

SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

January – June 2020 (UPDATE)

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PHASE 48

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 initially monitored trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes. More recently, we have started including data from community-based harm reduction and health services provided by TB HIV Care, Anova Health Institute, the Foundation for Professional Development (FPD), Tintswalo Home Based Care and the University of Pretoria's Department of Family Medicine for people who use drugs (PWUD), including people who inject drugs (PWID). These services are provided in Cape Town, Durban, Ekurhuleni, Ehlanzeni, Johannesburg, Sedibeng, Pietermaritzburg, Port Elizabeth and Pretoria.

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 2020). The 1st half of 2020 (i.e. 2020a) saw a significant decrease in the number of persons admitted for treatment from **9 692** in 2019b to **6 317** in 2020a **across 82 treatment centres/programmes. This is mainly due to the impact of the Covid-19 pandemic and associated restrictions whereby treatment centres could not accommodate their maximum number of patients.**

This period saw a significant decrease in the number of persons seeking treatment for alcohol across all regions (Table 1). The government imposed Level 5 COVID 19 alcohol restrictions implemented during the first half of 2020 could possibly have contributed to this decrease seen. Despite this, a greater proportion of patients in the

EC reported **Alcohol** as their primary substance of use compared to patients from other regions, although a substantial drop in proportions was noted (38% to 21%). Between 11% (GP) and 21% (EC) of persons accessing AOD treatment services reported alcohol as their primary substance of use. Consistent to previous reporting periods, overall 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 the CR (from 2% to 20%) and GT (from 6% to 11%). This statistic should be monitored going forward, it is unclear what the reasons for the sudden upsurge in treatment admission for <20 in these two provinces are. Between 8% (KZN) and 20% (CR) 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 (2020a)

	Age	WC	KZN	EC	GT	NR ^a	CR ^b
# CENTRES (N)		31	12	4	21	11	4
# PERSONS ADMITTED (N)		1323	565	215	3279	768	167
ALCOHOL	All	11	14	21	11	15	17
	<20	10	8	12	11	12	20
CANNABIS	All	15	35	30	34	31	31
	<20	23	53	44	39	44	30
METHAQ. (MANDRAX)	All	8	2	1	2	1	3
	<20	7	2	2	2	4	8
COCAINE	All	2	6	3	3	5	5
	<20	<1	2	4	3	6	10
HEROIN*	All	18	25	18	32	28	26
	<20	18	20	16	22	20	16
METHAMPHETAMINE	All	44	9	17	10	9	9
	<20	40	8	14	13	9	8

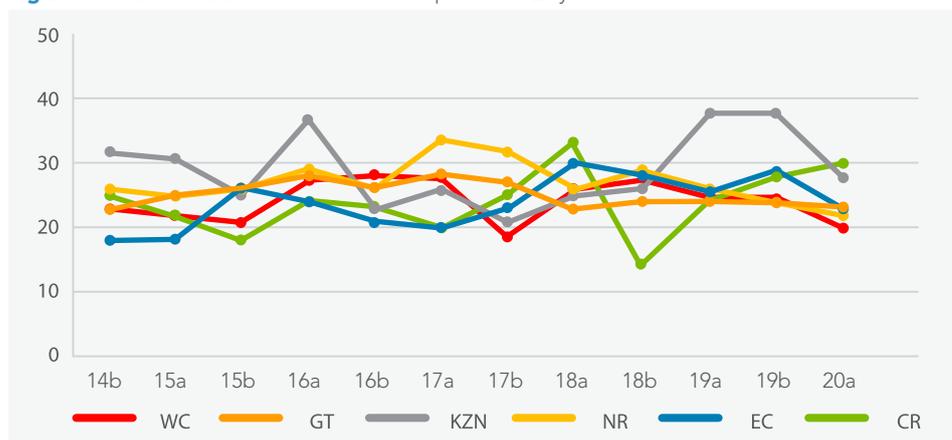
*- Includes data relating to nyaope and whoonga¹, ^aNorthern Region (MP & LP), ^bCentral Region (FS, NW, NC).

