



# SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

Treatment Demand Data • Service Quality Measures (SQM)  
• Community-Based Harm Reduction Services

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

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### SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE (SACENDU) Research Update (August 2023)

#### BACKGROUND

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in all 9 provinces in South Africa since 1996. SACENDU monitors trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes, community-based harm reduction, health service providers and the Services Quality Metrics (SQM) study.

#### TREATMENT DEMAND DATA

(data collected from specialist substance use treatment centres): Latest key findings (unless stated otherwise the findings relate to the 2nd half of 2022)

The 2nd half of 2022 (i.e., 2022b) saw a notable

decrease in the number of persons admitted for treatment from **12 106** in **2022a** to **10 221** across **82** treatment centres/programmes. An overall picture of drug treatment admissions in South Africa based on information combined over the 82 treatment centres in 9 provinces is provided in Figure 3.

Across regions, persons 18 years and younger included 18% of admissions for this period (n = 1850). The proportion of persons 18 years and younger ranged from 14% (NR) to 26% (EC).

This period, the CR (40%), EC (36%) and KZN (29%) had the highest rates for Alcohol admission for all ages (Table 1). Between 15% (NR) and 40% (CR) of persons accessing AOD treatment services reported alcohol as their primary

substance of use; a large increase in alcohol use was seen in KZN (23% – 29%). Consistent with previous reporting periods, overall treatment admissions for alcohol-related problems in persons ≤18 years were less common. Between 2% (WC, NR and CR) and 7% (KZN) of persons ≤18 years reported Alcohol as their primary substance of use. A decrease in alcohol-related admissions for persons ≤18 years in the NR (from 6% to 2%) was noticed during this period. See Figure 1 for treatment admission trends for all substances for individuals 18 years and younger. Substantial fluctuations were seen in patients ≤18 years in both KZN and CR due to variability in numbers of cases reported to SACENDU. In CR, two facilities were non-active, and in KZN, one facility reported a significant increase in patients ≤18 years old.

Table 1. Primary substance of use (%) for all persons and persons 18 years and younger – selected drugs (2022b)

	Age	WC	KZN	EC	GT	NR <sup>a</sup>	CR <sup>b</sup>
# CENTRES (N)	-	25	12	4	24	11	6
# PERSONS ADMITTED (N)	-	1953	1282	313	5520	861	292
ALCOHOL	All	19	23	31	11	15	35
	≤18	2	7	4	3	2	2
CANNABIS	All	22	28	27	32	33	24
	≤18	85	58	65	74	81	74
METHAQUALONE (MANDRAX)	All	6	4	5	3	<1	5
	≤18	3	1	2	2	-	2
COCAINE	All	2	8	5	2	6	1
	≤18	<1	1	2	<1	3	-
HEROIN/OPIATES*	All	18	19	<1	16	38	5
	≤18	1	4	-	1	3	-
METHAMPHETAMINE	All	33	2	22	25	6	19
	≤18	7	<1	25	13	8	15

<sup>a</sup>Northern Region (MP & LP), <sup>b</sup>Central Region (FS, NW, NC); \*Includes data relating to nyaope and whoonga<sup>1</sup>

