



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):

July – December 2021

Jodilee Erasmus, Nancy Hornsby, Nadine Harker, Kim Johnson, Siphokazi Dada, Warren Lucas, 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 Research Update (December 2022)

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 and health service providers and 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 2nd half of 2021).

The 2nd half of 2021 (i.e., 2021b) saw a notable increase in the number of persons admitted for treatment from **10, 938** in 2021a to **15 704** in 2021b across **78 treatment centres/programmes**.

This period, the EC (28%), CR (28%) and WC (20%) had the highest rates for alcohol admission for all

ages (Table 1). Between 12% (KZN) and 28% (EC and CR) 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. Between 2% (KZN) and 11% (NR) 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 KZN (from 8% to 2%) 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)		24	11	4	26	8	4
# PERSONS ADMITTED (N)		2195	1146	487	9701	1657	495
ALCOHOL	All	20	12	28	13	19	28
	<20	3	2	3	4	11	5
CANNABIS	All	27	33	25	32	31	38
	<20	84	57	58	49	56	67
METHAQUALONE (MANDRAX)	All	6	1	4	2	<1	3
	<20	2	1		1	1	2
COCAINE	All	2	12	4	1	12	5
	<20	<1	8		1	8	
HEROIN*	All	9	29	1	22	29	4
	<20	1	14		16	17	2
METHAMPHETAMINE	All	35	8	38	21	4	15
	<20	9	11	39	22	4	20

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

Cannabis was the most common primary substance across all regions during this period. Across sites, between 25% (EC) and 38% (CR) of persons attending specialist treatment centres had cannabis as their primary substance of use, compared to between <1% (NR) and 6% (WC) for the **cannabis/mandrax** (methaqualone) aka

‘white-pipe’ combination. In 2021b, the proportion of treatment admissions for cannabis misuse as a primary drug decreased from 37% to 31% in the NR. In all sites, most persons who are younger than 20 years reported cannabis as their primary substance of use, ranging between 49% (GT) and 84% (WC). Treatment admissions for **cocaine-**

related problems have remained low over the past few reporting periods, ranging between 1% (GT) and 12% (KZN and NR). Other than KZN and NR (8% respectively), relatively few persons younger than 20 years were admitted for cocaine-related problems during this reporting period.

