



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

Treatment Demand Data • Service Quality Measures (SQM)
• Community-Based Harm Reduction Services

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

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Jodilee Erasmus, Nancy Hornsby, Nadine Harker, Kim Johnson, Charles Parry, TB HIV Care, SANCA, Anova Health Institute, University of Pretoria (COSUP), Foundation for Professional Development, NACOSA, Urban Futures Centre (DUT), Sediba Hope Medical Centre, Advanced Access and Delivery & Tintswalo Home Based Care

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE (SACENDU) Research Update (February 2023)

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, community-based harm reduction, health service providers and the Services Quality Metrics (SQM) study.

TREATMENT DEMAND DATA

(Data collected from specialist substance use treatment centres): Latest key findings (unless stated otherwise the findings relate to the 1st half of 2022)

The 1st half of 2022 (i.e., 2022a) saw a notable decrease in the number of persons admitted for treatment from 15 704 in 2021b to 12 106 in 2022a across 88 treatment centres/programmes.

This period, the CR (35%), KZN (31%) and EC (23%) had the highest rates for alcohol admission for all ages (Table 1). Between 11% (GT) and 35%

(CR) of persons accessing AOD treatment services reported alcohol as their primary substance of use; a large increase in alcohol use was seen in KZN (12% – 23%). Consistent with previous reporting periods, overall treatment admissions for alcohol-related problems in persons younger than 20 years were less common. Between 2% (WC) and 8% (KZN) of persons under the age of 20 reported alcohol as their primary substance of use. A decrease in alcohol-related admissions for persons younger than 20 years in NR (from 11% to 6%) was noticed during this period. See Figure 1 for treatment admission trends for all substances for individuals under 20 years.

Table 1. Primary substance of use (%) for all persons and persons under 20 years – selected drugs (2021b)

	Age	WC	KZN	EC	GT	NR ^a	CR ^b
# CENTRES (N)		27	13	6	26	11	5
# PERSONS ADMITTED (N)		2274	1146	373	6834	1165	314
ALCOHOL	All	19	23	31	11	15	35
	<20	2	8	3	3	6	4
CANNABIS	All	27	28	26	34	40	32
	<20	88	69	60	64	76	70
METHAQUALONE (MANDRAX)	All	6	1	8	2	<1	5
	<20	1	<1	2	1	-	4
COCAINE	All	2	10	6	2	5	1
	<20	<1	2	1	1	2	-
HEROIN*	All	12	21	2	19	28	4
	<20	-	9	-	2	6	2
METHAMPHETAMINE	All	32	21	31	22	8	19
	<20	8	1	33	20	9	17

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

Cannabis was the most common primary substance across NR (40%) and GT (34%) during this period. Across sites, between 26% (EC) and 40% (NR) of persons attending specialist treatment centres had cannabis as their primary substance of use, compared to between <1% (NR) and 8% (EC) for the **cannabis/mandrax** (methaqualone) aka

