

SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

MONITORING ALCOHOL, TOBACCO AND OTHER DRUG USE TRENDS (SOUTH AFRICA):

January – June 2018 (UPDATE)

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PHASE 44

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 TBHIV Care Step Up Project based in the Cape Metro, Nelson Mandela Bay and eThekweni. This phase also includes data from Anova Health Institute, OUT Wellbeing, and the University of Pretoria. These projects provide harm reduction and HIV prevention services to people who inject

drugs (PWID) in Johannesburg and Pretoria, respectively.

TREATMENT DEMAND DATA: LATEST KEY FINDINGS (unless stated otherwise the findings relate to the 1st half of 2018)

The 1st half of 2018 (i.e. 2018a) saw a slight decrease in the number of persons admitted for treatment from **9 489** in 2017b to **9 395** in 2018a across **83 treatment centres/programmes.**

Alcohol remains the dominant substance of use in the EC and KZN. Between 15% (NR) and 35% (CR and EC) 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 for alcohol in the KZN region from 37% to 29% (Table 1). A significant decrease in alcohol admissions from 45% to 35% was noticed for the CR during this reporting period. Consistent to previous reporting periods, treatment admissions for alcohol-related problems in persons younger than 20 years were less common. However, during this period, there was a significant decrease in alcohol-related admissions for persons younger than 20 years in the EC (from 23% to 4%) and the NR (from 18% to 5%). Between 1% (CR) and 14% (WC) of persons under the age of 20 reported alcohol as their primary substance of use. See figure 1 for treatment admission trends.

Table 1. Primary substance of use (%) for all persons and persons under 20 years – selected drugs (2018a)

	Age	WC	KZN	EC	GT	NR ¹	CR ²
# CENTRES (N)		35	12	7	15	10	4
# PERSONS ADMITTED (N)		3182	1246	517	2734	1372	334
ALCOHOL	All	24	29	35	16	15	35
	<20	14	13	4	4	5	1
CANNABIS	All	26	29	21	33	39	21
	<20	77	72	54	73	74	77
METHAQ. (MANDRAX)	All	6	3	7	2	2	7
	<20	2	1	3	2	1	10
COCAINE	All	2	7	3	2	3	3
	<20	<1	3	1	1	1	-
HEROIN	All	12	10	2	22	22	2
	<20	1	4	-	8	7	-
METHAMPHETAMINE	All	27	1	24	6	1	8
	<20	6	1	34	3	1	4

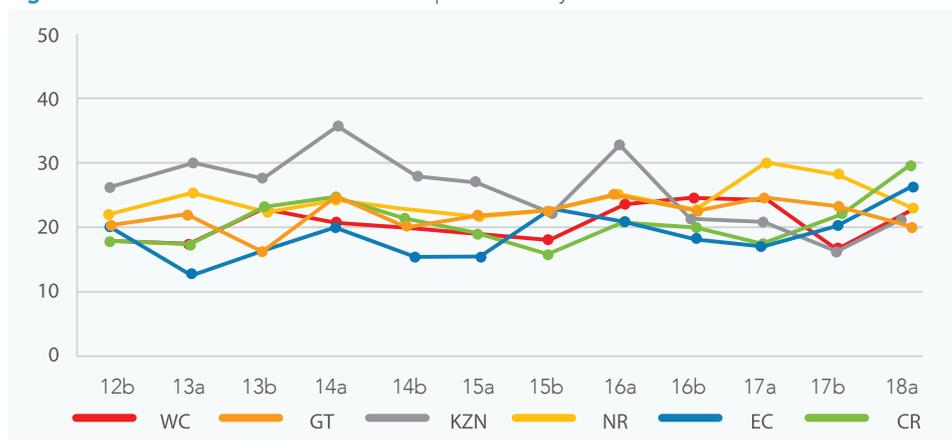
1-Northern Region (MP & LP) 2-Central Region (FS, NW, NC)

Cannabis is the most common substance of use in GT and the NR. Across sites, between 33% (EC) and 50% (NR) of persons attending specialist treatment centres had **cannabis** as their primary or secondary drug of use, compared to between 3% (NR) and 21% (WC) for the **cannabis/mandrax**

(methaqualone) aka 'white-pipe' combination. In 2018a, the proportion of treatment admissions for cannabis as a primary drug decreased in the NR, CR and GT while it remained stable in KZN. 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.