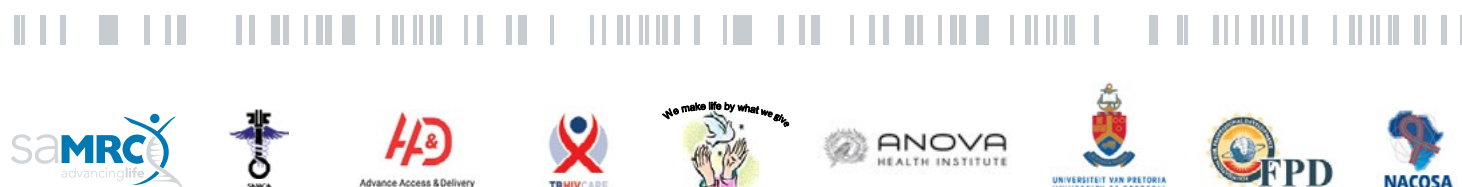
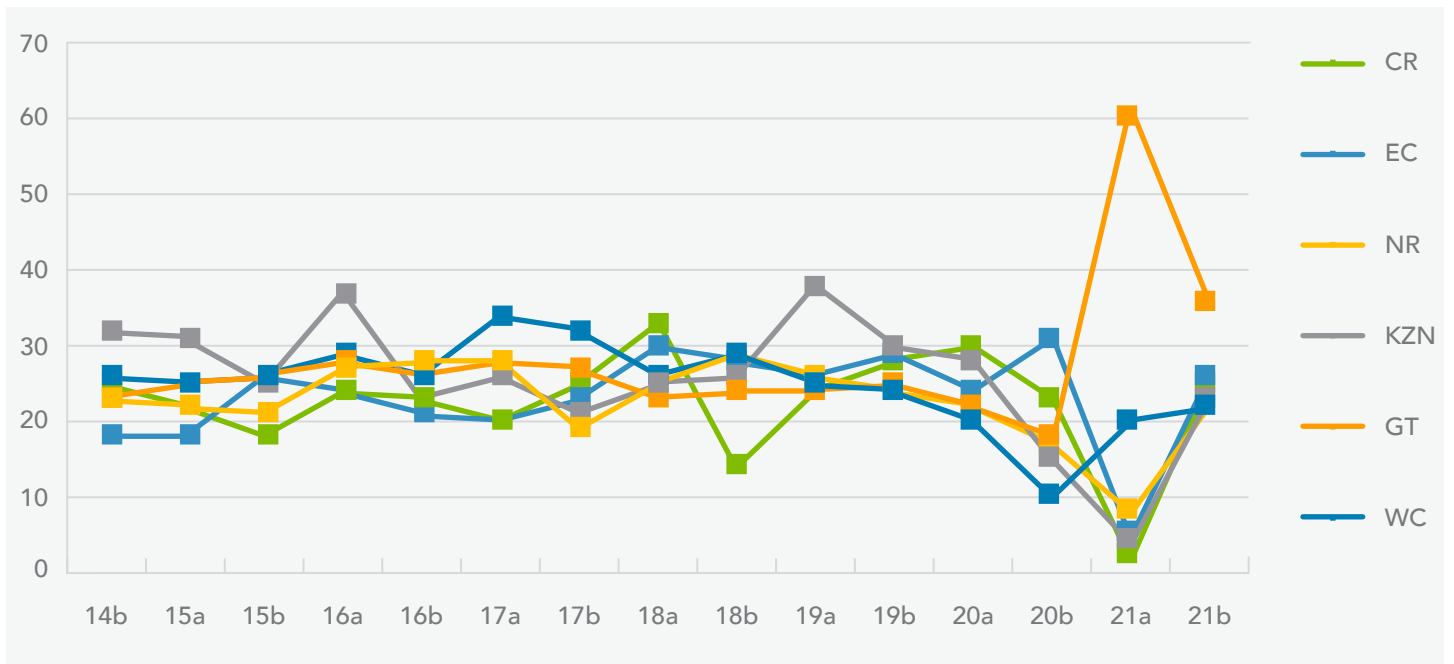


