SACENDU

South African Community Epidemiology Network on Drug Use

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RESEARCH BRIEF

Monitoring Alcohol, Tobacco and Other Drug Use Trends in South Africa (July 1996 – January 2025)

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Disclaimer: The information presented in this report is based on the data available at the time of publication.

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

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BACKGROUND AND SUMMARY

The South African Community Epidemiology Network on Drug Use (SACENDU) report back meetings for Phase 58 were virtual and PowerPoint presentations were made available to all stakeholders of SACENDU. As mentioned in the previous brief, moving forward, we will use a hybrid approach, using both virtual and face-to-face reporting meetings.

Established in 1996, SACENDU is a network of researchers, practitioners and policy makers from various sentinel areas in South Africa. Up until June 2006, these sites comprised of Cape Town, Durban, Gqeberha (formally known as Port Elizabeth), East London (EL), Gauteng Province and Mpumalanga Province (MP). As some sites were beginning to also include data from other towns/cities (e.g., Durban included data from Pietermaritzburg), it was decided to begin reporting data by province. From the second half of 2006, data were also collected from treatment centres in the Free State, Northern Cape and North-West. For the purposes of this report, these three provinces have been combined into a regional group termed the "Central Region" (CR). Data were also collected from three centres in the Limpopo province, as well as seven centres from the Mpumalanga province. Since the dataset continues to be small and we are in the process of growing provincial coverage from these two provinces, it was decided to combine the data for analysis purposes, and we now refer to these two provinces as the "Northern Region" (NR). Thus, this report now refers to the following six sites: Western Cape (WC), KwaZulu-Natal (KZN), Eastern Cape (EC), Gauteng (GT), the Northern Region (NR) and the Central Region (CR). The goal to include data from all nine of South Africa's provinces in the SACENDU project has therefore been achieved, though there are still gaps in coverage at some sites. Membership to the SACENDU network is voluntary and recruitment of new centres and strengthening partnerships remains a key objective.

Since 2018, SACENDU has collected data from a range of organisations implementing community-based harm reduction services for people who use drugs (PWUD), including people who inject drugs (PWID). Services provided by these organisations and reported on in this Brief include data on HIV, STIs, viral hepatitis and TB prevention; testing and linkage to care; harm reduction behaviour change interventions; needle and syringe services; opioid substitution therapy (OST); monitoring of human rights violations and referral for other available substance use disorder treatment services. The data represented are from the following cities: Cape Town, Durban, Ekurhuleni, Ehlanzeni, Johannesburg, Sedibeng, Pietermaritzburg, Gqeberha, and Pretoria.

This report therefore comprises of data from **SPECIALIST SUBSTANCE USE DISORDER (SUD) TREATMENT CENTRES** as well as data from **COMMUNITY-BASED HARM REDUCTION AND HEALTH SERVICES CENTRES.**

Members of SACENDU meet every six months to provide community-level public health surveillance of alcohol and other drug (AOD) use trends and associated consequences through the presentation and discussion of quantitative and qualitative research data. Through this initiative, SACENDU provides descriptive information on the nature and patterns of AOD treatment demand and harm reduction service uptake data that allows for the monitoring of emerging trends, risk factors associated with AOD use, characteristics of vulnerable populations, and consequences of AOD use in South Africa.

The SACENDU initiative has several specific objectives:

a) To identify changes in the nature and extent of AOD use and emerging problems.
b) To identify changes in overall consequences related to alcohol and other drug use.
c) To inform policy, planning and advocacy efforts at local and other levels.
d) To support networks of local role players in the substance use area.
e) To stimulate research in new or under-researched areas that is likely to provide useful data to inform policy and/or planning decisions.
f) To facilitate South Africa's full participation in international fora focusing on the epidemiological surveillance of drug use.

Financial support for Phase 58 was provided by the Mental Health and Substance Use Directorate of the National Department of Health.

The first half of 2025 (i.e., 2025a) saw an increase in the number of persons admitted for AOD treatment from **7 244 admissions across 77 treatment centres in 2024b (July-December 2024) to 7 975 admissions across 84 treatment centres in 2025a (January-June 2025).**

Nationally, **Alcohol**-related admissions comprised 24% of all service users in the 2025a period, unchanged from 2024b. this period saw an increase in alcohol admissions in the CR from 38% in 2024b to 45% in 2025a, with a smaller increase in KZN from 37% (2024b) to 40% (2025a). Notable decreased were found for the





EC (from 49% in 2024b to 36% in 2025a) and the NR (from 24% in 2024b to 19% in 2025a)

Admission rates for **Cannabis** remained relatively high for the current period (37% increasing from 33% in 2024b). Between 24% (WC) and 43% (NR) of persons attending specialist treatment centres had cannabis as their primary substance of use. Except for the WC where rates remained consistent, variation was seen for all regions: increases were noted for the EC (from 29% to 36%), GT (38% to 41%) and the NR (36% to 43%); decreases were seen for KZN (33% to 29%) and the CR (38% to 31%). Nationally, cannabis contributed 73% of all admissions among individuals 18 years and younger, decreasing 3-percentage points from the previous review period. Compared to other regions, the WC remains the province with higher rates for **Cannabis/Mandrax**[1] (Methaqualone) combination (also known as "white pipe") as a secondary substance of use at 32%, though rates have been decreasing over the last 3 periods since 2024a.

Crack/Cocaine-related treatment admissions have remained consistently low over the past few reporting periods, with the national rate unchanged at 3%. Regional rates varied between 1% (GT) and 11% (KZN). KZN was shown to have the highest proportion for crack/cocaine as a secondary substance of use at 25%. The EC also had a relatively high crack/cocaine rates (17%) versus other regions. Between 3% (CR) and 23% (KZN) of all persons admitted to treatment used crack/cocaine as a primary or secondary substance of use. Few persons 18 years and younger (<1% nationally) were admitted for crack/cocaine-related problems.

Nationally, **Heroin/Opiates** comprised 7% of all admissions for the 2025a reporting period, decreasing from 10% in the previous reporting period. This decreasing trend was seen regionally too, with the NR decreasing from 19% to 12%, WC from 11% to 6%, GT from 10% to 6%, and KZN from 10% to 8%. The WC (51%) and GT (33%) had the highest rates for heroin by injection route. Rates for heroin/opiates as a primary or secondary substance of use ranged between <1% (CR) and 15% (NR, decreasing from 22% in 2024b).

Treatment admissions for **Over the counter/Prescription-medicines (OTC/PRE)** as a primary drug of use ranged from 1% (WC, GT, NR and CR)) to 7% (EC). Proportions for OTC/PRE-medicine use as primary or secondary substance varied between 1% (CR) and 7% (EC). During this reporting period, n=341 (4%) persons across all sites reported the non-medical use of codeine, with rates decreasing over the last three reporting periods.

Treatment admission rates for **Crystal Methamphetamine** (MA aka 'TIK) as a primary substance of use were highest in the WC (30%) and GT (18%) compared to other regions. MA was reported as the third leading primary substance of use (17%) across regions, unchanged from the previous period. Treatment admissions for **Ecstasy** as a primary drug of use remained low at <1%; ecstasy was not reported for KZN and the EC. Individuals may not be seeking treatment for ecstasy use, which explains low admission rates. **Methcathinone** (CAT/KHAT)[2], an amphetamine-type stimulant, has effects similar to that of MA. Comparable to the previous period, CAT/KHAT was reported as a primary substance of use by 3% of individuals admitted nationally. Rates for CAT/KHAT as primary or secondary drug of use varied from 2% (KZN) to 6% (CR). CAT/KHAT was not reported as a secondary substance of use in the WC this period.

Inhalant/solvent use remained low across regions, ranging between <1% (GT and KZN) and 5% (NR, increasing from 2% in 2024b); the national rate was 1% this period. Consistent with the previous 2024b period, inhalant use was not reported for the EC and WC. While rates were generally low, inhalant/solvent use is common among the homeless and children who live on the streets. Adolescents who use inhalants represent a subgroup of troubled youth with distinct and multiple vulnerabilities who are more likely to engage in delinquency and experience mental health problems such as depression and suicidality[3]. Additional community-based or regional studies are needed to explore the extent of inhalant/solvent use for youth, barriers to accessing specialist treatment services and other services available to support and help this vulnerable population. Nationally, indication of **poly-substance use** (i.e., more than one substance of use indicated) was 48% this period; regional rates ranged from 37% (NR) to 60% (WC), in line with the preceding period.

[1] Cannabis/Mandrax includes the cannabis and mandrax mix called 'White-pipe' as well as the use of Mandrax alone.
[2] CAT and KHAT are often used interchangeably during reporting which makes distinguishing between the two (CAT is synthetic and KHAT is plant-based) difficult during analysis. For this reason, these two categories have been combined.
[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

METHODOLOGY

SACENDU utilises treatment admission data collected from treatment centres. These data are collected from approximately 86 specialist substance use treatment centres in South Africa, representing 70% of the available treatment sites in the country. The larger provinces such as the Gauteng and the Western Cape Province have more treatment centres compared to provinces such as the Eastern Cape. **Table 1** below provides a description of these sentinel sites as well as the number of provinces that have treatment centres that provide opioid substitution or medically assisted therapies (MAT).

TABLE 1: DESCRIPTION OF TREATMENT CENTRE LOCATION IN SOUTH AFRICA

Sentinel site	Description and Location	Urban/Rural	Number of treatment centres*	Number of centres offering MAT
Gauteng	Smallest province situated in the north-eastern part of South Africa	Highly populated, urbanised, and economic hub of the country	20	3
KwaZulu-Natal	Coastal province located in the south-eastern part of South Africa.	Second most populous, mountainous province running along the shoreline of the Indian ocean.	14	2
Western Cape	Situated on the south-western coast of South Africa	Highly urbanised and the third most populous province in the country	29	1
Eastern Cape	Second largest province by size, but poorest. Located on the south-eastern part of the country, and is bordered by the Western Cape, Northern Cape, Free State and KwaZulu-Natal provinces	Largely rural	9	0
Northern Region	Is comprised of two provinces, Mpumalanga and Limpopo provinces, both located in the north-eastern part of South Africa and share borders with Swaziland, Botswana, Zimbabwe and Mozambique. These provinces were combined into the Northern Region due to the few numbers of treatment centres found in these provinces	Mostly semi-urban	8	0





Sentinel site	Description and Location	Urban/Rural	Number of treatment centres*	Number of centres offering MAT
Central Region	Comprises three provinces, Free State (located in the centre/heart of the country), Northern Cape (largest province but sparsely populated), and the North-West (north-central part of the country). The Central Region is characterised by the livestock farming, agriculture, and mining industries. These provinces were grouped together due to few numbers of treatment centres found in these locations.	Largely rural	6	0

*The number of treatment centres contributing data to the system fluctuate across reporting periods.

Treatment centres are invited to join the network and provide data related to their treatment admissions for each reporting period (current period July-December 2024). For admission to a specialist treatment centre, patients are required to meet diagnostic criteria (DSM-V/ICD 10) for a substance use disorder (APA, 2013). Participating treatment centres in the SACENDU network complete a standardized two-page form for each patient enrolled into their facility. The form consists of 22 forced-choice questions collecting demographic treatment and substance use information on each patient. The SACENDU data collection form is completed by designated facility personnel once the patient has been enrolled into the treatment programme. Forms for each participating treatment centre are collated every six-months and sent to the South African Medical Research Council (SAMRC) for collation, analysis and reporting. Forms and electronic data received from specialist facilities are checked for possible miscodes and missing information and is subjected to a rigorous process of verification and correction before the data analysis process takes place. Data from each facility is aggregated to allow for provincial and regional trends on the number of substance abuse treatment episodes to be reported. As the SACENDU data is based on episodes of care, individuals may be represented more than once in the dataset (if they receive more than one treatment episode in a year).

SECTION 1: DATA FROM SPECIALIST SUD TREATMENT CENTRES

SITE SUMMARIES – PRIMARY SUBSTANCE OF USE BY PROVINCE

In the **Western Cape (WC)** similar to the previous reporting periods, the three most common primary substances of use reported by 33 specialist treatment centres/programmes were MA (30%), alcohol (26%) and cannabis (24%) **(Table 2)**. Heroin/opiates declined from 11% in 2024b to 6% in 2025a. Overall, 1 489 persons were treated in the WC in the first half of 2025.

In **KwaZulu-Natal (KZN)** drug admission trends were consistent with preceding periods with alcohol (40%), cannabis (29%) and crack/cocaine (11%) as the predominant primary substances of use. A slight decrease was noted for heroin/opiates-related admission from 10% in 2024b to 8% in 2025a. A total of 701 persons were admitted to 10 treatment centres in this reporting period **(Table 2)**.

In the **Eastern Cape (EC)** alcohol and cannabis (36% respectively) were most commonly reported as primary substances of use at the time of admission **(Table 2)**. Alcohol decreased by 13-percentage points while cannabis increased by 7-percentage points. Alcohol and cannabis were followed by crystal methamphetamine (MA) as the third most common primary substance of use at 16%, increasing from 11% in 2024b. A total of 172 persons were treated across 7 facilities.

In **Gauteng (GT),** which includes the metropolitan areas of Johannesburg and Pretoria, 4 166 admissions across 19 treatment centres were recorded this period. Drug admission trends remained unchanged over the last three reporting periods: cannabis (41%) alcohol (19%) and MA (18%). Heroin/opiates-related admissions declined from 10% to 6% since 2024b **(Table 2)**.

The **Northern Region (NR)** includes data from 9 centres (7 in Mpumalanga and 2 in Limpopo). A total of 972 admissions were recorded for the current review period. The three leading primary substances of use reported by individuals admitted to treatment remained cannabis (43%, increasing from 36% in 2024b), alcohol (19%), decreasing from 24% in 2024b), and heroin/opiates (12%, decreasing from 19% 2024b) **(Table 2)**.

In the **Central Region (CR)** (comprising the Free State, Northern Cape and the North-West), 475 admissions were recorded across 6 treatment centres for the January to June 2025 period. Patterns are unchanged with alcohol (45%) and cannabis (31%) once again emerging as the most common primary substances of use, accounting for 76% of all admissions for the current review period. Alcohol admissions increased by 7-percentage points while a commensurate decrease was seen for cannabis admissions **(Table 2)**. The low number of admissions in this region is not an indication of lower treatment demand but, rather, inadequate availability of, and access to specialist substance use treatment facilities.