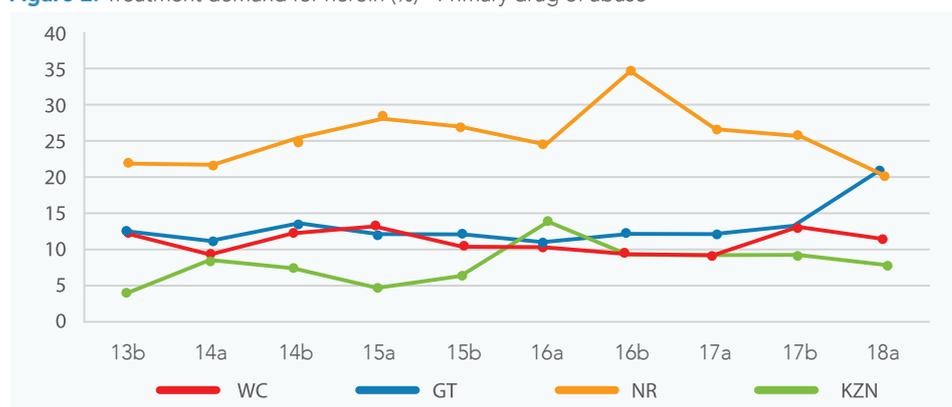
Figure 1: Treatment admission trends - % of patients <20 years



Compared to the previous period, treatment admissions for **heroin** as a primary drug of use remained stable across all sites, except for the GT where it slightly increased from 14% to 22% during this reporting period (Fig. 2). Mostly, heroin is smoked, but across sites, 9% (KZN), 10% (NR), 13% (WC) and 39% (GT) of persons who reported heroin as their primary drug of use reported injecting it. This period saw a significant increase in the proportion of persons injecting heroin in the WC (from 7% to 13%).

Overall, 13% of persons in the WC, 25% in the NR, 11% in KZN and 27% in GT reported heroin as a primary or secondary substance of use. The use of **nyaope/whoonga** (low-grade heroin and other ingredients smoked with dagga), continues to pose a problem, with 18% in KZN and 49% of persons in GT admitted for nyaope/whoonga as their primary substance of use. The majority of persons who were admitted for nyaope/whoonga use in KZN (94%), NR (59%) and GT (63%) were Black African.

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



Methamphetamine (MA) – Treatment admissions for MA as a primary substance of use is low except in the WC (27%) and in the EC (24%). MA (aka ‘Tik’) was the most common primary drug reported by persons in the WC in 2018a, followed by cannabis, and this proportion remained stable at 26% in this period. Among persons under 20 years, the proportion reporting MA as a primary or secondary substance of use overtime was 10% (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%) and the WC (39%). **Methcathinone** (‘CAT’) use was noted in most sites, especially in GT and the CR where 13% and 10% respectively, of persons admitted had ‘CAT’ as a primary or secondary drug of use. Poly-substance use remains high, with between 41% (CR) and 54% (NR) 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 7% (EC). During this reporting period,

285 (3%) persons across all sites reported the non-medical use of codeine, with most persons coming from GT (N= 88).

Overall, and across all regions, 16% of persons presented with a **dual diagnosis** at treatment admission. Most of these persons reported current mental health problems at the time of admission (49%), followed by hypertension (19%) and diabetes (7%). A higher proportion of persons suffering from hypertension and mental health problems were found in the WC, accounting for 37% and 47% of those reporting dual diagnosis in these regions, respectively.

The **proportion of persons under 20 years** ranged from 23% (GT) to 33% (CR). 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 and KZN 67%, NR (82%), and in the EC (55%), persons younger than 20 years

were Black African in 2018a. 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 Figure 3.

Between 43% (NR) and 65% (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 2018)

A range of organisations are implementing community-based harm reduction services for people who use drugs, including people who inject drugs (PWID) as per the World Health Organization’s guidelines¹.

