



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

MONITORING ALCOHOL, TOBACCO AND OTHER DRUG USE TRENDS (SOUTH AFRICA): January-June 2023

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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 1st half of 2023)

The 1st half of 2023 (i.e., 2023a) saw an increase in the number of persons admitted to specialist treatment from 10 221 facilities in 2022b (Jul-Dec 2022) to 11 563 in 2023a (Jan-Jun 2023). Admissions for the current reporting period were made across 82 treatment centres/programmes.

This period, the CR (43%), KZN (36%) and the EC (34%) had the highest rates for alcohol admission for all ages (Table 1). Between 12% (GT) and 43% (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 4% (KZN) and 16% (NR) of youths aged 18 years and younger reported alcohol as their primary substance of use. A slight increase in admissions for all substance categories was noted for persons ≤18 years from 17% in 2022b to 19% in 2023a. 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 (2023a)

	Age	WC	KZN	EC	GT	NR ^a	CR ^b
# centres (n)	-	24	11	5	26	11	5
# persons admitted (n)	-	1685	1062	247	7550	772	247
Alcohol	All	19	36	34	12	18	43
	<19	11	4	9	5	16	5
Cannabis	All	23	28	29	34	36	28
	<19	81	75	71	79	70	72
METHAQ. (MANDRAX)	All	6	2	3	3	2	2
	<19	1	4	-	2	2	8
Crack/Cocaine	All	2	11	3	2	7	4
	<19	1	1	2	<1	3	-
Heroin/Opiates*	All	17	14	1	17	26	4
	<19	-	1	-	<1	2	-
MA**	All	31	3	23	24	6	13
	<19	4	-	15	7	5	10

^aNorthern Region (MP & LP), ^bCentral Region (FS, NW, NC); *Includes data relating to nyaope and whoonga¹; **Methamphetamine

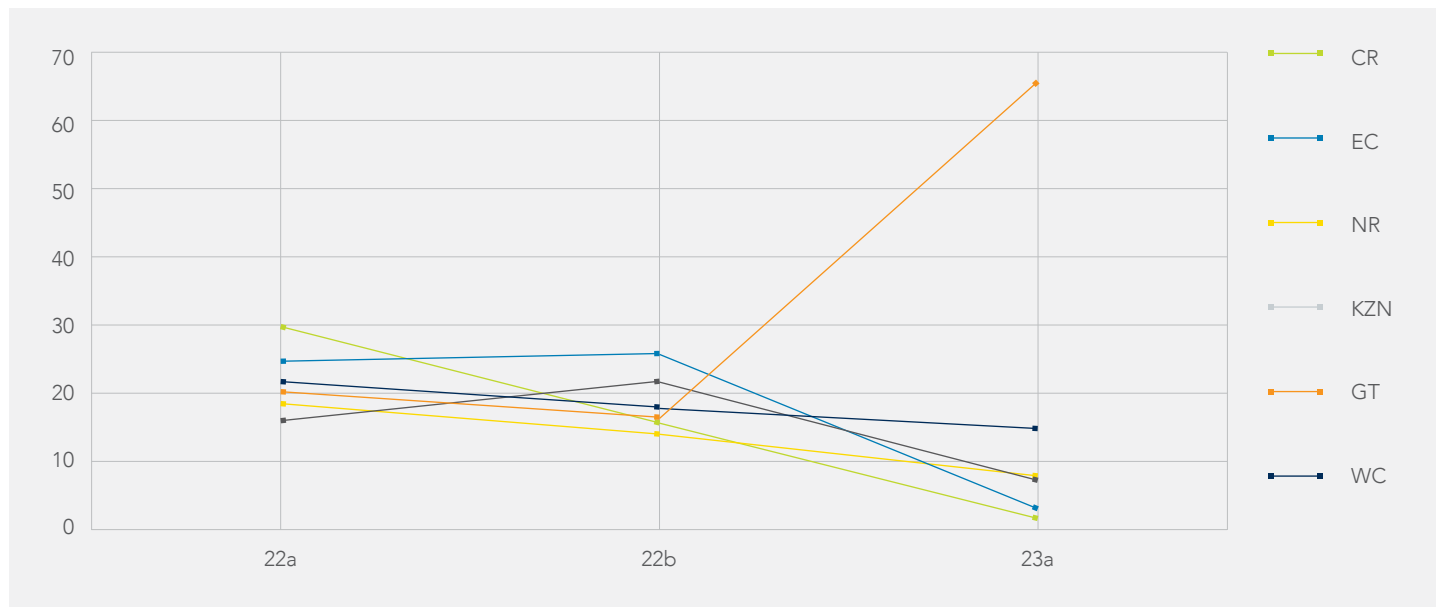
¹ Nyaope and whoonga are street names for heroin, often mixed with other regulated and unregulated substances. In South Africa, it is usually sprinkled on cannabis and/or tobacco and the mixture is rolled into a cigarette or 'joint' and smoked. Nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.

