
5-6 September 2018,
Nadine Harker Burnhams (PhD), Siphokazi Dada (MA), Jodilee Erasmus (BA Hons), Warren Lucas (MA), Charles Parry (PhD)
nadine.harker@mrc.ac.za
OUTLINE

1. Background
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 Pompidou 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)
• ± 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
• ± 10K persons seen in treatment every 6 months

<table>
<thead>
<tr>
<th></th>
<th>WC</th>
<th>KZN</th>
<th>EC</th>
<th>GT</th>
<th>NR (2)</th>
<th>CR (3)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment centres</td>
<td>38</td>
<td>9</td>
<td>6</td>
<td>17</td>
<td>5</td>
<td>6</td>
<td>78</td>
</tr>
<tr>
<td># of patients</td>
<td>2674</td>
<td>1171</td>
<td>471</td>
<td>3570</td>
<td>1247</td>
<td>546</td>
<td>9510</td>
</tr>
</tbody>
</table>
• 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
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: 1-2nd substance of abuse, mode of use, frequency of use, age of 1st 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
Data Collected two ways

Online

Manually inputted

Hard copies are collected from centres

Both online and manual copies entries are checked
SACENDU BI-ANNUAL PROCESSES
• Completion of questionnaires (online or manually)
  e.g. July-December or Jan-June

Collection from Tx Centres
• Regional reps in each province

Data Collection

Data Captured
• Data entry throughout the year
  In preparation for analysis data is cleaned

Analysis
• Data analysed for all regions and nationally

Disseminated
• Bi-annual Meetings in April or October in CTN, PE, JHB, DBN
  Speakers invited to share research
DISSEMINATION

- Regional Meetings
- Reports and Updates
- Website
- Media requests
  - Presentations nationally and internationally
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

Overall Project ManagementSp: 40
Bi-Annual Meetings: 40
Collation and dissemination: 20

Funded by the NDOH
Limpopo and MP funded by DSD (2017-2018)
Cross-subsided by the SAMRC (staff salaries)
Powerball plus National adult and youth survey every five years