

# SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

January – June 2019 (UPDATE)

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PHASE 46

### BACKGROUND

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in 9 provinces in South Africa since 1996. SACENDU initially monitored trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes, and more recently, we have started including data from community-based harm reduction and health services provided by TB HIV Care, Anova Health Institute, OUT Wellbeing (with oversight from the Foundation for Professional Development (FPD)) and the University of Pretoria's Department of Family medicine for people who use drugs, including people who inject drugs (PWID). These

services are provided in Cape Town, Durban, Johannesburg, Port Elizabeth and Pretoria.

**TREATMENT DEMAND DATA: LATEST KEY FINDINGS (data collected from specialist substance use treatment centres):** The 1st half of 2019 (i.e. 2019a) saw a slight increase in the number of persons admitted for treatment from 8 486 in 2018b to 9 268 across 84 treatment centres/programmes. Latest key findings (unless stated otherwise the findings relate to the 1st half of 2019)

**Alcohol** remains the dominant substance of use in the EC. Between 13% (KZN) and 26% (EC) of persons accessing AOD treatment services

reported alcohol as their primary substance of use. This period saw a significant decrease in the number of persons seeking treatment for alcohol in the CR region from 38% to 17% (Table 1). Consistent to previous reporting periods, treatment admissions for alcohol-related problems in persons younger than 20 years were less common. However, during this period, there was a significant increase in alcohol-related admissions for persons younger than 20 years in GT (from 8% to 18%) and the NR (from 6% to 16%). Between 8% (EC) and 26% (CR) 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 (2019a)

	Age	WC	KZN	EC	GT	NR <sup>a</sup>	CR <sup>b</sup>
# CENTRES (N)		38	12	6	12	11	5
# PERSONS ADMITTED (N)		3013	1291	475	3148	1025	316
ALCOHOL	All	18	13	26	18	17	17
	<20	9	14	8	18	16	26
CANNABIS	All	26	40	23	32	36	39
	<20	75	40	33	38	39	46
METHAQ. (MANDRAX)	All	6	2	3	3	4	3
	<20	2	1	2	2	2	4
COCAINE	All	2	4	3	3	4	3
	<20	<1	4	-	3	6	1
HEROIN*	All	16	30	18	26	23	27
	<20	6	30	35	25	23	16
METHAMPHETAMINE	All	29	4	21	9	9	7
	<20	6	2	20	7	7	4

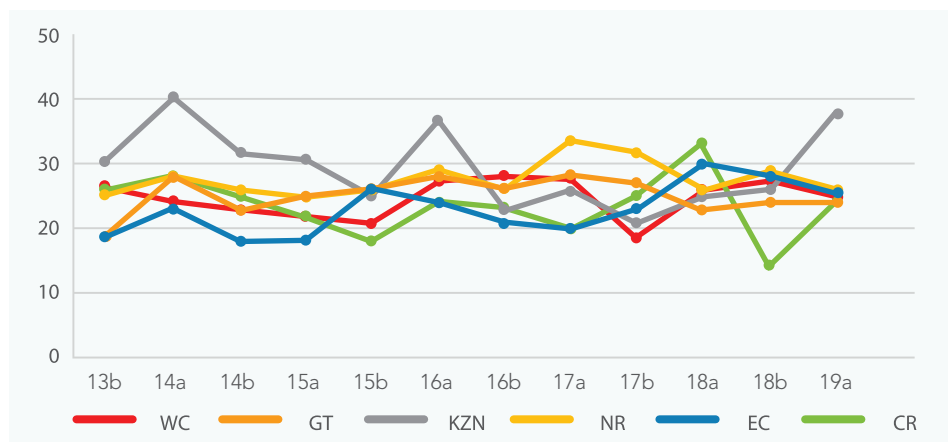
\*- Includes data relating to nyaope and whoonga<sup>1</sup> – <sup>a</sup>Northern Region (MP & LP), <sup>b</sup>Central Region (FS, NW, NC)

**Cannabis** is the most common substance of use in GT, KZN, CR and the NR. Across sites, between 36% (WC) and 52% (CR) of persons attending specialist treatment centres had cannabis as their primary or secondary drug of use, compared to between 5% (KZN) and 23% (WC) for the **cannabis/mandrax** (methaqualone)

aka 'white-pipe' combination. In 2019a, the proportion of treatment admissions for cannabis as a primary drug significantly increased in KZN and the CR while it decreased slightly in the WC, GT and the NR. 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. Relatively few persons younger than 20 years are admitted for cocaine-related problems.