Cannabis was the most common primary substance of use in the NR (36%) and GT (34%) among all age groups. Across regions, between 23% (WC) and 36% (NR) of persons attending specialist treatment centres reported cannabis as their primary substance of use, compared to between 2% (KZN, NR and

CR) and 6% (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 70% (NR) to 82% (WC). Treatment admissions for **cocaine-related** problems have remained low

over the past few reporting periods, ranging between 2% (WC) and 11% (KZN). Across the regions, few persons 18 years and younger were admitted for cocaine-related problems, with rates varying between <1% (GT) to 3% (NR); no cases were reported for the CR.

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

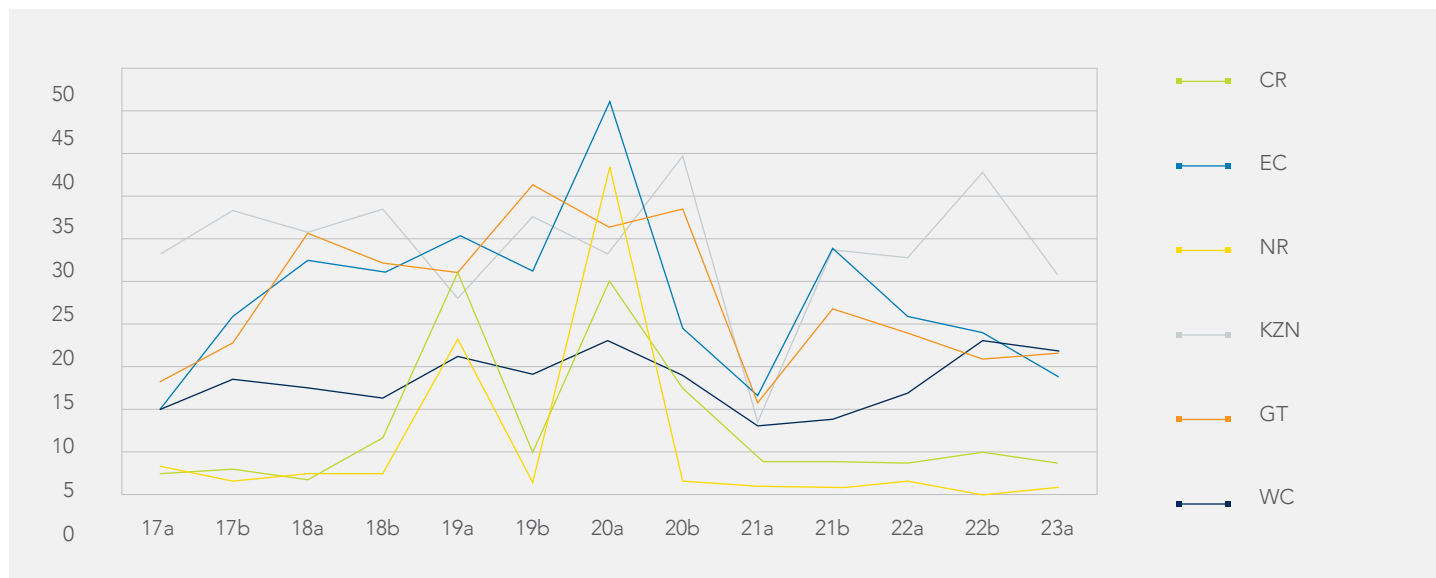


The highest proportions for heroin-related admissions were reported for the NR (26%), WC and GT (17% respectively) and KZN (14%). Between 5% (CR) and 21% (GT) of persons attending specialist treatment centres reported heroin as a primary or secondary substance of

use; heroin was reported as a primary substance of use only in the EC. Compared to other modes of use, smoking remained the most common mode of use for heroin ranging from 67% (EC) to 85% (NR). The EC (n=1, 33%) and the CR (n=3, 27%) had the highest rates for heroin by injection,

