

SANCA STATS

Data Tables & Graphs 2016 – 2023

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social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

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Introduction



This report analyses SACENDU and SANCA treatment statistical data collected from 2016 to 2023. The data is collected annually by staff working at the various treatment facilities through a web platform purposely built for SANCA's use. The report continues a project collaboration between SANCA National and the National Department of Social Development.

The project aims to strengthen and expand the current data collection systems on alcohol and drug treatment patterns used in South Africa. Treatment data remains to be centralised at the National level and is currently collected only by organisations such as SANCA. Treatment data is critical for accurately reporting trends and informing and guiding future treatment efforts and programme developments.

The report aims to monitor substance abuse treatment services by building upon the centralised statistical database initiated by SACENDU and continued by SANCA. This database is dedicated to collecting and analysing data on treatment services, and every year, the report disseminates its findings to stakeholders and treatment facilities across all nine provinces of South Africa.

SANCA National is proud to present the report and thereby achieve the objectives of the 2022/2023 grant awarded by the National Department of Social Development. The 2023 report was compiled and authored by Prof Wim Roestenburg and his company Afri.Yze Consult, collaborating as research consultants with SANCA in a research partnership.

We express our utmost gratitude to all the SANCA centres and various stakeholders in the 5 Provinces that have made valuable contributions to this project.

Demographic profile of SANCA's patient population

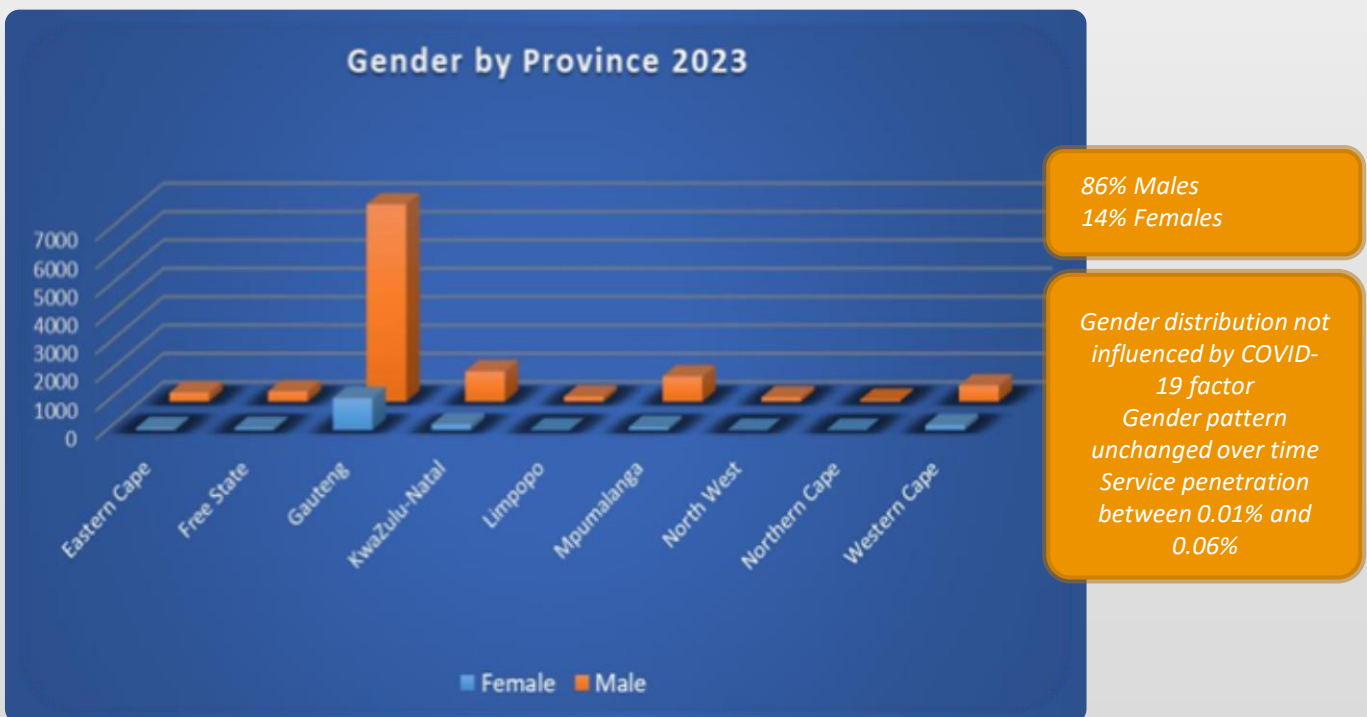


a. Gender trends

The alcohol and drug user gender pattern emulates international trends and remains stable over the period 2016 – 2023. The male to female ratio is 4.5 males to every 1 (one) female and in rural provinces 11/1.

SANCA should actively concentrate marketing on female substance users, though this group is smaller than males. Marketing in rural provinces could focus on female-focused use problems such drinking during pregnancy and Foetal alcohol syndrome.

More males prefer urban treatment centres in Gauteng, KZN, Mpumalanga and Western Cape.

