SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

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

July to December 2025

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

EXECUTIVE SUMMARY

This report provides an overview of drug-related treatment admissions in South Africa based on data submitted to the **SACENDU surveillance system. SACENDU is an alcohol and other drug (AOD) sentinel surveillance system operational in all 9 provinces in South Africa.** The system monitors trends in AOD use and associated consequences on a six-monthly basis from data received from specialist AOD treatment programmes, community-based harm reduction, health service providers and the Services Quality Metrics (SQM) study. This report provides substance-related trend data over the period July to December 2025

BACKGROUND

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

Data was collected from specialist substance use treatment facilities across the regions mentioned above. Unless stated otherwise, this policy brief reports substance-related and co-morbidity data for the second half of 2025 (July to December 2025 period). Additionally, harm reduction data is reported for people who use drugs (PWUDs), including people who inject drugs (PWID), and sex workers who inject drugs.

TREATMENT DEMAND DATA

The second half of 2025 (i.e., 2025b) saw a decrease in the number of persons admitted to specialist treatment from **7975 in 2025a (Jan-June 2025) to 7119 in 2025b (July-Dec 2025). Admissions for the current reporting period were made across 69 treatment centres/ programmes.**

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

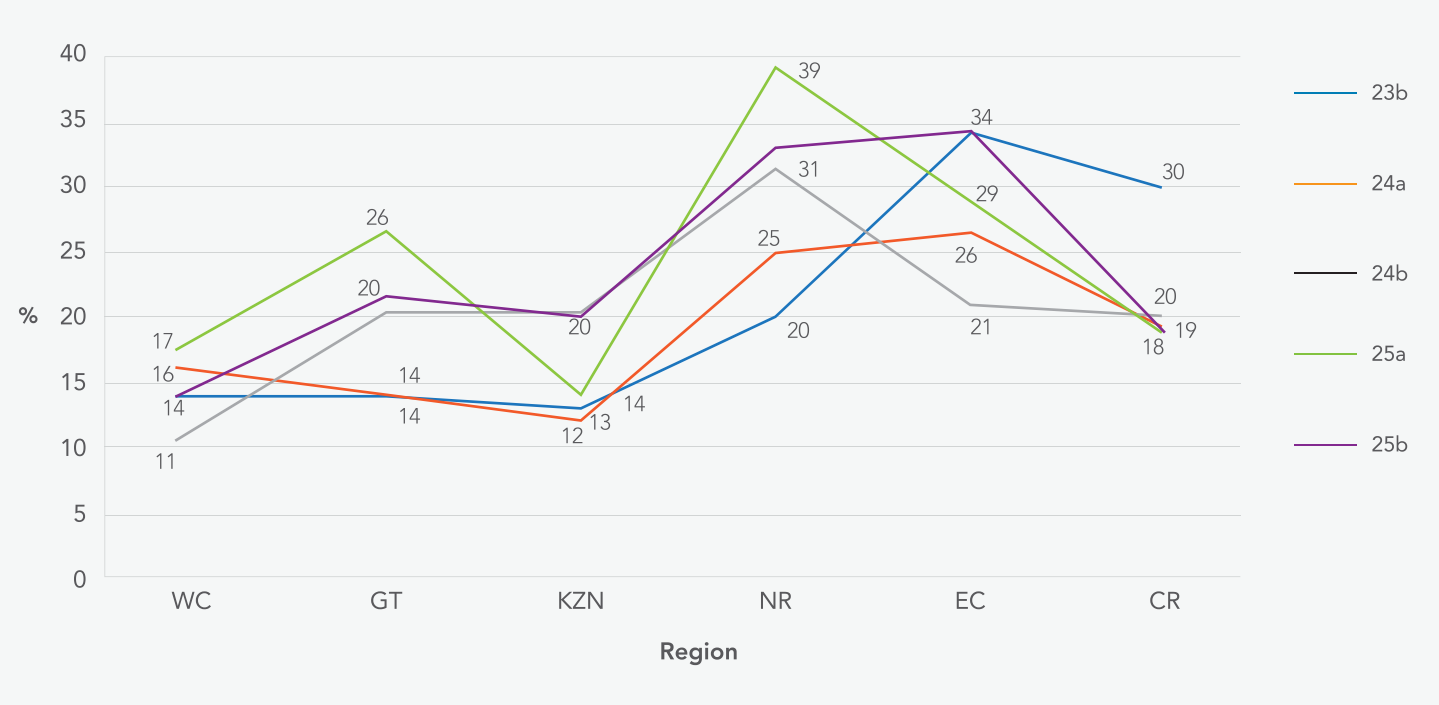
	Age	WC	KZN	EC	GT	NR[a]	CR[b]
# CENTRES (N)	-	26	9	4	17	7	6
# PERSONS ADMITTED (N)		1654	420	196	3707	730	412
ALCOHOL	All	25	44	34	21	23	46
	<19	3	41	3	5	11	1
CANNABIS	All	23	26	36	35	37	28
	<19	82	51	79	74	58	84
METHAQUALONE (MANDRAX)	All	7	2	3	4	1	1
	<19	1	-	-	1	1	-
CRACK/COCAINE	All	3	10	3	4	4	1
	<19	<1	-	2	2	<1	-
HEROIN/OPIATES*	All	6	6	-	7	12	1
	<19	-	-	-	<1	<1	-
MA**	All	34	6	20	18	6	10
	<19	7	-	11	2	<1	1