though absolute admission numbers (n) were low. GT had the third highest injection rate for heroin (n=314, 25%). Admissions for heroin use remained highest for the NR (26%) although a notable decline was seen from 38% in the 2022b review period (see Figure 2).

Figure 2: Proportion of persons in treatment with Heroin 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 (31%), GT (24%) and the EC (23%). The highest rates for MA use among persons 18 years

and younger were found for the EC (15%) and the CR (10%). Treatment admissions related to MA use as a primary or secondary substance ranged between 4% (KZN) and 47% (WC), remaining largely

unchanged from the previous review period. MA as a primary or secondary substance was highest in the WC (47%), GT (34%) and the EC (31%).

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

Methcathinone ('CAT/KHAT')² use was noted in all regions, though rates remained low (<1% to 2%). 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 46% (GT) and 53% (EC, 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% (GT, NR, WC) and 4% (EC). Treatment admissions for OTC/PRE-medicine as a primary or secondary substance of use were between

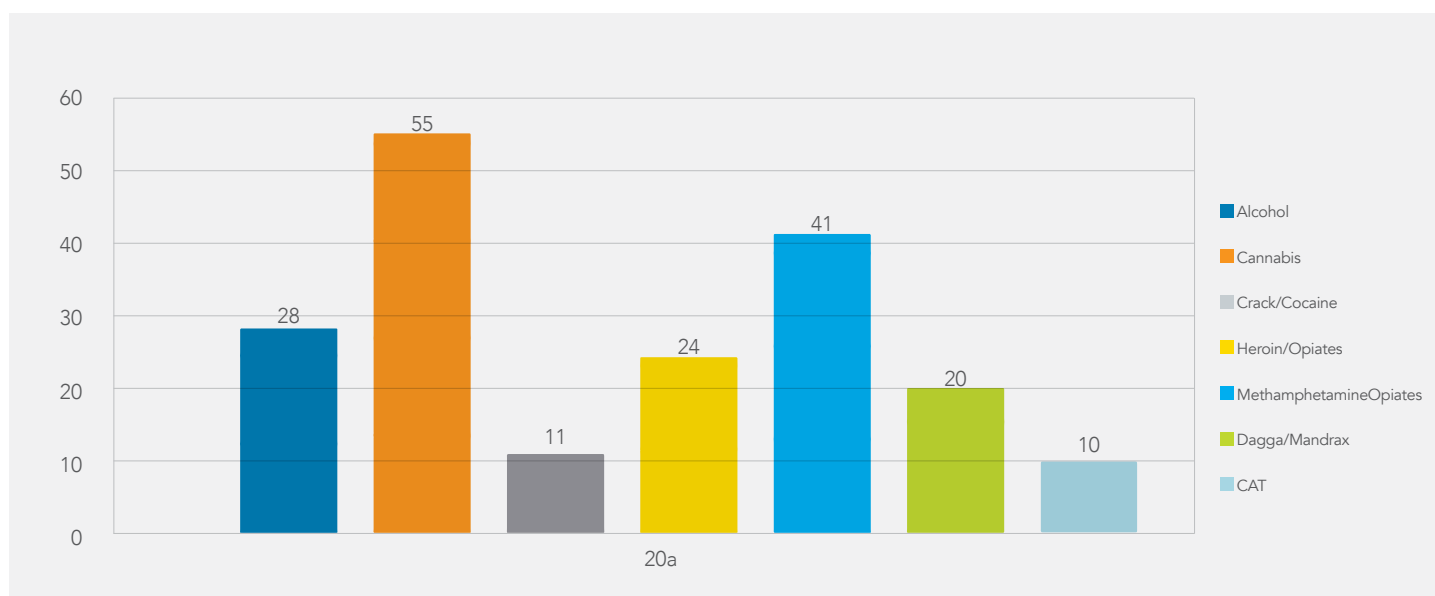
1% (NR) and 7% (KZN), with a 10%-point decline noted for KZN over the last two periods. During the current reporting period, 749 (9%) persons across all regions reported the non-medical use of codeine, with the highest proportions indicated for KZN (n = 104, 15%), GT (n = 527, 10%), the CR (n = 21, 9%) and the EC (n = 16, 8%).

