

SACENDU

South African Community Epidemiology Network on Drug Use

UPDATE JANUARY 2018 ALCOHOL AND OTHER DRUG USE TRENDS:

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PHASE 42

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 1st half of 2017 (i.e. 2017a)** saw an increase in the number of persons admitted for treatment from **8787** in 2016b to **10047** in 2017a **across 80 centres/programmes**.

LATEST KEY FINDINGS BY SUBSTANCE OF USE (unless stated otherwise the findings relate to the 1st half of 2017)

Alcohol remains the dominant substance of use in the EC, KZN and the CR. Between 15% (NR) and 45% (EC) of persons in treatment reported alcohol as a primary drug of use. This period saw a slight decrease in the number of persons seeking treatment in the CR region from 47% to 43% (Table 1). A significant increase in alcohol admissions from 39% to 45% was noticed for the EC during this reporting period.

Consistent to previous reporting periods, treatment admissions for alcohol-related problems in persons younger than 20 years were generally less common. However, during this period, there was a significant increase in alcohol-related admissions for persons younger than 20 years in KZN from 8% to 24%. Between 3% (GT) and 24% (KZN) of persons under the age of 20 reported alcohol as their primary substance of use. Cannabis is the most common substance of use in GT and the NR. Across sites between 29% (EC) and 57% (GT) of persons attending specialist treatment centres had **cannabis** as their primary

Table 1: Primary drug of use (%) for all persons and persons under 20 years – selected drugs (2017a)

	Age	WC	KZN	EC	GT	NR ¹	CR ²
# CENTRES		34	13	7	17	5	4
# PERSONS ADMITTED		2902	1370	425	3870	1123	356
ALCOHOL	All	26	34	45	17	15	43
	<20	11	24	5	3	10	3
CANNABIS	All	29	32	18	46	46	29
	<20	79	58	62	82	76	72
METHAQUALONE (MANDRAX)	All	5	3	7	2	1	6
	<20	2	2	5	2	<1	9
COCAINE	All	1	6	5	2	5	6
	<20	1	3	1	<1	1	1
HEROIN	All	10	10	3	13	28	3
	<20	1	6	-	3	9	-
METHAMPHETAMINE	All	27	1	16	5	<1	5
	<20	5	<1	25	3	-	7

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

or secondary drug of use, compared to between 1% (NR) and 19% (WC) for the **cannabis/mandrax** (methaqualone) aka 'white-pipe' combination. In 2017a, the proportion of treatment admissions for cannabis as a primary drug significantly increased in the NR and GT while it remained stable in the CR and the WC. In all sites, most persons who are younger than 20 years reported cannabis as their primary substance of use.

Treatment admissions for **cocaine**-related problems have shown a consistent decrease over the past few reporting periods and remain low across sites. Cocaine is more often reported as a secondary substance of use. Approximately 3% (WC) and 11% (KZN) of persons in treatment have cocaine as a primary or secondary drug of use. Relatively few persons younger than 20 years are admitted for cocaine-related problems.

Compared to the previous period, treatment admissions for **heroin** as a primary drug of use

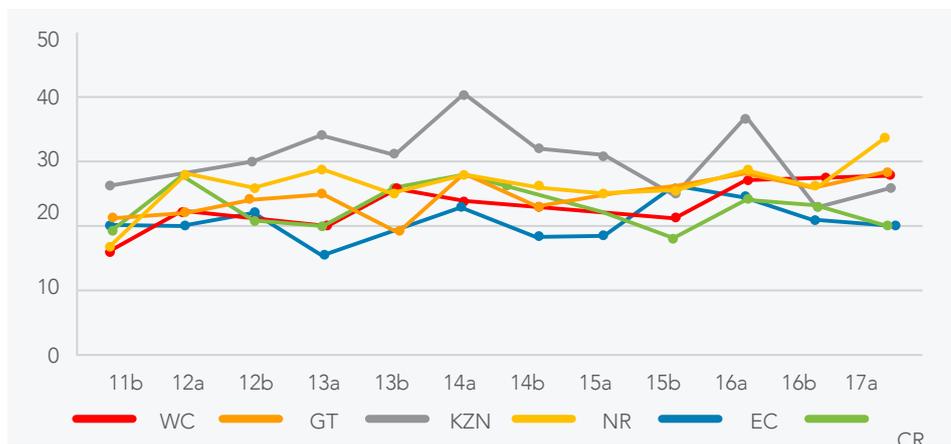
remained stable across all sites, except for the NR where it decreased significantly from 36% to 28% during this reporting period (Fig. 2). Mostly, heroin is smoked, but across sites, between 2% (NR), 14% (WC) and 46% (GT) of persons who reported heroin as their primary drug of use reported injecting it. This period saw a slight decrease in the proportion of persons injecting heroin in GT (from 52% to 46%).

The proportion of heroin persons across all regions (except WC and EC) were **Black African** and these proportions were lower in the WC (3%), and remained stable in other sites. In the NR (91%), KZN (85%) and GT (94%) regions, the majority of heroin users younger than 20 years were Black African. Heroin is also used as a secondary substance of use; with 2% of persons in the CR, 31% in the NR, 11% in KZN and 20% in GT reporting heroin as a primary or secondary substance of use. The use of nyaope (low-grade heroin and other ingredients smoked with

dagga), continues to pose a problem, with 10% of persons in KZN admitted for nyaope use. In GT, 5% of persons reported nyaope as their primary substance of use. The majority of persons who were admitted for nyaope use in KZN (81%) and GT (95%) were Black African.

