

SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE
Reserach Update (August 2021)

MONITORING ALCOHOL, TOBACCO AND OTHER DRUG USE TRENDS (SOUTH AFRICA):

July – December 2020

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PHASE 49

BACKGROUND

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in all 9 provinces in South Africa since 1996. SACENDU monitors trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes, and from community-based harm reduction and health.

TREATMENT DEMAND DATA (data collected from specialist substance use treatment centres): Latest key findings (unless stated otherwise the findings relate to the 2nd half of 2020).

The 2nd half of 2020 (i.e. 2020b) saw a significant increase in the number of persons admitted for treatment from 6 317 in 2020a to 9 394 in 2020b across 82 treatment centres/programmes. During this period, COVID 19 restrictions were lessened and treatment centres reopened or could accommodate more patients.

This period saw a significant increase in the number of persons seeking treatment for Alcohol in the WC, KZN and the CR (Table 1). The government had imposed lesser COVID 19 alcohol restrictions during the second half of 2020 and this could possibly have contributed to this increase seen. Between 8% (GP) and 34% (KZN)

of persons accessing AOD treatment services reported alcohol as their primary substance of use. Consistent to previous reporting periods, overall treatment admissions for alcohol-related problems in persons younger than 20 years were less common. However, a significant increase in alcohol-related admissions for persons younger than 20 years in KZN (from 2% to 20%) was noticed during this period and this is possibly due to relaxed restrictions on alcohol ban, but this statistic should be monitored. Between 0% (CR) and 31% (KZN) of persons under the age of 20 reported alcohol as their primary substance of use. See figure 1 for treatment admission trends for patients under 20 years old.

Table 1. Primary substance of use (%) for all persons and persons under 20 years – selected drugs (2020a)

	Age	WC	KZN	EC	GT	NR ^a	CR ^b
# CENTRES (n)		37	9	4	29	7	4
# PERSONS ADMITTED (n)		1 890	726	448	5 059	1 024	247
ALCOHOL	All	17	34	21	8	15	25
	<20	12	31	1	2	3	-
CANNABIS	All	17	26	26	27	33	29
	<20	60	24	59	63	72	66
METHAQ. (MANDRAX)	All	7	2	5	4	<1	6
	<20	4	-	1	2	1	9
COCAINE	All	3	14	5	3	3	6
	<20	1	18	-	2	1	-
HEROIN*	All	14	20	2	34	40	13
	<20	2	20	16	22	20	16
METHAMPHETAMINE	All	40	1	37	15	5	16
	<20	21	-	36	16	6	7

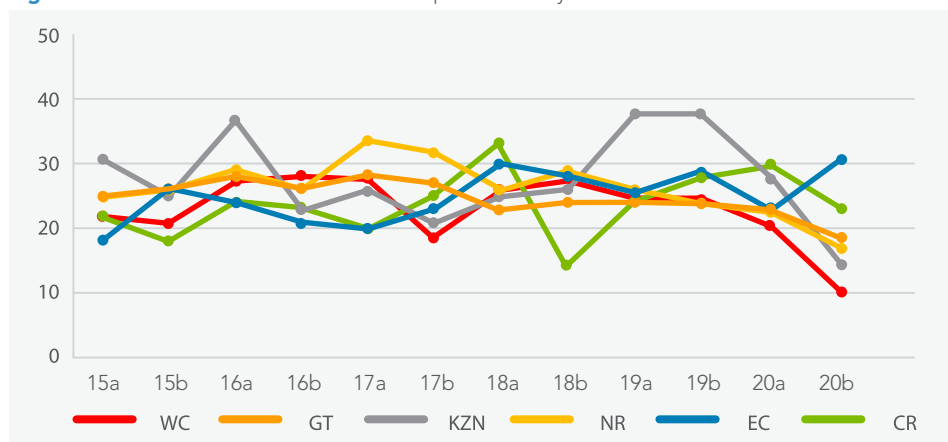
*- Includes data relating to nyaope and whoonga¹, ^aNorthern Region (MP & LP), ^bCentral Region (FS, NW, NC).