Across all regions, 14% of persons (n = 1586) presented with a **dual diagnosis** at the time of admission. The most prominent comorbidities reported were mental health issues (n = 1061, 67%), followed by respiratory disease (n = 248, 16%) and blood pressure problems [either hyper- or hypotension] (n = 187, 12%). Mental health issues were also the most frequent problems reported by region, ranging from 45% (WC) to 86% (KZN).

Across regions, **persons 18 years and younger** included 19% of admissions for this period (n = 2231). The proportion of persons 18 years and younger who were admitted to treatment were between 15% (KZN) and 24% (EC). The EC remained the province with the highest proportion of admissions among youths aged ≤18 years (24%). An overall profile of drug treatment admissions from 82 treatment centres across the 9 provinces is provided in Figure 3.

Between 38% (KZN) and 59% (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.

Figure 3: Tx demand data based on data from 9 provinces primary + secondary data: 2023a (%)



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 (PWUD), including people who inject drugs (PWID), are provided in alignment with the World Health Organization's guidelines³ and the National Drug Master Plan (2019 – 2024).

Eastern Cape

In **Nelson Mandela Bay** 841 unique PWID accessed services, 108 390 needles and syringes were distributed and 98% returned. 324 PWID tested for HIV, among whom 25 tested positive. A total of 27 people were on ART, with 4 clients confirmed to be virally suppressed. Overall, 339 people were screened for tuberculosis (TB), with 19 being symptomatic, 10 diagnosed, 10 starting TB treatment and 0 person with confirmed cure. No routine viral hepatitis testing was done. Opioid substitution therapy (OST) was not available. 137 human rights violations were reported, mostly involving the confiscation and destruction of injecting equipment (61%). 5 deaths were reported among people who use drugs.

Gauteng

In **Ekurhuleni** 579 unique PWID accessed the services, with 114 060 needles and syringes distributed and 77% returned. 246 PWID tested for HIV, among whom 15 tested positive; 15 were placed on ART and 6 people were confirmed to be virally suppressed. 249 PWID were screened for TB, with 0 being symptomatic, no TB was confirmed and no persons were started on treatment. 52 people were tested for HCV, among whom 49 were positive; of the 42 people who have had confirmatory testing done, 36 had confirmed infection. No people started HCV treatment on direct acting antivirals (DAAs). Of the 52 people tested for HBsAg, 6 were reactive. 43 people were started on OST and 43 were on OST at the end of the period. 79 human rights violations were reported, mostly related to the confiscation/ destruction of injecting equipment (65%). 3 deaths among people who use drugs were reported during this period.

