



# A reflection on the SACENDU (1996-2018) epidemiological network system.

5-6 September 2018,

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# OUTLINE

1. Background
2. Monitoring AOD use trends in South Africa (1996-2016) – 20 years of SACENDU data

# BACKGROUND

## SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE (SACENDU) ESTABLISHED IN 1996 SOUTH AFRICA

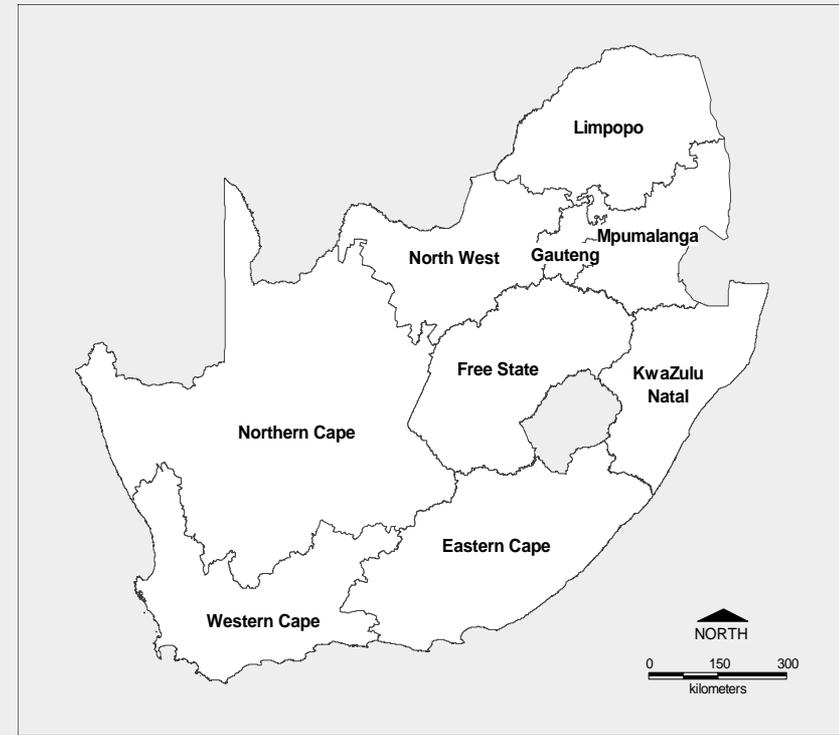
- An alcohol and other drug (AOD) sentinel surveillance system operational in 9 provinces in South Africa
- Monitors trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes

- Modelled after the Drug Surveillance systems established by the Pempidou Group in Europe and US Community Epidemiology Work Group
- Established in 1996 (MRC, UKZN, Nick Kozel)
- Funded initially by WHO later by NDoH

# SACENDU OBJECTIVES

- To establish a network of researchers, practitioners and policy makers
- To identify changes in AOD and emerging trends
- To identify any changes in AOD negative consequences
- Monitor impact
- Inform policy, planning and advocacy efforts at local and other levels.
- Stimulate further research into new and under-researched areas
- Ensure participation in internal and international fora (e.g. IEWG, CEWG)
- Facilitate completion of ARQ in SA

- Provides data on treatment demand
- Operational in 9 provinces (with some provinces combined)
- $\pm$  80 treatment centres (nationally) are part of the SACENDU network covering approximately 80% of treatment population and 75% of treatment centers
  - Includes state funded private and non-governmental organisations
- $\pm$  10K persons seen in treatment every 6 months



	<b>WC</b>	<b>KZN</b>	<b>EC</b>	<b>GT</b>	<b>NR (2)</b>	<b>CR (3)</b>	<b>Total</b>
<b>Treatment centres</b>	<b>38</b>	<b>9</b>	<b>6</b>	<b>17</b>	<b>5</b>	<b>6</b>	<b>78</b>
<b># of patients</b>	<b>2674</b>	<b>1171</b>	<b>471</b>	<b>3570</b>	<b>1247</b>	<b>546</b>	<b>9510</b>

- All AOD treatment centres, located within a given site, are requested to join the network. Participation within the network is voluntary.
- The annual caseload across all 9 sites is approximately 16000-17000.
- Specialist AOD treatment centres tend to be more urban based and access tends to be biased towards:
  - white, coloured and Asian south Africans.
  - Some private centres cater largely for foreigners.
  - However access to treatment for HDC is increasing.