TB HIV Care’s Step Up Project

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. Between January and June 2018, 1 602 unique PWID accessed services across these sites (700 in the Cape Metro, 541 in eThekweni, and 361 in Nelson Mandela Bay). Overall, 11 084 needle and syringe service contacts with PWID were made (6 934 in Cape Metro, 2 195 in eThekweni, and 1 955 in Nelson Mandela Bay) and 223 854 needles and syringes were distributed (122 092 in the Cape Metro, 41 128 in eThekweni, and 60 634 in Nelson Mandela Bay), with return rates of 91%, 58% and 69% respectively. The eThekweni Municipality halted the needle and syringe service in that city in May 2018, and these services were not restarted during this period. Among PWID who accessed additional health services: 746 tested for HIV (398 in the Cape Metro, 171 in eThekweni, 177 in Nelson Mandela Bay), 52 of whom tested positive (10 in the Cape Metro, 16 in eThekweni, 26 in Nelson Mandela Bay). Twenty were started on antiretroviral therapy (ART) (1 in eThekweni, 2 in the Cape Metro, 17 in Nelson Mandela Bay). Data on HIV viral suppression was unavailable. Additionally, 763 PWID were screened for tuberculosis (TB) (404 in the Cape Metro, 182 in eThekweni, 177 in Nelson Mandela Bay) with 22 being symptomatic (1 in the Cape Metro, 16 in eThekweni, 5 in Nelson Mandela Bay). Four people were tested and diagnosed for TB in Nelson Mandela Bay and started treatment.

In Cape Town, 42 people were on opioid substitution therapy (OST) at the beginning of January, and during the period 31 PWID were initiated, 17 people were lost to follow-up, 1 person exited and 55 were on methadone at the end of June. In Durban, 48 people who use heroin (injecting and non-injecting) were on OST at the beginning of January, no additional people were initiated, 6 people were lost to follow-up, 1 person exited and 41 people were on methadone (including 8 PWID) at the end of June.

During this reporting period, 193 human rights violations were reported (26 in the Cape Metro, 160 in eThekweni, 7 in Nelson Mandela Bay). The majority of these violations (133 reports) were related to people reporting not being able to access sterile injecting equipment due to stopping of service by eThekweni Municipality. No routine viral hepatitis B or C testing was done during this period.

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.

OUT's HARMless project

The HARMless Project works in Region 3 of the City of Tshwane. Between January and June 2018, 4 349 unique PWID accessed services, 21 206 needle and syringe service contacts were made; and 225 709 needles and syringes distributed, with a return rate of 88%. Among PWID who accessed additional health services: 667 tested for HIV, 185 of whom tested positive and 41 were started on antiretroviral therapy (ART). Data on HIV viral suppression was unavailable. Additionally, 667 PWID were screened for tuberculosis (TB) with 1 being symptomatic, no PWID were diagnosed with TB. During this reporting period, 20 human rights violations were reported and the majority (17) were due to needles and syringes being confiscated by the South African Police Services. No routine viral hepatitis B or C testing was done during this period.

The Department of Family Medicine at the University of Pretoria's Community Orientated Substance Use Programme (COSUP)

The COSUP project offers OST across several regions of the City of Tshwane, and 302 people were on OST at the beginning of January 2018. During the period, 333 people who use heroin (injecting and non-injecting) were initiated, 111 people were lost to follow-up, 25 people exited, 1 person died, and 498 were on OST at the end of June.

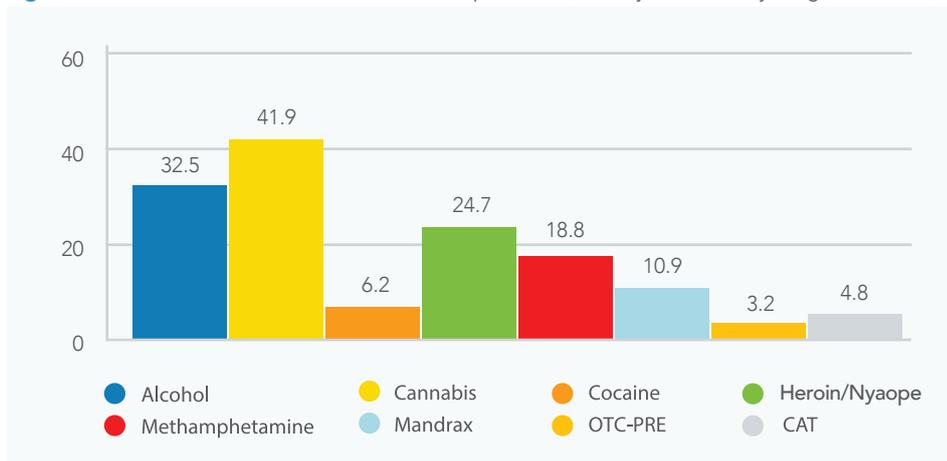
City of Tshwane household assessments by Community Health Care workers