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

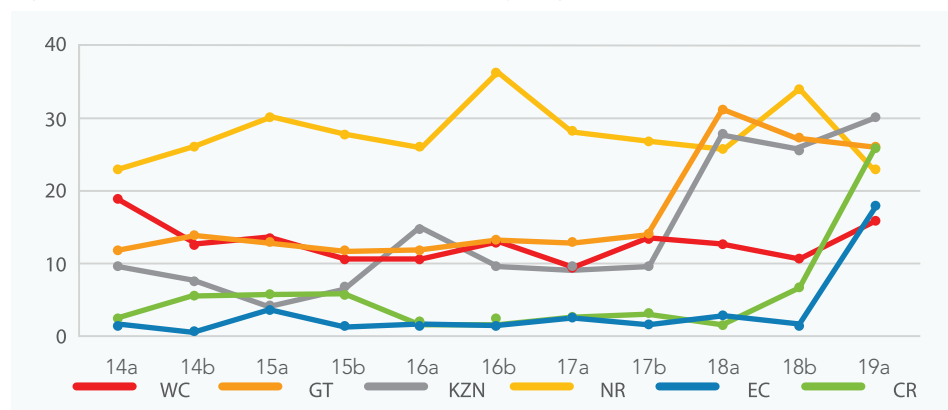


**Nyaope and whoonga**<sup>1</sup> have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.

**Heroin** use remains problematic across all sites. Mostly, heroin is smoked, but across sites, 7% (KZN), 23% (NR), 17% (WC), 42% (EC), 15% (CR) and 20% (GT) of persons who reported heroin as their primary drug of use reported injecting it. This

period saw a significant increase in the proportion of persons injecting heroin in the EC (from 14% to 42%). Overall, 17% of persons in the WC, 20% in the EC, 25% in the NR, 29% in GT, 33% in KZN and 34% in the CR reported heroin as a primary or secondary substance of use. The majority of persons who were admitted for nyaope/whoonga use in KZN (68%), NR (74%) and GT (77%) were Black African.

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



**Methamphetamine (MA)** Treatment admissions for MA as a primary substance of use is low except in the WC (29%) and in the EC (21%). MA (aka 'Tik') was the most common primary drug reported by persons in the WC and in the EC in 2019a, this proportion decreased slightly. Among persons under 20 years, the proportion of patients reporting MA as a primary or secondary substance of use overtime was 11% (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 (23%) and the WC (43%). **Methcathinone ('CAT')** use was noted in most sites, especially in GT (9%) and the CR (6%) where persons admitted had 'CAT' as a primary or secondary drug of use. **Poly-substance use** remains high, with between 38% (NR) and 58% (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 1% (CR) and 7% (EC). During this reporting period, 332 (4%) persons across all sites reported the non-medical

use of codeine, with most persons coming from GT (N= 125).

Overall, and across all regions, 17% of persons (n = 1590) presented with a **dual diagnosis** at treatment admission. Most of these persons reported current mental health problems at the time of admission (42%), followed by respiratory diseases (17%) and hypertension (14%). A higher proportion of persons suffering from mental health problems were found in the WC, accounting for 40% and a higher proportion of persons suffering from hypertension were found in GP, accounting for 35% of those reporting dual diagnosis in these regions.

The **proportion of persons under 20 years** ranged from 24% (CR) to 38% (KZN). 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 (76%), GT (75%), KZN (79%) and in the NR (85%), persons younger than 20 years were Black African in 2019a. 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 Figure 3.

Between 50% (GP) and 69% (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 (JANUARY – JUNE 2019)

A range of organisations are implementing community-based harm reduction services for people who use drugs, including people who inject drugs (PWID) as per the World Health Organization's guidelines<sup>2</sup>.

#### TB HIV Care's Step Up Project

TB HIV Care's Step Up Project provides harm reduction, health and psychosocial services to people who use drugs in the Cape Metro, Nelson Mandela Bay and eThekweni. This programme continued to receive funding from the Global Fund, transitioning to NACOSA, the new Principal Recipient, in April 2019. The process to consolidate data reporting processes is ongoing.

Between January and March 2019, 1 566 unique PWID accessed the services (623 in the Cape Metro, 440 in eThekweni, and 503 in Nelson Mandela Bay).

Between April and June 2019, 1 592 unique PWID accessed services across these sites (640 in the Cape Metro, 564 in eThekweni, and 388 in Nelson Mandela Bay).