# DATA COLLECTION



**SACENDU**

Treatment Data: July-December 2015  
Collection Form:

Date of screening:  UK  MS  WW

Is the patient enrolled in the treatment programme? No  Yes

Date of enrolment:  UK  MS  WW

Name of Treatment Centre:

Patient unique reference number:

Screening site:

Please read each question carefully and answer as accurately as possible. Where applicable, mark selections with an X.

1 What gender do you identify yourself as?  
Male  Female

2 What race group do you identify yourself as?  
African  White   
Coloured  Other   
Indian

3 How old are you?  years

4 Where is your primary place of residence?  
Town/City:   
Province:

5 Type of admission  
Voluntarily   
Involuntarily   
Detention   
Correctional services

6 What language do you speak most often at home?

7 How would you classify your English language ability? Please select all that apply?  
I can understand English   
I can read English   
I can write in English

8 What is your highest level of education completed?  
None  None   
Primary  1  2  3  4  5  6  7   
Secondary  8  9  10  11  12   
Tertiary  Completed qualification (diploma degree)

9 What is your employment status? Select **one** only  
Employed full-time  Student/apprentice/trainee   
Self-employed   
Employed part-time/contract/seasonal/casual  Medically unfit/disabled   
Unemployed (less than six months in past year)  Pensioner   
Unemployed (more than six months in past year)  Homeless   
School/leaver at school  Other

10 What treatment are you currently receiving?  
Inpatient   
Outpatient

- A standardized one page form was completed on each person treated by a given centre during a particular 6-month period. The form consists of forced-choice responses.

Demographics: Gender, Age, Race, Suburb, Education, Employment, marital status

Substance abuse info: 1-2<sup>nd</sup> substance of abuse, mode of use, frequency of use, age of 1<sup>st</sup> use, prior treatment

HIV Testing in the past 12 months

Referral Sources, sources of payment, types of treatment received.

# STRENGTHENING SACENDU (2013)

- Changes in AOD scene in South Africa brought about changes to SACENDU.
- New research questions, with new emerging trends.
  - Informs policy, resource allocation and treatment planning
  - Direct future research initiatives
- Addressed representivity issues, ongoing.
- Visibility

# AMENDMENTS TO DATA COLLECTION

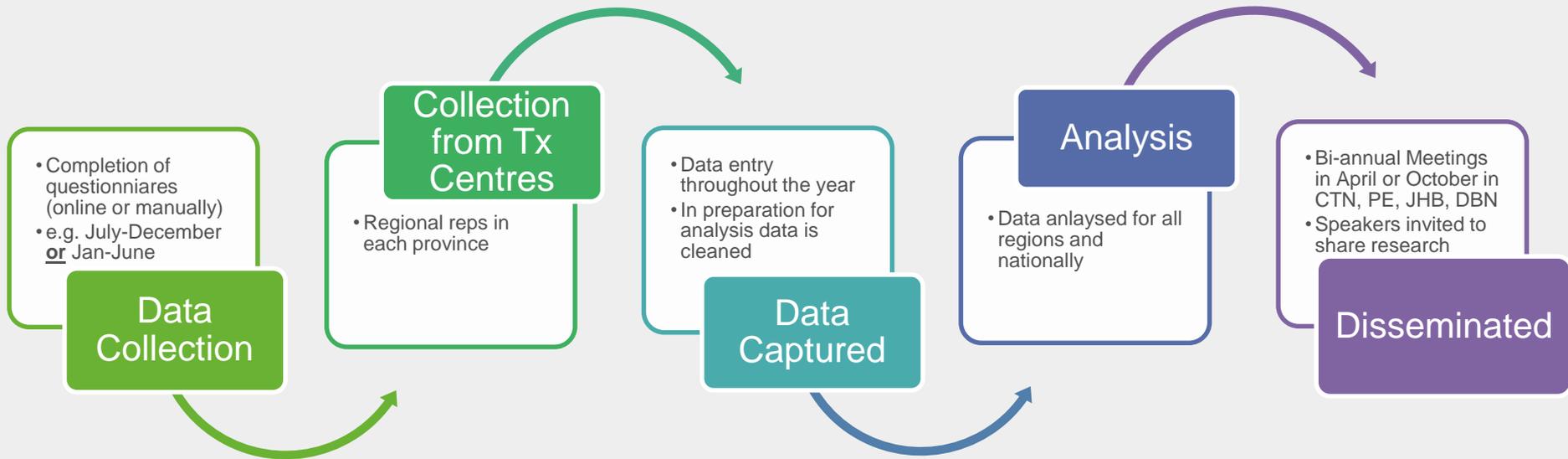
- Standardisation (ongoing)
- Changes in admissions (screened vs enrolled)
- Accommodate different drug variations i.e. nyaope.
- Non-medical use of codeine
- Comorbidity
- Align with Service Quality Metrics Study
- Format changes for ease of use





