



# 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):

July - December 2023

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### SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE (SACENDU) Research Update (September 2024)

#### 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.

#### TREATMENT DEMAND DATA

(data collected from specialist substance use treatment centres): Latest key findings (unless stated otherwise the findings relate to the 2<sup>nd</sup> half of 2023)

The 2<sup>nd</sup> half of 2023 (i.e., 2023b) saw a decrease in the number of persons admitted to specialist treatment from 11 563 facilities in 2023a (Jan-Jun 2023) to 9 489 in 2023b (Jul-Dec 2023). Admissions for the current reporting period were made across 77 treatment centres/programmes.

This period, the CR (50%), KZN (41%) and the EC (38%) had the highest rates for alcohol admission for all ages (Table 1). Between 12% (GT) and 50% (CR) of persons accessing AOD treatment services reported alcohol as their primary substance of use. Consistent with previous

reporting periods, alcohol-related admissions among persons 18 years and younger were less common. Between 3% (WC) and 39% (CR) of youths aged 18 years and younger reported alcohol as their primary substance of use. A slight decrease in admissions for all substance categories was noted for persons ≤18 years from 19% in 2023a to 16% in 2023b. See Figure 1 for treatment admission trends for all substances among individuals 18 years and younger.

Table 1. Primary substance of use (%) for all persons and persons 18 years and younger – selected drugs (2023b)

	Age	WC	KZN	EC	GT	NR <sup>a</sup>	CR <sup>b</sup>
# CENTRES (N)	–	22	10	7	26	7	5
# PERSONS ADMITTED (N)	–	1489	900	315	6075	410	300
ALCOHOL	All	19	41	38	12	29	50
	<19	3	21	17	4	30	39
CANNABIS	All	19	26	36	30	30	21
	<19	75	63	67	80	51	40
METHAQUALONE (MANDRAX)	All	8	1	1	2	3	3
	<19	1	–	1	1	7	2
CRACK/COCAINE	All	2	9	3	2	6	1
	<19	1	1	2	1	–	–
HEROIN/OPIATES*	All	13	16	<1	19	20	5
	<19	–	1	–	1	5	–
MA**	All	34	3	15	26	6	10
	<19	6	2	8	7	–	–

<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>; \*\*Methamphetamine

Cannabis was the most common primary substance of use in the EC (36%), followed by GT and NR (30%), and KZN (26%) among all age groups. Across regions, between 19% (WC) and 36% (EC) of persons attending specialist treatment centres reported cannabis as their primary substance of use, compared to between 1% (KZN and EC) and 8% (WC) for the cannabis/mandrax

(methaqualone) aka 'white-pipe' combination. Nationally, relatively high admission rates were reported for cannabis use among persons aged 18 years and younger, ranging from 40% (CR) to 80% (GT).

Treatment admissions for cocaine-related problems have remained low over the past few

reporting periods, ranging between 1% (CR) and 9% (KZN). Across the regions, few persons 18 years and younger were admitted for cocaine-related problems, with rates varying between 1% (WC, KZN and GT) to 2% (EC); no cases were reported for the CR and 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