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

Alcohol admissions ranged between 21% (GT) and 46% (CR) for persons accessing AOD treatment, with the highest admissions in CR (46%), KZN (44%), and EC (34%). Since 2025a, trends for alcohol admissions were stable except for a respective 4%-point increase in the NR and KZN (Table 1). Between <1% (CR) and 41% (KZN) of youths aged 18 years and younger reported alcohol as their primary substance of use. A substantial increase was reported in KZN (23% in 2025a to 41% in 2025b), while the remaining regions reported a downward trend for this age group. The overall admission number for youths ≤18 years decreased marginally from 25% in 2025a to 21% in 2025b. See Figure 1 for treatment admissions for all substances among individuals 18 years and younger.

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

Figure 1: Treatment admissions trends `(persons ≤18 years)

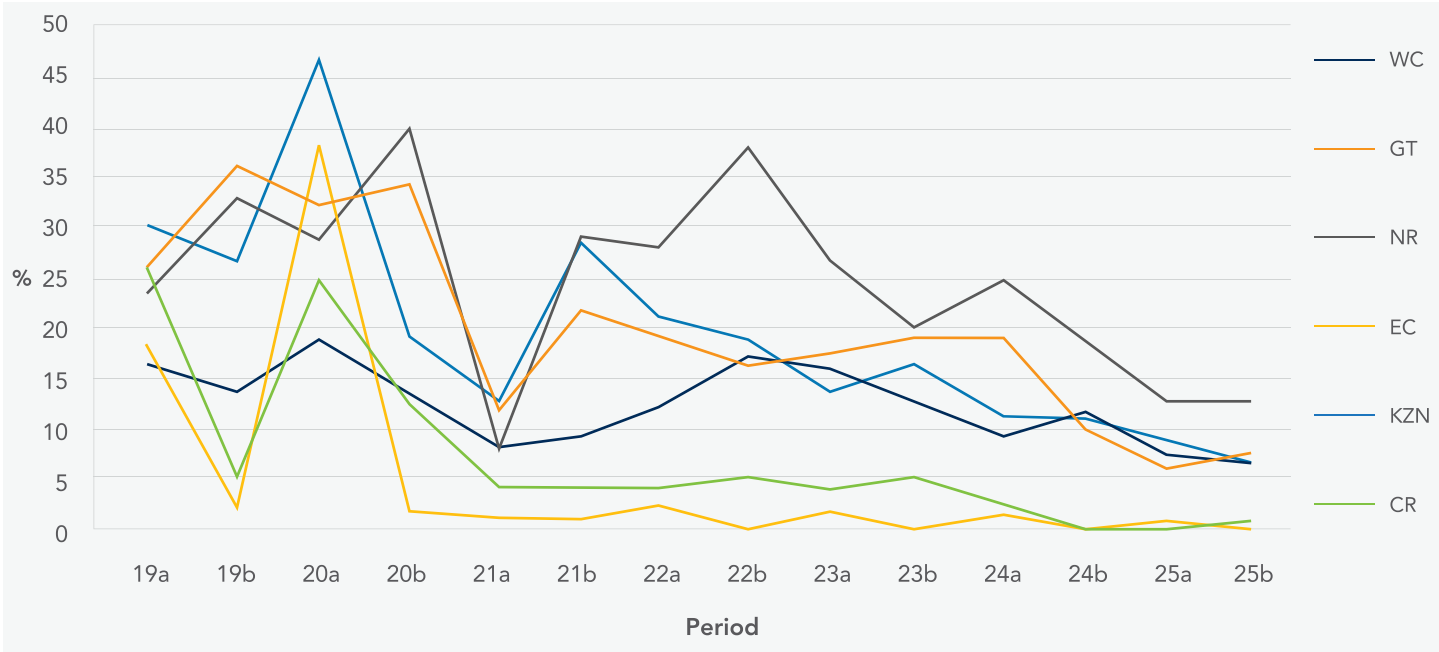


Cannabis was the leading primary substance of use in the NR (37%), EC (36%) and GT (35%) for all age groups. Between 23% (WC) and 37% (NR) of persons attending specialist treatment centres reported cannabis as their primary substance of use, compared to 1% (CR and NR) to 7% (WC) for the cannabis/mandrax (methaqualone) also known as 'white-pipe' combination. Cannabis admission rates remain elevated among persons aged 18 years and younger, ranging from 51% (NR) to 84% (CR).

Crack/Cocaine treatment admissions have remained consistently low, with rates ranging between 1% (CR) and 10% (KZN). KZN continues to have comparatively higher rates for this drug category compared to other substances. Admissions for crack/cocaine-related problems have been consistently low among the youth population.

In 2025b, between <1% (CR) and 15 % (NR) of persons attending specialist treatment centres reported Heroin/Opiates as a primary or secondary substance of use. Smoking was the most common route of administration in KZN (80%), NR (79%), GT (76%) and WC (59%). Injection use ranged from 19% (GT) to 41% (WC). Observed numbers were too low (n<5) to report in CR and KZN. Heroin admissions remained relatively stable over the last two periods (please see Figure 2).

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



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

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Crystal Methamphetamine (MA) – Consistent with the 2025a reporting period, treatment admissions for MA as a primary substance of use were highest in the WC (34%), followed by EC (20%) and GT (18%). Treatment admissions for MA as a primary or secondary substance ranged between 5% (KZN) and 43% (WC).

Little to no change has been reported in **Methcathinone** ('CAT/KHAT)[2] admissions over the last few periods with rates at persistently low levels. CAT/KHAT was reported in all regions (ranging from <1% in WC to 6% in CR) except EC.

