

SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

July – December 2018 (UPDATE)

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PHASE 45

BACKGROUND

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in 9 provinces in South Africa since 1996. SACENDU initially monitored trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes, and more recently, we have started including data from community-based harm reduction and HIV prevention services provided by TB HIV Care, Anova Health Institute, OUT Wellbeing and the University of Pretoria's Department of Family medicine for people who use drugs, including people who inject drugs (PWID). These services are provided in Cape Town, Durban, Johannesburg and Pretoria.

TREATMENT DEMAND DATA: LATEST KEY FINDINGS

(unless stated otherwise the findings relate to the 2nd half of 2018)

The 2nd half of 2018 (i.e. 2018b) saw a slight decrease in the number of persons admitted for treatment from 9 395 in 2018a to 8 486 in 2018b across 79 treatment centres/programmes.

Alcohol remains the dominant substance of use in the EC, CR and KZN. Between 14% (GT) and 38% (CR) of persons accessing AOD treatment services reported alcohol as their primary substance of use. This period saw a slight increase in the number of persons seeking treatment for alcohol in the CR region from 35%

to 38% (Table 1). A slight decrease in alcohol admissions from 24% to 20% was noticed for the WC 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 increase in alcohol-related admissions for persons younger than 20 years in KZN (from 13% to 46%). Between 0% (CR) and 46% (KZN) of persons under the age of 20 reported alcohol as their primary substance of use. See figure 1 for treatment admission trends for patients under 20 years old.

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

	Age	WC	KZN	EC	GT	NR ¹	CR ²
# CENTRES (N)		35	11	8	14	9	3
# PERSONS ADMITTED (N)		2719	993	450	2937	1171	216
ALCOHOL	All	20	29	34	14	17	38
	<20	13	46	4	8	6	-
CANNABIS	All	31	29	22	36	38	24
	<20	75	39	52	40	72	77
METHAQ. (MANDRAX)	All	6	2	6	2	1	6
	<20	3	1	3	3	1	6
COCAINE	All	2	8	3	3	2	4
	<20	1	3	-	4	-	-
HEROIN*	All	11	26	2	27	34	7
	<20	1	10	-	25	13	3
METHAMPHETAMINE	All	28	1	26	8	2	11
	<20	8	1	34	11	1	3

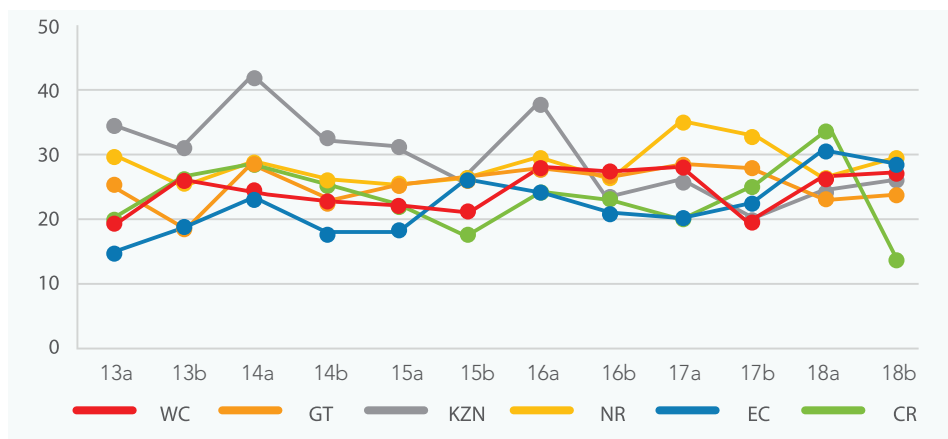
*Includes data relating to nyaope and whoonga 1- Northern Region (MP & LP) 2-Central Region (FS, NW, NC).