In **Johannesburg** 10 214 unique PWID accessed the services, with 785 910 needles and syringes distributed and 43% returned. 2 791 PWID tested for HIV, among whom 445 tested positive and 431 started on ART. 10 PWID were confirmed to be HIV virally suppressed. 2 848 people were screened

for TB, with 15 being symptomatic, 4 diagnosed, 3 starting on TB treatment and 0 reporting cure. 183 people were screened for HCV antibodies with 123 being reactive. 36 people had confirmatory testing done and 36 people had confirmed infection. 20 people started DAAs and 3 were reported to have attained sustained virological response at 12 weeks (SVR12). Of the 183 tested for HBV surface antigen (HBsAg), 7 were reactive. 312 PWID were on OST at the beginning of the period and 332 were on OST at the end of the period. 428 human rights violations were reported, the majority (68%) related to assault. 34 deaths were reported among people who use drugs, including 2 fatal drug-related overdoses.

In **Sedibeng** 1 686 unique PWID accessed the service with 264 360 needles and syringes distributed and 100% returned. 276 PWID tested for HIV, among whom 88 tested positive and 81 linked to ART. 2 people were reported to have HIV viral suppression. 366 people who use drugs were screened for tuberculosis, with 1 being symptomatic, 1 infection confirmed and 1 person received treatment. 36 people were screened for HCV antibodies with 26 being reactive. 15 people had confirmatory testing done and 15 people had confirmed infection. No one started

³ 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.

DAA.s). Of the 32 tested for HBsAg, 0 were reactive. 36 PWID were on OST at the beginning of the period and 53 at the end of the period. 225 human rights violations were reported, most (68%) linked to confiscation of injecting equipment. Two deaths among people who use drugs were reported during this period.

In **Tshwane** 9 613 unique PWID accessed the services, with 497 699 needles and syringes distributed; and 96% returned. 651 people who use drugs tested for HIV among whom 263 tested positive and 251 were confirmed to be on ART. In the district 6 people who use drugs were confirmed to have HIV viral suppression. 1 894 people who use drugs were screened for tuberculosis with 18 being symptomatic, 1 diagnosed and 1 starting treatment. No data on TB treatment outcomes was available for this reporting period. 2 people were screened for HCV antibodies with 2 being reactive. 12 people had confirmatory testing done, 2 people had confirmed infection and 2 people started DAAs. Of the 2 tested for HBsAg, 0 were reactive. A total of 727 people were on OST at the beginning of the period and 701 at the end of the period. 33 human rights violations were not collected, the majority (73%) due to confiscation/destruction of injecting equipment. 24 deaths were reported among people who use drugs.

In **West Rand** 1 131 unique PWID accessed the services, with 146 565 needles and syringes distributed and 97% returned. 307 PWID tested for HIV, among whom 139 tested positive; a total of 17 people were on ART at the end of this period and a total of 6 people were confirmed to be virally suppressed. 335 PWID were screened for TB, with 15 being symptomatic, 1 infection was confirmed and 1 person was started on treatment. No routine viral hepatitis testing was done. OST was not available. 135 human rights violations were reported, mostly related to the confiscation/ destruction of injecting equipment (81%). No deaths were reported among people who use drugs during this period.

KwaZulu-Natal

In **eThekweni** 1 744 unique PWID accessed services, with 290 670 needles and syringes distributed and 102% returned. 474 PWID tested for HIV, among whom 96 tested positive and 92 people were started on ART. HIV viral load suppression was confirmed in 25 PWID. 614 people who use drugs were screened for tuberculosis, 181 were symptomatic, 10 diagnosed, 6 started treatment and 0 reporting cure. 50 people were screened for HCV antibodies with 16 being reactive, 15 people had PCR confirmatory testing done, 15 had HCV infection confirmed and 8 started HCV treatment. Of the 49 PWID tested for HBV surface antigen (HBsAg), 2 were reactive. 118 PWUD were on OST at the beginning of the period and 149 at the end of the period. 266 human rights violations were reported, the majority (84%) linked to the confiscation/destruction of needles. 2 deaths were reported among PWUDs.