Cannabis is the most common substance of use across all regions, except in the WC. Across sites, between 25% (WC) and 50% (GT) of persons attending specialist treatment centres had cannabis as their primary or secondary drug of use, compared to between 5% (KZN) and 29%

(WC) for the **cannabis/mandrax** (methaqualone) aka 'white-pipe' combination. In 2020a, the proportion of treatment admissions for cannabis as a primary drug decreased across sites while it increased slightly in the EC and GT. In all sites, except in the WC, 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

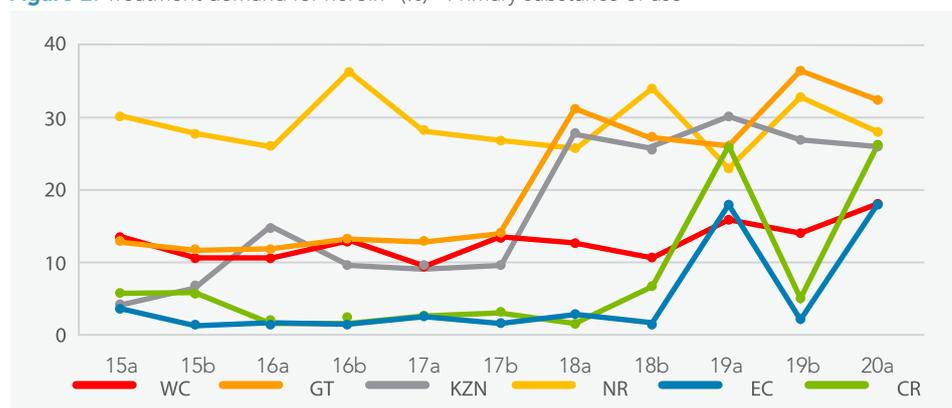


Nyaope and whoonga¹ have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.

Heroin use remains problematic across all sites. Mostly, heroin is smoked, but across sites, 27% (KZN), 21% (NR), 12% (WC), and 19% (GT) of persons who reported heroin as their primary drug of use reported injecting heroin. This period saw a significant increase in the proportion of persons

injecting heroin in KZN (from 14% to 27%) and in the NR (from 8% to 21%). Overall, between 19% (EC) and 38% (GT) of persons attending specialist treatment centres reported heroin as a primary or secondary substance of use. A marked increase in heroin use was noted for the EC and CR during this period. The majority of persons who were admitted for nyaope/whoonga use in KZN (81%), NR (80%) and GT (80%) were Black African.

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



Methamphetamine (MA) Treatment admissions for MA as a primary substance of use are generally low except in the WC (44%) and in the EC (17%). MA (aka 'Tik') was the most common primary drug reported by persons in the WC in 2020a, increasing significantly compared to the last period (29%), warranting further investigation. Among persons under 20 years, the proportion of patients reporting MA as a primary or secondary substance of use overtime increased significantly to 52% (compared to 11% in 2019a). Treatment admissions related to MA use as a primary or secondary drug remain low in most other sites except in the EC (25%) and the WC (59%). **Methcathinone ('CAT')** use was noted in most sites, especially in GT (10%), NR (9%) and the CR (13%) where persons admitted had 'CAT' as a primary or secondary drug of use. **Poly-substance use** remains high, with between 41% (NR) and 60% (WC) 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 substance of use, were between 3% (WC and

GT) and 6% (EC). During this reporting period, 266 (4%) persons across all sites reported the non-medical use of codeine, with most persons coming from the WC (n = 97) and GT (n = 96).

Overall, and across all regions, 18% of persons (n = 1 132) presented with a **dual diagnosis** at treatment admission. Most of these persons reported current mental health problems at the time of admission (44%), followed by hypertension (15%) and respiratory diseases (14%). A higher proportion of persons suffering from mental health problems and hypertension were found in the GT, accounting for 35% and 39% of those reporting dual diagnosis, respectively.

The **proportion of persons under 20 years** ranged from 20% (WC) to 30% (CR). 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 (78%), GT (83%), KZN (85%) and in the NR (93%), persons younger than 20 years were Black African (2020a) signifying a need

for accelerated services among this vulnerable population. 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.

Between 36% (KZN) and 73% (WC) 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 (JANUARY – JUNE 2020)

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 guidelines² and the National Drug Master Plan (2019 – 2024).