Cannabis is the most common substance of use in GT, WC and the NR. Across sites, between 33% (EC) and 50% (GT) of persons attending specialist treatment centres had cannabis as their primary or secondary drug of use, compared to between 1% (NR) and 21% (WC) for the cannabis/mandrax

(methaqualone) aka 'white-pipe' combination. In 2018b, the proportion of treatment admissions for cannabis as a primary drug slightly increased in the WC, 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



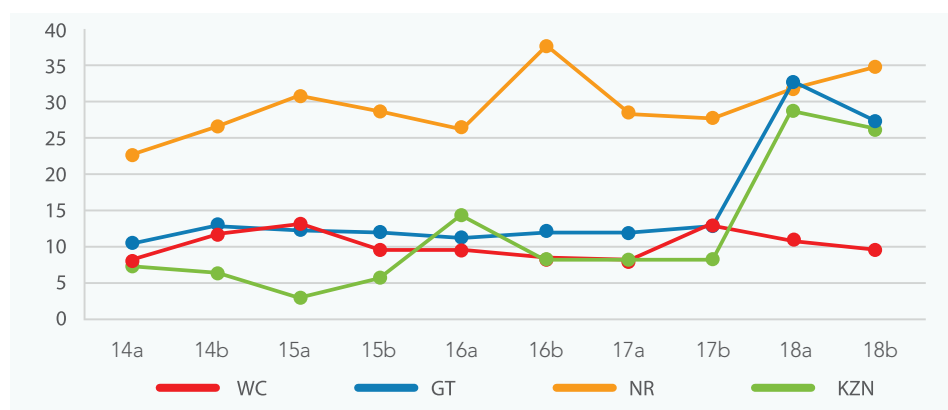
Nyaope and whoonga¹ have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.

As a result, treatment admissions for **heroin** as a primary substance of use appear to have increased significantly in this reporting period (Fig. 2).

Heroin use remains problematic across all sites. Mostly, heroin is smoked, but across sites, 4%

(KZN), 13% (NR), 12% (WC) and 34% (GT) of persons who reported heroin as their primary drug of use reported injecting it. This period saw a slight decrease in the proportion of persons injecting heroin in the GT (from 39% to 34%). Overall, 12% of persons in the WC, 38% in the NR, 23% in KZN and 30% in GT reported heroin as a primary or secondary substance of use. The majority of persons who were admitted for nyaope/whoonga use in KZN (67%), NR (90%) and GT (75%) were Black African.

Figure 2: Treatment demand for heroin* (%) - Primary substance of use



* Data on heroin related admissions from 18a includes nyaope and whoonga.

Methamphetamine (MA) – Treatment admissions for MA as a primary substance of use is low except in the WC (26%) and in the EC (26%). MA (aka 'Tik') was the second most common primary drug reported by persons in the WC and in the EC in 2018b, and this proportion remained stable at both these sites. Among persons under 20 years, the proportion of patients reporting MA as a primary or secondary substance of use overtime was 13% (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 (35%) and the WC (39%). **Methcathinone** ('CAT') use was noted in most sites, especially in GT (12%) and the CR (13%) where persons admitted had 'CAT' as a primary or secondary drug of use. **Poly-substance use** remains high, with between 39% (GT) and 54% (CR) of persons indicating the use of more than one substance upon admission to treatment. 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 6% (KZN). During this reporting period, 277 (3%) persons across all sites reported the non-medical use of codeine, with most persons coming from GT (N=117).

Overall, and across all regions, 19% of persons (n = 1625) presented with a **dual diagnosis** at treatment admission. Most of these persons reported current mental health problems at the time of admission (41%), followed by liver diseases (14%) and hypertension (13%). A higher proportion of persons suffering from mental health problems were found in the WC, accounting for 54% and a higher proportion of persons suffering from liver diseases were found in the CR, accounting for 65% of those reporting dual diagnosis in these regions.

The **proportion of persons under 20 years** ranged from 14% (CR) to 29% (NR). 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 the EC (69%), GT (76%), KZN (84%) and in the NR (95%), persons younger than 20 years were Black African in 2018b. An overall picture of drug treatment admissions in South Africa based on information combined over the 79 treatment centres in 9 provinces is provided in Figure 3.

Between 36% (NR) and 54% (CR) 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 (JULY – DECEMBER 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 guidelines².