Figure 1: Treatment admission trends - % of patients <20 years

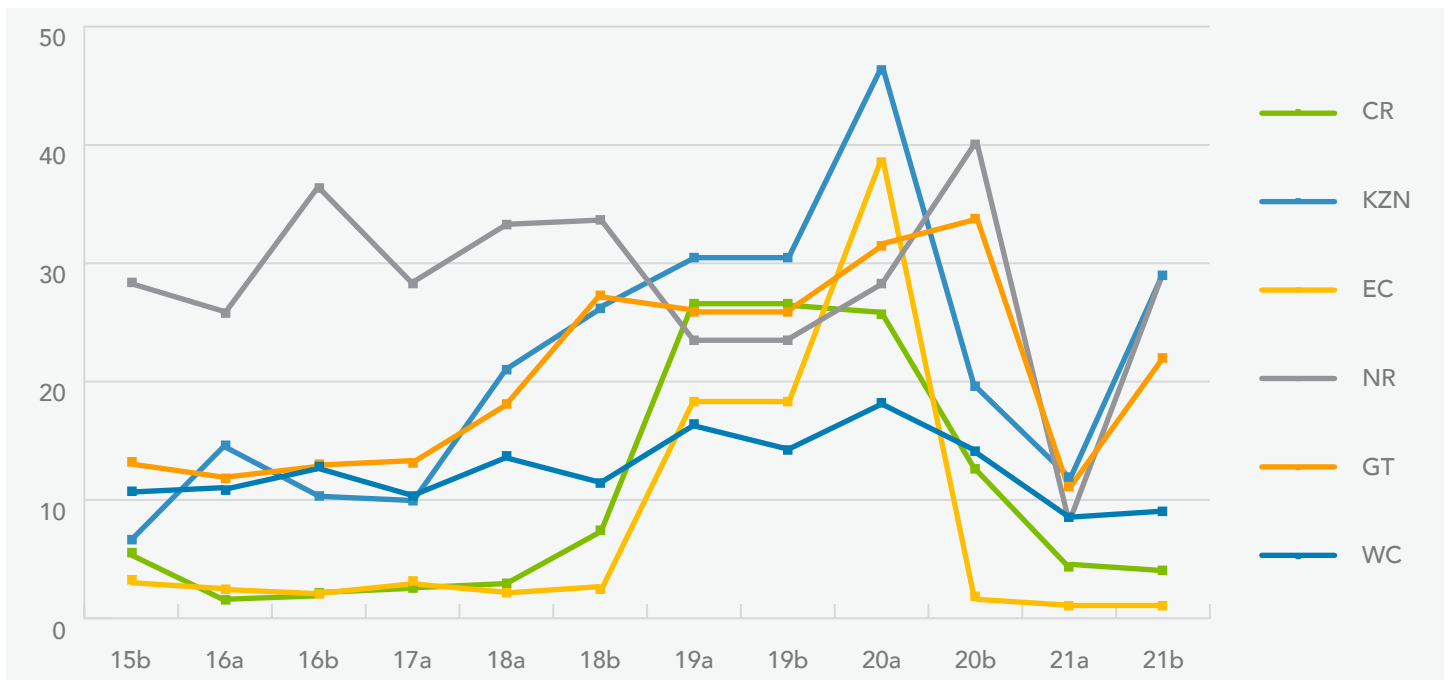


Heroin use remains problematic across all sites. Mostly, heroin is smoked, however, across sites, 50% (EC), 45% (CR), 22% (GT), 16% (WC), and 12% (NR), of persons who reported heroin as their primary drug of use reported injecting heroin. KZN (2%) had the lowest reported rates

for heroin use by injection. This period saw a notable increase in the proportion of persons injecting heroin in the NR (from 6% to 12%) and a decrease in KZN (from 10% to 2%). Overall, between 9% (WC) and 39% (NR) of persons attending specialist treatment centres reported

heroin as a primary or secondary substance of use. A marked increase in heroin use as a primary substance of use was seen in NR (9% to 29%), KZN (12% to 29%) and GT (11% to 22%)

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



*Data on Heroin related admissions from 21b includes Nyaope and Whoonga

Methamphetamine (MA) - Treatment admissions for MA as a primary substance of use were generally low except in the WC (35%) and the EC (38%). MA (aka 'Tik') decreased slightly in the WC compared to the last period. MA admissions increased in KZN (2% to 8%) and GT (17% to 21%), while a decrease was seen for the CR (26% to 15%). Among persons under 20 years, the proportion of individuals reporting MA as

a primary or secondary substance of use in the WC decreased considerably to 13% (compared to 31% in 2021a). In the EC, the proportion of patients younger than 20 years reporting MA as a primary or secondary substance of use was 50%. Overall, treatment admissions related to MA use as a primary or secondary drug remained high in most sites [EC (50%), WC (45%), and the GT (31%)].

Methcathinone ('CAT') use was noted in most sites, specifically in GT (11%), CR (12%), and the NR (7%) where persons admitted had 'CAT' as a primary or secondary drug of use.

Poly-Substance use remained high, with between 48% (WC) and 67% (CR) of persons indicating the use of more than one substance upon admission to treatment.

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 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.

* Data on Heroin related admissions from 21b includes Nyaope and Whoonga

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% (EC and GT) and 6% (KZN). During this reporting period, 421 (3%) persons across all sites reported the non-medical use of codeine, with most persons coming from the CR (n = 26, 10%), KZN (n = 52, 5%), and the EC (n = 8, 4%).