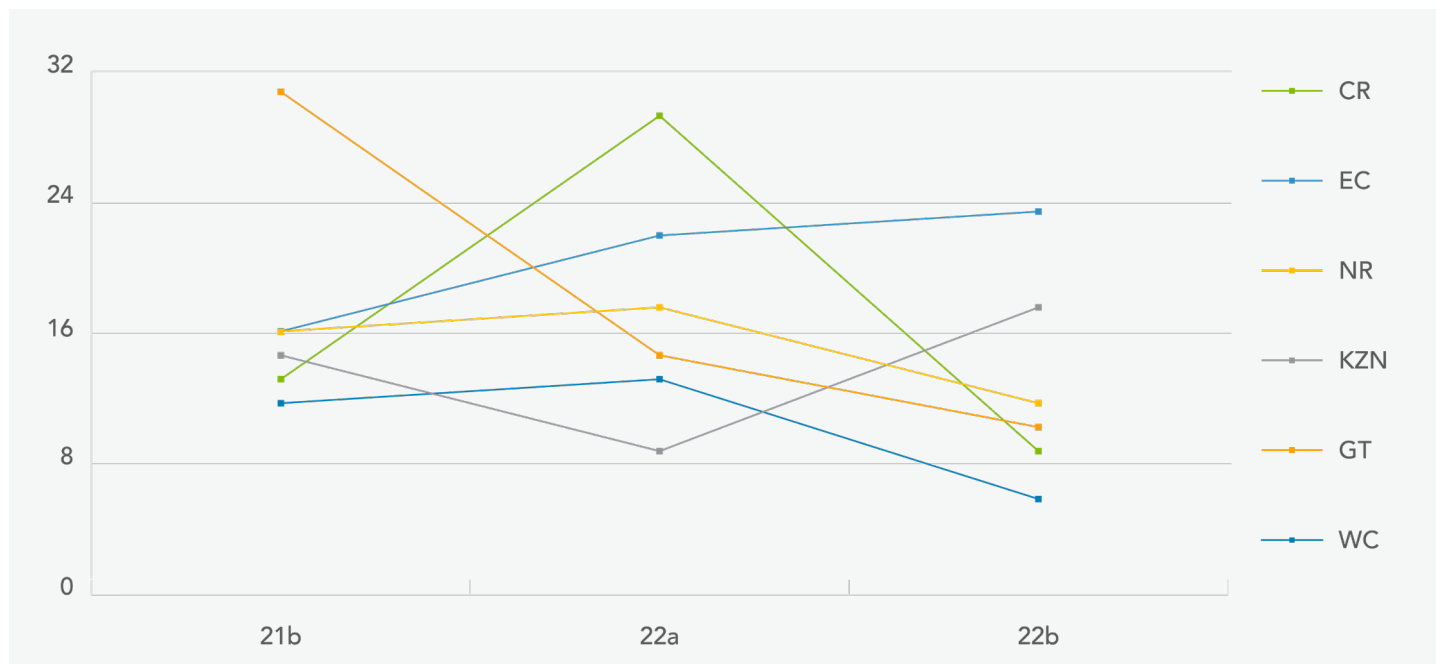
**Cannabis** was the most common primary substance of use across the NR (33%) and GT (32%) during this reporting period. Across regions, between 22% (WC) and 33% (NR) of individuals attending specialist treatment centres had cannabis as their primary substance of use, compared to between <1% (NR) and 6% (WC) for the **Cannabis/Mandrax**

(Methaqualone) aka 'white-pipe' combination. In 2022b, the proportion of treatment admissions for cannabis misuse as a primary drug decreased in both the CR and NR from 32% to 24% and from 40% to 33%, respectively. In all regions, most persons who are ≤18 years reported cannabis as their primary substance of use, ranging between

58% (KZN) and 85% (WC). Treatment admissions for **Crack/Cocaine**-related problems have remained low over the past few reporting periods, ranging between 1% (CR) and 8% (KZN). Across the regions, few persons 18 years and younger were admitted for crack/cocaine-related problems during this reporting period, ranging from 0% (CR) to 3% (NR).

<sup>1</sup> 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. Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.