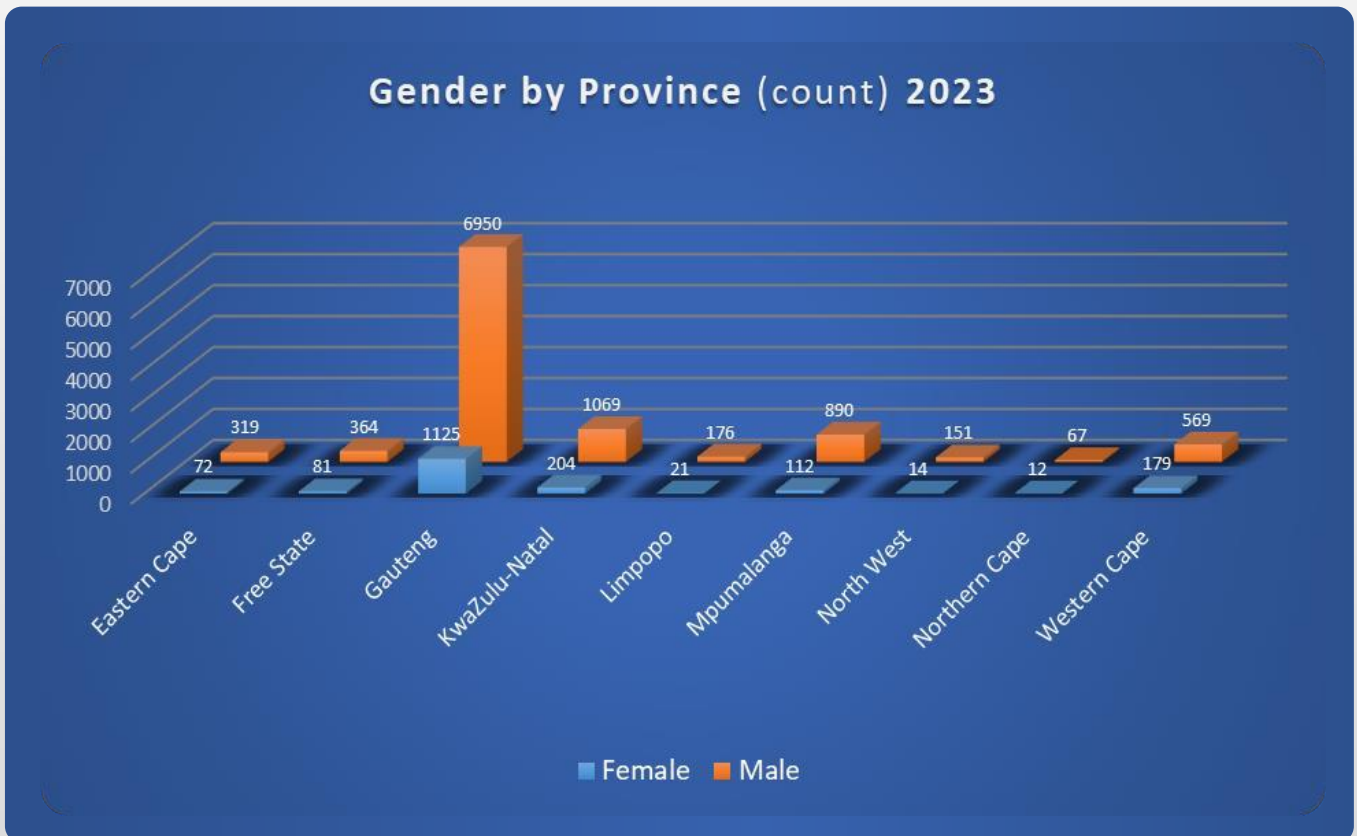


- ❑ 86% are male service users and 14% are female. This is stable over the 7 years.
- ❑ The ratio is 4,5 males per 1 female.
- ❑ More women seek treatment in urban areas than in rural areas.
- ❑ Marketing drives focusing on women, pregnancy and FASD needed.



Male patients in Gauteng, KZN, Mpumalanga, and Western Cape visit established treatment centres due to their dominance in SANCA programmes.

This suggests specific clinic preferences or well-established referral systems. The study of these clinics is crucial to understand gender preferences for treatment.

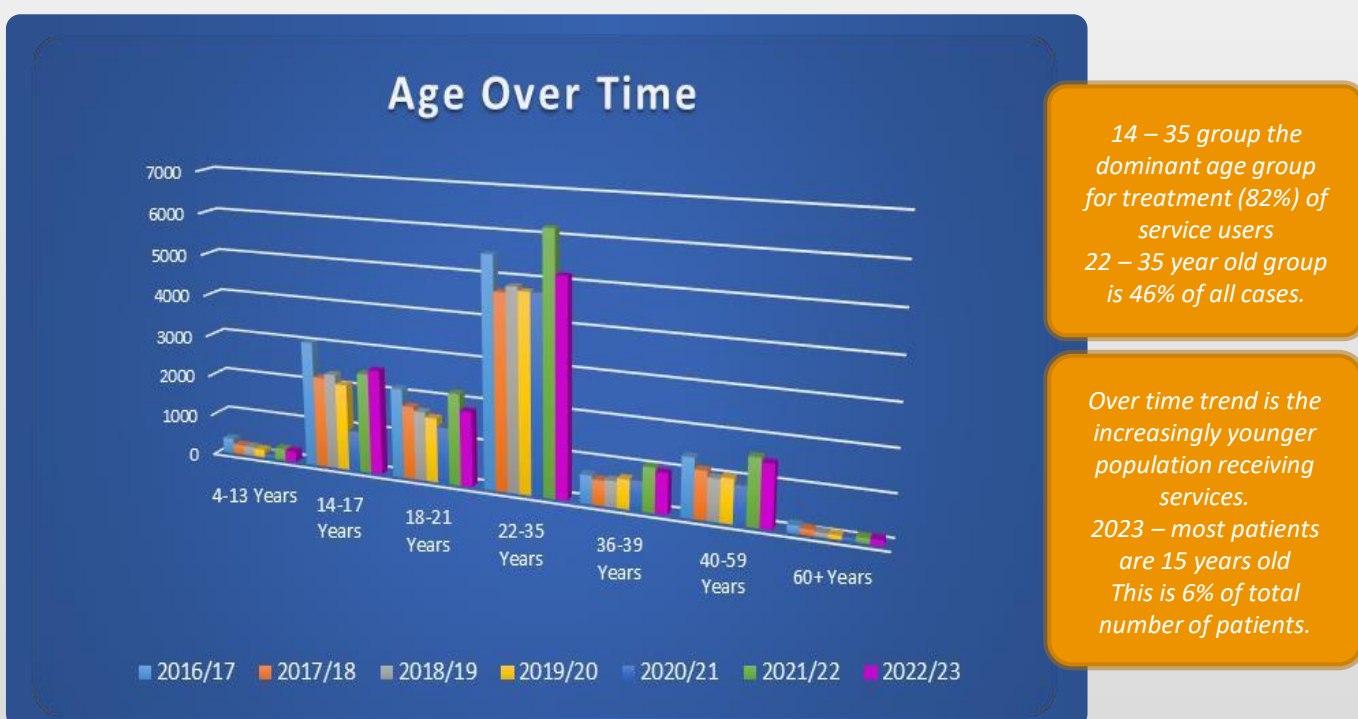




b. Age trends

SANCA's main strength is in the treatment of younger persons, showing good service presence in schools where early identification out patient treatment can make a difference.

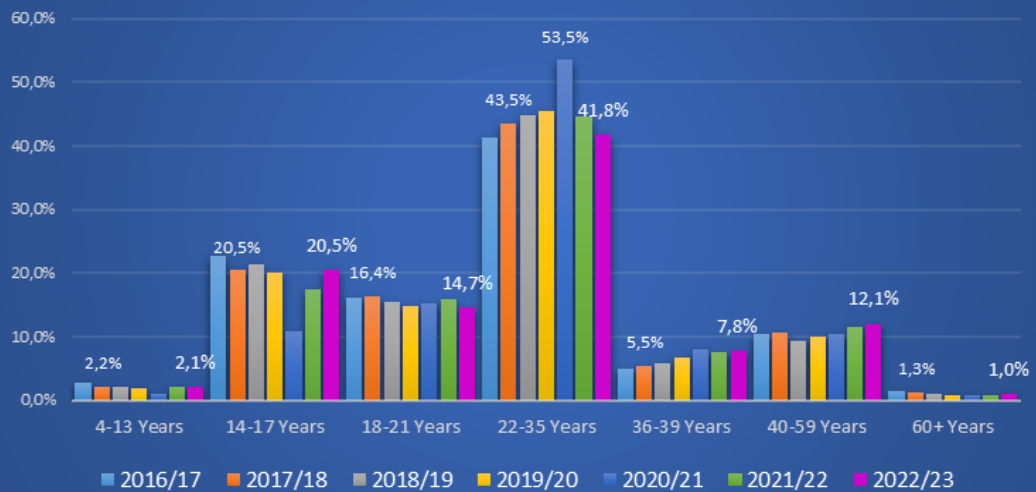
The late youth stage for treatment is the second focus point of treatment when younger persons are in a productive stage of life, requiring return to the work environment and solving life-stage tasks that are critical in this stage of life. Focusing services and tailoring treatment centres around these two target groups, children and younger persons, is needed to ensure services remain relevant.