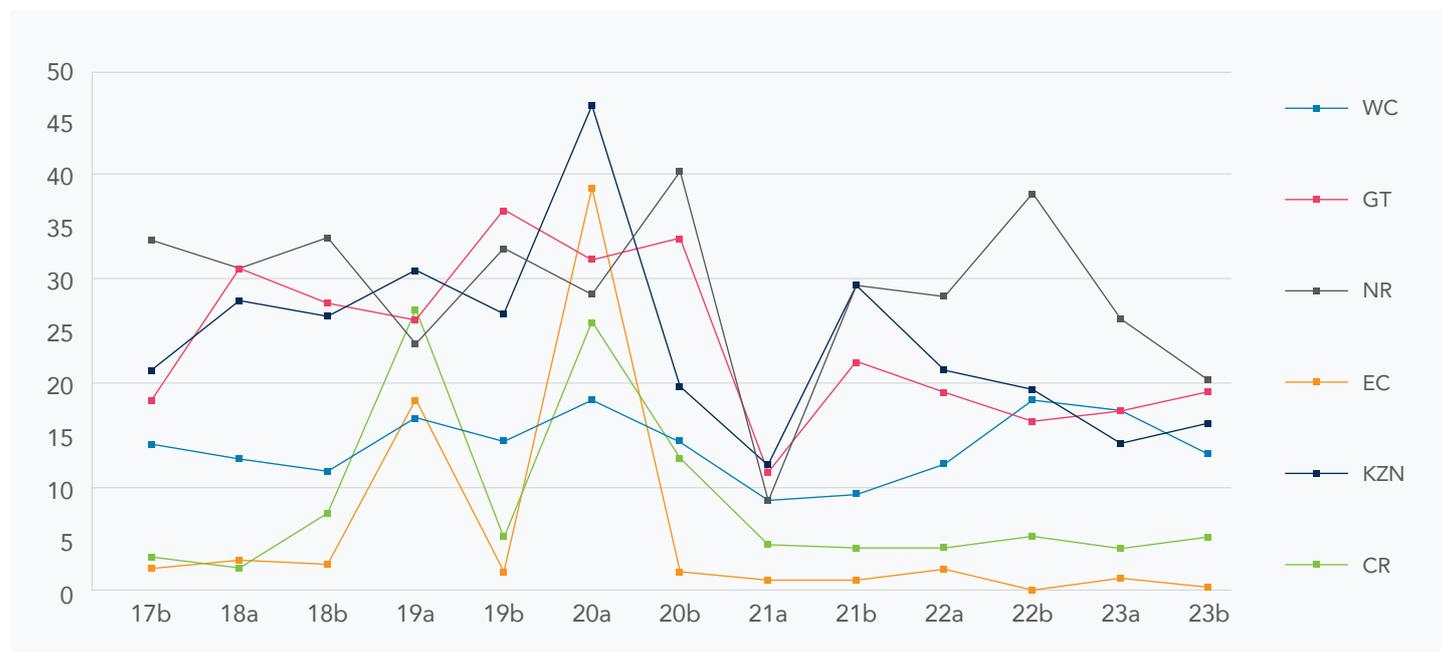


The highest proportions of **heroin/opiate-related** admissions were reported for the NR (20%), GT (19%) and KZN (16%). Between 5% (CR) and 33% (NR) of persons attending specialist treatment centres reported heroin as a primary or secondary substance of use;

heroin/opiate use was not reported as a secondary substance of use in the EC. Smoking was the most common mode of use in GT (63%) and EC (100%). Injection mode was the most common only in the CR with 73%, though absolute numbers were low. Following the

CR, GT had the second highest heroin/opiate use by injection rates (n=410, 35%) and WC the third highest (n= 53, 28%). Admissions for heroin use remained highest in the NR (20%) although a notable decline was seen from 26% in the 2023a review period (see Figure 2).

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



\*Data on heroin-related admissions from 21b includes Nyaope and Whoonga

**Methamphetamine (MA)** – Treatment admissions for MA as a primary substance of use were highest in the WC (34%), GT (26%) and the EC (15%). In the EC, a notable decrease in MA was seen from 23% in 2023a to 15% in 2023b. The highest rates for MA use among persons 18 years and younger were found for the EC (8%), GT (7%) and WC (6%). Treatment admissions related to MA use as a primary or secondary substance ranged between 4% (KZN) and 48% (WC), remaining largely

unchanged from the previous review period. MA as a primary or secondary substance was highest in the WC (49%), GT (38%) and the EC (26%).

**Methcathinone** ("CAT/KHAT")<sup>2</sup> use was noted in all regions, though rates remained low (<1% in WC to 6% in GT). Admissions for CAT/KHAT use as a primary or secondary substance ranged from <1% (WC) to 10% (GT).

