



# 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 – December 2022)**

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# BACKGROUND & SUMMARY



For the first time since 2020 and the onset of COVID-19, the South African Community Epidemiology Network on Drug Use (SACENDU) in-person report back meetings for Phase 53 and PowerPoint presentations were made available to all stakeholders of SACENDU. 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**, and the **SERVICE QUALITY MEASURES (SQM)** findings.

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 53 was provided by the Mental Health and Substance Use Directorate of the National Department of Health.

The second half of 2022 (i.e., 2022b) saw a decrease in the number of persons admitted for AOD treatment from **11 923 across 88 treatment centres in 2022a (January to June 2022)** to **10 170 across 79 treatment centres in 2022b (July to December 2022)**.

The current period saw a marked increase in the number of persons seeking treatment for **Alcohol** in the EC (from 23% in 2022a to 36% in 2022b). Increases in alcohol-related admissions were also noted for the CR (from 35% in 2022a to 40% in 2022b) and GT (from



11% in 2022a to 14% in 2022b). In KZN, admissions for alcohol use dropped from 31% in 2022a to 29% in 2022b. Between 14% (GT) and 40% (CR) of persons accessing AOD treatment services reported alcohol as their primary substance of use. Admission rates for **Cannabis** remained relatively high for the current period. Between 22% (WC) and 33% (NR) of persons attending specialist treatment centres had cannabis as their primary substance of use. Decreases were seen for most regions, with the most notable decrease reported for the CR (from 32% in 2022a to 24% in 2022b) and the NR (from 40% in 2022a to 33% in 2022b). Only the EC saw a slight increase in cannabis admissions from 26% in the previous period to 27% in the current review period. Nationally, cannabis contributed 74% of all admissions among individuals younger than 20 years, remaining unchanged from the previous review period. The WC remained the province where **Cannabis/Mandrax** (Methaqualone) combination (also known as "white pipe") was most often used as a secondary substance (38%), increasing from 22% in the 2022a period. The EC (16%) remained the province where cannabis/mandrax was the second most common secondary substance of use.

**Crack/Cocaine**-related treatment admissions have remained consistent over the past few reporting periods at generally low levels with the national rate unchanged at 3%. Regional rates varied between 1% [CR] and 8% [KZN]. Crack/cocaine was more often reported as a secondary substance of use in the NR (19%) and KZN (17%). Between 3% (CR) and 17% (KZN) of persons in treatment had crack/cocaine substance use as a primary and secondary drug of use. Few persons younger than 20 years (<1% nationally) were admitted for crack/cocaine-related problems.

Nationally, **Heroin/Opiates** comprised 18% of all admissions in the July to December 2022 period, remaining consistent with the previous two reporting periods. The most notable increases in heroin/opiate use were seen for the WC (12% in 2022a to 18% in 2022b) and the NR (28% in 2022a to 38% in 2022b). KZN saw a drop from 21% (2022a) to 19% (2022b). Across regions heroin/opiates were mostly smoked (78%). In the EC, 40% of persons who had heroin/opiates as their primary substance of use reported injecting the drug. Rates for heroin/opiates as a primary and secondary substance of use ranged from <1% (EC) to 49% (NR) in 2022b. The average age (31 years) of individuals who have been admitted for heroin/

opiate misuse has remained largely unchanged over the last four (4) reporting periods.

Treatment admissions for **OTC/PRE-medicines** as a primary drug of use was reported at 1% for most regions except KZN (8%) and the CR (2%). Admissions for OTC/PRE-medicines increased from 3% (2022a) to 8% (2022b) in KZN. Proportions for OTC/PRE-medicine use as both primary and secondary substance ranged between 1% (NR) and 17% (KZN). A substantial increase in OTC/PRE-medicine use as a primary and secondary substance was noted for KZN (a 9 percentage point increase). During this reporting period n=649 (6%) persons across all sites reported the non-medical use of codeine, decreasing from 9% in the preceding reporting period.

Treatment admission rates for **Methamphetamine** (MA aka 'TIK) as a primary substance of use were highest in the WC (33%) and GT (25%) compared to other regions. Most notably, MA-related admissions decreased from 31% (2022a) to 22% (2022b) in the EC. MA was indicated as a primary substance among 10% of individuals aged 18 years and younger. The highest rates for MA as primary and secondary drug of use were reported for the WC (49%) and GT (36%). Treatment admissions for **Ecstasy** as a primary drug of use remained low (<1%); this has remained largely unchanged over the last few reporting periods. Individuals may not be seeking treatment for ecstasy use, which explains low admission rates although anecdotal reports suggest extensive recreational use. **Methcathinone** (CAT/KHAT)<sup>1</sup>, an amphetamine-type stimulant, has effects similar to that of MA. Across regions, CAT/KHAT was reported as a primary substance of use by 4% of individuals admitted to treatment. CAT/KHAT admissions as primary and secondary substance of use increased from <1% (2022a) to 6% (2022b).

**Inhalant/solvent** use remained low at <1% across regions. Inhalant/solvent 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. 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) remained relatively unchanged at 51%; the EC (67%) contributed the highest proportion of individuals who engaged in poly-substance use.

<sup>1</sup> 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.

## 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 few number of treatment centres found in these provinces.	Mostly semi-urban	8	0
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 a few number 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 to December 2022). 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 are 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)** the most common primary substances of use reported by 25 specialist treatment centres/programmes were largely consistent over the last three (3) reporting periods: MA (32%), cannabis (22%) and alcohol and heroin/opiates (18% respectively), (Table 2). Collectively, these substances comprised 73% of all treatment admissions for the July to December 2022 period. The proportion of alcohol-related admissions decreased from 27% to 22%, while heroin/opiates increased from 12% in 2022a to 18% in 2022b. Overall, 1 928 persons were treated in the WC in the second half of 2022.

In **KwaZulu-Natal (KZN)** the main primary substance of use in the current reporting period remained alcohol (29%), followed by cannabis (28%), and heroin/opiates (19%). Admissions for OTC/PRE-medication misuse increased by 5 percentage points from 3% in the previous period to 8% in the current review period. A total of 1 279 persons were treated across the 12 treatment centres that submitted data in the second half of 2022.

In the **Eastern Cape (EC)** the main primary substances of use reported by treatment centres from July to December 2022 were alcohol (36%), followed by cannabis (27%), and MA (25%), (Table 2). Alcohol use increased from 23% (2022a) to 36% (2022b) while MA decreased from 31% (2022a) to 25% (2022b). A total of n=313 persons were treated across 4 facilities (Table 2).

In **Gauteng (GT)**, which includes the metropolitan areas of Johannesburg and Pretoria, 5 504 admissions across 24 treatment centres were recorded in the second semester of 2022. The three main primary substances of use remained the same over the last two reporting periods: cannabis (32%), MA (25%) and heroin/opiates (16%), (Table 2). Decreases were seen over the last two reporting periods for cannabis (34% to 32%) and heroin/opiates (18% to 16%), while MA increased from 22% to 25%, (Table 2).

The **Northern Region (NR)** includes data from 11 centres (8 in Mpumalanga and 3 in Limpopo). A total of 854 admissions were recorded for the 2022b review period. The three leading primary substances of use reported by individuals admitted to treatment were heroin/opiates (38%), alcohol (15%) and MA and crack/cocaine (6% respectively) (Table 2). Admissions for cannabis misuse decreased from 40% (2022a) to 33% (2022b). In contrast, heroin/opiates increased from 28% to 38% (Table 2).

In the **Central Region (CR)** (comprising the Free State, Northern Cape and the North-West), 292 admissions were recorded across five (5) treatment centres for the July to December 2022 period. Alcohol was the most common primary substance of use, accounting for 40% of all admissions for the current review period. This was followed by cannabis (24%) and MA (19%). Cannabis decreased from 32% to 24% while alcohol increased from 35% to 40% over the last two review periods. (Table 2). The CR remains poorly resourced with regards to the availability of specialist treatment centres.

