

# SACENDU

South African Community Epidemiology Network on Drug Use

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

July – December 2017 (Phase 43)

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PHASE 43

### BACKGROUND

**The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in 9 provinces in South Africa.**

The system, operational since 1996, initially monitored trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes. More recently, we have started including data from the TB HIV Care Step Up Project which provides harm reduction and HIV prevention services to

people who inject drugs (PWID) in the Cape Metro, Nelson Mandela Bay and eThekwin.

### TREATMENT DEMAND DATA: LATEST KEY FINDINGS (unless stated otherwise the findings relate to the 2nd half of 2017)

The 2<sup>nd</sup> half of 2017 (i.e. 2017b) saw a decrease in the number of persons admitted for treatment from **10047** in 2017a to **9489** in 2017b across **84 treatment centres/programmes.**

**Alcohol** remains the dominant substance of use in the EC, KZN and the CR. Between 16% (NR) and 43% (CR) of persons in treatment reported alcohol as a primary drug of use. This period saw a slight increase in the number of persons seeking treatment in the KZN region from 34% to 37% (Table 1). A significant decrease in alcohol admissions from 45% to 34% was noticed for the EC during this reporting period. Consistent to previous reporting periods, treatment admissions for alcohol-related problems in persons younger than 20 years

**Table 1:** Primary drug of use (%) for all persons and persons under 20 years – selected drugs (2017b)

	Age	WC	KZN	EC	GT	NR <sup>1</sup>	CR <sup>2</sup>
# CENTRES		34	14	7	17	6	5
# PERSONS ADMITTED		2541	1400	515	3414	1269	350
ALCOHOL	All	24	37	34	17	16	45
	<20	8	17	23	2	18	2
CANNABIS	All	22	29	24	41	43	31
	<20	75	65	33	81	44	77
METHAQUALONE (MANDRAX)	All	7	3	10	2	1	5
	<20	5	2	13	1	<1	8
COCAINE	All	2	6	4	3	4	3
	<20	<1	1	4	<1	4	-
HEROIN	All	14	10	2	14	27	3
	<20	2	5	3	4	28	-
METHAMPHETAMINE	All	30	1	20	6	2	-
	<20	9	<1	21	4	<1	3

1-Northern Region (MP & LP) 2-Central Region (FS, NW, NC)

were less common. However, during this period, there was a significant increase in alcohol-related admissions for persons younger than 20 years in the EC from 5% to 23%. Between 2% (GT) and 23% (EC) of persons under the age of 20 reported alcohol as their primary substance of use. See figure 1 for treatment admission trends.

Cannabis is the most common substance of use in GT and the NR. Across sites, between 30% (WC) and 55% (GT) of persons attending specialist treatment centres had **cannabis** as their primary or secondary drug of use, compared to between 1% (NR) and 24% (WC) for the **cannabis/mandrax** (methaqualone) aka 'white-pipe' combination. In 2017b, the proportion of treatment admissions for cannabis

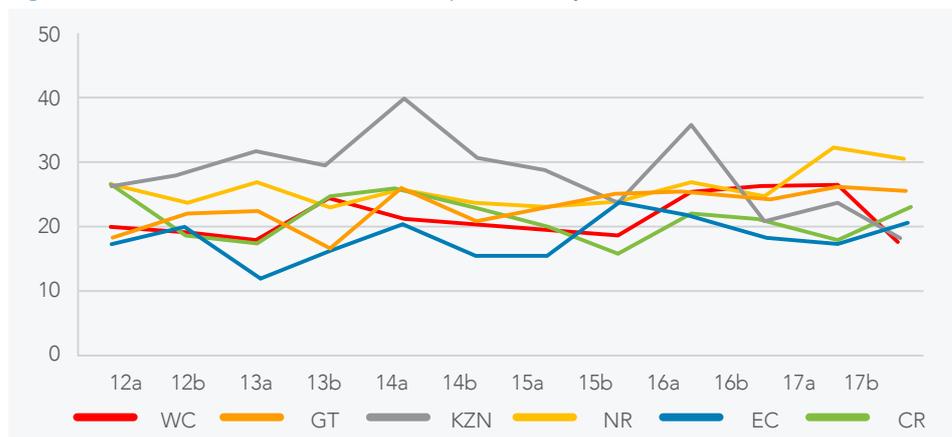
as a primary drug decreased in the NR and GT while it remained stable in the CR and the WC. In all sites, most persons who are younger than 20 years reported cannabis as their primary substance of use. Treatment admissions for **cocaine**-related problems have shown a consistent decrease over the past few reporting periods and remain low across sites. Relatively few persons younger than 20 years are admitted for cocaine-related problems.