**Poly-Substance use** remained high, with between 41% (CR) and 58% (GT, NR, WC) of persons admitted to treatment indicating the use of more than one substance.

Reported rates for the use of **Over-the-Counter and Prescription Medicines** (OTC/PRE-medicines) were relatively low, varying between 1% (WC, GT and CR) and 3% (KZN). Treatment

<sup>2</sup>For increased reporting accuracy, CAT (synthetic) and KHAT (plant-based) have been combined into a single category in the 2022b period.

admissions for OTC/PRE-medicine as a primary or secondary substance of use were between 1% (NR) and 6% (KZN). During the current reporting period, 433 (6%) persons across all regions reported the non-medical use of codeine, with the highest proportions indicated for KZN (n = 90, 14%), EC (n = 22, 7%), and the WC (n = 62, 6%).

Across all regions, 14% of persons (n = 1270) presented with a **dual diagnosis** at the time of admission. The most prominent comorbidities reported were mental health issues (n = 834, 66%), followed by respiratory disease (n = 196, 15%) and blood pressure problems [either hyper- or hypotension] (n = 167, 13%). Mental health issues were the most common non-communicable disease (NCD) reported for all regions ranging from 52% (WC) to 86% (KZN) except the NR for which respiratory diseases was the most common (20%).

Across regions, **persons 18 years and younger** included 16% of admissions for this period (n = 1479). The proportion of persons 18 years and younger who were admitted to treatment were between 13% (KZN) and 34% (EC). The EC remained the province with the highest proportion of admissions among youths aged ≤18 years (34%). An overall profile of drug treatment admissions from 77 treatment centres across the 9 provinces is provided in Figure 3.

Between 35% (NR) and 68% (WC) of persons reported that they had been **tested for HIV in the past 12 months**. HIV testing levels showed a consistent trend over the last two periods, remaining at lower than desirable rates.

### COMMUNITY-BASED HARM REDUCTION SERVICES (JULY – DECEMBER 2023)

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<sup>3</sup> and the National Drug Master Plan (2019 – 2024).