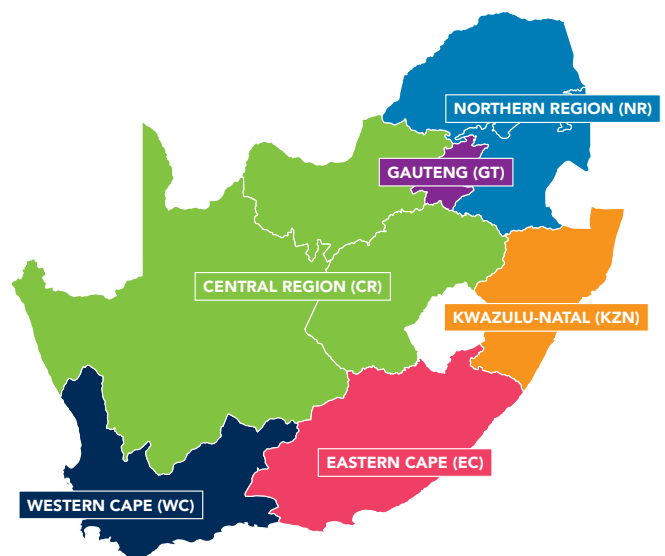


TABLE 2: PRIMARY SUBSTANCE OF USE: BY SITE AND 6-MONTH PERIOD (%)

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/*PRE	Meth**	Other	Total (N)
WC	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	<b>17.6</b>	<b>22.4</b>	<b>6.1</b>	<b>1.9</b>	<b>17.8</b>	<b>0.1</b>	<b>0.7</b>	<b>32.7</b>	<b>0.2</b>	<b>1928</b>	



Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/*PRE	Meth**	Other	Total (N)
KZN <sup>2</sup>	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	
<b>2022b</b>	<b>29.4</b>	<b>27.6</b>	<b>3.9</b>	<b>8.3</b>	<b>19.2</b>	<b>0.0</b>	<b>7.9</b>	<b>1.7</b>	<b>1.0</b>	<b>1279</b>	

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/*PRE	Meth**	Other	Total (N)
EC <sup>3</sup>	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
<b>2022b</b>		<b>36.1</b>	<b>27.0</b>	<b>4.6</b>	<b>5.3</b>	<b>0.4</b>	<b>0.0</b>	<b>1.1</b>	<b>25.1</b>	<b>0.0</b>	<b>313</b>

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	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
<b>2022b</b>		<b>13.6</b>	<b>32.3</b>	<b>2.9</b>	<b>1.7</b>	<b>15.9</b>	<b>0.0</b>	<b>1.1</b>	<b>25.1</b>	<b>0.3</b>	<b>5504</b>

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/*PRE	Meth**	Other	Total (N)
NR <sup>4</sup>	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	
<b>2022b</b>		<b>14.7</b>	<b>32.7</b>	<b>0.1</b>	<b>6.0</b>	<b>38.0</b>	<b>0.1</b>	<b>0.7</b>	<b>5.6</b>	<b>0.2</b>	<b>854</b>

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/*PRE	Meth**	Other	Total (N)
CR <sup>5</sup>	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	
<b>2022b</b>	<b>40.1</b>	<b>23.6</b>	<b>5.1</b>	<b>1.0</b>	<b>5.1</b>	<b>0.0</b>	<b>1.7</b>	<b>18.8</b>	<b>0.3</b>	<b>292</b>	

<sup>1</sup> Cape Town, Atlantis, Worcester; <sup>2</sup> Durban, South Coast, Pietermaritzburg; <sup>3</sup> Port Elizabeth and East London; <sup>4</sup> Mpumalanga & Limpopo; <sup>5</sup> 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 (81%). The proportion of first-time admissions to treatment centres ranged between 66% (WC) and 93% (NR). Compared to the other regions, WC had the highest proportion of repeat admissions (34%) for the 2022b reporting period. Across regions, heroin/opiates (28%), crack/cocaine (27%) and cannabis/mandrax (23%) contributed the highest rates for readmissions. The WC (34%) had the highest readmission rate compared to the other regions; the majority

of readmissions were for heroin/opiates (64%), MA (40%) and OTC/PRE-medicines (39%).

**Referrals:** Nationally, the most common source of referral to specialist treatment centres was 'self/family/friends' (53%) and 'social services/welfare' (20%). Rates for 'self/family/friends' ranged between 36% (KZN) and 61% (GT) while 'social services/welfare' ranged from 12% (CR) to 23% (NR). See Table 3.

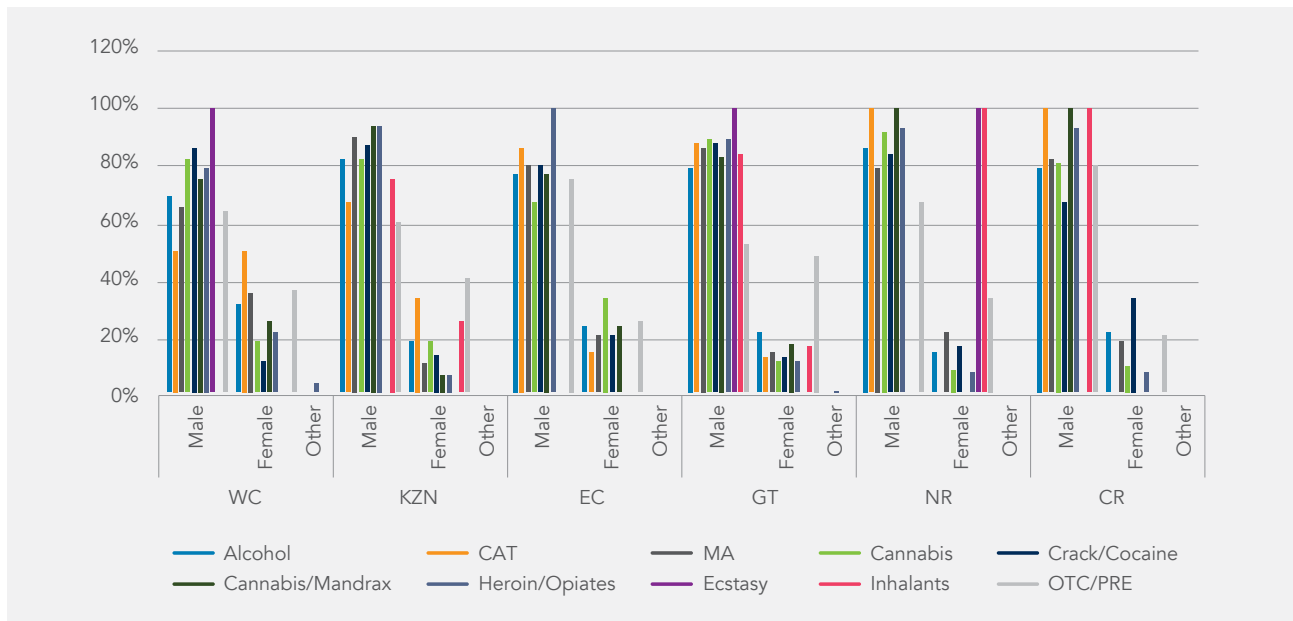
TABLE 3: REFERRAL SOURCES (JUL-DEC 2022) [COLUMN % ADD UP TO 100]

Source	WC	KZN	EC	CR	GT	NR
Self/Family/Friends	43	36	60	54	61	52
Work/Employer	5	8	14	22	3	11
Social services/Welfare	21	14	17	12	22	23
Health professionals (Doctor/psychiatrist/nurse)	4	18	4	6	2	2
Hospital/Clinic	3	3	1	–	1	2
Court/Correctional services	2	1	<1	1	2	3
Schools	13	17	4	4	8	6
Church/Religious body	1	<1	–	1	1	1
Other e.g., radio	7	2	–	–	<1	<1