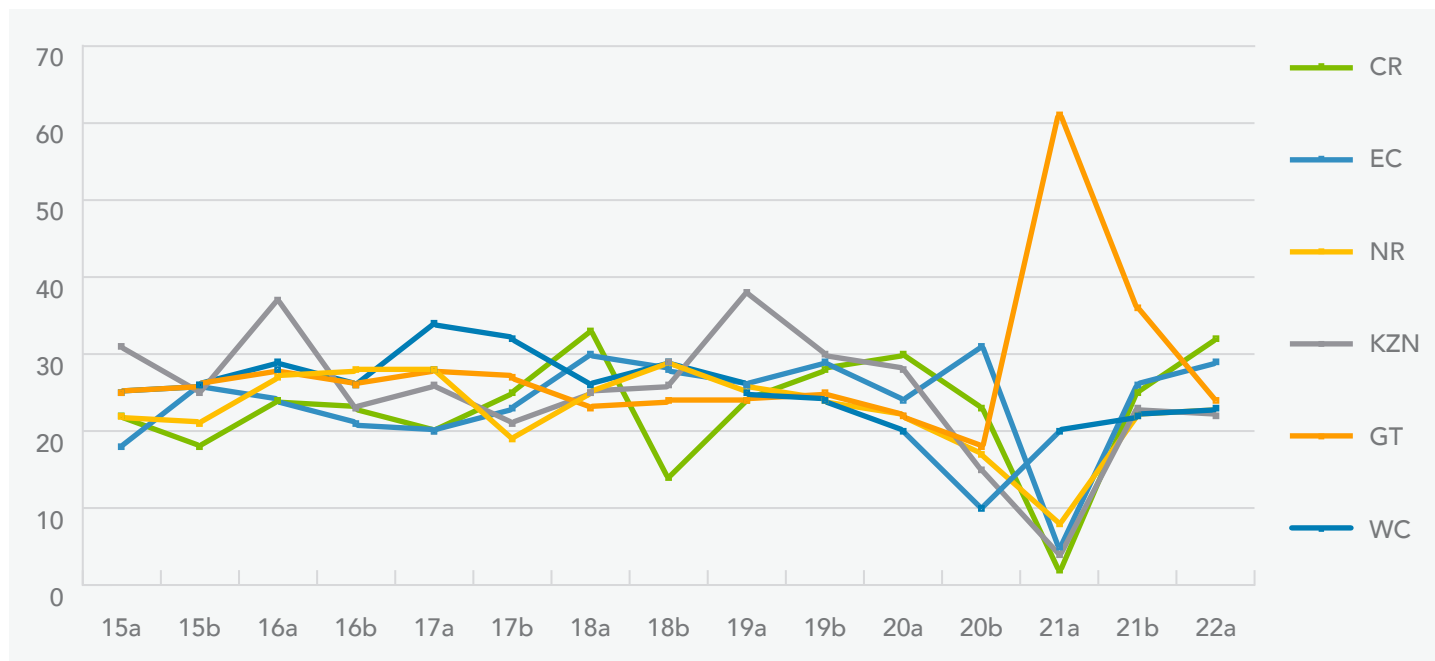
'white-pipe' combination. In 2022a, the proportion of treatment admissions for cannabis misuse as a primary drug decreased from 33% to 28% in the KZN and increased in the NR from 31% to 40%. In all sites, most persons who are younger than 20 years reported cannabis as their primary substance of use, ranging between 60% (EC) and 88% (WC).

Treatment admissions for cocaine-related problems have remained low over the past few reporting periods, ranging between 1% (CR) and 10% (KZN). Across the regions, few persons younger than 20 years were admitted for **cocaine-related** problems during this reporting period, ranging from 0% (CR) to 2% (KZN and NR).