- ☐ SANCA's market is the youth population.
- ☐ The highest age group is 22-35 years of age at 46%.
- ☐ The second highest group is 14-17 years at 20,5%.
- ☐ The type of substance causes escalation of admissions to in-patient youth centres.
- ☐ Children are exposed at a younger age to substances and therefore SANCA needs to adjust programmes.

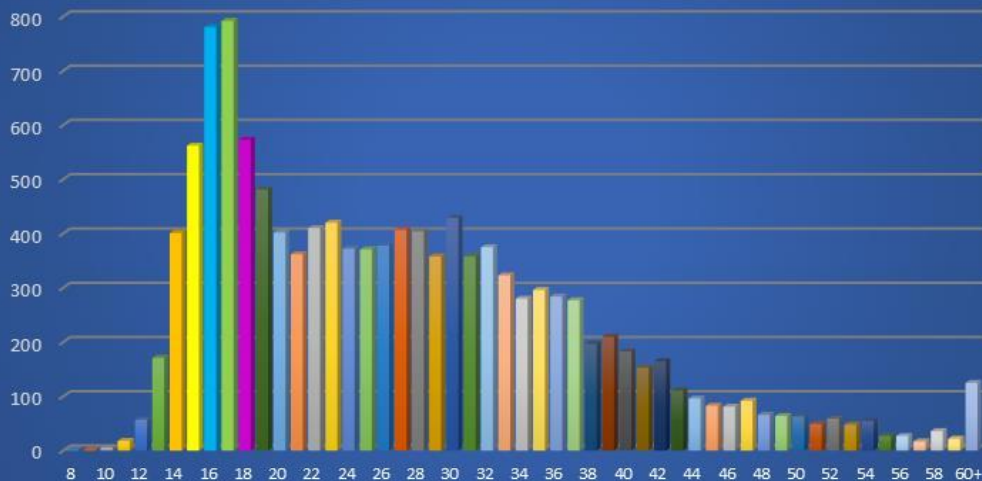


Age Over Time (%)



Age over time as reflected in percentages

Age 2023



Client age for period 2022 - 2023

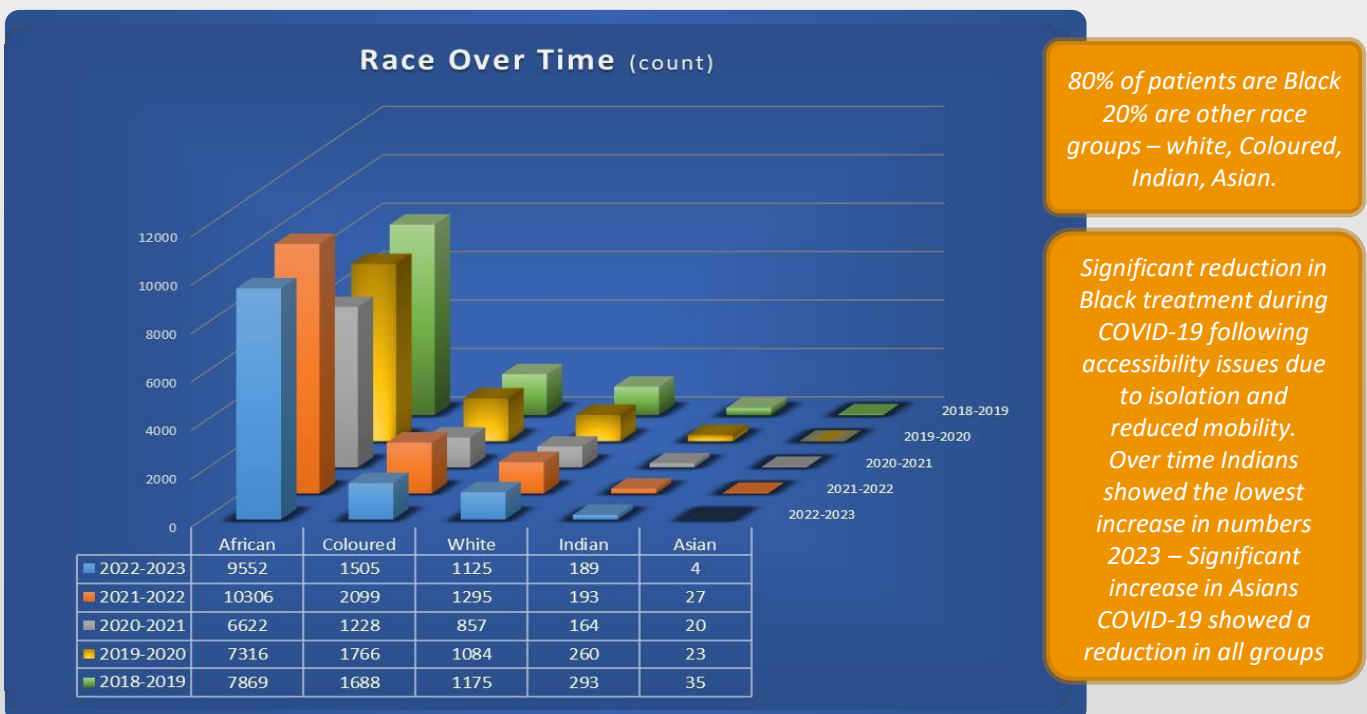


c. Race trends

SANCA's outpatient treatment services effectively penetrated areas where South Africa's black population reside.

It is evident that environmental conditions such as the COVID-19 pandemic influenced accessibility of services by specifically black clients.

This could be due to transportation issues or lack of services due to conditions of isolation when schools were closed. The service utilisation improved significantly post Covid-19.



- ❑ 80% of all service users are African followed in smaller portions for coloured, white, Indian and Asian service users.
- ❑ All population groups attend SANCA treatment voluntarily. A small portion are referred involuntarily.