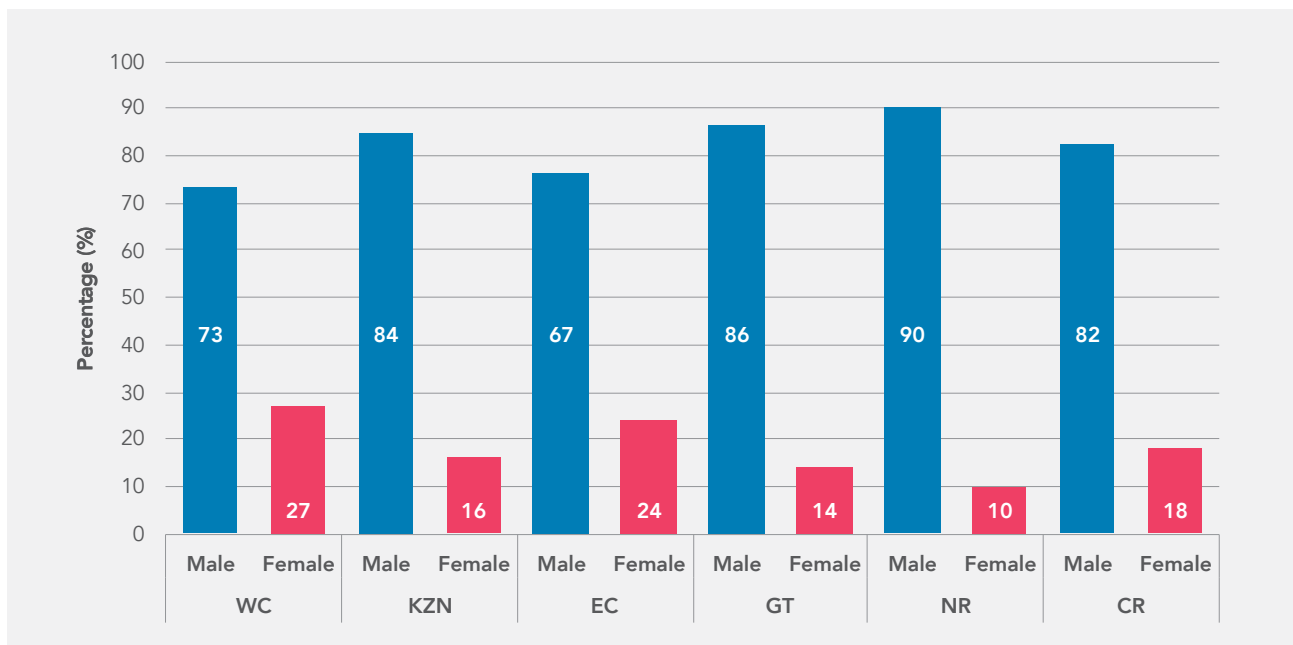
**Gender:** The majority of persons admitted to treatment identified as male with proportions varying between 73% (WC) and 90% (NR). When gender was compared by primary substance of use across regions, variations between genders emerged (see Figure 1). In the NR,

only females were admitted for ecstasy and inhalant use. Across regions, more males than females were admitted to specialist treatment centre for the period July to December 2022 (see Figure 2).

**FIGURE 1: GENDER BY PRIMARY SUBSTANCE OF USE (%)**



**FIGURE 2: GENDER BY REGION (%)**



**Employment status and education:** Between 13% (GT) and 42% (CR) of persons admitted to treatment were in full-time employment. Unemployment rates ranged between 24% (EC) and 67% (GT). GT remained the region that accounted for the highest unemployment rates including being unemployed for more than 6 months (59%). Across regions, the majority of individuals (86%) had a secondary school (grade 8-12) education. GT (90%) and the NR (88%) had the highest number of persons with a tertiary level education. Individuals with no schooling made up a very small proportion comprising 1% across regions.

**Mode of use:** Smoking remained the most common mode of use for all substances nationally (70%) compared to other modes of use. Rates for injection drug use remained low across sites, ranging between 1% (KZN) and 5% (NR). Overall, 20% of persons who had heroin/opiates as their primary substance of use reported injecting as a route of administration. Similar to the previous reporting period, the EC had the highest injection rates for heroin/opiates (40%), followed by WC (20%).

**Age of persons:** The national mean age for all substances was 29 years (Table 3). However, age differences were noted for individual substance categories. Individuals were older when their primary substance of use was alcohol (mean age: 38 years). Individuals who were admitted to treatment for cannabis use were younger (mean age: 22 years). Refer to Table 4.

A total number of 1 846 individuals aged ≤18 years were admitted to specialist treatment facilities for the

current reporting period. GT remained the region with the highest proportion of individuals aged ≤18 years admitted to treatment (n=955, 52%). A substantial increase was seen for OTC/PRE-medicine admissions among individuals 18 years and younger in KZN, increasing from 10% (2022a) to 28% (2022b) See Table 5. Treatment admissions for individuals ≤18 years almost doubled in KZN from 8% in the previous period to 15% in the current reporting period (Figure 3).

**TABLE 4: MEAN AGE OF PERSONS IN TREATMENT CENTRES BY SELECTED PRIMARY SUBSTANCE OF USE (JUL-DEC 2022)**

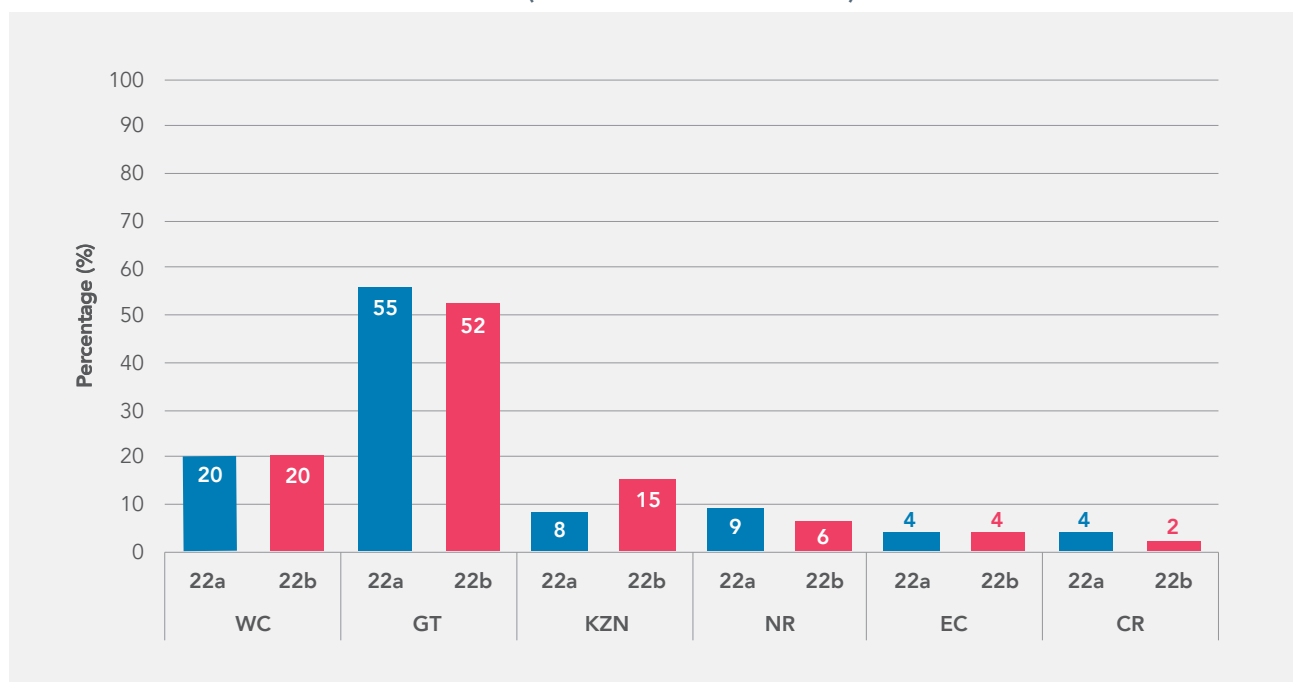
Substance of use	WC*	KZN*	EC*	CR*	GT	NR	National
Alcohol	39	37	37	41	39	37	38
CAT/KHAT	24	26	29	32	28	29	28
Crack/Cocaine	30	32	29	38	34	29	32
Cannabis	19	21	19	20	23	24	22
Cannabis/Mandrax	34	26	27	27	30	31	31
Heroin/Opiates <sup>1</sup>	35	28	33	29	31	30	31
Inhalants	–	20	–	25	28	14	26
Methamphetamine	33	29	23	26	27	26	28
Ecstasy	19	–	–	–	39	26	31
OTC/PRE <sup>2</sup>	43	19	36	44	38	38	28
Other combinations	40	27	–	25	22	30	26
Tobacco Products**	35	20	43	15	33	23	30
<b>All substances</b>	<b>31</b>	<b>28</b>	<b>28</b>	<b>31</b>	<b>28</b>	<b>28</b>	<b>29</b>