Overall, 8 392 needle and syringe service contacts with PWID were made (5 722 in Cape Metro, and 2 670 in Nelson Mandela Bay) and 238 677 needles and syringes were distributed (150 659 in the Cape Metro and 88 018 in Nelson Mandela Bay), with return rates of 68% and 74% respectively. The eThekweni Municipality had not authorized the recommencement of services and so needle and syringe distribution did not take place during this period.

Among PWID who accessed additional health services: 522 were tested for HIV (188 in the Cape Metro, 209 in eThekweni, 125 in Nelson Mandela Bay), 47 of whom tested positive (15 in the Cape Metro, 26 in eThekweni and 6 in Nelson Mandela Bay). Eight were started on antiretroviral therapy (ART) (4 in the Cape Metro, 3 in eThekweni and 1 in Nelson Mandela Bay). Data on HIV viral suppression was unavailable. Additionally, 522 people who use drugs were screened for tuberculosis (TB) (188 in the Cape Metro, 209 in eThekweni, 125 in Nelson Mandela Bay) with 1 person being symptomatic, diagnosed and started on TB treatment in Nelson Mandela Bay.

In Cape Town, 31 people were on opioid substitution therapy (OST) at the beginning of January. During the period no new people were initiated for the first time, 2 people were re-initiated, 1 person was lost to follow-up, 3 people exited and 28 were on methadone at the end of June. In Durban, 23 clients were on low doses of OST at the beginning of January, and continued down titration for the fixed-term OST project, with the last people being fully down titrated and/ or referred for further services by the end of March 2019.

<sup>1</sup> 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.

<sup>2</sup> 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.

Viral hepatitis B and C testing was offered to 31 clients on OST in Cape Town during this period among whom 4% tested positive for HBV sAg and 65% tested positive for anti HCV with one person being HBV-HCV co-infected. During this period 9 OST clients with confirmed HCV infection were started on direct acting antiviral therapy.

During this reporting period 106 human rights violations were reported (103 in eThekweni and 3 in Nelson Mandela Bay), the majority (25 reports) due to assault of people who inject drugs and 23 reports due to the confiscation/destruction of injecting equipment in eThekweni.

### OUT's HARMless project

The HARMless Project works in Region 3 of the City of Tshwane. Between January and June 2019, 1 707 unique PWID accessed services. The number of needle and syringe service contacts was not available for this period. 264 116 needles and syringes were distributed, with a return rate of 88%. Among PWID who accessed additional health services: 993 tested for HIV, 292 of whom tested positive and 169 were started on antiretroviral therapy (ART). Data on HIV viral suppression were unavailable. Additionally, 992 PWID were screened for tuberculosis (TB) with 15 being symptomatic. No data on PWID diagnosed with TB were available. Data on reported human rights violations were not available for reporting. No routine viral hepatitis B or C testing was done during this period.

### The Department of Family Medicine at the University of Pretoria's Community Orientated Substance Use Programme (COSUP)

The COSUP project offers needle and syringe services and OST across several regions of the City of Tshwane. During this period a total of 7 695 needle and syringe service contacts took place, 55 659 needles were distributed with a return rate of 86%. A total of 770 people were on OST at the beginning of January 2019. During the period, 357 people who use heroin (injecting and non-injecting) were initiated, 34 people were re-initiated, 27 people were lost to follow-up, 14 people exited, 4 people died, and 1 116 were on OST at the end of June.

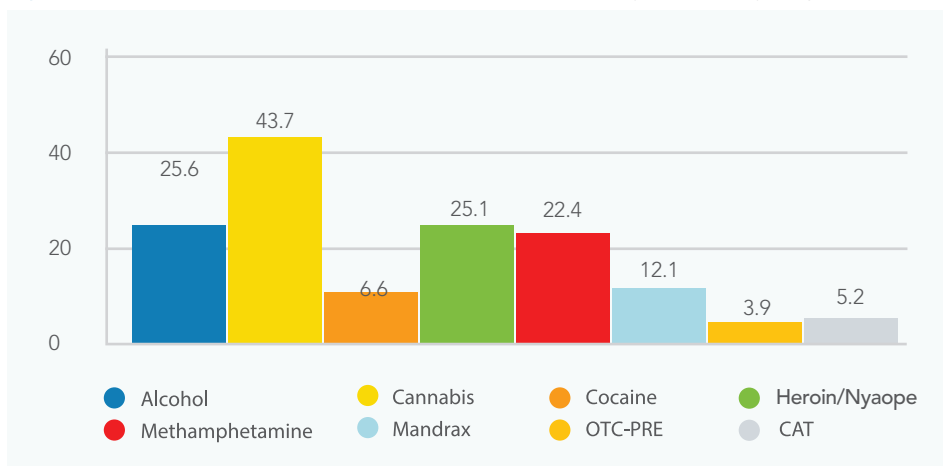
### City of Tshwane household assessments by Community Health Care workers