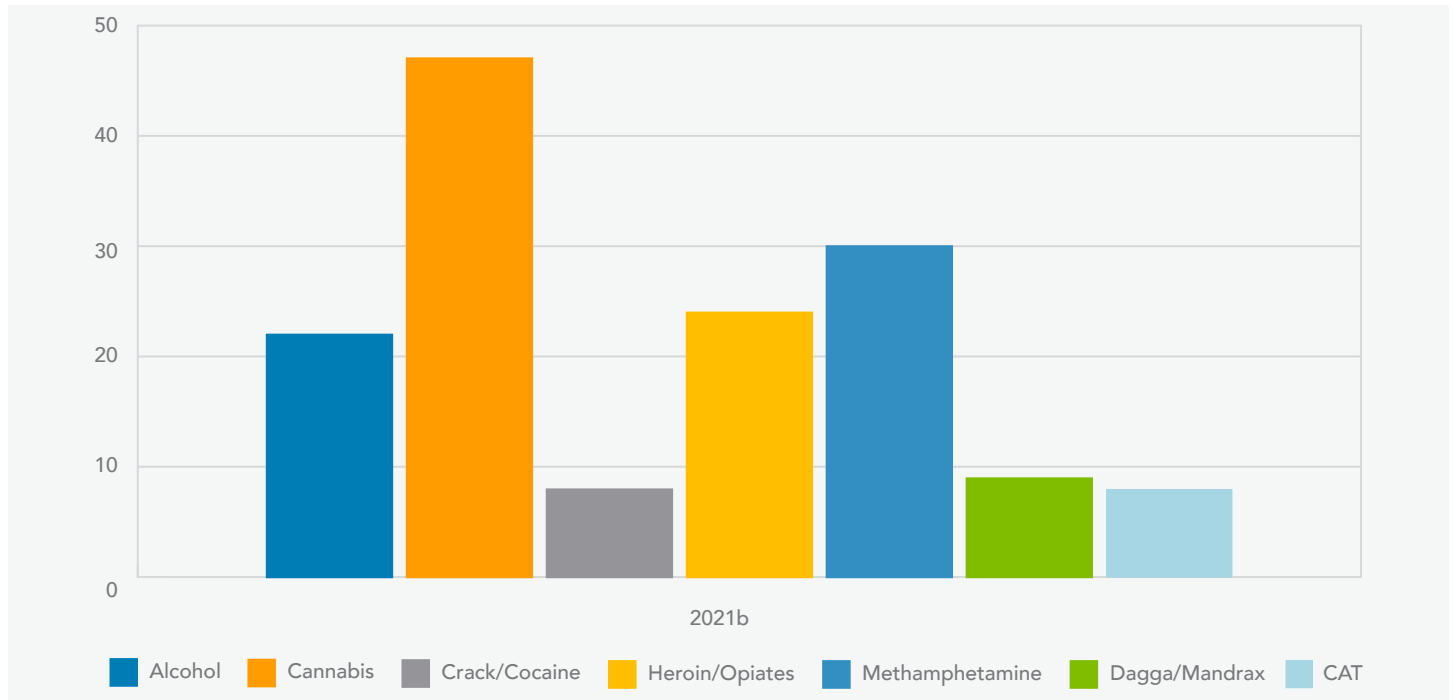
Across all regions, 10% of persons (n = 1 561) presented with a **dual diagnosis** at treatment admission. Most of these persons reported mental health issues at the time of admission (62%), followed by hypertension (22%), and respiratory diseases (17%). Within provinces, EC (78%), CR (77%), WC (66%), and GT (63%) had the biggest proportions of mental health issues. Hypertension was most prevalent in KZN (49%) and NR (45%).

Across regions, **persons under 20 years** comprised 31% of admissions for this period.

The proportion of persons under 20 years ranged from 22% (NR and WC) to 36% (GT). An overall picture of drug treatment admissions in South Africa based on information combined over the 78 treatment centres in 9 provinces is provided in Figure 3.

