

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, monitors trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes. **The 1st half of 2015 (i.e. 2015a) saw 10936 patients across 75 centres/programmes.** This review period saw an increase in number of patients admitted for treatment (from 10197 in 2014b to 10936 in 2015a).

LATEST KEY FINDINGS BY SUBSTANCE OF ABUSE

ABUSE (unless stated otherwise the findings relate to the 1st half of 2015)

Alcohol is the dominant substance of abuse in EC and CR; while Cannabis is the most common substance of abuse in GT, KZN and NR. Between 17% (NR)¹ and 42% (CR)² of patients in treatment reported alcohol as a primary drug of abuse and a slight decrease was noticed in EC and CR (See Table 1). Treatment admissions for alcohol-related problems in persons younger than 20 years are generally less common. In the KZN, 39% of patients under the age of 20 reported alcohol as their primary substance of abuse, a significant increase from 12% in the previous period (Table 1). A significant decrease in all other regions was also noticed during this reporting period.

Table 1. Primary drug of abuse (%) for all patients and patients under 20 years – selected drugs (2015a)

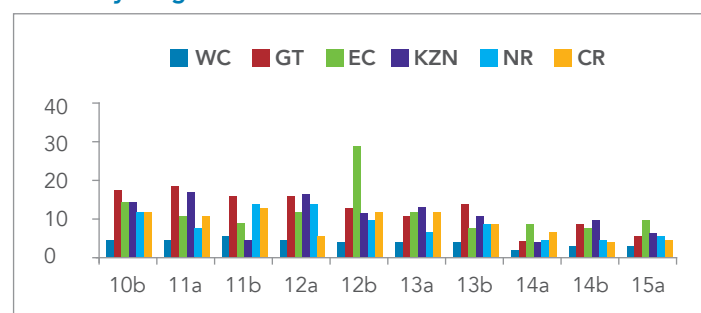
	AGE	WC	KZN	EC	GT	NR ²	CR ³
# centres		33	8	6	17	5	6
# patients		3524	1122	363	4285	1076	566
Alcohol	All	21	38	29	20	17	42
	<20	3	39	6	3	8	32
Cannabis	All	22	39	27	38	37	30
	<20	75	44	73	74	73	48
Methaq. (Mandrax)	All	4	6	12	2	1	4
	<20	5	8	11	1	2	3
Cocaine	All	1	4	6	3	2	3
	<20	1	3	3	1	1	2
Heroin	All	14	5	4	13	30	6
	<20	2	2	0	6	8	8
Methamph etamine	All	35	<1	15	5	1	5
	<20	15	<1	6	3	<1	2

Across sites between 33% (WC) and 51% (GT) of patients attending specialist treatment centres had **cannabis** as their primary or secondary drug of abuse, compared to between 2% (NR) and 19% (WC) for the **cannabis/mandrax** (methaqualone) 'white-pipe' combination. In 2015a the proportion of treatment admissions for cannabis as a primary drug increased in the EC while decreasing in

other regions. In all sites cannabis is reported as the primary substance of abuse by the majority of patients who are younger than 20 years.

Treatment admissions for cocaine-related problems show a decrease over the past few reporting periods and remain low across sites, although cocaine is more often reported as a secondary substance. Approximately 3% (WC) and 10% (EC) of patients in treatment have cocaine as a primary or secondary drug of abuse (Fig.1). Relatively few patients younger than 20 years are admitted for cocaine-related problems.