Methamphetamine (MA) - Treatment admissions for MA as a primary drug of use is low except in the WC (27%) and in the EC (16%). MA (aka 'Tik') was the second most common primary drug reported by persons in the WC in 2017a, following cannabis, although the proportion decreased from 32% in 2016a to 27% in this period. Among persons under 20 years, the proportion reporting MA as a primary or secondary substance of use was 8% (compared to 35% in 2014b). Treatment admissions related to MA use as a primary or secondary drug remain low in most other sites except in the EC (25%).

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



Methcathinone ('CAT') use was noted in most sites, especially in GT and the CR where 14% and 12% respectively, of persons admitted had 'CAT' as a primary or secondary drug of use.

Poly-substance use remains high, with between 37% (NR) and 54% (KZN) of persons indicating the use of more than one substance.

The use of **Over-The-Counter (OTC) and Prescription Medicines** such as slimming tablets, analgesics, and benzodiazepines (e.g. diazepam and flunitrazipam) has remained stable across sites. Treatment admissions for OTC and prescription medicine, as a primary or secondary drug of use, were between 1% (NR) and 4% (EC). During this reporting period, **214 (2.1%)** persons across all sites reported the non-medical use of codeine, with the majority of persons coming from GT (N= 82).

Overall, and across all regions, 14% of persons presented with a **dual diagnosis** at treatment admission. The majority of persons reported current mental health problems at the time of admission (39%), followed by hypertension (20%) and respiratory diseases (13%). A higher proportion of persons suffering from hypertension problems were found in GT, accounting for 32% of admissions. On the contrary, persons in the WC were more likely to suffer from mental health problems, accounting for 42% of admissions.

OTHER KEY FINDINGS

The **proportion of persons under 20 years** ranged from 20% (EC) to 34% (NR). In all sites the **proportion of Black African persons in treatment** is still substantially less than would be expected from the underlying population demographics; however, these proportions have remained higher among young persons in GT and the NR over time. In GT 97%, NR (93%), KZN (96%), and in the CR (65%), persons younger than 20 years were Black African in 2017a. An overall picture of drug treatment admissions in South Africa based on information combined over the 80 treatment centres in 9 provinces is provided in Fig. 3.

Between 40% (NR) and 68% (CR) of persons 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

- Continue to increase access to treatment for Black African descent.
- Ensure that substance use treatment services assess and address mental health needs of clients.
- Investigate whether we have the analytic capacity in forensic chemistry labs to identify new psychoactive substances.

- Implement alcohol screening of all women coming to antenatal services in the WC.
- Promote HIV testing among persons entering treatment, especially users of heroin and methamphetamine.
- Intervene early to address/prevent cannabis use among young people before they drop out of school or experience more severe mental health problems.

SELECTED ISSUES TO MONITOR

- Increase in students, persons over 50s and females under 20 years coming to treatment in WC.
- Increase in women, over 50 years coming to treatment in KZN.
- Increase in use of mephedrone, methcathinone and synthetic cannabinoids in WC and methamphetamine use in GT (especially among Black Africans)
- Drug related fatalities in the WC (with MA and Mandrax in the blood stream)
- Increase in school referrals in the WC
- Use of codeine by men in the WC
- Use of heroin as primary and secondary drug of use in GT
- Increase in use of OTC/Pres-meds among Black African females
- Increase in persons under 20 years coming to treatment in NR
- Increase in CAT use among persons coming to treatment in NR
- Drop in heroin as a primary drug of use in NR
- Anecdotal reports about 'Flakka' (a newer-generation version of bath salts, which are synthetic psychoactive drugs) in KZN

SELECTED TOPICS FOR FURTHER RESEARCH

- What is the effect of the court case, which made a determination on home use of cannabis?
- Reasons for the increase in heroin use in WC and GT?
- Nature and extent of sharing of needles in GT.
- Investigate the extent to which heroin is being added to cannabis to increase dependency among users in NR.
- Is there a relationship between NCDs and type of substance used?

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

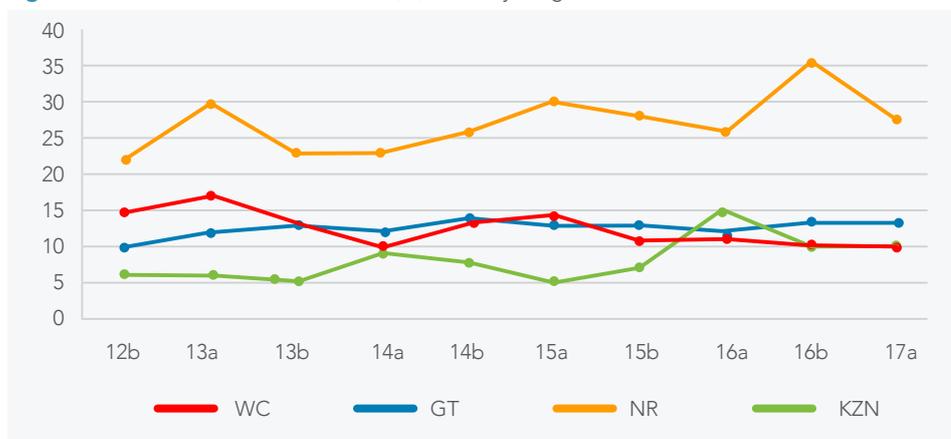


Figure 3: Tx demand data based on data from 9 provinces (Primary + secondary drugs): 2017a