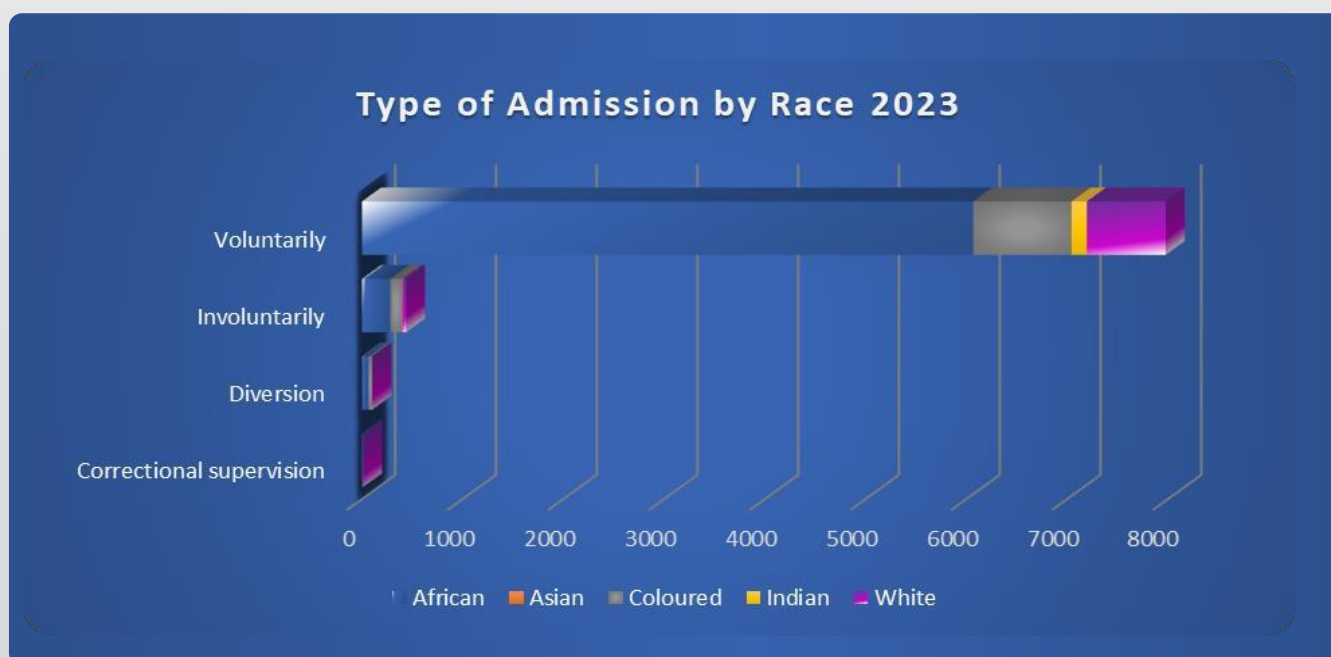
c. Race trends

The graph shows that all population groups attend SANCA's rehab services voluntarily, highlighting the importance of promoting voluntary treatment for dependency health conditions.

There is little difference in treatment outcomes between voluntary and involuntary approaches, with involuntary patients showing better cooperation due to the compulsory nature of their participation. However, low motivation or resistance to treatment could significantly influence the motivation of voluntary patients.

Further development and refinement of treatment approaches for involuntary patients, particularly those with low motivation or inherent resistance, is needed.

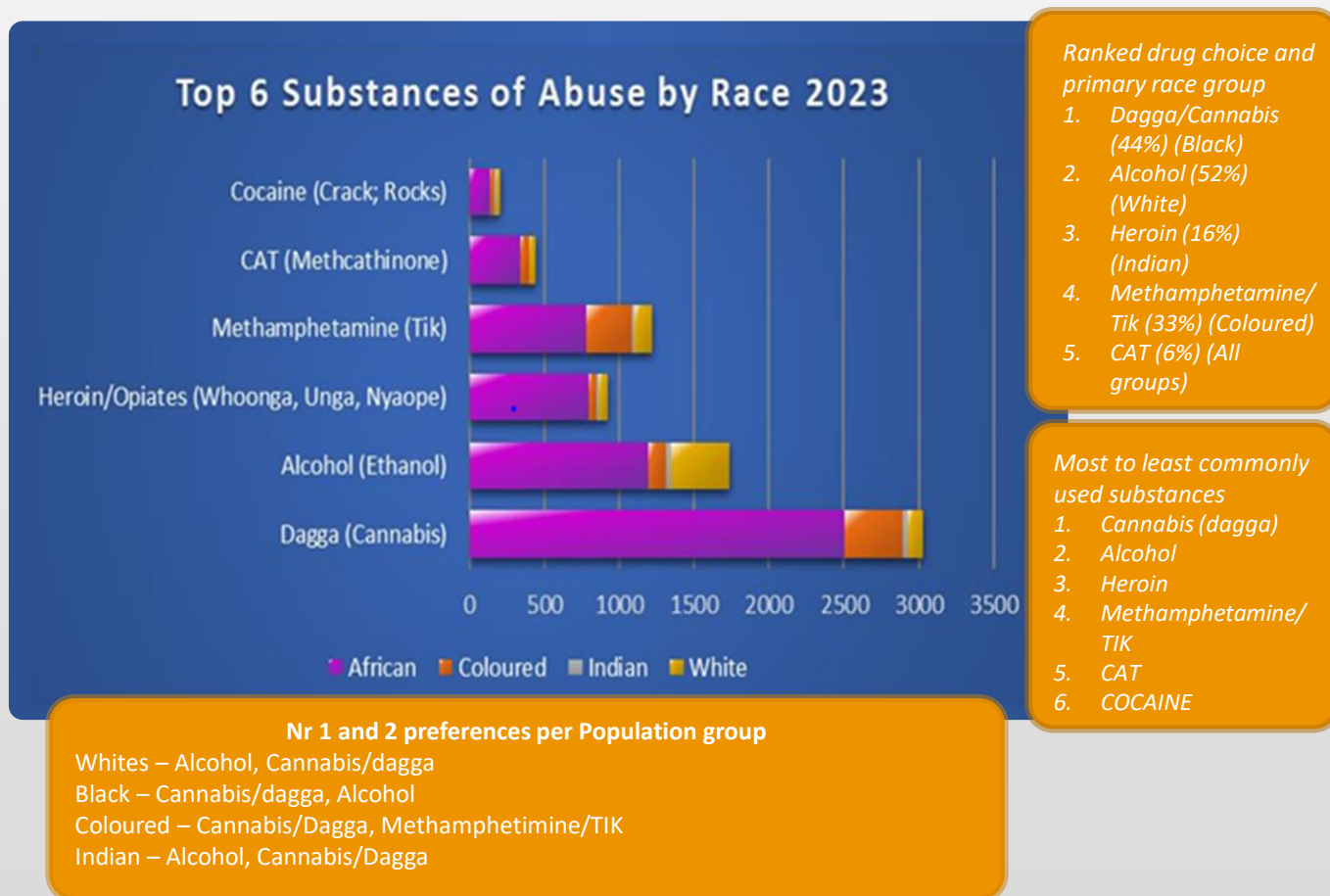
The number of patients admitted through diversion and correctional supervision could signal a new trend in market sector diversification.





d. Substance of abuse

SANCA's services are focused on drugs as indicated below. Note race group preferences as indicated in the below text box. The race group preferences enables SANCA to better understand cultural patterns and preferences and this can help with the planning, initiation and tailoring of service options in specific geographical areas and contexts.