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



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

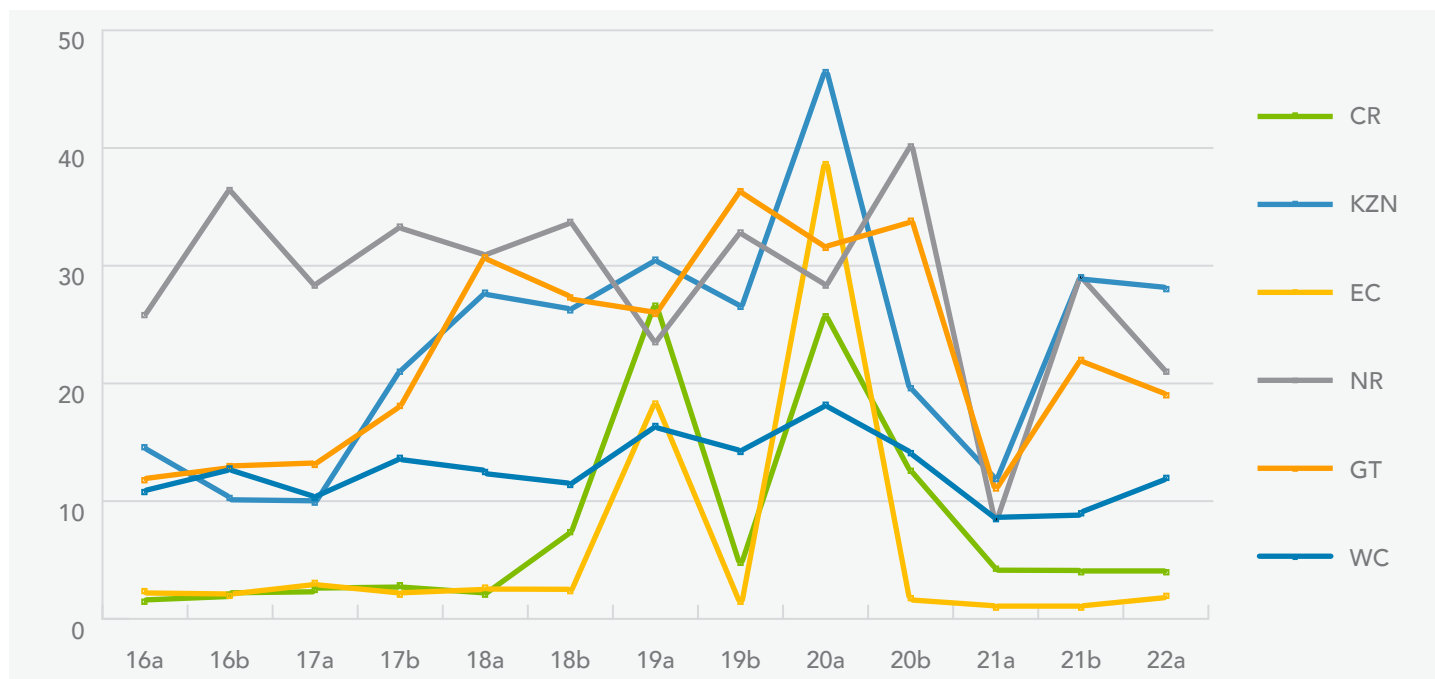


Heroin use remains problematic across all sites. Mostly, heroin is smoked, however, across sites, EC (n = 5, 63%), WC (n = 138, 49%), GT (n = 271, 21%), CR (n = 2, 17%) and NR (n = 26, 8%) of persons who reported heroin as their primary

drug of use reported injecting heroin. This period saw a notable increase in the proportion of persons injecting heroin in the WC (from 16% to 49%) and a decrease in CR (from 22% to 17%). Overall, between 3% (EC) and 42% (NR) of persons

attending specialist treatment centres reported heroin as a primary or secondary substance of use. A decrease in heroin use as a primary substance of use was seen in KZN (29% to 23%).

Figure 2: Proportion of persons in treatment with Heroin as primary substance of use (%)



*Data on Heroin related admissions from 22a includes Nyaope and Whoonga

Methamphetamine (MA) – Treatment admissions for MA as a primary substance of use were generally low except in the WC (32%) and the EC (31%). MA (aka 'Tik') decreased slightly in the WC compared to the last period. MA admissions increased in KZN (8% to 21%) and CR (15% to 19%), while a decrease was seen for the EC (38% to 31%). Among persons under 20 years, the highest proportions of individuals reporting

MA as a primary or secondary substance of use were the EC (53%), GT (32%) and the CR (31%). Overall use ranged between 2% (KZN) and 53% (EC). Overall, treatment admissions related to MA use as a primary or secondary drug remained high in most sites [WC (42%), EC, and GT (34%), and the CR (29%)].

Methcathinone ('CAT') use was noted in most

sites, specifically in GT (10%), CR (5%), and the NR (3%) where persons admitted had 'CAT' as a primary or secondary drug of use.

Poly-Substance use remained high, with between 40% (CR) and 66% (EC) 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% (NR) and 8% (KZN). During this reporting period, 1104 (9%) persons across all sites reported the non-medical use of codeine, with the highest proportions of persons coming from KZN (n = 253, 22%), NR (n = 208, 18%), and the EC (n = 42, 11%).