Figure 1. Treatment demand: Cocaine (%) as primary/secondary drug



Compared to the previous period, treatment admissions for heroin as a primary drug of abuse remained stable across all sites, except in the NR where it increased from 26% to 30% this period (Fig. 2). Mostly, heroin is smoked, but a proportion of patients with heroin as their primary drug of abuse in the WC, GT, KZN and NR, 7%, 22%, 1% and 5% respectively report injection use. Injection use of heroin has remained fairly stable in the WC and NR compared

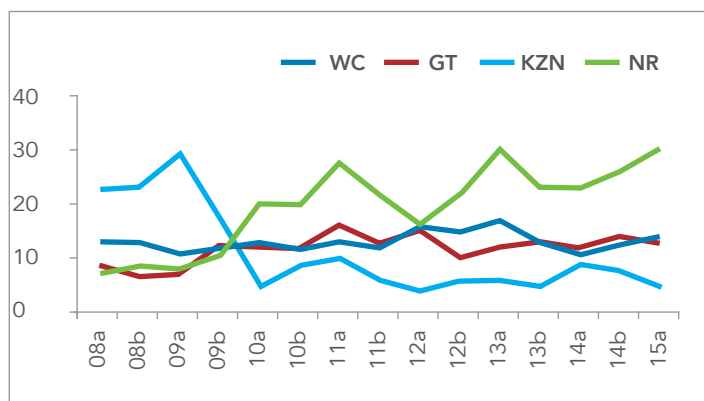
We also acknowledge the input of our provincial coordinators and participating treatment centres

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

to the previous period, but decreased substantially in KZN (from 9% to 1%). During this and the previous period, there has been a significant increase in the proportion of patients smoking heroin in the CR (42% in 2014b and 74% in 2015a).

The proportion of heroin patients across all regions (except WC and EC) were **Black/African** and these proportions significantly increased to 88% in the NR, and to 78% in the GT region. In the NR, CR and GT the majority of heroin patients younger than 20 years were Black/African, 91%, 60% and 78% respectively. Heroin is also used as a secondary substance of abuse with 15% of patients in the WC, 31% in the NR, 7% in CR and 19% in GT reporting heroin as both a primary or secondary substance of abuse.

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



Methamphetamine (MA) - Treatment admissions for MA as a primary drug of abuse is low except in the WC. MA (aka 'Tik') remained the most common primary drug reported by patients in the WC in 2015a, although the proportion decreased slightly from 39% in 2011b to 35% in this period. Among patients under 20 years the overall proportion reporting MA as a primary or secondary substance of abuse was 25% (compared to 35% in 2014b). Treatment admissions related to MA abuse as a primary or secondary drug remain low in most other sites except the EC (26%).

The abuse of **over-the-counter (OTC) and prescription medicines** such as slimming tablets, analgesics, and benzodiazepines (e.g. diazepam and flunitrazipam) continues to be an issue across sites. Treatment admissions for OTC and prescription medicine, as a primary or secondary drug of abuse, were between <1% (NR) and 6% (EC). During this reporting period, 225 (2.1%) patients across all sites reported the non-medical use of codeine, with the majority of patients coming from GT (N= 87). **Methcathinone** ('CAT') use was noted in most sites, especially in GT and CR where

16% and 12%, respectively, of patients had 'CAT' as a primary or secondary drug of abuse. **Poly-substance abuse** remains high, with between 19% (NR) and 51% (WC) of patients indicating more than one substance of abuse. The use of **Nyaope** (low grade heroin and other ingredients smoked with dagga), continues to pose a problem, with 4% of patients in GT admitted for Nyaope use, 5% of patients in the KZN and 7% of patients in the NR. The majority of patients who were admitted for Nyaope use in KZN (84%), NR (84%) and GT (96%) were Black/African.

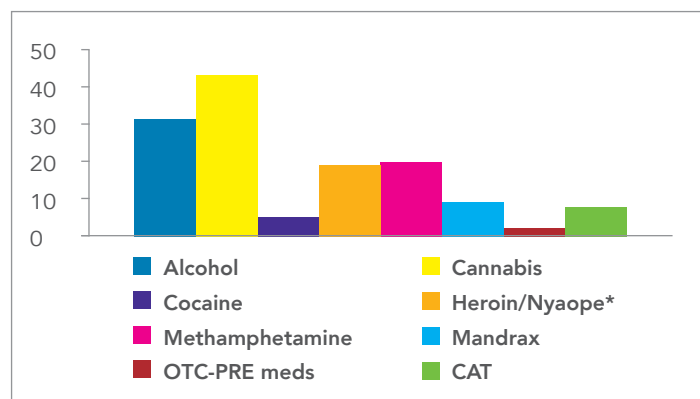
Overall, and across all regions 15% of patients presented with a dual diagnosis at treatment admission. Of these the majority of patients reported mental health problems at the time of admission (48%), followed by hypertension (28%) and respiratory diseases (21%). A higher proportion of patients suffering from mental health problems were found in the WC and EC. On the contrary, patients in the NR were more likely to suffer from hypertension.