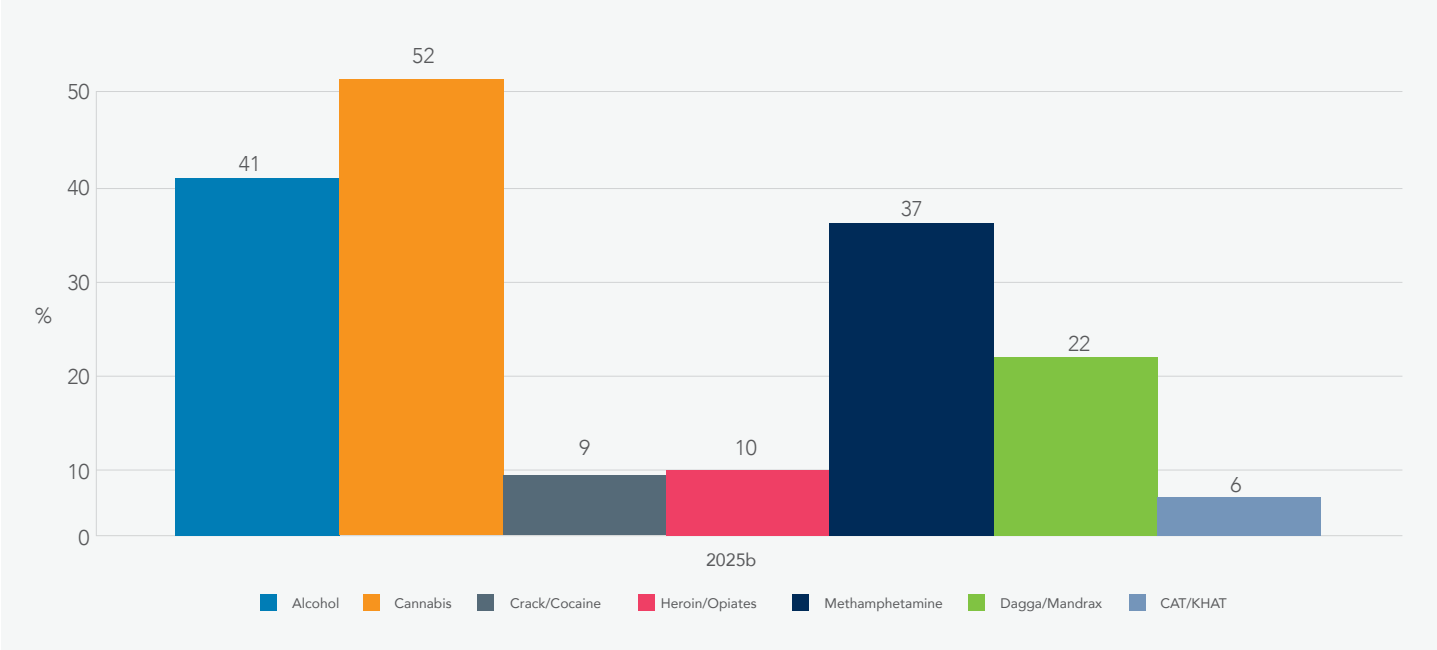
Poly-Substance use maintained high levels, with 39% (KZN) to 63% (WC) of persons receiving treatment reporting the use of more than one substance. Reported rates for the use of **Over-the-Counter and Prescription Medicines (OTC/PRE-medicines)** were low, ranging between 1% (GT, NR, and KZN) and 3% (EC). During the current reporting period, 292 (4%) persons across all regions reported the non-medical use of codeine. Nationally, 17% (n = 1183) of individuals presented with a **dual diagnosis** at the time of admission, increasing from 15% in 2025a. Half (50%, n=754) of individuals admitted to treatment reported a mental health diagnosis, followed by 15% (n=213) reporting a respiratory disease. Regionally, mental health disease category was also the most commonly reported NCD ranging from 34% (CR) to 73% (KZN).

Persons 18 years and younger accounted for 21% (n = 1503) of all admissions. Regional rates ranged between 14% (WC) and 35% (EC).

An overall profile of drug treatment admissions from 69 treatment centres across 9 provinces is provided in Figure 3.

A consistent trend has been observed in **HIV testing** rates over time, with between 37% (GT) to 63% (WC) of persons indicating that they had been **tested for HIV in the past 12 months.** Current testing volumes are inadequate, highlighting the need for targeted strategies to increase screening, particularly among the youth population.