Compared to the previous period, treatment admissions for **heroin** as a primary drug of use remained stable across all sites, except for the WC where it slightly increased from 10% to 14% during this reporting period (Fig. 2). Mostly, heroin is smoked, but across sites, between 4% (NR), 7% (WC) and 45% (GT) of

persons who reported heroin as their primary drug of use reported injecting it. This period saw a significant decrease in the proportion of persons injecting heroin in the WC (from 14% to 7%).

A large proportion of patients admitted for heroin use across all regions (except WC and EC) were of Black African descent. Heroin is also used as a secondary substance of use; with 15% of persons in the WC, 29% in the NR, 11% in KZN and 18% in GT reporting heroin as a primary or secondary substance of use. The use of nyaope (low-grade heroin and other ingredients smoked with dagga), continues to pose a problem, with 11% of persons in KZN admitted for nyaope use. In GT, 4% of persons reported nyaope as their primary substance of

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



use. The majority of persons who were admitted for nyaope use in KZN (90%) and GT (96%) were Black African.

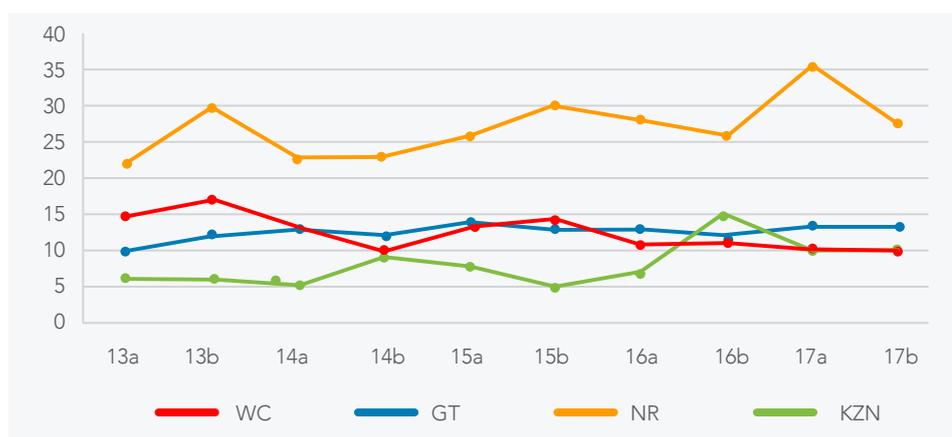
**Methamphetamine (MA)** - Treatment admissions for MA as a primary substance of use is low except in the WC (30%) and in the EC (20%). MA (aka 'Tik') was the most common primary drug reported by persons in the WC in 2017b, followed by alcohol, and this proportion increased slightly from 27% in 2017a to 31% in this period. Among persons under 20 years, the proportion reporting MA as a primary or secondary substance of use overtime was 13% (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 (34%). **Methcathinone ('CAT')** use was noted in most sites, especially in GT and the CR where 15% and 9% respectively, of persons admitted had 'CAT' as a primary or secondary drug of use. Poly-substance use remains high, with between 40% (CR) and 56% (WC) of persons indicating the use of more than one substance. 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 drug of use, were between 2% (CR) and 5% (EC). During this reporting period, **282 (3%)** persons across all

sites reported the non-medical use of codeine, with the majority of persons coming from GT (N= 119).

