SACENDU – a 28 year journey

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THE BIRTHING OF SACENDU

- Invitation to pre-International Epidemiology Network on Drug Use (IEWG) meeting in Vienna in May 1995
  - Presented “Drug epidemiology in South Africa” using available data
  - Exposed me to other epi networks & their value
  - Connected me with key players
  - Exposed me to methodological components of epi networks
  - Led to UNDCP 3-week consultation on IDAAS & annual invitations to US-CEWG meetings in June every year & ad hoc IEWG meetings

- Led to birthing of South African Community Epidemiology Network on Drug Use (SACENDU)
  - Initial planning meeting, Cape Town (SAMRC), May 1996, name from
  - Data first collected for Cape Town & Durban from July-December 1996. Funding from WHO
  - First data report back meetings were in Cape Town and Durban in April 1997 – Guest speaker was Nick Kozel (NIDA)
  - Later PE was added followed by Gauteng, other parts of EC, MP and then other parts of the country. Funding from NDoH
Some of the past personalities involved in SACENDU in early years
• SACENDU currently collects data from
  – 100+ treatment centres
  – Community based drug abuse harm reduction projects in 9 locations

• Has also included data various sources in past:
  – Psychiatric hospitals
  – Police arrest & seizure data and police forensic data
  – Mortuary studies
  – Arrestee & prison studies
  – Trauma unit studies
  – Household surveys & school studies
  – Qualitative research on drug users at clubs, raves
  – Other *ad hoc* studies (e.g. wastewater analysis)
TREATMENT DEMAND: Methamphetamine as primary drug of abuse (%) per province
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[Graph showing treatment demand for methamphetamine abuse per province, with data points labeled from 04b to 22a.]
• ~10,000 persons have participated in face-on-face & more recently on-line SCENDU meetings
• Informed policy (presentations in parliament, guided legislation)
• Informed practice (e.g. training of treatment centre staff, setting up new treatment centres))
• Impacted sentencing in court cases: “Vets” Murphy
• Support capacity building in various ways, incl. M/D theses
• Guided more in-depth research studies (multiple publications, including in top journals like Addiction)
• Spawned (or informed) epi networks in other parts of Africa (SENDU, WENDU, NENDU, PAENDU, Senegal)
Recognition of SACENDU’s value

• Feeds into UN World Drug Report

• Apart from EMCCDA’s network, it’s probably longest lasting drug abuse epi network

• At meeting of Global Coalition to Address Synthetic Drug Threats in Feb in Rome to address synthetic drug threats: recognition of value of drug epi networks (SACENDU mentioned) with an appreciation of value of our including a focus on policy implications / issues to monitor / topics for further research
Reflection: why has it worked?

- Passionate people involved (at all levels)
- It is a network – not a pipeline for taking data .. There are opportunities for validating & engaging the data and valuing each persons’ contributions
- 6-month report back meeting (largely face-to-face)
- Sought to bring in interesting speakers (local/international) on a variety of topics
- Stability: leadership, institutional support & funding
- Interest & support from external stakeholders
- Regular timely reporting in different formats (incl. to media, gov’t)
- Linkages to other initiatives (graduate training, SQM, harm reduction, fed into training of service providers)
- Fed into local and international reporting (ARQ)
- We have adapted where necessary (losses of persons & organisations contributing data, data collection format, in-person vs virtual meetings, adding in new data sources)
Could we do better?

01. Need to go fully digital
02. Speed up releasing reports
03. Have international speakers (esp. for virtual meetings)
04. Try harder to get police arrests/seizure and data from SAPS forensic science labs. Try to get better information about drug use in less visible populations (e.g., women, people in rural areas). How?
05. Improve data analytic capability and data visualization (to show patterns & connections that matter in a dynamic way)
06. Consider implementing an early warning system with 3 levels of alert & stimulating responses at highest level (like EMCDDA) – strengthen links with provinces/national govt
Experimented

July-December 1997
What’s next?

At meeting of Global Coalition to address synthetic drug threats recognition of value of drug epi networks & need to support their development in parts of world where they are lacking. Sacendu role regionally/internationally?

In SA rolling out drug data collection via wastewater analysis (as an ongoing project)

Consider using A1 (Natural Language Processing) to:

scoop up and analyse data from sources like print media, social media and the Dark and Deep Web
analyze historical data and make predictions about future trends, which can then be visualized (predictive analytics)
Closing thoughts

SACENDU almost didn’t happen

Long journey ... enduring

Gratitude for opportunity, people who have supported it, funders

Still have a way to go

Parental feelings ... optimistic, will be there to watch/support

Let’s not forget what the data mean