During this period 31 646 households were visited across 6 sub-districts (regions) of the City of Tshwane by community health care workers. As part of standard household health and social screening assessments, 208 households (1%) were identified to have at least one person residing in the household with a substance use problem (defined as "experiencing health and social problems due to substance use"). The most commonly reported substances that were used were: alcohol (58%), cannabis (11%) and heroin (9%). Sixty-six individuals were identified who reported injecting drugs for non-therapeutic reasons. One hundred and one households (49%) had at least one household member who requested assistance for their substance use.

Anova Health Institute's Jab Smart Project

This project provides harm reduction and HIV prevention services for PWID in Sub-district F of the City of Johannesburg. Between January and June 2018, 1 365 unique PWID accessed services, with 4 557 needle and syringe service contacts made and 109 420 needles and syringes were distributed, with a return rate of 42%. Among PWID who accessed additional health services: 361 tested for HIV, 45% (164/361) of whom tested positive and 21 were started on antiretroviral therapy (ART). Data on HIV viral suppression was unavailable. Additionally, 392 PWID were screened for tuberculosis (TB) with 110 being symptomatic. No one was on OST at the beginning of January, however, by the end of June 39 PWID were initiated, 12 people were lost to follow-up, 1 person exited and 26

Figure 3: Tx demand data based on data from 9 provinces (Primary + secondary drugs): 2018a (%)



were on OST. No routine viral hepatitis B or C testing was done during this period.

SELECTED IMPLICATIONS FOR POLICY/PRACTICE

- Increase opportunities for HIV, TB and HCV testing in drug treatment centres, especially HIV testing for younger patients.
- Consider providing comprehensive HCV services for PWID in cities where harm reduction programmes exist.
- Look into increasing opportunities for aftercare for patients post treatment.
- Lobby for government to build substance abuse centres, especially for adolescents in the rural areas
- Continue to engage with SAPS (including police on the street) regarding imperative to not harass PWID who are bringing needles back for safe disposal and destruction.
- Treatment centres and/or local NGOs should consider providing support groups for parents/families with substance using adolescents
- The implications on HIV and viral hepatitis resulting from halting of needle and syringe services in eThekwin.
- The implications of not having access to routine viral hepatitis B and C testing and treatment among PWID.
- Consequences of ongoing confiscation and destruction of sterile injecting equipment by law enforcement officers.
- PWID access OST services and attention is needed to retain them in care.

SELECTED ISSUES TO MONITOR

- Increase in heroin as primary drug of abuse in GT and increase in treatment demand for Nyaope in NR (especially among older persons).
- Increase in males coming for treatment for problems with OTC/prescription drug use in GT.
- Increase in methamphetamine as primary drug of abuse in the EC
- Decrease in mean age of persons coming to treatment for OTC/prescription drug use in GT.

- Increase in females <20 years coming for treatment in GT and <20s coming to treatment in CT in general.
- Decrease in <20s coming to treatment in NR.
- Increase in school referrals to treatment in NR and KZN; and referrals from health professionals in the EC
- Increase in Black Africans coming to treatment in WC
- Increase in persons (especially among younger persons) coming to treatment for cannabis (all provinces).
- 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
- Changes in reported substance use by household members over time in Tshwane.

SELECTED TOPICS FOR FURTHER RESEARCH

- What are facilitators and barriers to linkage to HIV care and retention in OST services?
- What are effective strategies to obtain stakeholder buy-in for implementation and financing of harm reduction services?
- What are the factors driving methamphetamine use among females in the WC; abuse of codeine among males in WC and abuse of OTC/prescription drugs among males in GT?
- What is the nature and extent of use of new psychoactive substances in South Africa?
- What happens to patients whose treatment is fully/partially funded by the state post treatment?
- What is the extent of unmet treatment need among the elderly?
- How does becoming unemployed affect use of substances?
- What are health consequences of drinking home-brewed alcohol?

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