

# SACENDU

South African Community Epidemiology Network on Drug Use

UPDATE  
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ALCOHOL AND DRUG ABUSE TRENDS:  
JULY – DECEMBER 2015

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PHASE 39

## BACKGROUND

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in 9 provinces in South Africa. The system, operational since 1996, monitors trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes. The 2nd half of 2015 (i.e. 2015b) saw 9679 patients across 78 centres/programmes. This review period saw a decrease in number of patients admitted for treatment (from 10936 in 2015a to 9679 in 2015b).

## LATEST KEY FINDINGS BY SUBSTANCE OF ABUSE (UNLESS STATED OTHERWISE THE FINDINGS RELATE TO THE 2ND HALF OF 2015)

Alcohol is the dominant substance of abuse in KZN and CR; while Cannabis is the most common substance of abuse in GT, EC and NR. Between 16% (NR) and 42% (CR) of patients in treatment reported alcohol as a primary drug of abuse and a slight decrease was noticed in the EC (Table 1). Treatment admissions for alcohol-related problems in persons younger than 20 years are generally less common. In the EC and KZN, 2% and 8% of patients under the age of 20 reported alcohol as their primary substance of abuse, respectively.

A significant decrease in the proportion of patients under the age of 20 reporting alcohol as their primary substance of abuse in KZN (from 39%) and the CR (from 32% to 7%) has been noticed during this period. A significant increase (from 3% to 8%) in the WC was also noticed during this reporting period. Across sites between 34% (WC) and 50% (GT) of patients attending specialist treatment centres had cannabis as their primary or secondary drug of abuse, compared to between 4% (NR) and 21% (WC) for the cannabis/mandrax (methaqualone) 'white-pipe' combination.

In 2015b the proportion of treatment admissions for cannabis as a primary drug slightly increased in the EC while it decreased in KZN and the CR. In all sites cannabis is reported as the primary substance of abuse by the majority of patients who are younger than 20 years.

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 2% (WC) and 9% (KZN) 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, except in the WC where it slightly decreased from 14% to 11% this period (Fig. 2). Mostly, heroin is smoked, but across sites between 4% (NR) and 57% (CR) of patients with heroin as their primary drug of abuse report injection use.

Injection use of heroin has remained fairly stable in the WC compared to the previous period, but decreased substantially in CR (from 74% to 56%). During this and the previous period, there has been a significant increase in the proportion of patients smoking heroin in the CR (16% in 2015a and 42% in 2015b).

The proportion of heroin patients across all regions (except WC and EC) were Black/African and these proportions slightly decreased to 18% in the EC (from 21%), and remained stable in other sites. In the NR and GT the majority of heroin patients younger than 20 years were Black/African, 93%, and 82% respectively. Heroin is also used as a secondary substance of abuse and 11% of patients in the WC, 29% in the NR, 8% in KZN and 18% in GT reporting heroin as both a primary or secondary substance of abuse.

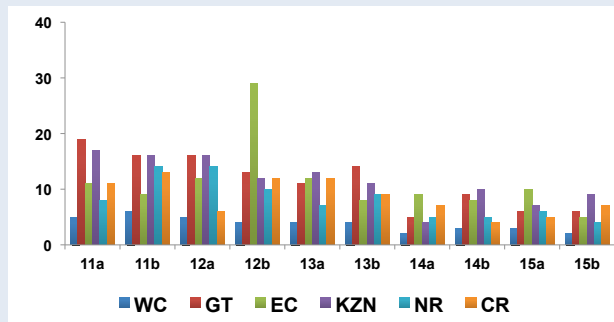
**Table 1:** Primary drug of abuse (%) for all patients and patients under 20 years – selected drugs (2015b)

Source	Age	WC	KZN	EC	GT	NR <sup>1</sup>	CR <sup>2</sup>
# centres		36	9	6	17	5	5
# patients		2674	1171	471	3570	1247	546
Alcohol	All	20	37	24	20	16	42
	<20	8	8	2	2	7	7
Cannabis	All	25	34	31	39	37	24
	<20	70	74	68	76	73	61
Methaq. (Mandrax)	All	5	6	10	3	4	6
	<20	3	6	8	2	<1	10
Cocaine	All	1	5	3	4	2	4
	<20	1	<1	-	1	1	3
Heroin	All	11	7	2	12	28	6
	<20	4	3	1	6	9	1
Methamphetamine	All	37	1	25	4	1	8
	<20	14	<1	17	2	1	4