Cannabis is the most common primary substance in the CR during this period. Across sites, between 30% (WC) and 51% (NR) of persons attending specialist treatment centres had cannabis as their primary or secondary drug of use, compared to between 1% (NR) and 27%

(WC) for the **cannabis/mandrax** (methaqualone) aka 'white-pipe' combination. In 2020b, the proportion of treatment admissions for cannabis as a primary drug decreased in KZN, EC, CR and GT while it increased slightly in the WC and NR. In all sites, except in KZN, 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. Relatively few persons younger than 20 years are admitted for cocaine-related problems.

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

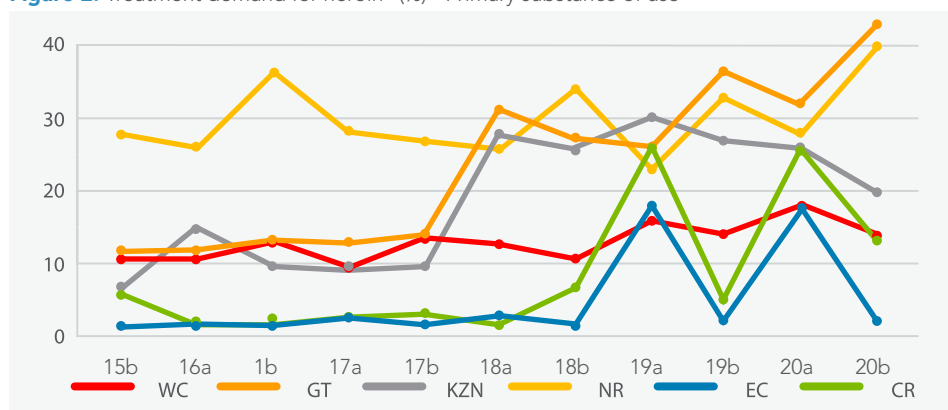


Nyaope and whoonga¹ have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.

Heroin use remains problematic across all sites. Mostly, heroin is smoked, but across sites, 8% (KZN), 11% (NR), 19% (WC), and 27% (GT) of persons who reported heroin as their primary drug of use reported injecting heroin. This period saw a significant decrease in the proportion of persons

injecting heroin in KZN (from 27% to 8%) and in the NR (from 21% to 11%). Overall, between 2% (EC) and 45% (NR) of persons attending specialist treatment centres reported heroin as a primary or secondary substance of use (Figure 2). A marked decrease in heroin use for the EC and CR, and a marked increase for NR was noted during this period. The majority of persons who were admitted for heroin use in KZN (73%), NR (93%) and GT (90%) were Black African.

Figure 2: Treatment demand for heroin* (%) - Primary substance of use



Methamphetamine (MA) - Treatment admissions for MA as a primary substance of use are generally low except in the WC and the EC. MA (aka 'Tik') was the most common primary substance reported by persons in the WC (40%) and the EC (37%) in 2020b, increasing significantly compared to the last period, warranting further investigation. Among persons under 20 years, the proportion of patients reporting MA as a primary or secondary substance of use in the WC decreased significantly to 29% (compared to 52% in 2020a). Treatment admissions related to MA use as a primary or secondary drug remain low in most other sites except in the EC (48%) and the WC (55%). **Methcathinone ('CAT')** use was noted in most sites, especially in GT and CR (13% each), and the NR (4%) where persons admitted had 'CAT' as a primary or secondary drug of use. **Poly-substance use** remains high, with between 51% (NR) and 65% (WC) of persons indicating the use of more than one substance upon admission to treatment. The use of **Over-The-Counter (OTC) and Prescription Medicines** has remained stable across sites. Treatment admissions for OTC and prescription medicine as a primary or secondary substance of use, were between 2% (NR) and

9% (KZN). During this reporting period, 252 (3%) persons across all sites reported the non-medical use of codeine, with most persons coming from GT (n = 118), KZN (n = 59) and the WC (n = 30).

Overall, and across all regions, 15% of persons (n = 1 369) presented with a **dual diagnosis** at treatment admission. Most of these persons reported current mental health problems at the time of admission (49%), followed by hypertension (14%) and respiratory diseases (13%). A higher proportion of persons suffering from mental health problems were found in the WC, accounting for 19% and a higher proportion of persons suffering from hypertension was found in GT, accounting for 6% of those reporting dual diagnosis.