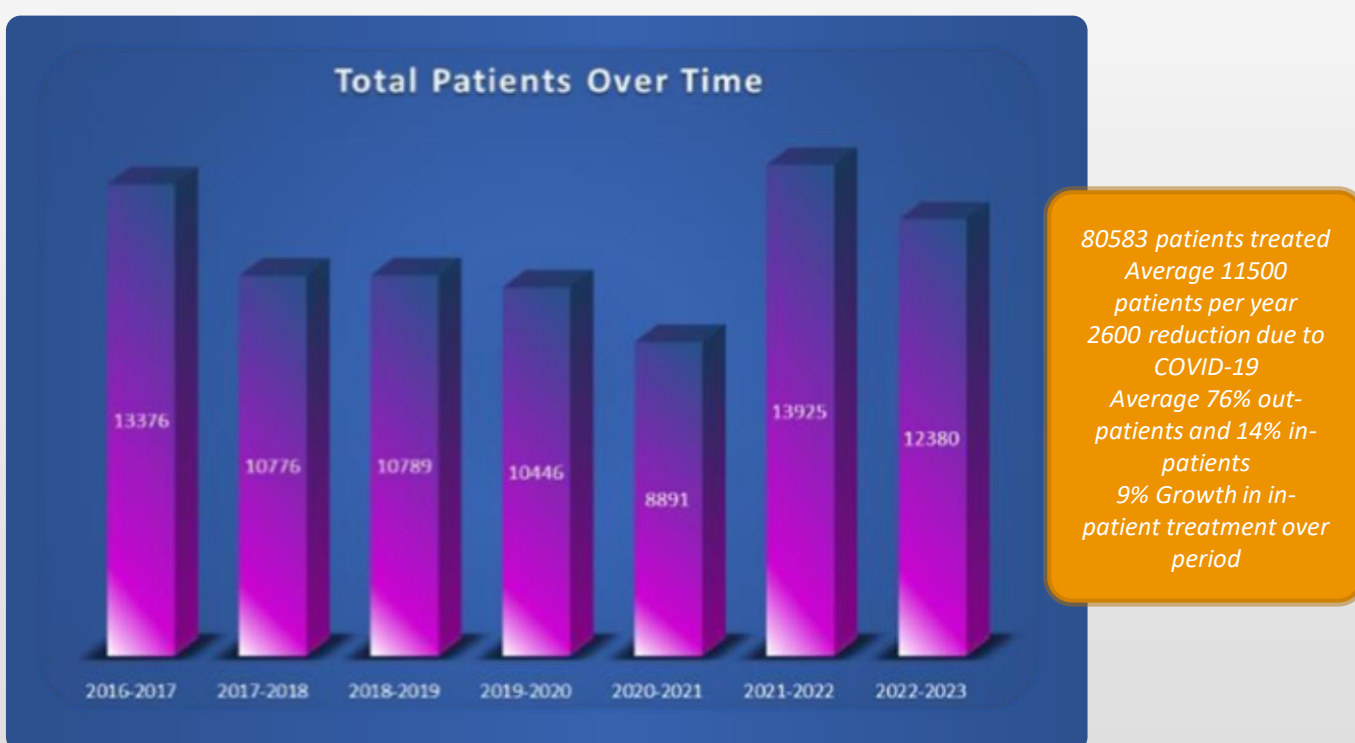


SANCA's overall treatment pattern for substances of abuse can be rank ordered as follows from highest to lowest:

- ☐ Dagga; Alcohol; Heroin; Methamphetamine/ TIK; CAT; and Cocaine.

a. Total admissions to SANCA clinics

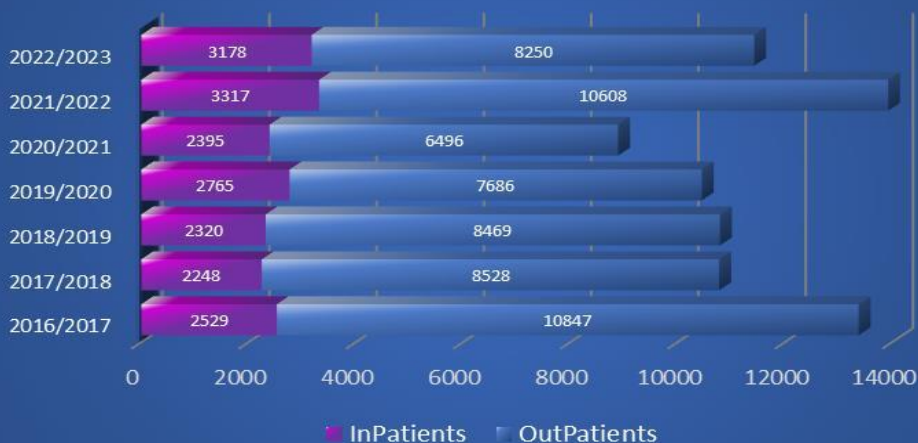
80,583 service users treated over 7 years. SANCA also managed to treat 6496 outpatients during the COVID-19 period despite conditions of lockdown and isolation.



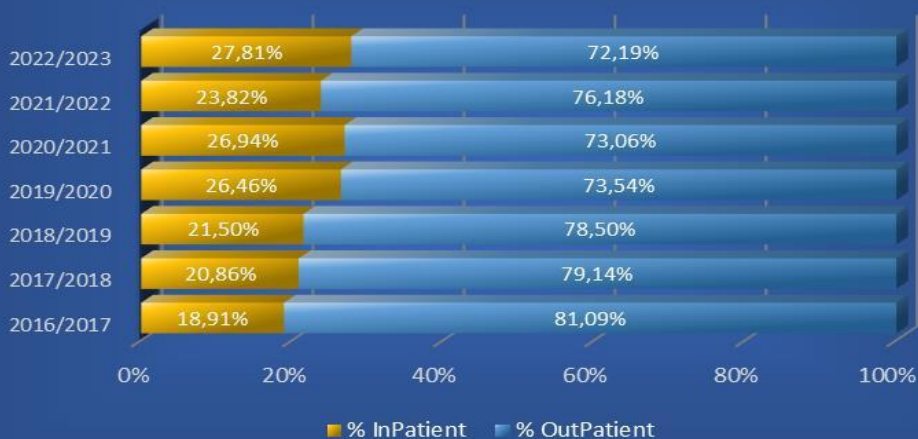
The overall admission pattern changed in 2020 with the onset of COVID-19 but picks up again from 2021 onward. The reasons for the reduction in admissions during 2022 –2023 are unknown. However, intakes were slightly smaller than before.

The total number of patients handled during 2022 period was largely like pre-covid times. The growth in outpatient treatment from a minimum of 19% to 27% of all treatment suggests a remarkable gain in popularity of this service option.

IN & OUT Patients Over Time (count)



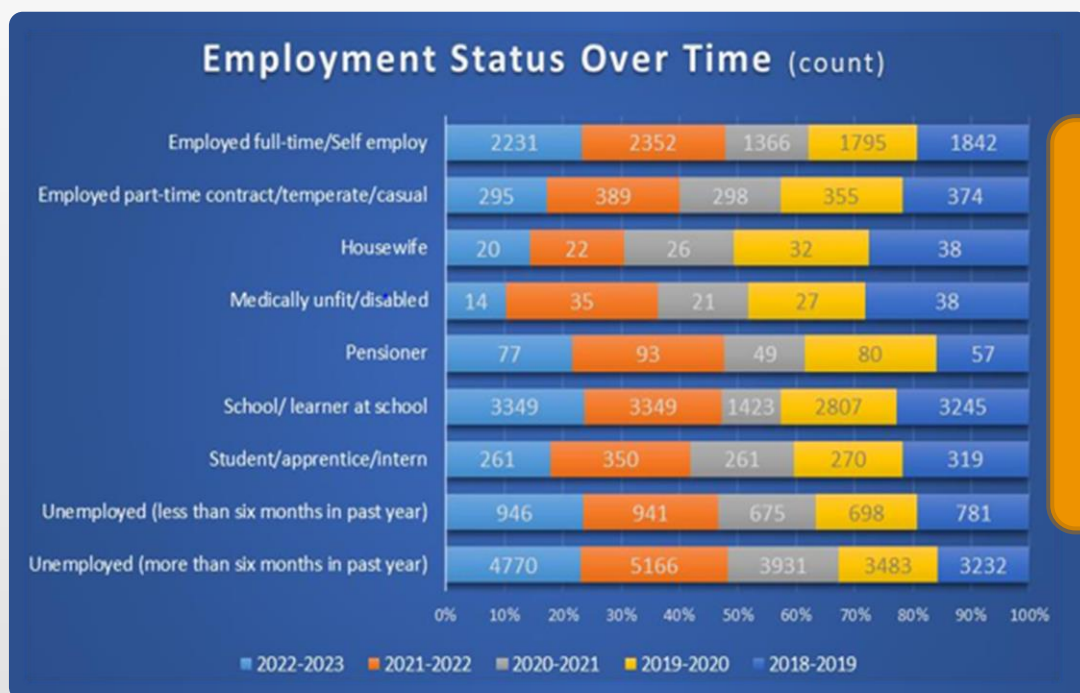
IN & OUT Patients Over Time (%)



Increase of Out-patient treatment from 19% to 27% over the year.