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



Note: Heroin/Opiates category includes nyaope and whoonga

COMMUNITY-BASED HARM REDUCTION SERVICES (July-December 2025)

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

Eastern Cape

IIn ***Buffalo City*** no harm reduction service data was provided for this period, due to the recent conclusion of the donor-funded programme in the district. In ***Nelson Mandela Bay*** 532 unique PWID accessed services, 101,415 needles and syringes distributed and 106% returned. A total of 335 PWID tested for HIV, among whom 4 tested positive and 4 people were started on ART, with 20 clients confirmed to be virally suppressed during the period. Overall, 439 people were screened for tuberculosis (TB), with 27 being symptomatic, 8 diagnosed, 8starting TB treatment and 0 person with confirmed cure. 18 people were screened for HCV antibodies with 0 being reactive. No confirmatory testing was done during the period under review and no one started DAAs and 0 people achieved SVR12 during the period. Of the 17 tested for HBsAg, 0 were reactive. A total of 85 people were on OAT at the start of the period and 115 were on OAT at the end of the period. A total of 174 human rights violations were reported, mostly involving the confiscation and destruction of injecting equipment and assault. Three deaths were reported among people who use drugs, no fatal overdoses were reported.

Free State

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

Gauteng

In ***Ekurhuleni*** 1,950 unique PWID accessed the services, with 250,410 needles and syringes distributed and 73% returned. A total of 294 PWID tested for HIV, among whom 144 tested positive; 144 were placed on ART and 0 people were confirmed to be virally suppressed. Overall, 1,544 PWID were screened for TB, with 4 being symptomatic, no TB case was confirmed, no one was started on treatment and there were no confirmed cures. A total of 70 people were tested for HCV, among whom 69 were positive and of the 66 people who had confirmatory testing done 38 had confirmed infection, 17 people started HCV treatment on DAAs and 0 achieved SVR12 during the reporting period. Of the 55 people tested for HBsAg, 2 were reactive. A total of 212 people were on OAT at the beginning of the period and 393 were on OAT at the end of the period. A total of 157 human rights violations were reported, mostly related to the confiscation/ destruction of injecting equipment and assault. Twelve deaths among people who use drugs were reported during this no fatal overdose was reported.

In ***Johannesburg*** 11, 453 unique PWID accessed the services, with 929,531 needles and syringes distributed and 70% returned. A total of 4,160 PWID tested for HIV, among whom 63 tested positive and 59 were started on ART and 0 PWID were confirmed to be HIV virally suppressed.

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

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Overall, 11,093 people were screened for TB, with 4 being symptomatic, 3 diagnosed, 2 starting on TB treatment and 0 reporting cure. Overall, 379 people were screened for HCV antibodies with 319 being reactive, 279 people had confirmatory testing done and 140 people had confirmed infection. A total of 42 people started DAAs and 0 were reported to have attained SVR12. Of the 514 tested for HBV surface antigen (HBsAg), 23 were reactive. A total of 675 PWU/ID were on OAT at the beginning of the period and 1,019 were on OAT at the end of the period. A total of 559 human rights violations were reported, the majority related to confiscation of injecting equipment and assault. Five deaths were reported among people who use drugs, including two fatal overdoses.

In ***Sedibeng*** 2,490 unique PWID accessed the service with 318,375 needles and syringes distributed and 76% returned. A total of 573 PWID tested for HIV, among whom 66 tested positive and 63 were linked to ART. No data on HIV viral suppression was available. Overall, 2,199 people who use drugs were screened for tuberculosis, with 11 being symptomatic, 8 infections confirmed, 8 people received treatment and 0 people were cured. A total of 22 people were screened for HCV antibodies with 22 being reactive. 19 people had confirmatory testing done and 11 people had confirmed infection and 10 PWID started DAAs and 0 achieved SVR12. Of the 16 tested for HBsAg and no one person was reactive. A total of 205 PWUD/ID were on OAT at the beginning of the period and 395 at the end of the period. A total of 461 human rights violations were reported, most linked to confiscation of injecting equipment. Nine deaths among people who use drugs were reported during this period, including 1 fatal overdose, were reported.

