

# SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

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

July – December 2019 (Phase 47)

Siphokazi Dada, Nadine Harker Burnhams, Jodilee Erasmus, Warren Lucas, Charles Parry, Arvin Bhana, TB HIV Care, SANCA, Anova Health Institute, University of Pretoria (COSUP), OUT, Foundation for Professional Development, NACOSA & Tintswalo Home Based Care

PHASE 47

### 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 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 2nd half of 2019)**

The 2nd half of 2019 (i.e. 2019b) saw a slight increase in the number of persons admitted for treatment from 9 268 in 2019a to 9 692 in 2019b across 86 treatment centres/programmes.

Alcohol remains the dominant substance of use in the CR. Between 12% (GP) and 39% (CR)

of persons accessing AOD treatment services reported alcohol as their primary substance of use. This period saw a significant increase in the number of persons seeking treatment for alcohol in the EC region from 26% to 36% (Table 1). 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 the EC (from 8% to 68%) and the WC (from 9% to 15%). Between 2% (CR) and 68% (EC) 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 (2019b)

	Age	WC	KZN	EC	GT	NR <sup>a</sup>	CR <sup>b</sup>
# CENTRES (N)		37	11	5	19	11	3
# PERSONS ADMITTED (N)		2538	980	336	4226	1423	189
ALCOHOL	All	20	14	38	12	15	39
	<20	15	6	68	6	15	2
CANNABIS	All	26	34	22	30	40	36
	<20	33	51	24	46	39	77
METHAQ. (MANDRAX)	All	6	2	4	3	<1	3
	<20	6	3	-	3	1	8
COCAINE	All	3	5	2	3	3	3
	<20	2	4	1	3	4	-
HEROIN*	All	14	27	1	36	33	5
	<20	13	20	-	22	33	2
METHAMPHETAMINE	All	29	9	26	11	4	12
	<20	27	12	3	13	4	9

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

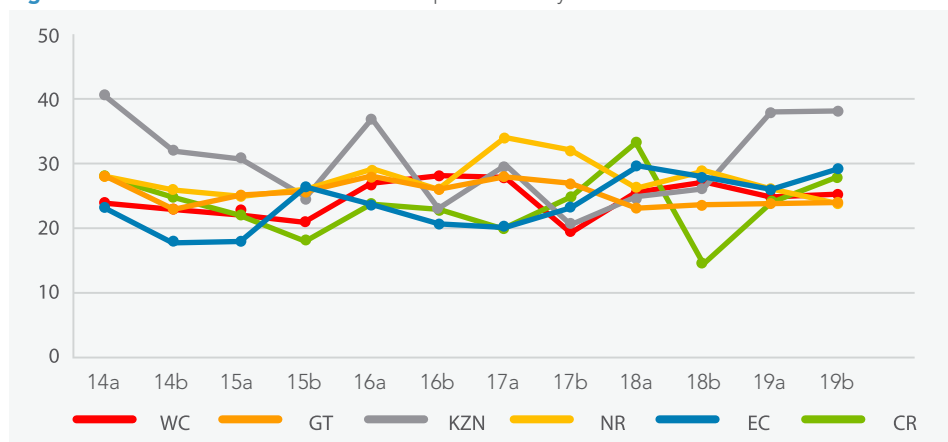
Cannabis is the most common substance of use in KZN and the NR. Across sites, between 37% (WC) and 49% (NR) of persons attending specialist treatment centres had cannabis as their primary or secondary drug of use, compared to between 1% (NR) and 22% (WC) for the cannabis/mandrax (methaqualone) aka 'white-

pipe' combination. In 2019b, the proportion of treatment admissions for cannabis as a primary drug decreased across sites while it increased slightly in the NR. In all sites, except in the CR, 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

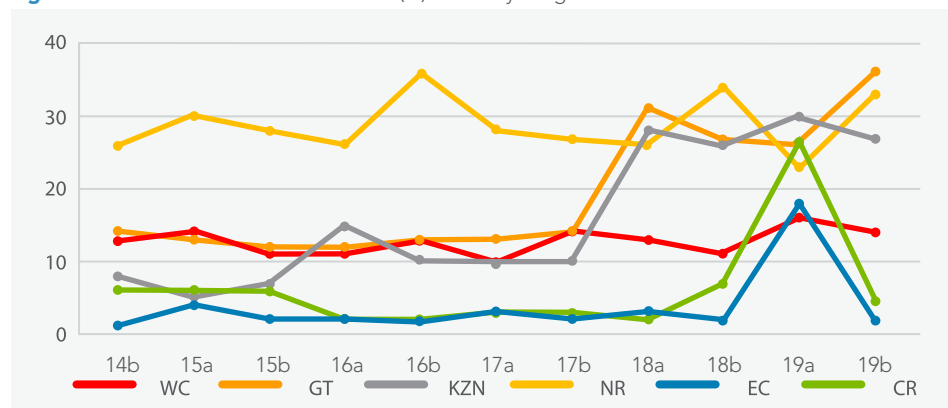


**Nyaope and whoonga**<sup>1</sup> have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.

**Heroin** use remains problematic across all sites. Mostly, heroin is smoked, but across sites, 14% (KZN), 8% (NR), 12% (WC), and 20% (GT) of persons who reported heroin as their primary drug of use reported injecting it. This period saw