OTHER KEY FINDINGS

The **proportion of patients under 20 years** ranged from 18% (EC) to 31% (KZN). In all sites the **proportion of Black/African patients in treatment** is still substantially less than would be expected from the underlying population demographics; however these proportions have remained higher among young patients in GT and the NR over time. In GT, 76%, in the NR, 89%, and in KZN 84% of patients younger than 20 years were Black/African in 2015a. An overall picture of drug treatment admissions in South Africa based on information combined over the 75 treatment centres in 9 provinces is given in Fig. 3.

Between 27% (NR) and 47% (WC) of patients reported that they had been **tested for HIV in the past 12 months**, showing a significant increase over time but still lower than desirable.

Figure 3. Tx demand data based on data from 9 provinces (primary + secondary drugs): 2015a



*Nyaope 3.3% of total heroin cases

SELECTED IMPLICATIONS FOR POLICY/ PRACTICE

- Advocate for additional AOD specialist treatment centres in poorly resourced provinces such as Limpopo, Mpumalanga and the Northern Cape. Address high use of Heroin/Nyaope in NR and GT.
- Increase testing for HIV among treatment clients.
- Ensure that mental health co-morbidity is being adequately addressed.
- Address tobacco use among treatment populations.
- Ensure that treatment facilities can cater for mothers with young babies.
- Revisit harm-reduction at a policy level.
- Encourage screening for other addictions when patients are admitted to specialist treatment centres.
- Encourage brief interventions for pregnant women attending MOUs.
- Continue to implement programmes that strengthen the family unit and as protective factor against AOD use.
- Continue to promote the provision of active patient counseling by pharmacists and pharmacy assistants before dispensing codeine-containing medications.

SELECTED ISSUES TO MONITOR

- Increase in codeine use in CR.
- Increase in patients coming to treatment for Heroin//Nyaope in NR and GT.
- Decrease in fully state funded clients in GT.
- CAT use among under 20s in GT.
- CAT/KHAT related treatment demand in WC.
- Codeine related treatment demand in 15-19 year olds in WC.
- Drop in proportion of youth coming for treatment in GT and WC.
- Hookah pipe use among youth in GT.

SELECTED TOPICS FOR FURTHER RESEARCH

- What is the extent of access to treatment (especially for youth in CR and females in NR)?
- Treatment careers of cocaine patients in NR. [seem to have more prior treatment episodes than users of other drugs]
- Drivers of heroin and Nyaope use among Black Africans in GT.
- Effect of paying for a family member's treatment on the family.
- How successful is drug treatment?
- Accessibility of aftercare facilities in GT, especially for youth and people from disadvantaged communities.
- What are the drivers of cannabis use among youth nationally?
- How do females experience drug treatment as compared to males?
- What are the mental health issues faced by patients/clients seen in treatment centres and how are these issues addressed?
- What is the unmet need for treatment experienced by young drug users in the WC and barriers to treatment to their accessing treatment?
- What is the extent of unmet treatment need experienced by substance users in rural areas?
- Explore ways to strengthen treatment services for mothers with new-borns and are (post-discharge) known to have an AOD problem.

ALCOHOL, TOBACCO AND OTHER DRUG RESEARCH UNIT SOUTH AFRICAN MEDICAL RESEARCH COUNCIL (CAPE TOWN)

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www.sahealthinfo.org/admodule/sacendu.htm

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