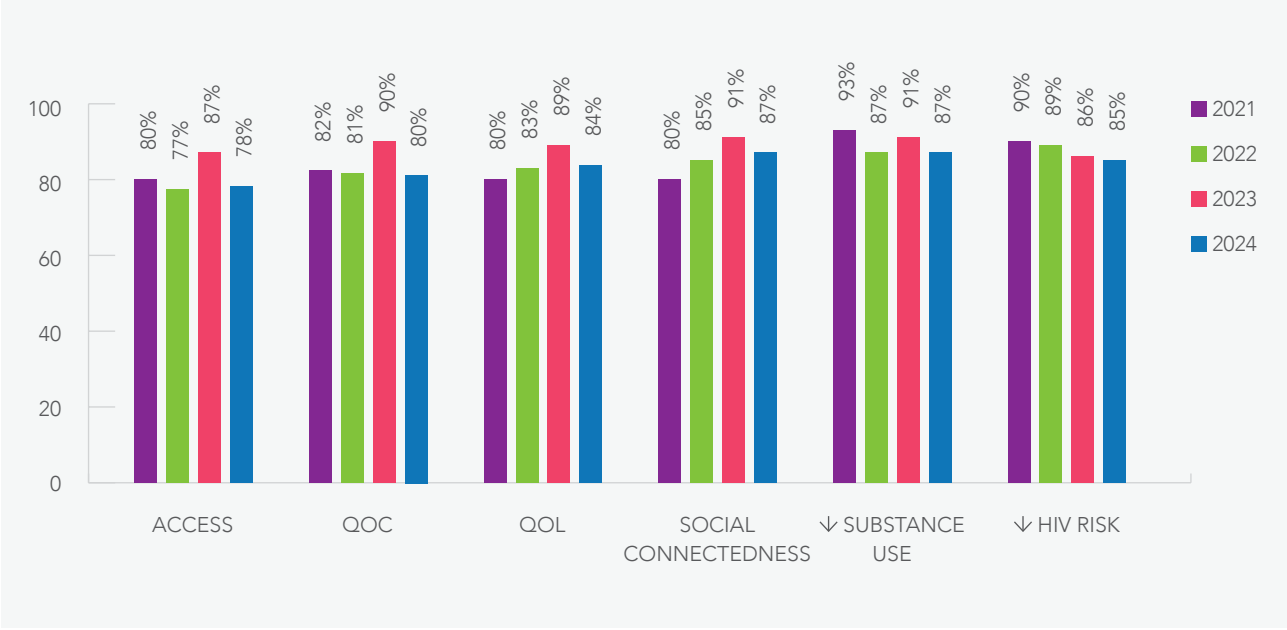
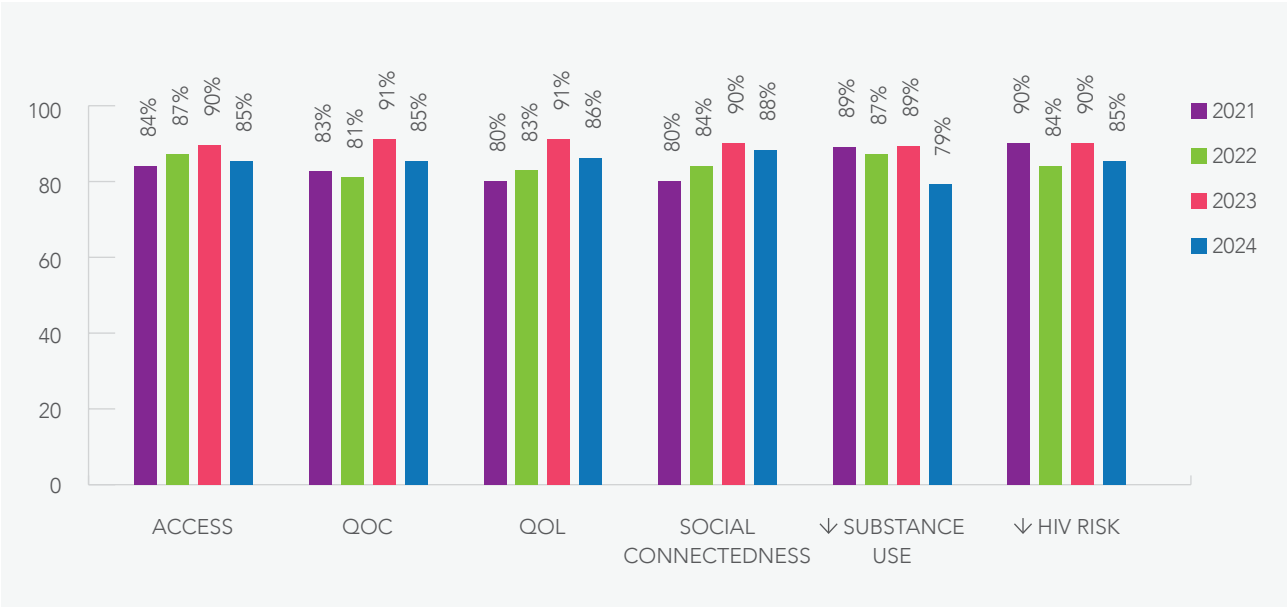