a significant increase in the proportion of persons injecting heroin in KZN (from 7% to 14%). Overall, between 2% (EC) and 40% (GT) of persons attending specialist treatment centres reported heroin as a primary or secondary substance of use. The majority of persons who were admitted for nyaope/whoonga use in KZN (73%), NR (77%) and GT (90%) were Black African.

**Figure 2:** Treatment demand for heroin\* (%) - Primary drug of abuse



**Methamphetamine (MA)** Treatment admissions for MA as a primary substance of use are low except in the WC (29%) and in the EC (26%). MA (aka 'Tik') was the most common primary drug reported by persons in the WC in 2019b, remaining stable. Among persons under 20 years, the proportion of patients reporting MA as a primary or secondary substance of use overtime increased to 39% (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 (33%) and the WC (41%). **Methcathinone** ('CAT') use was noted in most sites, especially in GT (7%) and the CR (13%) where persons admitted had 'CAT' as a primary or secondary drug of use. **Poly-substance use** remains high, with between 40% (KZN) and 58% (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 2% (NR) and 6% (EC). During this reporting period, 256 (3%) persons across all sites reported the non-medical use of codeine, with most persons coming from GT (n= 102).

Overall, and across all regions, 15% of persons (n = 1 406) presented with a **dual diagnosis** at treatment admission. Most of these persons reported current mental health problems at the time of admission (47%), followed by hypertension (16%) and respiratory diseases (14%). A higher proportion of persons suffering from mental health problems and hypertension were found in the WC, accounting for 50% and 39% of those reporting dual diagnosis, respectively.

The **proportion of persons under 20 years** ranged from 24% (GT) to 30% (KZN). 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 (85%), GT (79%), KZN (82%) and in the NR (91%), persons younger than 20 years were Black African in 2019b. An overall picture of drug treatment admissions in South Africa based on information combined over the 80 treatment centres in 9 provinces is provided in Figure 3.

Between 50% (CR) and 68% (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 (JULY – DECEMBER 2019)

A range of organisations are implementing community-based harm reduction and health services for people who use drugs, including people who inject drugs (PWID) as per the World Health Organization's guidelines<sup>2</sup>. In the last quarter of 2019 there was a national methadone shortage. In most programmes, clients were offered to either reduce their dose of methadone, or switch to buprenorphine after down titrating methadone.

### TB HIV Care's Step Up Project

TB HIV Care's Step Up Project provides harm reduction, health and psychosocial services to people who use drugs in the Cape Metro, Nelson Mandela Bay, eThekweni and uMgungundlovu Districts. This programme is funded by the Global Fund, through NACOSA.

Between July - December 2019, 2 184 unique PWID accessed the services (895 in the Cape Metro, 874 in eThekweni, 97 in uMgungundlovu and 318 in Nelson Mandela Bay).

Overall, 9 634 needle and syringe service contacts with PWID were made (7 749 in Cape Metro, and 1 894 in Nelson Mandela Bay) and 285 719 needles and syringes were distributed (230 594 in the Cape Metro and 55 125 in Nelson Mandela Bay), with return rates of 69% and 83% respectively. The eThekweni Municipality had not authorized the recommencement of services and so needle and syringe distribution did not take place during this period. Needle and syringe services in the Richmond Hill area of Nelson Mandela Bay were also halted. Engagement with authorities in Pietermaritzburg (uMgungundlovu) were ongoing for the needle and syringe service to commence.

Among PWID who accessed additional health services: 643 were tested for HIV (286 in the Cape Metro, 201 in eThekweni, 30 in uMgungundlovu, 126 in Nelson Mandela Bay), 55 of whom tested positive (8 in the Cape Metro, 40 in eThekweni, 3 in uMgungundlovu and 4 in Nelson Mandela Bay). Fourteen were started on antiretroviral therapy (ART) (7 in the Cape Metro, 5 in eThekweni, 2 in uMgungundlovu and 0 in Nelson Mandela Bay). Data on HIV viral suppression was unavailable. Additionally, 654 people who use drugs were screened for tuberculosis (TB) (290 in the Cape Metro, 205 in eThekweni, 33 in uMgungundlovu, 126 in Nelson Mandela Bay) with 7 people being symptomatic, 2 diagnosed and 1 starting on TB treatment.