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 July and December 2018, 1 368 unique PWID accessed services across these sites (668 in the Cape Metro, 294 in eThekweni, and 406 in Nelson Mandela Bay). Overall, 8 392 needle and syringe service contacts with PWID were made (6 245 in Cape Metro, and 2 147 in Nelson Mandela Bay) and 210 013 needles and syringes were distributed (140 853 in the Cape Metro and 69 160 in Nelson Mandela Bay), with return rates of 74% and 75% respectively. The eThekweni Municipality had not authorized the recommencement of services and so needle and syringe distribution did not take place during this period. Among PWID who accessed additional health services: 767 were tested for HIV (404 in the Cape Metro, 217 in eThekweni, 146 in Nelson Mandela Bay), 47 of whom tested positive (9 in the Cape Metro, 18 in eThekweni and 20 in Nelson Mandela Bay). Twenty-one were started on antiretroviral therapy (ART) (1 in the Cape Metro, 8 in eThekweni and 12 in Nelson Mandela Bay). Data on HIV viral suppression was unavailable. Additionally, 773 people who use drugs were screened for tuberculosis (TB) (409 in the Cape Metro, 217 in eThekweni, 147 in Nelson Mandela Bay) with 18 being symptomatic (2 in the Cape Metro, 6 in eThekweni and 10 in Nelson Mandela Bay). Nine people were tested and diagnosed for TB and 8 were started on treatment. Four people were cured of TB during this period. No routine viral hepatitis B or C testing was done in any of the cities.

In Cape Town, 56 people were on opioid substitution therapy (OST) at the beginning of July. During the period 8 people who were previously lost to follow-up were re-initiated (no people initiated for the first time), 23 people were lost to follow-up, 2 people exited and 39 were on methadone at the end of December. In Durban, 41 people who use heroin (injecting and non-injecting) were on OST at the beginning of July, no additional people were initiated, 1 person was re-initiated, 1 person was lost to follow-up, 3 people exited and 34 people were on methadone (including 4 PWID) at the end of December.

During this reporting period 87 human rights violations were reported (10 in the Cape Metro, 76 in eThekweni and 1 in Nelson Mandela Bay), the majority (65 reports) due to people reporting not

1 Nyaope and whoonga are street names for heroin, often mixed with other regulated and unregulated substances. In South Africa, it is usually sprinkled on cannabis and/or tobacco and the mixture is rolled into a cigarette or 'joint' and smoked.
 2 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.

being able to access sterile injecting equipment due to the stopping of the service by the eThekweni Municipality.

OUT's HARMless project

The HARMless Project works in Region 3 of the City of Tshwane. Between July and December 2018, 2 766 unique PWID accessed services, and 19 953 needle and syringe service contacts were made, and 259 994 needles and syringes distributed, with a return rate of 91%. Among PWID who accessed additional health services: 287 tested for HIV, 81 of whom tested positive and 33 were started on antiretroviral therapy (ART). Data on HIV viral suppression were unavailable. Additionally, 287 PWID were screened for tuberculosis (TB) with 5 being symptomatic. No PWID were diagnosed with TB. Data on reported human rights violations were not available for reporting. 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 offered needle and syringe services and OST across several regions of the City of Tshwane. A total of 39 760 needles were distributed with a return rate of 89%. A total of 472 people were on OST at the beginning of July 2018. During the period, 400 people who use heroin (injecting and non-injecting) were initiated, 73 people were lost to follow-up, 26 people exited, 3 people died, and 770 were on OST at the end of December.

