

### BACKGROUND

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in 9 provinces in South Africa: Western Cape (WC); KwaZulu-Natal (KZN); Eastern Cape (EC); Mpumalanga (MP) and Limpopo (LP) (combined as the Northern Region: NR); Gauteng (GT: Johannesburg, Pretoria); Free State (FS), Northern Cape (NC), and Northwest (NW) (combined as the Central Region: CR). The system, operational since 1996, monitors trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes. This report will focus on data on treatment admissions from the 10197 patients seen across the 64 centres/programmes in the 2nd half of 2014 (i.e. 2014b). This review period saw an increase in number of patients admitted for treatment (from 9620 in 2014a to 10197).

### LATEST KEY FINDINGS BY SUBSTANCE OF ABUSE (UNLESS STATED OTHERWISE THE FINDINGS RELATE TO THE 2ND HALF OF 2014)

**Alcohol** is the dominant substance of abuse in EC and CR; while Cannabis is the most common substance of abuse in GT, KZN and NR. Between 18% (NR) and 39% (CR) of patients in treatment reported alcohol as a primary drug of abuse and a slight decrease was noticed in KZN and CR (Table 1). Treatment admissions for alcohol-related problems in persons younger than 20 years are generally less common. In the CR, 73% of patients under the age of 20 reported alcohol as their primary substance of abuse, a significant increase from 4% in the previous period (Table 1).

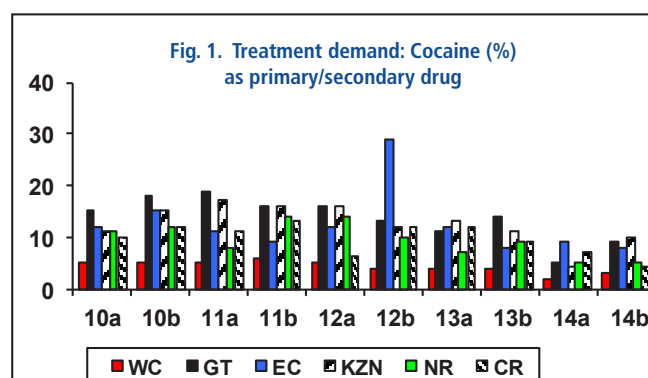
Table 1. Primary drug of abuse (%) for all patients and patients under 20 years – selected drugs (2014b)

	Age	WC	KZN	EC	GT	NR1	CR2
# centres		28	4	5	15	7	5
# patients		3444	929	663	3172	1134	655
Alcohol	All	22	36	35	20	18	39
	<20	11	12	17	19	12	73
Cannabis	All	23	40	21	36	42	31
	<20	46	74	44	48	71	12
Methaq. (Mandrax)	All	5	5	7	2	<1	5
	<20	5	3	11	1	0	0
Cocaine	All	2	6	5	4	2	2
	<20	2	2	3	2	<1	1
Heroin	All	13	5	1	14	26	6
	<20	12	4	2	8	14	3
Methamphetamine	All	35	<1	16	3	1	4
	<20	24	0	17	4	0	0

1-Northern Region (MP & LP) 2-Central Region (FS, NW, NC)

Across sites between 27% (EC) and 51% (KZN) of patients attending specialist treatment centres had **cannabis** as their primary or secondary drug of abuse, compared to between <1% (NR) and 17% (WC) for the **cannabis/mandrax** (methaqualone) 'white-pipe' combination. In 2014b the proportion of treatment admissions for cannabis as a primary drug increased in KZN while decreasing in the GT and CR. In all sites cannabis is reported as the primary substance of abuse by the majority of patients who are younger than 20 years except in CR.

Treatment admissions for **cocaine**-related problems show a decrease over the past few reporting periods and remain low across sites, although cocaine is more often reported as a secondary substance. Approximately 3% (WC) and 14% (EC) of patients in treatment have cocaine as a primary or secondary drug of abuse, (Fig.1). Relatively few patients younger than 20 years are admitted for cocaine-related problems.

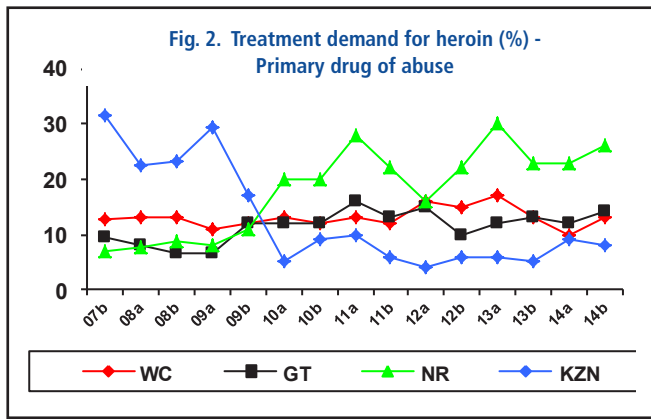


Compared to the previous period, treatment admissions for heroin as a primary drug of abuse remained stable across all sites (Fig. 2). Mostly, heroin is smoked, but a proportion of patients with heroin as their primary drug of abuse in the WC, GT, KZN and NR, 5%, 21%, 9% and 3% respectively report injection use. Injection use of heroin has remained fairly stable in the WC and NR compared to the previous period, but increased substantially in GT (from 12% to 21%).

The proportion of heroin patients who were Black/African has remained stable at 77% in NR, but decreased significantly to 59% in the GT (from 79% in 2014a). In the NR, KZN and GT the majority of heroin patients younger than 20 years were Black/African, 83%, 92% and 67% respectively. Heroin is also used as a secondary substance of abuse with 13% of patients in the WC, 27% in the NR, 8% in KZN and 16% in GT reporting heroin as both a primary or secondary substance of abuse.