**Figure 1:** Treatment admission trends % of patients 18 years and younger

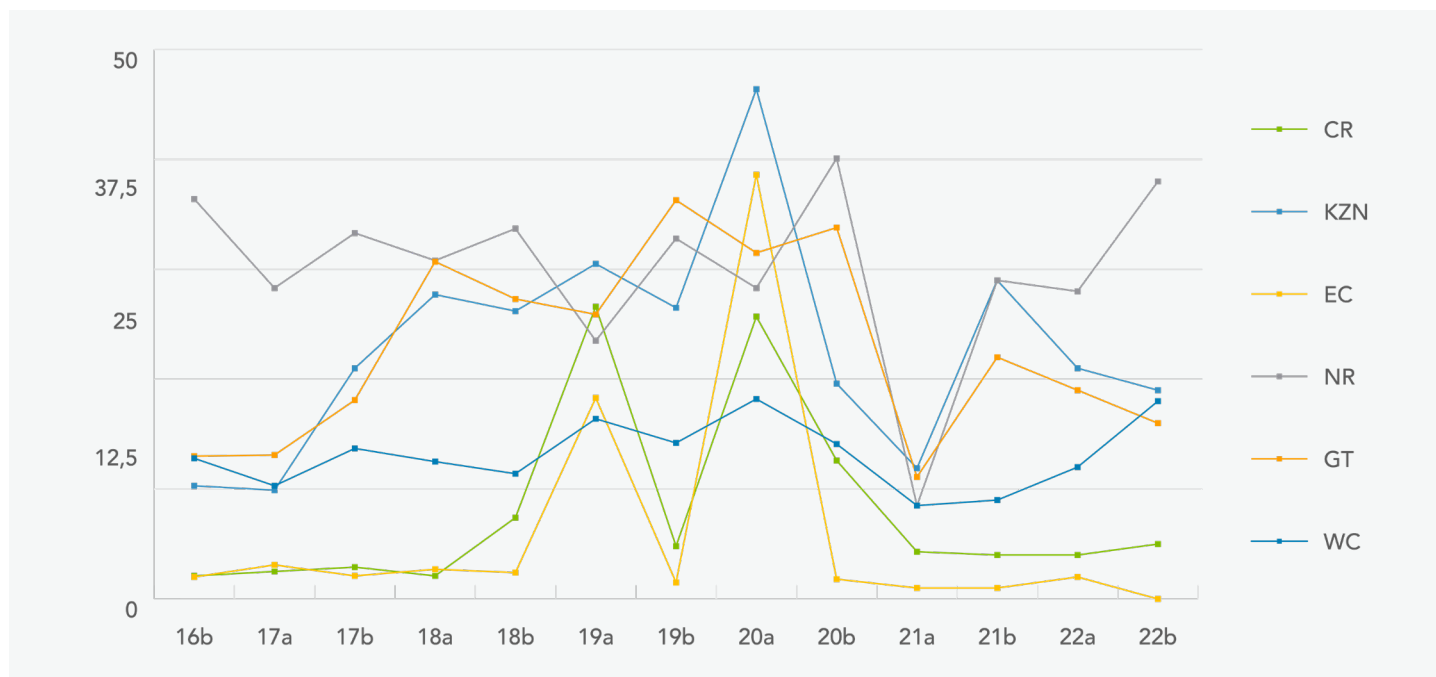


**Heroin/Opiate** use remains problematic across all regions. An increase in heroin/opiate use as a primary substance of use was seen in the WC (from 12% to 18%) and the NR (from 28% to 38%). Overall, between <1% (EC) and 49% (NR) of persons attending specialist treatment centres reported heroin/opiates

as a primary or secondary substance of use. Heroin/opiates is mostly smoked, however across certain regions, persons who reported heroin/opiates as their primary substance of use reported injecting the substance: EC (n = 1, 100%), NR (n = 14, 44%), CR (n = 6, 40%), GT (n = 227, 26%), WC (n = 67, 20%)

and KZN (n = 11, 5%). This period saw a notable decrease in the proportion of persons injecting heroin/opiates in the WC (from 49% to 20%). See figure 2 for trends of heroin/opiate use as a primary substance of use.