- ❑ 12,380 services users treated in 2022/2023.
- ❑ Highest admission rate was post-Covid-19 in 2021/2022.
- ❑ Increase of Out-patient treatment from 19% to 27% over the year.
- ❑ SANCA has a 1% penetration rate and is lower than in US of 10% due to number of treatment centre per province and the market position of the centres. (Availability and accessibility issues)

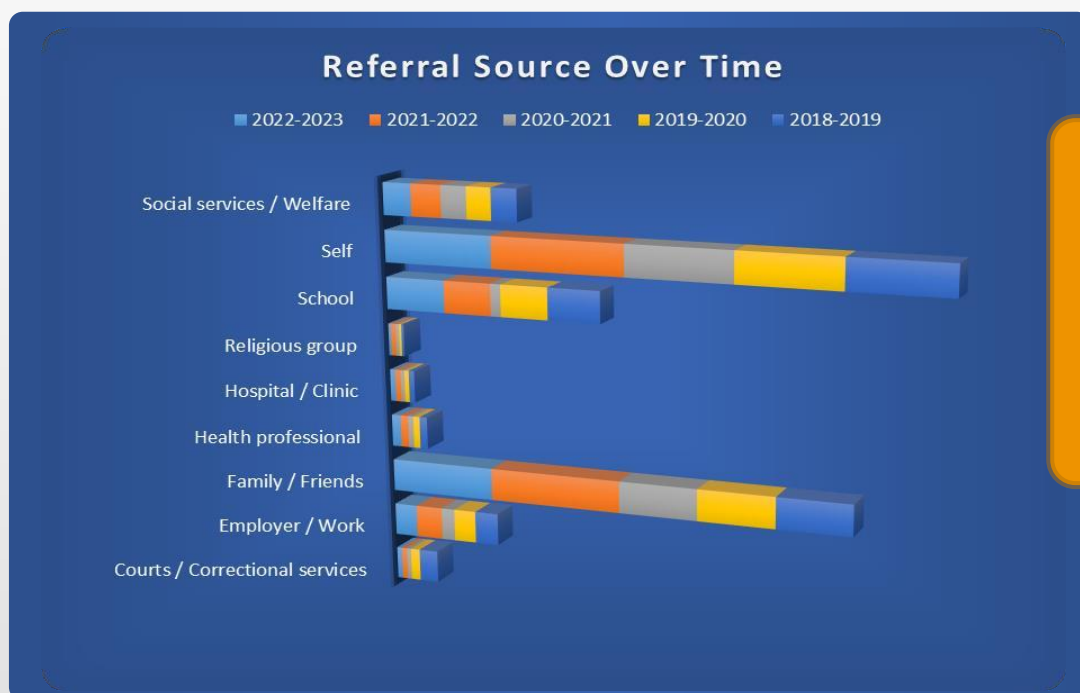
b. Employment status at admission



2016 - 2023
Most patients were
longterm unemployed,
or School learners, or
Employed persons
This matches the age
profile of SANCA
patients
The number of
employed persons
increased since 2022

- ❑ 29% of SANCA's service users are school learners or students.
- ❑ 32% are unemployed adults.
- ❑ 18% has some kind of employment.
- ❑ 50% of all patients treated during 2023 were state fully paid for and were unemployed at the time of treatment.

c. Referral sources

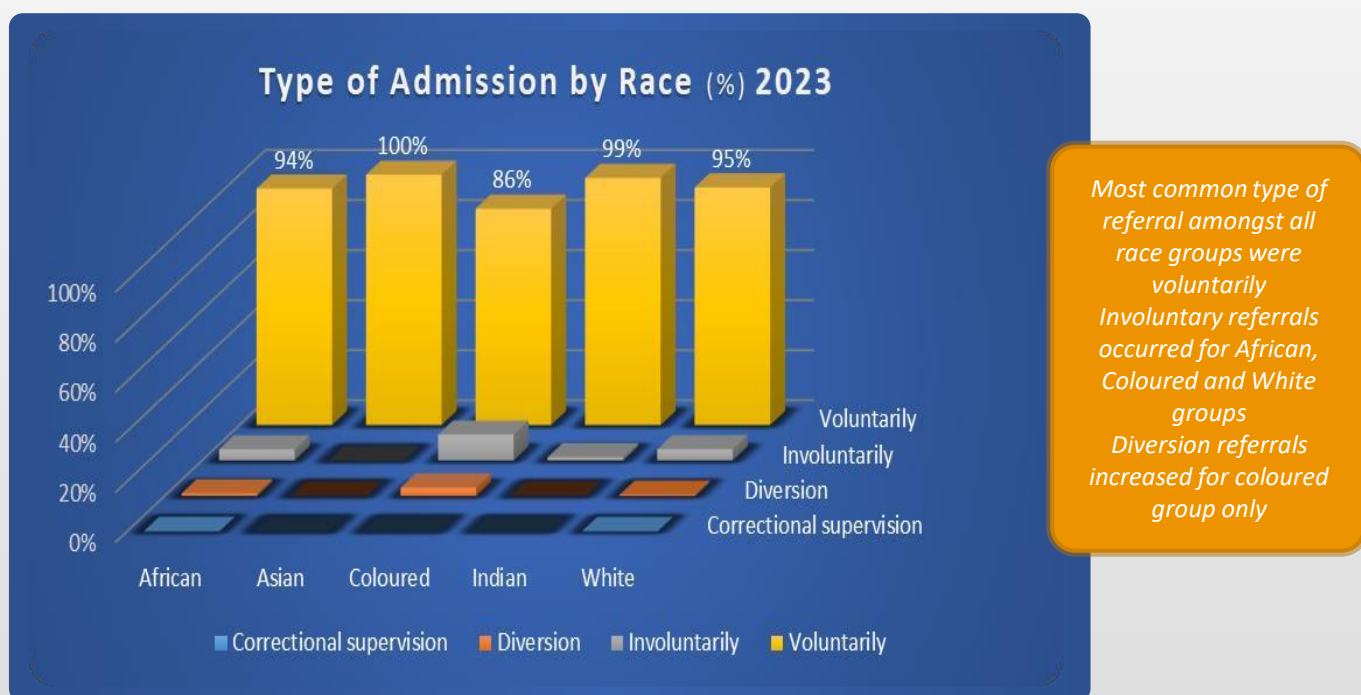


2016 - 2023
Self-referrals most prevalent, followed by family/friends
School and employer referrals temporarily declined during COVID-19 and slowly corrects
Court and correctional referrals dramatically

- ❑ Self-referrals remain the highest proportion, followed by family, friends, and social services.
- ❑ Employer referrals are the fourth-highest referral category.
- ❑ SANCA is a relatively well-known service option, but this image could be improved upon, and could be a target priority for future marketing of SANCA's services.

d. Race and type of referral to clinic

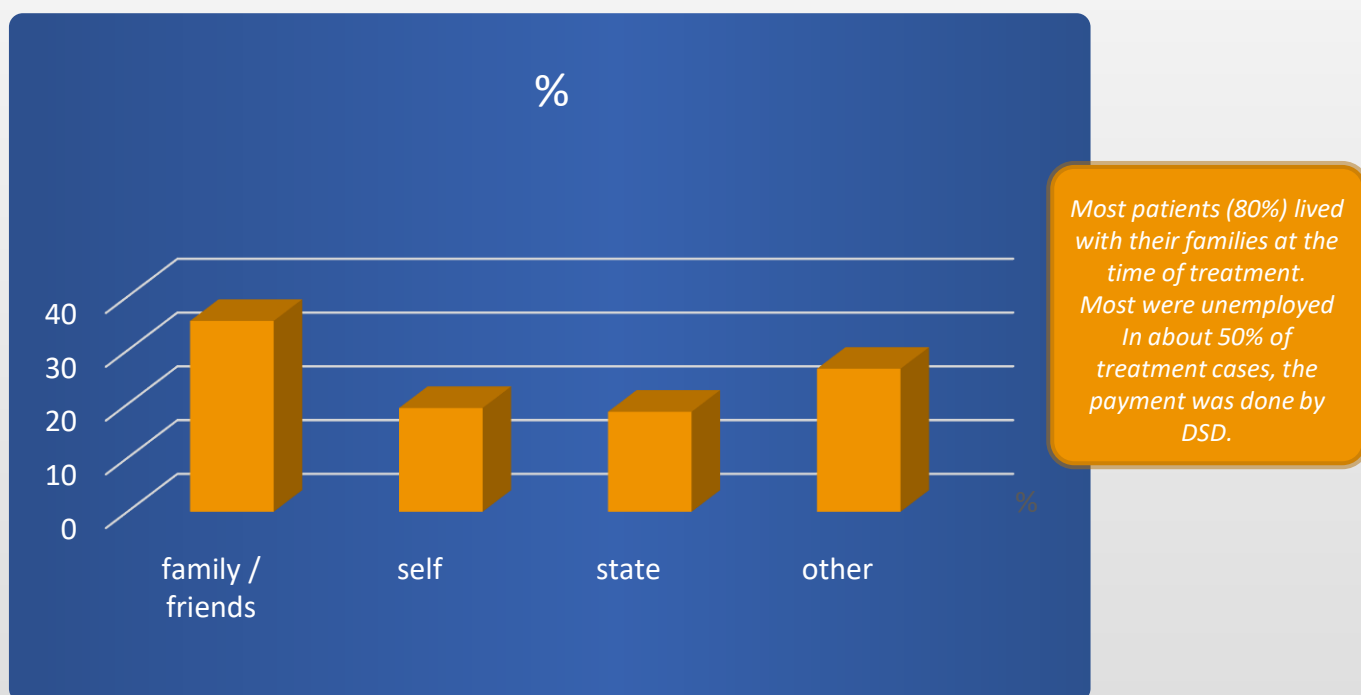
Changes in diversion referrals and involuntary referrals may be due to regional factors such as preferences by courts and justice system personnel. Constant attention must be paid to state referral mechanisms such as the court system.



Overall, 61,3% of individuals admitted to treatment were referred by 'self/family/friends, followed by 'school (n=262, 11.8%), and 'employer/work' (n=582, 11.1%). Similarly, referral by 'self/family/friends' was also the most common source of referral when examined by province.

e. Payment for services

The SANCA services fill a gap in the treatment of Alcohol and Drug Abuse as indicated by the above result. The trends show that state support for this service is a major source of financial support to patients using the services, and that this source should be expanded.