# SACENDU BI-ANNUAL PROCESSES



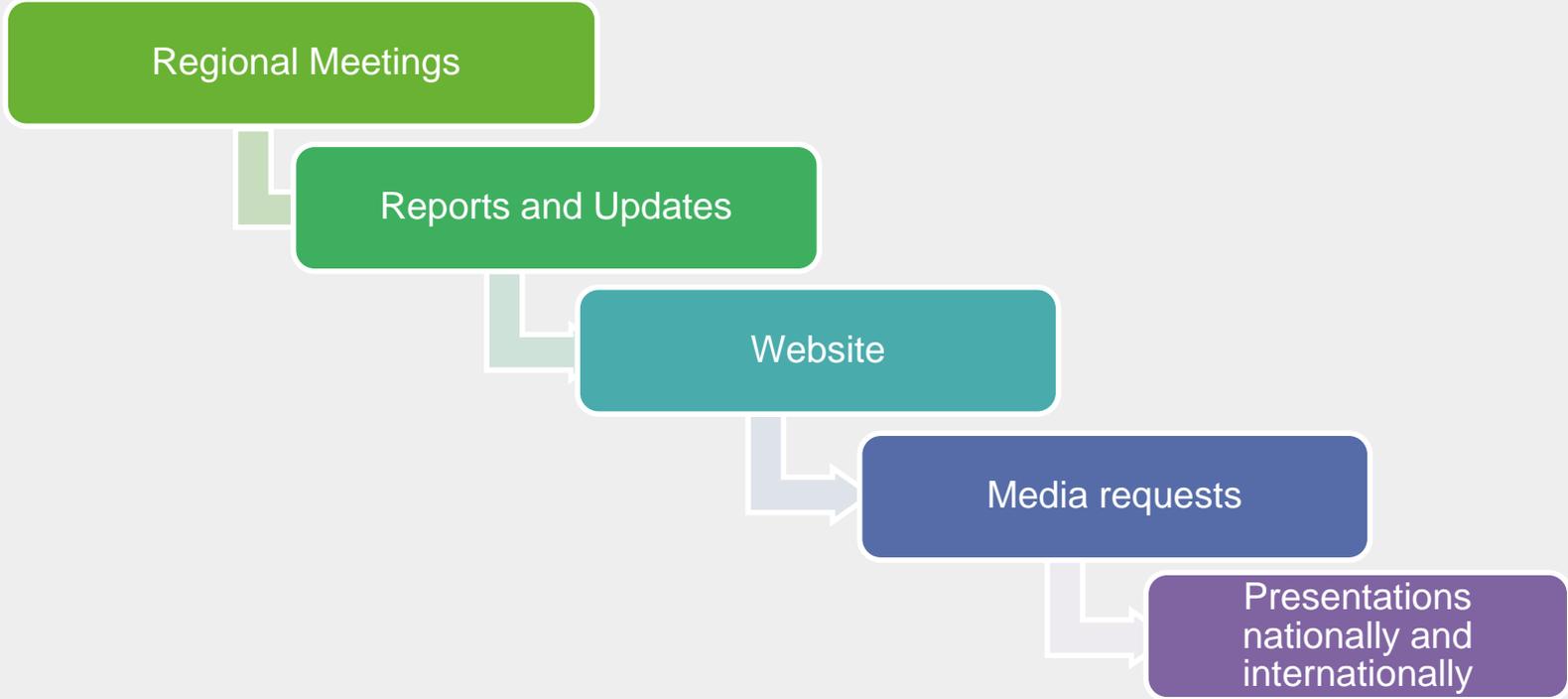




# DISSEMINATION



# DISSEMINATION



# Outputs

- 3 comprehensive reports provide trends over time (by province and nationally) on substance abuse by gender, age, primary substance of abuse, NCDs on a 6 monthly basis.
- Included in the reports are a list of:
  - Policy Implications emanating from the data
  - Selected issues to monitor
  - Future research needs (often used to formulate new research questions)



# Impact

- Replicated in 11 countries in Sub-Saharan Africa and more recently Nigeria
- Links specialist treatment centre practitioners and policy makers to research
- 12 publications in peer-reviewed journals
- Informs the UN Annual Research Questionnaire (ARQ)
- Has helped the NDSD to strategically allocate resources (i.e. tx centres) for substance abuse and therefore improved accessibility for all sectors of the community.
- Has aided formulation of substance abuse policy documents for the NDOH (i.e. the Mini Drug Master Plan) and the country (national Drug Master Plan)
- Training of MA and PhDs
- Linked to Service Quality Measures initiative



# ADVANTAGES OF TREATMENT DEMAND SURVEILLANCE

- Treatment demand data provides insight into the extent of:
  - Substance abuse and the need for treatment
  - Emerging trends
  - Assists governments efforts to strategically allocate resources for substance abuse and improve accessibility for all sectors of the community.
  - Assist in planning intervention strategies that ensure adequate provision of services to communities.