**Figure 2:** Proportion of persons in treatment with Heroin/Opiates as primary substance of use (%)



\*Data on heroin/opiate related admissions from 21b includes nyaope and whoonga

**Methamphetamine (MA)** - Treatment admissions for MA as a primary substance of use were generally low except in the WC (33%) and GT (25%). MA admissions decreased in the EC from 31% to 22%. Among persons ≤18 years, the highest proportions of individuals reporting MA as a primary and secondary substance of use were from the EC (46%), GT (22%) and the CR (15%). Overall, treatment admissions related to MA use

as a primary and secondary drug ranged from between 3% (KZN) and 48% (WC) and remained high in most regions [WC (48%), GT (36%), EC (31%), and the CR (30%)].

**Methcathinone ('CAT')** use was noted in most regions, specifically in GT (10%), CR (9%), and the EC (4%) where persons admitted had 'CAT' as a primary and secondary drug of use.

**Poly-Substance use** remained high, ranging between 38% (CR) and 61% (EC) among 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 regions. Treatment admissions for OTC and prescription medicine as a primary and

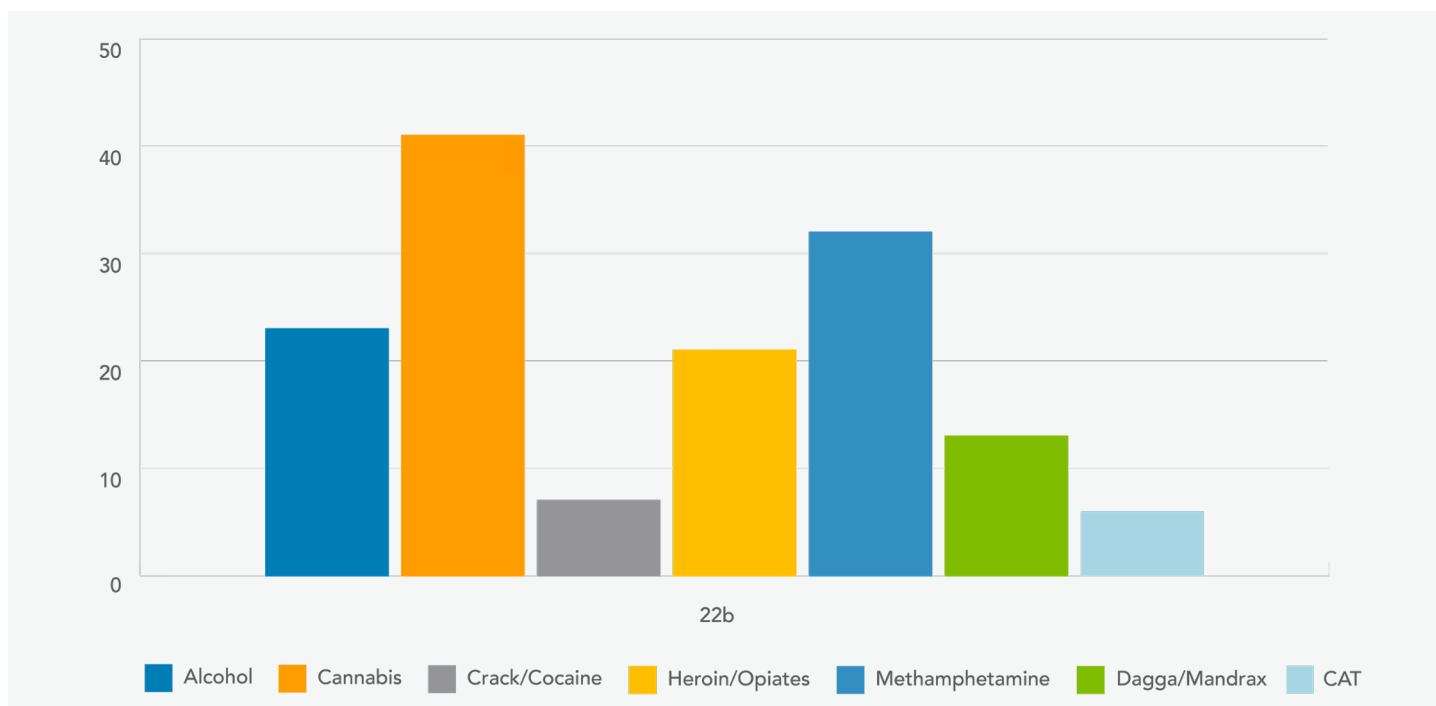
secondary substance of use were between 1% (NR) and 17% (KZN). During this reporting period, 656 (6%) persons across all regions reported the non-medical use of codeine, with the highest proportions of persons coming from KZN (n = 230, 18%), WC (n = 87, 5%), GT (n = 294, 5%), and CR (n=14, 5%).

