

# SACENDU

South African Community Epidemiology Network on Drug Use

UPDATE  
JULY, 2017

MONITORING ALCOHOL, TOBACCO AND  
OTHER DRUG USE TRENDS IN SOUTH AFRICA

JULY – DECEMBER 2016

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PHASE 41

## 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 2016 (i.e. 2016b) saw 8787 patients across 75 centres/programmes.** This review period saw a decrease in the number of patients admitted for treatment (from 10540 in 2016a to 8787 in 2016b).

## LATEST KEY FINDINGS BY SUBSTANCE OF ABUSE

*(unless stated otherwise the findings relate to the 2nd half of 2016)*

Alcohol is the dominant substance of abuse in the EC and the CR while Cannabis is the most common substance of abuse in GT and KZN. Between 18% (NR) and 47% (CR) of patients in treatment reported alcohol as a primary drug of abuse. This period saw a slight decrease in the CR region from 50% to 47% (Table 1). A significant increase in KZN from 29% to 37% was noticed during this reporting period.

Generally, treatment admissions for alcohol-related problems in persons younger than 20 years are less common. However, during this period, there was a significant increase in alcohol-related problems in the CR and the EC among persons younger than 20 years. Increases in the EC can be explained by the opening of a new youth rehabilitation centre in the EC, where the majority of patients are treated for alcohol-related problems. Between 7% (GT) and 42% (CR) of patients under the age of 20 reported alcohol as their primary substance of abuse.

**Table 1:** Primary drug of abuse (%) for all patients and patients under 20 years - selected drugs (2016b)

	AGE	WC	KZN	EC	GT	NR <sup>1</sup>	CR <sup>2</sup>
# CENTRES		33	11	7	15	5	4
# PATIENTS		2808	1177	537	2948	929	388
ALCOHOL	All	21	37	39	22	18	47
	<20	10	8	35	7	18	42
CANNABIS	All	29	34	24	36	34	27
	<20	81	78	38	76	67	31
METHAQUALONE (MANDRAX)	All	6	1	8	2	1	4
	<20	3	1	11	2	1	7
COCAINE	All	1	4	3	2	2	5
	<20	<1	<1	2	<1	-	2
HEROIN	All	13	10	2	13	36	2
	<20	<1	7	2	4	11	-
METHAMPHETAMINE	All	29	1	16	6	1	4
	<20	5	<1	10	3	<1	6

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

Across sites between 35% (EC) and 51% (GT) of patients attending specialist treatment centres had **cannabis** as their primary or secondary drug of abuse, compared to between 1% (NR) and 20% (WC) for the **cannabis/mandrax** (methaqualone) aka 'white-pipe' combination. In 2016b, the proportion of treatment admissions for cannabis as a primary drug slightly decreased in the NR and KZN while it remained stable in the EC and the WC. In all sites (except in the CR), 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. Cocaine is more often reported as a secondary substance of abuse. Approximately 3% (WC) and 10% (KZN) of patients in treatment have cocaine as a primary or secondary drug of abuse. 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 NR where it significantly increased from 26% to 36% this period (Fig. 2). Mostly, heroin is smoked, but across sites between 2% (NR) and 52% (GT) of patients who reported heroin as their primary drug of abuse injected it. This period saw a significant increase in the proportion of patients injecting heroin in GT (from 38% to 52%).

The proportion of heroin patients across all regions (except WC and EC) were **Black African** and these proportions were lower (3%) in the WC, and remained stable in other sites. In the NR, KZN and GT regions, the majority of heroin patients younger than 20 years were Black African, 80%, 90% and 86% respectively. Heroin is also used as a secondary substance of abuse with 2% of patients in the CR, 37% in the NR, 12% in KZN and 16% in GT reporting heroin as both a primary or secondary substance of abuse. The use of **nyaope** (low-grade heroin

and other ingredients smoked with dagga), continues to pose a problem, with 9% of patients in KZN admitted for nyaope use. In the NR 3% of patients reported nyaope as their primary substance of use. The majority of patients who were admitted for nyaope use in KZN (79%), NR (100%) and GT (67%) were Black African.

**Methamphetamine (MA)** - Treatment admissions for MA as a primary drug of abuse is low except in the WC and in the EC. MA (aka 'Tik') remained the most common primary drug reported by patients in the WC in 2016b, although the proportion decreased slightly from 32% in 2016a to 29% in this period. Among patients under 20 years, the proportion reporting MA as a primary or secondary substance of abuse was 9% (compared to 35% in 2014b). Treatment admissions related to MA abuse as a primary or secondary drug remain low in most other sites except in the EC (22%).

**Methcathinone ('CAT')** use was noted in most sites, especially in GT and CR where 17% and 13%, respectively, of patients had 'CAT' as a primary or secondary drug of abuse.

**Poly-substance abuse** remains high, with between 19% (NR) and 48% (WC) of patients indicating the use of more than one substance of abuse.