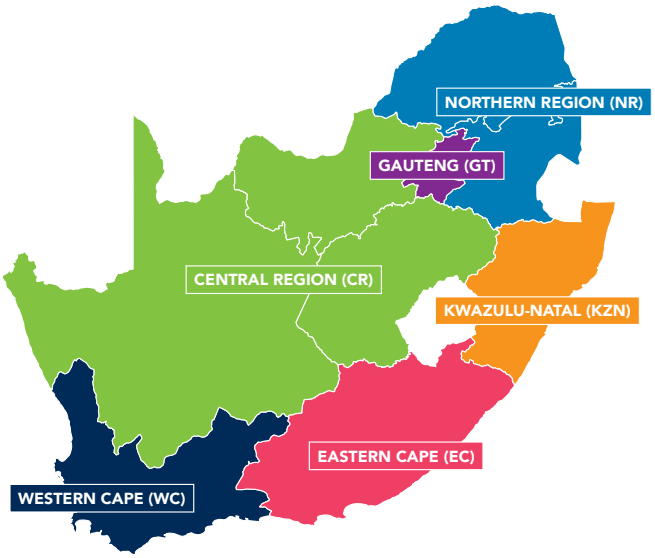


TABLE 2: PRIMARY SUBSTANCE OF USE: BY SITE AND 6-MONTH PERIOD (%)

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin/ Opiates	Ecstasy	OTC/PRE*	Meth†	Other	Total (N)
WC[1]	2006a	30.2	7.7	3.3	6.0	13.5	0.1	1.4	37.2	0.7	2660
	2006b	26.4	10.5	2.9	4.8	10.2	0.1	1.6	42.3	0.8	2798
	2007a	29.5	10.4	2.7	3.9	10.6	0.2	1.1	40.7	0.9	2862
	2007b	29.7	12.6	3.0	4.2	12.8	0.1	1.2	36.1	0.5	3058
	2008a	30.0	11.2	2.5	5.0	13.2	0.3	1.4	35.8	0.0	2637
	2008b	27.6	13.6	2.7	5.6	2.8	0.1	1.2	35.1	1.2	2807
	2009a	26.8	13.9	1.0	2.8	10.9	0.1	1.0	40.6	0.0	3667
	2009b	29.4	16.7	2.7	2.3	12.0	0.0	0.8	35.5	0.0	2642
	2010a	29.8	15.6	3.9	1.9	13.0	0.2	0.1	33.6	0.0	3134
	2010b	27.5	18.2	3.2	1.9	11.6	0.0	1.2	35.1	1.2	2933
	2011a	27.5	18.3	2.9	1.8	13.0	0.0	0.4	35.3	0.8	2927
	2011b	23.7	14.5	2.4	2.2	17.0	0.0	0.5	38.8	0.9	2733
	2012a	23.6	20.4	2.9	1.7	15.6	0.1	0.7	33.7	0.3	3912
	2012b	22.2	22.4	3.8	1.4	15.1	0.2	0.4	33.3	1.2	3178
	2013a	20.2	20.5	3.1	1.5	16.8	0.2	1.4	27.8	8.2	3717
	2013b	21.2	25.0	2.5	1.6	13.0	0.1	1.0	33.4	1.9	3478
	2014a	19.9	21.7	4.3	1.2	18.5	0.1	0.6	32.7	1.1	3510
	2014b	22.0	23.4	4.5	1.5	12.7	0.1	0.6	34.9	0.3	3444
	2015a	21.3	22.1	4.4	1.3	14.2	0.0	0.4	35.4	0.8	3524
	2015b	19.9	24.9	5.3	1.2	10.7	0.0	0.5	36.7	0.8	2674
	2016a	22.0	28.2	4.5	1.4	10.8	0.0	0.8	31.7	0.6	2977
	2016b	20.6	28.7	6.1	1.3	12.8	0.0	0.9	28.9	0.7	2808
	2017a	26.4	28.7	5.4	1.2	10.3	0.0	0.4	26.8	0.7	2902
	2017b	23.6	22.0	6.7	2.2	13.7	0.1	0.7	30.2	0.8	2541
	2018a	24.0	25.9	6.4	2.2	12.5	0.1	1.0	26.8	0.7	3182
	2018b	19.8	30.5	6.4	2.3	11.4	0.0	1.1	27.6	0.3	2719
	2019a	17.8	26.0	6.4	1.9	16.4	0.0	0.9	29.4	1.2	3013
	2019b	19.2	25.4	6.4	2.7	14.2	0.1	1.0	29.9	1.0	2654
	2020a	10.9	14.9	8.2	1.6	18.2	0.1	1.5	43.8	3.5	1323
	2020b	16.8	16.7	7.2	3.3	14.1	0.1	1.1	40.1	0.6	1890
	2021a	18.2	23.6	7.5	2.5	11.3	0.1	1.5	34.7	0.3	2433
	2021b	20.0	26.7	5.6	2.1	9.1	0.0	1.4	34.8	0.2	2195
	2022a	18.9	27.5	5.6	1.9	12.5	0.1	1.1	32.2	0.2	2265
	2022b	17.6	22.4	6.1	1.9	17.8	0.1	0.7	32.7	0.2	1928
	2023a	18.5	23.2	6.4	2.4	16.6	0.0	1.2	31.0	0.5	1483
	2023b	18.7	19.5	8.1	2.2	13.1	0.1	1.2	33.9	3.0	1489
	2024a	20.7	21.0	7.5	5.3	9.3	0.2	1.0	33.5	1.4	1726
	2024b	22.2	23.5	6.9	3.0	10.6	0.2	0.8	30.4	0.6	1890
	2025a	**25.5**	**24.4**	**6.1**	**2.7**	**6.1**	**0.1**	**1.0**	**30.2**	**1.1**	**1489**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin/ Opiates	Ecstasy	OTC/PRE*	Meth†	Other	Total (N)
KZN[2]	2006a	60.4	22.5	1.0	6.8	2.1	1.0	5.2	0.2	1.0	485
	2006b	54.0	18.5	0.9	10.5	9.1	0.3	3.4	0.2	3.4	921
	2007a	49.8	20.5	1.2	9.0	15.9	0.5	2.2	0.0	0.9	1232
	2007b	38.8	17.4	0.4	8.6	31.6	1.0	1.5	0.0	0.7	943
	2008a	49.5	19.8	0.4	5.6	22.6	0.1	0.6	0.1	0.7	1531
	2008b	47.6	16.4	0.9	6.2	24.3	0.2	0.5	0.0	3.7	1537
	2009a	41.1	20.3	0.5	6.9	29.5	0.1	1.1	0.0	0.0	1575
	2009b	46.7	28.4	0.5	6.2	17.0	0.1	0.6	0.1	0.0	1138
	2010a	55.4	32.8	1.9	3.6	4.6	0.4	0.4	0.3	0.0	1009
	2010b	55.3	25.6	2.1	5.8	8.5	0.4	1.8	0.1	0.3	669
	2011a	62.9	17.1	1.3	6.7	10.0	0.0	1.1	0.0	0.9	720
	2011b	67.0	16.2	2.5	5.4	6.1	0.3	0.3	0.5	1.7	610
	2012a	64.9	18.8	1.2	6.3	4.4	0.7	1.2	0.0	2.5	569
	2012b	51.0	24.6	1.4	4.1	6.2	0.0	0.6	0.5	11.7	813
	2013a	51.1	31.5	0.6	6.1	6.1	0.6	1.1	0.3	2.6	934
	2013b	52.0	30.2	2.5	4.9	5.2	1.1	0.8	0.3	2.8	610
	2014a	42.4	36.0	3.9	2.1	10.1	0.4	1.2	0.8	3.1	484
	2014b	35.5	40.0	4.8	5.9	7.6	0.4	1.2	0.1	4.3	929
	2015a	38.2	38.9	6.2	3.5	4.7	0.3	1.2	0.4	6.5	1122
	2015b	37.2	33.8	5.5	5.2	6.6	0.4	0.9	1.1	9.3	1171
	2016a	29.4	39.3	3.0	4.7	14.6	0.8	1.5	0.6	6.1	1247
	2016b	36.8	34.3	1.3	4.3	10.3	0.5	1.1	0.7	10.7	1177
	2017a	33.6	32.1	3.3	6.2	9.9	0.4	1.0	0.9	12.4	1370
	2017b	36.9	28.8	2.5	5.9	9.9	0.3	2.2	0.9	12.6	1400
	2018a	28.9	28.5	2.6	6.7	27.7	0.2	2.1	0.9	20.5	1256
	2018b	29.2	29.0	2.4	7.7	26.2	0.5	2.1	0.9	19.0	993
	2019a	12.7	39.6	2.1	3.7	30.1	0.2	2.9	3.9	1.2	1291
	2019b	14.4	34.5	2.2	5.4	26.5	0.3	2.9	9.3	4.4	980
	2020a	14.3	34.9	2.1	6.0	25.5	0.5	3.0	8.5	5.1	565
	2020b	33.8	26.2	1.7	13.5	19.6	0.3	3.7	0.7	0.0	726
	2021a	32.8	23.1	1.7	13.3	22.9	0.3	2.5	2.0	1.3	723
	2021b	12.2	33.0	1.0	12.4	28.7	0.2	3.1	8.2	0.3	1146
	2022a	31.0	28.3	1.3	10.4	20.7	0.1	3.2	2.8	1.5	1144
	2022b	29.4	27.6	3.9	8.3	19.2	0.0	7.9	1.7	1.0	1279
	2023a	35.5	27.7	2.1	11.1	14.4	0.3	2.5	2.9	2.5	1054
	2023b	40.5	25.7	0.8	9.3	15.9	0.0	3.4	2.7	1.2	900
	2024a	36.9	30.9	1.1	12.4	11.1	0.1	2.7	2.1	1.7	829
	2024b	37.4	32.6	1.5	10.2	10.3	0.8	2.7	1.7	1.1	783
	2025a	**40.3**	**29.0**	**1.2**	**10.6**	**8.0**	**0.0**	**2.6**	**2.9**	**1.0**	**701**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin/ Opiates	Ecstasy	OTC/PRE*	Meth†	Other	Total (N)
EC[3]	2006a	40.7	14.4	7.9	21.4	8.1	1.2	2.6	3.5	0.2	1215
	2007a	51.8	18.3	8.6	14.2	1.1	0.3	3.8	1.4	0.5	759
	2007b	39.0	15.6	9.2	22.9	5.4	0.5	2.8	4.3	0.3	608
	2008a	44.3	15.8	3.6	20.1	6.0	0.4	6.5	5.0	0.5	551
	2008b	44.0	16.8	9.3	12.4	5.6	0.0	5.1	5.4	1.5	612
	2009a	52.0	17.7	8.5	7.8	2.7	0.1	7.0	3.7	0.0	1206
	2009b	49.7	15.9	5.6	7.4	3.5	0.0	9.3	7.4	0.0	648
	2010a	44.1	19.2	7.8	6.4	3.1	0.2	12.3	6.3	0.0	877
	2010b	44.1	18.0	5.7	7.1	5.2	0.0	9.9	9.2	0.8	707
	2011a	48.5	15.6	3.6	5.8	2.9	0.1	11.3	12.0	0.0	723
	2011b	40.4	16.1	5.0	4.0	2.6	0.3	11.5	18.4	1.7	721
	2012a	41.6	15.8	4.4	5.8	1.3	0.1	12.1	18.4	0.5	793
	2012b	37.7	24.4	6.3	7.3	2.8	0.0	2.2	15.8	3.5	316
	2013a	36.6	11.9	4.8	5.6	1.9	0.0	18.9	19.4	0.9	587
	2013b	39.5	12.9	6.6	4.7	2.3	0.0	16.5	16.9	0.6	527
	2014a	32.6	19.9	3.4	6.0	1.5	0.0	17.5	17.9	1.1	613
	2014b	35.4	21.6	7.4	5.3	1.2	0.0	11.0	16.3	1.8	663
	2015a	28.7	27.0	12.1	5.5	3.9	0.6	4.1	15.2	3.0	363
	2015b	24.0	31.2	10.4	3.4	2.3	0.0	1.3	25.3	1.9	471
	2016a	30.1	22.4	5.8	5.8	2.4	0.0	7.2	22.9	3.4	638
	2016b	38.5	23.8	8.0	2.6	2.0	0.0	5.6	15.5	3.9	537
	2017a	45.2	17.6	6.8	5.5	3.1	0.0	3.8	16.2	1.9	425
	2017b	34.0	23.5	9.7	4.3	2.1	0.0	3.3	20.0	3.1	515
	2018a	35.0	20.9	6.9	2.9	2.7	0.2	4.6	24.3	3.1	517
	2018b	33.8	21.8	6.0	3.1	2.4	0.2	4.2	25.8	3.6	450
	2019b	26.3	22.9	3.2	3.4	18.3	0.0	3.8	20.8	1.3	475
	2019b	37.5	22.3	4.2	2.3	1.5	0.0	4.5	26.2	1.5	336
	2020a	21.4	29.8	1.4	3.3	13.5	0.0	3.7	16.7	5.1	215
	2020b	21.4	26.3	5.1	4.7	1.8	0.0	2.0	37.3	1.3	448
	2021a	26.7	22.0	5.2	4.1	2.3	0.0	2.6	36.3	0.6	386
	2021b	27.7	24.6	3.7	3.9	0.8	0.0	1.0	38.0	0.0	487
	2022a	23.2	25.6	8.1	6.2	2.2	0.0	1.3	31.1	2.2	371
	2022b	36.1	27.0	4.6	5.3	0.4	0.0	1.1	25.1	0.0	313
	2023a	34.0	28.6	2.9	3.3	1.2	0.0	5.2	23.2	0.4	241
	2023b	38.4	35.7	1.4	2.7	0.3	0.0	2.0	15.0	3.4	315
	2024a	45.6	28.7	2.7	5.8	0.8	0.0	3.8	11.9	0.4	261
	2024b	49.4	29.4	2.0	4.3	0.3	0.0	2.3	11.4	0.3	399
	2025a	**36.3**	**35.7**	**0.0**	**5.8**	**1.2**	**0.0**	**3.5**	**16.4**	**0.0**	**172**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin/ Opiates	Ecstasy	OTC/PRE*	Meth†	Other	Total (N)
GT	2006a	47.5	20.5	3.0	11.1	7.8	0.4	3.2	0.3	3.2	3119
	2006b	47.2	21.5	1.4	10.7	9.7	0.2	2.7	0.2	5.9	3295
	2007a	45.9	20.8	1.4	13.0	10.6	0.3	3.7	0.4	4.4	3251
	2007b	47.0	19.3	1.6	14.2	9.6	0.2	3.6	0.4	4.1	3053
	2008a	47.0	22.4	1.7	13.3	8.1	0.2	4.0	0.7	2.5	2768
	2008b	48.4	22.4	2.0	8.8	6.4	0.3	3.5	0.3	7.9	3158
	2009a	45.0	28.2	2.2	6.7	6.7	0.5	3.2	1.0	0.0	2822
	2009b	47.0	27.5	1.7	4.9	11.9	0.2	2.6	0.5	0.0	2646
	2010a	44.4	27.0	2.5	6.1	12.1	0.3	3.6	1.2	0.0	2684
	2010b	41.3	28.4	1.6	6.3	12.4	0.2	3.0	1.0	5.7	2884
	2011a	37.8	24.9	1.3	7.3	16.0	0.1	4.0	1.7	6.8	2972
	2011b	35.9	27.6	1.7	6.2	12.7	0.6	3.5	1.4	10.4	2786
	2012a	34.3	28.5	0.7	6.0	14.9	0.2	2.4	2.4	10.8	3198
	2012b	27.8	25.9	0.7	4.3	9.6	0.0	1.8	2.5	23.5	3552
	2013a	26.9	39.7	0.9	3.3	11.8	0.2	1.3	2.6	13.4	4026
	2013b	24.6	36.7	1.6	3.8	12.9	0.2	1.3	2.7	16.2	3128
	2014a	18.8	41.6	2.1	2.6	11.5	0.3	1.1	3.9	9.8	3478
	2014b	19.9	35.5	1.6	4.0	13.5	0.3	1.2	3.3	20.7	3372
	2015a	20.0	37.7	2.7	3.8	12.3	0.2	0.9	4.0	6.1	3570
	2016a	17.9	37.7	3.9	4.9	11.8	0.2	1.7	5.1	16.8	3989
	2016b	21.8	35.7	1.9	2.4	13.0	0.2	1.2	6.3	17.5	2948
	2017a	17.3	45.7	1.7	2.2	13.1	0.1	1.5	5.5	12.8	3870
	2017b	17.3	41.2	2.3	2.6	14.0	0.1	1.3	6.3	14.8	3414
	2018a	15.5	32.5	2.2	2.3	30.5	0.2	1.3	5.9	18.6	2734
	2018b	13.9	36.4	1.9	2.7	27.3	0.1	1.2	8.0	18.0	2937
	2019a	18.1	32.4	3.0	3.2	25.9	0.1	2.3	8.9	5.9	3148
	2019b	11.6	29.7	2.8	3.0	36.3	0.2	0.7	11.2	4.4	4226
	2020a	11.4	33.7	2.3	2.7	32.5	0.0	1.5	9.9	7.0	3279
	2020b	8.2	26.5	3.7	2.5	33.8	0.3	0.9	14.9	8.9	5059
	2021a	9.4	27.3	2.9	3.5	29.4	0.3	2.6	17.3	8.9	6226
	2021b	13.2	31.8	2.2	1.3	21.5	0.1	0.8	20.9	1.0	9701
	2022a	11.4	33.7	2.5	2.1	18.4	0.0	0.9	22.2	2.6	6665
	2022b	13.6	32.3	2.9	1.7	15.9	0.0	1.1	25.1	0.3	5504
	2023a	12.0	33.8	3.1	1.7	16.7	0.1	0.9	24.0	1.3	7482
	2023b	12.3	30.0	2.0	1.5	19.3	0.0	1.0	25.9	1.8	6075
	2024a	13.8	29.2	4.1	2.3	19.3	0.0	1.4	23.6	1.8	4782
	2024b	18.7	37.6	4.7	2.2	9.7	0.2	1.4	16.2	0.4	3199
	2025a	**19.2**	**41.4**	**2.1**	**1.4**	**6.4**	**0.3**	**1.3**	**17.9**	**0.2**	**4166**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin/ Opiates	Ecstasy	OTC/PRE*	Meth†	Other	Total (N)
NR[4]	2006a	54.5	24.6	0.0	6.8	10.2	0.6	2.2	0.0	1.2	501
	2006b	47.3	34.1	0.4	4.6	9.6	0.2	2.4	0.0	1.3	539
	2007a	43.7	36.5	0.8	4.5	11.5	0.3	1.3	0.0	1.3	600
	2007b	43.3	38.4	0.0	7.8	6.8	0.2	1.4	0.4	0.7	602
	2008a	34.6	50.2	0. 6	4.8	7.5	0.0	1.5	0.0	0.7	667
	2008b	34.3	44.9	0.3	5.2	8.6	0.3	2.3	0.0	4.1	729
	2009a	37.8	45.2	0.6	4.2	8.3	0.5	0.9	0.2	0.0	809
	2009b	37.6	43.9	0.3	4.1	11.2	0.3	1.5	0.0	1.1	652
	2010a	35.7	37.0	0.3	3.4	20.0	0.0	1.2	0.0	0.0	762
	2010b	31.4	40.7	0.4	4.0	20.2	0.1	1.3	0.0	1.8	669
	2011a	30.4	36.1	0.0	2.2	28.3	0.0	0.3	0.3	2.5	693
	2011b	26.5	36.4	0.4	4.1	22.2	0.1	1.8	2.1	6.4	892
	2012a	31.6	38.5	0.5	3.5	16.2	0.0	1.7	1.4	6.7	655
	2012b	24.1	32.8	0.6	3.9	21.8	0.1	1.0	0.6	15.2	818
	2013a	22.3	37.9	1.1	3.0	28.6	0.1	2.4	0.4	4.1	941
	2013b	22.8	45.6	0.4	1.7	22.8	0.0	0.8	1.0	4.8	959
	2014a	15.9	50.4	1.2	2.8	22.9	0.1	0.7	0.4	5.6	1004
	2014b	18.2	41.7	0.4	1.8	26.3	0.1	0.5	0.6	10.4	1134
	2015a	16.7	37.1	1.0	2.1	30.1	0.0	0.2	0.6	12.2	1076
	2015b	16.1	37.1	4.2	1.8	28.4	0.0	0.6	0.8	10.7	1247
	2016a	17.0	39.0	3.8	2.1	25.8	0.1	0.7	0.9	10.6	1026
	2016b	18.0	34.1	0.9	2.3	36.4	0.0	0.4	0.6	7.3	929
	2017a	14.6	45.5	0.9	5.3	28.3	0.1	0.3	0.6	4.2	1122
	2017b	15.7	41.9	0.3	3.9	27.3	0.0	0.6	1.6	8.7	1269
	2018a	14.5	39.2	1.8	2.7	30.8	0.0	1.0	9.3	16.5	1372
	2018b	17.3	38.3	0.5	2.1	33.7	0.1	0.9	2.1	16.2	1171
	2019a	16.7	36.3	3.4	4.1	23.5	0.2	1.4	9.1	5.4	1025
	2019b	15.3	40.2	0.3	3.3	32.8	0.1	0.8	3.7	1.3	1423
	2020a	15.1	31.1	2.5	4.7	28.3	0.1	1.8	9.1	7.3	768
	2020b	14.7	32.8	0.4	2.6	40.1	0.0	1.1	5.4	2.9	1024
	2021a	13.6	36.8	0.6	2.6	37.2	0.2	0.7	5.6	2.5	958
	2021b	19.3	30.8	0.1	11.7	28.8	0.2	0.0	3.9	0.1	1657
	2022a	14.8	40.3	0.2	5.2	28.1	0.0	0.7	7.9	0.9	1165
	2022b	14.7	32.7	0.1	6.0	38.0	0.1	0.7	5.6	0.2	854
	2023a	18.4	36.3	1.7	7.1	25.5	0.0	0.8	5.7	3.0	772
	2023b	28.8	30.0	3.4	6.1	20.0	0.0	0.5	5.9	2.7	410
	2024a	20.4	37.5	1.3	4.5	25.0	0.1	0.5	6.0	4.0	980
	2024b	23.9	36.4	1.6	3.7	18.8	0.0	1.1	4.1	1.7	709
	2025a	**18.9**	**42.9**	**2.3**	**2.4**	**12.0**	**0.1**	**0.9**	**5.3**	**0.1**	**972**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin/ Opiates	Ecstasy	OTC/PRE*	Meth†	Other	Total (N)
CR[5]	2008b	67.0	11.9	0.3	6.3	0.3	0.5	3.9	0.0	9.7	636
	2009a	70.0	14.6	0.1	4.2	2.1	0.3	3.3	0.7	0.0	577
	2009b	68.6	20.0	1.0	2.9	1.0	0.0	2.9	0.0	0.0	491
	2010a	64.6	20.2	1.9	5.8	1.4	0.0	3.1	0.3	0.0	642
	2010b	66.2	19.3	1.3	4.0	2.6	0.0	2.2	0.9	3.5	545
	2011a	70.4	14.3	1.5	4.8	1.1	0.4	2.6	1.1	3.7	538
	2011b	58.7	20.9	2.0	5.8	2.2	0.0	2.9	2.2	5.3	549
	2012a	55.4	25.2	2.3	2.5	1.2	0.0	1.9	3.4	8.2	932
	2012b	54.5	19.8	1.6	5.7	2.2	0.0	1.4	2.0	12.7	495
	2013a	50.8	25.8	2.1	5.5	3.4	0.2	1.9	2.3	7.8	472
	2013b	46.9	32.6	2.7	3.9	2.4	0.0	1.0	2.9	4.1	414
	2014a	42.6	33.0	5.3	4.3	2.6	0.2	0.6	4.0	7.4	530
	2014b	39.2	30.7	4.7	2.1	5.5	0.2	1.1	4.1	12.4	655
	2015a	42.2	30.2	4.1	2.5	5.5	0.0	1.6	5.1	8.8	566
	2015b	42.1	24.4	5.5	4.2	5.5	0.4	0.9	7.7	9.3	546
	2016a	49.8	27.8	4.2	2.3	1.5	0.3	1.1	4.4	8.7	663
	2016b	47.2	26.8	4.1	4.6	2.1	0.0	0.3	0.3	10.8	388
	2017a	43.3	29.2	5.6	5.9	2.5	0.0	1.4	4.8	7.3	356
	2017b	45.4	30.6	4.9	3.1	2.9	0.0	1.4	6.3	5.4	350
	2018a	34.7	37.4	7.2	2.9	2.1	0.2	4.6	24.4	4.8	334
	2018b	38.4	24.1	6.0	4.2	7.4	0.0	0.9	11.1	7.9	216
	2019a	17.4	38.9	3.2	2.9	26.6	0.0	0.3	7.3	3.5	316
	2019b	38.6	35.9	2.7	2.7	4.8	0.0	2.1	11.6	1.6	189
	2020a	16.8	31.1	2.9	5.4	25.7	0.0	1.2	8.9	7.8	167
	2020b	24.7	28.7	6.1	5.7	12.6	0.0	1.6	15.8	4.9	247
	2021a	29.7	23.6	3.8	4.7	7.1	0.0	1.4	26.4	3.3	212
	2021b	27.9	37.8	2.8	4.6	4.4	0.0	2.4	15.4	0.8	495
	2022a	35.0	32.2	4.8	1.0	3.8	0.3	1.0	19.1	0.3	314
	2022b	40.1	23.6	5.1	1.0	5.1	0.0	1.7	18.8	0.3	292
	2023a	42.5	27.9	2.0	3.6	4.5	0.0	2.0	13.4	1.6	247
	2023b	49.7	20.7	3.3	1.3	5.0	0.0	1.3	9.7	7.3	300
	2024a	42.6	32.1	3.0	1.8	2.7	0.0	0.6	11.3	2.1	336
	2024b	38.0	38.0	3.4	1.1	0.8	0.0	2.7	9.5	0.0	263
	2025a	**45.3**	**30.9**	**1.1**	**1.7**	**0.4**	**0.2**	**0.6**	**8.6**	**2.1**	**475**