Between 31% (KZN) and 49% (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: 2021b (%)



Note: Heroin/Opiates category includes nyaope and whoonga

FINDINGS FROM THE IMPLEMENTATION OF THE SERVICE QUALITY MEASURES (SQM) INITIATIVE IN THE WESTERN CAPE (1 APRIL 2021 – 31 MARCH 2022)

The findings reported reflect the data collected for the SQM Initiative for the 1 April 2021 to 31 March 2022 period. Data was collected across 29 treatment sites in the Western Cape for 2 152 adult patients (18-71 years). Of these patients, 10% were enrolled at inpatient facilities and 89% at outpatient or community-based organisations. Despite the decrease in the number of treatment centres that participated in this period, a marked increase in the number of patients accessing care (number of SACENDU forms completed) for this period can be seen in contrast to the previous reporting period. Of this population, 71% were males and 29% were females.

Treatment centres performance on patient reported outcomes remained stable and overall performance on the SAATSA scales was relatively high.

No major demographic differences were observed across scales for this reporting period. Despite women performing as well as men on the SAATSA outcome scales, women still only

comprise a small portion of people accessing services. An increase can be seen on patients' perceptions of the treatment programme helping them to reduce substance use and HIV risk. Patients who received HIV information and education during treatment were more likely to report reductions in HIV risk than patients who did not receive these services. High levels of drop out and early drop out of treatment remains a problem. In order to promote longer stays in treatment and prevent early drop out, facilities should strive to reduce barriers to retention in services and seek to provide care that patients find acceptable and satisfactory.

COMMUNITY-BASED HARM REDUCTION SERVICES (JULY – DECEMBER 2021)

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 guidelines¹ and the National Drug Master Plan (2019 – 2024).

Eastern Cape

In **Nelson Mandela Bay** 467 unique PWID accessed services, 107 610 needles and syringes distributed and 79% returned. 114 PWID tested

for HIV, among whom three tested positive and three started antiretroviral therapy (ART). Two PWID clients were reported to be virally suppressed during this period. 206 people were screened for tuberculosis (TB), with one being symptomatic, 0 diagnosed and 0 starting on TB treatment. No routine viral hepatitis testing was done. Opioid substitution therapy (OST) was not available. 65 human rights violations were reported, mostly (86%) linked to confiscation of injecting equipment.

Gauteng

In **Ekurhuleni** 380 unique PWID accessed the services, with 186 300 needles and syringes distributed and 66% returned. 126 PWID tested for HIV, among whom 16 tested positive and 15 started ART. Five PWID were reported to be virally suppressed during this period. 179 PWID were screened for TB, with one being symptomatic, 0 confirmed and 0 on treatment. No routine viral hepatitis testing was done. OST was not available. 27 human rights violations were reported, mostly (52%) related to confiscation of injecting equipment.

In **Johannesburg** 7 293 unique PWID accessed the services, with 594 570 needles and syringes distributed and 41% returned. 1 661 PWID tested

¹ 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.

for HIV, among whom 337 tested positive and 200 started ART. Three PWID were reported to be virally suppressed during this period. 2 137 were screened for TB, with 10 being symptomatic, 1 diagnosed, 1 starting treatment and 1 cured. 157 PWID were tested for HBV and HCV among whom 6 were HBsAg reactive and 145 were anti-HCV reactive. 18 people had confirmed HCV infection and 13 people started HCV treatment with direct acting antivirals (DAAs). 147 PWID were on OST at the beginning of the period and 230 were on OST at period end. 164 human rights violations were reported, the majority (52%) linked to the confiscation and destruction of injecting equipment.

In **Sedibeng** 1 526 unique PWID accessed the service with 62 055 needles and syringes distributed and 7% returned. 212 PWID tested for HIV, among whom 135 tested positive and 57 were linked to care. Data on HIV viral suppression was unavailable. 291 people who use drugs were screened for tuberculosis, with none being symptomatic. 3 PWID were tested for HBV and HCV among whom 0 were HBsAg reactive and 3 were anti-HCV reactive. 0 HCV infections were confirmed and 0 people started HCV treatment with direct acting antivirals (DAAs). No PWID were on OST at the beginning of the period and 9 were on OST at period end. 127 human rights violations were reported, the most common violation reported (41%) was linked to confiscation and destruction of injecting equipment.