Across all regions, 15% of persons (n = 1519) presented with a dual diagnosis at treatment admission. Most of these persons reported mental health issues at the time of admission (37%), followed by blood pressure problems (indicating either high or low BP) (15%), and gastrointestinal diseases (11%). Amongst all provinces, mental health issues were the most common issues

reported, [NR (63%), KZN (60%), and WC (50%)], aside from GT that had a higher proportion of respiratory illnesses (22%),

Between 38% (CR and EC) and 56% (WC) of persons reported that they had been **tested for HIV in the past 12 months**, showing a slight decrease over time, at lower than desirable rates.

**Figure 3:** Tx demand data based on data from 9 provinces (primary + secondary data: 2022b (%))



Note: Heroin/Opiates category includes nyaope and whoonga

### COMMUNITY-BASED HARM REDUCTION SERVICES (JULY – DECEMBER 2022)

Community-based harm reduction and health services for people who use drugs, including people who inject drugs (PWID), are provided in alignment with the World Health Organization's guidelines and the National Drug Master Plan (2019 – 2024).

#### Eastern Cape

In Nelson Mandela Bay 688 unique PWID accessed services, 65 115 needles and syringes distributed and 87% returned. 239 PWID tested for HIV, among whom 28 tested positive. A total of 28 people were started on ART, with no clients confirmed to be virally suppressed. Overall, 247 people were screened for tuberculosis (TB), with 13 being symptomatic, 4 diagnosed, 4 starting TB treatment and 0 person with confirmed cure. No routine viral hepatitis testing was done. Opioid substitution therapy (OST) was not available. 73 human rights violations were reported, mostly involving the confiscation and destruction of injecting equipment (79%).

#### Gauteng

In **Ekurhuleni** 472 unique PWID accessed the services, with 97 290 needles and syringes distributed and 66% returned. 179 PWID tested for HIV, among whom 21 tested positive; a total of 121 people were on ART at the end of this period and a total of 5 people were confirmed to be virally suppressed. 208 PWID were screened for TB, with 4 being symptomatic, no TB was confirmed and no one was started on treatment. No routine viral hepatitis testing was

done. OST was not available. 59 human rights violations were reported, mostly related to the confiscation/ destruction of injecting equipment (75%). Five deaths among people who use drugs were reported during this period.

In **Johannesburg** 7 847 unique PWID accessed the services, with 576 450 needles and syringes distributed and 41% returned. 2 266 PWID tested for HIV, among whom 343 tested positive and 255 were started on ART. Three PWID were confirmed to be HIV virally suppressed. 2 316 people were screened for TB, with 9 being symptomatic, 1 diagnosed, 1 starting on TB treatment and 0 reporting cure. 69 people were screened for HCV antibodies with 46 being reactive. HCV infection was confirmed in 4 of 4 people tested and 4 people started HCV treatment and data on PWID confirmed to have sustained virological response 12 weeks post treatment (SVR12) was unavailable. Of the 69 tested for HBV surface antigen (HBsAg), 1 person was reactive. 247 PWID were on OST at the beginning of the period and 312 were on OST at the end of the period. 111 human rights violations were reported, the majority (51%) related to assault. Fourteen deaths were reported among people who use drugs, including 1 fatal drug-related overdose.