[1] Cape Town, Atlantis, Worcester; [2] Durban, South Coast, Pietermaritzburg; [3] Port Elizabeth and East London; [4] Mpumalanga & Limpopo; [5] Free State, North-West, Northern Cape.
* Over-the-counter, prescription medicine; † Methamphetamine

SITE SUMMARIES: SOCIO-DEMOGRAPHIC PROFILES

First time admissions: Nationally, the majority of admissions were first-time admissions (82%). The proportion of first-time admissions to treatment centres ranged between 63% (WC) and 91% (NR). Compared to the other regions, WC had the highest proportion of repeat admissions (37%) for the 2025a reporting period. The majority of readmissions in the WC were for MA (39%) and alcohol (18%). Nationally MA (27%), alcohol (23%), and cannabis (22%) accounted for the highest readmission rates.

Referrals: Nationally, the most common source of referral to specialist treatment centres was 'self/family/friends' (51%). 'School' (19%) was the second most frequently used referral pathway, followed by 'social services/welfare' (14%). Referral through 'self/family/friends' ranged from 34% (NR) to 59% (GT), 'school' varied between 2% (EC) and 43% (NR), and social services ranged between 10% (NR) and 25% (EC) **(Table 3).**

TABLE 3: REFERRAL SOURCES (JAN-JUN 2025) [COLUMN % ADD UP TO 100]

Referral Source	WC	KZN	EC	CR	GT	NR
Self/family/friends	40	52	52	58	59	34
Work/employer	10	13	9	11	4	10
Social services/welfare	24	15	25	12	12	10
Health professionals (Doctor/psychiatrist/nurse)	2	6	10	10	2	1
Hospital/clinic	5	2	-	3	1	1
Court/correctional services	3	<1	1	1	1	1
Schools	9	11	2	4	21	43
Church/religious body	1	<1	-	<1	<1	1
Other e.g., radio	5	1	1	1	1	<1

Gender: The majority of persons admitted to treatment identified as male, ranging between 71% (WC) and 87% (KZN). When gender was stratified by primary substance, males largely dominate, however regional variations emerged for different substance variants **(Figure 1)**. In the NR, more females (67%) compared to males (33%) were admitted for OTC/PRE-medication use; in GT the disparity in OTC-PRE-medicine admissions for males (57%) versus females (43%) was smaller compared to other substance categories **(Figure 2)**.