In ***Tshwane*** 8,472 unique PWID accessed the services, with 611,879 needles and syringes distributed; and 85% returned. Overall, 959 people who use drugs tested for HIV among whom 573 tested positive and 551 were confirmed to be on ART and 127 were with viral load suppression. A total of 4,059 people who use drugs were screened for tuberculosis with 33 being symptomatic, with 2 diagnosed and 2 starting treatment and 1 completed treatment. A total of 197 people were screened for HCV antibodies with 104 being reactive, 91 people had confirmatory testing done and 84 people had confirmed infection and 29 people started DAAs and 0 achieved SVR12 during the period. Of the 46 tested for HBsAg, 0 were reactive. A total of 1000 people were on OAT at the beginning of the period and 1,061 at the end of the period. A total of 24 human rights violations were reported, mostly due to confiscation of injecting equipment and medication. Fourteen deaths were reported among people who use drugs, including one fatal overdose.

In ***West Rand*** 1,072 unique PWID accessed the services, with 195,378 needles and syringes distributed and 71% returned. A total of 302 PWID tested for HIV, among whom 84 tested positive and 81 were started on ART. No person was confirmed to be virally suppressed. A total of 1,049 PWID were screened for TB, with 2 being symptomatic, 2 infections were confirmed and 1 person started treatment. A total of 11 people were screened for HCV antibodies with 9 being reactive, 6 people had confirmatory testing done and 5 people had confirmed infection and 2 people started DAAs and 0 were reported to have SVR12. Of the 11 tested for HBsAg, 2 were reactive. A total of 44 people were on OAT at the beginning of the period and 113 at the end of the period. A total of 353 human rights violations were reported, mostly related to the confiscation/ destruction of injecting equipment. Two deaths were reported among people who use drugs during this period, including one fatal overdose.

KwaZulu-Natal

In ***Amajuba*** no harm reduction data was provided.

In ***eThekwini*** 2,625 unique PWID accessed services, with 294,435 needles and syringes distributed and 135% returned. A total of 710 PWID tested for HIV, among whom 14 tested positive and 14 people were placed on ART. HIV viral load suppression was confirmed in 14 PWID. A total of 599 people who use drugs were screened for tuberculosis, 20 were symptomatic, 0 diagnosed, 0 started treatment and 0 reporting cure. A total of 89 people were screened for HCV antibodies with 20 being reactive, 11 people had confirmatory testing done, and 4 started HCV treatment and 0 person achieved SVR12. Of the 70 PWID tested for HBsAg, 0 were reactive. A total of 398 PWUD/ID were on OAT at the beginning of the period and 405 at the end of the period. A total of 262 human rights violations were reported, the majority linked to the confiscation/destruction of needles and assault. Four deaths were reported among people who use drugs, and no fatal overdoses were reported.

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

In ***uMgungundlovu***, 1,009 unique PWID accessed the services, with 376,800 needles and syringes distributed and 103% returned. A total of 381 PWID tested for HIV, among whom 4 tested positive and 4 started ART and 43 were confirmed to be virally suppressed during this period. A total of 685 people who use drugs were screened for TB, with 44 being symptomatic, 0 diagnosed, 0 starting treatment and 0 cases cured. A total of 100 people screened for HCV antibodies with 50 being reactive, 49 people had confirmatory testing done and 42 people had confirmed infection and 41 people started DAAs and 0 person was reported to have attained SVR12. Of the 119 people were screened for HBsAg none were reactive. A total of 112 people were on OAT at the beginning of the period and 296 at the end of the period. Two hundred and twenty-four human rights violations were reported during this period. Two all-cause deaths were reported during this period. No fatal overdoses reported.