<sup>1</sup> Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance; <sup>2</sup> Over-the-counter or prescription medicines

\* Inhalants not reported for these regions

\*\* Tobacco products reported since 2022

**FIGURE 3: TREATMENT ADMISSION TRENDS (% OF PATIENTS ≤18 YEARS)\***



\* 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 (%): JUL-DEC 2022\***

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	Meth <sup>a</sup>	OTC/ PRE <sup>b</sup>	Total (N)
WC <sup>1</sup>	22a	2.5	88.7	0.6	0.2	–	–	7.0	0.6	490
	<b>22b</b>	<b>2.2</b>	<b>85.1</b>	<b>3.3</b>	<b>0.3</b>	<b>1.4</b>	<b>–</b>	<b>7.4</b>	<b>–</b>	<b>363</b>
KZN <sup>2</sup>	22a	6.5	73.0	–	1.6	4.9	–	–	10.3	185
	<b>22b</b>	<b>6.5</b>	<b>57.8</b>	<b>0.7</b>	<b>1.1</b>	<b>4.0</b>	<b>–</b>	<b>0.4</b>	<b>27.6</b>	<b>276</b>
EC <sup>3</sup>	22a	3.2	62.4	2.2	1.1	–	–	30.1	–	93
	<b>22b</b>	<b>3.7</b>	<b>65.4</b>	<b>2.5</b>	<b>2.5</b>	<b>–</b>	<b>–</b>	<b>24.7</b>	<b>–</b>	<b>82</b>
GT	22a	2.5	68.5	1.6	0.5	1.3	–	17.5	0.1	1352
	<b>22b</b>	<b>3.4</b>	<b>74.3</b>	<b>2.0</b>	<b>0.4</b>	<b>1.0</b>	<b>–</b>	<b>13.2</b>	<b>0.7</b>	<b>955</b>
NR <sup>4</sup>	22a	7.2	77.1	–	0.9	4.5	–	9.4	–	225
	<b>22b</b>	<b>1.7</b>	<b>80.5</b>	<b>–</b>	<b>2.5</b>	<b>3.4</b>	<b>–</b>	<b>8.5</b>	<b>0.8</b>	<b>119</b>
CR <sup>5</sup>	22a	4.3	71.3	4.3	–	1.1	–	16.0	–	94
	<b>22b</b>	<b>2.1</b>	<b>74.5</b>	<b>2.1</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>14.9</b>	<b>–</b>	<b>47</b>

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

<sup>1</sup> Cape Town, Atlantis, Worcester; <sup>2</sup> Durban, South Coast, Pietermaritzburg; <sup>3</sup> Port Elizabeth and East London; <sup>4</sup> Mpumalanga & Limpopo;

<sup>5</sup> Free State, North West, Northern Cape

<sup>a</sup> Methamphetamine; <sup>b</sup>Over-the-counter, prescription medication not reported for previous periods

**Sources of payment:** Overall, the 'state' was the most substantial source of payment for treatment services (58%). When considering source of payment by region, the 'state' was also the most common funding source in the WC (71%), GT (68%) and NR (45%).

**HIV testing:** Across the regions, almost two-thirds (62%) of individuals admitted to treatment indicated that they had been tested for HIV with 45% having been tested in

the past 12 months. Between 38% (CR and EC) and 56% (WC) of persons reported that they had been tested for HIV in the past 12 months. In the WC the rate for HIV testing in the past 12 months decreased considerably from 73% in the previous period to 56% in the current period. Low testing rates remain of concern across South African, highlighting the need for interventions that encourage voluntary counselling and testing (VCT).

## SUMMARIES BY SUBSTANCE OF USE

### ALCOHOL

Reported rates for alcohol admissions ranged between 14% (GT) and 40% (CR) (Table 2).

A notable rise was seen for alcohol admissions in the EC increasing from 23% in 2022a to 36% in 2022b. A 5 percentage point increase was noted for the CR. See Table 2.

Nationally, the average age of persons admitted for alcohol misuse was 38 years. Average ages ranged between 37 years (KZN and NR) and 41 years (CR) (Table 4). Individuals presenting to treatment centres were more likely to be male (78%) compared to female (22%). The same trend was also seen across provinces.

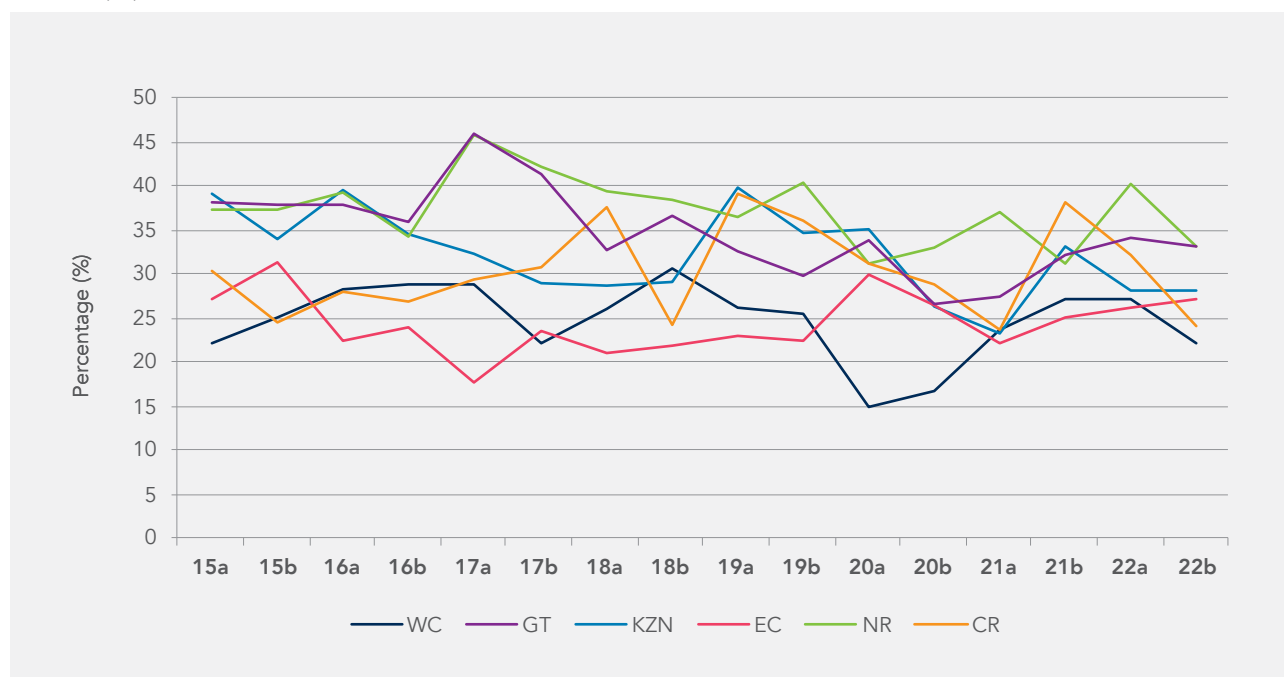
### CANNABIS (DAGGA) AND MANDRAX

Nationally, cannabis was the leading primary substance of use among persons treated at specialist facilities (30%). Regionally, admissions for cannabis use ranged from 22% (WC) to 33% (GT and NR) (Figure 4). Cannabis-related admissions depreciated in most regions, most notably in the CR (8 percentage point decrease) and the NR (7 percentage point decrease). Across regions, cannabis contributed almost three-quarters (74%) of admissions among individuals 18 years and younger.

Admissions for cannabis/mandrax remained low, with rates ranging between <1% (NR) and 6% (WC) (Table 2).

