



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):

January – June 2021 (UPDATE)

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SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE Research Update (March 2022)

BACKGROUND

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in all nine 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 service providers.

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 2021).

The 1st half of 2021 (i.e. 2021a) saw a significant increase in the number of persons admitted for treatment from 9 394 in 2020b to 10 938 in 2021a across 94 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 EC and the CR (Table 1). Between 9% (GP) and 33% (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 decrease in alcohol-related admissions for persons younger than 20 years in KZN (from 31% to 8%) was noticed during this period. Between 1% (EC) and 10% (WC) 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 (2021a)

	Age	WC	KZN	EC	GT	NR ^a	CR ^b
# CENTRES (N)		36	9	4	34	7	4
# PERSONS ADMITTED (N)		2 433	723	386	6226	958	212
ALCOHOL	All	18	33	27	9	14	30
	<20	10	8	1	4	6	2
CANNABIS	All	24	23	22	27	37	24
	<20	52	64	50	55	75	59
METHAQ. (MANDRAX)	All	7	2	5	3	<1	4
	<20	7	-	1	2	1	4
COCAINE	All	3	13	4	3	3	5
	<20	1	5	2	3	-	-
HEROIN*	All	7	23	2	29	37	7
	<20	8	12	1	11	8	2
METHAMPHETAMINE	All	35	2	36	17	6	26
	<20	20	1	43	15	4	28

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

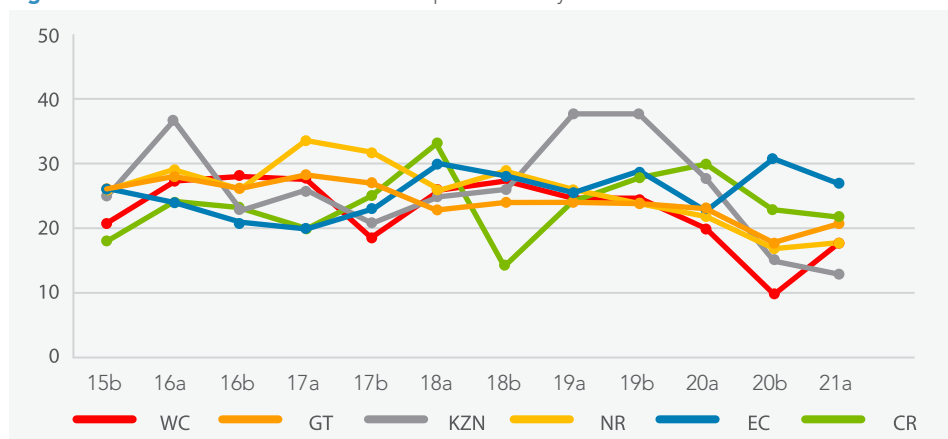
Cannabis was the most common primary substance in the NR during this period. Across sites, between 34% (WC) and 52% (NR) of persons attending specialist treatment centres had cannabis as their primary or secondary drug of use, compared to between 1% (NR) and 27% (WC) for the **cannabis/mandrax** (methaqualone)

aka 'white-pipe' combination. In 2021a, the proportion of treatment admissions for cannabis as a primary drug decreased in KZN and the CR while it increased slightly in the WC and 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

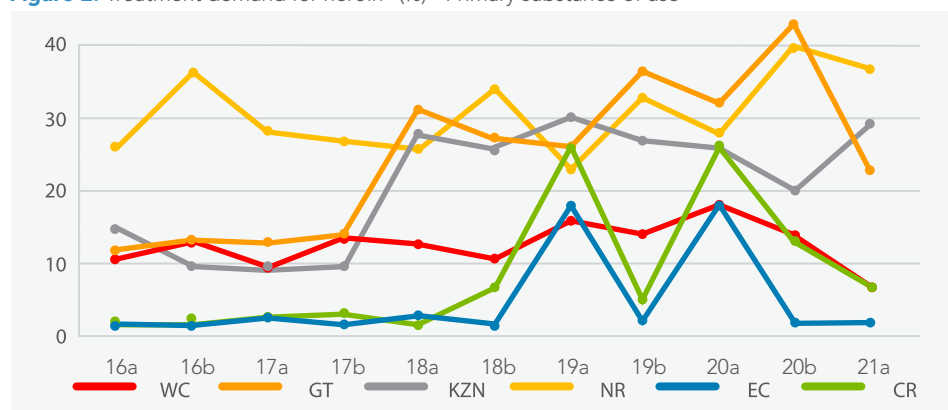


Nyaope and whoonga¹ have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.

