SUBSTANCE ABUSE & DRUG INJECTION TRENDS IN SOUTH AFRICA

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South African Medical Research Council
BUILDING A HEALTHY NATION THROUGH RESEARCH
South Africa (SA) is home to 51.8 million people and over 26 million people (51%) of the population are female.

Black Africans are in the majority, constituting just over 79% of the total SA population.

Majority of people are between the ages of 15-64 years, and the mean age for the country is 25 years.
BACKGROUND

• A third of the population has some secondary schooling, with only 12% of the population having higher education (i.e. post-graduate certificate, diploma or degree).

• 25.5% of the population are in some form of employment and the average annual income per household is R103,204.00 (about €7,374 or €615 per month).

• The unemployed rate is 29.8%.
• Substance abuse data has been limited in SA.

• Information mostly come from *ad hoc* cross-sectional national surveys, that aimed to look at health issues in SA and generally substance abuse was squeezed in somewhere.

• More recently:
  – national and provincial school surveys are conducted on a more regular basis.
  – Increased research (intervention research) into substance abuse among vulnerable populations (adolescents, pregnant women, MSM) and more select populations (workplaces).
OVERALL SUBSTANCE ABUSE IN SA

• Alcohol is the most common substance of abuse among adult population in SA.

• Although a relatively low proportion of South Africans report drinking alcohol (27.9%)\(^3\), those who do often drink at harmful or hazardous levels, particularly on weekend\(^4\).

• Cannabis use is mostly common among youth.
OVERALL SUBSTANCE ABUSE...cont

- Among secondary school learners, the prevalence of cannabis is 12.7%\(^5\).

- Methamphetamine was largely confined to the Western Cape Province, but is beginning to creep into provinces in SA.
OVERALL SUBSTANCE ABUSE TRENDS IN SA: TX DATA
INJECTING DRUG USE IN SA

• Despite gradual increases in heroin use over the last 10 years, research related to injection drug use remains limited.

• Most data on heroin use comes from the SACENDU project, which is currently the best indication of heroin use patterns in the country.

• Although SACENDU monitors drug abuse trends using data collected from over 60 treatment centres in SA it is limited as it reflects only those seeking treatment.
The most commonly injected drug in SA is heroin.

Most heroin is smoked, either alone or in combination with other drugs e.g.:

- In Gauteng region it is mixed with cannabis and known as ‘nyaope’.
- In the Durban region there have been reports of ‘Whoonga’ (mixture of illicit drugs and antiretrovirals (especially, efavirenz).

More recently patients from treatment centres also reported injecting other drugs, such as cocaine, methcathinone (CAT), methamphetamine (MA) and over-the-counter/prescription (OTC/PRE) medicines.
• According to a study by Wolfe et al (2010), it is estimated that there are 67,000 PWID in SA, and this is approximately 0.2% of the adult population\(^{10}\).

• Study conducted by Pluddemann et al on heroin users in Cape Town (SA), found that the majority of heroin users injected heroin and 69% of them injected daily\(^{7}\).

• Data from treatment centres show similar findings\(^{6}\).
PROFILE OF PEOPLE WHO INJECT DRUGS IN SA TREATMENT CENTRES
# Proportions of Drugs Injected

<table>
<thead>
<tr>
<th>Year</th>
<th>2010 (Total sample = 17501)</th>
<th>2011 (Total sample = 16864)</th>
<th>2012 (Total sample = 19230)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Heroin</td>
<td>2721</td>
<td>15.5</td>
<td>3032</td>
</tr>
<tr>
<td>MA (‘Tik’)</td>
<td>3155</td>
<td>18.0</td>
<td>3356</td>
</tr>
<tr>
<td>CAT</td>
<td>360</td>
<td>2.1</td>
<td>840</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1860</td>
<td>10.6</td>
<td>1970</td>
</tr>
<tr>
<td>OTC/PRE</td>
<td>378</td>
<td>2.2</td>
<td>848</td>
</tr>
</tbody>
</table>
DEMOGRAPHICS (%)
DEMOGRAPHICS(%)…cont
AGE DISTRIBUTION (%)

- 15-19
- 20-24
- 25-29
- 30-34
- 35+

2010: 8, 15
2011: 6, 14
2012: 6, 12, 23, 30, 34
DRUG INJECTION TRENDS (%)
FREQUENCY OF INJECTING (%)
HIV TESTED IN LAST PAST YEAR (%)
HEALTH CONSEQUENCES ASSOCIATED WITH IDU

- Injecting drug use is associated with health and social harms such as hepatitis and other infectious diseases, more specifically HIV².

- People who inject drugs (PWID) tend to engage in sexual and other risk behaviours, including having more than one sexual partner⁷.

- The HIV prevalence among PWID in SA is estimated to be 19.4%⁹.
• Pluddemann et al. (2008) in his study found 89% of injectors shared needles in the past 30 days, 6% had been paid for sex and 1% never used condoms⁸.

• Other cross-sectional surveys conducted among injecting drug users in the country found an HIV prevalence between 5% - 35%².
ART & HARM-REDUCTION SERVICES FOR IDU IN SA

• There are few substance abuse interventions and integrated HIV services that focus specifically on IDU including those in prison.

• ART services are available in general health care facilities in SA, however the proportion of HIV+ PWID receiving ART is unknown\(^9\).

• IDU is surrounded by stigma and most of the time when PWID go to these public health centres they are labelled and discriminated against\(^2\).
• Such stigma and discrimination are the main barriers to accessing medical as well as HIV services in SA⁸.

• In terms of the availability of HIV prevention services, there is only one NSP site that has been established in SA.

• However this service is providing services to men who have sex with men (MSM), which indicates limited reach to PWID who are not MSM⁹.
Opioid-substitution therapy (OST) sites providing methadone maintenance therapy (MMT) and buprenorphine maintenance therapy are also available in SA⁹. However these are mostly accessible via private sector at high costs². Even with the available OST programmes, access to safe injecting equipment has been limited; participants in Plueddemann study also reported that it was very difficult to obtain clean needles⁷.
RECOMMENDATIONS

• A national prevalence study of drug practices among PWID is needed.

• Harm-reduction programmes, including OST and needle syringe exchange programmes need to be scaled-up.

• There is a need for integrated HIV, IDU and mental health services.

• Training of health workers to reduce stigma and discrimination against PWID and build trust between health workers and PWID.
REFERENCES


THANK YOU VERY MUCH FOR YOUR ATTENTION!!!!

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