City of Tshwane household assessments by Community Health Care workers

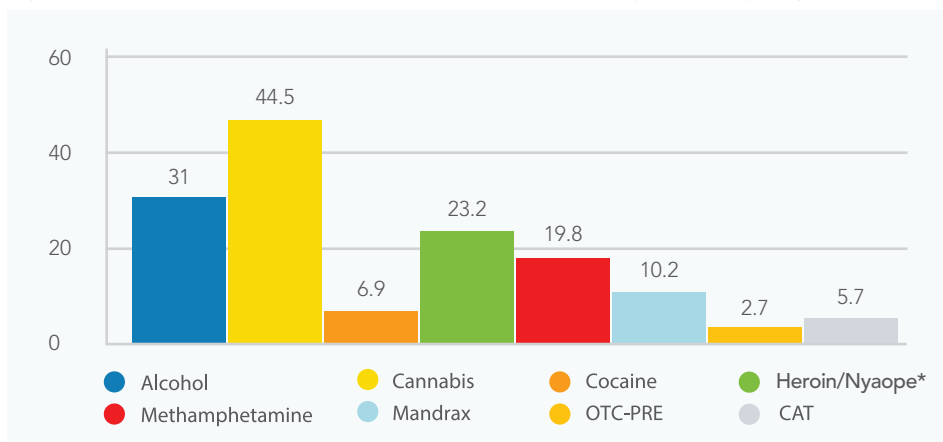
During this period 32 334 households were visited across 7 sub-districts (regions) of the City of Tshwane by community health care workers. A total of 1 115 substance users were identified. The most common substances were alcohol (94% of users), cannabis (21%) and heroin (13%). As part of standard household health and social screening assessments, 262 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"). Ninety-one individuals were identified who reported injecting drugs for non-therapeutic reasons. One hundred and thirty-three households (51%) 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 July and December 2018, 1 316 unique PWID accessed services. During this period 5 596 needle and syringe service contacts were made and 151 720 needles and syringes were distributed. Data on the needle and syringe return rate was not available for this period.

Among PWID who accessed additional health services: 194 tested for HIV, 38% (73/194) of whom tested positive and 14 were started on antiretroviral therapy (ART). Data on HIV viral

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



* Includes data relating to nyaope and whoonga

suppression were unavailable. Additionally, 196 PWID were screened for tuberculosis (TB) with 62 being symptomatic. No routine viral hepatitis B or C testing was done during this period.

Twenty-six people were on OST at the beginning of July 2018. During this period 35 PWID were initiated, 25 people were lost to follow-up, 3 people exited, and 1 person died. Thirty-two people were on OST at the end of December. The retention rate for this reporting period was 52% (32/61). Human rights violations are not routinely collected in this project.

SELECTED IMPLICATIONS FOR POLICY/PRACTICE

- Strengthen efforts to address injecting of heroin in GT and use of heroin by under 20s in general in GT.
- Establish improved systems to track use of cannabis by <20s in the light of real and imagined policy changes vis-à-vis cannabis.
- Upscale harm reduction efforts (OST/NSP) – from projects to programmes.
- The implications on HIV and viral hepatitis resulting from halting of needle and syringe services in eThekweni.
- Consequences of ongoing confiscation and destruction of sterile injecting equipment by law enforcement officers.
- The need to expand access to OST services to more people and beyond the current areas of focus.
- Get pregnant women into antenatal care early and screen them for substance use.

SELECTED ISSUES TO MONITOR

- Increase in cannabis as a secondary drug of use in GT.
- Increase in cannabis-related treatment demand by under 20s in NR as a primary drug of use.
- Increase in treatment demand among patients under 20 years in GT, WC and NR.
- Increase in treatment demand by under 20s in GT and 20-30 year olds in NR related to heroin/ Nyaope use.
- Increase in involuntary treatment in WC.
- Increase in methamphetamine as a primary substance of use in the EC.
- Decrease in payments by the State in the EC.

- 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 the reasons for the decrease in proportion of patients coming to treatment in GT related to cannabis use?
- Will changes in the legality of cannabis use (and related perceptions) increase or decrease the number of patients seeking treatment for cannabis-related problems?
- How cost effective is it to provide methadone for heroin/Nyaope users (for maintenance)?
- What is the trajectory of drug use among older persons?
- What are the reasons for very young patients coming in for drug treatment in NR?
- Do we need to better target substance use treatment interventions for specific age groups?
- Does it make sense to increase HIV testing patients under 20 in drug treatment centres?
- Explore misuse of codeine by persons <20 years of age: reasons for use, links to alcohol use and where it is accessed.
- What are health consequences of drinking home-brewed alcohol?
- Do family interaction patterns have links with alcohol use?
- What are facilitators and barriers to linkage to HIV care and retention in OST services?
- How to use more sensitive tests to detect TB as part of service delivery among PWID?

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