TB HIV Care's Step Up Project operates in the Eastern Cape (Nelson Mandela Bay District), KwaZulu-Natal (eThekweni and uMgungundlovu Districts) and the Western Cape (Cape Metro). The Department of Family Medicine at the University of Pretoria's Community Orientated Substance Use Programme (COSUP) operates across several regions of the City of Tshwane (Gauteng Province). The HARMless Project, implemented by the Foundation for Professional Development, operates in Gauteng (City of Tshwane) and in Mpumalanga (Ehlanzeni district). Anova Health Institute's Jab Smart Project operates in Gauteng (sub-districts B - G of the City of Johannesburg and in Sedibeng). Tintswalo Home Based Care also operates in Gauteng (East, South and North sub-districts of the City of Ekurhuleni).

The COVID-19 pandemic and resultant lock-down had significant effect on the people who use drugs, particularly those who were experiencing homelessness and were placed in shelters at the end of March 2020. Community-based outreach was also negatively affected by travel restrictions, movement of clients and barriers to provide needle and syringe services within shelters. Other challenges included people's limited access to drugs, particularly opioids, while in shelters during lock down, contributing to involuntary withdrawal for many people, with limited access to withdrawal management and support. In Ehlanzeni, the HARMless programme was not recognized as an essential service by the South African Police Services during level 5 of the lockdown. The matter was resolved, but the teams were not allowed to implement between 27 March and 6 May 2020.

Eastern Cape

In **Nelson Mandela Bay** 346 unique PWID accessed services, with 1 894 needle and syringe contacts taking place, with 98 610 needles and syringes distributed and 44% returned. 153 PWID tested for HIV, 9 of whom tested positive and 5 started antiretroviral therapy (ART). Data on HIV viral suppression was unavailable. 154 people were screened for tuberculosis (TB), with 3 being symptomatic, 2 diagnosed and 2 starting on TB treatment. No routine viral hepatitis testing was done. Opioid substitution therapy (OST) was not available. 37 human rights violations were reported, mostly (38%) due to PWID reported being humiliated, chased away or being harassed.

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.

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

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.

Gauteng

In **Ekurhuleni** 367 unique PWID accessed the services, with 161 400 needles and syringes distributed and 37% returned. 182 PWID tested for HIV, among whom 65 tested positive and 37 started ART. Data on HIV viral suppression was unavailable. 182 PWID were screened for TB, with 0 being symptomatic. No routine viral hepatitis testing was done. OST was not available. 10 human rights violations were reported, all related to PWID being assaulted.

In **Johannesburg** 5 599 unique PWID accessed the services, with 419 940 needles and syringes distributed and 11% returned. 614 PWID tested for HIV, among whom 131 tested positive and 46 started ART. Data on HIV viral suppression was unavailable. 679 were screened for TB, with 62 being symptomatic, 0 diagnosed and 0 starting on TB treatment. No routine viral hepatitis testing was done. 35 PWID were on OST at the beginning of January. During the period 97 new people were initiated for the first time, 0 people were re-initiated, 0 people were lost to follow-up, 0 people exited and 132 were on OST at the end of June. 80 human rights violations were reported, the majority (54%) due to the confiscation and destruction of injecting equipment and assault. During lock-down, arrangements were made for OST to be delivered to clients while in shelters.

In **Sedibeng** 237 unique PWID accessed the service (which was fully operational from March), with 9 495 needles and syringes distributed and 2% returned. 7 PWID tested for HIV, among whom 1 tested positive and did not start ART. Data on HIV viral suppression was unavailable. 14 people who use drugs were screened for tuberculosis, with 0 being symptomatic, 0 diagnosed and 0 starting on TB treatment. No routine viral hepatitis testing was done. OST was not available. 7 human rights violations were reported, all (100%) due to confiscation of injecting equipment.

In **Tshwane** 4 303 unique PWID accessed the services provided by Harmless, and COSUP serviced an average of 2200 PWID per month, with 356 612 needles and syringes distributed; 232 859 by Harmless and 65% returned, and 123 753 by COSUP and 83% returned. 606 tested for HIV (557 Harmless, 49 COSUP), 267 (254 harmless, 13 COSUP) of whom tested positive and 215 (204 harmless, 11 COSUP) started ART. HIV viral suppression was confirmed among 40 of the sub-set of clients on ART (n=43) supported by Harmless who received viral load testing during the period. Among COSUP clients, 61 people who use drugs were screened for tuberculosis, with 2 being symptomatic, 0 diagnosed and 0 starting on TB treatment. Data on TB screening for Harmless was not available for this period. Viral hepatitis testing was done through Sediba Hope Medical Centre and partners at shelters and from the Sediba Hope Medical Centre (Bosman); with 34 people who use drugs known to have chronic HCV traced; 13 anti-HCV screens done (all anti-HCV positive); 32 HCV PCRs conducted, with HCV infection confirmed in 17 clients, and a total of 32 people started direct acting antiviral therapy. A total of 606 people was on OST at COSUP sites at the beginning of January³. During the period 128 new people were initiated for the first time, 16 people were

re-initiated, 17 people were lost to follow-up, 2 people died, 41 people exited and 690 were on OST at the end of June. Thresholds for take home doses were lowered. FPD funded 300 of the COSUP clients on OST. Data on human rights violations is not currently being collected.