The **proportion of persons under 20 years** ranged from 10% (WC) to 31% (EC). 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 the EC (86%), GT (85%), KZN (84%) and in the NR (90%), persons younger than 20 years were

Black African signifying a need for accelerated services among this vulnerable population. An overall picture of drug treatment admissions in South Africa based on information combined over the 82 treatment centres in 9 provinces is provided in Figure 3.

Between 45% (EC) and 73% (WC) 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.

COMMUNITY-BASED HARM REDUCTION SERVICES (JULY – DECEMBER 2020)

Community-based harm reduction and health services for people who use drugs, including people who inject drugs (PWID), are provided in alignment with the World Health Organization's guidelines² and the National Drug Master Plan (2019 – 2024).

TB HIV Care's Step Up Project operates in the Eastern Cape (Nelson Mandela Bay District), KwaZulu-Natal (eThekweni and uMgungundlovu Districts) and the Western Cape (Cape Metro). Advance Access and Deliver and the Durban University of Technology run the Bellhaven harm reduction centre in eThekweni District.

The Department of Family Medicine at the University of Pretoria's Community Orientated Substance Use Programme (COSUP) operates across several regions of the City of Tshwane (Gauteng Province). Sediba Hope provides harm reduction services at two centres in Tshwane District. The HARMless Project, implemented by the Foundation for Professional Development, operates in Gauteng (City of Tshwane) and in Mpumalanga (Ehlanzeni district). Anova Health Institute's Jab Smart Project operates in Gauteng (sub-districts B - G of the City of Johannesburg and in Sedibeng). Tintswalo Home Based Care also operates in Gauteng (East, South and North sub-districts of the City of Ekurhuleni).

Eastern Cape

In **Nelson Mandela Bay** 379 unique PWID accessed services, with 393 needle and syringe contacts taking place, with 71 910 needles and syringes distributed and 90% returned. 132 PWID tested for HIV, 16 of whom tested positive and 9 started antiretroviral therapy (ART). Data on HIV viral suppression was unavailable. 139 people were screened for tuberculosis (TB), with 4 being symptomatic, 3 diagnosed and 0 starting on TB treatment. No routine viral hepatitis testing was done. Opioid substitution therapy (OST) was not available. 61 human rights violations were reported, mostly (28%) due to PWID reported being humiliated, chased away or being harassed.

Gauteng

In **Ekurhuleni** 366 unique PWID accessed the services, with 164 355 needles and syringes distributed and 47% returned. 139 PWID tested for HIV, among whom 19 tested positive and 15 started ART. Data on HIV viral suppression was unavailable. 139 PWID were screened for TB, with none being symptomatic. No routine viral hepatitis testing was done. OST was not available. 14 human rights violations were reported, mostly related to PWID being assaulted (57%).

In **Johannesburg** 5 503 unique PWID accessed the services, with 14 192 contacts and 527 520

1 Nyaope and whoonga are street names for heroin, often mixed with other regulated and unregulated substances. In South Africa, it is usually sprinkled on cannabis and/or tobacco and the mixture is rolled into a cigarette or 'joint' and smoked.

* Data on Heroin related admissions from 18a includes nyaope and whoonga.

2 UNODC, UNAIDS, UNFPA, WHO, USAID, PEPFAR. Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs. Practical guidance for collaborative interventions. (IDUIT). 2017; UNODC: Geneva.

needles and syringes distributed and 11% returned. 1 831 PWID tested for HIV, among whom 431 tested positive and 225 started ART. Data on HIV viral suppression was unavailable. 2 017 were screened for TB, with 21 being symptomatic, none diagnosed and none starting on TB treatment. No routine viral hepatitis testing was done. 161 PWID were on OST at the beginning of July. During the period 61 new people were initiated for the first time, 2 people were re-initiated, 50 people were lost to follow-up, 13 people exited and 159 were on OST at the end of December. 82 human rights violations were reported, the majority (74%) due to the confiscation and destruction of injecting equipment and assault.

In **Sedibeng** 752 unique PWID accessed the service with 1 044 contacts and 43 335 needles and syringes distributed and 4% returned. 156 PWID tested for HIV, among whom 98 tested positive and 27 were linked to care T. Data on HIV viral suppression was unavailable. 185 people who use drugs were screened for tuberculosis, with none being symptomatic. No routine viral hepatitis testing was done. OST was not available. 21 human rights violations were reported, most (90%) due to the confiscation and destruction of injecting equipment and assault.