Cannabis/mandrax admissions remained unchanged across regions, except for KZN where it increased from 1% (2022a) to 4% (2022b) and the EC where it decreased from 8% (2022a) to 5% (2022b). As a secondary substance of use, cannabis/mandrax was most common in the WC (38%) followed by the EC (16%) and GT (15%). Across sites, persons admitted to specialist treatment centres with cannabis/mandrax as their primary substance of use were more likely to be older (national mean age: 31 years) than those who had cannabis as their primary substance of use (national mean age: 22 years) (Table 4).

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



Data from specialist treatment centres demonstrates that males continue to dominate treatment demand for cannabis and cannabis/mandrax use in comparison to their female counterparts. Nationally, 13% of persons who had cannabis as a primary substance of use and 18% who had cannabis/mandrax as a primary substance of

use were female. When comparisons were made across regions, rates for cannabis use among females ranged between 8% (NR) and 33% (EC). Admission rates for cannabis/mandrax ranged between 6% (EC) and 50% (NR). In KZN and the NR only males were admitted for misuse of cannabis/mandrax.

## CRACK/COCAINE

The proportion of persons reporting crack/cocaine as their primary substance of use remained fairly stable across regions though marginal decreases were reported for KZN (2 percentage point decrease) and the EC (1 percentage point decrease). The NR noted a small increase from 5% (2022a) to 6% (2022b) (Table 2). Rates ranged from 1% in the CR to 8% in KZN. Between 3% (WC and CR) and 17% (KZN) of all persons admitted to treatment used crack/cocaine as a primary and secondary substance of use (Table 6).

The national average age of persons in treatment whose primary drug of use was crack/cocaine was 32 years with mean ages ranging from 29 years (EC and NR) to 38 years

(CR) years across regions. (Table 4). The proportion of males reporting crack/cocaine as their primary substance of use were between 67% (CR) and 88% (GT); the CR had the highest rate for crack/cocaine use among females (33%) compared to the other regions. Only the WC had persons with crack/cocaine use identifying as 'other' (3%). The EC and NR (2% respectively) contributed the largest proportion of youth aged 18 years and younger who reported crack/cocaine as a primary substance of use. Between 13% (EC) and 44% (KZN) of persons who used crack/cocaine had experienced prior treatment episodes. No prior admissions for the substance were reported in the CR.

TABLE 6: PRIMARY AND SECONDARY SUBSTANCE OF USE\* (%): JUL-DEC 2022

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	Meth <sup>a</sup>	OTC/ PRE <sup>b</sup>	Total (N)
WC <sup>1</sup>	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	
22a	28.4	35.6	22.1	3.9	12.7	0.3	46.2	1.7	3439	
<b>22b</b>		<b>24.4</b>	<b>30.6</b>	<b>28.3</b>	<b>3.5</b>	<b>18.4</b>	<b>0.1</b>	<b>48.8</b>	<b>1.9</b>	<b>3028</b>

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	Meth <sup>a</sup>	OTC/ PRE <sup>b</sup>	Total (N)
KZN <sup>2</sup>	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	
	<b>22b</b>	<b>37.8</b>	<b>39.8</b>	<b>8.1</b>	<b>16.8</b>	<b>23.2</b>	<b>0.0</b>	<b>3.3</b>	<b>16.8</b>	<b>1927</b>

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	Meth <sup>a</sup>	OTC/ PRE <sup>b</sup>	Total (N)
EC <sup>3</sup>	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	
<b>22b</b>		<b>51.9</b>	<b>45.6</b>	<b>15.1</b>	<b>12.3</b>	<b>0.7</b>	<b>0.0</b>	<b>33.7</b>	<b>1.7</b>	<b>504</b>

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	Meth <sup>a</sup>	OTC/ PRE <sup>b</sup>	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	
	<b>22b</b>	<b>17.9</b>	<b>44.8</b>	<b>10.1</b>	<b>4.0</b>	<b>19.5</b>	<b>0.1</b>	<b>36.5</b>	<b>2.0</b>	<b>8199</b>

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	Meth <sup>a</sup>	OTC/ PRE <sup>b</sup>	Total (N)
NR <sup>4</sup>	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
	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	
<b>22b</b>		<b>20.1</b>	<b>45.1</b>	<b>1.9</b>	<b>15.5</b>	<b>49.3</b>	<b>0.2</b>	<b>9.4</b>	<b>0.9</b>	<b>1274</b>



Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	Meth <sup>a</sup>	OTC/ PRE <sup>b</sup>	Total (N)
CR <sup>5</sup>	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	
<b>22b</b>	<b>43.5</b>	<b>34.9</b>	<b>9.2</b>	<b>3.1</b>	<b>6.2</b>	<b>0.0</b>	<b>29.8</b>	<b>2.7</b>	<b>402</b>	

\*Proportion of persons who reported these substances as primary and secondary substances of use

<sup>1</sup> Cape Town, Atlantis, Worcester; <sup>2</sup> Durban, South Coast, Pietermaritzburg; <sup>3</sup> Port Elizabeth and East London; <sup>4</sup> Mpumalanga & Limpopo; <sup>5</sup> Free State, North West, Northern Cape

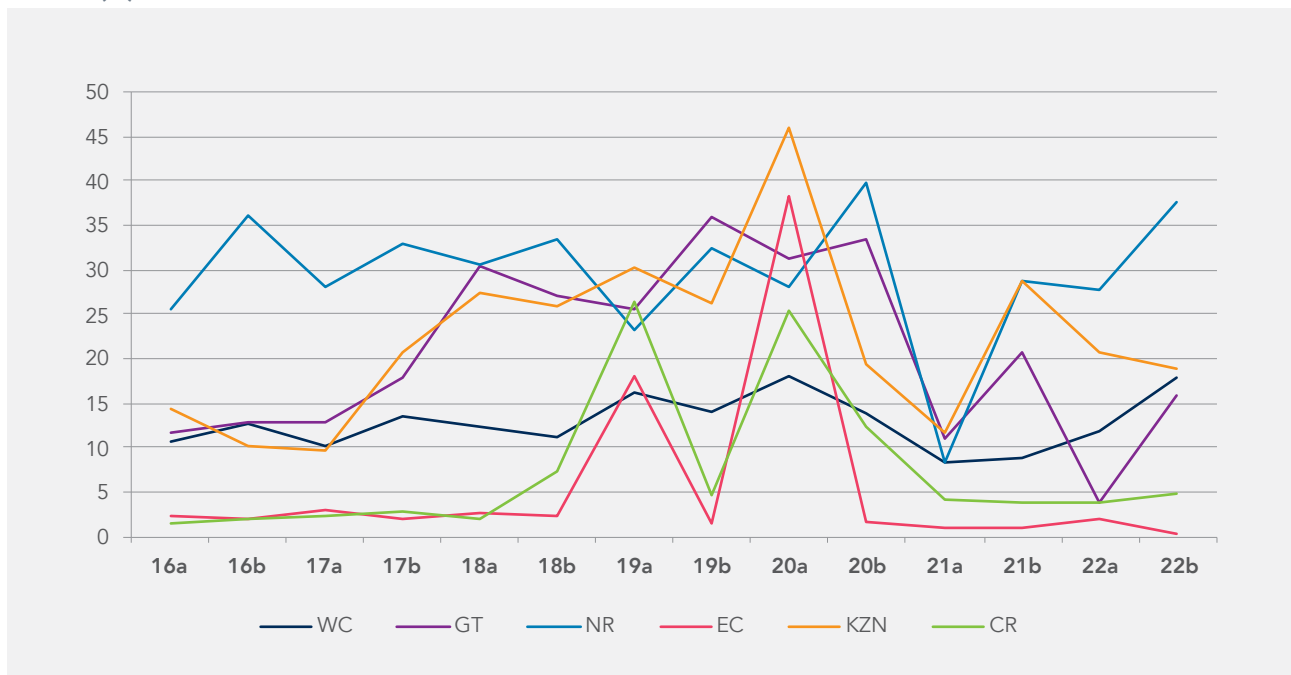
<sup>a</sup>Methamphetamine; <sup>b</sup>Over-the-counter, prescription medicine

## HEROIN/OPIATES

Nyaope and whoonga have been incorporated into the heroin-related admission category to improve accuracy of heroin surveillance. Nationally, heroin/opiates comprised 18% of all treatment admissions for the current period. Between <1% (EC) and 38% (NR) of persons in specialist treatment centres reported heroin/opiates as their primary drug of use. Increases were noted for heroin/opiates admissions over the last two reporting periods for GT (4% to 16%), the NR (28% to 38), and the WC (12% to 18%) (Figure 5). Nationally, the average age of persons who had heroin/opiates as their primary substance of use was 31 years,

with mean ages ranging between 28 years (KZN) and 35 years (WC) (Table 4). Between 1% (EC) and 49% (NR) of persons attending specialist treatment centres reported heroin/opiates as a primary and secondary substance of use. Although heroin/opiates was mostly smoked, across sites 40% of persons in the CR who had heroin/opiates as their primary substance of use reported injecting the drug.