- **Nyaope** (officially defined as a cocktail of cheap/low grade heroin mixed with cannabis and smoked)
  - first emerged in the townships of Durban about a decade ago, but it's really starting to get the attention now that it has spread to other big townships around the country.
- **Desomorphine (krokodil)** (an opioid derivative of codeine. Like heroin and other opioids, it has a sedative and analgesic effect, is highly addictive, and potentially harmful).
  - Anecdotal reports (GP); Not seen in treatment
- **New Psychoactive Substances (NPS) e.g. synthetic cannabinoids/ synthetic cathinones:**
  - global concerns - the effects of NPS use on the human body not fully understood
  - safety data regarding toxicity not available and long-term side effects not known (WDR, 2016).
  - To date not picked up in treatment centres/ methcathinone stabilized
- **Codeine and other OTC/Prescription meds**
  - Children and Codeine syrups
  - Methylphenidate Use (Used to treat attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), and narcolepsy (university students))

# DATA ANALYSIS

- Data analyzed using SPSS
- **Step 1: Univariate analysis**
  - This analysis is conducted to ensure that data were captured properly and to provide descriptive statistics for all variables , i.e. providing frequency distribution and measures of central tendency (Mean, Median, Mode)
  - Analysis done for the whole sample and for persons younger than the age of 20 years
- **Step 2: Bivariate analysis**
- This analysis is conducted to determine relationship between two variables
  - Crosstabulations are done for substance of abuse and: gender, race, prior treatment, age cohort.

# OTHER ADVANTAGES

Strengthens local networks (Researchers/Practitioners)

Capacity building

Strengthens collaborations among researchers

Informed the NDMP (I, II, III)

Provides a model for Africa

We use SACENDU data to highlight:

\* Implications for policy; Implications for practice; Issues to Monitor, topics for further research