Heroin use remains problematic across all sites. Mostly, heroin is smoked, but across sites, 10% (KZN), 6% (NR), 16% (WC), and 30% (GT) of persons who reported heroin as their primary drug of use reported injecting heroin. This period saw a decrease in the proportion of persons

injecting heroin in the WC (from 19% to 16%) and in the NR (from 11% to 6%). Overall, between 2% (EC) and 46% (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 as a primary substance of use across all regions (except the EC and KZN) was noted during this period.

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



*Data on Heroin related admissions from 20b includes nyaope and whoonga

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 (35%) and the EC (36%) in 2021a, decreasing slightly in the WC compared to the last period. MA admissions also increased in GT and the CR, 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 31% (compared to 52% in 2020a); while in the EC the proportion of patients younger than 20 years reporting MA as a primary or secondary substance of use was 61%. Treatment admissions related to MA use as a primary or secondary drug remain low in most other sites except in the EC (50%) and the WC (49%).

Methcathinone ('CAT') use was noted in most sites, especially in GT (12%) and CR (13%), and the NR (2%) where persons admitted had 'CAT' as a primary or secondary drug of use. **Poly-substance use** remains high, with between 47%

(GT) and 67% (CR) 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 7% (KZN). During this reporting period, 285 (3%) persons across all sites reported the non-medical use of codeine at the time of admission, with most persons coming from GT (n = 150), KZN (n = 73) and the WC (n = 30).

Overall, and across all regions, 14% of persons (n = 1 481) presented with a **co-morbidity** at treatment admission. Most of these persons reported hypertension at the time of admission (50%), followed by liver diseases (16%) and mental health problems (15%). A higher proportion of persons suffering from mental health problems were found in GT, accounting for 8% and a higher proportion of persons suffering from hypertension was found in the WC, accounting for 22% of those reporting dual diagnosis.

The **proportion of persons under 20 years** ranged from 13% (KZN27 - 27% (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 (83%), GT (86%), KZN (80%) and in the NR (92%), 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 94 treatment centres in nine provinces is provided in Figure 3.

Between 50% (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 (JANUARY – JUNE 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 guidelines and the National Drug Master Plan (2019 – 2024).

During this reporting period TB HIV Care's Step Up Project operated in the Eastern Cape (Nelson Mandela Bay District), KwaZulu-Natal (eThekweni and uMgungundlovu Districts) and the Western Cape (Cape Metro). Advance Access and Delivery and the Durban University of Technology operated 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) operated across several regions of the City of Tshwane (Gauteng Province). Sediba Hope Medical Centre provided harm reduction services at two centres in Tshwane District. The HARMless Project, implemented by the Foundation for Professional Development, operated in Gauteng (City of Tshwane) and in Mpumalanga (Ehlanzeni district). Anova Health Institute's Jab Smart Project operated in Gauteng (sub-districts B - G of the City of Johannesburg and in Sedibeng). Tintswalo Home Based Care also operated in Gauteng (East, South and North sub-districts of the City of Ekurhuleni).

Eastern Cape

In **Nelson Mandela Bay** 346 unique PWID accessed services with 2 925 needle and syringe contacts taking place. Of the 73 320 needles and syringes distributed, 99% were returned. Of the 135 PWID tested for HIV, ten tested positive, and nine started antiretroviral therapy (ART). Data on HIV viral suppression was unavailable. Of the 142 people screened for tuberculosis (TB), three were symptomatic, none were diagnosed and none started TB treatment. No routine viral hepatitis testing was done. Opioid substitution therapy (OST) was not available. Human rights violations data for this period was not available for reporting.