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



When comparing genders, more males reported heroin/opiates as a primary substance of use than females, ranging between 79% (WC) and 93% (CR and NR). The WC had the highest proportion of females (21%) reporting heroin/opiates as a primary substance at time of admission.

The WC (36%) had the highest readmission rate among persons admitted for heroin/opiate use compared to other regions.

<sup>2</sup> Nyaope and whoonga are street names for heroin, often mixed with other regulated and unregulated substances. In South Africa, it is usually sprinkled on cannabis and/or tobacco and the mixture is rolled into a cigarette or 'joint' and smoked.

## OVER-THE-COUNTER AND PRESCRIPTION MEDICINES

Admission rates for OTC/PRE-medicines as primary substance of use remained low, ranging between 1% and 8%. Most regions reported a proportion of 1% only (EC, GT, NR and WC), while KZN had the highest rate for OTC/PRE-medication admissions at 8% (Table 2). Nationally, more admissions were made for males (59%) versus females (41%). However, when admission rates were compared across regions, females (48%) were almost comparable to males (52%) for OTC/PRE-medicine use in GT.

The national average age for OTC/PRE-medicine treatment was 28 years, decreasing from 37 years in the previous review period (Table 4). OTC/PRE-medicine use was not indicated for the CR, EC and WC for individuals 18 years

and younger. KZN (28%) had the highest proportion of OTC/PRE-medicine use among youths aged 18 years and younger.

OTC/PRE medicines as primary and secondary substances of use ranged between 1% (NR) to 17% (KZN) (Table 6). In KZN the admission rate for OTC/PRE-medicine as a primary substance of use among persons ≤18 years increased almost three-fold from 10% (2022a) to 28% (2022b) (see Table 5). Medicines used included benzodiazepines, analgesics, codeine products and sleeping pills. Nationally, a total of 189 (2%) of individuals were admitted for OTC/PRE-medication misuse, consistent with the last three (3) reporting periods.

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

Ecstasy use was not indicated in most regions except the NR and WC where rates were <1% (Table 2). Rates for ecstasy as primary and secondary substance of use were also very low (<1%) across sites (Table 6). Ecstasy was indicated as a secondary substance of use only in KZN and EC.

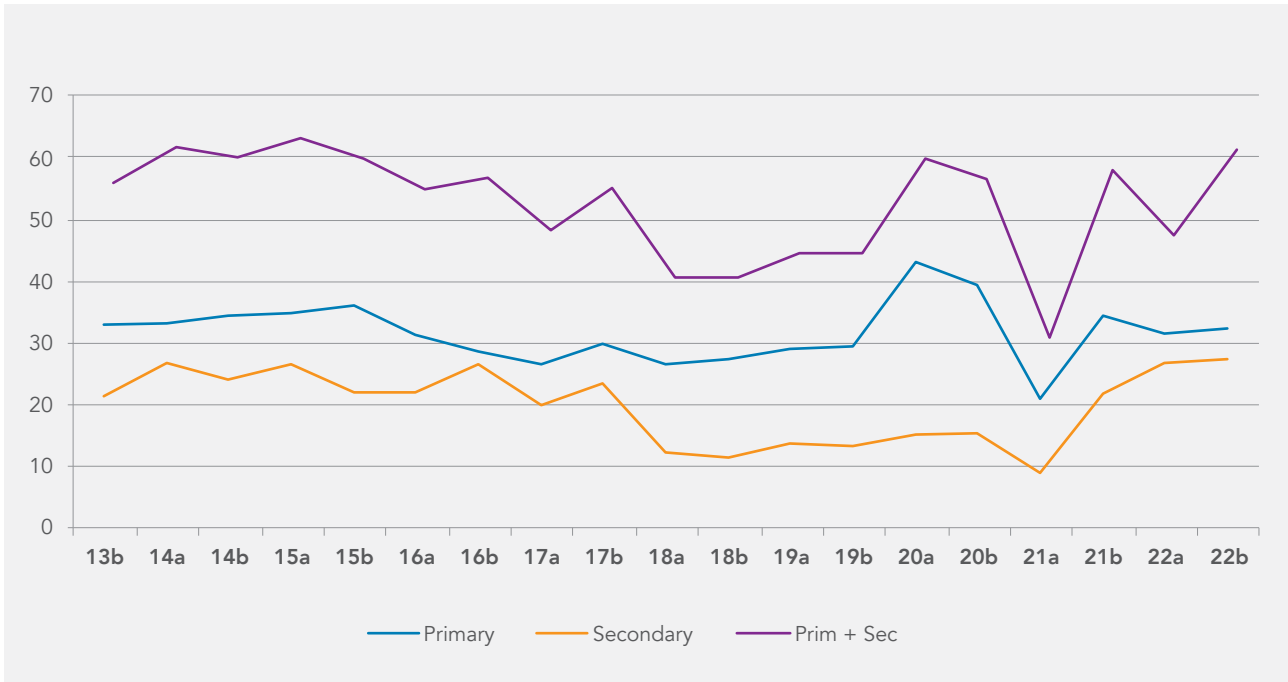
The proportion of individuals reporting MA ('TIK') as their primary substance of use was highest in the WC (33%), followed by GT (25%) and the EC (22%). Admissions for treatment of MA use was lowest in KZN at 2% (Table 2).

The national average age of individuals reporting MA as their primary drug of use was 28 years. Average age ranged between 23 and 33 years (Table 4). Consistent with preceding reporting periods, older users were mainly represented in the WC (mean age: 33 years). The EC reported the youngest individuals admitted for MA use (mean age: 23 years). Nationally, males (80%) represented the group with the highest rates for MA admissions compared to females (20%); this trend has

been sustained for the last few reporting periods. Males were also in the majority for MA admissions regionally, ranging from 65% in the WC to 90% in KZN. The WC had the highest proportion of females admitted for MA use (35%) compared to other regions.

National rates for MA route of administration showed that the majority of individuals smoked the substance (93%). When rates were compared across regions, a similar profile emerged with MA mostly being smoked, ranging from 68% (KZN) to 100% (EC). The majority of individuals admitted for MA use reported daily use (64%), remaining stable over the last few reporting periods. The highest proportions for MA use as a primary and secondary substance were found for the WC (49%), followed by GT (36%) and the EC (34%). The most notable increase was seen when MA was used as a primary and secondary substance in the WC, increasing from 46% (2022a) to 60% (2022b) (Figure 6).

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



Among persons aged 18 years and younger, 10% reported MA as their primary substance of use, decreasing from 14% in the previous review period. MA was indicated as a primary and secondary substance of use among 18% of persons 18 years and younger. Consistent with the last two (2) periods, the EC region accounted for the highest number of persons 18 years and younger (47%) reporting MA as a primary and secondary drug of use, followed by the CR (44%), and GT (27%).

Nationally, 4% of individuals reported CAT/KHAT as their primary substance of use at the time of admission. Compared to other regions, GT reported the highest proportions for CAT/KHAT-related admissions (6%). Rates for CAT/KHAT as primary and secondary drug of use varied from <1% (KZN and WC) to 11% (GT). CAT/KHAT use remained relatively low across regions.