\* We also acknowledge the input of our provincial coordinators and participating treatment centres





**Methamphetamine (MA)** - Treatment admissions for MA as a primary drug of abuse is low except in the WC. MA (aka 'Tik') remained the most common primary drug reported by patients in the WC in 2014a, although the proportion decreased slightly from 39% in 2011b to 35% in this period. Among patients under 20 years the proportion reporting MA as a primary or secondary substance of abuse was 35% (compared to 39% in 2014a). Treatment admissions related to MA abuse as a primary or secondary drug remain low in most other sites except the EC (22%).

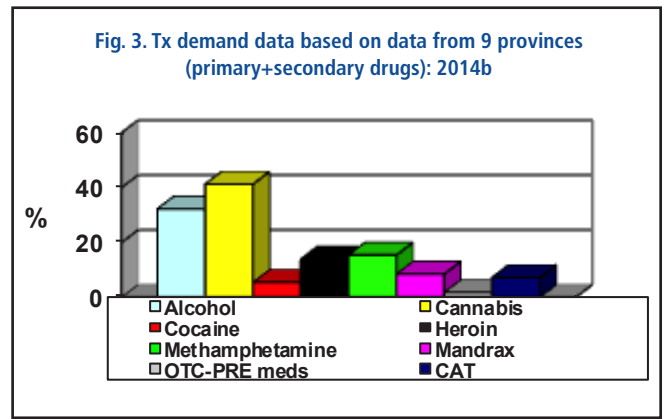
The abuse of **over-the-counter (OTC) and prescription medicines** such as slimming tablets, analgesics, and benzodiazepines (e.g. diazepam and flunitrazepam) continues to be an issue across sites. Treatment admissions for OTC and prescription medicine, as a primary or secondary drug of abuse, were between 1% (NR) and 14% (EC). During this reporting period, 264 (2.6%) patients across all sites reported the non-medical use of codeine, with the majority of patients coming from the EC (10.1%). **Methcathinone ('CAT')** use was noted in most sites, especially in GT and CR where 16% and 14%, respectively, of patients had 'CAT' as a primary or secondary drug of abuse. **Poly-substance abuse** remains high, with between 17% (NR) and 44% (WC) of patients indicating more than one substance of abuse. The use of Nyaope (low grade heroin and other ingredients smoked with dagga), continues to pose a problem, with 8% of patients in GT admitted for **Nyaope** use and 6% of patients in the NR.

Overall, and across all regions 13% of patients presented with a dual diagnosis at treatment admission. The majority of patients reported mental health problems at the time of admission (36%), followed by hypertension (17%) and respiratory diseases (12%). A higher proportion of patients suffering from mental health problems were found in the WC (40%), and a higher proportion of patients suffering from hypertension were found in the NR accounting for 29% of admissions.

## OTHER KEY FINDINGS

The proportion of patients under 20 years ranged from 18% (EC) to 32% (KZN). In all sites the proportion of Black/African patients in treatment is still substantially less than would be expected from the underlying population demographics; however these proportions have remained higher among young patients in GT and the NR over time. In GT, 69%, in the NR, 86%, and in KZN 82% of patients younger than 20 years were Black/African in 2014b. An overall picture of drug treatment admissions in South Africa based on information combined over the 70 treatment centres in 9 provinces is given in Fig. 3.

Between 23% (EC) and 66% (WC) of patients reported that they had been **tested for HIV** in the past 12 months, showing a significant increase over time but still lower than desirable.



## SELECTED IMPLICATIONS FOR POLICY/PRACTICE

- Encourage health professionals to register for accredited addiction courses to improve early identification of SUD.
- Continue with evidence-based prevention initiatives to delay early onset of use.
- Continue to push for HIV testing at treatment centres and promote harm reduction initiatives.
- Encourage treatment centres to monitor patients after they leave treatment and improve strategies to retain patients in treatment.
- Consider whether needles/syringes should be made available to chronic injectors.
- Support Health Promotion Foundation to get off the ground.
- Increase screening of alcohol use among pregnant women.
- Increase treatment and prevention resources to rural areas in the KZN and EC province.
- Encourage the adoption of community based treatment models, particularly in more rural areas.
- Encourage better technologies for the timeous analysis of constituents in drugs such as Nyaope to ensure targeted medical treatment for withdrawal symptoms.
- Continue to promote the provision of active patient counseling by pharmacists and pharmacist assistants before dispensing codeine-containing medications.

## SELECTED ISSUES TO MONITOR

- Use of synthetic cannabis (even if not yet a problem).
- Females in treatment under 20 years.
- The increase in Nyaope use in Gauteng and the Northern Region.
- The increase in abuse of codeine containing medications.
- The drop in cannabis use among under 20 years in Gauteng.
- Implement interventions that increase linkages to drug treatment.
- Educate communities about addiction and treatment services available in or close to their communities.

## SELECTED TOPICS FOR FURTHER RESEARCH

- What are the characteristics of people who relapse (drugs of abuse, SES, etc.)?
- What are the contents of "Bath Salts"?
- Effects of sharing needles e.g. on Hep-C.
- Are the rights of drug users being protected?
- The impact of cultural events on the early initiation of drug and alcohol use.
- How do we see indigenous use of substances, such as cannabis, in relation to old practices?
- An audit of treatment services available to persons residing in deeply rural areas.

ALCOHOL, TOBACCO AND OTHER DRUG RESEARCH UNIT  
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