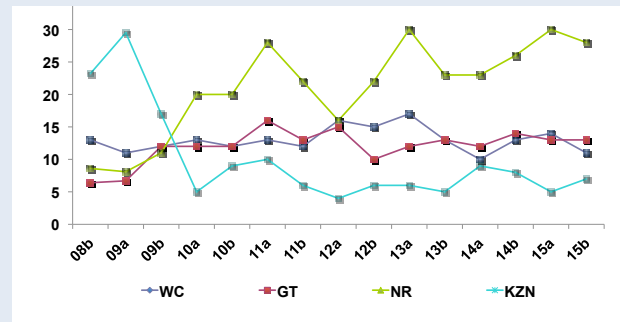
1-Northern Region (MP & LP) 2-Central Region (FS, NW, NC)

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

**Figure 1:** Treatment demand: Cocaine (%) as primary/secondary drug



**Figure 2:** Treatment demand for heroin (%) - Primary drug of abuse



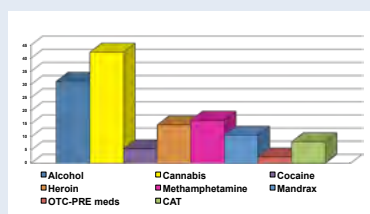
Methamphetamine (MA) - Treatment admissions for MA as a primary drug of abuse is low except in the WC. MA (aka 'Tik') remained the most common primary drug reported by patients in the WC in 2015b, although the proportion increased slightly from 35% in 2015a to 37% in this period. Among patients under 20 years the proportion reporting MA as a primary or secondary substance of abuse was 20% (compared to 35% in 2014b). Treatment admissions related to MA abuse as a primary or secondary drug remain low in most other sites except the EC (34%).

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 5% (CR). During this reporting period, 191 (2%) patients across all sites reported the non-medical use of codeine, with the majority of patients coming from GT (N= 55). Methcathinone ('CAT') use was noted in most sites, especially in GT and CR where 17% and 14%, respectively, of patients had 'CAT' as a primary or secondary drug of abuse.

Poly-substance abuse remains high, with between 14% (NR) and 51% (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 7% of patients in KZN admitted for Nyaope use, 4% of patients in GT and 6% of patients in the NR. The majority of patients who were admitted for Nyaope use in KZN (77%), NR (82%) and GT (96%) were Black/African.

Overall, and across all regions 13% of patients presented with a dual diagnosis at treatment admission.

**Figure 3:** Tx demand data based on data from 9 provinces (primary+secondary drugs): 2015b



The majority of patients reported mental health problems at the time of admission (37%), followed by hypertension (21%) and respiratory diseases (14%). A higher proportion of patients suffering from mental health problems were found in the KZN, accounting for 46% of admissions. On the contrary, patients in the NR were more likely to suffer from hypertension, accounting for 30% of admissions.

### OTHER KEY FINDINGS

The proportion of patients under 20 years ranged from 18% (CR) to 26% (GT). 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, 80%, in the NR and KZN, 83%, and in CR 73% of patients younger than 20 years were Black/African in 2015b. An overall picture of drug treatment admissions in South Africa based on information combined over the 75 treatment centres in 9 provinces is given in Fig. 3. Between 37% (NR) and 72% (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

- Address barriers to treatment access for Black Africans and women and young people.
- Consider making it a requirement that state sponsored treatment centres provide SACENDU data on every client they serve in order to receive their subsidy.
- Address the gaps in treatment access by young people.
- Consider models for aftercare/inclusion and integration to be added to the treatment model.
- Address the availability of methadone to patients with no access to funds or medical aids.
- Implementation of family coping programmes for families
- Consider screening for ADHD in adolescents presenting for substance abuse problems.

### SELECTED ISSUES TO MONITOR

- Patients under 10 years of age.
- Increase in more educated patients coming to treatment in WC.
- Decrease in referrals from social services in WC.
- Mean age of patients with alcohol and OTC-prescription medication abuse in WC.
- Increase in females in treatment for heroin in WC.
- Frequency of codeine use among patients who report codeine use (daily use) especially in WC.
- Unregulated methadone sales particularly – GPs and pharmacists
- Monitor the drop in <20s reporting for treatment in the central region.
- Continue to monitor methamphetamine use in the central region.
- Monitor the abuse of tramadol in all regions - high risk for abuse.

### SELECTED TOPICS FOR FURTHER RESEARCH

- Factors precipitating re-treatment need by patients with tik (methamphetamine) as their primary drug of abuse.
- Is the increase in females in the WC (e.g. for heroin) related to increased use of heroin by females or are they now better able to access services than in the past?
- How should the increase in use of codeine by persons under 20 in the WC be addressed?
- What are the factors driving the opening and closing of treatment centres?
- To what extent do treatment programmes monitor treatment outcomes over time?
- What is the cost of not providing treatment to those who need it?
- How to enhance current health systems to adequately deal with common health issues and AOD problems, more particularly patients who present with Whoonga use.
- What treatment models are available for adults with ADHD, SUD and other mental health issues?

**ALCOHOL, TOBACCO AND OTHER DRUG RESEARCH UNIT**  
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