Mpumalanga

In ***Ehlanzeni*** 1,196 unique PWID accessed the services, with 152,763 needles and syringes distributed and 78% returned. A total of 718 tested for HIV, among whom 59 tested positive and 57 started on ART. A total of 37 PWID were reported to be virally suppression during this period. A total of 718 people were screened for tuberculosis, with 51 being symptomatic, 0 cases confirmed and 0 people started treatment and no person was cured. A total of 210 people were screened for HCV antibodies with 206 being reactive,203 had confirmatory tests done, 203 people had confirmed infection, and 166 were started on DAAs. Four people attained SVR12. Of the 183 people tested for HBsAg, 8 were reactive. A total of 168 PWID were on OAT at the beginning of the reporting period and 201 people at the end of the period. A total of 162 human rights violations were reported, the majority due to assault and arrests. Two fatal drug-related overdoses were reported.

Western Cape

In the ***Cape Metro*** 3,076 unique PWID accessed services, with 226,155 needles and syringes distributed and 97% returned. A total of 1,105 PWID tested for HIV, among whom 51 tested positive and 46 people were started on ART. A total of 26 PWID were confirmed to be HIV viral suppressed. A total of 1,775 PWID were screened for TB, with 43 being symptomatic, 1 diagnosed and 1 starting treatment. A total of 106 people were screened for HCV antibodies with 88 being reactive, 54 people received confirmatory testing and 31 had confirmed infection and 24 started DAAs and none achieved SVR12. Of the 106 PWID screened for HBsAg, 3 were reactive. A total of 428 people were on OAT at the beginning of the period and 533 at the end. A total of 367 human rights violations were reported, the majority linked to confiscated/ destroyed needles and syringes. One death was reported among people who use drugs. No fatal overdoses were reported.

WEB APP ASSIST (JULY–DEC 2025)

Between January and June 2025, the Web App ASSIST generated 1,483 screenings across all nine provinces of South Africa, using its dedicated adult, adolescent, and child versions. The system's built-in safeguards ensured that all children under 14 were screened only by practitioners, contributing to the 1 206 practitioner-led assessments alongside 277 self-screenings. All data remained fully anonymous, with only age group and gender collected for context. Most screenings indicated low or moderate risk (729 and 736 respectively), with only 18 high-risk findings, nearly all of which were detected by practitioners, an expected pattern given that self-screening users typically present earlier or out of curiosity, while clinicians often assess those already showing concern.
Mpumalanga accounted for the largest share of screenings, driven by strong partnerships with DSD and SANCA National rather than underlying population burden. The province also recorded the highest number of high-risk cases, fourteen, all among children and involving readily accessible substances such as alcohol, tobacco, cannabis, and inhalants. Other provinces demonstrated broad but generally low-to-moderate polysubstance exposure, with very few high-risk cases detected. Given the

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uneven uptake across provinces and early stage of rollout, the dataset does not yet support firm conclusions about national or regional substance-use patterns, and absolute numbers should be interpreted cautiously.