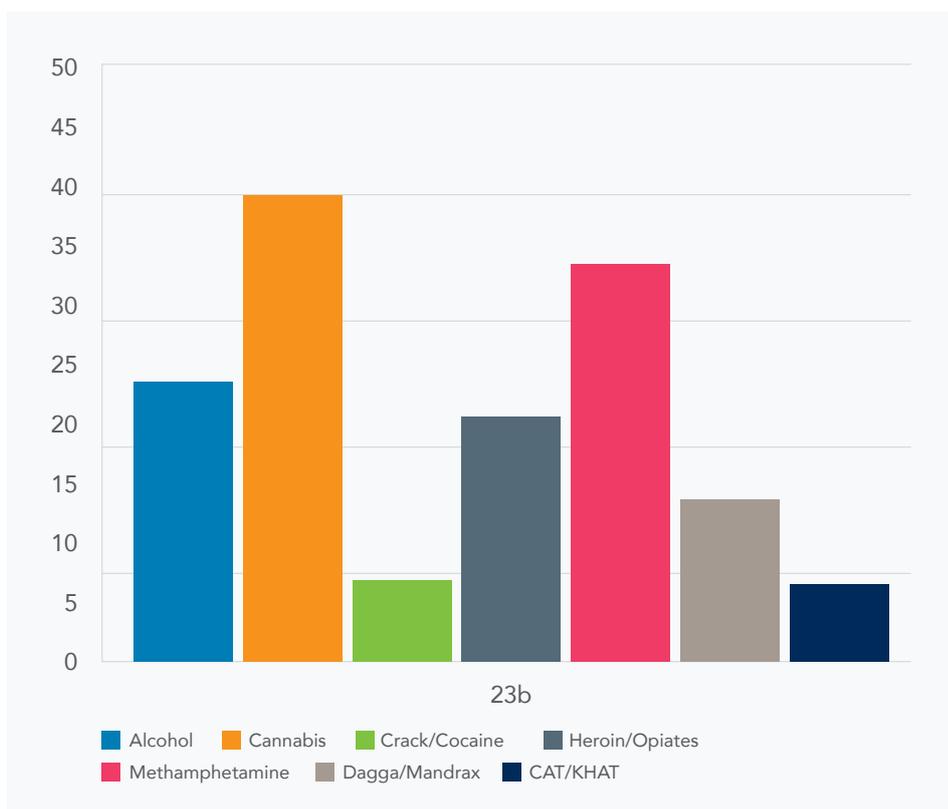
#### Eastern Cape

In **Nelson Mandela Bay** 730 unique PWID accessed services, 119 220 needles and syringes distributed and 89% returned. 269 PWID tested for HIV, among whom 35 tested positive and 33 people were started on ART, with 17 clients confirmed to be virally suppressed. Overall, 474 people were screened for tuberculosis (TB), with 52 being symptomatic, 17 diagnosed, 17 starting TB treatment and 0 persons with confirmed cure. No routine viral hepatitis testing was done. Opioid substitution therapy (OST) was not available. 72 human rights violations were reported, mostly involving the confiscation and destruction of injecting equipment (79%). 0 deaths were reported among people who use drugs.

#### Gauteng

In **Ekurhuleni** 560 unique PWID accessed the services, with 194 895 needles and syringes distributed and 63% returned. 202 PWID tested for HIV, among whom 33 tested positive; 30 were placed on ART and 5 people were confirmed to be virally suppressed. 202 PWID were screened for TB, with 0 being symptomatic; no TB was confirmed, and no one was started on treatment. 36 people were tested for HCV, among whom 33 were positive and of the 32 people who have

**Figure 3:** Tx demand data based on data from 9 provinces (primary or secondary data: 2023b (%))



Note: Heroin/Opiates category includes nyaope and whoonga

confirmatory testing done, 26 had confirmed infection. 8 people started HCV treatment on direct acting antivirals (DAAs). Of the 36 people tested for HBsAg, 4 were reactive. 36 people were started on OST and 64 were on OST at the end of the period. 118 human rights violations were reported, mostly related to the confiscation/ destruction of injecting equipment (87%). 7 deaths among people who use drugs were reported during this period.

In **Johannesburg** 10 692 unique PWID accessed the services, with 919 215 needles and syringes distributed and 81% returned. 2 822 PWID tested for HIV, among whom 276 tested positive and 264 started on ART. 12 PWID were confirmed to be HIV virally suppressed. 2 929 people were screened for TB, with 29 being symptomatic, 1 diagnosed, 1 started on TB treatment and 0 reporting cure. 34 people were screened for HCV antibodies with 29 being reactive. 32 people had confirmatory testing done and 17 people had confirmed infection. 2 people started DAAs and 0 were reported to have attained sustained virological response at 12 weeks (SVR12). Of the 34 tested for HBV surface antigen (HBsAg), 1 was reactive. 234 PWU/ID were on OST at the beginning of the period and 238 were on OST at the end of the period. 339 human rights violations were reported, the majority (67%) relating to assault. 16 deaths were reported among people who use drugs..

In **Sedibeng** 1 718 unique PWID accessed the service with 342 450 needles and syringes distributed and 87% returned. 291 PWID tested for HIV, among whom 37 tested positive and 36 linked to ART. 25 people were reported to

have HIV viral suppression. 398 people who use drugs were screened for tuberculosis, with 89 being symptomatic, 6 infections were confirmed, and 6 persons received treatment. 53 people were screened for HCV antibodies with 43 being reactive. 43 people had confirmatory testing done and 40 people had confirmed infection. 8 PWID started DAAs. Of the 53 tested for HBsAg, 1 was reactive. 53 PWUD/ID were on OST at the beginning of the period and 67 at the end of the period. 197 human rights violations were reported, most (62%) linked to confiscation of injecting equipment. 3 deaths among people who use drugs were reported during this period.