During this period 10 489 households were visited across 7 sub-districts (regions) of the City of Tshwane by community health care workers. As part of standard household health and social screening assessments, 705 households (7%) 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 (53%), cannabis (17%) and heroin (4%). Thirty-three individuals were identified who reported injecting drugs for non-therapeutic reasons. Fifty-six households (8%) had at least one household member who requested assistance for their substance use.

### Anova Health Institute's Jab Smart Project

This project provides harm reduction and HIV prevention services for PWID in sub-district F

**Figure 3:** Tx demand data based on data from 9 provinces (Primary + secondary drugs): 2019a (%)



of the City of Johannesburg. Between January and June 2019, 1 518 unique PWID accessed services. During this period 4 649 needle and syringe service contacts were made and 156 420 needles and syringes were distributed, with 26% returned.

Among PWID who accessed additional health services: 61 tested for HIV, 41% (25/61) of whom tested positive and 3 (12%) were started on antiretroviral therapy (ART). Data on HIV viral suppression were unavailable. Additionally, 59 PWID were screened for tuberculosis (TB) with 22 being symptomatic and referred. No routine viral hepatitis B or C testing was done during this period.

Twenty-seven people were on OST at the beginning of January 2019. During this period 9 PWID were initiated, 3 people restarted, 13 people were lost to follow-up, 4 people exited, and no clients died. 22 people were on OST at the end of June. The retention rate for this reporting period was 56% (22/27). Human rights violations are not routinely collected in this project.

### SELECTED IMPLICATIONS FOR POLICY/PRACTICE<sup>3</sup>

- Consider setting up a national strategy to address use of opiates (use of Nyaope/heroin and misuse of codeine) and a provincial strategy to address use of "Lean" (codeine syrup & sweetened drinks) among young persons in EC & KZN.
- Consider increasing testing for HIV and viral hepatitis among patients in treatment, especially young adults/youth and PWID.
- Implement steps to address consequences of legalization of private use of cannabis (including preventive measures aimed at young people and options for persons experiencing problems).
- Counter push back on harm reduction approaches in KZN, PE, WC (e.g. needle & syringe programmes).
- Consideration to be given to making Naloxone available at a community level as a harm reduction approach to reduce the risk of opioid-related overdose.
- Increase efforts to bring women into treatment & improve access to harm reduction services.

- Address structural barriers to accessing HCV testing & make services available where PWID access clean needles.
- Address stigma aimed at PWID in hospitals.
- Scale up OST services for heroin users in the WC.
- The lack of OST in Durban now that the demonstration project has ended.
- Effectiveness of community based treatment for HCV using direct acting antivirals

### SELECTED ISSUES TO MONITOR

- Increase in use of methamphetamine & cocaine in the EC.
- Increase in school referrals in the EC and KZN.
- Increase in heroin and cannabis treatment demand in the EC, including Nyaope in <20s.
- Decrease in mean age of heroin users in the EC.
- Decrease in court referrals in GT and the NR.
- Mandrax use among females in the NR.
- Decrease in mean age of patients coming to treatment for OTC/PRE medicines use in the NR and monitor the drop in number of <20s coming for treatment in that region.
- Non-medical use of Fentanyl and Tramadol/Tramaset (via treatment data and wastewater analysis).
- Increase in methamphetamine and heroin use (especially among <20s for heroin) in the WC.

### SELECTED TOPICS FOR FURTHER RESEARCH

- Extent of unmet treatment need in the EC in general & especially following closure of SANCA in PE.
- Effect of legalization of private use of cannabis among adolescents & young adults.
- What is the reason for the drop off in treatment demand related to cannabis use in GT?
- How big is the use of Lean and Xanax in schools in KZN?
- Are we adequately dealing with mental health problems at substance abuse treatment centres?
- What is the extent of youth dropping out of school because of substance use?
- Identify best ways to screen for drug use in drivers routinely, especially cannabis use.

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