## OTHER SUBSTANCES/POLY-SUBSTANCE USE

Other substance combinations included inhalants. Admission rates for inhalant use remained low across regions at <1%; no inhalant use was reported for the EC and WC. This is 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. In the NR only females reported the use of inhalants at the time of admission.

Poly-substance use remained high with over half (51%) of individuals admitted to treatment indicating the use of more than one substance. By region, rates ranged between 38% (CR) and 61% (EC).

## MENTAL HEALTH AND OTHER PHYSICAL COMORBIDITIES

Nationally, 15% (n=1 512) of individuals admitted to treatment presented with a dual diagnosis. Across regions,

the largest proportion of persons in treatment presented with mental health problems (10%).

## 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). Services include: HIV, STI, 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. Interventions aimed at preventing and managing overdose are very limited, and community-based naloxone distribution is not currently provided.

During the reporting period TB HIV Care operated in the Eastern Cape (Nelson Mandela Bay District), Gauteng (Tshwane), KwaZulu-Natal (eThekweni), 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 eThekweni 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.

The data below reflects service delivery data for reporting period July - December 2022.

### EASTERN CAPE

In Nelson Mandela Bay 668 unique PWID accessed services, with 65 115 needles and syringes distributed and 87% returned. 239 PWID tested for HIV, among whom 28 tested positive. A total of 28 people were on ART, with 0 PWID confirmed to be virally suppressed during the period. 247 people were screened for tuberculosis (TB), with 13 being symptomatic, 4 diagnosed; 4 starting treatment and 0 with confirmed cure. No routine viral hepatitis testing was done. Opioid substitution therapy (OST) was not available. 73 human rights violations were reported, mostly involving the confiscation and destruction of injecting equipment (79%). No deaths among people who use drugs were reported during this period.

### GAUTENG

In Ekurhuleni 472 unique PWID accessed the services, with 97 290 needles and syringes distributed and 66% returned. 179 PWID tested for HIV, among whom 21 tested positive; the cohort of people who use drugs on ART was 121. A total of 5 people were confirmed to be virally suppressed. 208 PWID were screened for TB, with 4 being symptomatic, no TB was confirmed and no one was started on treatment. No routine viral hepatitis testing was done. OST was not available. 59 human rights violations were reported, mostly due to the confiscation of injecting equipment (75%). 5 deaths among people who use drugs were reported during this period.

In Johannesburg 7 847 unique PWID accessed the services, with 576 450 needles and syringes distributed and 41% returned. 2 265 PWID tested for HIV, among whom 343 tested positive and 255 were confirmed to be on ART. 3 PWID were confirmed to be HIV virally suppressed. 2 316 were screened for TB, with 9 being symptomatic, 1 diagnosed, 1 starting on TB treatment and 0 reporting cure. 69 people were screened for HCV antibodies with 46 being reactive. Resources informed the number of confirmatory tests done, with 4 people with confirmed infection, among whom 4 people started HCV treatment. Of the 69 tested for HBV surface antigen (HBsAg), 1 was reactive. 247 PWID were on OST at the beginning of the period and 312 were on OST at the end of the period. 111 human rights violations were reported, the majority (30%) involving the confiscation of injecting equipment. 14 deaths were reported among people who use drugs, including 1 fatal drug-related overdose.

In Sedibeng 1 410 unique PWID accessed the service with 130 695 needles and syringes distributed and 58% returned. 165 PWID tested for HIV, among whom 196 tested positive. A total of 83 PWID were on ART. Data on HIV viral suppression was unavailable. 277 people who use drugs were screened for tuberculosis, with 3 being symptomatic, 0 infections confirmed and 0 received treatment. 0 PWID were screened for viral hepatitis. 44 PWID were on OST at the beginning of the period and 57 at the end of the period. 207 human rights violations were reported, most (52%) linked to confiscation of injecting equipment and assault. 2 deaths among people who use drugs were reported during this period.

In Tshwane 9 337 unique PWID accessed the services, with 409 685 needles and syringes distributed; and 97% returned. 445 people who use drugs tested for HIV among whom 173 tested positive and 156 people were on ART. HIV viral suppression data was reported for 71 people. 477 people who use drugs were screened for tuberculosis with 11 being symptomatic, and 5 people diagnosed and starting treatment. No viral hepatitis testing was done during this period. A total of 718 people were on OST at the beginning of the period and 770 at the end of the period. 145 human rights violations were recorded, 34% due to confiscation of injecting equipment. 10 deaths were reported among people who use drugs during this period.

### **KWAZULU-NATAL**

In eThekweni 1 601 unique PWID accessed services, with 127 365 needles and syringes distributed and 81% returned. 452 tested for HIV, among whom 64 tested positive. A total of 53 people were started on ART. HIV viral load suppression was confirmed in 7 PWID. 483 people who use drugs were screened for tuberculosis, 4 were symptomatic, 0 diagnosed and 0 started treatment. 44 people were screened for HCV antibodies with 16 being reactive, 7 people had confirmed HCV infection and 5 started HCV treatment. Of the 44 PWID tested for HBV surface antigen (HBsAg), 1 was reactive. 51 PWID were on OST maintenance therapy at the beginning of the period and 118 at the end of the period (23 PWUD and 95 PWID). Data on the number of people on low-dose methadone was not available for this period. 166 human rights violations were reported, 68% linked to the confiscation/ destruction of needles. 3 deaths were reported among people who use drugs.

In uMgungundlovu, 1 232 unique PWID accessed the services, with 119 415 needles and syringes distributed and 52% returned. 160 PWID tested for HIV, among whom 19 tested positive. A total of 9 people were started on ART. 1 PWID was confirmed to be virally suppressed during this period. 226 people who use drugs were screened for TB, with 2 being symptomatic, 0 diagnosed and 0 starting treatment. No routine viral hepatitis testing was done.

OST was not available. 97 human rights violations were reported, the majority (28%) linked to the confiscation of injecting equipment. 2 deaths were reported among people who use drugs during this period.

### **MPUMALANGA**

In Ehlanzeni 887 unique PWID accessed the services, with 20 320 needles and syringes distributed and 81% returned. 179 persons tested for HIV, among whom 21 tested positive and a total of 121 were on ART. 5 PWID were confirmed to be virally suppressed during this period. 177 people were screened for tuberculosis, with 4 being symptomatic; 1 TB case was confirmed and the person started treatment. 89 people were screened for HCV among whom 22 were reactive. 263 people were tested for HBsAg, with 45 people identified to be reactive. 56 people were on OST at the beginning of the reporting period and 106 people at the end. 70 human rights violations were reported; 14% linked to confiscation and destruction of injecting equipment. 2 deaths among people who use drugs were reported during this period, one of which was due to a drug-related overdose.

### **WESTERN CAPE**

In the Cape Metro 1 593 unique PWID accessed services, with 749 010 needles and syringes distributed and 80% returned. 486 PWID tested for HIV, among whom 33 tested positive. A total of 22 people were started on ART. 2 PWID were confirmed to be HIV viral suppressed. 506 PWID were screened for TB, with 5 being symptomatic, 0 diagnosed, 0 starting treatment and 0 people cured. 36 people were screened for HCV antibodies with 21 being reactive. 18 people had confirmed infection and 12 started HCV treatment. 36 PWID were screened for HBsAg and 0 were reactive. 153 people were on OST at the beginning of the period and 175 at the end. 21 human rights violations were reported, the majority (38%) linked to confiscated/ destroyed needles and syringes. 0 deaths were reported among people who use drugs.