FIGURE 1: GENDER BY REGION (%)

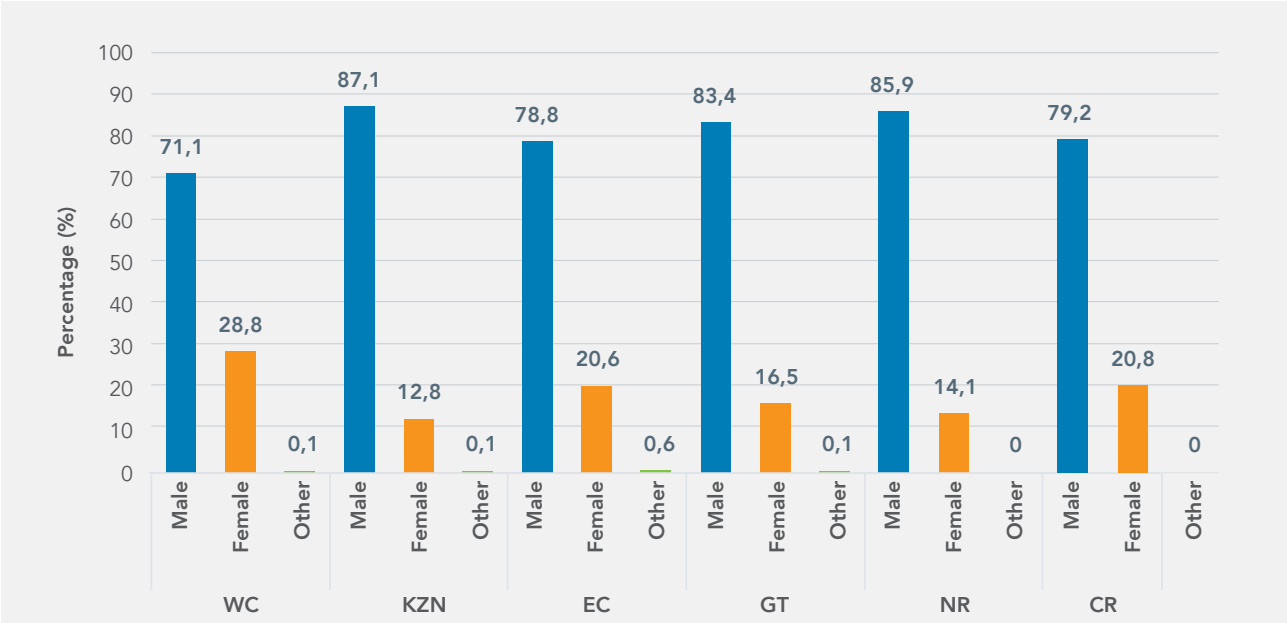
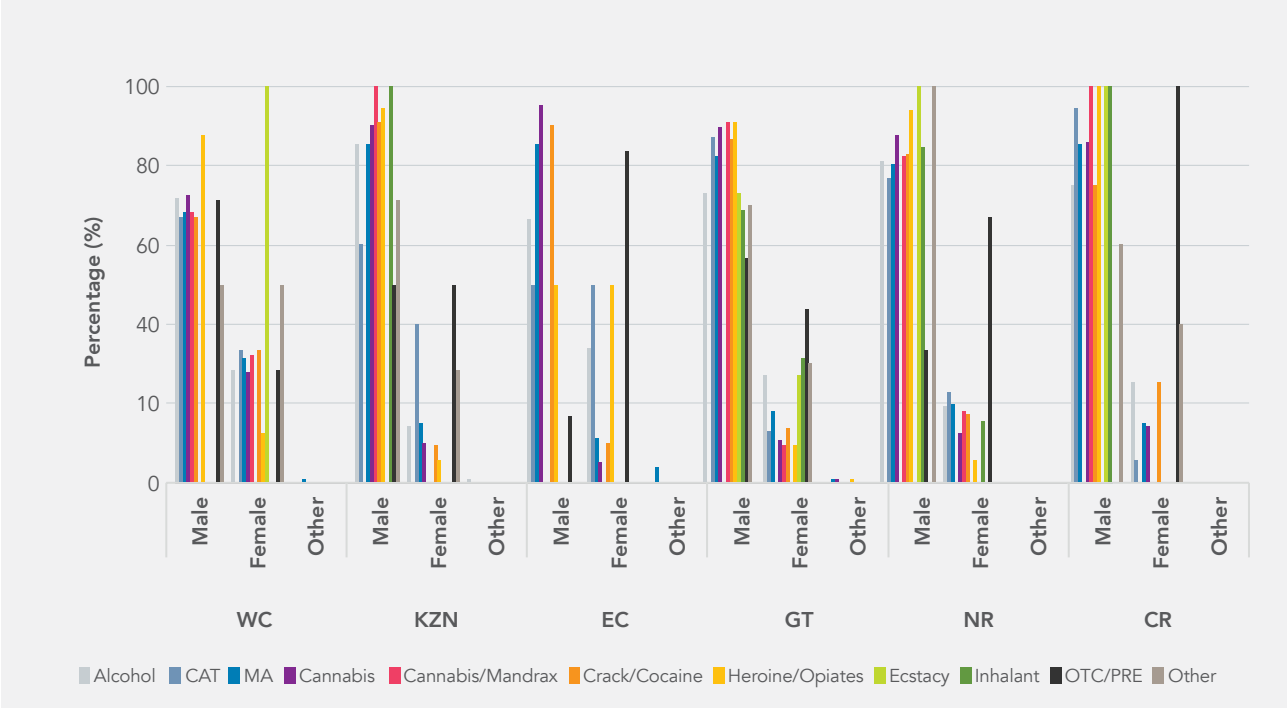


FIGURE 2: GENDER BY PRIMARY SUBSTANCE OF USE (%)



Employment status and education: Nationally, 50% of all persons accessing treatment were unemployed, of which the majority (39%) had been unemployed for 6 months or more. Unemployment rates ranged between 22% (EC) and 56% (GT and WC). In KZN (41%), CR and EC (40% respectively), a greater number of admissions were for individuals who were employed.

Admission rates for school-going service users ranged between 14% (WC) and 47% (NR). Across regions, most individuals in treatment had a secondary school (grade 8-12) education level (88%). EC (21%) and KZN (11%) continue to have the highest number of persons with a tertiary education level. Individuals with no schooling remain a very small proportion, comprising 1% or less across regions.

Mode of use: Smoking has consistently been reported as the most common route of administration (mode of use) at 67%. Rates for injection drug use remained low across sites, ranging between <1% (EC) and 4% (WC). The national rate for heroin/opiates use by injection route stands at 29%, similar to the 30% reported last period. Regionally, rates varied between 2% (KZN) to 51% (WC); the WC (51%) and GT (33%) reported the highest heroin/opiates injection rates while the EC and CR reported one individual respectively who indicated heroin use by injection route.

Age of persons: The national mean age for all substances was 29 years, ranging from 7 to 80 years **(Table 4)**. Age differences were noted for individual substance categories. Across regions, the average age at time of admission was greatest for alcohol-related admissions (37 years) while inhalants (21 years), tobacco products (21 years), and cannabis (22 years) were associated with a younger age at admission. Compared to other regions, the NR had the youngest average at admission (25 years) **(Table 4)**.

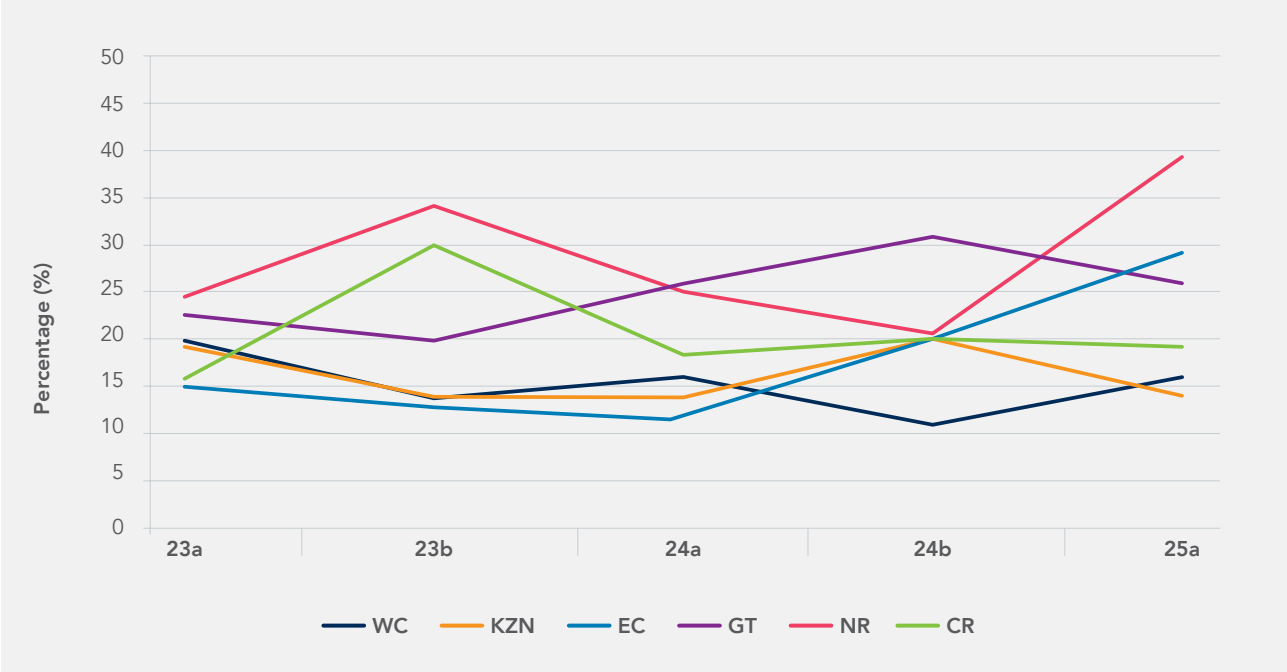
The proportion of individuals aged ≤18 years who were admitted to treatment increased from 18% to 24% since the last review period. Similar to 2024b, the NR had the highest proportion of individuals aged ≤18 years admitted to treatment (39%), increasing from 31% in the preceding period. Increased admissions among youths 18 years and younger were noted for most regions except the CR which remained stable **(Figure 3)**. Regionally, cannabis continues to be the most frequently reported primary substance among youths ≤18 years, ranging from 55% in the NR to 80% in GT. Tobacco products was the second leading substance of choice among this population in the NR (18%), CR (16%), and GT (10%), while alcohol was reported for KZN (23%) and the WC (10%) **(Table 5)**.

TABLE 4: MEAN AGE OF PERSONS IN TREATMENT CENTRES BY SELECTED PRIMARY SUBSTANCE OF USE (JAN-JUN 2025)

Substance of use	WC	KZN	EC	CR	GT	NR	National
Alcohol	38	36	42	38	37	31	37
CAT/KHAT	37	40	31	29	31	29	31
Crack/Cocaine	31	33	31	32	34	33	33
Cannabis	22	24	18	23	22	22	22
Cannabis/Mandrax	35	30	-	24	31	20	31
Heroin/Opiates[1]	37	31	37*	39*	34	32	34
Inhalants	-	15*	-	29*	27	18	21
Methamphetamine	35	31	27	31	29	29	31
Ecstasy	14*	-	-	35*	30	33*	29
OTC/PRE[2]	39	28	47	45	36	42	37
Other combinations	30	37	-	30	35	-	32
Tobacco Products	13	28	-	19	23	17	21
All substances	**32**	**31**	**31**	**31**	**28**	**25**	**29**

[1] Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance; [2] Over-the-counter or prescription medicines.
* N<5

FIGURE 3: TREATMENT ADMISSION TRENDS FOR PERSONS ≤18 YEARS*: JAN-JUN 2025



* Data was previously reported for <20 years. From 2022 onwards, data is reported for youths aged 18 years and younger

TABLE 5: PRIMARY SUBSTANCE OF USE FOR PERSONS ≤18 YEARS (%): JAN-JUN 2025

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin/ Opiates	Ecstasy	Meth[a]	Tobacco products*	OTC/ PRE[b]	Total (N)
WC[1]	22b	2.2	85.1	3.3	0.3	1.4	0.0	7.4	-	0.0	363
	23a	10.8	81.4	1.4	0.7	0.0	0.0	4.4	-	0.3	296
	23b	3.0	75.4	1.0	1.0	0.0	0.0	6.4	-	0.5	209
	24a	12.0	69.4	1.1	3.5	0.4	0.4	7.8	5.6	0.0	284
	24b	1.5	82.0	1.9	1.0	1.0	0.0	2.4	9.7	0.0	209
	25a	**10.3**	**75.3**	**0.8**	**0.4**	**0.0**	**0.4**	**5.3**	**4.9**	**0.0**	**246**
KZN[2]	22b	6.5	57.8	0.7	1.1	4.0	0.0	0.4	-	27.6	276
	23a	3.9	74.7	3.9	0.7	0.7	0.0	0.0	-	2.6	154
	23b	21.5	63.7	0.0	0.8	0.8	0.0	2.5	-	4.1	121
	24a	12.3	75.2	0.0	1.0	1.0	0.0	1.0	4.8	2.9	105
	24b	4.0	86.8	0.0	0.0	0.0	0.0	0.0	4.0	4.0	76
	25a	**23.2**	**63.6**	**2.0**	**0.0**	**1.0**	**0.0**	**1.0**	**4.0**	**4.0**	**99**
EC[3]	22b	3.7	65.4	2.5	2.5	0.0	0.0	24.7	-	0.0	82
	23a	8.5	71.2	0.0	1.7	0.0	0.0	15.3	-	0.0	59
	23b	17.0	67.0	0.9	1.9	0.0	0.0	8.5	-	0.9	107
	24a	1.5	76.1	6.0	9.0	0.0	0.0	7.5	0.0	0.0	67
	24b	6.0	78.3	1.2	2.4	1.2	0.0	10.8	0.0	0.0	83
	25a	**2.0**	**78.0**	**0.0**	**4.0**	**0.0**	**0.0**	**16.0**	**0.0**	**0.0**	**50**
GT[4]	22b	3.4	74.3	2.0	0.4	1.0	0.0	13.2	-	0.7	955
	23a	4.6	79.4	1.9	0.4	0.4	0.1	7.2	-	1.0	1434
	23b	3.9	80.3	1.2	0.6	0.8	0.0	7.3	-	2.5	869
	24a	2.2	84.1	1.2	0.7	0.3	0.0	6.7	2.8	1.9	672
	24b	3.6	77.3	1.7	0.5	0.0	0.0	4.1	9.8	1.3	647
	25a	**5.5**	**79.8**	**0.8**	**0.0**	**0.1**	**0.0**	**2.4**	**10.5**	**0.5**	**1089**
NR[5]	22b	1.7	80.5	0.0	2.5	3.4	0.0	8.5	-	0.8	119
	23a	16.4	70.6	2.3	0.6	2.3	0.0	4.5	-	0.0	177
	23b	29.8	51.2	7.1	0.0	4.8	0.0	0.0	-	0.0	84
	24a	8.7	75.5	2.1	0.8	0.0	0.0	2.9	8.3	0.0	241
	24b	12.2	58.8	3.2	0.5	2.7	0.0	1.8	14.5	1.4	221
	25a	**11.9**	**54.9**	**3.7**	**0.0**	**0.8**	**0.0**	**0.8**	**17.7**	**0.5**	**380**
CR[6]	22b	2.1	74.5	2.1	0.0	0.0	0.0	14.9	-	0.0	47
	23a	5.1	71.8	7.7	0.0	0.0	0.0	10.3	-	0.0	39
	23b	39.3	40.5	2.3	0.0	0.0	0.0	0.0	-	0.0	89
	24a	4.9	82.3	1.2	0.7	0.3	0.0	5.7	3.2	1.9	62
	24b	5.7	79.3	1.9	0.0	0.0	0.0	5.7	7.6	0.0	53
	25a	**9.8**	**68.5**	**1.1**	**1.1**	**0.0**	**0.0**	**1.1**	**16.3**	**0.0**	**92**

[1] Cape Town, Atlantis, Worcester; [2] Durban, South Coast, Pietermaritzburg; [3] Port Elizabeth and East London; [4] Gauteng; [5] Mpumalanga and Limpopo; [6] Free State, North-West, Northern Cape; * Tobacco products not reported for missing periods.
[a] Methamphetamine; [b] Over-the-counter, prescription medication not reported for previous periods

Sources of payment: Overall, the 'state' (60%) was the most substantial source of payment for treatment services (including fully and partly funded). Regionally, the 'state' was the predominant funding source in the WC (84% decreasing from 92% in 2024b) and GT (67% decreasing from 70% in 2024b). In KZN, 'state' (22%) was replaced by 'medical aid' (28%) as the major funding source; state-subsidised treatment decreased from 32% for this region in 2024b. Medical aid remained the primary source of funding in the EC (46%) and CR (33%), while 'family/friends' was, once more, the most common funding source in the NR (47%).