Figure 3. Patients who received outpatient treatment services perceptions of the effectiveness, overall quality, and accessibility of treatment (2021-2024).



In this reporting period the mean percentage scores remained the same across the SAATSA scales for inpatient centres. The findings for outpatient/community-based services for this reporting have seen a notable decrease on all the SAATSA domains. The noted decrease however was not significant.

Equity of outcomes and quality of services

Demographic data which is extracted from the SACENDU and SQM Discharge forms to examine whether patients from different gender, race, and age groups have different perceptions of the quality and effectiveness of services.

In this reporting period, findings 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 (2021-2024) – table updated

	2021		2022		2023		2024	
	M	F	M	F	M	F	M	F
Access	84	84	83	83	90	89	82	80
Quality	87	89	87	88	89	88	86	82
QOL	86	89	88	89	90	88	85	83
Social Connectedness	87	89	88	90	90	89	85	85
Substance Use	88	89	89	91	91	90	88	85
HIV risk	86	86	88	88	90	89	84	86

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, are relatively the same as the previous year. The mean percentage score on the access scale was relatively lower but not significant for Black Africans.

Table 205: SAATSA outcomes by race (2022-2024)

	2022			2023			2024		
	%			%			%		
	Black African	Coloured	White	Black African	Coloured	White	Black African	Coloured	White
Access	82	84	84	86	91	91	80	80	85
Quality of Care	87	88	88	91	92	94	82	82	85
Quality of Life	86	88	88	90	90	92	88	80	85
Social Connectedness	88	88	89	90	91	94	84	85	93
Substance Use	90	90	91	90	88	93	86	81	91
HIV risk	88	88	89	90	91	89	82	8	86

Table 206 depicts patients' perceptions of the effectiveness, accessibility, and overall quality of substance misuse treatment services by age. Findings for this reporting period is similar to the previous period where no significant differences can be seen between the two age categories. An increase is noted for both groups on the quality of life and social connectedness scales and a slight decrease was seen across both groups on the HIV risk and substance use scales.