Overall, and across all regions, 16% of persons presented with a **dual diagnosis** at treatment admission. The majority of these persons reported current mental health problems at the time of admission (47%), followed by hypertension (18%) and respiratory diseases (11%). A higher proportion of persons suffering from hypertension and mental health problems were found in the WC, accounting for 39% and 30% of those reporting dual diagnosis in these regions, respectively.

The **proportion of persons under 20 years** ranged from 19% (WC) to 32% (NR). 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 GT 72%, NR (92%), KZN (81%), and in the EC (70%), persons younger than 20 years were Black African in 2017b. 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 Fig. 3.

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



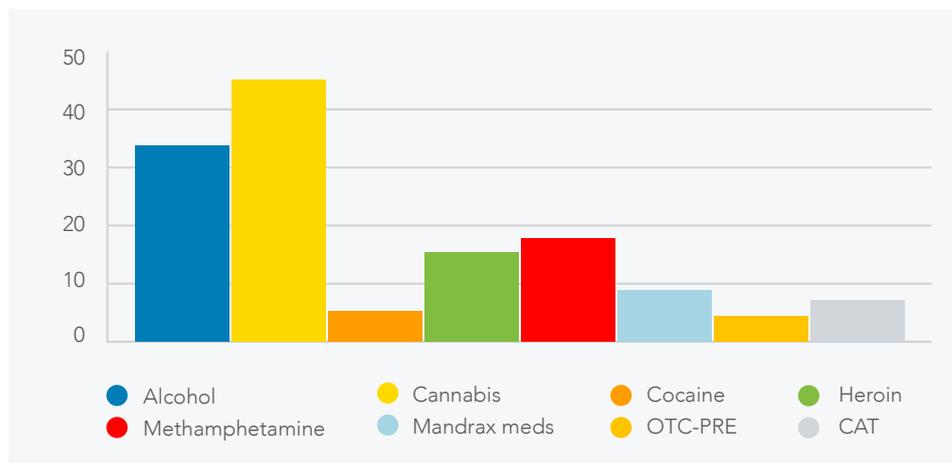
Between 40% (NR) and 72% (WC) of persons reported that they had been **tested for HIV in the past 12 months**, showing a significant increase over time but still lower than desirable.

### People Who Inject Drugs (PWID)

TB HIV Care's Step Up Project provides harm reduction and HIV prevention services to people who inject drugs (PWID) in the Cape Metro, Nelson Mandela Bay and eThekweni as per the World Health Organization's guidelines. Between July and December 2017, 1 491 unique PWID accessed services nationally (612 in eThekweni, 710 in the Cape Metro and 169 in Nelson Mandela Bay). Overall, 12 552 needle and syringe service contacts with PWID were made (3 315 in eThekweni, 7 624 in Cape Metro and 1 613 in Nelson Mandela Bay) and 239 979 needles and syringes were distributed (85 288 in eThekweni, 121 729 in the Cape Metro and 32 962 in Nelson Mandela Bay), with return rates of 47%, 81% and 54% respectively. Among PWID who accessed additional health services: 875 tested for HIV (285 in eThekweni, 368 in the Cape Metro, 222 in Nelson Mandela Bay), 49 of whom tested positive (20 in eThekweni, 23 in the Cape Metro, 6 in Nelson Mandela Bay). Seven were started on antiretroviral therapy (ART) (0 in eThekweni, 1 in the Cape Metro, 6 in Nelson Mandela Bay). Data on HIV viral suppression was unavailable. Additionally, 741 PWID were screened for tuberculosis (TB) (302 in eThekweni, 439 in the Cape Metro, 280 in Nelson Mandela Bay) with 5 being symptomatic (1 in eThekweni, 4 in the Cape Metro, 0 in Nelson Mandela Bay). One person was tested and diagnosed for TB in eThekweni and started treatment. In Durban, 53 people who use heroin (injecting and non-injecting) were initiated into the opioid substitution therapy (OST) project, 4 people were lost to follow-up, 2 people exited and 47 people were on methadone (including 8 PWID) at the end of December. The OST project in Durban is being implemented in partnership with the Urban Futures Centre at the Durban University of Technology.