HIV testing: Nationally, 63% of individuals indicated that they had been tested for HIV in their lifetime, decreasing from 73% in the previous review period. Of those who have undergone testing, 46% had been tested in the past year. Sixty-one percent (61%) of individuals in treatment reported that they did not want to receive testing. Regionally, testing rates ranged between 48% (NR) and 81% (WC). The risk for HIV infection is increased among people who use drugs (PWUDs)[4]. Key drivers of increased risk among this population include unsafe sexual behaviours, sharing injection equipment, marginalisation, stigmatisation, and lack/limited of access to services[5]. Referral and linkage to care, on-site rapid testing, integration of services, and access to harm reduction programmes are known strategies for the improvement of HIV testing uptake.

SUMMARIES BY SUBSTANCE OF USE

ALCOHOL

Alcohol admission rates ranged between 19% (GT and GT) and 45% (CR) **(Table 2)**. The most notable increase was reported for the CR from 38% in 2024b to 45% in 2025a while the EC decreased from 49% in 2024b to 36% in the current period **(Table 2)**. Nationally, the average age of persons admitted for alcohol misuse was 37 years, similar to 38 years in the previous review period. The average age at the time of admissions varied from 31 years (NR) to 42 years (EC) **(Table 4)**. Compared to females (25%), males (75%) disproportionately accessed treatment for alcohol-related problems. The same trend was seen regionally, however, the EC was the only region with a smaller disparity between males (66%) and females (34%).

Compared to adults aged 19 years and older (92%), youths aged 18 years and younger (8%) experienced considerably fewer admissions for alcohol-related problems. Among youths ≤18 years, alcohol admissions ranged between 2% (EC) and 23% (KZN) **(Table 5)**. Alcohol admission rates for persons aged ≤18 years increased particularly in KZN (from 4% in 2024b to 23% in 2025a), WC (from 1% in 2024b to 10% in 2025a) and CR (from 6% in 2024b to 10% in 2025a).

[4] Kamarulzaman A, Altice F. The challenges in managing HIV in people who use drugs. Curr Opin Infect Dis. 2015; 28(1): 10-16. doi: 10.1097/QCO.0000000000000125

[5] El-Bassel N, et al. Drug use as a driver of HIV risks: re-emerging and emerging issues. Curr Opin HIV AIDS, 2015; 9(2): 150-155. doi: 10.1097/COH.0000000000000035

CANNABIS (DAGGA) AND MANDRAX

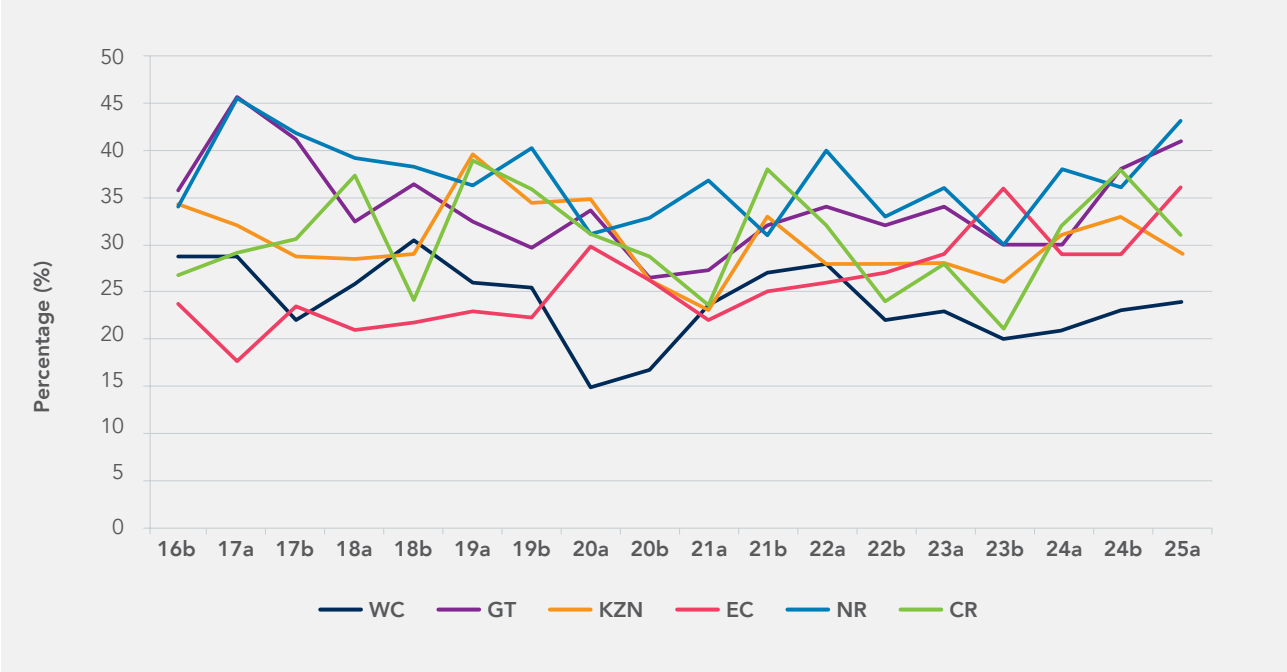
Consistent with the previous reporting period, cannabis was the leading primary substance of use with a national rate of 37% (increasing from 33% in 2024b).

Nationally, cannabis was the leading primary substance of use among persons treated at specialist facilities (33%). Regionally, rates ranged between 24% (WC) and 43% (NR) **(Figure 4)**. Cannabis admissions increased by 7-percentage points in the EC and NR, with a commensurate decrease in the CR (**Table 2** and **Figure 4**).

Cannabis-related admissions increased most notably in the EC (from 29% in 2024b to 36% in 2025a) and NR (from 36% in 2024b to 43% in 2025a), while a decrease was noted for the CR (from 38% in 2024b to 31% in 2025a) (Table 2). (**Table 2**). Cannabis accounted for 73% of admissions among individuals ≤18 years nationally. Rates for persons 18 years and younger declined appreciably in KZN (23-percentage points), CR (11-pecentage points) and WC (7-percentage points) (**Table 5**).

Admissions for cannabis/mandrax remained low, with rates ranging between 1% (KZN and CR) and 6% (WC) (**Table 2**). Cannabis/mandrax admissions were largely unchanged across regions. As a secondary substance of use, cannabis/mandrax use was most common in the WC (26% in 2025a, decreasing from 31% in 2024b). Across sites, persons admitted to specialist treatment centres with cannabis/mandrax as their primary substance of use were older (national mean age: 31 years) compared to those who had cannabis as their primary substance of use (national mean age: 22 years). These ages remained similar over the last three reporting periods (**Table 4**).

FIGURE 4: PROPORTION OF PERSONS IN TREATMENT WITH CANNABIS AS THEIR PRIMARY SUBSTANCE OF USE (%)



National rates for cannabis/mandrax admissions remain low at 3%. Regional rates ranged from 1% (KZN and CR) to 6% (WC); admissions for this substance was not reported for the EC (**Table 2**). When cannabis/mandrax was used as a primary or secondary substance, the rate was slightly higher (7%) compared to when the substance was used as a primary substance only (3%). GT showed a consistent drop in cannabis/mandrax as primary or secondary substance of use over the last three periods, with a considerable decrease from 11% in 2024b to 5% in 2025a (**Table 6**). The data indicates that males continue to dominate treatment demand for cannabis and cannabis/mandrax use in comparison to their female counterparts. Compared to other regions, the WC, however, was the only region where the gender variation was smaller with (males = 68% vs females = 32%).

CRACK/ COCAINE

No notable changes were seen in crack/cocaine-related admissions. Rates for crack/cocaine as a primary substance of use were low, ranging between 1% (GT) and 11% (KZN) (**Table 2**). Proportions increased when crack/cocaine was used as a secondary substance ranging from 3% (GT) to 23% (KZN) (**Table 6**).

The national average age of persons in treatment whose primary drug of use was crack/cocaine was 33 years, remaining consistent over the last few reporting periods (**Table 4**). The proportion of males reporting crack/cocaine as their primary substance of use were between 67% (WC) and 90% (KZN and EC). This period, the WC had the highest proportion of female admissions for the substance (33%). Between 2% (GT and WC) and 21% (KZN) of persons who used crack/cocaine had experienced one or more prior treatment episode.

Rates remained low among youths aged 18 years and younger who reported crack/cocaine as a primary substance of use, ranging between 1% (CR) and 4% (NR). No crack/cocaine admissions were reported for youths in the EC.

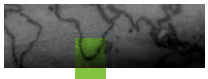
TABLE 6: PRIMARY OR SECONDARY SUBSTANCE OF USE* (%): JAN-JUN 2025

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth[a]	OTC/ PRE[b]	Total (N)
WC[1]	05b	39.0	32.9	16.0	18.2	16.3	7.0	44.7	3.8	2131
	06a	41.2	28.3	14.0	15.6	16.2	5.5	46.3	3.8	2660
	06b	41.5	33.0	13.4	12.4	12.5	3.7	51.9	4.9	2798
	07a	43.6	31.7	12.6	10.4	12.0	2.8	49.3	3.2	2864
	07b	41.2	33.0	14.7	10.0	14.6	2.3	44.3	3.6	3058
	08a	42.1	30.6	15.3	12.2	15.2	2.8	45.8	4.5	2637
	08b	38.6	32.5	15.2	11.4	14.9	1.9	44.2	3.5	2807
	09a	36.5	32.5	15.2	6.6	12.2	1.6	50.1	2.3	3667
	09b	40.1	32.2	18.4	5.4	13.4	1.1	46.6	2.2	2642
	10a	40.7	33.9	17.9	5.2	14.1	0.9	45.6	2.3	3134
	10b	40.4	36.7	18.5	4.8	12.8	0.9	46.9	2.2	2933
	11a	36.6	35.3	15.2	4.6	14.7	1.1	46.6	1.2	2927
	11b	36.4	37.0	19.6	5.9	19.1	1.6	52.1	1.6	2733
	12a	34.3	39.7	16.1	4.5	18.4	1.3	48.4	1.6	3912
	12b	34.5	43.5	20.4	3.8	17.9	1.2	49.7	1.1	3178
	13a	36.6	44.7	22.5	4.0	18.6	1.2	39.9	2.3	3717
	13b	34.1	45.6	20.6	3.8	14.3	0.9	46.6	2.0	3478
	14a	26.5	32.8	17.4	2.4	19.3	0.3	47.2	1.4	3510
	14b	29.9	33.7	16.6	2.6	13.4	0.0	45.5	1.1	3444
	15a	28.4	33.4	18.9	2.6	14.8	0.0	49.1	2.2	3524
	15b	30.3	34.4	21.1	2.2	11.2	0.0	47.9	1.9	2674
	16a	31.6	37.1	20.1	3.1	11.3	0.0	42.3	1.4	2977
	16b	29.5	37.4	19.7	3.0	13.4	0.0	41.8	1.6	2808
	17a	37.3	37.8	19.1	3.1	10.8	0.0	36.2	1.6	2902
	17b	35.9	29.9	23.7	3.7	14.4	0.4	43.5	2.7	2541
	18a	33.8	33.9	20.8	3.6	12.8	0.5	38.8	1.9	3182
	18b	33.1	39.0	20.7	4.4	11.8	0.1	38.7	2.4	2719
	19a	28.8	36.9	23.3	3.5	17.3	0.1	43.2	2.9	3013
	19b	30.9	35.5	23.0	5.0	14.9	0.3	43.1	3.3	2654
	20a	19.2	25.4	29.3	3.2	18.9	0.2	58.9	3.3	1323
	20b	26.5	41.5	27.1	5.9	14.7	0.0	55.3	3.3	1890
	21a	27.7	33.9	27.1	4.6	11.8	0.3	49.4	2.8	2433
	21b	33.9	47.7	38.8	5.4	10.9	0.3	57.0	4.2	2195