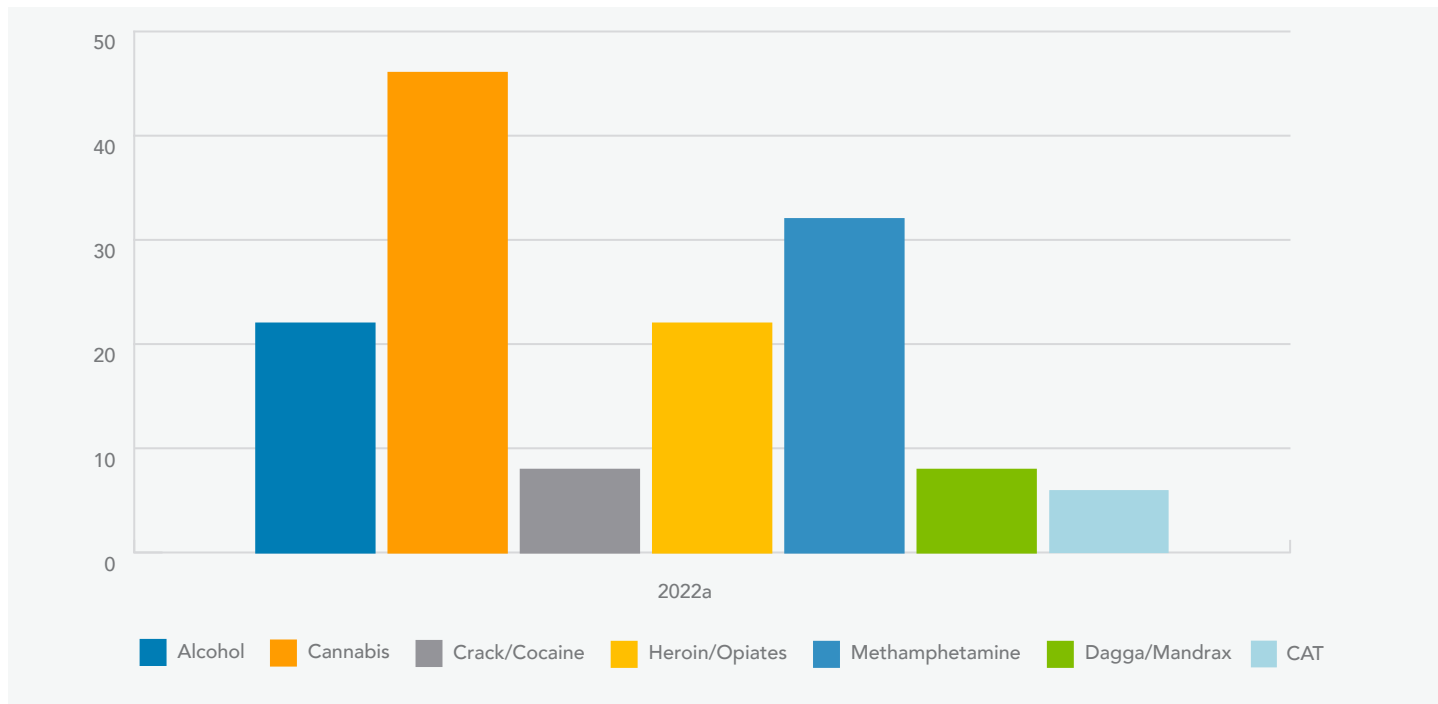
Across all regions, 12% of persons (n = 1407) presented with a **dual diagnosis** at treatment admission. Most of these persons reported mental health issues at the time of admission (67%), followed by hypertension (25%), and respiratory diseases (20%). Within all provinces, mental health issues had the highest proportions, [KZN (82%), GT (65%), NR (63%), CR (59%), and WC and EC (58%)]

Across regions, **persons under 20 years** comprised 24% of admissions for this period.

The proportion of persons under 20 years ranged from 22% (KZN) to 32% (CR). An overall picture of drug treatment admissions in South Africa based on information combined over the 88 treatment centres in 9 provinces is provided in Figure 3.

Between 28% (CR) and 56% (WC) of persons reported that they had been **tested for HIV in the past 12 months**, showing a decrease over time, at lower than desirable rates.

Figure 3: Tx demand data based on data from 9 provinces (primary + secondary data: 2022a (%))



Note: Heroin/Opiates category includes nyaope and whoonga

COMMUNITY-BASED HARM REDUCTION SERVICES (JANUARY – JUNE 2022)

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).

Eastern Cape

In **Nelson Mandela Bay** 544 unique PWID accessed services, 69 360 needles and syringes distributed and 103% returned. 185 PWID tested for HIV, among whom 22 tested positive. A total of 21 people were started on ART, with 2 PWID confirmed to be virally suppressed. 186 people were screened for tuberculosis (TB), with 16 being symptomatic, 5 diagnosed, 4 starting TB treatment and 1 person with confirmed cure. No routine viral hepatitis testing was done. Opioid substitution therapy (OST) was not available. 115 human rights violations were reported, mostly involving the confiscation and destruction of injecting equipment (58%).