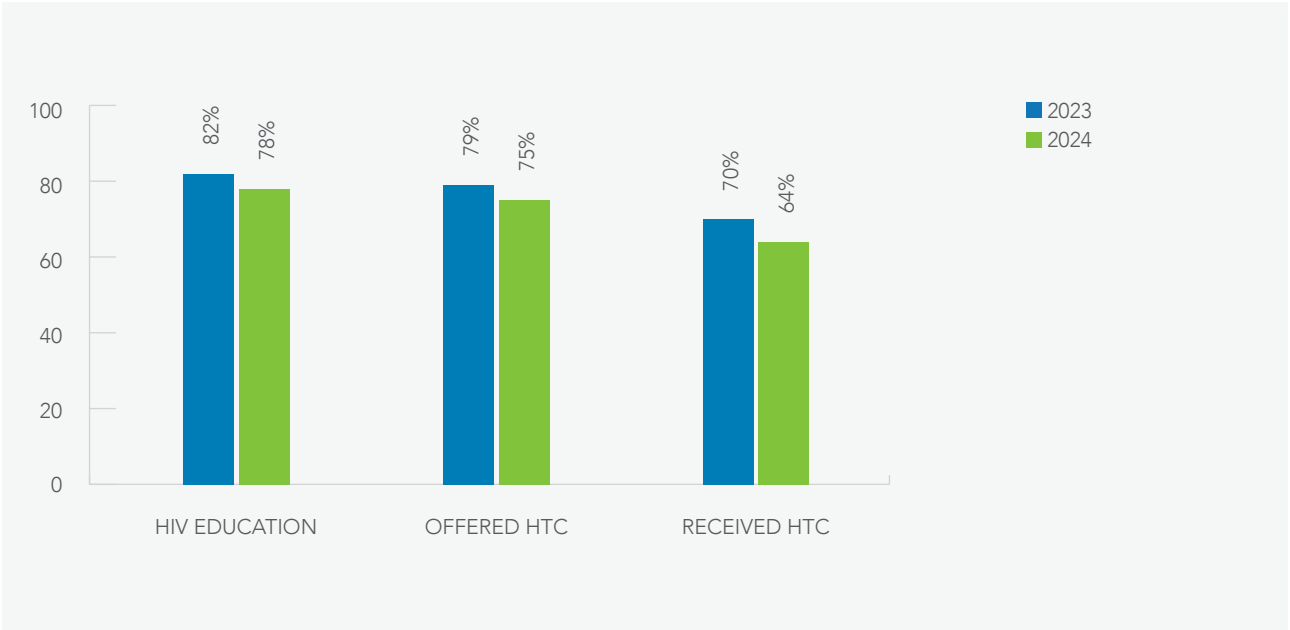
Table 206. Patients in the Western Cape's perceptions of the effectiveness, accessibility, and overall quality of substance use treatment services by age (2021-2024).

	2021		2022		2023		2024	
	%		%		%		%	
Age categories	18-24	>=25	18-24	>=25	18-24	>=25	18-24	>=25
Access	84	83	83	84	87	90	87	84
Quality of Care	83	83	87	89	88	92	89	87
Quality of Life	83	81	88	89	85	91	83	85
Social Connectedness	83	82	88	89	93	92	90	87
Substance Use	93	93	89	91	85	93	87	89
HIV risk	89	91	86	88	81	90	91	86

Integrating HIV services into substance abuse treatment helps reduce HIV risk.

In previous years patients who received HIV information and education during treatment were more likely to report greater reductions in HIV risk than patients who did not receive these services. In this reporting period (2022–2024), a slight decrease can be seen in the number of patients that received HIV information and education, those who were offered counselling and testing services and those who were tested. This decrease, however, is not significant and results continue to show that 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. A significant difference was found in HIV risk reduction between participants who were sexually active and those who were not sexually active at the time of treatment (t=-1.02, (622), p=0.04). This highlights the ongoing importance of targeting all patients for HIV education and information, and counselling and testing (see Figure 4).

Figure 4. Depiction of the percentage of patients in the Western Cape who received HIV education, were offered HIV testing and counselling and the proportion of those who accepted the offer of an HIV test (shown as a percentage).



Treatment completion rates for inpatient and outpatient facilities

For this reporting period 43% of patients accessing treatment services completed treatment. At inpatient facilities, 68% completed treatment and 34% 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 in terms of 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.