In **Tshwane** 9 678 unique PWID accessed the services, with 518 888 needles and syringes distributed, and 92% returned. 825 people who use drugs tested for HIV, among whom 446 tested positive and 395 confirmed to be on ART. In the district, 49 people who use drugs were confirmed to have HIV viral suppression. 2 803 people who use drugs were screened for tuberculosis with 19 being symptomatic, 3 diagnosed, 3 starting treatment and 1 person cured. 193 people were screened for HCV antibodies with 155 being reactive. 109 people had confirmatory testing done and 96 people had confirmed infection; 44 people started DAAs and 26 achieved SVR12 during the period. Of the 181 tested for HBsAg, 2 were reactive. A total of 701 PWUD/ID were on OST at the beginning of the period and 757 at the end of the period. 116 human rights violations were collected, the majority (44%) due to confiscation/ destruction of injecting equipment. 49 deaths were reported among people who use drugs, including 3 fatal overdoses.

<sup>3</sup>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.

In **West Rand** 993 unique PWID accessed the services, with 229 815 needles and syringes distributed and 88% returned. 260 PWID tested for HIV, among whom 109 tested positive; a total of 56 people were on ART at the end of this period and a total of 5 people were confirmed to be virally suppressed. 301 PWID were screened for TB, with 17 being symptomatic, 0 infection was confirmed and 0 persons started on treatment. No routine viral hepatitis testing was done. OST was not available. 29 human rights violations were reported, mostly related to the confiscation/ destruction of injecting equipment (62%). No deaths were reported among people who use drugs during this period.

#### KwaZulu-Natal

In **eThekweni** 1 722 unique PWID accessed services, with 379 860 needles and syringes distributed and 108% returned. 539 PWID tested for HIV, among whom 93 tested positive and 103 persons on ART. HIV viral load suppression was confirmed in 33 PWID. 828 people who use drugs were screened for tuberculosis, 55 were symptomatic, 2 diagnosed, 1 started treatment and 0 reporting cure. 39 people were screened for HCV antibodies, with 25 being reactive, 24 people had PCR confirmatory testing done, 20 had HCV infection confirmed, and 18 started HCV treatment. Of the 40 PWID tested for HBV surface antigen (HBsAg), 1 was reactive. 153 PWID/ID were on OST at the beginning of the period and 172 at the end of the period. 333 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**, 831 unique PWID accessed the services, with 104 490 needles and syringes distributed and 95% returned. 262 PWID tested for HIV, among whom 42 tested positive and 40 started ART. 13 PWID were confirmed to be virally suppressed during this period. 373 people who use drugs were screened for TB, with 62 being symptomatic, 6 diagnosed, 5 starting treatment and 1 reported cure. No routine viral hepatitis testing was done. OST was not available. 196 human rights violations were reported, the majority (59%) linked to the confiscation of injecting equipment. 2 deaths were reported (including 1 fatal overdose).

#### Mpumalanga

In **Ehlanzeni**, 686 unique PWID accessed the services, with 32 878 needles and syringes distributed and 76% returned. 363 tested for HIV, among whom 68 tested positive and 56 started on ART. 29 PWID were reported to be virally suppressed during this period. 363 people were screened for tuberculosis, with 2 being symptomatic; 2 cases of TB was confirmed and 2 people started treatment with 0 persons confirmed cured. 475 people were screened for HCV antibodies with 341 being reactive; 0 confirmatory tests were done at the site and 0 people had confirmed infection. A total of 476 people were tested for HBV surface antigen (HBsAg), while 16 were reactive. 145 PWID were on OST at the beginning of the reporting period and 201 people at the end. 35 human rights violations were reported, with all cases (100%)

due to assault. 4 deaths were reported, one due to a drug-related overdose.