In **Tshwane** 10 086 unique PWID accessed the services with 526 950 needles and syringes distributed; and 109% returned. 519 tested for HIV among whom 202 tested positive and 244 were confirmed on ART. HIV viral suppression was confirmed among 17 PWID. 9229 people use drugs were screened for tuberculosis with 17 being symptomatic, 11 clients diagnosed and referred for treatment.

No routine viral hepatitis testing done in this period. A total of 789 people were on OST at the beginning of the period and 750 were on OST at the end of the period. Data on human rights violations is not currently being collected.

KwaZulu-Natal

In **eThekweni** 1 519 unique PWID accessed services, with 221 580 needles and syringes distributed and 83% returned. 205 tested for HIV, among whom 25 tested positive and 9 started ART. 6 PWID were reported to be virally

suppressed. 375 people who use drugs were screened for tuberculosis among whom 53 were symptomatic, 4 diagnosed and 3 starting treatment. 68 PWID were tested for HBV and 67 for HCV among whom 0 were HBsAg reactive and 46 were anti-HCV reactive. 12 HCV infections were confirmed and 6 people started DAAs. 72 people were on OST at the beginning of the period and 110 at the end of the period. 132 human rights violations were reported, majority (64%) linked to confiscation/destruction of needles.

In **uMgungundlovu**, 462 unique PWID accessed the services, with 77 070 needles and syringes distributed and 79% returned. 99 PWID tested for HIV, among whom 12 tested positive and 9 started on ART. Two PWID reported to be virally suppressed. 174 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. 24 human rights violations were reported, majority (46%) due to confiscation/destruction of needles.

Mpumalanga

In **Ehlanzeni** 555 unique PWID accessed the services, with 10 869 needles and syringes distributed and 72% returned. 117 tested for HIV, 19 of whom tested positive and 14 started on ART. 43 clients were reported to be virally suppressed. 70 PWID were screened for TB, no people were symptomatic. No routine viral hepatitis testing was done. 30 PWID were on OST at the beginning of the period and 40 at the period end. Data on human rights violations is not currently being collected.

Western Cape

In the **Cape Metro** 1 575 unique PWID accessed services, with 790 200 needles and syringes distributed and 84% returned. 405 PWID tested for HIV, among whom 17 tested positive and 14 started ART. One PWID reported to be virally suppressed. 528 PWID were screened for TB, with 27 being symptomatic, none diagnosed and none starting treatment. 75 PWID were tested for HBV and HCV among whom 2 were HBsAg reactive and 58 were anti-HCV reactive. 15 HCV infections were confirmed and 11 people started DAAs. 118 people were on OST at the beginning of the period and 145 at the end of the period. 75 human rights violations were reported, the majority (57%) due to confiscated/ destroyed needles and syringes.

SELECTED IMPLICATIONS FOR POLICY/ PRACTICE²

- High HIV yield among PWID accessing HIV testing services in Gauteng, Sedibeng, and Tshwane.
- High yield of TB with increased use of digital chest x-ray, and sputums with GeneXpert.
- Address the considerable increase in cannabis use in South Africa, and particularly in KZN.
- 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.
- Ongoing confiscation and destruction of injecting equipment by police and law enforcement.

SELECTED ISSUES TO MONITOR

- Increase in cannabis admission rates, particularly in KZN.
- Increase in MA use in EC, NC, and GT.
- High national readmission rates for heroin.
- Increase in individuals <20 years admitted to treatment in GT.
- Young age (10 years) for admission for inhalant misuse in the WC
- Low number of females accessing treatment services from SQM data.
- High levels of drop-out/early drop-out rates based on SQM data
- High levels of HIV infections identified among people who inject drugs

SELECTED TOPICS FOR FURTHER RESEARCH

- Have alcohol restrictions resulted in the transition to cannabis use in KZN?
- What are the reasons behind the high rates of young individuals (20 years and younger) being admitted to treatment in GT province?
- What strategies can be used to facilitate access to treatment among females?
- We need to address the barriers/drivers of client retention in treatment services and find ways of promoting care that is acceptable and satisfactory to clients.
- What is driving the increased use of cannabis among young people?

² Outcomes emanating from regional meetings held for GP, KZN, PE and CT