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth[a]	OTC/ PRE[b]	Total (N)
	22a	28.4	35.6	22.1	3.9	12.7	0.3	46.2	1.7	3439
	22b	24.4	30.6	28.3	3.5	18.4	0.1	48.8	1.9	3028
	23a	26.6	32.5	28.3	3.9	18.9	0.0	46.5	2	1483
	23b	27.8	29.0	29.0	3.3	13.5	0.3	48.7	2.3	1454
	24a	30.0	30.0	30.1	7.2	10.3	0.6	46.1	2.3	1726
	24b	33.1	32.6	26.1	4.9	12.4	0.3	44.8	1.7	1874
	25a	**35.8**	**35.5**	**21.6**	**4.9**	**6.4**	**0.3**	**43.5**	**2.2**	**1469**
KZN[2]	05a	74.0	52.9	17.6	17.1	2.5	6.2	0.0	3.1	945
	05b	82.2	45.0	11.8	14.2	2.2	6.9	0.2	3.9	846
	06a	71.1	33.8	3.7	13.2	2.7	2.7	0.4	11.8	485
	06b	71.8	37.6	8.1	21.2	11.1	4.2	0.4	5.6	921
	07a	65.0	34.1	5.4	20.0	18.2	4.0	0.0	4.3	1232
	07b	53.2	34.6	4.3	20.4	34.7	5.6	0.0	2.9	943
	08a	61	37	5	14	24	1.2	0.3	1.4	1531
	08b	60.0	31.8	4.6	14.6	25.5	1.9	0.1	1.0	1537
	09a	54.5	31.2	4.3	15.4	30.7	2.8	0.1	1.9	1575
	09b	64.4	38.9	4.7	14.9	19.3	3.3	0.4	1.3	1138
	10a	76.2	43.9	5.4	11.2	21.8	3.8	0.5	1.5	1009
	10b	75.2	47.8	9.6	14.9	10.6	3.7	0.3	2.5	669
	11a	81.3	46.1	6.9	17.4	14.7	3.3	0.4	1.4	720
	11b	82.9	42.9	7.7	16.1	8.0	3.4	0.9	1.3	610
	12a	78.4	44.6	7.4	15.5	8.1	4.9	0.4	3.3	569
	12b	70.6	55.1	8.1	12.4	9.2	4.2	0.6	2.2	813
	13a	70.9	54.8	5.6	13.1	8.9	4.7	0.9	2.2	934
	13b	69.0	54.1	10.7	11.1	13.8	7.2	1.5	1.6	610
	14a	57.6	48.3	6.2	4.1	1.4	11.2	1.0	1.7	484
	14b	46.5	51.3	7.9	10.0	8.8	0.0	0.1	2.7	929
	15a	53.5	50.2	9.5	6.9	5.5	1.2	0.5	1.5	1122
	15b	49.1	42.8	9.1	9.5	7.7	2.3	1.5	3.8	1171
	16a	44.8	51.8	6.8	8.3	15.9	2.6	1.4	3.1	1247
	16b	52.5	45.4	5.3	10.4	12.1	2.2	1.1	2.7	1177
	17a	49.3	50.9	6.7	10.8	11.0	1.9	1.5	1.9	1370
	17b	49.4	43.9	6.0	12.1	11.2	1.3	1.3	2.6	1400
	18a	41.4	48.2	5.6	15.7	30.3	1.5	2.3	4.5	1256
	18b	49.2	47.2	5.8	15.2	28.1	1.4	1.6	6.3	993
	19a	21.1	49.7	5.4	10.0	33.9	0.7	6.0	4.4	1291
	19b	21.7	45.8	5.1	12.5	29.8	0.5	12.1	5.9	980
	20a	20.7	48.1	5.3	13.5	27.3	1.1	12.0	5.5	565
	20b	46.7	41.5	4.2	26.9	22.3	1.1	1.7	8.7	726
	21a	42.5	39.8	5.4	26.3	19.9	1.0	3.6	7.3	723
	21b	33.9	63.6	3.9	26.3	39.1	0.7	20.9	7.2	1146
	22a	39.5	41.8	4.6	21.6	23.2	0.2	4.2	7.6	1666
	22b	37.8	39.8	8.1	16.8	23.2	0.0	3.3	16.8	1927
	23a	44.6	40.1	5.6	23.3	16.9	0.4	4.6	6.9	1054
	23b	49.8	37.3	2.6	23.5	18.2	0.1	4.4	6.1	896
	24a	46.4	41.0	2.9	26.8	17.5	0.6	3.9	5.5	829
	24b	49.0	40.9	4.8	23.4	15.6	0.9	3.1	6.0	668
	25a	**52.5**	**39.1**	**2.7**	**22.9**	**11.3**	**0.3**	**5.1**	**6.1**	**690**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth[a]	OTC/ PRE[b]	Total (N)
EC[3]	05a	61.8	20.7	28.3	18.8	2.1	5.7	0.7	6.1	671
	05b	74.2	20.7	11.5	15.0	1.9	2.1	0.0	6.2	585
	06a	57.3	23.2	13.9	27.0	9.3	5.3	4.8	2.4	786
	06b	58.3	32.4	17.2	29.0	4.0	4.2	3.9	5.0	645
	07a	62.7	26.6	12.6	22.7	2.2	2.4	2.2	5.4	759
	07b	48.7	26.8	16.6	33.6	7.6	5.6	5.3	4.6	608
	08a	57.9	26.8	9.6	29.3	8.2	2.9	4.2	9.2	551
	08b	58.7	29.6	17.8	24.5	6.7	3.9	8.9	9.5	612
	09a	63.8	25.9	13.8	15.8	3.5	1.4	5.5	11.9	1206
	09b	61.3	26.5	10.8	14.8	6.5	2.6	9.6	22.1	648
	10a	54.0	28.2	14.6	11.9	3.9	1.0	9.5	15.2	877
	10b	54.2	28.7	13.0	14.7	6.1	1.1	14.1	12.0	707
	11a	56.8	25.6	10.8	10.9	4.0	1.4	16.3	13.6	723
	11b	46.5	24.8	12.3	8.6	3.6	0.8	22.7	13.5	721
	12a	49.8	26.9	11.6	11.7	1.9	1.8	23.3	14.4	793
	12b	56.3	41.1	19.3	29.4	6.1	1.2	22.8	5.7	316
	13a	43.3	22.7	12.1	11.6	2.4	2.2	23.3	21.6	587
	13b	46.3	23.5	7.8	7.8	2.7	1.9	20.9	19.4	527
	14a	36.5	26.1	8.6	8.8	1.8	0.3	21.0	20.6	613
	14a	41.9	27.1	12.2	7.5	1.5	0.0	21.9	15.4	663
	15a	42.7	34.9	18.5	9.9	4.4	0.0	25.9	5.5	363
	15b	32.5	43.1	18.3	5.5	2.8	0.0	34.4	1.7	471
	16a	42.5	36.1	14.4	7.6	3.3	0.0	29.5	9.6	638
	16b	46.6	35.4	16.9	4.7	2.2	0.0	22.3	8.6	537
	17a	56.7	28.5	14.4	9.6	3.7	0.0	24.5	4.0	425
	17b	45.0	33.4	16.7	6.6	2.5	0.0	33.6	5.2	515
	18a	45.8	32.7	13.9	5.4	2.3	0.3	35.2	6.8	517
	18b	48.7	32.7	13.1	5.1	2.9	0.4	35.3	5.3	450
	19a	30.5	45.5	9.7	4.6	20.0	0.0	23.4	7.2	475
	19b	47.6	40.8	11.0	4.5	2.1	0.0	32.7	6.3	336
	20a	25.6	47.4	5.6	10.2	19.1	0.0	24.7	6.0	215
	20b	32.8	45.1	21.1	9.4	2.2	0.0	48.2	2.9	448
	21a	63.5	40.4	17.4	8.8	2.3	0.0	49.7	2.1	386
	21b	47.3	60.9	19.7	8.5	0.8	0.7	56.6	3.0	487
	22a	36.1	45.3	17.8	8.6	2.7	0.0	48.0	3.0	616
	22b	51.9	45.6	15.1	12.3	0.7	0.0	33.7	1.7	504
	23a	51.0	26.4	8.7	5.4	1.2	0.1	31.5	5.4	241
	23b	49.3	47.6	6.5	5.4	0.3	0.3	25.5	3.4	294
	24a	54.0	44.1	6.5	12.3	1.1	0.0	19.2	5.4	261
	24b	56.7	40.0	4.8	11.1	0.5	0.8	19.5	3.0	395
	25a	**45.6**	**47.4**	**3.5**	**15.2**	**1.2**	**0.0**	**22.2**	**7.1**	**171**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth[a]	OTC/ PRE[b]	Total (N)
GT	05a	57.9	34.6	13.2	19.0	10.5	4.6	0.5	6.7	3030
	05b	62.1	34.7	8.9	20.2	11.3	3.9	0.6	7.7	2848
	06a	56.9	33.5	6.8	21.4	10.6	3.3	0.6	11.2	3119
	06b	58.1	32.7	4.3	23.6	13.2	2.9	0.7	6.0	3295
	07a	55.3	33.2	3.6	25.4	14.3	2.8	0.9	7.7	3251
	07b	54.7	30.9	3.7	26.4	13.8	3.3	1.0	6.6	3053
	08a	60.8	34.4	4.5	24.8	15.4	2.1	1.2	2.9	2768
	08b	64.8	35.0	4.2	19.4	12.2	2.7	0.9	7.9	3158
	09a	57.5	40.1	4.7	16.1	13.7	3.3	1.6	7.7	2822
	09b	58.0	38.4	3.6	12.3	21.2	1.2	1.1	5.4	2646
	10a	54.7	41.5	4.9	14.9	21.2	1.2	2.1	7.1	2684
	10b	53.6	43.2	3.9	17.6	23.9	2.2	2.6	5.5	2884
	11a	48.0	44.7	3.9	18.5	25.0	1.8	3.4	7.4	2972
	11b	47.7	44.4	3.8	15.9	21.4	2.6	3.9	8.5	2786
	12a	44.9	44.3	2.6	15.9	22.2	2.3	5.4	4.5	3198
	12b	41.7	49.9	4.6	12.6	19.7	1.3	5.2	5.2	3552
	13a	38.5	57.1	3.8	10.9	20.9	1.2	8.0	2.7	4026
	13b	34.8	56.9	4.6	13.5	18.6	1.5	6.6	3.1	3128
	14a	25.8	53.8	4.2	5.2	13.9	0.6	6.1	1.5	3479
	14b	28.1	47.2	2.5	7.8	15.6	0.6	5.9	1.8	3372
	15a	27.3	51.4	2.6	6.5	18.6	0.5	7.7	2.5	4285
	15b	26.1	48.9	3.6	6.6	17.6	0.7	6.3	2.1	3570
	16a	22.5	49.9	5.3	6.5	13.7	0.4	7.9	3.6	3989
	16b	27.6	51.3	3.5	4.6	15.8	0.3	9.1	2.2	2948
	17a	21.4	56.6	3.9	4.1	19.9	0.4	8.1	2.6	3870
	17b	22.1	54.5	4.1	4.7	18.1	0.3	9.5	3.0	3414
	18a	19.9	45.1	4.5	5.3	36.9	0.3	8.9	3.6	2734
	18b	18.9	50.0	4.9	6.9	30.3	0.2	12.2	1.7	2937
	19a	24.4	45.3	6.9	7.7	28.8	0.2	13.3	4.8	3148
	19b	17.6	46.9	7.4	8.0	39.9	0.4	15.6	2.1	4226
	20a	17.1	49.8	6.2	7.5	38.2	0.1	15.9	2.8	3279
	20b	11.9	43.5	9.5	7.3	40.1	0.4	22.7	2.5	5059
	21a	12.9	43.2	7.2	7.4	34.3	0.4	25.3	2.0	6226
	21b	22.6	62.9	12.5	9.0	29.0	0.6	39.9	3.0	9701
	22a	16.2	49.7	7.6	5.8	22.7	0.1	33.9	1.8	10247
	22b	17.9	44.8	10.1	4.0	19.5	0.1	36.5	2.0	8199
	23a	16.3	45.1	10.5	4.5	20.7	1	33.9	1.8	7482
	23b	16.6	43.4	13.5	5.7	23.9	0.1	38.9	1.9	6040
	24a	18.4	43.6	15.6	7.9	24.7	0.0	34.2	2.6	4782
	24b	26.4	50.4	11.4	4.8	13.3	0.3	28.5	3.0	3192
	25a	**26.7**	**52.4**	**4.9**	**3.1**	**8.4**	**0.5**	**27.8**	**2.5**	**4154**



Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth[a]	OTC/ PRE[b]	Total (N)
NR[4]	05a	62.9	34.1	1.1	12.6	18.5	3.6	0.6	5.1	525
	05b	65.7	41.5	2.1	13.9	15.1	2.7	0.9	4.1	562
	06a	66.7	40.3	2.4	16.2	21.0	3.2	0.2	4.8	501
	06b	61.0	44.7	1.7	13.9	22.6	3.2	0.4	4.5	539
	07a	53.3	48.3	2.5	14.3	31.7	2.5	0.8	2.2	600
	07b	52.7	48.6	0.5	15.4	22.8	2.9	0.3	3.6	605
	08a	45.1	61.9	1.7	12.1	21.9	1.2	0.3	3.0	667
	08b	41.2	61.2	1.0	11.5	19.2	1.2	0.3	4.2	729
	09a	45.7	57.9	0.9	10.5	17.5	2.9	0.7	2.3	809
	09b	47.7	56.4	0.6	10.4	25.6	2.1	0.2	2.3	652
	10a	43.9	57.7	1.0	10.8	28.1	1.6	0.0	2.5	762
	10b	41.7	61.9	0.7	11.9	24.9	0.9	0.6	2.4	669
	11a	40.1	66.9	0.4	8.4	34.3	0.9	0.7	0.7	693
	11b	35.1	64.7	1.5	13.6	29.9	1.7	3.5	3.4	892
	12a	44.1	59.8	2.6	13.6	25.0	2.1	3.8	2.9	655
	12b	35.9	59.2	1.5	9.8	25.8	2.4	2.2	2.4	818
	13a	31.2	68.5	1.8	6.5	29.5	0.9	1.2	2.9	941
	13b	31.2	71.9	0.6	8.9	35.5	1.0	2.6	1.4	959
	14a	22.4	56.6	1.2	5.2	24.7	0.7	0.8	0.9	1004
	14b	22.7	45.9	0.4	3.3	27.4	0.0	0.7	1.1	1134
	15a	21.6	42.8	1.6	5.8	31.1	0.0	0.9	0.2	1076
	15b	20.0	40.2	4.4	4.4	28.7	0.0	1.2	1.4	1247
	16a	23.4	46.2	4.8	6.1	26.5	0.0	1.3	0.9	1026
	16b	23.5	39.1	1.4	4.3	36.9	0.0	1.6	1.5	929
	17a	33.4	51.2	1.3	6.6	31.2	0.0	0.9	1.2	1122
	17b	44.7	48.1	0.8	6.4	29.2	0.1	2.2	1.3	1269
	18a	39.3	49.9	3.1	6.1	25.1	0.1	3.8	2.1	1372
	18b	36.9	47.1	0.8	6.8	38.2	0.4	4.7	1.5	1171
	19a	23.5	48.1	6.2	8.2	24.9	0.5	13.8	2.9	1025
	19b	29.2	48.9	0.8	7.4	35.8	0.2	6.3	1.8	1423
	20a	23.9	44.5	5.7	10.8	32.3	0.2	13.9	4.2	768
	20b	30.5	51.1	1.1	6.5	45.1	0.0	8.4	1.8	1024
	21a	29.3	52.0	1.0	6.7	45.6	0.5	8.9	1.1	958
	21b	39.0	56.9	3.7	22.8	46.8	2.0	14.6	0.9	1675
	22a	23.5	52.9	0.5	12.4	40.7	0.3	15.6	1.2	1824
	22b	20.1	45.1	1.9	15.5	49.3	0.2	9.4	0.9	1274
	23a	23.1	50	3.0	13.9	37.8	0.0	11.1	1.3	772
	23b	33.9	50	6.1	10.2	33.2	0.2	11.7	1.0	410
	24a	25.6	49.0	1.9	13.8	29.8	0.2	10.8	1.4	980
	24b	34.0	48.7	3.4	9.0	21.6	0.0	6.8	1.4	709
	25a	**25.1**	**52.3**	**3.5**	**5.7**	**14.9**	**0.2**	**9.2**	**1.6**	**971**