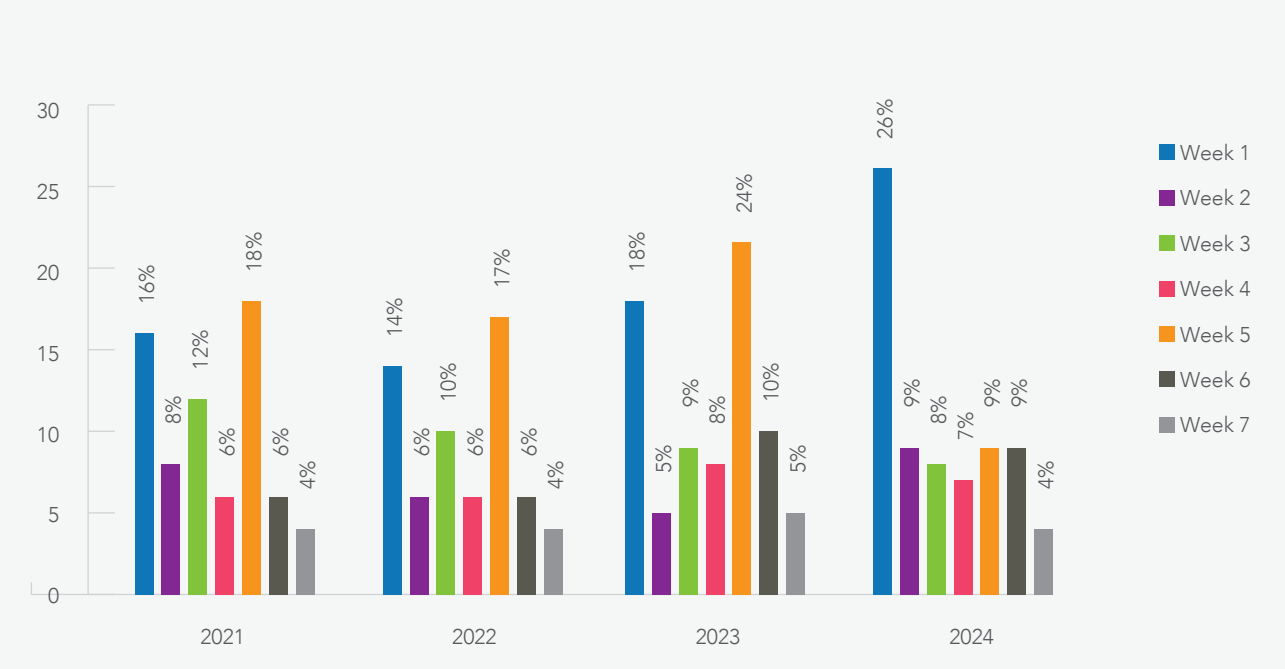
Table 207: Proportion of patients who completed treatment, dropped out of treatment or for whom treatment was terminated.

Variable	Overall	Inpatient	Outpatient
	%		
Completed	44	68	34
Dropped out	56	32	66
Terminated due to non-compliance	5	14	7
Transferred to other care	9	14	16

Drop-out rate

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 in week five of treatment, which is consistent with the previous four (2020-2024) reporting periods. Early dropouts are not uncommon to the SA setting and more specifically for outpatient centres, which highlights a need to further understand the factors that contribute to early dropouts. A recommendation made in response to the 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 (2021-2024).



Summary of findings and recommendations

- There was a drop in the number of implementing treatment centres for this period (30 compared to 31 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.
- Access to care remained stable and patients perceived the quality of care to be good as an increase was seen on this scale.
- No significant gender differences were observed across scales for this reporting period.
- The number of women accessing treatment services remains much less in comparison to men.
- Despite the slight decline in the number of patients indicating that they received HIV education, were offered HIV counselling and testing and were tested, results continue to show that HIV education continues to have a positive impact on HIV risk behaviour.
- High levels of drop out and early drop out of treatment remains an ongoing problem as there are many barriers that contribute to retention rates.