Gauteng

In **Ekurhuleni**, 338 unique PWID accessed the services, with 154 740 needles and syringes

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.

distributed and 71% returned. One-hundred and twenty-seven PWID tested for HIV, among whom 13 tested positive and 11 started ART. Twelve clients on ART were confirmed to be virally suppressed. Of the 127 PWID screened for TB, four were symptomatic, however none were diagnosed and none started TB treatment. No routine viral hepatitis testing was done. OST was not available. A total of 18 human rights violations were reported, with eight due to confiscation and destruction of injecting equipment.

In **Johannesburg**, 7 113 unique PWID accessed the services, with 14 090 contacts and 545 715 needles and syringes distributed and 20% returned. There were 1 673 PWID who tested for HIV, among whom 337 tested positive and 164 started ART. Two clients on ART that were tested had confirmed viral suppression. A total of 1 746 PWID were screened for TB, with 21 being symptomatic, none diagnosed and none starting on TB treatment. No routine viral hepatitis testing was done. 159 PWID were on OST at the beginning of January 2021. During the period 144 new people were initiated for the first time, 0 people were re-initiated, 40 people were lost to follow-up, 72 exited and 147 were on OST at the end of June 2021. Eighty-three human rights violations were reported, 48 due to assault and 31 for false arrest.

In **Sedibeng**, 609 unique PWID accessed the service with 719 contacts and 23 445 needles and syringes distributed and 16% returned. There were 123 PWID tested for HIV, among whom 37 tested positive and 31 were linked to care. Data on HIV viral suppression was unavailable. 146 people who use drugs were screened for tuberculosis, with two being symptomatic, 0 with confirmed infection and 0 starting treatment. No routine viral hepatitis testing was done. OST was not available. There were 13 human rights violations reported, 11 due to false arrest.

In **Tshwane**, 7 790 unique PWID accessed services with 671 866 needles and syringes distributed; and 92% returned. Of the 1 080 PWID tested for HIV, 453 tested positive and 370 started ART. HIV viral suppression was confirmed among 68 clients on ART. There were 640 PWID screened for tuberculosis, with four symptomatic, none diagnosed and none referred for TB treatment.

Viral hepatitis testing was done through Sediba Hope Medical Centre with one confirmed HCV infection. A total of three people started direct acting antiviral therapy and 12 people received confirmation of the HCV cure. A total of 887 people were on OST at the beginning of the period³. During the period 122 new people were initiated for the first time, 12 people were re-initiated, 38 people were lost to follow-up, seven people died, 143 people exited and 833 were on OST at the end of the period. Data on human rights violations is not currently being collected.

KwaZulu-Natal

In **eThekweni**, 1 764 unique PWID accessed services, with 10 264 engagements and 198 795 needles and syringes distributed, with 83% returned. A total of 320 PWID tested for HIV of whom 68 tested positive and 47 started ART. Viral suppression was confirmed in two clients on ART. Of the 444 PWID screened for TB, 42 were symptomatic, 18 diagnosed and 17 started on

TB treatment, and five completed treatment. No routine viral hepatitis testing was done. 63 people were started on OST maintenance and one person was lost to follow-up. At the end of the period, 62 people were on OST maintenance. At Bellhaven, 210 clients were on low-dose methadone during the reporting period. A total of 160 human rights violations were reported, the majority (96%) were due to confiscation/destruction of needles.

In **uMgungundlovu**, 494 unique PWID accessed the services, with 3 593 contacts and 54 255 needles and syringes distributed and 82% returned. There were 141 PWID tested for HIV, among whom 31 tested positive and 13 initiated on ART. Data on HIV viral suppression was unavailable. Three-hundred and seventy people who use drugs were screened for TB, with 33 being symptomatic, two diagnosed and none starting TB treatment. No routine viral hepatitis testing was done. OST was not available. Eighteen human rights violations were reported.