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth[a]	OTC/ PRE[b]	Total (N)
CR[5]	07b	75.8	29.1	4.3	11.4	2.1	2.9	0.8	5.6	657
	08a	70.4	29	3.0	8.2	1.7	0.0	1.4	5.7	637
	08b	77.8	23.0	3.8	10.8	1.7	1.7	0.0	9.3	636
	09a	77.8	25.5	4.2	11.9	3.8	1.7	1.9	8.1	577
	09b	77.4	31.4	7.3	8.4	5.9	1.4	1.8	8.4	491
	10a	73.1	29.9	4.2	10.4	2.6	1.4	1.1	6.2	642
	10b	75.6	33.4	5.5	11.9	4.2	1.1	2.4	6.8	545
	11a	82.2	24.9	3.9	10.9	2.8	1.5	1.3	8.2	538
	11b	72.9	33.9	5.1	12.8	3.6	1.5	3.8	7.7	549
	12a	67.1	34.9	9.1	6.2	1.8	0.3	6.0	3.9	932
	12b	67.9	34.9	6.5	12.1	3.2	1.2	5.3	4.0	495
	13a	63.3	40.7	5.7	11.7	5.3	0.8	4.7	6.7	472
	13b	59.7	46.4	6.3	8.5	5.3	0.7	4.1	3.9	414
	14a	56.0	44.5	7.4	7.4	3.4	0.1	7.2	1.5	530
	14b	52.1	40.9	7.8	4.4	5.9	0.0	7.6	1.7	655
	15a	53.4	40.6	8.5	4.9	6.5	0.0	9.0	2.1	566
	15b	52.9	38.5	10.1	6.9	5.8	0.0	11.2	4.6	546
	16a	61.7	36.0	6.5	3.9	2.1	0.0	6.0	3.9	663
	16b	58.5	36.6	7.9	7.7	2.2	0.0	8.5	1.8	388
	17a	52.5	37.9	7.9	8.4	3.1	0.0	8.4	2.2	356
	17b	56.6	38.9	10.6	4.6	3.8	0.0	9.7	2.3	350
	18a	44.3	45.8	17.1	3.9	2.1	0.0	14.9	2.1	334
	18b	49.1	36.6	15.3	7.4	9.3	0.0	18.9	2.8	216
	19a	25.0	51.6	8.5	7.9	33.9	0.0	7.3	0.9	316
	19b	44.4	43.9	11.6	4.2	12.2	0.0	19.0	5.3	189
	20a	26.9	47.0	5.9	9.6	28.7	0.0	14.4	4.2	167
	20b	31.6	41.3	16.2	11.3	14.6	0.0	29.9	2.8	247
	21a	41.5	39.6	13.2	7.6	8.5	0.0	37.7	4.3	212
	21b	40.8	63.8	11.2	10.6	7.7	0.6	31.9	6.3	495
	22a	39.2	44.3	12.7	2.2	5.1	0.3	28.7	1.9	441
	22b	43.5	34.9	9.2	3.1	6.2	0.0	29.8	2.7	402
	23a	51.0	42.9	5.3	4.9	4.9	0.3	27.9	4.5	247
	23b	56.0	30.3	7.7	3.0	5.3	0.0	18.3	2.7	300
	24a	47.6	43.5	5.7	3.0	3.0	0.0	17.6	2.1	336
	24b	45.6	48.3	5.3	2.7	1.9	0.4	18.3	4.2	263
	25a	**56.2**	**40.8**	**1.7**	**2.9**	**0.4**	**0.2**	**12.2**	**1.5**	**475**

* Proportion of persons who reported these substances as primary or secondary substances of use
[1] Cape Town, Atlantis, Worcester; [2] Durban, South Coast, Pietermaritzburg; [3] Port Elizabeth and East London; [4] Mpumalanga & Limpopo;
[5] Free State, North-West, Northern Cape
[a] Methamphetamine; [b] Over-the-counter, prescription medicine

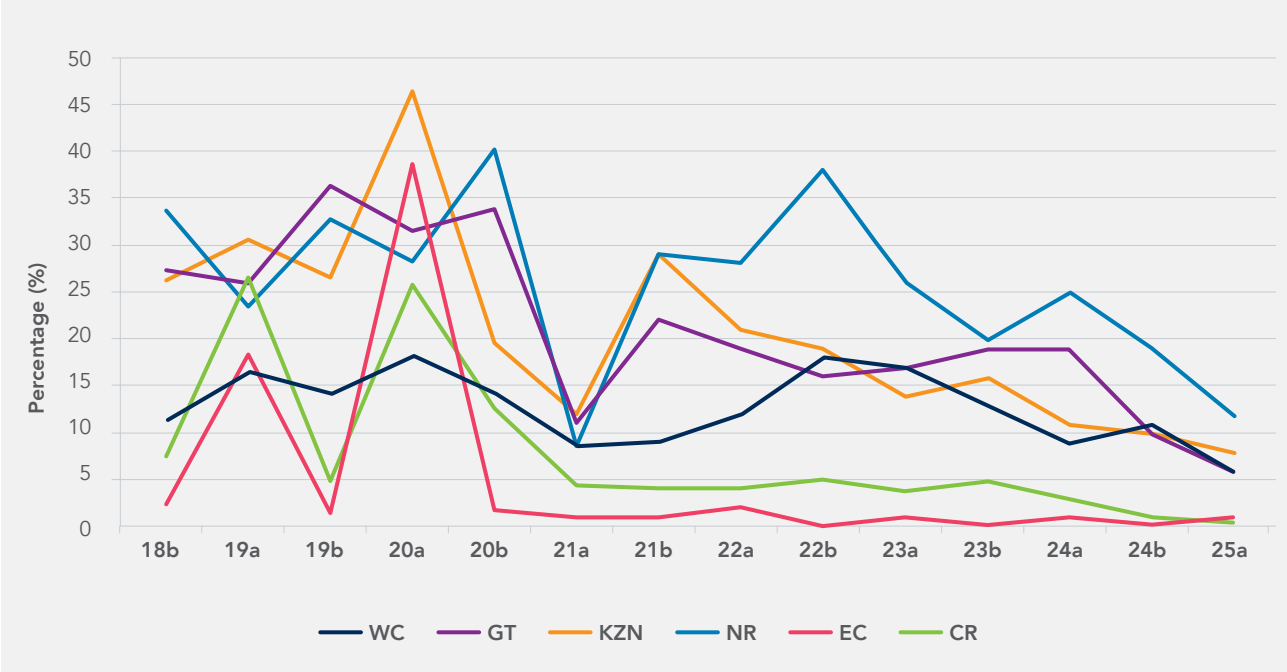
HEROIN/OPIATES

Nyaope and whoonga[6] have been incorporated into the heroin-related admission category to improve accuracy of heroin surveillance. Nationally, heroin/opiates comprised 7% of all treatment admissions in 2025a, decreasing from 10% in 2024b. Further examination showed rates declined over the last two periods particularly for the NR (19% to 12%), WC (11% to 6%), GT (10% to 6%), and WC (11% to 6%) (**Table 2** and **Figure 5**).

Nationally, the average age of persons with heroin/opiates as their primary substance of use was 34 years (**Table 4**). Between <1% (CR) and 15% (NR) of persons attending specialist treatment centres reported heroin/opiates as a primary or secondary substance of use (**Table 6**).

Overall, the most common route of administration of heroin/opiates continues to be smoking (69%), followed by injection (28%). By region, rates for heroin/opiates by injection route varied between 2% (KZN) and 51% (WC). Compared to females, a disproportionate number of males sought treatment for heroin/opiates misuse, ranging from 88% (WC) to 95% (KZN). Numbers in the EC and CR were negligible for both genders. Heroin/opiates admissions for individuals aged ≤18 years remain infrequent (**Table 5**).

FIGURE 5: PROPORTION OF PERSONS IN TREATMENT WITH HEROIN/OPIATES AS THEIR PRIMARY SUBSTANCE OF USE (%)



[6] Nyaope and whoonga are street names for low-grade heroin, often mixed with other regulated and unregulated substances. In South Africa, it is usually sprinkled on cannabis and/or tobacco and the mixture rolled into a cigarette or 'joint' and smoked (DoH: Province of KwaZulu-Natal. Whoonga, wceregistrations@soafrica.com)

OVER-THE-COUNTER AND PRESCRIPTION MEDICINES

Admission rates for OTC/PRE-medicines as primary substance of use were persistently low, ranging from 1% (WC, GT, NR, CR) to 3% (EC) (**Table 2**). In contrast to the 2024b period, more males (51%) than females (49%) accessed treatment for OTC/PRE-medicine use, however, the difference between genders was relatively small.

Regionally, the gender profile was varied. More males than females were admitted for OTC/PRE-medicine misuse in the WC (males: 71% vs. females: 29%) and GT (males: 57% vs. females: 43%), while females dominated OTC/PRE-medicine admissions in the NR (males: 33% vs. females: 67%) and EC (males: 17% vs. females: 83%). In the CR, only three (3) females were admitted for OTC/PRE-medicine use this period. The percentages reported here refer to small observed numbers and must be interpreted with caution.

The national average age for OTC/PRE-medicine treatment was 37 years, ranging from 28 years (NR) to 47 years (EC) (**Table 4**). Among persons 18 years and younger, OTC/PRE-medicine admissions ranged from <1% (GT, NR) to 4% (KZN). OTC/PRE-medicine misuse was not indicated in the WC, EC and CR among this age group (**Table 5**).

When OTC/PRE-medicines were used as a primary or secondary substance, rates ranged from 1% (CR) to 7% (EC) (**Table 6**). Nationally, 314 (4%) individuals admitted to treatment also reported the use of codeine medication. One percent (1%) also reported the use of a second codeine product.

AMPHETAMINE-TYPE STIMULANTS (ECSTASY, METHAMPHETAMINE [TIK], METHCATHINONE [CAT/KHAT]) AND LSD)

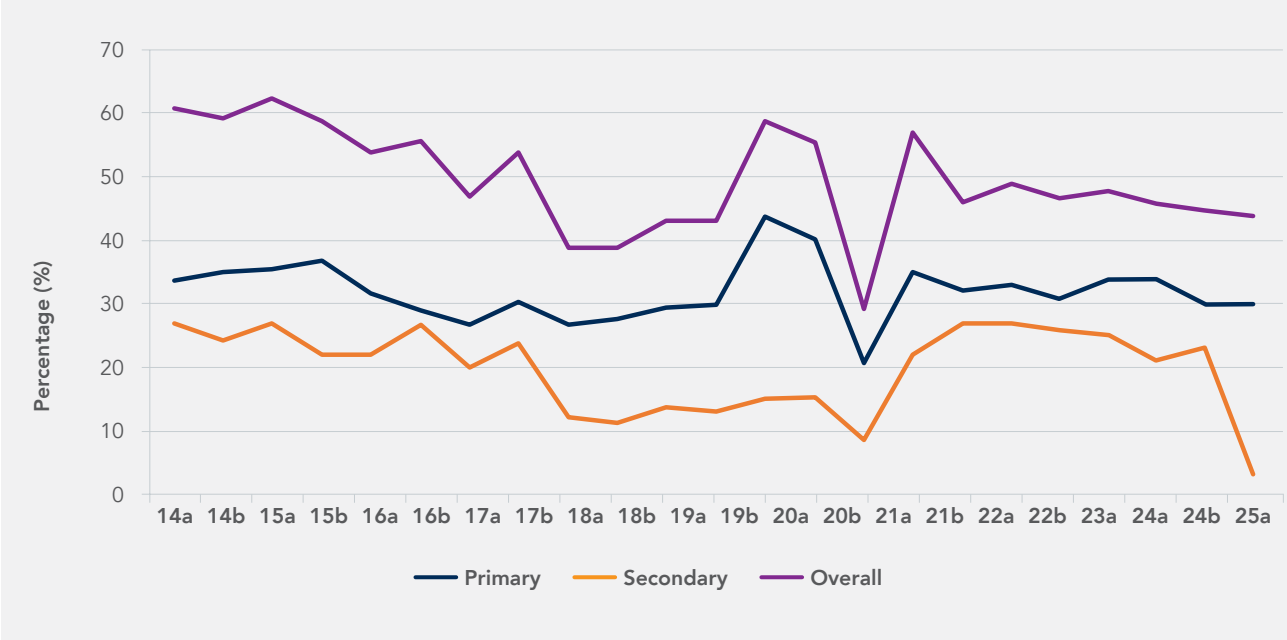
Ecstasy-related admissions were consistently low with regional rates at <1%; ecstasy was not reported for KZN and EC (**Table 2**).

Consistent with the 2024b period, the proportion of individuals reporting MA ('TIK') as their primary substance of use was highest in the WC (30% unchanged from 2024b), followed by GT (18% increasing from 16% in 2024b), and EC (16% increasing from 11% in 2024b). Admissions for treatment of MA use was lowest in KZN at 3% (**Table 2**).

The national average age of individuals reporting MA as their primary drug of use was 37 years. By region, average age at admission for MA varied between 27 years (EC) and 35 years (WC) (**Table 4**). Nationally, males (77%) continue to over-represent MA admissions compared to females (22%) and persons identifying as 'other' (<1%). The same pattern was noted regionally.

Smoking continues to be the most common route of administration of MA with a 91% national rate. When rates were examined by region, a similar profile emerged with MA mostly being smoked, varying between 80% (KZN) and 97% (WC). Most individuals admitted for MA use reported daily use at 66%, increasing from 57% in the last reporting period. The WC was, once again, the region with the highest rate for MA as a primary or secondary substance of use (44%) **(Table 6 and Figure 6).**

FIGURE 6: TREATMENT DEMAND TRENDS: METHAMPHETAMINE AS PRIMARY OR SECONDARY SUBSTANCE OF USE, WC (%)



Among persons aged 18 years and younger, 3% (n = 52) reported MA as their primary substance of use. By region, MA-related admissions among individuals ≤18 years ranged between 1% (KZN, NR, CR) and 16% (EC) **(Table 5)**.

Rates for CAT/KHAT use is persistently low. Nationally, 4% of individuals reported CAT/KHAT as their primary or secondary substance of use at the time of admission. CAT/KHAT admissions varied from 1% (WC, KZN, EC, NR) and 4% (CR).

INHALANTS

Nationally, inhalant use comprised a small proportion of admissions at less than 1%. Regional admission rates ranged between <1% (GT) and 5% (NR, increasing from 2% in 2024b). Inhalants were not reported in the EC and the WC for the current reporting period. These proportions are likely to be an underestimate given that inhalant misuse is common among those who find themselves destitute and therefore may not have easy access to care.

OTHER SUBSTANCES/POLY-SUBSTANCE USE

Poly-substance use remained high with just under half (48%) of individuals admitted to treatment reporting the use of more than substance – this rate decreased from 53% in the 2024b period. By region, rates ranged between 37% (NR) and 60% (WC).

MENTAL HEALTH AND OTHER PHYSICAL COMORBIDITIES

Nationally, 16% (n =1 115) of individuals admitted to treatment presented with a dual diagnosis, decreasing from 19% in the prior review period. Of the individuals who indicated a specific disorder, mental health problems accounted for almost half (48%), followed by respiratory diseases (15%) and blood pressure problems (14%). The most commonly reported mental health problems were depression, anxiety/panic disorder and sleep disorder.

SECTION 2: DATA FROM COMMUNITY-BASED HARM REDUCTION SERVICES

A range of organisations are implementing community-based harm reduction services for people who use drugs (PWUD), including people who inject drugs (PWID) and sex workers who inject drugs. 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. Interventions aimed at preventing and managing overdose are very limited.

During the reporting period TB HIV Care operated in the Eastern Cape (Nelson Mandela Bay District), Gauteng (Tshwane), KwaZulu-Natal (eThekwini), Mpumalanga (Ehlanzeni district) and the Western Cape (Cape Metro). Advance Access and Delivery and the Urban Futures Centre at the Durban University of Technology ran the Bellhaven harm reduction centre in eThekwini District. The Department of Family Medicine at the University of Pretoria's Community Orientated Substance Use Programme (COSUP) operated in the City of Tshwane (Gauteng Province). Sediba Hope provided harm reduction services at two centres in Tshwane District. In Gauteng Anova Health Institute's Jab Smart Project 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. Inkunzi Isematholeni Foundation provided harm reduction services in uMgungundlovu District. Financing of harm reduction services were through the Global Fund (Cape Town, eThekwini, Ekurhuleni, Johannesburg, Nelson Mandela Bay, uMgungundlovu and West Rand Districts), PEPFAR/CDC (Tshwane and Ehlanzeni) and City of Tshwane (Tshwane).