In **Tshwane** 6 154 unique PWID accessed the services with 21 889 contacts and 400 412 needles and syringes distributed; and 95% returned. 453 tested for HIV among whom 213 tested positive and 149 started ART. HIV viral suppression was confirmed among 14 of the sub-set of clients on ART (n=178) supported by HARMless who received viral load testing during the period. 141 people use drugs were screened for tuberculosis with 5 being symptomatic, 5 clients diagnosed and referred for treatment. Data on those starting treatment is unavailable.

Viral hepatitis testing was done through Sediba Hope Medical Centre and partners at shelters and from the Sediba Hope Medical Centre (Bosman); with 36 people who use drugs known to have chronic HCV traced; 151 anti-HCV screens done (92 anti-HCV positive); 71 HCV PCRs conducted, with HCV infection confirmed in 49 clients, and a total of 54 people started direct acting antiviral therapy. A total of 690 people was on OST at COSUP sites at the beginning of July³. During the period 239 new people were initiated for the first time, 16 people were re-initiated, 34 people were lost to follow-up, 6 people died, 18 people exited and 887 were on OST at the end of December. FPD funded 230 of the COSUP clients on OST. Data on human rights violations is not currently being collected.

From July to October⁴, 83 households were visited across 6 sub-districts (regions) of the City of Tshwane by 74 community health care workers. 16 households (19%) were identified to have at least one person residing in the household with a substance use problem (defined as "experiencing health and social problems due to substance use"). The most commonly reported substances that were used were: alcohol (94%), cannabis (31%) No individuals were identified who reported injecting drugs for non-therapeutic reasons. Two households (12.5%) had at least one household member who requested assistance for their substance use.

KwaZulu-Natal

In **eThekweni** 1 400 unique PWID accessed services, with 1 565 engagements and 124 845 needles and syringes distributed and 55% returned. 364 tested for HIV (244 TB HIV Care, 120 AA&D/DUT), 45 (30 TB HIV Care, 15 AA&D/DUT) of whom tested positive and 21 (6 TB HIV Care, 15 AA&D/DUT) started ART. Data on viral suppression is unavailable. 448 people who use drugs were screened for tuberculosis (248 TB HIV Care, 200 AA&D/DUT), with 21 being symptomatic (3 TB HIV Care, 18 AA&D/DUT), 4 diagnosed (0 TB HIV Care, 4 AA&D/DUT), and 4 (0 TB HIV Care, 4 AA&D/DUT), starting on TB treatment. No routine viral hepatitis testing was done. No high-dose OST maintenance was available. 260 clients were on low-dose methadone at Bellhaven at the beginning of June and 220 at the end of December. Overdose training was provided to 75 programme recipients at Bellhaven including how to recognise and respond to an overdose. 259 human rights violations were reported, majority (52%) due to confiscation/destruction of needles.

In **uMgungundlovu**, 385 unique PWID accessed the services, with 416 contacts and 26 610 needles and syringes distributed and 58% returned. 135 PWID tested for HIV, among whom 15 tested positive and 3 started on ART. Data on HIV viral suppression was unavailable. 142 people who use drugs were screened for TB, with 0 being symptomatic, 0 diagnosed and 0 starting treatment. No routine viral hepatitis testing was done. OST was not available. 53 human rights violations were reported, majority (42%) due to assault.

Mpumalanga

In **Ehlanzeni** 341 unique PWID accessed the services, with 814 needle and syringe contacts taking place, with 8 159 needles and syringes distributed and 92% returned. 142 tested for HIV, 26 of whom tested positive and 22 started on ART. Eight (8) clients were reported to be virally suppressed by the end of the reporting period. Screening and testing for tuberculosis was not done as part of routine services. No routine viral hepatitis testing was done. FPD's agreement with SANCA for OST implementation was ended during the period under review. FPD will recommence implementation of OST in March 2021, with its own staff facilitating implementation.