Gauteng

In **Ekurhuleni** 369 unique PWID accessed the services, with 142 005 needles and syringes

distributed and 72% returned. 214 PWID tested for HIV, among whom 6 tested positive and 6 people were confirmed on ART. A total of 4 people were confirmed to be virally suppressed. 214 PWID were screened for TB, with 1 being symptomatic, no TB was confirmed and no one was started on treatment. No routine viral hepatitis testing was done. OST was not available. Eleven human rights violations were reported, mostly due to being assaulted (44%). No deaths among people who use drugs were reported during this period.

In **Johannesburg** 6 979 unique PWID accessed the services, with 485 430 needles and syringes distributed and 72% returned. 1 965 PWID tested for HIV, among whom 375 tested positive and 277 were started on ART. Two PWID were confirmed to be HIV virally suppressed. 2 008 people were screened for TB, with 5 being symptomatic, 0 diagnosed, 0 starting on TB treatment and 0 reporting cure. 84 people were screened for HCV antibodies with 78 being reactive. HCV infection was confirmed in 14 of 17 people tested and 14 people started HCV treatment and 5 PWID were confirmed to have sustained virological response 12 weeks post treatment (SVR12). Of the 81 tested for HBV surface antigen (HBsAg), 6 were reactive. 230 PWID were on OST at the beginning of the period and 298 were on OST at the end of the

period. 129 human rights violations were reported, the majority (68%) involving the confiscation of injecting equipment. 22 deaths were reported among people who use drugs, including 3 fatal drug-related overdoses.

In **Sedibeng** 1 501 unique PWID accessed the service with 56 235 needles and syringes distributed and 6% returned. 220 PWID tested for HIV, among whom 104 tested positive and 65 were linked to ART. Data on HIV viral suppression was unavailable. 224 people who use drugs were screened for tuberculosis, with 1 being symptomatic, 0 infections confirmed and 0 received treatment. 10 PWID were screened for HCV and HBV, among who all had HCV antibodies and no HBV infections were detected. No HCV confirmatory testing was done. 5 PWID were on OST at the beginning of the period and 35 at the end of the period. 100 human rights violations were reported, most (79%) linked to confiscation of injecting equipment and assault. No deaths among people who use drugs were reported during this period.

In **Tshwane** 10 467 unique PWID accessed the services, with 678 956 needles and syringes distributed; and 97% returned. 607 people who use drugs tested for HIV among whom 59

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.

tested positive and 21 people were confirmed to be on ART. HIV viral suppression data was not available for this reporting period. 10 950 people who use drugs were screened for tuberculosis with 11 being symptomatic, and the number of people diagnosed and treatment unknown due to referrals to other facilities for testing. No viral hepatitis testing was done during this period. A total of 715 people were on OST at the beginning of the period and 738 at the end of the period. Data on human rights violations was not collected. Eight deaths were reported among people who use drugs

KwaZulu-Natal

In **eThekweni** 1 322 unique PWID accessed services, with 235 680 needles and syringes distributed and 81% returned. 385 PWID tested for HIV, among whom 72 tested positive and 41 people were started on ART. HIV viral load suppression was confirmed in 5 PWID. 463 people who use drugs were screened for tuberculosis, 70 were symptomatic, 6 diagnosed, 6 started treatment and 2 reporting cure. 31 people were screened for HCV antibodies with 22 being reactive, 11 people had confirmed HCV infection of the 12 people tested, and 11 started HCV treatment. Of the 31 PWID tested for HBV surface antigen (HBsAg), 2 were reactive. 110 PWID were on OST maintenance therapy at the beginning of the period and 138 at the end of the period. 145 human rights violations were reported, majority (62%) linked to the confiscation/destruction of needles. 1 death was reported among people who use drugs.