The data below reflects service delivery data for reporting period January – June 2025.

EASTERN CAPE

In *Buffalo City* 62 female sex workers who inject drugs were reached with harm reduction services. And 1,920 needles were distributed and 84% returned. In Nelson Mandela Bay 709 unique PWID accessed services, with 100,920 needles and syringes distributed and 129% returned. A total of 422 PWID tested for HIV, among whom 21 tested positive. A total of 21 people started ART, with 36 PWID confirmed to be virally suppressed during the period. 754 people were screened for tuberculosis (TB), with 72 being symptomatic, 11 diagnosed; 10 starting treatment and 0 with confirmed cure. A total of 75 people were screened for HCV antibodies with 40 being reactive; 32 people had confirmed infection (of 38 tested) and 31 people were started on HCV treatment. Of the 71 tested for HBV surface antigen (HBsAg), 5 were reactive. A total of 118 people were on opioid agonist therapy (OAT) at the end of the period. A total of 349 human rights violations were reported, mostly involving the confiscation and destruction of injecting equipment (63%). Thirteen deaths among people who use drugs were reported during this period, no fatal overdoses reported.

FREE STATE

In Lejweleputswa no data on harm reduction services for female sex workers who inject drugs were reported during this period.

GAUTENG

In *Ekurhuleni* 1,792 unique PWID accessed the services, with 384,480 needles and syringes distributed and 93% returned. A total of 593 PWID tested for HIV, among whom 202 tested positive; 198 people were put on ART. A total of 29 people were confirmed to be virally suppressed. A total of 1,810 PWID were screened for TB, with 20 being symptomatic, 1 TB case was confirmed, and 1 person was started on treatment. A total of 131 people were screened for HCV antibodies with 123 being reactive; 123 people had confirmed infection (of 130 tested) and 41people were started on HCV treatment. Of the 133 tested for HBV surface antigen (HBsAg), 4 were reactive. A total of 142 people were on OAT at the end of the period. A total of 291 human rights violations were reported, mostly due to the confiscation of injecting equipment (54%). Fourteen deaths among people who use drugs were reported during this period, one fatal overdose was reported.

In *Johannesburg* 10,379 unique PWID accessed the services, with 1,190,370 needles and syringes distributed and 86% returned. A total of 4, 3139 PWID tested for HIV, among whom 258 tested positive and 233 were started on ART. Eighty-four PWID were confirmed to be HIV virally suppressed. A total of 10,379 were screened for TB, with 77 being symptomatic, 4 diagnosed, 3 starting on TB treatment and 0 reporting cure. A total of 692 people were screened for HCV antibodies with 580 being reactive. Three hundred and fifty-two people had confirmed infection (of 502 tested) and 125 people started HCV treatment. Of the 804 tested for HBV surface antigen (HBsAg), 32 were reactive. A total of 1,019 people were on OAT at the end of the period. Overall, 1,937 human rights violations were reported, the majority (61%) involving the confiscation of injecting equipment. Ten deaths were reported among people who use drugs, and three fatal overdoses were reported.

In *Sedibeng* 2,705 unique PWID accessed the service with 557,310 needles and syringes distributed and 92% returned. A total of 708 PWID tested for HIV, among whom 23 tested positive and 20 started on ART. A total of 86 PWID were confirmed to be HIV virally suppressed. Overall, 2,705 people who use drugs were screened for tuberculosis, with 54 being symptomatic, 3 infections confirmed and 2 receiving treatment. A total of 90 people were screened for HCV antibodies with 80 being reactive. Seventy-five people had confirmed infection (of 79 tested) and 48 people started HCV treatment. Of the 90 tested for HBV surface antigen (HBsAg), 1 was reactive. A total of 349 people were on OAT at the end of the period. Overall, 637 human rights violations were reported, most (71%) linked to confiscation of injecting equipment and assault. Twenty-two deaths among people who use drugs were reported during this period, with no fatal overdoses reported.

In *Tshwane* 8,366 unique PWID accessed the services, with 424,620 needles and syringes distributed; and 149% returned. A total of 332 people who use drugs tested for HIV among whom 155 tested positive and 152 were started on ART. HIV viral suppression data was reported for 36 people. Overall, 332 people who use drugs were screened for tuberculosis with 11 being symptomatic, and 2 diagnosed. A total of 22 people were screened for HCV antibodies with 13 being reactive. Eleven people had confirmed infection (of 13tested) and three people started HCV treatment. Of the 15 tested for HBV surface antigen (HBsAg), 0 were reactive. A total of 996 people were on OAT at the end of the period. Thirty-three human rights violations were recorded, most (33%) linked to confiscation of injecting equipment. Eight deaths were reported among people who use drugs during this period, one fatal overdose was reported.

In *West Rand* 1,052 unique PWID accessed the services, with 314,100 needles and syringes distributed; and 144% returned. A total of 454 people who use drugs tested for HIV among whom 67 tested positive and 52 were started on ART. HIV viral suppression data was reported for 44 people. A total of 1,034 people who use drugs were screened for tuberculosis with 22 being symptomatic, and 0 people diagnosed and 0 starting treatment. A total of 54 people were screened for HCV antibodies with 50 being reactive. Forty-five people had confirmed infection (of fifty tested) and 28 people started HCV treatment. Of the 90 tested for HBV surface antigen (HBsAg), 1 was reactive. A total of 105 people were on OAT at the end of the period. Overall, 135 human rights violations were recorded, 79% due to confiscation of injecting equipment. Twenty-two deaths were reported among people who use drugs during this period, one fatal overdose was reported. Additionally, 25 female sex workers who inject drugs were engaged in harm reduction services, with 11,280 needles distributed and 96% returned.

KWAZULU-NATAL

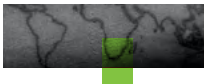
In *eThekwini* 1,998 unique PWID accessed services, with 424,620 needles and syringes distributed and 149% returned. A total of 958 tested for HIV, among whom 38 tested positive and 38 were on ART. HIV viral load suppression was confirmed in 35 PWID. A total of 1,371 people who use drugs were screened for tuberculosis, 116 were symptomatic, 2 diagnosed. A total of 121 people were screened for HCV antibodies with 43 being reactive, and 29 started HCV treatment. Of the 125 PWID tested for HBV surface antigen (HBsAg), 5 were reactive. A total of 554 people were on OAT at the end of the period. Overall, 1,974 human rights violations were reported, 59% linked to the confiscation/destruction of needles. Twelve deaths were reported among people who use drugs, no fatal overdoses were reported.

In *uMgungundlovu*, 1,751 unique PWID accessed the services, with 336,360 needles and syringes distributed and 124% returned. A total of 749 PWID tested for HIV, among whom 21 tested positive and 21 started on ART. A total of 81PWID were confirmed to be virally suppressed during this period. A total of 1,751 people who use drugs were screened for TB, with 5 being symptomatic and 1 diagnosed and 1 starting treatment. A total of 113 people were screened for HCV antibodies with 66 being reactive, 52 people had confirmed HCV infection (of 63 tested) and 52 started HCV treatment. Of the 113 PWID tested for HBV surface antigen (HBsAg), 0 were reactive. A total of 351 people were on OAT at the end of the period. Overall, 362 human rights violations were reported, the majority (31%) linked to the confiscation of injecting equipment. Three deaths were reported among people who use drugs during this period, including three fatal overdoses.

In *King Cetshwayo*, harm reduction services for female sex workers who inject drugs were not provided during this period.

MPUMALANGA

In *Ehlanzeni* 642 unique PWID accessed the services, with 51,040 needles and syringes distributed and 83% returned. A total of 506 persons tested for HIV, among whom 51 tested positive and 51 were started on ART and 35 PWID were confirmed to be virally suppressed during this period. A total of 506 people were screened for tuberculosis, with 51 being symptomatic; 4 TB cases were confirmed and 4 people started treatment. A total of 54 people were screened for HCV among whom 50 were reactive and 45 had confirmed infection (of 50 tested) and40 started DAA therapy. Of the 273 people were tested for HBsAg, with 10 people identified to be reactive. A total of 165 people were on OAT at the end of the period. Overall, 21 human rights violations were reported; 19% linked to confiscation and destruction of injecting equipment. Six deaths among people who use drugs were reported during this period, no fatal overdoses were reported.



WESTERN CAPE

In the *Cape Metro* 3,184 unique PWID accessed services, with 536,250 needles and syringes distributed and 149% returned. A total of 1,386 PWID tested for HIV, among whom 119 tested positive and 98 started ART and 35 PWID were confirmed to be HIV viral suppressed during the period. A total of 2,494 PWID were screened for TB, with 32 being symptomatic, 5 diagnosed, 4 starting treatment and 0 people cured. A total of 123 people were screened for HCV antibodies with 103 being reactive, 66 had confirmed infection (of 70 tested) and 44 started HCV treatment. Of the 123 PWID screened for HBsA, 2 were reactive. A total of 522 people were on OAT at the end of the period. Overall, 399 human rights violations were reported, the majority (80%) linked to confiscated/ destroyed needles and syringes. No deaths were reported among people who use drugs during this period.

TABLE 7: PWID ACCESSING NEEDLE AND SYRINGE SERVICE AND BEHAVIOUR CHANGE INTERVENTION PROGRAM (JAN-JUN 2025)

Province	Health district	Male	Female	Trans	Median age (yrs)*
Eastern Cape	Nelson Mandela Bay (n=709)	69	31	0	-
Gauteng	Ekurhuleni (n=1,792)	89	11	0	-
	Johannesburg (n=10,379)	93	7	<1	-
	Sedibeng (n=2,705)	92	8	<1	-
	Tshwane (n=8,366)	94	6	0	-
	West Rand (n=1,052)	83	17	<1	
KwaZulu-Natal	eThekwini (n=1,715)	86	14	0	-
	uMgungundlovu (n=1,751)	87	13	0	-
Mpumalanga	Ehlanzeni (n=642)	90	10	0	-
Western Cape	Cape Metro (n=3,184)	74	26	0	-

*Data on specific age not captured

TABLE 8: COMPARISON OF PROPORTION OF PEOPLE WHO USE DRUGS ACCESSING NEEDLE AND SYRINGE SERVICES (JAN-JUN 2025) WITH CENSUS DATA - BY DISTRICT[1]

Province	District		Black African	Indian	Coloured	White
			%			
Eastern Cape	Nelson Mandela Bay	Population [1]	63	1	19	16
		Accessed service	34	0	26	40
Gauteng	Ekurhuleni	Population [1]	85	2	3	10
		Accessed service	93	1	4	3
	Johannesburg	Population [1]	85	4	5	7
		Accessed service	94	<1	4	2
	Sedibeng	Population [1]	88	1	1	10
		Accessed service	96	<1	<1	3
	Tshwane[2]	Population [1]	83	2	2	13
		Accessed service	95	<1	1	3
	West Rand	Population [1]	86	1	3	10
		Accessed service	80	0	5	15
KwaZulu-Natal	eThekwini	Population [1]	71	20	3	6
		Accessed service	89	3	4	4
	uMgungundlovu	Population [1]	81	10	2	6
		Accessed service	97	0	1	<1
Mpumalanga[2]	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	4	<1	91	5

[1] Statistics South Africa, 2022 Census. Where proportions do not add to 100% it is due to rounding, or participants selecting "Other" demographic group. [2] ND: Data not captured.

TABLE 9: PEOPLE WITH OPIOID DEPENDENCE ON OPIOID SUBSTITUTION THERAPY, LOST TO FOLLOW-UP AND EXITED (JAN-JUN 2025) - BY DISTRICT

District	Non-injecting/ PWID	Number on OST at start of period	Number initiated on OST for first time	Number restarted	Number LTFU during period	Number exited during period	Number died during period	Number on OST at end of period
Nelson Mandela Bay	Non-injecting	0	15	0	0	1	0	14
	PWID	63	47	1	1	3	3	104
	Total	**63**	**62**	**1**	**1**	**4**	**3**	**118**
Ekurhuleni	Non-injecting	1	0	0	0	1	0	0
	PWID	244	142	0	238	0	6	142
	Total	**245**	**142**	**0**	**238**	**1**	**6**	**142**
Johannesburg	Non-injecting	27	36	0	0	0	0	63
	PWID	356	582	47	18	11	0	956
	Total	**383**	**618**	**47**	**18**	**11**	**0**	**1019**
Sedibeng	Non-injecting	22	6	0	2	0	0	26
	PWID	175	159	0	8	2	1	323
	Total	197	165	0	10	2	1	349
Tshwane	Non-injecting	389	48	5	21	20	3	398
	PWID	578	71	6	45	7	5	598
	Total	**967**	**119**	**11**	**66**	**27**	**8**	**996**
West Rand	Non-injecting	6	4	0	0	0	1	9
	PWID	59	39	0	0	1	1	96
	Total	**65**	**43**	**0**	**0**	**1**	**2**	**105**
eThekwini*	Non-injecting	211	80	42	7	0	0	326
	PWID	216	42	19	35	14	0	228
	Total	**427**	**122**	**61**	**42**	**14**	**0**	**554**
uMgungundlovu	Non-injecting	17	14	3	1	1	0	32
	PWID	149	178	0	4	4	0	319
	Total	**166**	**192**	**3**	**5**	**5**	**0**	**351**
Ehlanzeni	Non-injecting	0	0	0	0	0	0	0
	PWID	243	7	0	13	66	6	165
	Total	**243**	**7**	**0**	**13**	**66**	**6**	**165**
Cape Metro	Non-injecting	43	3	1	0	0	0	47
	PWID	299	140	57	16	3	2	475
	Total	**342**	**143**	**58**	**16**	**3**	**2**	**522**

IMPLICATIONS FOR POLICY AND FUTURE RESEARCH

SELECTED IMPLICATIONS FOR POLICY/PRACTICE[7]

During the Phase 58 (Jan-June 2025 data) regional report back meetings of SACENDU, a number of recommendations were made with regard to specific interventions needed to address substance use and substance use policy in general:

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

[5] Outcomes emanating from regional meetings held in GP, KZN, PE, MPU, BLOEM and CT

SELECTED ISSUES TO MONITOR

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

Phase 58 of the SACENDU Project highlighted several conditions/factors that need to be carefully monitored over time:

SELECTED TOPICS FOR FURTHER RESEARCH/INVESTIGATION

Phase 58 (Jan-June 2025 data) of the SACENDU Project System highlighted the following topic for further research/ investigation:

- 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 58 (Jan-June 2025 data) of the SACENDU Project highlighted 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 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.
- SACENDU receives admission episode data only. As the system does not receive patient-based data, information on prevalence of substance misuse cannot be generated.

SACENDU

South African Community Epidemiology Network on Drug Use

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