Partners in Tshwane provided integrated Covid-19, substance use and primary health care screening at shelters. Approximately 1200 people were initiated on methadone throughout levels 3 – 5 of the lockdown. Between 500 to 600 shelter residents were on OST at any point in time. Demand for OST exceeded supply, and, by the end of June 2020, tramadol had been started among 193 people (41% PWID) at COSUP sites to manage opioid withdrawal symptoms, and 17% were lost to follow-up within 1 month.

Eight hundred and sixty-six households were visited across 6 sub-districts (regions) of the City of Tshwane by 190 community health care workers. 79 households (0.9%) 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”). The most commonly reported substances that were used were: alcohol (88%), cannabis (30%) and heroin (8.6%). Fourteen individuals were identified who reported injecting drugs for non-therapeutic reasons. Fourteen households (<1%) had at least one household member who requested assistance for their substance use.

KwaZulu-Natal

In **eThekweni** the Municipality authorized the restarting of the needle and syringe service on 29 June 2020; 24 months after its closure. 909 unique PWID accessed services, with 2 730 needles and syringes distributed and 1% returned. 186 tested for HIV, among whom 26 tested positive and 13 started ART. Data on HIV viral suppression was unavailable. 189 people who use drugs were screened for tuberculosis, with 1 being symptomatic, 0 diagnosed and 0 starting on TB treatment. No routine viral hepatitis testing was done. OST was not available. 293 human rights violations were reported (94 due to being refused services during lock down period by law enforcement and 75 for assault). Within shelters harm reduction partners provided symptomatic relief packs for opioid withdrawal to 400 people and 240 people started long term withdrawal on methadone.

In **uMgungundlovu** services started in May. 160 unique PWID accessed the services, with 1 710 needles and syringes distributed and 17% returned. 70 PWID tested for HIV, among whom 4 tested positive and 2 started on ART. Data on HIV viral suppression was unavailable. 72 people who use drugs were screened for TB, with 1 being symptomatic, 0 diagnosed and 0 starting treatment. No routine viral hepatitis testing was done. OST was not available. 4 human rights violations were reported, majority (42%) due to being treated badly by police while in police custody.

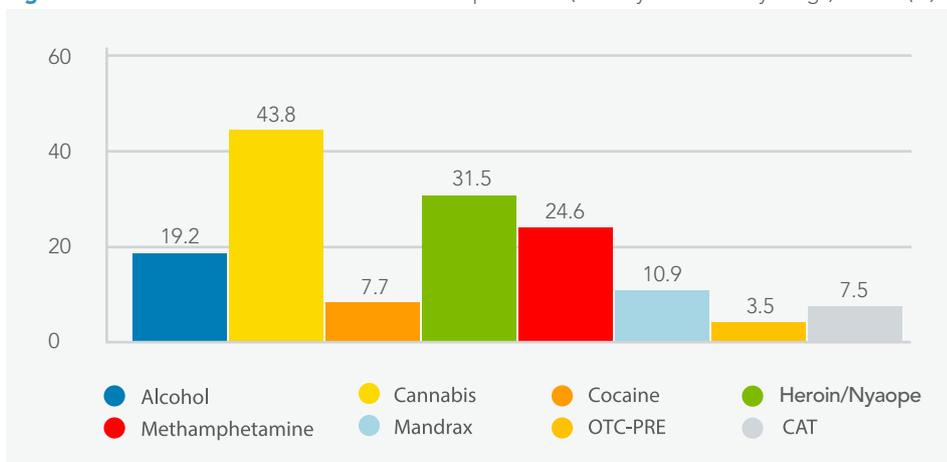
Mpumalanga

In **Ehlanzeni** 142 unique PWID accessed the services, with 662 needle and syringe contacts taking place, with 6 845 needles and syringes distributed and 37% returned. 113 tested for HIV, 60 of whom tested positive and 59 started on antiretroviral therapy (ART) Data on HIV viral suppression was unavailable. 113 people who use drugs were screened for tuberculosis, with none being symptomatic. No routine viral hepatitis testing was done. 6 PWID were initiated onto OST, though all 6 were lost to the programme subsequently.