<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.

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

<sup>2</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 Cape Town, 29 people were on opioid substitution therapy (OST) at the beginning of July. During the period 0 new people were initiated for the first time, 0 people were re-initiated, 6 people were lost to follow-up, 1 person exited and 22 were on OST at the end of December.

Viral hepatitis B and C testing was offered to 2 clients on OST in Cape Town during this period among whom 0% tested positive for HBV sAg and 1 tested positive for HCV. Of the 9 OST clients with confirmed HCV infection who were started on direct acting antiviral therapy in the previous period, 5 (56%) were successfully treated (sustained virologic response 12 weeks after completing treatment), 3 (33%) were lost to follow-up and one (11%) client was re-infected.

During this reporting period 321 human rights violations were reported (111 in Cape Town, 172 in eThekweni and 38 in Nelson Mandela Bay), the majority (84 reports) due to assault of people who inject drugs and 73 reports of confiscation/destruction of injecting equipment.

### FPD & OUT's HARMless project

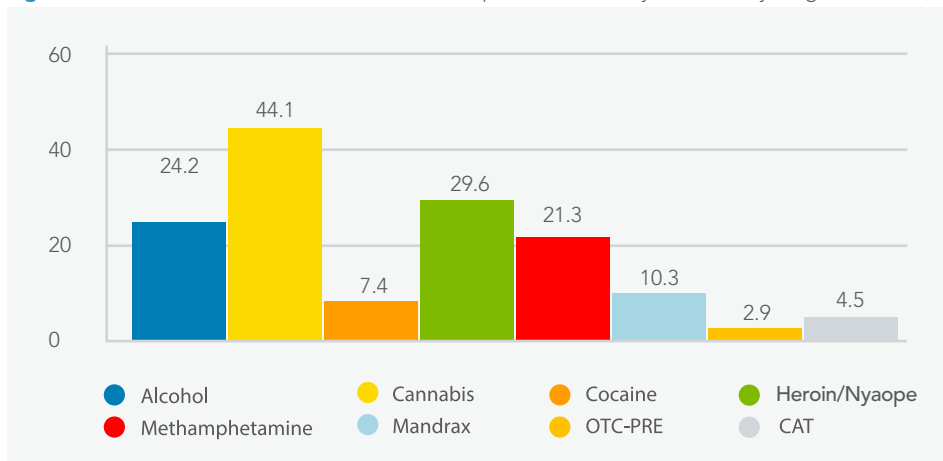
The HARMless Project works in all Regions within the City of Tshwane and commenced implementation in the Ehlanzeni district in Mpumalanga on 19 December 2019. Between July and December 2019, 3 020 unique PWID accessed services across the two districts, only 7 in Ehlanzeni. The number of needle and syringe service contacts was not available for the period between July and September, but stood at 4 815 (again only 7 in Ehlanzeni) from October to December 2019. 200 621 needles and syringes were distributed, with a return rate of 71%. Among PWID who accessed additional health services: 494 tested for HIV (6 in Ehlanzeni), 214 (5 in Ehlanzeni) of whom tested positive and 198 (5 in Ehlanzeni) were started on antiretroviral therapy (ART). Data on HIV viral suppression were unavailable for several clients due to challenges with accounts at the National Laboratory Service. However, for the clients where viral load data were available (n=43), 37 of the clients on treatment in Tshwane were virally suppressed. Additionally, 526 PWID were screened for tuberculosis (TB) (6 in Ehlanzeni) with 5 being symptomatic. No data on PWID diagnosed with TB were available. 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 offers needle and syringe services and OST across several regions of the City of Tshwane. During this period a total of 10 713 needle and syringe service contacts took place, 123 280 needles were distributed with a return rate of 88%.

A total of 1 116 people were on OST at the beginning of July 2019. During the period, 138 people who use heroin (injecting and non-injecting) were initiated, 12 people were re-initiated, 51 people were lost to follow-up, 63 people exited, 4 people died, and 1 148 were on OST at the end

**Figure 3:** Tx demand data based on data from nine provinces (Primary + secondary drugs): 2019b (%)



of December. Most OST clients were reluctant to change from methadone during the period of the national shortage. Many clients received dose reductions during the first week that the shortage was announced, with most needing their doses to be increased the following week to previous or higher doses. The methadone crisis was resolved in December. 6 clients were successfully down titrated and changed to buprenorphine and the remaining clients remained on methadone and were subsequently up titrated.

During the period July to September, 242 of the clients' OST was funded by FPD, and during October to December 284 of the clients' OST was funded by FPD. All other OST programmes were funded through City of Tshwane.

