

# The effect of judicial changes on treatment demand for adolescents and young adults who use cannabis in South Africa

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Age-related differences were found for cannabis admissions for 2015 to 2023. Isolating the effects of the ConCourt judgement and subsequent proposed legislative changes is problematic.

## BACKGROUND

- Substance use, including cannabis/marijuana (known locally as 'dagga') use, remains a major global public health concern.
- Mental health including substance use issues, account for almost 55.5 million of DALYs among AYAs and up to 10% of DALYs in Southern Africa<sup>1</sup>.
- The Cannabis Bill (B10-2020) of 2018<sup>2</sup> legalises the use and cultivation of cannabis for private use for persons 18 years and older.
- Objective:** Our research explored access to specialist treatment facilities among South African adolescents and young adults where cannabis was used as a primary substance, as well as temporal trends in cannabis-related admissions to determine the impact of the ConCourt judgement and proposed legislation on admissions.

## METHODS

Retrospective, population-based treatment demand data from the SACENDU surveillance system to assess time trends for cannabis-related treatment

Adolescents 15-18 years and young adults 19-25 years across 9 provinces in South Africa for the period 2015 to 2022

Basic descriptive statistics and multiple logistic regression analysis

Odds ratios (ORs) and 95% confidence interval level [CI] were reported

## RESULTS

- Increase in cannabis admissions from 52.8% in 2015 to 56.2% in 2023 (Table 1 & Fig. 1)
- Increase in admissions for ≤18 years from 72.5% in 2015 to 78.0% in 2023 (Table 1 & Fig. 2)
- Increase in admissions for 19-25 years from 37.2% in 2015 to 38.1% in 2023 (Table 1 & Fig. 2)
- Reduction for ≤18 years with 74.4% in 2017 vs. 79.3% in 2016 (Table 1 & Fig. 2)
- Increase for ≤18 years with 75.5% in 2022 vs. 61.9% in 2021 (Table 1 & Fig. 2)
- Increase for ≤18 years with 78.0% in 2023 vs. 75.5% in 2022 (Table 1 & Fig. 2)
- Increase for 19-25 years with 41.6% in 2017 vs. 38.2% in 2016 (Table 1 & Fig. 2)
- Decrease for 19-25 years with 38.1% in 2018 vs. 41.6% in 2017 (Table 1 & Fig. 2)
- Decrease for 19-25 years with 34.3% in 2019 vs. 38.1% in 2018 (Table 1 & Fig. 2)
- Increase for 19-25 years with 37.9% in 2022 vs. 34.1% in 2021 (Table 1 & Fig. 2)

Table 1. Model statistics for cannabis admissions, 2015-2023

	OR	95%CI		
Overall (time per year)	0.94	(0.93 - 0.94)		
<b>Age (time per year)</b>				
≤18 yrs	0.92	(0.90 - 0.93)		
19-25 yrs	0.96	(0.95 - 0.97)		
			<b>≤18 yrs</b>	<b>19-25 yrs</b>
			OR	95%CI
2015 vs. 2016	1.02	(0.81-1.11)	0.97	(0.89-1.05)
2016 vs. 2017	0.76	(0.69-0.84)	1.15	(1.06-1.25)
2017 vs. 2018	0.95	(0.86-1.06)	0.86	(0.79-0.94)
2018 vs. 2019	0.64	(0.58-0.71)	0.85	(0.77-0.92)
2019 vs. 2020	0.99	(0.88-1.12)	0.96	(0.87-1.05)
2020 vs. 2021	0.92	(0.82-1.02)	1.04	(0.95-1.13)
2021 vs. 2022	1.90	(1.74-2.08)	1.18	(1.09-1.28)
2022 vs. 2023	1.15	(1.04-1.28)	1.01	(0.93-1.09)

Figure 1. Treatment admissions by substance category (%)

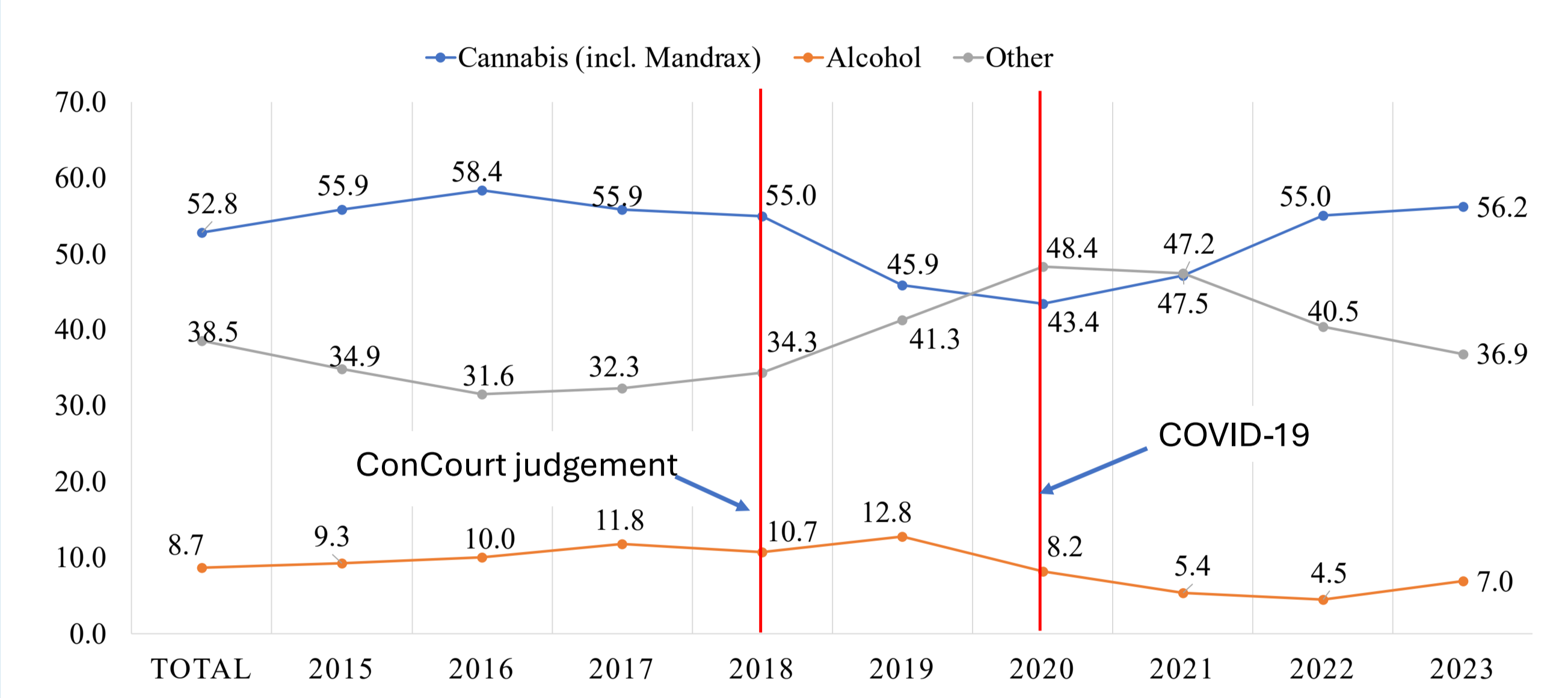
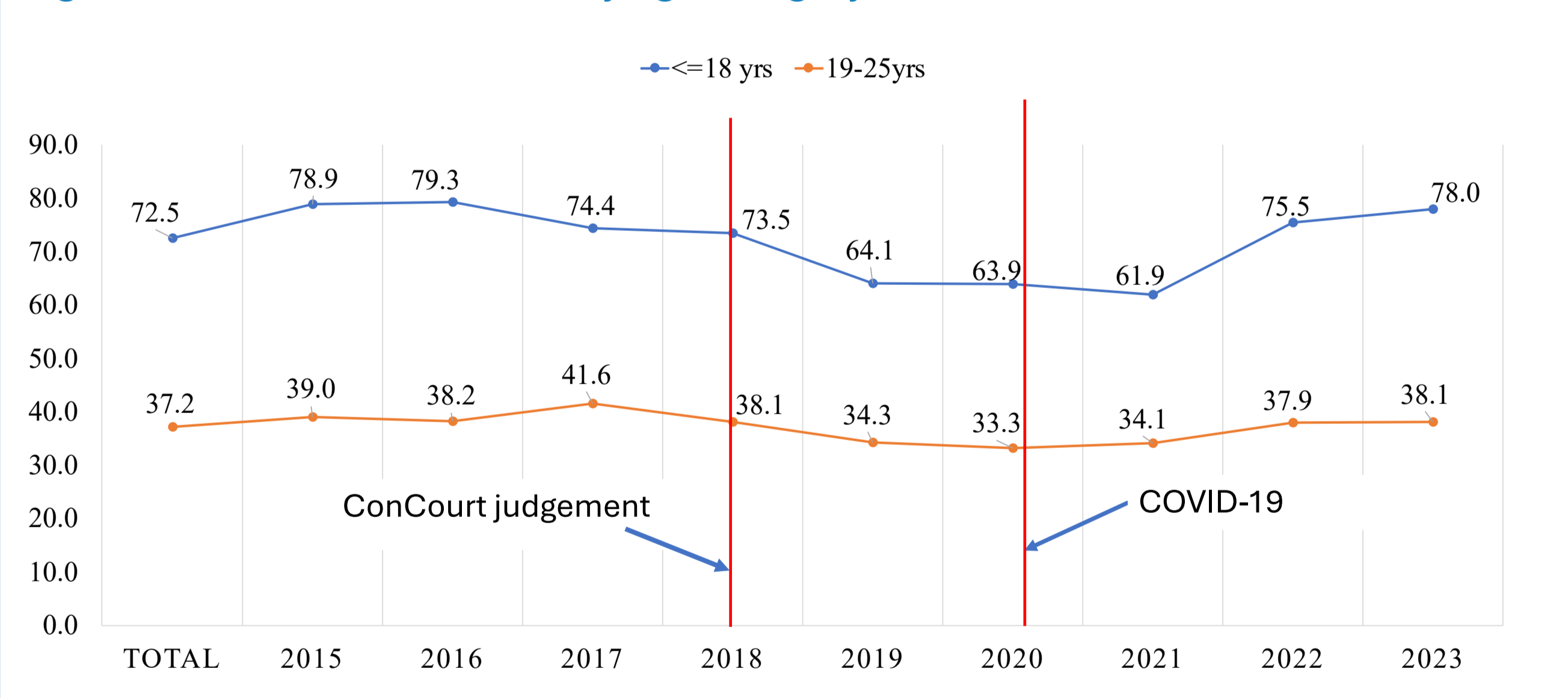


Figure 2. Cannabis admissions by age category (%)



## CONCLUSIONS

- Overall, cannabis-related admissions declined immediately following the ConCourt judgement, with an increase after 2020.
- Majority of cannabis admissions among adolescents ≤18 years vs. young adults 19-25 years.
- Decrease in cannabis admissions for adolescents ≤18 years after 2018, increasing after 2021.
- Decrease in cannabis admissions for persons 19-25 years, with levels rising after 2021.

## RECOMMENDATIONS:

- Conduct in-depth, longitudinal studies.
- Improved surveillance data is needed.

## ADDITIONAL KEY INFORMATION

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