In **Sedibeng** 1 410 unique PWID accessed the service with 130 695 needles and syringes distributed and 58% returned. 165 PWID tested for HIV, among whom 96 tested positive and 83 were linked to ART. Data on HIV viral suppression was unavailable. 277 people who use drugs were screened for tuberculosis, with 3

being symptomatic, 0 infections confirmed and 0 received treatment. 0 PWID were screened for HCV and HBV. Forty-four PWID were on OST at the beginning of the period and 57 at the end of the period. 207 human rights violations were reported, most (52%) linked to confiscation of injecting equipment. Two deaths among people who use drugs were reported during this period.

In **Tshwane** 9 337 unique PWID accessed the services, with 409 685 needles and syringes distributed; and 97% returned. 445 people who use drugs tested for HIV among whom 173 tested positive and 156 people were confirmed to be on ART. In the districts 71 people who use drugs were confirmed to have HIV viral suppression. 468 people who use drugs were screened for tuberculosis with 11 being symptomatic, 5 diagnosed and 5 starting treatment. No data on TB treatment outcomes was available for this reporting period. No viral hepatitis testing was done during this period. A total of 750 people were on OST at the beginning of the period and 770 at the end of the period. 145 human rights violations was not collected, the majority (34%) due to confiscation/ destruction of injecting equipment. Ten deaths were reported among people who use drugs.

In **West Rand** 977 unique PWID accessed the services, with 62 760 needles and syringes distributed and 46% returned. 212 PWID tested for HIV, among whom 82 tested positive; a total of 7 people were on ART at the end of this period and a total of 0 people were confirmed to be virally suppressed. 249 PWID were screened for TB, with 1 being symptomatic, no

TB was confirmed and no one was started on treatment. No routine viral hepatitis testing was done. OST was not available. 206 human rights violations were reported, mostly related to the confiscation/ destruction of injecting equipment (90%). One fatal overdose was reported among people who use drugs during this period.

#### KwaZulu-Natal

In **eThekweni** 1 601 unique PWID accessed services, with 127 365 needles and syringes distributed and 81% returned. 452 PWID tested for HIV, among whom 64 tested positive and 53 people were started on ART. HIV viral load suppression was confirmed in 7 PWID. 483 people who use drugs were screened for tuberculosis, 4 were symptomatic, 0 diagnosed, 0 started treatment and 0 reporting cure. 44 people were screened for HCV antibodies with 16 being reactive, 7 people had confirmed HCV infection, and 5 started HCV treatment. A total of 9 people were confirmed to be cured of HCV during the period. Of the 44 PWID tested for HBV surface antigen (HBsAg), 1 was reactive. 51 PWID were on OST maintenance therapy at the beginning of the period and 118 at the end of the period. 166 human rights violations were reported, the majority (80%) linked to the confiscation/destruction of needles. 3 deaths were reported among people who use drugs.

In **uMgungundlovu**, 1 232 unique PWID accessed the services, with 119 415 needles and syringes distributed and 52% returned. 160 PWID tested for HIV, among whom 19 tested positive. A total of 9 PWID were started on ART. 1 PWID was confirmed to be virally suppressed during this period. 226 people who use drugs were screened for TB, with 2 being symptomatic, 0 diagnosed and 0 starting treatment. No routine viral hepatitis testing was done. OST was not available. 97 human rights violations were reported, the majority (28%) linked to the confiscation of injecting equipment. Two deaths were reported.

#### Mpumalanga

In **Ehlanzeni** 877 unique PWID accessed the services, with 20 320 needles and syringes distributed and 81% returned. 177 tested for HIV, among whom 50 tested positive and 43 started on ART. 15 PWID were reported to be virally suppressed during this period. 177 people were screened for tuberculosis, with 4 being symptomatic, 1 case of TB was confirmed and the person started treatment. 89 people were screened for HCV antibodies with 22 being reactive, no confirmatory tests were done at the site. A total of 263 people were tested for HBV surface antigen (HBsAg), while 45 were reactive. 56 people were on OST at the beginning of the reporting period and 106 people at the end. 70 human rights violations were reported, the majority (64%) due to assault. Two deaths were reported, one due to a drug-related overdose.