In **uMgungundlovu**, 413 unique PWID accessed the services, with 83 730 needles and syringes distributed and 80% returned. 152 PWID tested for HIV, among whom 15 tested positive. A total of 6 PWID were started on ART. 1 PWID was confirmed to be virally suppressed during this period. 161 people who use drugs were screened for TB, with 10 being symptomatic, 0 diagnosed and 0 starting treatment. No routine viral hepatitis testing was done. OST was not available. 14 human rights violations were reported, majority (71%) linked to the confiscation of injecting equipment. No deaths were reported.

Mpumalanga

In **Ehlanzeni** 680 unique PWID accessed the services, with 17 455 needles and syringes distributed and 75% returned. 125 tested for HIV, among whom 19 tested positive and 11 started on ART. Data on viral suppression was not available for this period. 125 people were screened for

tuberculosis, with 5 being symptomatic; no TB was confirmed. No routine viral hepatitis testing was done. 35 people were on OST at the beginning of the reporting period and 45 people at the end. 3 human rights violations were reported; all linked to confiscation and destruction of injecting equipment. No deaths were reported.

Western Cape

In the **Cape Metro** 1 447 unique PWID accessed services, with 779 295 needles and syringes distributed and 83% returned. 452 PWID tested for HIV, among whom 26 tested positive and 20 people were started on ART. One PWID was confirmed to be HIV viral suppressed. 479 PWID were screened for TB, with 18 being symptomatic, 1 diagnosed, 1 starting treatment and 1 person cured. 40 people were screened for HCV antibodies with 32 being reactive. 15 people had confirmed infection (or 19 tested) and 10 started HCV treatment and 8 people have SVR12. 40 PWID were screened for HBsAg and 3 were reactive. 145 people were on OST at the beginning of the period and 153 at the end. 25 human rights violations were reported, the majority (48%) linked to confiscated/ destroyed needles and syringes. 8 deaths were reported among people who use drugs.

SELECTED IMPLICATIONS FOR POLICY/PRACTICE³

- Ensure that there are initiatives to effectively prevent/delay drug initiation by children/ adolescents (10-19 year old) in GT and MP.
- Initiate a range of interventions to prevent codeine misuse in GT, NR and KZN.
- Implement strategies to address gaps in harm reduction service uptake by females in GT.
- Address gaps in treatment services for females or uptake of substance use treatment services by females (women-focused treatment).
- Ensure that substance use treatment centres are adequately sensitive to suicide risk among their clients/patients and are equipped to respond if needed
- High HIV yield among PWID accessing HIV testing services in Gauteng, Mpumalanga and KwaZulu-Natal
- Due to delays in contracting for a range of harm reduction service providers limited access to critical services, with limited access to harm reduction packs and support to link people to care. Future grants should be planned to ensure consistent service

delivery during transition periods.

- Two attempted hijackings in NMB Sub-district B with 1 staff member being injured has resulted in the team being very traumatized. The team is receiving on-going counselling.

SELECTED ISSUES TO MONITOR

- Increase in cannabis as a primary substance of use in GT and NR (especially among patients <20 years).
- Increase in cannabis treatment demand for <20s in GT and WC.
- Decrease in age of initiation of cannabis use by young persons in WC and KZN.
- Increase in school referrals in NR and WC and in students/scholars coming to treatment.
- Decrease in referrals from social welfare services and self-referrals in NR.
- Decrease in HIV testing of patients over the past 12 months in NR.
- Increase in court referrals to treatment centres in the EC.
- Changes in the mean age of cannabis use initiation in the EC and KZN.
- Treatment demand related to codeine in the GT, NR, and KZN.
- PWID clients report experience stigma in some health facilities which results in poor linkage to care.
- Needle confiscated by law enforcement has increased in several locations, highlighting ongoing need for support from law enforcement.
- Enhanced measurement and reporting of viral suppression data among people who use drugs on ART.
- Improvements in following up on outcomes of PWUD with suspected TB

SELECTED TOPICS FOR FURTHER RESEARCH

- Are we missing older persons in GT, NR, WC and EC who need substance use treatment but are not accessing it, or is their demand for treatment less?
- Should we be encouraging HIV testing among 15-19 year olds in GT?
- Are we adequately addressing mental health needs of people attending substance use treatment across sites?
- What are the factors affecting age of initiation of cannabis use among young persons?
- What are the factors affecting substance use treatment completion in the WC, especially around week 5?

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