Mpumalanga

In **Ehlanzeni**, 459 unique PWID accessed the services, with 1 540 needle and syringe contacts taking place, 19 864 needles and syringes distributed and 80% returned. A total of 226 people tested for HIV, 49 of whom tested positive and 49 started on ART. Ten clients were reported to be virally suppressed. Eighteen PWID were screened for TB. No routine viral hepatitis testing was done. Thirty people were started on OST during the reporting period.

Western Cape

In the **Cape Metro**, 1 121 unique PWID accessed services, with 13 301 contacts and 641 610 needles and syringes distributed and 84% returned. A total of 301 PWID tested for HIV, among whom 14 tested positive and seven started ART. Four PWID were confirmed to be virally suppressed. Of the 370 PWID screened for TB, 33 were symptomatic, two diagnosed, and none started treatment. No routine viral hepatitis testing was done. Eighty-one people were on OST at the beginning of the period. During the period 51 new people were initiated for the first time, two people were re-initiated, 21 people were lost to follow-up, one person exited, one person died and 114 were on OST at the end of the period. Sixty-five human rights violations were reported,

the majority (35%) due to confiscated/ destroyed needles and syringes.

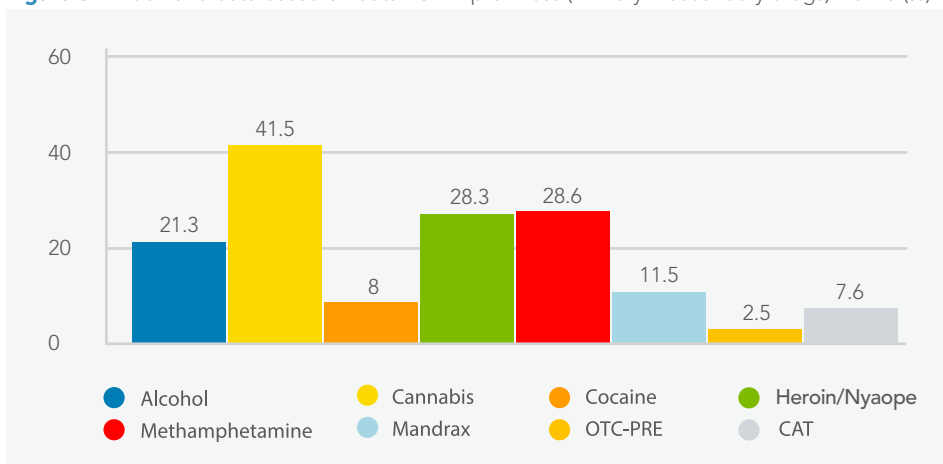
SELECTED IMPLICATIONS FOR POLICY/PRACTICE⁴

- High HIV yield among PWID accessing HIV testing services in Gauteng, Mpumalanga and KwaZulu-Natal.
- High yield of TB with increased use of digital chest x-ray, and sputums with GeneXpert.
- 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 crack/cocaine (both as primary and secondary substance of use) in KZN.
- Decrease in young people accessing treatment services in the EC, NR, WC and KZN.
- Decrease in the mean age of patients reporting OTC/PRE in KZN
- Increase in methamphetamine as a primary drug of use in the EC.
- Increase in mandrax as a secondary drug of use in the EC.
- Increase in proportion of people injecting methamphetamine and heroin in GT.
- Increase in alcohol and cannabis use in the WC
- Increase in cannabis as primary drug of use by young people in the NR.
- Decrease in treatment admissions by females in the EC and NR.
- 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.

Figure 3: Tx demand data based on data from 9 provinces (Primary + secondary drugs): 2021a (%)



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

- Increase in MA admissions in GT and CR as well as increase in MA as primary and secondary SoU among <20's in EC region warrants further investigation.
- Have alcohol restrictions resulted in the transition to crack/cocaine use in KZN.
- What are the reasons for the decrease in the mean age of OTC/PRE medications?
- What are the barriers for students not accessing substance use treatment? Where do they seek help for AOD problems?
- How can human rights violations affecting people who use drugs, including confiscation of equipment, be reduced?
- How has cannabis policy affected cannabis use among adolescents?

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 first half of 2021?