**TABLE 7: PWID ACCESSING NEEDLE AND SYRINGE SERVICE AND BEHAVIOUR CHANGE INTERVENTION PROGRAM (JULY - DECEMBER 2022)**

Province	Health district	Male	Female	Trans	Median age (yrs)*
		%			
<b>Eastern Cape</b>	Nelson Mandela Bay (n=668)	67	32	–	–
<b>Gauteng</b>	City of Ekurhuleni (n=472)	92	8	–	–
	City of Johannesburg (n= 7 847)	95	5	–	–
	Sedibeng ((n=1 410)	97	3	–	–
	City of Tshwane (n=9 337)	96	4	–	–
<b>KwaZulu-Natal</b>	eThekwini (n=1 601)	89	11	–	–
	uMgungundlovu (1 232)	92	8	–	–
<b>Mpumalanga</b>	Ehlanzeni (n=877)	95	5	–	–
<b>Western Cape</b>	Cape Metro (n= 1 593)	82	18	–	–

\*Data on specific age not captured

**TABLE 8: COMPARISON OF PROPORTION OF PEOPLE WHO USE DRUGS ACCESSING NEEDLE AND SYRINGE SERVICES (JULY - DECEMBER 2022) WITH CENSUS DATA – BY DISTRICT<sup>1</sup>**

Province	District		Black African	Indian	Coloured	White
			%			
<b>Eastern Cape</b>	Nelson Mandela Bay	Population <sup>1</sup>	61	1	24	14
		Accessed service	26	1	32	41
<b>Gauteng</b>	City of Ekurhuleni	Population <sup>1</sup>	79	3	2	16
		Accessed service	86	1	6	7
	City of Johannesburg	Population <sup>1</sup>	76	5	6	12
		Accessed service	97	0	2	4
	Sedibeng	Population <sup>1</sup>	74	1	1	24
		Accessed service	98	0	0	2
	City of Tshwane <sup>2</sup>	Population <sup>1</sup>	75	2	2	21
		Accessed service	94	0	4	2
<b>KwaZulu-Natal</b>	eThekwini	Population <sup>1</sup>	73	17	3	7
		Accessed service	89	4	3	4
	uMgungundlovu	Population <sup>1</sup>	90	3	1	6
		Accessed service	97	0	2	2
<b>Mpumalanga<sup>2</sup></b>	Ehlanzeni	Population <sup>1</sup>	92	1	<1	6
		Accessed service	–	–	–	–
<b>Western Cape</b>	Cape Metro	Population <sup>1</sup>	37	2	42	18
		Accessed service	3	0	88	9

<sup>1</sup> Statistics South Africa, 2011 Census. Where proportions do not add to 100% it is due to rounding, or participants selecting "Other" demographic group.

<sup>2</sup> Data not captured

**TABLE 9: PEOPLE WITH OPIOID DEPENDENCE ON OPIOID SUBSTITUTION THERAPY, LOST TO FOLLOW-UP AND EXITED (JULY – DECEMBER 2022) – 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	-	-	-	-	-	-	-
	PWID	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-
City of Ekurhuleni	Non-injecting	-	-	-	-	-	-	-
	PWID	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-
City of Johannesburg	Non-injecting	0	0	0	0	0	0	0
	PWID	247	55	8	7	2	2	299
	Total	<b>247</b>	<b>68</b>	<b>8</b>	<b>7</b>	<b>2</b>	<b>2</b>	312
Sedibeng	Non-injecting	0	0	0	0	0	0	0
	PWID	44	31	6	22	0	2	57
	Total	<b>44</b>	<b>31</b>	<b>6</b>	<b>22</b>	<b>0</b>	<b>2</b>	57
City of Tshwane	Non-injecting	343	54	4	5	16	3	374
	PWID	375	66	9	12	31	5	396
	Total	<b>718</b>	<b>120</b>	<b>13</b>	<b>17</b>	<b>47</b>	<b>8</b>	770
eThekweni*	Non-injecting	0	0	0	0	0	0	0
	PWID	51	0	0	0	0	0	51
	Total	<b>51</b>	<b>91</b>	<b>2</b>	<b>19</b>	<b>7</b>	<b>0</b>	118
uMgungundlovu	Non-injecting	-	-	-	-	-	-	-
	PWID	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-
Ehlanzeni	Non-injecting	0	0	0	0	0	0	0
	PWID	56	55	1	0	6	0	106
	Total	<b>56</b>	<b>55</b>	<b>1</b>	<b>0</b>	<b>6</b>	<b>0</b>	106
Cape Metro	Non-injecting	0	22	0	8	0	0	14
	PWID	153	33	22	45	2	0	161
	Total	<b>153</b>	<b>55</b>	<b>22</b>	<b>53</b>	<b>2</b>	<b>0</b>	175

\* No data on clients on low dose methadone in eThekweni available



# IMPLICATIONS FOR POLICY AND FUTURE RESEARCH

## SELECTED IMPLICATIONS FOR POLICY/PRACTICE<sup>3</sup>

During the Phase 53 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:

- Current country challenges such as persistent loadshedding impedes on service delivery as most treatment facilities do not have capabilities to purchase generators.
- Strengthen advocacy efforts to address stigma towards people with a substance use disorders and their families. Interventions to destigmatise should target communities and the general public.
- Young people have relatively easy access to drugs at pharmacies. A need for improved monitoring/regulation of pharmacies including awareness raising.
- The cost of treatment has increased the treatment gap, with rising living costs people from poor socio-economic backgrounds are finding it increasingly difficult to access care. There is a need for low-threshold services, for example mobile units.
- Low adherence to HIV medication remains a problem and this is often related to no access to food.
- TB, HIV and Hepatitis screening and testing and initiation on treatment should be part of the basket of services offered to persons with a substance use disorder.
- High HIV yield among PWID accessing HIV testing services in Gauteng, Mpumalanga and KwaZulu-Natal
- Scale up TB, HIV and Hepatitis screening and testing and initiation to treatment.
- Women remain under-represented in treatment. There is a need to explore treatment programmes tailored to meet the unique requirements of women.
- Investigate cultural barriers to substance use disorder care for women.
- Consider ways to enhance retention in care to prevent early termination of treatment services.
- Introduce screening for Gender-Based Violence or Interpersonal Partner violence as part of routine assessments, with referral to care if needed.
- Continued motivation for HIV testing and counseling within the treatment environment.
- 'Care for caregivers' interventions that address the burnout experienced by caregivers of PWUD are needed.
- Practitioners are grappling with how to deal with co-morbidities.

## SELECTED ISSUES TO MONITOR

Phase 53 of the SACENDU Project highlighted several conditions/factors that need to be carefully monitored over time:

- Cannabis use among young people remains high. The normalisation of cannabis use appears to be a driver.
- Steady and consistent increase methamphetamine use in GP, with a concomitant decrease in heroin use.
- Increase in OTC/PRE-medicine use in KZN.
- Respiratory diseases emerging as a co-morbidity among patients admitted to treatment.
- SACENDU needs to incorporate data on the aftercare/continuation of care.
- Younger age of initiation of substances.
- Substance use during pregnancy is high in the WC; there is a need for more interventions addressing the harmful effects on the unborn child and associated burdens.
- Reports of possible changes in methaqualone strength. There is a recommendation for the analysis of compounds.
- The link between respiratory diseases and COVID-19 as a co-morbidity for patients admitted to substance use treatment
- The system to report deaths among people who use drugs in community settings is starting to document deaths, including deaths due to overdose.
- Needles/ syringes confiscated by law enforcement continues to be an issue of concern.
- Improvements in following up on outcomes of PWUD with suspected TB.

<sup>3</sup>Outcomes emanating from regional meetings held in GP, KZN, PE and CT

## SELECTED TOPICS FOR FURTHER RESEARCH/INVESTIGATION

Phase 53 of the SACENDU Project System highlighted several topics for further research/investigation:

- Detailed assessment of causes of death among people who use drugs in community settings.
- Barriers to treatment access for women in Limpopo and Mpumalanga.
- Impact of the legalisation of Cannabis on young people, nationally.
- Exploration of GBV and its impact on women accessing treatment.
- Treatment plans for mental health dual diagnosis.
- Feasibility of 'wet shelters' in South African context.
- Explore interventions focusing on 'caring for the caregivers.'
- Food security and ARV adherence.

## LIMITATIONS

Phase 53 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.
- CAT (synthetic) and KHAT (plant-based) are both stimulant-type substances but fall in distinct substance categories. Due to these substance categories often being reported interchangeably, CAT and KHAT have been analysed and reported as a single class, which does not accurately represent the extent of use as discrete substance categories.



# SACENDU

South African Community Epidemiology Network on Drug Use

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