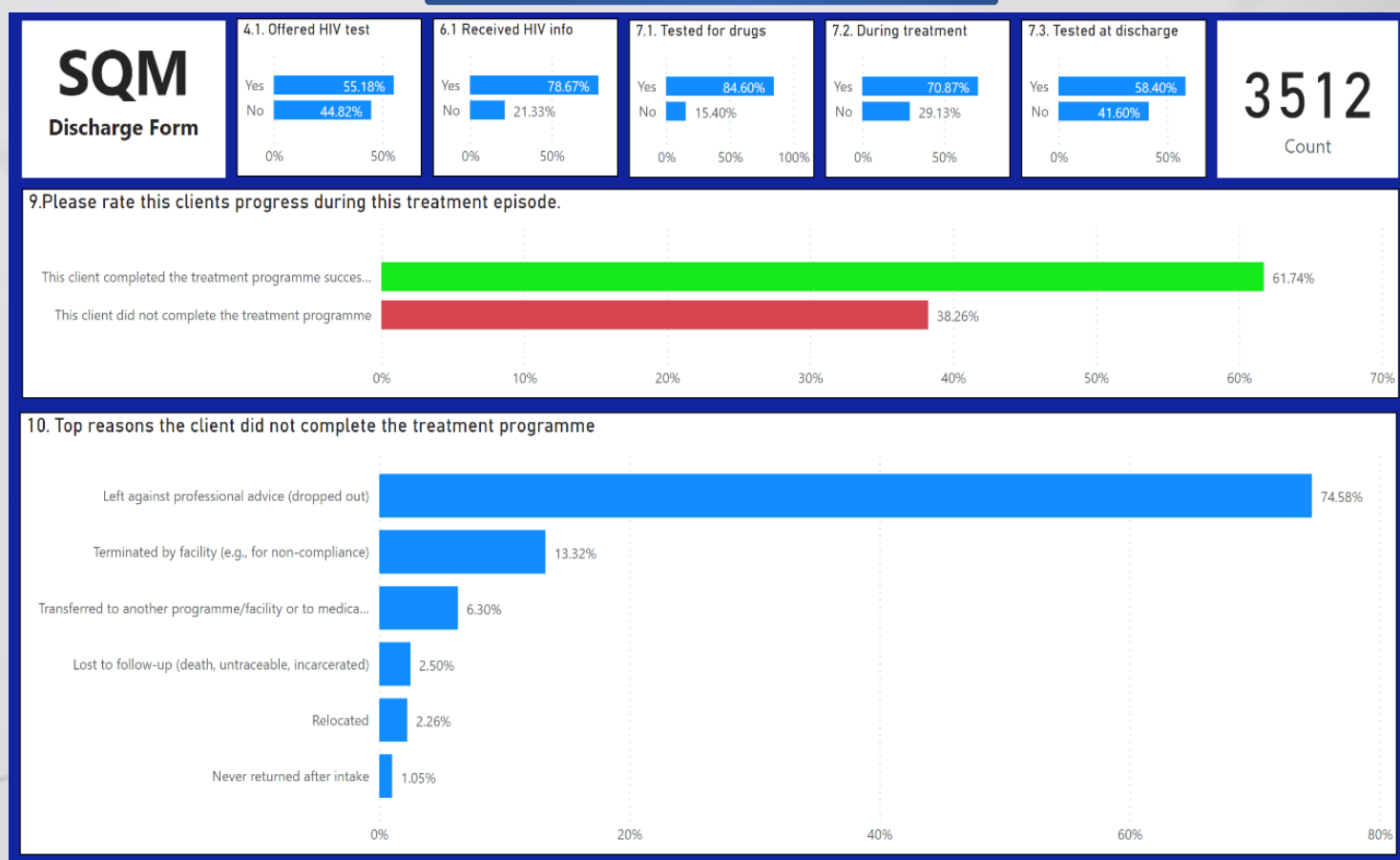


Payment sources mainly came from 'family/friends' (n=1345, 35.5%), followed by the 'self' (n=731, 19.3%), and 'state' (n=704, 18.6%). Similarly, across individual provinces 'family/friends' was also the primary source of payment for services.

f. Completion rates

67% of the average 11500 service users completed the services which compares reasonably well with UN Drug and Substance Unit figures. It will be important to consider at what stage of treatment a patient terminates the service. The most likely reason for termination is unknown and attributable to personal circumstance.

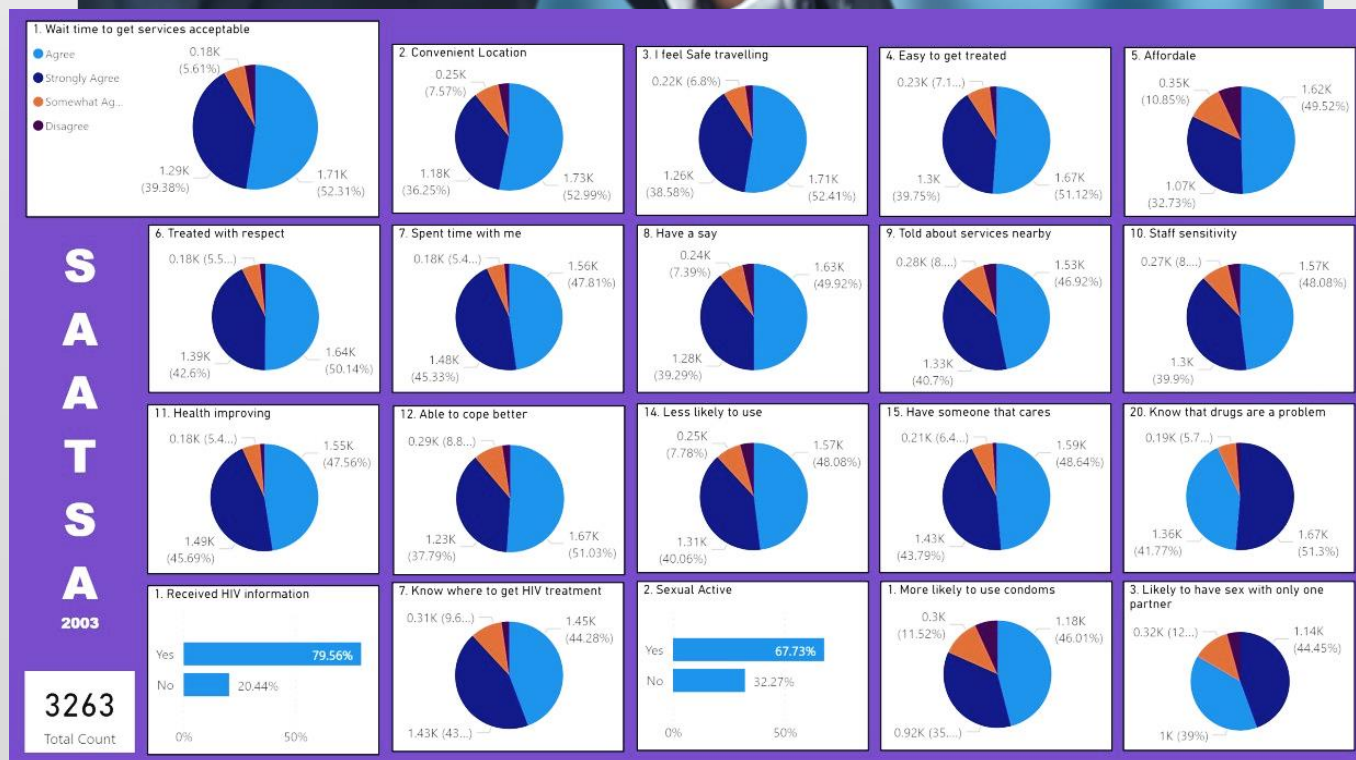
*Most likely reason for termination is
unknown/personal against advice
6% left for another programme*



g. Satisfaction with services



Waiting time, feeling safe, treated with respect, spending time with counsellor
Dissatisfaction factors
Lack of confidence to stay without drug
Poor capacity to cope after programme
11% could not afford the programme
11% were unaware of HIV treatment



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Recommendations



- Many of the identified gaps, contradictions and trends observed in the data are related to the need for specialised and informed marketing strategies focused upon specific market sectors, groups, and demographics. We recommend that a marketing strategy revision is done to identify how these strategies may be improved, specialised, and focused towards market sector coverage growth, within sector growth and targeted to specific under-represented cultural groups.
- The need for real-estate (treatment centre placement, look and feel) analysis to understand some of the trends described in this report may be needed. It will be important to assess whether SANCA's services, be it inpatient or outpatient services are appropriately developed to cater for younger children. It is predicted based on the limited information of this report that future treatment demand may develop towards accommodating younger children. We expect there will be a growth in younger patient treatment, and this demands an understanding of the younger person's needs regarding most suitable treatment modalities.
- An underlying aspect not directly observed but related to this analysis is the level of sophistication in treatment services. There seems to be an increase in the need for mental health treatment and upgraded detoxification and withdrawal services. Expansion of services in this direction may increase SANCA's footprint and improve the imaging. It may be essential to equip all treatment services with withdrawal services to enable provision of comprehensive services. To enable such comprehensive services may require registration of treatment centres as health clinics to ensure medical personnel can be appointed and healthcare services can be installed. An answer to this may imply that treatment facilities are strongly associated with medical care facilities such as hospitals. This will enhance the image of the treatment facility as a medical health service.
- Generally, SANCA's footprint will only be enhanced if it would be possible to increase the number of treatment centres and continue expanding the current affiliation patterns. The more clinics per province, the more likely the service becomes known. This expansionistic strategy should be accompanied by adequate funding of course.
- Future marketing strategies should consider women as target population, to be incorporated in visual marketing communication. Other groups to be targeted are executive males, Indians and Asians, and consideration be given to the development of executive clinics, specialising and catering for executive clients. Once again, such strategy will be underpinned by a clinic classification scheme.
- SANCA must be commended on its ability to provide services at very young population groups. This is a market lead position and shows that the organisation is very well represented amongst schools as the referral agent.

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