#### Western Cape

In the **Cape Metro** 1 821 unique PWID accessed services, with 837 210 needles and syringes distributed and 86% returned. 615 PWID tested for HIV, among whom 70 tested positive and 38 started on ART. Two PWID were confirmed to be HIV viral suppressed. 632 PWID were screened for TB, with 17 being symptomatic, 0 diagnosed and 0 starting treatment. 29 people were screened for HCV antibodies with 14 being reactive. 10 people had PCR testing, 8 had confirmed infection and 1 started DAAs. 30 PWID were screened for HBsAg and 0 were reactive. 175 people were on OST at the beginning of the period and 204 at the end. 55 human rights violations were reported, the majority (64%) linked to confiscated/destroyed needles and syringes. 23 deaths were reported among people who use drugs, including 1 overdose.

#### SELECTED IMPLICATIONS FOR POLICY/PRACTICE<sup>4</sup>

- Address high rate of injection use by heroin users in GT (including reducing risk of harm, by outreach and provision of OST, needle provision, testing for HepC/TB/HIV).
- Discussion is needed on whether treatment centres should be mandated to provide data on persons coming to treatment as part of accreditation.
- Increase advocacy with law enforcement agencies to protect human rights of drug users on the streets.
- Consideration should be given to requiring liquor producers and retailers to make data on production and sales available as a condition of national and provincial liquor licensing respectively.
- Funding for treatment programmes should be more related to evidence of impact and not just numbers treated.
- Consideration should be given to looking for ways to provide effective family planning services for persons who inject drugs and generally increasing outreach efforts to get community harm reduction services to injecting drug users.
- Financial support is needed by government for provision of continuous professional development of substance abuse treatment providers (including PG Dip in Addiction).
- Increase opportunities for shared learning for people in different substance abuse fields.
- Incentivise treatment centres to use evidence-based programmes – this will require standards and continuous assessments for treatment centres.
- Identify pregnant women who use Nyaope and provide necessary screening and health support.

- TB symptom screening is yielding low results in some districts, but higher levels in other districts.
- High hepatitis C burden among people who inject drugs in Ehlanzeni identified.
- High HIV yield among PWID accessing HIV testing services in Gauteng, Mpumalanga and KwaZulu-Natal.
- 'Care for caregivers' interventions that address the burnout experienced by caregivers of PWUD are needed.
- High number of deaths among people who use drugs in Tshwane, including from fatal overdoses.
- Practitioners are grappling with how to deal with co-morbidities.

#### SELECTED ISSUES TO MONITOR

- Increase in social service referrals in GT.
- Increase in methamphetamine (MA) as a primary substance of use in GT.
- Rate of injection use among heroin and opiate users in treatment in GT.
- Decrease in school referrals and scholars coming to treatment in the WC.
- Increase in codeine treatment demand in the WC.
- Anecdotal reports of fentanyl use in the WC.
- The number of needles and syringes distributed per PWID in Tshwane and Ehlanzeni was 40-45% less than in Johannesburg for the reporting period. These are sites that receive needles/syringes from Global Fund.
- Needles/Syringes confiscated by law enforcement continues to be an issue of concern.
- Increased need for expansion of viral hepatitis testing and treatment across all harm reduction service sites.
- All causes of mortality and overdose deaths among people who use drugs.

#### SELECTED TOPICS FOR FURTHER RESEARCH

- What are the barriers to females accessing drug treatment and how best to address?
- What is the role of unemployment in substance use?
- Why the decrease in MA use by persons 18 and under in GT?
- More research needed on the effects of Nyaope use on pregnancy, pregnancy outcomes, prevention efforts and long-term outcomes of newborns exposed to Nyaope use (in GT).
- Detailed assessment of causes of death among people who use drugs in community settings.
- Impact of different needle and syringe coverage/saturation and its impact on drug-related harms.

<sup>4</sup>Outcomes emanating from regional meetings held in GP, KZN, PE, and CT