In Cape Town, 45 PWID were initiated, 17 people were lost to follow-up and 28 were on methadone at the end of December. During this reporting period 59 human rights violations were reported (18 in eThekweni, 34 in the Cape Metro, 7 in Nelson Mandela Bay), 85% of which related to the confiscation and/ or destruction of injecting equipment. A cross sectional survey completed in October 2017 identified Hepatitis C virus (HCV) RNA prevalence among PWID who access harm reduction services to be 33% in the Cape Metro (n=299) and 29% in eThekweni (n=308).

**Figure 3:** Tx demand data based on data from 9 provinces (Primary + secondary drugs): 2017b (%)



### SELECTED IMPLICATIONS FOR POLICY/PRACTICE

- Expand efforts to test patients in substance abuse treatment centres for HIV (including <20s) and expand to HCV and HBV (for PWID)
- Ensure substance abuse treatment centres test for common mental disorders (ADHD, depression, anxiety) and increase capacity for addressing referral networks?
- Upscale efforts to address heroin/whoonga use in KZN
- Encourage substance abuse treatment centres to also test for gambling and sex addiction
- Investigate need for more inpatient substance abuse treatment centres and aftercare facilities in EC or more broadly look into treatment gaps in the EC (for users of cannabis and other drugs).
- Lobby law enforcement at all levels to ensure that harm reduction services can operate without harassment
- Investigate whether there is a need for female-oriented substance abuse treatment services in East London
- Provide continuous counselling to both Diabetic and HIV+ persons
- PWID use needle and syringe services that are available to them, and these services have been implemented in line with the National Strategic Plan for HIV, TB and STIs (2017 – 2022) and should continue.
- A consistent supply of injecting equipment is essential to maximise HIV/HCV prevention efforts and these commodities need to be funded domestically.
- A more robust TB screening process is needed; a PWID community-based TB testing drive or chest X-ray screening could contribute.
- Increased efforts to improve PWID linkage to HIV/TB care are needed, and could include peer navigation and support.

- PWID access OST services and attention is needed to retain them in care.
- High HCV prevalence identified in the Cape Metro and eThekweni supports the need for ongoing HCV testing and access to treatment.

### SELECTED ISSUES TO MONITOR

- Increase in females and persons between the ages of 20-35 years coming to treatment in WC.
- Increase in referrals by court in GT and by family in the WC
- Use of Monopi (a cheap stimulant that is smoked) in GT
- Injecting of heroin in GT, use of heroin among <20s in PE, and among Black Africans in East London
- Use of codeine among <20s in GT
- Increase in learners coming to substance abuse treatment centres in NR (esp. for heroin related problems)
- Decrease in age of patients abusing OTC-prescription meds in NR
- Increase in referrals from social services and health professionals in KZN
- Use of mandrax use among youth in KZN and in general in PE
- Increase in <20s and over 50s coming to substance abuse treatment centres in PE
- Decrease in age of heroin users coming to substance abuse treatment centres in PE
- Increase in methamphetamine use by <20s in East London and among females in the WC
- Needle return rates in relation to rights violations and stakeholder relations
- Number of PWID diagnosed and/ or living with HCV and/ or HIV
- Retention in OST services and reasons for loss to follow-up
- Level of stakeholder support to finance and implement harm reduction services

### SELECTED TOPICS FOR FURTHER RESEARCH

- What is the population level prevalence and incidence of HCV and HBV among people who inject drugs?
- How and why do drug names differ in different areas?
- What is driving the increase in codeine use among <20s in GT and codeine use among males in NR?
- What is driving the high levels of use of heroin and nyaope among Black Africans in KZN?
- Can we send health-related messages using fotonovela?
- Facilitators and barriers to linkage to HIV care
- How to improve needle return rates
- Facilitators and barriers to retention in OST services
- Effective strategies to obtain stakeholder buy-in for implementation and financing of harm reduction services

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**ALCOHOL, TOBACCO AND OTHER DRUG RESEARCH UNIT  
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