In **uMgungundlovu**, 1 111 unique PWID accessed the services, with 115 530 needles and syringes distributed and 96% returned. 278 PWID tested for HIV, among whom 37 tested positive and 37 started ART. 12 PWID were confirmed to be virally suppressed during this period. 403 people who use drugs were screened for TB, with 47 being symptomatic, 3 diagnosed and 3 starting treatment. No routine viral hepatitis testing was done. OST was not available. 177 human rights violations were reported, the majority (70%) linked to the confiscation of injecting equipment. No deaths were reported.

Mpumalanga

In **Ehlanzeni** 547 unique PWID accessed the services, with 16 095 needles and syringes distributed and 76% returned. 430 tested for HIV, among whom 77 tested positive and 63 started on ART. 4 PWID were reported to be virally suppressed during this period. 501 people were screened for tuberculosis, with 15 being symptomatic; 2 cases of TB were confirmed, 2 people started treatment and 1 person was cured. 38 people were screened for HCV antibodies with 29 being reactive; 15 confirmatory tests were done at the site and 15 people had confirmed infection. A total of 49 people were tested for HBV surface antigen (HBsAg), while 4 were reactive. 95 people were on OST at the beginning of the reporting period and 137 people at the end. 17 human rights violations were reported, the majority (100%) due to confiscation of injecting equipment. No deaths were reported, one due to a drug-related overdose.

Western Cape

In the **Cape Metro** 1 788 unique PWID accessed services, with 923 460 needles and syringes distributed and 82% returned. 615 PWID tested for HIV, among whom 70 tested positive and 38 people were started on ART. Two (2) 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.

- Investigate the need to initiate programmes for the prevention of methamphetamine use during pregnancy in GT and WC.

SELECTED ISSUES TO MONITOR

- Surveillance of the decrease in treatment demand is required in the WC, EC, NR, CR, KZN, especially by individuals aged 18 years and younger in GT, EC, CR, KZN.
- Monitor the increase in the number of patients indicating a comorbidity (i.e., that they also experience mental health problems) in GT, NR, KZN and EC.
- Investigate the factors driving the increase in social service and school referrals in GT and school referrals in the WC and NR.
- Monitor the increase in referrals by employers and health professionals in CR.
- Monitor the increase in methamphetamine as a primary or secondary drug of abuse in GT.
- Investigate the increase in alcohol-related treatment demand in the CR.
- Investigate the increase in treatment demand by persons 18 years and younger for cannabis in GT and KZN (especially in KZN) and for heroin/opiates in WC for youths aged 18 and younger.
- Elucidate the factors associated with heroin-related treatment demand in the NR.
- Monitor the decrease in methamphetamine as a primary or secondary drug of abuse in the EC (especially among persons aged ≤18 years) and in the CR as a primary drug of abuse.
- Investigate the occurrence of cocaine as primary drug of abuse in the NR and as secondary drug of abuse in the EC and KZN.
- Establish which factors are associated with the increase in cannabis-related treatment demand among persons ≤18 years in the EC.
- Monitor the increase in treatment demand related to OTC/PRE-medicine use in KZN.
- Surveillance of the high number of reported deaths among PWUD in JHB (34%) and CT (23%) needed as well as the fatal drug overdoses reported in these cities too.

SELECTED IMPLICATIONS FOR POLICY/ PRACTICE⁴

- Initiate programmes to prevent or delay onset of cannabis by youths in all sites.
- Ensure that adequate drug treatment services are available that are fully accessible/ acceptable to female clients.

SELECTED TOPICS FOR FURTHER RESEARCH

- What are the most effective ways to prevent or delay onset of cannabis use among adolescents?

⁴ Outcomes emanating from regional meetings held in GP, KZN, PE, and CT