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

SELECTED IMPLICATIONS FOR POLICY/PRACTICE†

- Nationally, cannabis, alcohol and methamphetamine are the main primary substances of use treatment is being accessed for; screening data shows cannabis, tobacco/nicotine products, alcohol, cocaine, opioids and amphetamine-type stimulants were the most frequently screened substances.
- NICRO data showed that alcohol was overwhelmingly reported as the substance of use for all provinces. This is likely attributable to alcohol intoxication, being the primary reason for traffic infringements and assaults.
- Continued need for surveillance of cannabis use and the effects of decriminalisation of the drug.
- High number of risk screens (Web App ASSIST data) versus low access to treatment (SACENDU data) may point to a gap in the screening, referral and treatment implementation/intervention pathway.
- SACENDU consistently demonstrated greater access to treatment for males compared to females. However, smaller disparity between males and females accessing services from NICRO data; Web App ASSIST data shows a greater number of females screening at moderate risk – an indication that treatment need is not necessarily low for females, but rather due to treatment access barriers.
- Triangulated data highlight that individuals who are unemployed (the most economically and socially vulnerable) are mostly accessing screening and treatment services.
- The national screening profile is overwhelmingly adult-focused – adults represented most screenings while adolescent constituted a smaller but meaningful proportion – this underscores the need for adolescent prevention and early intervention spaces.
- The presence of child screens is alarming and underscores the need for universal prevention before substance risk/problems escalate.
- The overall risk profile is strongly moderate-risk dominant, reinforcing the importance of Screening, Brief Intervention and Referral to Treatment (SBIRT) approaches nationally, particularly within primary healthcare and community-based services.
- High-risk screenings were uncommon but disproportionately clustered around stimulant-like substances (particularly methamphetamine and amphetamine-type stimulants), opioids and sedatives.
- Readmission data speaks to relapse and the need for aftercare services – this data is useful to treatment centres on decisions of extending services if and where needed.
- The CR has a unique pattern of the employed mainly accessing treatment – this speaks to a gap/unmet need for treatment access among the unemployed in this region.

SELECTED ISSUES TO MONITOR

- Continued surveillance of cannabis use and the effects of legalisation of cannabis.
- Smoking cessation: are services available and to what degree are nicotine cessation programmes offered?
- TB and Hep burden highlights the importance of regularly collecting data on infectious diseases.
- Very low numbers for chuffing (the inhalation of fire extinguisher chemical powder and/or gas) but this must be monitored to see trend changes over time.
- In future, programmes/treatment services must be designed to be gender-or female-specific to address accessibility gaps
- KZN and CR showed the highest proportion of NCDs (specifically mental health problems) compared to other regions highlighting the shared risk factors and the need to substance use and mental health issues concurrently.
- Linkage to HIV care in harm reduction services remain challenging; funding cuts have complicated these challenges.
- Continued challenges with human rights violations and high levels of needle and syringe (NS) equipment confiscation.
- Suspension of naloxone programmes; NSP and OAT services interrupted due to CDC and PEPFAR funding withdrawal – much of the gains in increased health likely lost.

SELECTED TOPICS FOR FURTHER RESEARCH

- The need to focus on universal prevention as well as selected prevention (on specific indicators) instead of treatment alone.
- Universal prevention is needed at earlier ages before adolescence – SBIRT approaches are appropriate at this point.
- While population-level brief intervention approaches are likely to have substantial impact and reach, the need for targeted escalated pathways for stimulant, opioid, and sedative-related harms remain.
- Data triangulation is imperative to ensure unbiased, multi-dimensional data for more robust findings and recommendations.

CONCLUSION

Cannabis, alcohol and methamphetamine were among the most commonly reported substances individuals both screened and sought treatment for. Drug-related treatment access showed an alarming increase among youths aged 15-18 years with dagga remaining the most commonly reported substance. Heroin admissions have decreased since 2024 which may be attributable to affordability and/or lack of availability. The strong moderate-risk screening signal nationally points to an opportunity to shift systems further upstream through scaled screening, brief intervention and referral approaches before risk progresses to disordered substance use. While SBIRT strategies are impactful, these do not eliminate the need for substance-specific referral and treatment approaches.

Defunding of treatment programmes, particularly harm reduction programmes, has critically restricted the provision of comprehensive services for vulnerable groups like PWID, sex workers, people living with HIV/AIDS, etc. Domestic funding has assisted in filling some of the gaps, however, increased action is needed to ensure continuity of services. Regulation of the substance industry remains lacking. Responses such as increased regulation around pricing, advertising, packaging and labelling of alcohol, cannabis and e-cigarette products are effective policy-level strategies. However, for an effective national response to the substance use problem in South Africa, multi-level, collective action including stricter regulation, targeted lobbying of key decisionmakers, and increased public awareness are critical. Finally, triangulation of data from multiple sources are critical to producing robust, reliable data on existing and emerging drug use trends.

RECOMMENDATIONS

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

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

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