The abuse of **Over-The-Counter (OTC) and Prescription Medicines** such as slimming tablets, analgesics, and benzodiazepines (e.g. diazepam and flunitrazipam) continues to be an issue across sites. Treatment admissions for OTC and prescription medicine, as a primary or secondary drug of abuse, were between 2% (NR) and 9% (EC). During this reporting period, 212 (2.4%) patients across all sites reported the non-medical use of codeine, with the majority of patients coming from GT (N= 81).

Overall, and across all regions 17% of patients presented with a **dual diagnosis** at treatment admission. The majority of patients reported mental health problems at the time of admission (24%), followed by respiratory diseases (21%) and diabetes (18%). A higher proportion of patients suffering from diabetes problems were found in the CR, accounting for 79% of admissions. On the contrary, patients in the WC were more likely to suffer from mental health problems, accounting for 30% of admissions.

### OTHER KEY FINDINGS

The **proportion of patients under 20 years** ranged from 21% (EC) to 28% (WC). 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, 68%, in the NR 89%, KZN 83%, and in the CR 73% of patients younger than 20 years were Black African in

2016b. An overall picture of drug treatment admissions in South Africa based on information combined over the 75 treatment centres in 9 provinces is provided in Fig. 3.

Between 39% (EC) and 63% (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

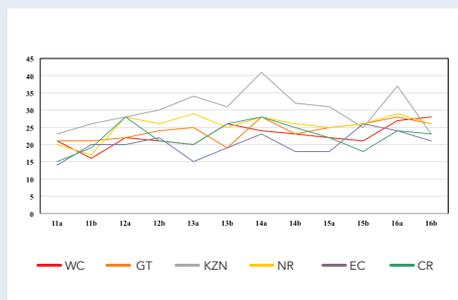
- Intensify effective programmes aimed at preventing AOD use by children and adolescents.
- Act urgently to address the high levels of injection use of Heroin in GT (including upscaling OST and needle & syringe programmes).
- Intensify efforts to screen for HIV and HCV (among drug injectors) in substance abuse treatment centres.
- Consider screening for ADHD in treatment centres.
- Consider early treatment for ADHD as a possible drug prevention strategy.
- Lobby harder for DTI to move forward with legislation and other action aimed at better controlling outlets near schools.
- Lobby for treatment centres to have commitment and resources to address NCDs among patients coming to treatment (especially mental health problems, hypertension).
- Address obstacles to women accessing treatment by investigating barriers to implementing childcare options for treatment centres and identify solutions.
- Consider increasing the use of interventions involving contingency management.
- Upscale lessons for FASD prevention/ intervention learned from FASD research projects, including targeting sexually active women of childbearing age who are not using contraception.

### SELECTED ISSUES TO MONITOR

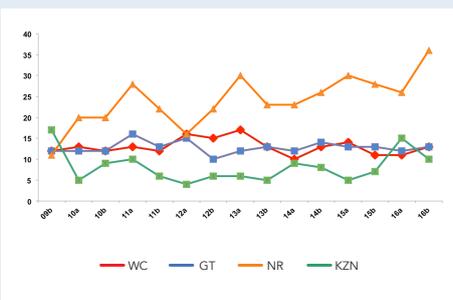
- Increasing treatment demand for problems associated with Cannabis use in GT.
- Increasing treatment demand for problems associated with alcohol and mandrax in under 20 years patients in the EC.
- Drug use among pregnant women in GT.
- Increase in females under 20 years coming to treatment in the NR and the WC (the latter with problems associated with Mandrax use).
- Increase in 10-14 year olds coming to treatment (WC).

### SELECTED TOPICS FOR FURTHER RESEARCH

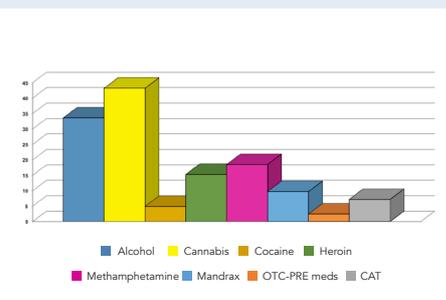
- What actions are likely to be effective in addressing heroin/nyaope use among Black Africans in GT and NR?
- What will be the effect of the WC court decision regarding use of cannabis be (especially on young people)?
- What is the effect of paying for substance abuse treatment on families?
- With many drug users smoking their drugs, what are the effects on respiratory and other bodily systems?
- What are the barriers to Black Africans accessing treatment in WC and how can they be overcome?
- Why do cannabis users end up in treatment?
- What factors have led to the decrease in treatment demand for methamphetamine in the WC over the years?
- What are the mental health problems experienced by persons attending substance abuse treatment and how well are they being attended to and how could they be better addressed?



**Figure 1:** Treatment admissions trends - % of patients <20 years



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



**Figure 3:** Treatment demand data based on data from 9 provinces (primary + secondary drugs):2016b

## FOR FURTHER INFORMATION CONTACT

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