IMPLICATIONS FOR POLICY AND FUTURE RESEARCH

Selected implications for policy/practice

During the Phase 56 (Jan-June 2024) and Phase 57 (Jul-Dec 2024) 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:

- Quality of Care: Unregistered centers often lack the necessary accreditation and oversight, leading to substandard treatment practices. This can result in ineffective or even harmful interventions for individuals seeking help.
- Safety Concerns: Without proper regulation, these centers may not adhere to safety protocols, putting patients at risk of medical complications, inadequate care, and potential abuse.
- Exploitation: The absence of regulatory oversight opens the door for exploitation, where vulnerable individuals may be charged exorbitant fees for inadequate services, further exacerbating their financial and emotional distress.
- Public Health Risks: Unregistered centers may not follow proper health guidelines, increasing the risk of spreading infectious diseases, particularly in group settings where hygiene and medical protocols are not strictly enforced.
- Undermining Trust: The proliferation of unregistered centers can undermine public trust in the overall treatment system. When individuals have negative experiences at these facilities, it can discourage them from seeking help in the future, perpetuating the cycle of addiction and untreated mental health issues.
- Harm reduction services for female sex workers who inject drugs have started, and the service is being utilized in three districts including in two districts where no harm reduction services were available previously.
- Number of people receiving hepatitis C treatment is slowly increasing, with data on SVR12 (cure) needed.
- Practitioners are grappling with how to deal with co-morbidities.
- 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, crystal 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.
- 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.
- Increased service coverage to reach female sex workers who inject drugs, where services did not previously go.

Selected issues to monitor

Phase 56 (Jan-June 2024) and Phase 57 (Jul-Dec 2024) 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:

- The consequences of the closing of the needle and syringe service in Wynberg in Cape Town on PWID.
- Update and utilisation of harm reduction services among sex workers who inject drugs.
- The increase in scholars seeking treatment in the NR.
- The rise of unregistered treatment centers in the NR. Due to funding cuts, registered centers are struggling to meet increased treatment demands, leading to a surge in unregistered centers, which may cause more harm.
- The increase in heroin/opiate use in the NR.
- Practice: The age of first use for dagga is youngest in the NR and EC. Early initiation prevention is crucial.
- Monitor injection use: In the NR, 14% of heroin/opiate users inject, while in GP, 40% of heroin/opiate users inject.
- The continued increase in crystal methamphetamine use in GP. 24% of readmissions in GP are for crystal methamphetamine, and this has increased from last year.
- Monitor and raise public and parent awareness about the increase in hookah pipe use among young people in GP, as reported by a BMRI survey. Alcohol is also being smoked in hookah pipes.
- Monitor the increase in codeine use, with 11% reporting codeine use
- 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.
- Uptake and consistent engagement with female sex workers reached with needle and syringe programmes.
- Outcomes of the recent expansion of OST and viral hepatitis services to an additional three districts.
- Supply of sterile injecting equipment, understanding reasons for reductions in distribution numbers and barriers to supplying sufficient quantities needed for public health impact.

Selected topics for further research/investigation

Phase 56 (Jan-June 2024) and Phase 57 (Jul-Dec 2024) of the SACENDU Project, the Treatment Demand data, SQM System and findings from Community-Based Harm Reduction Services highlighted topics for further research/ investigation:

- Harm Reduction Program Effectiveness: Assessing how current harm reduction programs, like the Community Oriented Substance Use Program (COSUP), affect client outcomes and community health.
- Mental Health Support: Examining the mental health requirements of program participants and creating plans to offer all-encompassing mental health support.
- Funding and Sustainability: Examining the financial environment of harm reduction projects, spotting funding shortages, and investigating sustainable financing models to guarantee the programs' long-term viability.
- Environmental Law and Policy: Evaluating how legal and policy frameworks affect harm reduction services and promoting legislative changes that promote harm reduction strategies.
- Further research into Alcohol Harm Reduction is needed as a model of care for example: peer education, designated driver programmes for Alcohol Harm Reduction interventions/ free water at bars etc.
- Conduct further quantitative and qualitative research into post-Covid 19-related stress as a driver for substance use among adolescents – need for interventions.

- Youth-focused support initiatives are needed – further research into barriers to care is needed for young people and consideration should be given for low threshold services, mobile units, etc.
- Increases in OTC and Prescription medication use among ≤18s necessitates the need for research into digital prevention interventions for young people.
- 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.
- Cause of death among reported fatalities among people who use drugs, which are not assessed to be overdose related.

Limitations

Phase 56 (Jan-June 2024) and Phase 57 (Jul-Dec 2024) 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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