#### Western Cape

In the **Cape Metro** 1 593 unique PWID accessed services, with 749 010 needles and syringes distributed and 80% returned. 486 PWID tested for HIV, among whom 33 tested positive and 22 people were started on ART. Two PWID were

confirmed to be HIV viral suppressed. 506 PWID were screened for TB, with 5 being symptomatic, 0 diagnosed and 0 starting treatment. 36 people were screened for HCV antibodies with 21 being reactive. 18 people had confirmed infection and 12 started HCV treatment. 36 PWID were screened for HBsAg and 0 were reactive. 153 people were on OST at the beginning of the period and 175 at the end. 21 human rights violations were reported, the majority (38%) linked to confiscated/ destroyed needles and syringes. No deaths were reported among people who use drugs.

#### SELECTED IMPLICATIONS FOR POLICY/PRACTICE

- Current country challenges such as persistent loadshedding impedes on service delivery as most treatment facilities do not have capabilities to purchase generators.
- Strengthen advocacy efforts to address stigma towards people with a substance use disorders and their families. Interventions to destigmatize should target communities and the general public.
- Young people have relatively easy access to drugs at pharmacies. A need for improved monitoring/regulation of pharmacies including awareness raising.
- The cost of treatment has increased the treatment gap, with rising living costs people from poor socio-economic backgrounds are finding it increasingly difficult to access care. There is a need for low-threshold services, for example mobile units.
- Low adherence to HIV medication remains a problem and this is often related to no access to food.
- TB, HIV and Hepatitis screening and testing and initiation on treatment should be part of the basket of services offered to persons with a substance use disorder.
- High HIV yield among PWID accessing HIV testing services in Gauteng, Mpumalanga and KwaZulu-Natal
- Scale up TB, HIV and Hepatitis screening and testing and initiation to treatment.
- Women remain under-represented in treatment. There is a need to explore treatment programmes tailored to meet the unique requirements of women.
- Investigate cultural barriers to substance use disorder care for women.
- Consider ways to enhance retention in care to prevent early termination of treatment services.
- Introduce screening for Gender-Based Violence or Interpersonal Partner violence as part of routine assessments, with referral to care if needed.
- Continued motivation for HIV testing and counseling within the treatment environment.

• 'Care for caregivers' interventions that address the burnout experienced by caregivers of PWUD are needed.

#### Practitioners are grappling with how to deal with co-morbidities.

#### SELECTED ISSUES TO MONITOR

- Cannabis use among young people remains high. The normalization of cannabis use appears to be a driver.
  - Steady and consistent increase methamphetamine use in GP, with a concomitant decrease in heroin/opiate use.
  - Respiratory diseases emerging as a co-morbidity among patients admitted to treatment.
  - SACENDU needs to incorporate data on the aftercare/ continuation of care.
  - Younger age of initiation of substances.
  - Substance use during pregnancy is high in the WC; there is a need for more interventions addressing the harmful effects on the unborn child and associated burdens.
  - Reports of possible changes in methaqualone strength. Analysis of compounds is recommended
  - The link between respiratory diseases and COVID-19 as a co-morbidity for patients admitted to substance use treatment
  - Reported deaths among people who use drugs, including those related to overdose
  - Needles/ syringes confiscated by law enforcement continues to be an issue of concern.
  - Improvements in following up on outcomes of PWUD with suspected TB
- #### SELECTED TOPICS FOR FURTHER RESEARCH
- Detailed assessment of causes of death among people who use drugs in community settings.
  - Barriers to treatment access for women in Limpopo and Mpumalanga
  - Impact of the legalization of cannabis on young people, nationally.
  - Exploration of GBV and its impact on women accessing treatment.
  - Treatment plans for mental health dual diagnosis
  - Feasibility of 'wet shelters' in South African context
  - Explore interventions focusing on 'caring for the caregivers'
  - Food security and ARV adherence