Western Cape

In the **Cape Metro** 943 unique PWID accessed services, with 1 237 contacts and 475 980 needles and syringes distributed and 68% returned. 395 PWID tested for HIV, among whom 19 tested positive and 6 started ART. Data on HIV viral suppression was unavailable. 409 PWID were screened for TB, with 14 being symptomatic, none diagnosed and none starting treatment. No routine viral hepatitis testing was done. 65 people were on OST at the beginning of July. During the period 40 new people were initiated for the first time, 9 people were re-initiated, 19 people were lost to follow-up/ exited, 2 people died and 93 were on OST at the end of December. 167 human rights violations were reported, the majority (45%) due to confiscated/ destroyed needles and syringes.

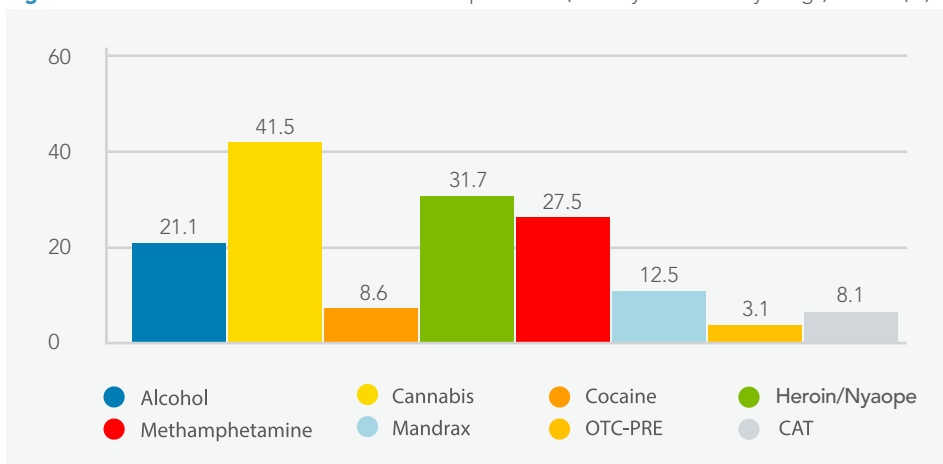
SELECTED IMPLICATIONS FOR POLICY/ PRACTICE⁵

- Strengthen efforts to address injecting of heroin in GT and WC.
- Intensify efforts to address methamphetamine use in the EC and GT.
- Continue to motivate for HIV testing among young people receiving substance use treatment.
- Important to ensure drug treatment and harm reduction services are considered essential services and continue in future epidemics.
- Overdose training provided to harm reduction beneficiaries in eThekweni was well received.

SELECTED ISSUES TO MONITOR

- Increase in 1st time admissions to treatment in KZN and the NR.
- Decrease in young people accessing treatment services in the NR, WC and KZN.
- Increase in methamphetamine as a primary drug of use in the EC and GT.
- Increase in mandrax as a secondary drug of use in the EC.
- Increase in crack/cocaine as primary drug of use in KZN.
- Increase in alcohol use by young people in KZN
- Increase in heroin as primary drug of use in the NR.

Figure 3: Tx demand data based on data from 9 provinces (Primary + secondary drugs): 2020b (%)



3 A data error was detected. The previous report (Jul – Dec 2019) incorrectly reported number of clients on OST at end of December as 1148. This has been corrected here.

4 The data for November and December is unavailable

5 Outcomes emanating from regional meetings held in GP, KZN, PE and CT

- Increase in the number of people admitted for misuse of codeine in GT.
- Increase in treatment admissions by females in EC and NR.
- Increase in injecting of heroin in GT and the WC.
- High HIV testing yield among people who inject drugs.
- Ongoing reports of confiscation of injecting equipment across districts where harm reduction services are provided.
- Enhanced measurement and reporting of viral suppression data among people who use drugs on ART.

SELECTED TOPICS FOR FURTHER RESEARCH

- How best to address barriers to treatment for young people in KZN, NR and WC?
- What are the effects of a drop in treatment demand by young people in these provinces in the second half of 2020?
- Has alcohol restrictions resulted in the transition to crack/cocaine use in KZN.
- What are the reasons for the increase in proportion of clients coming to treatment in GT for codeine use?

- Why do we see few university students in treatment? Where do they seek help for AOD problems?
- What are the barriers and facilitators to community based naloxone distribution in South Africa?
- How can human rights violations affecting people who use drugs, including confiscation of equipment, be reduced?