Western Cape

In the **Cape Metro** 868 unique PWID accessed services, with 256 635 needles and syringes distributed and 58% returned. 291 PWID tested for HIV, among whom 7 tested positive and 4 started ART. Data on HIV viral suppression was unavailable. 308 PWID were screened for TB, with 1 being symptomatic, 0 diagnosed and 0 starting treatment. No routine viral hepatitis testing was done. 19 people were on OST at the beginning of January. During the period 49 new people were initiated for the first time, 1 person was re-initiated, 6 people were lost to follow-up/ exited and 63 were on OST at the end of June. 77 human rights violations were reported, the majority (25%) due to confiscated/ destroyed needles and syringes. During the Lockdown period the South African Network of People Who Use Drugs supported people who use drugs by enabling 21 people to access methadone, 475 PWID to access harm reduction packs and provided 500 people with personal protection equipment and hygiene kits.

Figure 3: Tx demand data based on data from 9 provinces (Primary + secondary drugs): 2020a (%)



3 A data error was detected. The previous report (Jul – Dec 2019) incorrectly reported number of clients on OST at end of December as 1148. This has been corrected here.

SELECTED IMPLICATIONS FOR POLICY/ PRACTICE⁴

- Urgently address the fact that young people in WC are not accessing substance abuse treatment in 2020 whereas in the EC we are seeing an increase in treatment demand by under 20s.
- Is the EC ready for such an increased demand in services, especially given the closure of its only youth-based treatment centre?
- How to address the issue of transport challenges in getting people to treatment in the EC.
- Police and private security companies in KZN need to be engaged so as to prevent them from violating the rights of PWIDs (accessing harm reduction services).
- Access to treatment during the Covid-19 lockdown affected treatment provision (with services closing during level 5 restrictions), measures should be put in place to mitigate these negative consequences during future pandemics.
- The COVID-19 lock-down resulted in harms for people who use drugs, including assault, destruction of injecting equipment and involuntary withdrawal.
- COVID-19 restrictions affected harm reduction service delivery, notably access to needle and syringe services (including returns) as well as HIV testing uptake and linkage to care.

- Harm reduction interventions are an essential service and should continue during future lock downs
- COVID-19 highlighted the high burden of opioid and other substance use disorders among people experiencing homelessness in the major metros.
- The utility of harm reduction was demonstrated, including the effectiveness of opioid agonists, where opportunities for this were provided within shelters.
- Lowering the threshold of OST services and take-home doses at COSUP and other sites did not have noticeable harms, and enabled further service efficiency.
- While tramadol is widely available, it is not as effective as methadone to manage opioid withdrawal.

SELECTED ISSUES TO MONITOR

- Increase in substance use across sites over this period.
- Increase in 1st time admissions to treatment in WC.
- Increase in methamphetamine as a primary drug of abuse in WC and KZN.
- Increase in intravenous drug use in the WC.
- Treatment demand for cannabis use as a result of legislative/judicial decisions/changes.
- Decrease in treatment admissions by females in the EC.

- Increase in injecting of heroin and nyaope in the NR and KZN.
- Decrease in age of persons reporting use of prescription and OTC meds in KZN.
- Client responses and attitudes in KZN now that the needle and syringe service has resumed in Durban.
- Needle and syringe return rates in several cities.
- Overdose in relation to change in tolerance among people undergoing involuntary withdrawal
- Outcomes of people receiving long-term withdrawal instead of OST as maintenance

SELECTED TOPICS FOR FURTHER RESEARCH

- How best to address barriers to treatment for Black Africans over 20 years in the WC?
- Given the marked increase in methamphetamine and heroin in some provinces; did the ban of alcohol result in transition to other substances of use.
- What are the factors deterring females from use of cocaine/crack or seeking treatment for use of cocaine/crack in the WC?
- What are the effects of drop off in treatment demand by young people in WC in 1st half of 2020?
- How to quantify the effects of COVID-19 on people who use drugs?

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