# CHALLENGES AND LIMITATIONS

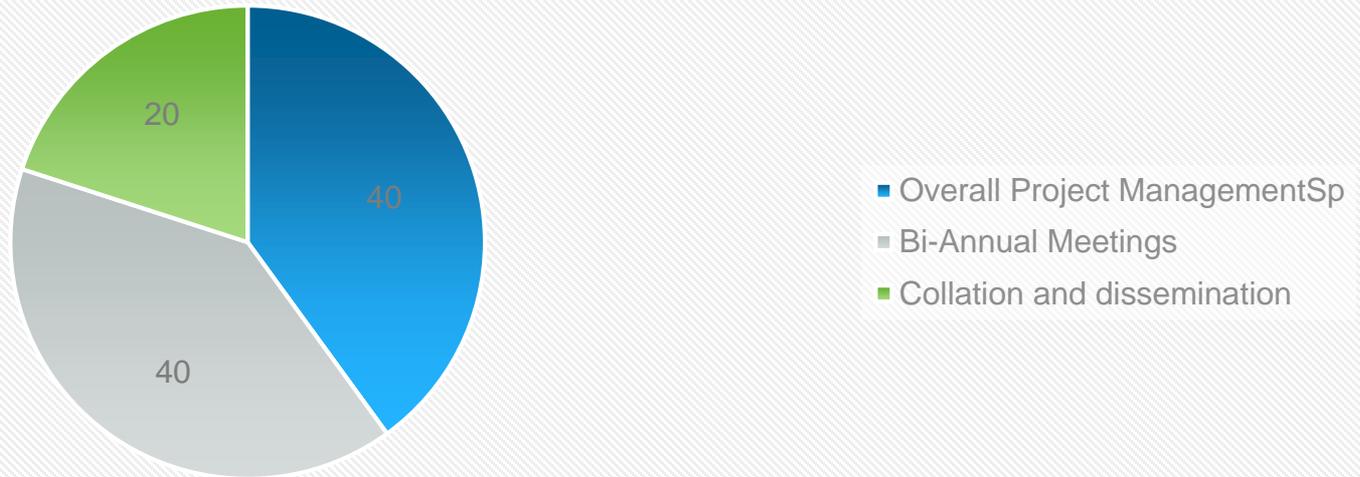


# LIMITATIONS AND CHALLENGES

- Ensuring participation by all treatment centres during each phase of data collection is in some instances difficult.
  - Data collection is dependent mainly on the enthusiasm of individuals who receive no remuneration for their efforts → institutionalize SACENDU.
- Changes in staff at treatment centres.
- Treatment centre data may reflect admission policies, differential access to services based on socio-economic status and the limited availability of treatment services for marginalized groups rather than potential AOD treatment demand.
- Difficult to determine the extent to which findings reported in SACENDU can be extrapolated to the general population.
- Funding challenges.
- Difficulty in accessing ongoing data from sources other than treatment centres.

# FUNDING MODEL

## Expenses



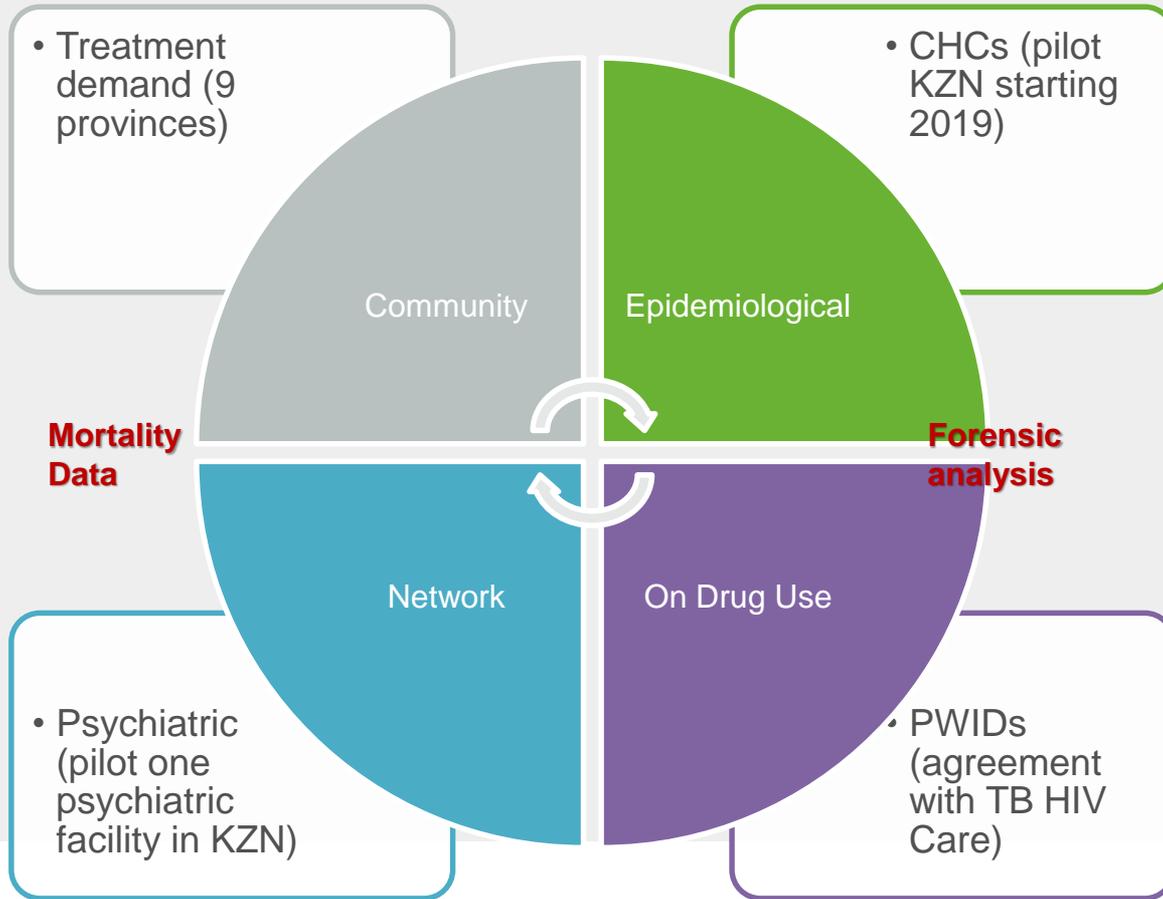
Funded by the NDOH

Limpopo and MP funded by DSD (2017-2018)

Cross-subsided by the SAMRC (staff salaries)

# LOOKING GLASS...

Powerball plus →  
National adult and youth survey every five years





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