### City of Tshwane household assessments by Community Health Care workers

During this period 3 547 households were visited across 7 sub-districts (regions) of the City of Tshwane by 313 community health care workers. As part of standard household health and social screening assessments, 145 households (4%) 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 (38%), cannabis (15%) and heroin (2%). Fourteen individuals were identified who reported injecting drugs for non-therapeutic reasons. Thirty households (<1%) 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-districts B, D, E, F and G of the City of Johannesburg. Between July and December 2019, 3 519 unique PWID accessed services. During this period 11 008 needle and syringe service contacts were made and 158 910 needles and syringes were distributed, with 6% returned. A total of 276 PWID were reached in Sedibeng, however no other services were provided due to community push back.

Among PWID who accessed additional health services: 573 tested for HIV, 30% (172/573) of

whom tested positive and 26 (15%) were started on antiretroviral therapy (ART). Data on HIV viral suppression were unavailable. Additionally, 589 PWID were screened for tuberculosis (TB) with 76 being symptomatic and referred for further investigation. No routine viral hepatitis B or C testing was done during this period.

Twenty-two people were on OST at the beginning of July 2019. The site ran out of methadone between 14 November and 2 December 2019. Eight clients were successfully transitioned to buprenorphine. During this period 34 PWID were initiated, 3 people restarted, 20 people were lost to follow-up, 2 people exited, and 1 client died. Thirty-three people were on OST at the end of December. The retention rate for this reporting period was 59% (33/56). Thirty-four human rights violations were reported, majority 41% being humiliated, chased away and harassed followed by 18% confiscated needles and personal goods, assault and refused services.

### Tintswalo Home Based Care

This project provides harm reduction and HIV prevention services for PWID in the East, South and North sub-districts of the City of Ekurhuleni. Between July and December 2019, 292 unique PWID accessed services. During this period 2 143 needle and syringe service contacts were made and 37 860 needles and syringes were distributed, with 77% returned.

Among PWID who accessed additional health services: 198 tested for HIV, 35% (70/198) of whom tested positive and 25 (36%) were started on antiretroviral therapy (ART). Data on HIV viral suppression is not available. Additionally, 198 PWID were screened for tuberculosis (TB) with 0 being symptomatic and 0 being referred. No routine viral hepatitis B or C testing was done during this period. One human rights violations was reported, linked to an assault by private security.

### SELECTED IMPLICATIONS FOR POLICY/PRACTICE<sup>3</sup>

- Consider increasing testing for HIV and viral hepatitis among patients in treatment, especially young adults/youth and PWID.
- Implement steps to address consequences

of legalization of private use of cannabis (including preventive measures aimed at young people and options for persons experiencing problems).

- Counter push back on harm reduction approaches in KZN, PE, GT (including Sedibeng), WC (e.g. needle & syringe programmes).
- Consideration to be given to making naloxone available at a community level as a harm reduction approach to reduce the risk of opioid-related overdose.
- Increase efforts to bring women into treatment & improve access to harm reduction services.
- Address structural barriers to accessing HCV testing & make services available where PWID access clean needles.
- Address stigma aimed at PWID in hospitals.
- Scale up OST services for heroin users in the WC.
- The lack of OST in Durban now that the demonstration project has ended.
- Effectiveness of community-based treatment for HCV using direct acting antivirals.
- Having a single supplier of methadone,

resulted in a stock out and had negative effects for clients (returning to injecting heroin and risks of the illegal market) and programmes (damaged trust and therapeutic relationships).

- The uptake of buprenorphine as an opioid agonist among clients on methadone during the methadone stock out was low, and very few people transitioning successfully.
- Efforts to avoid this in the future are needed, including access to multiple suppliers.

#### SELECTED ISSUES TO MONITOR

- Increase in use of methamphetamine & alcohol in the EC.
- Increase in mean age for persons reporting cannabis use in the EC (from 25 to 35 years).
- Increase in use of cannabis among females in the EC.
- Increase in self/family/friend referrals in the EC and KZN.
- Increase in methamphetamine treatment demand in the EC, KZN and GT.
- Decrease in school referrals in the WC and KZN.

- Increase in heroin use among females in the NR.
- Decrease in mean age of patients coming to treatment for OTC/PRE medicines use in the EC and the WC.
- Continue to monitor the decrease in number of persons <20 years coming for treatment across all regions.
- Increase in alcohol use in the EC and methamphetamine use in KZN among <20s.
- Increase in injecting of heroin in KZN.
- Needle and syringe return rates in Johannesburg.

#### SELECTED TOPICS FOR FURTHER RESEARCH

- Extent of unmet treatment need in the EC and the CR.
- What is the reason for the decrease in treatment demand among persons < 20 years?
- Are we adequately dealing with mental health problems at substance abuse treatment centres?
- How to quantify the full effects of opioid agonist stock outs?

# SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE